

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

BASIC B.Sc. (NURSING) DEGREE COURSE

INSPECTION REPORT

**FOR THE GRANT OF PROVISIONAL AFFILIATION
FOR STARTING BASIC B.Sc. (NURSING)
DEGREE COURSE**

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

B.Sc (NURSING) DEGREE COURSE

PROVISIONAL AFFILIATION

INSPECTION REPORT FOR THE ACADEMIC YEAR - _____

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

08.	Name of Nursing College, Full Address with Telephone, Fax and e-mail, where the Nursing College is located	
09.	<p>a. Name of the Principal of the Nursing College</p> <p>i)Qualification</p> <p>ii)Teaching Experience</p> <p>iii)Working as Principal from</p> <p>iv) Residential Address</p> <p>v) Phone No: Office Residence Mobile No.</p>	
10.	Specify the Nursing courses conducted in the same complex	
11.	<p>Name of the other courses run by the Trust.</p> <p>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.</p>	
12.	<p>State Government Orders in which permission was accorded to start the Nursing college/course. (Copy of Orders be enclosed)</p>	<p>G.O.(MS) No.</p> <p>H&FW Department</p> <p>Dated</p>
13.	<p>Approval of The Indian Nursing Council, New Delhi to start the Nursing College / course. (Copy of letter to be enclosed).</p>	<p>INC Lr.No. :</p> <p>Dated :</p> <p>Annual Intake :</p> <p>Academic year :</p>

14.	University letter in which the Certificate of Registration was issued (Copy of letter to be enclosed)	Lr.No. :
		Dated :

15. READY BUILT AREA : (Basic Requirement for B.Sc(N) with 60 Annual Intake)

(a) TEACHING BLOCK

Sl. No.	Teaching Block	Area Required (in Sq feet)	Available	Shortfall
1	Lecture Hall	4 @ 1080 = 4320		
2	(i) Nursing foundation Lab	1500		
	(ii) CHN	900		
	(iii) Nutrition	900		
	(iv) OBG and Paediatrics lab	900		
3	<u>Pre-clinical science lab</u>	900		
4	Computer Lab	1500		
5	Multipurpose Hall	3000		
6	Common Room (Male and Female)	2000		
7	Staff Room	1000		
8	Principal Room	300		
9	Vice-Principal Room	200		
10	Library	2400		
11	A.V. Aids Room	600		
12	One room for each Head of Departments	800		
13	Faculty Room	2400		
14	Provisions for Toilets	1000		
Total		23,720 Sq. Ft		

(b) Hostel Block

Sl. No.	Hostel Block	Area Required (in Sq feet)	Available	Shortfall
1	Single Room	24000		
	Double Room			
2	sanitary	One latrine and One Bath room (for 5 students) - 500		
3	Visitor Room	500		
4	Reading Room	250		
5	store	500		
6	Recreation Room	500		
7	Dining Hall	3000		
8	Kitchen and Store	1500		
Total		30,750 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 equipments 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.

c. State whether the academic complex is in **own/rental/leased building**.
Furnish **Sale Deed/Rental Receipt and agreement/ Lease agreement** accordingly.

d. Whether the **Ready built area** is provided exclusively for conducting Nursing course.

	<p>e. Copy of the approved building plan of the Teaching Block and Hostel Block by the Competent Municipal / Panchayat authority duly indicating the office ref.no. with date, Office seal and covering letter for the approval. (Copy of reference to be enclosed)</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>
	<p>f. Whether sufficient infrastructural facilities is made available separately for B.Sc(N) degree course</p>	
<p>16.</p>	<p><u>HOSTEL</u></p> <p>State Whether the hostel building is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.</p> <p>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan : ii. Proof of Ownership</p>	<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p> <p>iii. Agreement between and</p> <p>iv. Date of Agreement made</p> <p>v. Expiry of Agreement</p> <p>vi. Years of Agreement</p>

	Whether the hostel facility is provided separately for Boys and Girls	Girls : No. of Rooms Boys : No. of Rooms
17.	<u>RESIDENTIAL QUARTERS</u> Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.	Within the College campus / Outside If it is outside furnish full address
18.	<u>EXTRA CURRICULAR</u> a. Whether adequate space and equipment have been provided for extra curricular activities for the students.	
	b. Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available?	If it is outside the college campus Address:
	c. List of Sports articles provided to the Nursing students by the college.	

19.	<p><u>HOSPITAL ARRANGEMENTS:</u></p> <p>a. Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the area of Medicine, Surgery, Paediatrics, Maternity, Gynaecology, E.N.T., Radiology, Orthopaedics, Ophthalmic, Burns, Oncology, Mental Health (Psychiatry) IMCU, ICU, Emergency and Casualty, Blood Bank and Clinical Laboratories.</p> <p>Furnish Xerox copy of licence given by the Government to set up the Own Hospital</p>	<p><u>Own Hospital</u></p> <p>Name :</p> <p>License / Registration No.</p> <p style="text-align: right;">Dt.</p> <p>Full Address :</p>
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Tie-up Hospital (Furnish the upto date tie-up binding evidence)

Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up	
			From	To

c. Number of Beds available in the Own Hospital	
d. State Whether the Own / Tie-up Hospital situated within a radius of 15 to 30 km	
e. No. of out-patient section in the Hospital.	

	f. Daily Out-patient Turnover in the Hospital.	
	g. Furnish Average Monthly Out-patient Turnover in the Hospital.	
	h. Bed occupancy on the day of Inspections.	
	i. Furnish bed occupant percentage for the last one year	
	j. Furnish details of distribution of bed strength in various specialities in the hospital.	
20.	<p><u>CLINICAL ANCILLARY FACILITIES</u></p> <p><u>The following ancillary facilities of high standard shall also be available for patient care:-</u></p> <p><u>Ensure the following:-</u></p> <ol style="list-style-type: none"> 1. Central Stream Sterilisation. 2. Preventive Maintenance of Physical facilities. 3. Central linen supply. 4. Sanitation. 5. House keeping Department. 6. Messenger services for pharmacy, laboratories, X-ray, Radiotherapy, blood Bank. 7. Trolley services for diet. 8. Incinerator. 9. Infection Control. 10. Quality Assurance 11. Records and reports 	
	<ul style="list-style-type: none"> - Nurse – licensure to practice - Nurse – Patient ratio - Nurse–Supervisor ratio - Nursing Superintendent <p style="margin-left: 200px;">} as per INC Norms</p>	
21.	<p><u>LIBRARY</u></p> <p>Details regarding total number of books/journals available for Nursing course in different specialties</p>	<p>Total No. of Books :</p> <p>Total No. of titles :</p>

	<p>available for the students (List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library)</p> <p>a) Name of the Librarian b) Qualification c) Experience d) Accommodation capacity e) Seating Arrangements f) Furniture details g) Facilities – Xerox, Internet, Reference Section, Good Lighting and Ventilation, etc.,</p>	<p><u>Journals</u> (Subscribed) :</p> <p>No. of Indian Journals :</p> <p>No. of International Journals :</p>		
22.	<p><u>GENERAL EQUIPMENTS</u></p> <ol style="list-style-type: none"> 1. Xerox Machine 2. Computer with Accessories 3. Calculators 4. Fast Copier Xerox Machine 5. Lap Top including Printing facility 6. Data Card 7. Pentium - IV Computer/Laptop Computer with Windows 2000/Windows XP with Internet explorer/Mozilla Firefox, Adobe Acrobat Reader, Antivirus software - 2 Nos. 8. Laser Printer / Inkjet Printer – 2 Nos. 9. 1 KVA UPS with min. of 2 hours of backup - 2 Nos. 10. Copier machine with min. of 90 PPM - 1 No. 11. Broadband Internet - 1 No. 12. Fax Machine - 1 No. 13. Wireless Phone such as Tata Indicom) with Internet cable/ USB wireless Internet Data Card (as alternative to Broadband Internet failure) - 1 No. 14. Power Generator - 1 No. 	<u>Required</u>	<u>Available</u>	<u>Shortfall</u>

	15. Others			
23.	<u>LABORATORY</u>	Required	Available	Shortfall
	Nursing Foundation Lab to accommodate 10 beds with necessary facilities for demonstration of Nursing Procedures (50 x 30 sq.ft.)	1		
	Nutrition Lab (30 x 30 sq.ft.)	1		
	Microbiology and Pathology Lab (30 x 30 sq.ft.)	1		
	Anatomy Lab (Museum) (30 x 30 sq.ft.)	1		
	Physiology and Bio-Chemistry Lab (30 x 30) sq.ft.	1		
	Community Health Nursing Lab (30 x 30 sq.ft.)	1		
	M.C.H. Lab (30 x 30 sq.ft.)	1		
	Computer Lab (50 x 30 sq.ft.)	1		
24.	<u>AUDIO VIDEO EQUIPMENTS</u> <u>NOTE:-</u> 600 sq.ft room is required for AV aids equipment as per the norms of Indian Nursing Council. a) LCD b) Over Head Projector c) Slide Projector d) Film Projector e) Tape Recorder f) Others <u>Note:</u> List of equipments to be enclosed.			
25.	<u>TRANSPORT FACILITIES</u> Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed			
26.	<u>FURNITURE</u> Details of Furniture available in the Nursing College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to be enclosed).			

27. **TEACHING FACULTY**
 The applicant college shall have the following staff members as per the norms prescribed by **Indian Nursing Council** for the first year **B.Sc.(N) degree** course.

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

The following evidences to be furnished in the enclosed format.

1. Age, Year of Qualification and Institution, Registration Number, Speciality (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 specialities.
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 Psychology, Nutrition , English, Anatomy, Physiology, Bio-chemistry, Pharmacology, Microbiology, Pathology, Sociology, Computer etc.,

Basic B.Sc.(Nursing)

Designation	Required	Available	Shortfall
Professor –cum Principal	1		
Professor –cum Vice-Principal	1		
Reader/Associate Professor	1		
Lecturer	5		
Tutor/Clinical Instructor	14		
Total	22		
Teacher Student Ratio– 1:10			

Basic B.Sc.(N) -50 & Post Basic B.Sc.(N)-30

Designation	Required	Available	Shortfall
Professor –cum Principal	1		
Professor –cum Vice-Principal	1		
Reader/Associate Professor	2		
Lecturer	6		
Tutor/Clinical Instructor	18		
Total	28		
Teacher Student Ratio: 1:10			

Basic B.Sc.(N) -50 , Post Basic B.Sc.(N) – 30 & M.Sc.(N) – 10

Designation	Required	Available	Shortfall
Professor –cum Principal	1		
Professor –cum Vice-Principal	1		
Reader/Associate Professor	5		
Lecturer	7		
Tutor/Clinical Instructor	18		
Total	32		

Teacher Student Ratio : Basic & Post Basic B.Sc.(N) – 1:10 M.Sc.(N) - 1:5

B.Sc.(N) - 50 & M.Sc.(N) - 10

Designation	Required	Available	Shortfall
Professor –cum Principal	1		
Professor –cum Vice-Principal	1		
Reader/Associate Professor	5		
Lecturer	5		
Tutor/Clinical Instructor	14		
Total	26		

Teacher Student Ratio : Basic B.Sc.(N) – 1:10 M.Sc.(N) - 1:5

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 submitted by faculty to be enclosed.

c. List of Part-time teachers to be enclosed.

28. GENERAL REQUIREMENTS:-

- Whether the **Number of admission** is based on the number of **intake sanctioned** .
- Whether **Ratio of Faculty and Students** is followed as per the norms prescribed by the **Indian Nursing Council, New Delhi.**

No. of intake sanctioned.....
 No. of admissions made
 Yes / No

	<p>3. Whether Ratio of Student and Patients is followed as per the norms prescribed by the Indian Nursing Council, New Delhi</p> <p>4. Whether the adequate Office/ Ministerial Staff is available.</p> <p>5. Whether adequate staff are available for the maintenance of the hostel.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
29.	<p><u>GOVERNMENT ENDOWMENT:</u> Whether Trust/ Society has created a required endowment for running the course in the joint Name of The Director of Medical Education, Chennai Vide G.O.Ms.No.758 Health and Family Welfare Department dated 27.05.91 (Copy to be enclosed)</p>	
30.	<p><u>EARMARKED ASSETS</u> Details of earmarked assets and resources exclusively available to run the Nursing College. (Produce copy of evidence like Fixed Deposit receipts etc.)</p>	<p>FDR created in the Name of the Trust only.</p> <p>FDR No.</p> <p>Amount</p> <p>Bank</p> <p>Date of Deposit</p> <p>Date of Maturity</p>
31.	<p><u>FINANCIAL SOUNDNESS</u> The Management of the Nursing college shall show evidence of an annual income of not less than Rs.4,00,000/- (Rupees Four Lakhs Only) to facilitate the proper running of the Nursing College.</p>	
32.	<p>Whether the applicant college shall furnish the budget for first year program and a separate budget is proposed which will meet the expenditure for the fulfillment of the requirements prescribed for the second year program. (Copy to be enclosed)</p>	<p>Yes / No</p> <p>Last year Audited budget - Year Amount</p> <p>Current year Proposed budget - Year Amount</p>

33.	<u>BALANCE SHEET</u> Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Nursing College. (Copy to be enclosed).	Issued by Dated Chartered Accountant Regn. No.
34.	Payment of prescribed fees for current Inspection. (Copy to be enclosed)	Amount paid Rs.
35.	<u>OBSERVATION OF THE INSPECTION COMMISSION</u> a) Whether the Institution/College has fulfilled all the requirements to grant provisional affiliation for starting B.Sc.(Nursing) degree course. b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.	<p style="text-align: center;">Yes / No</p> <p style="text-align: center;">(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.100/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)

SWORN AFFIDAVIT

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting B.Sc. (Nursing) degree course at the college at run by Trust.

Sl.No.	Lands registered under document No. and date	Survey No.	Land in Acres	Location of the lands

Signature of the Managing Trustee
with Seal & date

Signature of Notary Public
with seal & date

DETAILS OF THE TEACHING FACULTY

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

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

Signature of the Principal