

FATHER MULLER COLLEGE OF NURSING Kankanady, Mangalore



Department of Psychiatric Nursing
(www.psychiatricnursingfmcon.yolasite.com)



MENTAL HEALTH NURSING CLINICAL FILE

Name of the student: _____

Reg. No: _____

Batch: _____

Signature of Subject Coordinator

Signature of HOD

Signature of Principal

External Examiner

Internal Examiner

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