

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI-600 032**

**INSPECTION REPORT FOR THE  
GRANT OF  
CONTINUANCE OF PROVISIONAL AFFILIATION  
FOR  
BASIC B.Sc. (NURSING),  
P.B.B.Sc.(N) and  
M.Sc.(N) DEGREE COURSES**

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,**  
**CHENNAI – 600 032.**

**BASIC B.Sc. (NURSING), P.B.B.Sc.(N) and M.Sc.(N) DEGREE COURSE**  
**CONTINUANCE OF PROVISIONAL AFFILIATION**  
**INSPECTION REPORT FOR THE ACADEMIC YEAR -**

|     |   |  |
|-----|---|--|
| 01. | Name of the <b>Convenor</b> with<br>Designation and Address<br>Phone No: Office<br>Residence<br>Mobile No<br>Email. |  |
| 02. | Names of the <b>Member</b> with<br>Designation and address<br>Phone No: Office<br>Residence<br>Mobile No<br>Email.  |  |
| 03. | University Letter No. & date in which the<br>Inspection Commission Constituted                                      |  |
| 04. | Date of Inspection  |  |
| 05. | Place and details of authorities representing<br>the Management present at the time of<br>Inspection                |  |
| 06. | Name of the Society/ Trust and its Full<br>registered address with telephone/mobile<br>numbers and e-mail           |  |
| 07. | Whether the college is a minority<br>institution.   | Minority / Non-Minority<br><br>If it is minority furnish the following<br>details.<br><br>G.O.(MS.)No.<br><br>Dept.<br><br>Dated : |

|     |   |  |                    |                |
|-----|---|--|--------------------|----------------|
| 08. | Name of Nursing College, Full Address with Telephone / Mobile, and e-mail, website where the Nursing College is located   |  |                    |                |
| 09. | Name of the <b>Principal</b> of the Nursing College<br><br>i) Working as Principal from<br><br>ii) Phone No: Office<br><br>Mobile No.<br><br>Email  |  |                    |                |
| 10. | Specify the Nursing courses conducted in the same complex   | <b>B.Sc(N)</b>   | <b>P.B.B.Sc(N)</b> | <b>M.Sc(N)</b> |
|     |   |  |                    |                |
| 11. | Name of the other courses run by the Trust.<br><br>Note: Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately. |  |                    |                |
| 12. | a) State whether the college is conducting B.Sc.(N), P.B.B.Sc(N) & M.Sc.(N) degree course in the same academic complex at the time of <b>Grant of Provisional Affiliation</b>   | <b>B.Sc(N)</b>   | <b>P.B.B.Sc(N)</b> | <b>M.Sc(N)</b> |
|     |   | Yes / No   | Yes / No           | Yes / No       |
|     | b) Whether the Trust has obtained any prior permission from the <b>University / Government</b> for change of academic complex if any made   | University Permission : Yes / No<br>Government Permission : Yes / No |                    |                |

|     |  |                    |   |  |  |
|-----|--|--------------------|---|--|--|
| 13  | State Government Orders in which permission was accorded to start the B.Sc.(N), P.B.B.Sc. (N) & M.Sc.(N) course.<br>(Copy of Orders be enclosed)   | <b>B.Sc(N)</b>     | G.O.(MS) No. ....<br>H&FW Department<br>Dated   |  |  |
|     |  | <b>P.B.B.Sc(N)</b> | G.O.(MS) No. ....<br>H&FW Department<br>Dated   |  |  |
|     |  | <b>M.Sc(N)</b>     | G.O.(MS) No. ....<br>H&FW Department<br>Dated   |  |  |
| 14. | Approval of The Indian Nursing Council, New Delhi for the continuance of conducting B.Sc.(N), PBBSsc.(N) & M.Sc.(N) degree course i.e. <b>current year approval of INC.</b><br><br>(Copy of letter to be enclosed).              | <b>B.Sc(N)</b>     | INC Lr.No. :<br>..... Dated :<br>.....<br>Annual Intake :<br>..... Academic<br>year : ..... |  |  |
|     |  |                    | <b>P.B.B.Sc(N)</b>  | INC Lr.No. :<br>..... Dated :<br>.....<br>Annual Intake : .....<br>Academic year : ..... |  |
|     |  |                    |   | <b>M.Sc(N)</b>   | INC Lr.No. :<br>..... Dated :<br>.....<br>Annual Intake : .....<br>Academic year : ..... |
|     |  |                    | <b>Name of the Specialty</b>  |  | <b>No.o<br/>f<br/>Intak<br/>e</b>  |
|     |  |                    | 1.<br>2.<br>3.<br>4.<br>5.  |  |  |
| 15  | Approval of The Tamil Nadu Nurses and Midwives Council, Chennai, for the continuance of conducting B.Sc.(N), PBBSsc.(N) & M.Sc.(N) degree course i.e. <b>current year approval of TNNMC.</b><br>(Copy of letter to be enclosed). | <b>B.Sc(N)</b>     | TNNMC.Lr.No. : .....<br>Dated : .....<br>Annual Intake : .....<br>Academic year :<br>.....  |  |  |
|     |  | <b>P.B.B.Sc(N)</b> | TNNMC.Lr.No. : .....<br>Dated : .....<br>Annual Intake : .....<br>Academic year :<br>.....  |  |  |

|     |  |                    |                              |                     |
|-----|--|--------------------|------------------------------|---------------------|
|     |  | <b>M.Sc(N)</b>     | TNNMC.Lr.No. : .....         |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake: .....         |                     |
|     |  |                    | Academic year: .....         |                     |
|     |  |                    | <b>Name of the Specialty</b> | <b>No.of Intake</b> |
|     |  |                    | 1.                           |                     |
|     |  |                    | 2.                           |                     |
|     |  |                    | 3.                           |                     |
|     |  |                    | 4.                           |                     |
|     |  |                    | 5.                           |                     |
| 16. | University's Proceedings No. and Date in which the Provisional Affiliation was issued to start the B.Sc. (N) degree course.<br>(Copy of letter to be enclosed) | <b>B.Sc.(N)</b>    | Proc.No. : .....             |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake: .....         |                     |
|     |  |                    | Academic year: .....         |                     |
|     |  | <b>P.B.B.Sc(N)</b> | Proc.No. : .....             |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake: .....         |                     |
|     |  |                    | Academic year: .....         |                     |
|     |  | <b>M.Sc.(N)</b>    | Proc.No. : .....             |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake : .....        |                     |
|     |  |                    | Academic year : .....        |                     |
|     |  |                    | <b>Name of the Specialty</b> | <b>No.of Intake</b> |
|     |  |                    | 1.                           |                     |
|     |  |                    | 2.                           |                     |
|     |  |                    | 3.                           |                     |
|     |  |                    | 4.                           |                     |
|     |  |                    | 5.                           |                     |
| 17. | University's Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for the last year.<br>(Copy of letter to be enclosed)     | <b>B.Sc.(N)</b>    | Proc.No. : .....             |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake : .....        |                     |
|     |  |                    | Academic year : .....        |                     |
|     |  | <b>PBB.Sc(N)</b>   | Proc.No. : .....             |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake : .....        |                     |
|     |  |                    | Academic year : .....        |                     |
|     |  | <b>M.Sc.(N)</b>    | Proc.No. : .....             |                     |
|     |  |                    | Dated : .....                |                     |
|     |  |                    | Annual Intake : .....        |                     |
|     |  |                    | Academic year : .....        |                     |

|     |  |  |
|-----|--|--|
| 18. | Year of Commencement of the Degree Courses and sanctioned intake.  | <p style="text-align: right;"><b><u>Year Sanctioned Intake</u></b></p> <p><b>B.Sc (N)</b> : ..... ..</p> <p><b>P.B. B.Sc.(N)</b> : ..... ..</p> <p><b>M.Sc. (N)</b> : ..... ..</p>   |
| 19  | <p><b><u>LAND DETAILS</u></b><br/> Ear marked extent of land allotted for Nursing course and also for other courses if any.<br/> (Original Sworn Affidavit in the enclosed format to be furnished)</p>   | Furnished / Not Furnished  |
| 20  | <b><u>BUILDING DETAILS</u></b>   |  |
|     | <b>a.</b> State whether the academic complex is in <b>own/rental/leased building.</b>  |  |
|     | <b>b.</b> Whether the <b>Ready built area</b> is provided exclusively for conducting Nursing course.   |  |
|     | <p><b>c.i)</b> Copy of the Building Plan approved by the CMDA / DTCP for Teaching Block and Hostel Block along with the CMDA / DTCP Proceedings copy duly indicating the Office reference No. with date &amp; Office Seal.</p> <p><b>ii)</b> Structural Stability Certificate and Building Completion Certificate for Teaching and Hostel Block issued by the Government Engineer / PWD Engineer / Collectorate Panel Engineer/ Licensed Surveyor along with the Proceedings copy issued by the Government Authority.</p> <p><b>iii)</b> Up to date Encumbrance Certificate.</p> <p><b>iv)</b> Fire and Safety Certificate.</p> <p><b>v)</b> Sanitary Certificate.</p> | <p><u>For Academic Complex</u></p> <p>Approved by: .....</p> <p>Date of Approval : .....</p> <p>Approval issued vide Lr.No.</p> <p><u>For Hostel Building</u></p> <p>Approved by: .....</p> <p>Date of Approval : .....</p> <p>Approval issued vide Lr.No.</p> |

d. Whether sufficient **infrastructural facilities** is made available separately for **B.Sc(N), P.B.B.Sc(N) and M.Sc(N)** degree course

**21.READY BUILT AREA : (Basic Requirement for B.Sc(N) with 60 Annual Intake - For Class Rooms 15 Sqft per student, For Wash Room -10 Sq.ft per student )**

Total Ready Built Area for B.Sc. (N) : .....

P.B.B.Sc(N) : .....

M.Sc. (N) : .....

**(a) TEACHING BLOCK**

| Sl.No.       | Teaching Block   | Area Required (in Sq feet) | Available | Shortfall |
|--------------|--|----------------------------|-----------|-----------|
| 1            | Lecture Hall   | 4 @ 900= 3600              |           |           |
| 2            | <b>Skill Lab/Simulation Laboratory</b>                                       |                            |           |           |
|              | (i) Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600                       |           |           |
|              | (ii) Community Health Nursing  | 900                        |           |           |
|              | (iii)Obstetrics and Gynaecology Nursing Lab                                  | 900                        |           |           |
|              | (iv) Child Health Nursing Lab  | 900                        |           |           |
|              | (v) Nutrition Lab  | 900                        |           |           |
| 3            | Pre-clinical science lab   | 900                        |           |           |
| 4            | Computer Lab   | 1500                       |           |           |
| 5            | A.V. Aids Room   | 600                        |           |           |
| 6            | Multipurpose Hall  | 3000                       |           |           |
| 7            | Common Room (Male and Female)  | 1000                       |           |           |
| 8            | Staff Room   | 800                        |           |           |
| 9            | Principal Room   | 300                        |           |           |
| 10           | Vice-Principal Room  | 200                        |           |           |
| 11           | Library  | 2300                       |           |           |
| 12           | One room for each Head of Departments  | 5 @ 200 =1000              |           |           |
| 13           | Faculty Room   | 2400                       |           |           |
| 14           | Provisions for Toilets   | 1000                       |           |           |
| <b>Total</b> |  | <b>23,800 Sq. ft</b>       |           |           |

|   |             |  |  |
|---|-------------|--|--|
| Exclusive for P.B.B.Sc(N) for 30 intake | 2@900=1800  |  |  |
| for P.B.B.Sc(N) for more than 30 intake | 2@1000=2000 |  |  |

|   |               |  |  |
|---|---------------|--|--|
| Exclusive for M.Sc(N) Class Room                      | 2 @500 = 1000 |  |  |
| Exclusive for M.Sc(N) Seminar Room for each specialty | 5@100X2=1000  |  |  |

|   |  |
|---|--|
| <p><b>22.HOSTEL:</b> State Whether the hostel building is in <b>own/rental/leased building.</b><br/>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan :</p> <p>ii. Proof of Ownership</p> <p>iii. Agreement between .....and<br/>.....</p> <p>iv. Date of Agreement made .....</p> <p>v. Expiry of Agreement .....</p> <p>vi. Years of Agreement .....</p> <p>Whether the hostel facility is provided separately for Boys and Girls</p> | <p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p> <p>Yes / No</p> <p>Girls : ..... No. of Rooms</p> <p>Boys : ..... No. of Rooms</p> |
|---|--|

**(b) Hostel Block**

| Sl. No. | Hostel Block      | Area Required (in Sq feet)  | Available |        | Shortfall |
|---------|-------------------|---|-----------|--------|-----------|
|         |                   |   | Male      | Female |           |
| 1       | Single Room       | 12000 – (50 Sq ft. for each student)                                |           |        |           |
|         | Double Room       |   |           |        |           |
| 2       | Sanitary          | One latrine and One Bath room (for 5 students) 600 X 4 = 2400 Sq ft |           |        |           |
| 3       | Visitor Room      | 500   |           |        |           |
| 4       | Reading Room      | 250   |           |        |           |
| 5       | Store Room        | 500   |           |        |           |
| 6       | Recreation Room   | 500   |           |        |           |
| 7       | Warden Room       | 450   |           |        |           |
| 8       | Dining Hall       | 3000  |           |        |           |
| 9       | Kitchen and Store | 1500  |           |        |           |
| Total   |                   | <b>21,000 Sq Ft.</b>  |           |        |           |

| Constructed Area | For available (for 60 intake) | Available | For available (for 100 intake) | Available |
|------------------|-------------------------------|-----------|--------------------------------|-----------|
| Teaching Block   | 23,800 sq.ft.                 |           | 39,667 Sq.ft                   |           |
| Hostel Block     | 21,000 Sq.ft                  |           | 35,000 Sq.ft                   |           |

- Proportionately the size of the built-up area will increase according to the number of students admitted.
- College of Nursing can share laboratories, if they are in same campus under same name and under same trust, that is the institution is one but offering different nursing programmes. However they should have equipment's and articles proportionate to the strength of admission. And the class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.

|     |  |  |
|-----|--|--|
| 23. | <b><u>EXTRA CURRICULAR</u></b><br>a. Whether adequate space and equipment have been provided for extracurricular activities for the students.  |  |
|     | <b>b. Whether playground facilities is available</b> in the same campus; if not provided in the same campus, where the same is available?  | If it is outside the college campus<br>Address:  |
|     | c. List of Sports articles provided to the Nursing students by the college.<br>(outdoor sports like volleyball, football, badminton and for athletics.)  |  |
| 24. | <b><u>HOSPITAL ARRANGEMENTS:</u></b><br>a. Whether the Trust has <b>Own / M O U Hospital</b> is having not less than <b>100 beds</b> in the area of Medicine, Surgery including OT, Paediatrics, Maternity, Gynaecology, E.N.T., Radiology, Orthopaedics, Ophthalmic, Burns, Oncology, Mental Health (Psychiatry) IMCU, ICU, Emergency and Casualty, Blood Bank and Clinical Laboratories.<br>Furnish Xerox copy of license, Clinical Establishment Act Certificate, Fire and Pollution Control Board Certificate given by the Government to set up the <b>Own Hospital/ MOU copy.</b> | <b><u>Hospital Details</u></b><br><br>Name :<br>.....<br><br>License / Registration No.<br>.....<br><br>Dt.<br>.....<br><br>Full Address : |
|     | b. <b>Number of Beds</b> available in the Own Hospital   |  |
|     | c. State Whether the <b>Own / Tie-up Hospital</b> situated within a radius of 15 to 30 km  |  |
|     | d. No. of <b>Out-patient section</b> in the Hospital.  |  |
|     | e. Daily <b>Out-patient Turnover</b> in the Hospital.  |  |
|     | f. Furnish <b>Average Monthly Out-patient Turnover</b> in the Hospital.  |  |
|     | g. <b>Bed occupancy on the day of Inspections.</b>   |  |

|   |  |                     |   |                         |           |
|---|--|---------------------|---|-------------------------|-----------|
|   | h. Furnish bed <b>occupant percentage</b> for the last one year  |                     |   |                         |           |
|   | i. Furnish details of <b>distribution of bed strength</b> in various specialties in the hospital.  |                     |   |                         |           |
|   | j. The students and Patient ratio 1:3  |                     |   |                         |           |
|   | <ul style="list-style-type: none"> <li>- Nurse – licensure to practice</li> <li>- Nurse – Patient ratio</li> <li>- Nurse–Supervisor ratio</li> <li>- Nursing Superintendent</li> </ul> | as per<br>INC Norms |   |                         |           |
| <b><u>Tie-up Hospital</u> (Furnish the upto date tie-up binding evidence along with payment receipts and Clinical establishment Certificate )</b> |  |                     |   |                         |           |
|   | Name of the Hospital   | Bed Strength        | Consent Lr.No. & Dt. Issued by the Hospital | <b>Period of Tie-up</b> |           |
|   |  |                     |   | <b>From</b>             | <b>To</b> |
|   |  |                     |   |                         |           |
|   | <b>Community Health Centers Tie -Up</b>  |                     |   |                         |           |
|   | <b>Urban – PHC</b>   |                     |   |                         |           |
|   | <b>Rural – PHC</b>   |                     |   |                         |           |
|   | <b>Own Centre - Furnish the details</b>  |                     |   |                         |           |

|     |   |   |   |
|-----|---|---|---|
| 25. | <p><b><u>LIBRARY</u></b></p> <p>Requirements for B.Sc(N) &amp; P.B.B.Sc(N)<br/> Total number of books 3000 No's. / Journals – Indian-10 International - 2 No's. available for Nursing course in different specialties available for the students <b>(List of Latest purchase of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library, along with the purchase bills). 50% of the Total students strength should be accommodated</b></p> <p>A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature</p> <p>a) Name of the Librarian<br/> b) Qualification<br/> c) Experience</p> | Total No. of Books:.....<br>Total No. of titles:.....<br><u>Journals:(Subscribed) :</u><br>No. of Indian Journals: .....<br>No. of International Journals:.....<br><b>Latest purchase of books .....</b><br><b>Titles .....</b> |   |
|     | <p>d) Accommodation capacity<br/> e) Seating Arrangements<br/> f) Furniture details<br/> g) Library Software installed<br/> h) Facilities – Photocopying machine, Printer, Internet, Reference Section, Good Lighting and Ventilation, etc.,</p>  |   |   |
|     | <p><b>Additional requirements for M.Sc.(N)- 1000 No's. of books</b></p> <ol style="list-style-type: none"> <li>1. Medical Surgical Nursing -200</li> <li>2. Child Health Nursing – 100</li> <li>3. OBG Nursing -100</li> <li>4. Community Health Nursing -100</li> <li>5. Mental Health Nursing -100</li> <li>6. Nursing Education -100</li> <li>7. Nursing Management -100</li> <li>8. Nursing Research and Bio- Statistics -50</li> <li>9. Advance Nursing Practices -50</li> <li>10. Others -100</li> </ol>  | <p style="text-align: center;"><b>Required</b></p>  | <p style="text-align: center;"><b>Available</b></p> |

|     |   |                         |                         |
|-----|---|-------------------------|-------------------------|
| 26. | <p><b><u>GENERAL EQUIPMENTS</u></b></p> <ol style="list-style-type: none"> <li>1. Photo Copying Machine</li> <li>2. Computer with Accessories – 1: 5</li> <li>3. Fast Copier Xerox Machine</li> <li>4. Lap Top including Printing facility</li> <li>5. Laser Printer / Inkjet Printer – 2 Nos.</li> <li>6. 1 KVA UPS with min. of 2 hours of backup - 2 Nos.</li> <li>7. Copier machine with min. of 90 PPM - 1 No.</li> <li>8. Broadband Internet - 1 No.</li> <li>9. Power Generator - 1 No.</li> <li>10. Others</li> </ol> | <b><u>Available</u></b> | <b><u>Shortfall</u></b> |
| 27. | <p><b>LABORATORY</b></p> <p><b>Nursing Foundation including Adult Health Nursing &amp; Advanced Nursing Lab:</b> to accommodate <b>1:6 beds</b> with necessary facilities for demonstration of Nursing Procedures (<b>50 x 30 sq.ft.</b>)</p> <ol style="list-style-type: none"> <li>a. Adult Mannequin – 6 Nos.</li> <li>b. CPR Mannequin – 1 No</li> <li>c. IV arm Simulator – 1 No</li> <li>d. Elbow / Foot operating washing facility</li> <li>e. 10 – 12 sets of each equipment's</li> </ol>                             | <b>Available</b>        | <b>Shortfall</b>        |
|     | <p><b>Nutrition Lab</b></p> <p><b>1: 10 – Stove</b></p> <p>Cutleries,<br/>cooking utensils,<br/>storing<br/>containers,<br/>mixie,<br/>Refrigerator,<br/>weighing scale,<br/>etc.,</p>  |                         |                         |
|     | <p><b>Community Health Nursing Lab</b></p> <ol style="list-style-type: none"> <li>a. 1: 2 ratio Community bags</li> <li>b. Models</li> <li>c. Area maps</li> <li>d. Charts</li> <li>e. A.V. Aids – Puppets</li> <li>f. Height &amp; Weight scale</li> </ol>   |                         |                         |

|   |  |  |
|---|--|--|
| <p><b>Obstetrics and Gynaecology Lab:</b></p> <ul style="list-style-type: none"> <li>a) True pelvis – 1 No</li> <li>b) True fetal Skull -1 No</li> <li>c) Artificial Pelvis – 1: 5</li> <li>d) Bed with cradle – 1 No</li> <li>e) labour cot – 1 No</li> <li>f) Delivery Mannequin – 1 No</li> <li>g) Neonatal Mannequin – 1</li> <li>h) Fetus Model -5</li> <li>i) Embryo Development Model– 1 Set</li> <li>j) Dilator set – 1 No</li> <li>k) Retractors,<br/>Speculum,<br/>etc.... 10 -12<br/>sets of each<br/>equipment's</li> </ul> |  |  |
| <p><b>Paediatrics Nursing Laboratory:</b></p> <ul style="list-style-type: none"> <li>a) Paediatric cot -1 No</li> <li>b) Paediatric mannequin<br/>10 -12 sets of each equipment's</li> </ul>  |  |  |
| <p><b>Pre- Clinical Science Lab :</b><br/><b>Biochemistry, Anatomy (Museum),<br/>Physiology,<br/>Microbiology and Pathology Lab</b></p> <ul style="list-style-type: none"> <li>a. Adult Human articulated skeleton<br/>with Hanging facility</li> <li>b. Full set of dis-articulated Human<br/>skeleton/ bones</li> <li>c. Models / Charts</li> <li>d. Specimens</li> </ul>   |  |  |
| <p><b>Computer Lab:</b><br/>1: 5 Ratio computer with internet and<br/>printing facility</p>   |  |  |
| <p>❖ <b>For all the lab's the latest purchase<br/>bills to be enclosed</b></p>  |  |  |
| <p><b>Examination Hall / Multipurpose Hall</b></p> <ul style="list-style-type: none"> <li>a. Squeal room with Computer, Broad<br/>band internet and fast printer</li> <li>b. Each student provided with single table<br/>with chair facility</li> <li>c. CCTV coverage facility</li> <li>d. Mobile Jammer – with 5G facility</li> <li>e. Metal Detector</li> <li>f. PA – System</li> <li>g. Projection facility</li> </ul> <p>- Adequate seating facility</p>   |  |  |

|     |  |  |  |
|-----|--|--|--|
| 29. | <p><b><u>Audio-Visual Aids Room &amp; Store Room</u></b><br/> AV aids equipment as per the norms of Indian Nursing Council.</p> <p>a) LCD<br/> b) Over Head Projector<br/> c) Slide Projector<br/> d) Film Projector<br/> e) Tape Recorder<br/> f) Others – Smart board, Flash cards, Flip Charts, Puppets, Flannel Boards, Charts etc..</p> <p><b><u>Note:</u></b> List of equipment's along with latest purchase bills to be enclosed.</p> |  |  |
| 30. | <p><b><u>Other Facilities:</u></b></p> <ul style="list-style-type: none"> <li>• Safe drinking water</li> <li>• adequate sanitary/toilet facilities/ hand washing facility both men and women separate</li> <li>• <b>Fire Extinguisher</b></li> </ul>   |  |  |
| 31. | <p><b><u>TRANSPORT FACILITIES</u></b></p> <p>Transportation facilities like <b>Type of vehicle, Seating capacity, Copy of R.C. Book, FC, Permit, Insurance and Driver details – Appointment Order, License to be enclosed.</b></p>   |  |  |
|     | <ul style="list-style-type: none"> <li>➤ <b>For B.Sc.(N) 100 intake additional transport required</b></li> <li>➤ <b>For additional courses – P.B.B.Sc(N) and M.Sc.(N)</b></li> </ul>   |  |  |
| 32. | <p><b><u>FURNITURE</u></b></p> <p>Details of Furniture available in the Nursing College for Faculty, Students, Office Staff, Class room, Laboratory, Library, etc.,<br/> <b>(List of Furniture to be enclosed).</b></p>  |  |  |

33. **TEACHING FACULTY**

**NOTE:** Qualification and Teaching Experience of Professor, Associate Professor, Assistant Professor, Lecturer, Tutor/ Clinical Instructor should be followed as per the norms of the Indian Nursing Council, New Delhi.

**a.** The following evidences to be furnished in the enclosed format.

1. Age, Year of Qualification and Institution, Registration Number, Specialty (if M.Sc(N)), Teaching experience, appointment order, Joining report to be mentioned in the faculty list.
2. Recent Passport size colour Photograph to be affixed in the Form B.
3. Relevant documents should be submitted along with the duly filled in Form B
4. Faculty members should be available in all the specialties.
5. No Part time Nursing faculty will be counted for calculating total no. of faculty required for a college.
6. All Faculty position should be maintained irrespective of number of admissions
7. Teacher Student Ratio to be maintained.
8. Part-time teachers should be available for the subjects Applied Psychology, Nutrition, English, Applied Anatomy, Applied Physiology, Bio-chemistry, Pharmacology, Microbiology, Pathology and Genetics, Applied Sociology, Computer, Forensic Nursing, Statistics, Bio-Physics, etc.,

| Sl. No. | Designation         | B.Sc. (N)<br>40-60<br>Students | B.Sc. (N)<br>61-100<br>Students | P.B.B.Sc<br>(N)<br>20-60<br>Students | M.Sc. (N)<br>10-25<br>Students | Required | Available | Shortfall |
|---------|---------------------|--------------------------------|---------------------------------|--------------------------------------|--------------------------------|----------|-----------|-----------|
| 1       | Principal           | 1                              | 1                               | 0                                    |                                |          |           |           |
| 2       | Vice-Principal      | 1                              | 1                               | 0                                    |                                |          |           |           |
| 3       | Professor           | 1                              | 1-2                             | 0                                    | 1*                             |          |           |           |
| 4       | Associate Professor | 2                              | 2-4                             | 0                                    | 1*                             |          |           |           |
| 5       | Assistant Professor | 3                              | 3-8                             | 2                                    | 3**                            |          |           |           |
| 6       | Tutor               | 8-16                           | 16-24                           | 2-10                                 |                                |          |           |           |
|         | <b>Total</b>        | <b>16-24</b>                   | <b>24 -40</b>                   | <b>-</b>                             | <b>-</b>                       |          |           |           |

\* 1:10 teacher student ratio for B.Sc.(N)

\*1:5 teacher student ratio for M.Sc.(N)

\*\* To teach M.Sc.(N) program teachers shall have 3 years' experience after M.Sc.(N)

|  |   |               |                           |                     |                      |  |
|--|---|---------------|---------------------------|---------------------|----------------------|--|
| <p><b>b. After Physically verifying, the list of Nursing Faculty with details of Age, Year of Qualification and University, Registration Number of entire Qualification, Teaching experience, appointment order, Joining report, branch of Speciality for M.Sc(N), Recent Passport size Photograph along with the duly filled in Form B, Copy of relevant documents</b> submitted by faculty to be enclosed.</p> <p>c. Whether any faculty has been appointed after the last inspection.</p> <p>d. If so, whether it was informed to the University.</p> <p>e. If informed, Copy of the details furnished by the institution to the University (copy to be enclosed).</p> <p>f. If not informed, mention the reason.</p> | <p>i. The enclosures to be arranged as per the Faculty list annexed to Form-B</p> <p>ii. The Form-B to be filled up by the individual.</p> <p style="text-align: right;">Yes / No</p> <p style="text-align: right;">Yes / No</p> <p>Institution Lr.No.:.....</p> <p>Date: .....</p> <p>Reason:.....</p> |               |                           |                     |                      |  |
| <p><b>g. List of Part-time teachers</b> to be enclosed.</p>  | <p>No. of Part-Time Teachers.</p>   |               |                           |                     |                      |  |
| <p>34. <b><u>SECURITY DEPOSIT</u></b></p>  |   |               |                           |                     |                      |  |
|  | <p>Installment</p>  | <p>Amount</p> | <p>FDR No. &amp; Date</p> | <p>Bank Address</p> | <p>Maturity Date</p> | <p>Whether Refunded to the Institution</p> |
|  | <p><u>B.Sc.(N)</u><br/>I</p>  |               |                           |                     |                      |  |
|  | <p>II</p>   |               |                           |                     |                      |  |
|  | <p>P.B.B.Sc (N)</p>   |               |                           |                     |                      |  |
|  | <p>M.Sc(N)</p>  |               |                           |                     |                      |  |

|  |   |  |
|--|---|--|
| 35.  | <p><b><u>PAST DEFICIENCIES:</u></b></p> <p>a. Details of rectification of past deficiencies observed by the previous year Inspection Commission (Please furnish remarks item wise in a separate sheet and enclose along with the inspection report)</p> <p>b. (The college should furnish the deficiencies pointed out in the previous year Inspection Report and the rectification report submitted by them to the University for Verification by the Inspection Team, the Inspection team must verify the Rectification Report and furnish the details about the rectification done by the college.</p> | (To be furnished in a separate sheet annexed)  |
| 36.<br>a.  | <p><b>INSPECTION FEES</b><br/>Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b></p>   | Amount paid Rs. ....   |
| b.   | <p><b>UNIVERSITY ADMINISTRATIVE EXPENSES FEE</b></p>  | <p>Remitted upto the year -----</p> <p>Amount : .....</p>  |
| c.   | <p><b>CONTINUANCE OF PROVISIONAL AFFILIATION FEES</b></p>   | <p>Remitted upto the year -----</p> <p>Amount : .....</p>  |
| <p><b>37. GENERAL REQUIREMENTS:</b></p> <p>1. Whether the <b>Number of admission</b> is based on the number of <b>intake sanctioned.</b></p> <p>2. Whether <b>Ratio of Faculty and Students</b> is followed as per the norms prescribed by the <b>Indian Nursing Council, New Delhi.</b></p> |   | <p>No. of intake sanctioned.....</p> <p>No. of admissions made .....</p> <p>Yes / No</p> <p>Yes/No</p> |

|   |   |
|---|---|
| <p><b>3. Whether Ratio of Student and Patients</b> is followed as per the norms prescribed by the <b>Indian Nursing Council, New Delhi</b></p>  | <p>Yes / No</p>                                 |
| <p><b>4.</b> Whether the adequate Office/ Ministerial Staff is available.</p> <p><b>5.</b> Whether adequate staff are available for the maintenance of the hostel.</p> <p><b>6.</b> Whether the institution is involved in inspection / examination / valuation of answer papers of this University.</p>  | <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> |
| <p><b>38. OBSERVATION OF THE INSPECTION COMMISSION</b></p> <p><b>a)</b> Whether the Institution/College has fulfilled all the requirements to grant provisional affiliation for starting B.Sc. (Nursing) degree course.</p> <p><b>b)</b> Observation of Inspection Commission may be recorded in a separate sheet along with remarks.</p> <p style="text-align: right;">(Furnish in a separate sheet)</p> |   |

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE CONVENOR:

(NAME IN BLOCK LETTERS) (.....)

(To be furnished in the Rs.200/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)

**SWORN AFFIDAVIT**

I, ....., Son of ....., Hindu, aged .....years, Chairman / Managing Trustee of ..... and having office at-----  
..... do hereby solemnly and sincerely affirm and state as follows:-

1. I am the deponent herein.
2. I hereby declare that our Trust is proposed to start ..... course in the name and style of “.....” in your esteemed University from the academic year -----  
by earmarking the following lands owned by our Trust (or) lease land (or) both as follows:-

| S.No. | Document No. & Date | Survey Nos. of the land | Extent of the Land | Location of the Land | Allotted for | Name of the Course |
|-------|---------------------|-------------------------|--------------------|----------------------|--------------|--------------------|
|-------|---------------------|-------------------------|--------------------|----------------------|--------------|--------------------|

Academic Block  
Hostel Block for Boys/Girls  
Hospital Block  
Block used for Other

-----  
Total \_\_\_\_\_

3. The above facts are true to my knowledge and belief.

Signature of the Notary Public  
With seal and date

Signature of the Secretary  
With seal and Date” .

**FORMAT**  
**DETAILS OF THE TEACHING FACULTY**

| Name                                 | Date of Birth (Age) | Qualification<br>UG<br>PG | Year of passing<br>UG<br>PG | Council Registration No.<br>UG<br>PG | Teaching Experience<br>UG<br>PG | Date of Joining in the present Institution / Post |
|--------------------------------------|---------------------|---------------------------|-----------------------------|--------------------------------------|---------------------------------|---|
| <b>Professor –cum Principal</b>      |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
| <b>Professor –cum Vice-Principal</b> |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
| <b>Associate Professor</b>           |                     |                           |                             |                                      |                                 |   |
| Sl No                                |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
| <b>Lecturer/ Assistant Professor</b> |                     |                           |                             |                                      |                                 |   |
| Sl No                                |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
| <b>Tutor/ Clinical Instructor</b>    |                     |                           |                             |                                      |                                 |   |
| Sl No                                |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |
| <b>Part – Time Teachers</b>          |                     |                           |                             |                                      |                                 |   |
| Sl No                                |                     |                           |                             |                                      |                                 |   |
|                                      |                     |                           |                             |                                      |                                 |   |

Certified that the details furnished above are verified and found to be correct.

Signature of the Principal