MNR

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Enriching the innerself

March 2023

MNR's IN-HOUSE MAGAZINE

MNR Educational Trust Chairman Sri M. N. Raju garu and Vice Chairman Sri M. S. Ravi Varma garu were felicitated by Mrs. Shobhana OJ, Vice Principal, MNR College of Nursing and Mrs Padmajaini, Principal, Govt College of Nursing, Sangareddy on the occasion of GRADUATION CEREMONY held on 25th Feb 2023.

Events @ MNR Higher Education and Research Academy (MNR-HERA) Campus, Sangareddy, Telangana.

MNR DENTAL COLLEGE & HOSPITAL ACTIVITIES

CAMPUS TOUR FOR 1ST YEAR BDS STUDENTS

FREE DISTRIBUTION OF DENTURE CLEANSERS & TOOTHPASTES TO ELDERLY PATIENTS BY PRINCIPAL DR RAVINDRA SIR

CAMP AT 3 HATHNOORA SATELLITE CENTRES CAMPS and 1 MEGA CAMP BALASADANAM ORPHANAGE - 21ST JANUARY 2023

CELEBRATED REPUBLIC DAY AT MNR DENTAL COLLEGE & HOSPITAL– 25TH JANUARY 2023

Ist CONSOLATION PRIZE IS AWARDED BY INDIAN SOCIETY OF PEDODONTICS AND PREVENTIVE DENTISTRY OCCASION OF WORLD ORAL HEALTH DAY CELEBRATION

Team Work

Dear Readers,

Many great ideas go unexecuted, and many great executioners are without ideas. One without the other is worthless.

-Tim Blixseth

Editorial.....

Teamwork is often described as a key proponent of any successful task.

Effective teamwork doesn't just happen, it has to be built. Working as a part of a solid, positive group can be a great way to work. People tend to be happier and productivity tends to be high.

Teams working together towards a common goal in a positive manner are also far more likely to be creative and happier.

Communication skills are a key proponent of any successful team. There should be no room for confusion within a team as everything should be clearly laid out.

It's important for a team to be able to communicate through conflict and know how to handle it.

Editor

Postal Address :

INFOCUS,
MNR's In-House Magazine

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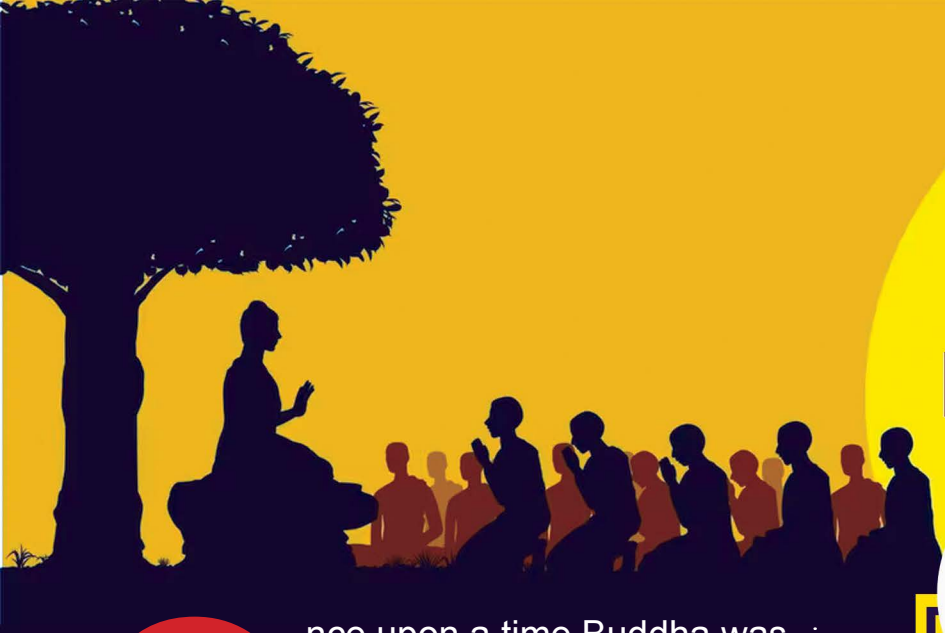


YOU ARE YOUR MIND- LVII

Sri M N.Raju
Chairman
MNR Educational Trust

Once upon a time Buddha was preaching. A group of people were in front of him. He was telling what 'wisdom' was.

Suddenly a scholar stood up and asked some questions. The questions went on to know who Buddha was.

Who are you?
Are you a God?
Are you a king?
Are you a Sanyasi?

Buddha's answer was that he was none of them.

The scholar got annoyed and asked again.

Are you an animal?
Are you a stone?
Are you a tree?

Finally, Buddha answered that he was none of them. He told he was 'Awareness', and just a 'Mirror' reflecting all of them. He also said that he was a God, a King, a Sanyasi, an animal and a stone because he was 'awareness'. He was 'awareness' of the creation and the creator because he could convert knowledge into wisdom. Further, he could convert wisdom into 'mysticism'.

When the mind makes its journey from 'Ignorance' to 'Mysticism' through different stages, a lot of change takes place in its journey. The lower stage of the mind is 'Ignorance' and the highest is 'Mysticism'. When one attains the highest stage, he becomes God', since God is every thing - every living and non-living thing. The Buddha had attained the highest stage of Mysticism.

The meditative minds can reconcile the opposite polaris. They can reconcile day and night and they can reconcile life and death. Science is the concentration of mind and meditation is the concentration of soul.

The East has spirituality. The West has science. There was the Buddha and there was Albert Einstein. Once upon a time, India had spirituality as well as science. But for almost thousands of years, India lost its scientific temperament and had lost research attitude.

Now, the youth have to think in a different way and science has to be brought back and it has to attain the olden glory. Science and spirituality have to go hand in hand.

In the ancient times, India was very rich in every respect of social life as well as in the spiritual field. The main reason for India to be the world leader was it could be the most scientifically and spiritually advanced. It could be the light house of the world.

Originally, the Rishies did a lot of research and they had created an approach to know the real 'TRUTH'. They could create the approach after a great deal of questioning and research, since they knew that the 'question' was the key for opening the doors of research and to find the Truth. They could bring out the Vedas and other greatest scriptures which contained everything related to the universe. This stage was existing for thousands of centuries. The great Rishies made extensive use of questioning and did research.

Then there was downfall of research attitude, because the 'schools' (Ashramas) gave importance for 'obedience' rather than 'questioning' from the 'students' (Sishyas). The students were told 'First obey and learn to do your duty'. This concept might have come about 8000 years back.

Then the student became a listener, no doubt, and learned to have only faith. If the teacher was good, they had a better knowledge, if not it was only 'blind faith'.

In any society at any time and place, the percentage of real gurus, is not even 10%. They could create 'good faith'. The rest created 'blind faith' among students and such Gurus did grave mistake by barring the students from asking questions or they didn't encourage them to ask questions. This made the society to forget science.

India, the motivator of the world, turned to be an Imitator.

When the student was made 'to learn' without clearing doubts and without asking questions, he lost his creativity and originality. He became a carbon copy of his Guru.

The society got divided into small pieces, castes, cultures etc. About 99.9% people were not allowed to have education. The women were also barred.

To get education, intelligence and creativity were not the basis, but only caste was the base. An intelligent of a 'lower caste' was barred from admission, but an idiot of higher caste was considered eligible.

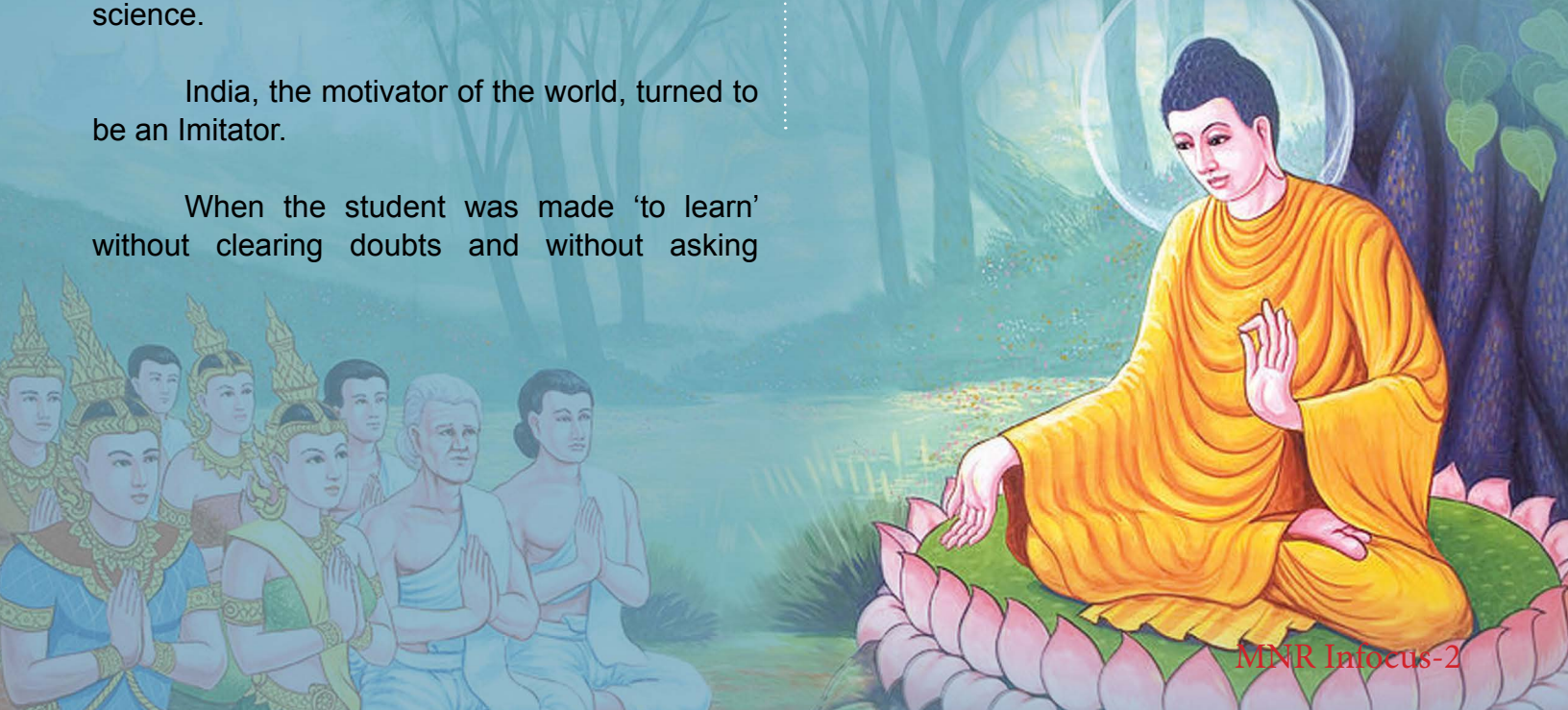
Because of 'blind faith', the grand ancient Indian life was reduced to superstitions and rituals.

This all had happened for the last 8000 years, because we had forgotten 'question'.

The question mark (an enquiry) gives life to a new sentence, allowing new thoughts to surface. The full stop (blind faith) ends the life of a sentence and buries new thoughts.

The damage to India was not from outside invasions but from its own ignorance.

Beware of ignorance.
Be aware of question.
Let your mind 'flower'.



Dr. SARA GEORGE
Assisstant Professor
Dept. of Orthodontics
MNR Dental College & Hospital

AETHESTIC ORTHODONTICS

Due to an increasing demand for superior aesthetics during fixed appliance treatment, the use of aesthetic brackets has grown in popularity over recent years. The aesthetic brackets are fixed devices that are cemented in the teeth with the purpose to correct bites, range the teeth and improve the dental aesthetics, made with materials that do them practically imperceptible.

Aesthetic brackets are made of a transparent material, so they are concealed when placed on the outside of the tooth. They are hardly visible at medium distances and are a visually relevant improvement compared to metallic ones. These can be metallic or coated with a material to make them white.

BENEFITS OF AESTHETIC BRACKETS:

- Treatment of orthodontics the same that the conventional but with big level of aesthetic.
- Improvement of the self-esteem of the patient, since no only recovers the dental aesthetics, but that it does it of discreet shape.
- Allow a perfect correction of the bite, which will prevent avoids dental wears and problems with the articulation.
- Can use in adults and in teenagers.
- They diminish the allergic action to the metal.

Lingual orthodontics, clear plastic aligners (Invisalign) and tooth coloured brackets such as ceramic and plastic brackets represents some of the effective solutions that do not impair the patient from an aesthetic point of view.

TOOTH COLOURED BRACKETS

PLASTIC BRACKETS:

Plastic orthodontic brackets are an esthetic option for patients who require orthodontic treatment with braces. These brackets are made from specialized high strength plastics and they are shaded to match the patient's teeth in order to make them almost invisible.

CERAMIC BRACKETS:

In the mid 1980's, the first brackets made of monocrystalline sapphire and polycrystalline ceramic materials came into the field of orthodontics. Ceramic brackets provide higher strength, more resistance to wear and deformation, better colour stability and, most important to the patient superior aesthetics.

CLEAR PLASTIC ALIGNERS (INVISALIGN) :

Clear plastic tooth moving appliances are excellent options for adult or responsible adolescents who might be reluctant to wear the fixed appliances. The aligners are completely transparent, therefore far more difficult to detect than traditional wire and bracket braces. This makes the method particularly popular among adults who want to straighten their teeth without the look of traditional metal braces, which are commonly worn by children and adolescents.

LINGUAL BRACKETS

Lingual orthodontics is an aesthetic orthodontic treatment, very useful and effective for those people who need to solve any problem of dental malposition but who do not want them to be noticeable to the eyes of others.

Vaikuntam Kokila
Tutor
MNR College of Nursing

Communication Skills

Communication skills are the ability to use language (receptive) and express (expressive) information. Effective communication skills are a critical element in one's career and personal life.

TYPES OF COMMUNICATION SKILLS

On the basis of organizational relationship:

* Formal communication
* Informal communication

On the basis of flow

* Vertical
* crosswise/Diagonal
* Horizontal

On the basis of expression

* Oral
* Written
* Gesture
* Posture

BARRIERS TO COMMUNICATION SKILLS

Barriers in superiors

* Semantic Barriers
* Emotional Or Psychological Barriers
* Organizational Barriers

Semantic Barriers

* Symbols with different meanings
* Badly expressed message
* Faulty translation
* Unclarified assumption
* Specialist language

Emotional barriers or psychological barriers

* Premature evolution
* Inattention
* Loss of transmission
* Failure to communicate
* Organization Barriers
* Organizational policy
* Organizational rules and regulations
* Status relation

Personal Barriers

Barriers on Superior

* Attitude of Superior
* Fear of challenges to authority
* Lack of time
* Lack of awareness

Barriers of subordinates

* Unwillingness to communicate
* Lack of proper incentives

Communication Involves three components

* Verbal message- the words we choose
* Paraverbal message - how we say the words
* Nonverbal message- our body language
* These three components are used to:
* Send clear and concise messages
* Receive and correctly understand messages sent to us

Sending messages

Effective verbal messages

* Are brief, succinct and organized
* Are free of jargon
* Do not create resistance in the listener

Non - verbal messages

* Non-verbal messages are the primary way that we communicate emotions.

Para verbal messages

* para verbal communication refers to the messages that we transmit through the tone, pitch, and pacing of our voices Receiving messages
* Requires concentration and energy
* Involves a psychological connection with a speaker.
* Includes a desire and willingness to try and see things from another's perspective.
* Requires that we suspend judgment and evaluation.

Key listening skills

Non - verbal

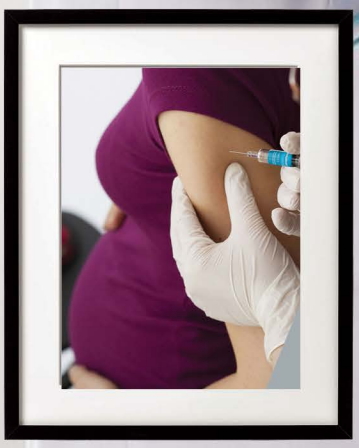
* Give the speaker your undivided attention
* Being aware of the speaker's non-verbal messages Verbal
* Paying attention to words and feelings that are being expressed
* Don't interrupt with counterarguments

Tips for good communication skills

* Maintain eye contact with the audience
* Posture awareness
* Gestures and expressions
* Convey one's thoughts clearly
* Practice effective communication
*Be Concise

Effective communication. .....

It is two-way
It involves active listening
It reflects the accountability of the speaker and listener
It utilizes feedback
It is free of stress
It's Lucid



Dr. Sandhya Rani Raakuditti
Assisstant Professor
Dept.of Pharmacy Practice
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Immunization

Immunization is a global health and development success story, saving millions of lives every year. Vaccines reduce risks of getting a disease by working with bodys natural defences to build protection. When you get a vaccine, your immune system responds.

Immunization currently prevents 3.5-5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles. Immunization is a key component of primary health care and an indisputable human right. Its also one of the best health investments money can buy.

Yet despite tremendous progress, vaccination coverage has plateaued in recent years and dropped since 2020. The COVID-19 pandemic and associated disruptions over the past two year have strained health systems, with 25 million children missing out on vaccination in 2021, 6 million more than in 2019 and the highest number since 2009. By the end of 2021, nearly all countries had introduced COVID-19 vaccination, and by early 2022 one billion doses of COVID-19 vaccine had been delivered through COVAX.

Lingual Reasons to Vaccinate:

- Prevents epidemics and Minimize the spread of diseases to others
- It protects future generations from dreadful diseases.
- It saves time, money and subjective wellbeing.

The stories of these life-saving jabs

For centuries, humans have looked for ways to protect each other against deadly diseases. Let us take a journey through the last millennium to see how these extraordinary discoveries of vaccines and achievements have changed our lives.

1400s to 1700's :

From at least the 15th century, people in different parts of the world have attempted to prevent illness by intentionally exposing healthy people to smallpox a practice known as variolation. Some sources suggest these practices were taking place as early as 200 BCE.

In 1774, Benjamin Jesty makes a breakthrough. Testing his hypothesis that infection with cowpox – a bovine virus which can spread to humans – could protect a person from smallpox

In May 1796, English physician Edward Jenner expands on this discovery and inoculates 8-year-old James Phipps with matter collected from a cowpox sore on the hand of a milkmaid. Despite suffering a local reaction and feeling unwell for several days, Phipps made a full recovery.

Two months later, in July 1796, Jenner inoculates Phipps with matter from a human smallpox sore in order to test Phipps resistance. Phipps remains in perfect health, and becomes the first human to be vaccinated against smallpox. The term vaccine is later coined, taken from the Latin word for cow, Vacca

The 1800's :

In 1872, despite enduring a stroke and the death of 2 of his daughters to typhoid, Louis Pasteur creates the first laboratory-produced vaccine: the vaccine for fowl cholera in chickens.

In 1885, Louis Pasteur successfully prevents rabies through post-exposure vaccination.

In 1894, Dr Anna Wessels Williams isolates a strain of the diphtheria bacteria that is crucial in the development of an antitoxin for the disease.

The 1900's:

From 1918 to 1919, the Spanish Flu pandemic kills an estimated 2050 million people worldwide, including 1 in 67 United States soldiers, making an influenza vaccine a US military priority. By 1945, the first influenza vaccine is approved for military use, followed in 1946 by an approval for civilian use.

In 1937 Max Theiler, Hugh Smith and Eugen Haagen develop the 17D vaccine against yellow fever. The vaccine is approved in 1938 and over a million people have received it that year.

In 1939, bacteriologists Pearl Kendrick and Grace Eldering demonstrate the efficacy of the pertussis (whooping cough) vaccine.

From 1952 1955, the first effective polio vaccine is developed by Jonas Salk. Later, by 1960, a second type of polio vaccine, developed by Albert Sabin, is approved for use.

Mass vaccinations begin

In 1967, the WHO announces the Intensified Smallpox Eradication Programme, which aims to eradicate smallpox in more than 30 countries through surveillance and vaccination – WHO defines it as the permanent reduction to zero of a specific pathogen, as a result of deliberate efforts, with no more risk of reintroduction.

In 1969, four years after Dr Baruch Blumberg discovers the hepatitis B virus, he works with microbiologist Irving Millman to develop the first hepatitis B vaccine. A plasma-derived inactivated vaccine is approved for commercial use from 1981 to 1990, and a genetically engineered vaccine, developed in 1986, is still in use today.

In 1971 the measles vaccine (1963) is combined with recently developed vaccines against mumps (1967) and rubella (1969) into a single vaccination (MMR) by Dr Maurice Hilleman.

In 1974 the Essential Programme on Immunization is established by WHO to develop immunization programmes throughout the world. The first diseases targeted by the EPI are diphtheria, measles, polio, tetanus, tuberculosis and whooping cough.

In 1978 a polysaccharide vaccine that protects against 14 different strains of pneumococcal pneumonia is licensed, and in 1983 it is expanded to protect against 23 strains.

In 1980 the World Health Assembly, declares smallpox eradicated

From 1970s to 1980s in the USA, whooping cough cases hit an all-time low in 1976.

In 1985 the first vaccine against diseases caused by Haemophilus influenzae type b (Hib) is licensed, after David H Smith founds a company to produce it.

In 1988 following the eradication of smallpox, WHO sets its sights on poliomyelitis, launching a Global Polio Eradication Initiative. In the late 1980s, polio is endemic in 125 countries, and the initiative aims to achieve its eradication by the year 2000.

By 1994, polio is eradicated from the Americas, followed by Europe in 2002, and by 2003 the disease is endemic in just 6 countries. The effort continues.

In 1995, HPV viruses are very common, often with minimal symptoms, but high-risk HPV strains can go on to cause other medical conditions, particularly cervical cancer. Szarewski goes on to be principal investigator in the development of the bivalent HPV vaccine. Later, In 2006 the first vaccine for Human Papillomavirus (HPV) is approved. HPV vaccination goes on to become a key part of the effort to eliminate cervical cancer.

In 1999 the first vaccine against rotavirus, the most common cause of severe diarrheal disease in young children, is withdrawn only a year after it was approved, due to risk of intestinal problems. A lower-risk version of the vaccine is introduced in 2006.

Public-private partnerships can play a key role in helping to develop vaccines: In 2016 the success of the Meningitis Vaccine Project highlights the key role public private partnerships can play in helping to develop vaccines

WHO prequalifies an Ebola vaccine for use in countries at high risk. In 2019, the malaria vaccine pilot implementation is launched in Ghana, Malawi and Kenya. And in 2021 a global vaccine stockpile is established to ensure outbreak response. A third-generation smallpox vaccine is approved for prevention of monkeypox, thus becoming the first monkeypox vaccine.

On 30 January, 2020 the WHO Director General declares the outbreak of novel coronavirus 2019 (SARS-CoV-2) to be a Public Health Emergency of International Concern. In December 2020, just 1 year after the first case of COVID-19 was detected, the first COVID-19 vaccine doses are administered.

In July 2021, almost 85% of vaccines have been administered in high- and upper-middle-income countries, and over 75% have been administered in only 10 countries alone.

Vaccines now help protect against more than 20 diseases, from pneumonia to cervical cancer and Ebola; and in just the last 30 years, child deaths have declined by over 50%, thanks in large part to vaccines. But more must be done. In many parts of the world, 1 in 5 children still goes unvaccinated. The coming decades will need global cooperation, funding, commitment and vision to ensure that no child or adult suffers or dies from a vaccine-preventable disease.

Vaccine	*When to give*	*Dose*	*Route*	*Site*
For Pregnant Women				
Tetanus Toxoid (TT)-1	Early in pregnancy	0.5 ml	Intra-muscular	Upper Arm
TT-2	4 weeks after TT-1*	0.5 ml	Intra-muscular	Upper Arm
TT-Booster	If received 2 TT doses in a pregnancy within the last 3 yrs*	0.5 ml	Intra-muscular	Upper Arm
For Infants				
BCG	At birth or as early as possible till one year of age	0.1ml (0.05ml until 1 month age)	Intra-dermal	Left Upper Arm
Hepatitis B-birth dose	At birth or as early as possible within 24 hours	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
OPV-0	At birth or as early as possible within the first 15 days	2 drops	Oral	Oral
OPV 1, 2 and 3	At 6 weeks, 10 weeks and 14 weeks (OPV can be given till 5 years of age)	2 drops	Oral	Oral
DPT 1, 2 and 3	At 6 weeks, 10 weeks and 14 weeks (DPT can be given up to 7 yrs of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid thigh
Hepatitis B 1, 2 and 3	At 6 weeks, 10 weeks and 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Pentavalent** **1, 2 and 3**	At 6 weeks, 10 weeks and 14 weeks (can be given till one year of age)	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles-1	9 completed months–12 months. (Measles can be given till 5 years of age)	0.5 ml	Sub-cutaneous	Right Upper Arm
Japanese Encephalitis JE-1**	9 completed months–12 months.	0.5 ml	Sub-cutaneous	Left Upper Arm
Vitamin A (1st dose)	At 9 completed months with measles	1 ml (1 lakh IU)	Oral	Oral
For Children				
DPT booster-1	16–24 months	0.5 ml	Intra-muscular	Antero-lateral side of mid-thigh
Measles 2nd dose	16–24 months	0.5 ml	Sub-cutaneous	Right upper Arm
OPV Booster	16–24 months	2 drops	Oral	Oral
Japanese Encephalitis**	16–24 months	0.5 ml	Sub-cutaneous	Left upper Arm
Vitamin A* **(2nd to 9th dose)**	16 months. Then, one dose every 6 months up to the age of 5 years.	2 ml (2 lakh IU)	Oral	Oral
DPT Booster-2	5–6 years	0.5 ml.	Intra-muscular	Upper Arm
TT	10 years and 16 years	0.5 ml	Intra-muscular	Upper Arm

Notes: *Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.

**JE Vaccine has been introduced in select endemic districts after the campaign on targeting children in high risk districts.

*** The 2nd to 9th doses of Vitamin A can be administered to children 1–5 years old during biannual rounds, in collaboration with ICDS.

****Pentavalent vaccine has been introduced in place of DPT and Hepatitis B 1, 2 and 3 in select states.

Source: Immunisation Handbook for Medical Officers, http://nihfw.org/pdf/NCHRC-Publications/ImmuniHandbook.pdf, accessed on 15 February 2014.

Ms. Stephy simon
M.A English first year
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UNDERSTANDING INDIAN HERITAGE AND CULTURE

India has a rich, ancient culture that dates back to the dawn of human society. The term "culture" refers to human thought and behaviour trends. All people, from all groups, backgrounds, and regions, must act in a way that upholds the standards and principles. Each person has goals and aspirations for their life that they want to accomplish. They must be knowledgeable about methods, strategies, and approaches when they are fully committed to achieving the intended goals and objectives. They must also put into practice the rules, morals, values, ethics, standards, and principles. The cause is that people must interact and collaborate withothers. Material aspects of culture, such as scientific and technological achievements, are seen as distinct from cultures in popular parlance.

Arts, music, literature, philosophy, religion, and science are among the subjects covered. Individuals are said to recognize the meaning and significance of culture when they develop an interest in one or more of these areas. As a result, culture has made a significant contribution to the improvement of individuals' overall quality of life.Indian history generates data in the form of norms, values, cultures, and traditions. Historical figures have made significant contributions to the preservation of cultures and traditions.

There are two kinds of cultures: material cultures and non-material cultures.

Technologies, instruments, material goods, consumer goods, architecture, designs, models, structures, methods of production, trade, commerce, welfare, and other social activities are examples of material cultures. Nonmaterial culture, on other hand, includes norms, values, morals, ethics, standards, principles, and other ritual activities.

Culture is a valuable asset to all societies.

The oldest culture on the planet is Indian culture.

Individuals can establish their identity within society when they recognise the meaning and significance of cultures.

Culture refers to the man-made environment that is passed down from generation to generation.

It varies from location to location and country to country.

Culture is made up of explicit and implicit behavioural patterns that people use in their personal and professional lives.

As a result, individuals are expected to recognise the meaning and significance of culture throughout their lives.

There are numerous religious sites, historical sites, monuments, and so on in India.

These are visited by both nationals and internationals.

Individuals who visit these locations generate information in terms of various cultures.

Cultural heritage includes all those aspects or values of culture transmitted to human beings from their ancestors from generation to generation. They are cherished, protected, and maintained by them with unbroken continuity and they feel proud of it. A few examples would be helpful in clarifying the concept of heritage. The Taj Mahal, Swami Narayan Temple of Gandhinagar and Delhi, Red Fort of Agra, Delhi's Qutub Minar, Mysore Palace, Jain Temple of Dilwara (Rajasthan) Nizamuddin Aulia's Dargah, Golden Temple of Amritsar, Gurudwara Sisganj of Delhi, Sanchi Stupa, Christian Church in Goa, India Gate, etc., are all important places of our heritage and are to be protected by all means. Besides architectural creations, monuments, and material artifacts, intellectual achievements, philosophy, treasures of knowledge, scientific inventions and discoveries are a part of heritage. In the Indian context, the contributions of Baudhayan, Aryabhatta, and Bhaskaracharya in the field of Mathematics, Astronomy, and Astrology; Kanad and Varahmihir in the field of Physics; Nagarjuna in the field of Chemistry, Susruta, and Charak in the field of Medicines and Patanjali in the field of Yoga are profound treasures of Indian Cultural heritage. Culture is liable to change, but our heritage does not. We individuals, belonging to a culture or a particular group, may acquire or borrow certain cultural traits of other communities/cultures, but our belongingness to Indian cultural heritage will remain unchanged. Our Indian cultural heritage will bind us together e.g., Indian literature and scriptures namely Vedas, Upanishads, Gita, and Yoga System, etc. have contributed a lot by way of providing the right knowledge, right action, behaviour, and practices as complementary to the development of civilization.

Cultural changes can occur, but heritage cannot.

When cultural changes are implemented, it must be ensured that they benefit individuals, communities, and the nation as a whole.

Individuals listen to religious sermons, read religious scriptures, and use various reading materials and the internet to generate information about culture, heritage, and cultural transformations.

India's culture is ancient, dynamic, and dates back to the dawn of human civilization throughout the country, in all states and regions.

People's thought and behaviour patterns are referred to as culture.

Individuals from all communities, categories, and backgrounds must conduct themselves in accordance with morals, ethics, norms, and values.

Indian culture and heritage are respected in all communities across the country.

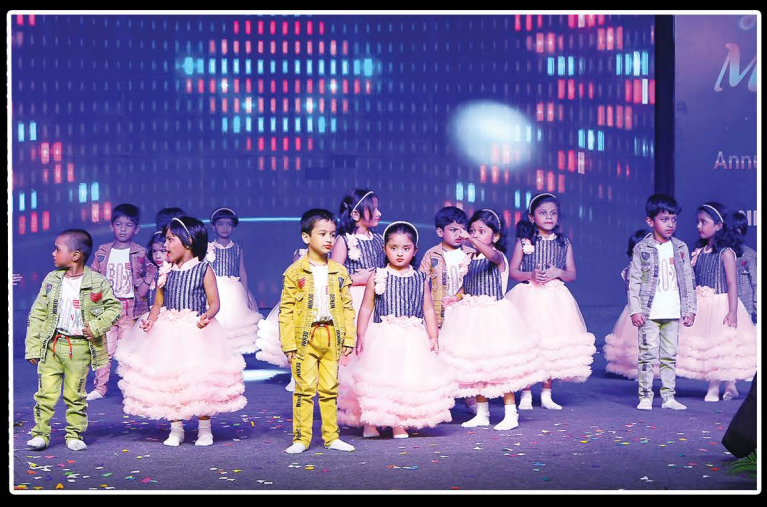
A cosmic vision, sense of harmony, receptivity, tolerance, continuity and stability, adaptability, morality and ethics, diligence and conscientiousness, emphasis on duty, and the joint family system are all characteristics of Indian culture.Being well-versed in terms of job duties and responsibilities; communicating with others effectively; displaying traits of honesty and truthfulness; putting in efforts to one's best abilities; and implementing measures to lead to an improvement in one's overall quality of life are all factors required in leading to the reinforcement of Indian culture and heritage.

Finally, it can be stated that the generation of information about Indian culture and heritage has made an important contribution to improving their overall quality of life.

MNR I-Exceed School, Kukatpally
Annual Day Celebrations

Lighting the lamp by Mr.M.S.Ravi Varma, Vice Chairman, MNR Educational Trust
Chief Guest of the evening Mr.B.V.Satya Nagesh, Psychologist,
Mind Foundation, Hyderabad.

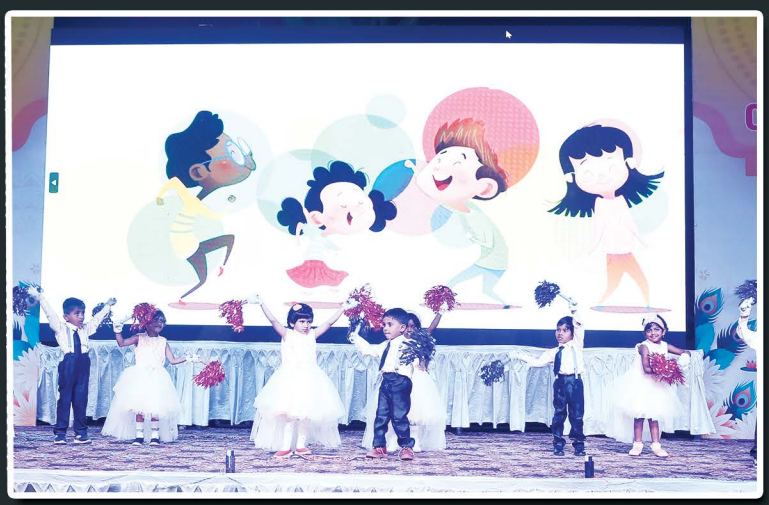
MNR I-Exceed School, Kukatpally
Annual Day Celebrations



MNR School of Excellence, Mehdipatnam
Annual Day Celebrations

Lighting the lamp by Sri.M.N.Raju, Chairman, MNR Educational Trust

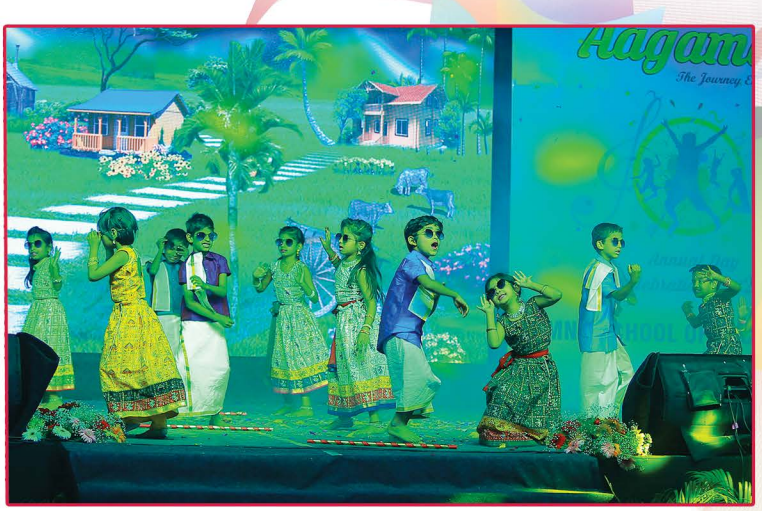
MNR School of Excellence, Mehdipatnam
Annual Day Celebrations



MNR School of Excellence, Sangareddy
Annual Day Celebrations

Chief Guest Mr.J.Hanumantha Rao, Senior Civil Judge cum Secretary, District Legal Services Authority, Sangareddy with Chairman and Vice Chairman, MNR Educational Trust

MNR School of Excellence, Sangareddy
Annual Day Celebrations



MNR Golden Kids (Navi Mumbai) Activities

MNR GOLDEN KIDS ROADPALI

MNR GOLDEN KIDS INDIABULLS, PANVEL

MNR GOLDEN KIDS KOPROLI, PANVEL

MNR GOLDEN KIDS SECTOR 20, KAMOTHE

MNR GOLDEN KIDS NEW PANVEL

MNR GOLDEN KIDS SECTOR 9, KAMOTHE

Activities @ MNR Group of Schools

MNR HIGH SCHOOL GOLDEN KIDS, BHEL

MNR HIGH SCHOOL, CHINTAL

MNR GOLDEN KIDS, MALLAMPET

MNR SCHOOL OF EXCELLENCE GOLDEN KIDS, BHEL

MNR GOLDEN KIDS, PRAGATHI NAGAR

MNR HIGH SCHOOL GOLDEN KIDS, BHEL

Activities @ MNR Group of Schools

MNR SCHOOL OF EXCELLENCE, BHEL

MNR SCHOOL OF EXCELLENCE, MUMBAI

MNR INTERNATIONAL SCHOOL, PALASPE

MNR HIGH SCHOOL, CHINTAL

MNR I-EXCEED SCHOOL, KUKATPALLY

SAMHITHA 8TH CLASS HAS BEEN PARTICIPATED IN YUVA TOURISM HYDERABAD

Events @ MNR Higher Education and Research Academy (MNR-HERA) Campus, Sangareddy, Telangana.

MNR COLLEGE OF PHARMACY ACTIVITIES

Dr. N. Chandra, Radiation Oncologist from Osmania Hospital given Awareness on Cancer “Close the Care Gap” on the occasion of World Cancer Day on 4-02-2023

Conducted workshop on “SAS training " in association with The whiteboard - Clinical Data Sciences training institution on 22-02-2023

Ms. Camilla Andreani a Delegate from “University of Padova”, Italy visited MNR College of Pharmacy

Traditional Day Celebration at MNR College of Pharmacy on 18/01/23.

MNR SANJEEVANI COLLEGE OF PHYSIOTHERAPY ACTIVITIES

Shri MN Raju garu was invited as guest of honour for the Graduation Day on 10- 2-2023

Events @ MNR Higher Education and Research Academy (MNR-HERA) Campus, Sangareddy, Telangana.

MNR SCHOOL & COLLEGE OF NURSING ACTIVITIES

MNR College and School of Nursing students from 2022-23 batch 'Lamplighting Ceremony held on 25th Feb 2023

MNR SANJEEVANI COLLEGE OF PHYSIOTHERAPY ACTIVITIES

MNR's Sanjeevani College of Physiotherapy conducted Physiotherapy Camp on 22nd February 2023

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MNR Talent Test 12th March, 2023

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MNR SCHOOL OF EXCELLENCE

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