

**DELHI NURSING COUNCIL**  
**A.B. College of Nursing Building**  
**Lok Nayak Hospital, New Delhi – 110002**

**INSPECTION PROFORMA**

**FOR**

**AUXILIARY NURSE MIDWIFE / GENERAL NURSING & MIDWIFERY /  
 POST BASIC DIPLOMA/POST BASIC B.Sc. (NURSING) / B.Sc. (NURSING) / M.Sc. (NURSING) COURSES**

**Details of Inspectors**

1. Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. : (M) \_\_\_\_\_ (O) \_\_\_\_\_

(R) \_\_\_\_\_

Email : \_\_\_\_\_

**Signature** \_\_\_\_\_

2. Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. : (M) \_\_\_\_\_ (O) \_\_\_\_\_

(R) \_\_\_\_\_

Email : \_\_\_\_\_

**Signature** \_\_\_\_\_

Dates of Inspection : \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_

## DELHI NURSING COUNCIL

**A.B. College of Nursing Building, Lok Nayak Hospital, New Delhi – 110002**

### GENERAL INSTRUCTIONS:

1. Fill in all the columns and Tick the appropriate boxes
2. Carry out physical verification as mentioned in the documents and write your observation in the relevant remark column.
3. Attach the desired documents as appendices as mentioned and Attach photograph wherever mentioned.
4. Inspection should be strictly conducted on the dates given by the council and as per the timing of the School, in accordance with the Proforma provided for the purpose.
5. Inspector(s) should fill up the Performa neatly and legibly in their own handwriting and sign. Inspection Performa should be complete in all respects along with the enclosures asked for.
6. Inspection conducted and signed by one inspector will not be considered valid.
7. The inspectors are accountable at any time for all the information provided to the Delhi Nursing Council by way of filled-up inspection Performa.
8. Inspectors to hold meeting with the administrative/governing authorities of the School/faculty & students.
9. The copy of the inspection report should not be reproduced in any form and given to the institution or any other agency. If in case, such information is brought to the notice of Delhi Nursing Council and found to be correct the inspectors will be debarred from being appointed for future inspections.
10. Inspectors should verify the Register/Pay roll & attendance record of all employees of the institution and check the appointment letter of teachers/faculty positions, and also hold meeting with the faculty & students.
11. The inspectors should check and enclose the list of number of teachers working in different nursing training programs. (Other than the program under inspection)
12. The inspectors should mention the number of the enclosures/annexure given by the institution, get it verified by the principal and then put their signature before attaching with the inspection report.
13. The inspectors are requested not to inform the institution beforehand and should not take any obligation in the form of gift, cash or kind from the institution. They should arrange hire their own conveyance to reach the concerned institution.
14. Inspectors may carry their own copy of syllabus to refer to in case of any doubts.
15. Inspection dates to be intimated two weeks before the due date of inspection.
16. Inspectors should not feel pressurized by the School of Nursing authority regarding writing and sharing of the inspection report.
17. The council will process the bill on receipt of all the documents related to inspection.
18. Inspectors must sign their observations in the records of the School, and in the records discussed with the principal and teachers of the School e.g., teaching plan, clinical rotation plan etc.

Sd/-  
Registrar

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## P A R T – I

### GENERAL INFORMATION

#### 1.1 ADMINISTRATIVE SET UP

- 1.1.1 Name of the Institution : \_\_\_\_\_  
 (photographs of institution with its name board) \_\_\_\_\_
- 1.1.2 Full Address with Pin code : \_\_\_\_\_  
 \_\_\_\_\_  
 District \_\_\_\_\_  
 Pin Code \_\_\_\_\_
- 1.1.3 Telephone Numbers : \_\_\_\_\_ Fax \_\_\_\_\_  
 Email ID : \_\_\_\_\_
- 1.1.4 Central Govt./State Govt./Army/Autonomous/Municipal Corporation/Voluntary Organisation/  
 Missionary/Trust/Society/Private Instt. Specify: \_\_\_\_\_
- Annexure No. \_\_\_\_\_
- 1.1.5 Administrative Head of the Institute  
 • Name : \_\_\_\_\_  
 • Phone & Fax : \_\_\_\_\_  
 • Email : \_\_\_\_\_  
 • Designation : \_\_\_\_\_
- 1.1.6 Name of the Principal of School/College : \_\_\_\_\_  
 Phone No. : (M) \_\_\_\_\_ (O) \_\_\_\_\_  
 (R) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Email : \_\_\_\_\_
- 1.1.7 Is there Governing/Coordination Committee : Yes/No  
 At the level of university : Yes/No  
 At the level of School/College : Yes/No  
 If Yes, State the Members : Yes/No

Annexure No. \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_

## 1.1.8 Other School/College Committees

Annexure No. \_\_\_\_\_

Anti-Ragging Committee	:	Yes/No
Sexual Harassment Committee	:	Yes/No
Grievance Committee	:	Yes/No
Student Welfare Committee	:	Yes/No
Mess Committee	:	Yes/No
Recreation/ Sports Committee	:	Yes/No

## 1.2 Budget

1.2.1 Separate budget for the School/College	:	Yes/No
1.2.2 Amount per annum	:	_____
1.2.3 Last year's budget allocation	:	_____
1.2.4 Drawing and disbursing authority	:	_____
• Name	:	_____
• Designation	:	_____

Attach audited copy of income &amp; expenditure of the College for the last financial year: \_\_\_\_\_

Annexure No. \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Please Tick the Appropriate Boxes

1.3 Previous Inspections:

Program	Date of NOC from State Govt.	Date of First Inspection	Date of beginning of the course	Date of Re-Inspection, if any	Date of Re-start of the course, if any	Date of inspection for enhancement of seats	Date of Implementation of enhancement of seats	Date of Periodic/ Yearly Inspection	Remarks	Date of Surprise Inspection	Remarks
ANM											
GNM											
Post Basic Diploma											
Post Basic B.Sc. (N)											
B.Sc. (N)											
M.Sc(N)											

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## 1.4 Dates of Last Inspection for each programme

Programme	ANM	GNM	P.B. Diploma	P.B. B.Sc. Nursing	B.Sc. Nursing	Annexure No.	
						M.Sc. Nursing	
State Nursing Council							
INC							
University							

(Attach Copy last inspection)

## 1.5 Sanctioned number of Admission per year: Attach Copy of Each Orders

Programme	No. of Seats Sanctioned								Annexure No.
	State Government Date of grant of NOC	State Nursing council		Indian Nursing Council		University/ Board			
		Date of approval	No. Of Seats	Date of approval	No. Of Seats	Date of approval	No. Of Seats		
ANM									
GNM									
Post Basic Diploma									
Post Basic B.Sc. (N)									
B.Sc. Nursing									
M.Sc. Nursing									

Signature of Inspectors (1)

Signature of Inspectors (2)



1.6 Total number of students under each programme:

Attached Copy of Admission Criteria for each programme.

Annexure No. \_\_\_\_\_

Programme	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		4 <sup>th</sup> Year		Grand Total
	M	F	M	F	M	F	M	F	
ANM*									
GNM									
P.B. Diploma									
P.B. B.Sc. Nursing									
B.Sc. Nursing									
M.Sc. Nursing									

\*No seats is sanctioned for male candidate in ANM programme

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_

## P A R T – 2

### STAFFING

#### 2.1 TEACHING STAFF

Annexure No. \_\_\_\_\_

S.No	Category	DNC Norms (based on INC )	No. Sanctioned	Filled	Vacant	Appointment Letter	Joining Letter
1	Principal/Professor						
2	Vice-Principal						
3	Professor						
4	Associate Prof./ Readers						
5	Assistant Professor						
6	Tutor / Clinical Instructor / PHN						

- Whether the above teaching faculty is also responsible for the other Nursing Education programs of the College. Yes/No

If yes, Specify \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_

Attendance record of Nursing Faculty for the entire academic year

Annexure No. \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## BIODATA OF TEACHING FACULTY

**2.2 Verify with original certificates\*** (For Additional faculty give the respective details on same format)

Designation	S. No. 01	1 Name	3 Date of Birth	4 Highest Qualification	5 Clinical Specialty
<b>Principal</b>	Please affix Self Attested photograph of the teacher duly certified by the Inspector	6 Year of Passing	7 Name of the Institute from where qualified	8 Name of the University	9 Total Years of Experience
		10 Date of Joining	11 Date of leaving previous employment	12 Aadhar No.	13 DNC RN/RM No.

Designation	S. No. 02	1 Name	3 Date of Birth	4 Highest Qualification	5 Clinical Specialty
<b>Vice-Principal</b>	Please affix Self Attested photograph of the teacher duly certified by the Inspector	6 Year of Passing	7 Name of the Institute from where qualified	8 Name of the University	9 Total Years of Experience
		10 Date of Joining	11 Date of leaving previous employment	12 Aadhar No.	13 DNC RN/RM No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 03	1 Name	3 Date of Birth	4 Highest Qualification	5 Clinical Specialty
Professor	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6 Year of Passing	7 Name of the Institute from where qualified	8 Name of the University	9 Total Years of Experience
	10 Date of Joining	11 Date of leaving previous employment	12 Aadhar No.	13 DNC RN/RM No.	14 NUID No.

Designation	S. No. 4	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Specialty
Professor	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 5	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Professor	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 6	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Professor	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 7	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
AssociateProfessor/ Reader	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No.8	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
AssociateProfessor/ Reader	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1)\_\_\_\_\_ Signature of Inspectors (2)\_\_\_\_\_



Designation	S. No. 9	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
AssociateProfessor/ Reader	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 10	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
AssociateProfessor/ Reader	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1)\_\_\_\_\_ Signature of Inspectors (2)\_\_\_\_\_



Designation	S. No. 11	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Lecturer	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 12	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Lecturer	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 13	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Lecturer	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 14	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Lecturer	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 15	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Lecturer	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 16	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Lecturer	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 17	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Assistant Lecturer/ Tutor/Clinic alInstructor	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 18	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
Assistant Lecturer/ Tutor/ ClinicalInstr uctor	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1)\_\_\_\_\_ Signature of Inspectors (2)\_\_\_\_\_



Designation	S. No. 19	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
<b>Assistant Lecturer/ Tutor/Clinic alInstructor</b>	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 20	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
<b>Assistant Lecturer/ Tutor/ ClinicalInstr uctor</b>	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Designation	S. No. 21	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
<b>Assistant Lecturer/ Tutor/Clinic alInstructor</b>	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

Designation	S. No. 22	1. Name	3. Date of Birth	4. Highest Qualification	5. Clinical Speciality
<b>Assistant Lecturer/ Tutor/Clinic alInstructor</b>	Please affix Self Attested photograph of the teacher duly certified by the Inspector				
		6. Year of Passing	7. Name of the Institute from where qualified	8. Name of the University	9. Total Years of Experience
	10. Date of Joining	11. Date of leaving previous employment	12. Aadhar No.	13. DNC RN/RM No.	14. NUID No.

\* Check attendance Register

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_

### 2.3 EXTERNAL FACULTY

S.No.	Name	Position	Qualification	Subject Taught	No. of hours per year/per subject	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Note: Verify from the attendance record

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## 2.4 OFFICE STAFF\*

S. No.	Designation	No. Sanctioned	No. in Position	Joined since when	Qualification	Present on day of inspection
1	Administrative Officer					
2	Office Superintendent					
3	PA to Principal					
4	Accountant-cum-Cashier					
5	U.D.C.					
6	L.D.C.					
7	Store Keeper					
8	Classroom Attendants					
9	Sanitary Staff					
10	Security Staff					
11	Peons/Office Attendants					
12	Library (a) Librarian (b) Library Attendants					
13	Computer Programmer					
14	Driver					
15	Cleaner (Bus)					
16	Safai Karamchari					

\*Check attendance register

Remark \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## 2.5 HOSTEL STAFF\*

S. No.	Designation	No. Sanctioned	No. in Position	Joined since when	Qualification	Present on day of inspection
1	Warden*					
2	House Keeper					
3	Cooks					
4	Bearer					
5	Sweeper					
6	Chowkidar					
7	Peon / Ayah					
8	Mali / Gardner					

\*Check attendance register

Remark \_\_\_\_\_

\_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## PART- 3

**INFRASTRUCTURE OF THE INSTITUTE****3.1. PHYSICAL FACILITIES**

3.1.1 **The Institution** : 1. Owned \_\_\_\_ 2. Rented \_\_\_\_ 3. Leased \_\_\_\_  
 If owned proof of possession of building to be enclosed of college of Nursing/School of Nursing

Annexure No. \_\_\_\_\_

- (a) Separate building for the Nursing Institute: \_\_\_\_\_
- (b) Ownership of the nursing institute's building : \_\_\_\_\_
- (c) Built- up area of the building, blue print : \_\_\_\_\_ Sq.ft.
- (d) Photograph of the building is to be verified by ad-hoc inspector : \_\_\_\_\_
- (e) Building completion Certificate by the State Authority to be Attached: Yes \_\_\_\_ No. \_\_\_\_
- (f) Land sale deed to be attached : Yes \_\_\_\_ No. \_\_\_\_

Annexure No. \_\_\_\_\_

Remarks, if any: \_\_\_\_\_

3.1.2 **If the building is on lease-rent-attached the agreement** Annexure No. \_\_\_\_\_

- (a) Date of commencement of lease rent agreement : \_\_\_\_\_
- Date of expiry of Lease rent agreement : \_\_\_\_\_
- (b) Built -up area of the building : \_\_\_\_\_ Sq. ft.
- (c) Photograph of the building is to be verified by ad-hoc inspector : \_\_\_\_\_

3.1.3 Does all the nursing courses are imparted in this building : Yes \_\_\_\_ No. \_\_\_\_  
 if no, please specify: \_\_\_\_\_

3.1.4 Does Fire safety measures available Yes \_\_\_\_ No \_\_\_\_  
 Fire Safety Certificate Yes \_\_\_\_ No \_\_\_\_  
 Validity period \_\_\_\_\_

Annexure No. \_\_\_\_\_

3.1.6 Availability of safe drinking water : Yes \_\_\_\_ No. \_\_\_\_

3.1.7 Provision of hand washing facility : Yes \_\_\_\_ No. \_\_\_\_

3.1.8 No. of toilets in the college for all Nursing programs: Gents \_\_\_\_ Ladies \_\_\_\_

3.1.9 Number of Vehicles – 50 seater bus : RC No. \_\_\_\_\_

15-30 seater bus : RC No. \_\_\_\_\_

Any other : RC No. \_\_\_\_\_

Who is the Controlling Authority of Vehicle: \_\_\_\_\_

Valid Driving Licence of authorised driver : \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



Annexure No. \_\_\_\_\_

**3.2 PHYSICAL FACILITIES**

Infrastructure Facilities of all the Nursing Programs .

Photographs of the physical facilities. ( Photographs of all classes, Labs with demonstration.)

Class Room/ Lecture Hall	Nursing Program for which the class is used	Area/Size of each class room (sq. ft.)	Numbers of			Ventilation		Lighting		Remarks
			Tables	Chairs	Storage cupboard	1. V. Good 3. Avg.	2. Good 4. Poor	1. V Good 3. Avg.	2. Good 4. Poor	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Assembly Hall/ Examination Hall/Auditorium										

Remarks, if any: \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## 3.3 LABORATORIES/ COMPUTER LAB/AV AID ROOM /LIBRARY FACILITIES

Laboratories	No. of Students per Lab	Hand washing Facility	Program for which Nursing the lab is used	Size (Sq. ft.)	Beds	Chairs /Stools	No. of Dummies available	Ventilation	Lighting	Inventory detail will be mentioned and shall be verified along with name of dummy –mark and model.
1. Fundamentals								1. V Good 2. Good 3. Avg. 4. Poor	1. V Good 2. Good 3. Avg. 4. Poor	
2. Nutrition										
3. MCH/OBG & Paed. Lab										
4. Community Health Nursing										
5. Pre-Clinical Sciences Lab										
6. Advance Nsg. Lab										
7. Computer Lab	No of Computers	How Many are in good Condition	Internet facility available	Ventilation 1. V Good 2. Good 3. Avg. 4. Poor	Lighting 1. V Good 2. Good 3. Avg. 4. Poor	Remarks				
8. A V Aid Room	No. of AV Aid	and How Many are in working condition						Ventilation 1. V Good 2. Good 3. Avg. 4. Poor	Lighting 1. V Good 2. Good 3. Avg. 4. Poor	Remarks

Signature of Inspectors (1) \_\_\_\_\_

Signature of Inspectors (2) \_\_\_\_\_



### 3.4 Library Facilities

Library Facilities	Size	Separate Library 1. Yes 2. No	No. of Book Racks/cupboards	No. of Journal Racks	No. of Table	No. of Chairs/Stools	Ventilation		Lighting		Remarks
							1. V Good 3. Avg.	2. Good 4. Poor	1. V Good 3. Avg.	2. Good 4. Poor	
Reading Room											
Librarian's Room											
<div style="display: flex; justify-content: space-between;"> <div> 1.No. of e-books &amp; e-journal : 1. Yes ____ 2. No. ____  2. No. of Nursing Books available : ____  3. No. of Latest edition Nursing Book (Since 2010) : ____ </div> <div> 4. No of Nursing Journals subscribed : ____  5. Is Internet facility available for student : 1. Yes ____ 2. No. ____  6. How many books were purchased in last Financial Year : ____ </div> </div>											

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## 3.5 OFFICES

Administrative Facilities	Size	Storage facility Available	No. of Tables	No. of Chairs/ Stools	Telephone Facility	Computer Facility	Internet Facility	Ventilation		Lighting	Remarks
								1. V Good 3. Avg.	2. Good 4. Poor		
Office										1. V Good 2. Good 3. Avg. 4. Poor	
Principal's Office											
Vice Principal's Office											
Assoc. Prof/ Reader's Offices											
Assistant Professor Offices											
Tutors/Clinical Institution Office											
Offices of administrative											
Clerical Staff & PA(s).											
Accountants Office											
Store Room											
Record Room											
Room for Maintenance Staff											

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



### 3.6 HOSTEL FACILITIES

(Minimum provision of hostel accommodation for 30% of the total students intake is compulsory for the institution and accordingly the staff for hostel shall be provided as prescribed in the syllabi)

1. Whether the institute is having a separate hostel for male & female students: Yes \_\_\_\_ No \_\_\_\_

2. Built-up area of the hostel : \_\_\_\_\_ sq.ft.

3. Is the hostel : 1. Owned \_\_\_\_ 2. Rented /leased \_\_\_\_

If owned .proof of possession of hostel to be enclosed

Annexure No.: \_\_\_\_\_

(Photograph of Hostel Building)

Items	Female Student Hostel	Male Student Hostel
(a) Number of Rooms		
(b) Number of single Rooms		
(c) Number of double Rooms		
(d) Number of Students in the Hostel		
(e) Number of Students living in each room		
(f) Room Size		
(g) Room Furniture allotted to each students		
(h) Total Number of Toilets		
(i) Total No. of Bathrooms		
(j) Total Number of Day Scholars		

5. Whether the hostel has provisions for

Items	Female Student Hostel		Male Student Hostel	
(a) Water Supply	Yes ____	No ____	Yes ____	No ____
(b) Round the clock Electricity	Yes ____	No ____	Yes ____	No ____
(c) Pantry	Yes ____	No ____	Yes ____	No ____
(d) Safe Disposal of wastes	Yes ____	No ____	Yes ____	No ____
(e) Laundry	Yes ____	No ____	Yes ____	No ____
(f) Hot Water supply during winter season	Yes ____	No ____	Yes ____	No ____

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



6. Facilities for Recreation	Female Student Hostel		Male Student Hostel	
(a) Indoor Games	Yes ____	No ____	Yes ____	No ____
(b) Outdoor Games	Yes ____	No ____	Yes ____	No ____
(c) Recreation facilities like TV/Radio/Wi-Fi	Yes ____	No ____	Yes ____	No ____
6. Is there a guest Room available	Yes ____	No ____	Yes ____	No ____
7. Is Sick Room Available	Yes ____	No ____	Yes ____	No ____
8. Whether the Hostel Mess is available	Yes ____	No ____	Yes ____	No ____

## 10. Fire safety Certificate

Yes \_\_\_\_ No. \_\_\_\_

Annexure No. \_\_\_\_

## 6. Dinning Facilities:

- (a) Dining Room Well Maintained Yes \_\_\_\_ No. \_\_\_\_
- (b) Size \_\_\_\_\_ Seating Capacity \_\_\_\_\_
- (c) Hand Washing Facilities Yes \_\_\_\_ No. \_\_\_\_
- (d) Safe Drinking water Facility Yes \_\_\_\_ No. \_\_\_\_
- (e) Hygienic Kitchen Yes \_\_\_\_ No. \_\_\_\_

## 7. General Condition of the Hostel

1. V Good \_\_\_\_ 2. Good \_\_\_\_ 3. Avg. \_\_\_\_ 4. Poor \_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.7 RESIDENTIAL ACCOMODATION**

1. Is the residential accommodation for Principal or Vice Principal available in the campus Yes / No

2. Is the residential accommodation available to the staff of the school as per entitlement?

(i) Teaching Yes/No

(ii) Non-teaching (specify) Yes/No

3. (i) Is the accommodation for all the wardens available Yes/No

(ii) Is the accommodation available for ancillary staff of hostel/mess Yes/No

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



**PART 4**  
**CLINICAL FACILITIES**

4.1. Name of the parent Hospital : \_\_\_\_\_

(a) Bed Strength : \_\_\_\_\_

(b) Distance from the Nursing Institute : \_\_\_\_\_

(c) Contact No. of parent Hospital : \_\_\_\_\_

(d) Name of Medical Superintendent : \_\_\_\_\_

(e) Name of Nursing Superintendent : \_\_\_\_\_

(f) Number of School / College affiliated : \_\_\_\_\_

(g) Validity period of registration for the  
Nursing Home/Hospital issued by DHS : \_\_\_\_\_ Annexure No. \_\_\_\_\_

4.2. Name(s) and Addresses of the Affiliated Hospital

(attach a latest copy of agreement/ permission from Affiliated Hospital)

(i) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Distance from Nursing Institute \_\_\_\_\_ Kms. Annexure No. \_\_\_\_\_

(ii) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Distance from Nursing Institute \_\_\_\_\_ Kms. Annexure No. \_\_\_\_\_

(iii) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Distance from Nursing Institute \_\_\_\_\_ Kms. Annexure No. \_\_\_\_\_

(iv) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Distance from Nursing Institute \_\_\_\_\_ Kms. Annexure No. \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## 4.3. CLINICAL AREAS AND STAFF STRENGTH IN THE PARENT &amp; AFFILIATED HOSPITAL

S.No	Clinical Areas	No. of Beds					No. Of patient admitted on the day of Inspection					Average Occupancy					
		Parent Hosp.	Affiliated Hospital.				Parent Hosp.	Affiliated Hospital.				Parent Hosp.	Affiliated Hospital.				
			1	2	3	4		1	2	3	4		1	2	3	4	
1	Casualty																
2	Medical																
3	Surgical																
4	Pediatrics																
5	Gynecology & Obstetrics																
6	Psychiatric																
7	Eye																
8	E.N.T.																
9	I.C.U.																
10	I.C.C.U.																
11	Dialysis																
12	Burns and Plastic Surgery																

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



#### 4.4. STAFF POSITION OF NURSES IN PARENT AND AFFILIATED HOSPITAL

S.No	Nursing Staff	Sanctioned No.				Filled				Vacant							
		Parent Hosp.	Affiliated Hospital.				Parent Hosp.	Affiliated Hospital.				Parent Hosp.	Affiliated Hospital.				
			1	2	3	4		1	2	3	4		1	2	3	4	
1	Chief Nursing Officer																
2	Nursing Superintendent																
3	Deputy Nursing Superintendent																
4	Asstt. Nursing Superintendent																
5	Senior Nursing Officer																
6	Nursing Officer																
7	Any Other Staff A PHNO b. ANM																

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



#### 4.5 DETAIL OF THE CLINICAL AREAS OF HOSPITAL

S.No.	Clinical Areas	Parent Hospital	Affiliated Hospital			
			1	2	3	4
1.	<b>Operation Theatre</b>					
(a)	No. of O.T. s (specify total number)					
(b)	No. of Tables (specify total number)					
2	<b>No. of O.T.'s &amp; Tables</b>					
(a)	General					
(b)	Special (Eye, ENT, Ortho., Urology, plastic, Pediatric, Gyane., &Obst.)					
3	<b>O.P.D.'s</b>					
(a)	Surgery					
(b)	Medical					
(c)	Orthopaedics					
(d)	Eye					
(e)	ENT					
(f)	Pediatric					
(g)	Psychiatric					
(h)	Skin and RTI, STI					
(i)	Gynae and obstetric					
4	<b>Labour Room</b>					
(a)	Number of Tables					
(b)	Number of deliveries					
	(a) Per day					
	(b) Per Year					
5	<b>Teaching wards</b>					
	<b>(Specify number and area)*</b>					

\* Inspectors to take survey of teaching wards & clinical area

Remarks \_\_\_\_\_

\_\_\_\_\_

4.6 Pollution Control Board Certificate for all parent and affiliated Hospitals Yes \_\_\_\_\_ No \_\_\_\_\_  
Annexure No. \_\_\_\_\_

4.7 Equipment and Supplies in clinical areas – (Brief description report of your observation).

(a) Student's inventory Yes \_\_\_\_\_ No \_\_\_\_\_  
(b) Supplies for nursing care Yes \_\_\_\_\_ No \_\_\_\_\_  
(c) Cleanliness and maintenance of the Hospital \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



**4.8. Clinical Supervision of Students.**

- (a) Tutors/Clinical Instructor Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) Hospital Nursing Staff Yes \_\_\_\_\_ No \_\_\_\_\_
- (c) Both Yes \_\_\_\_\_ No \_\_\_\_\_
- (d) Whether College teaching faculty  
were supervising the students on the day of Inspection Yes \_\_\_\_\_ No. \_\_\_\_\_
- (e) Whether attendance sheet is being  
maintained for clinical rotation by teaching faculty Yes \_\_\_\_\_ No. \_\_\_\_\_
- (f) Teacher Student ratio in clinical area \_\_\_\_\_
- (g) Attendance record of students in Clinical area.

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



## PART – 5

### CURRICULUM

#### TEACHING PLAN

##### 5.1 Teaching Schedule

If Indian Nursing Council syllabus is not followed, what is the Gap?

\_\_\_\_\_

Programme Name	Time Table available Nursing Programme	How many Students are Sitting in Theory Classes*	How many Students are available in lab For Practical
ANM	Yes ____ No. ____		
GNM	Yes ____ No. ____		
B. Sc. (N)	Yes ____ No. ____		
P.B.B.Sc.	Yes ____ No. ____		
M.Sc. (N)	Yes ____ No. ____		

Note\*: please provide along with years and subject being taught.

##### 5.2 Master Rotation Plan

1. Who Prepares the Master Rotation Plan?

(a) School/College Faculty \_\_\_\_\_ (b) Hospital Nursing Service personnel \_\_\_\_\_

2. Who all are involved in preparing the Clinical Rotation Plan? \_\_\_\_\_

Please indicate name & designation \_\_\_\_\_

3. Is rotation based on the needs of Clinical Learning Experience? Yes \_\_\_\_ No. \_\_\_\_

4. Whether the students are available in the departments as per the rotation plan? Yes \_\_\_\_ No. \_\_\_\_

5. Attach Master Rotation plan, yearly clinical plan & monthly posting of students for the each nursing course

Annexure No. \_\_\_\_, \_\_\_\_, \_\_\_\_

Remarks, if any : \_\_\_\_\_

Annexure No. \_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



<b>ANM</b>	<b>Ist Year</b>	<b>IInd Year</b>	<b>How Many student were available in clinical area as per rotation plan</b>
i. Number and size of student groups			
ii. Number of rotations			
iii. Duration of each rotations			
iv. Graphic rotation plan (attach copy) Yes / No.			

<b>GNM</b>	<b>Ist Year</b>	<b>IInd Year</b>	<b>IIIrd Year</b>	<b>How Many student were available in clinical area as per rotation plan</b>
i. Number and size of student groups				
ii. Number of rotations				
iii. Duration of each rotations				
iv. Graphic rotation plan (attach copy ) Yes / No..				

<b>Post Basic Diploma</b>	<b>Ist Year</b>	<b>IInd Year</b>	<b>How Many student were available in clinical area as per rotation plan</b>
i. Number and size of student groups			
ii. Number of rotations			
iii. Duration of each rotations			
iv. Graphic rotation plan (attach copy) Yes / No.			

<b>P.B.B.Sc. (N)</b>	<b>Ist Year</b>	<b>IInd Year</b>	<b>How Many student were available in clinical area as per rotation plan</b>
i. Number and size of student groups			
ii. Number of rotations			
iii. Duration of each rotations			
iv. Graphic rotation plan (attach copy) Yes / No.			

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



B.Sc. (N)	Ist Year	IIInd Year	IIIrd Year	IVth Year	How Many student were available in clinical area as per rotation plan
i. Number and size of student groups					
ii. Number of rotations					
iii. Duration of each rotations					
iv. Graphic rotation plan (attach copy) Yes / No.					

M.Sc. (N)	Ist Year	IIInd Year	How Many student were available in clinical area as per rotation plan
i. Number and size of student groups			
ii. Number of rotations			
iii. Duration of each rotations			
iv. Graphic rotation plan (attach copy) Yes / No.			

### 5.3 What syllabus is being followed by the teachers in the College?

- University Syllabus
- Indian Nursing Council Syllabus
- Amalgamation of Both
- Whether Teachers & Students possess the copy of Indian Nursing Council Syllabus. \_\_ Yes/No
- Clinical experience plan discussed with students? Yes \_\_\_\_ No. \_\_\_\_
- Does Clinical Teaching take place? Yes \_\_\_\_ No. \_\_\_\_
- Record expression of students Yes \_\_\_\_ No. \_\_\_\_
- Record expression of Teachers Yes \_\_\_\_ No. \_\_\_\_

(Whether observed on the day of inspection)

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



### 5.4 Number of theory and Practical/Clinical training hours implemented for each subject & course

#### ANM Programme

##### First Year

##### Theory Hours

- i Community Health Nursing
- ii Health Promotion
- iii Primary Health Care Nursing
- iv Child Health Nursing


**Total clinical hours**

\_\_\_\_\_

##### Second Year

- v Midwifery
- vi Health Centre Management


**Total clinical hours**

\_\_\_\_\_

1. Number of Theory and Practical /Clinical training hours implemented for each year of training for each subject & each course

#### GNM Program

##### First Year GNM

##### Theory Hours

- i Bio Sciences
- ii Behavioural Sciences
- iii Nursing Foundations
- iv Community Health Nursing –I


**Total clinical hours**

\_\_\_\_\_

##### Second Year GNM

##### Theory Hours

- i Medical Surgical Nursing I
- ii Medical Surgical Nursing II
- iii Mental Health Nursing
- iv Child Health Nursing


**Total clinical hours**

\_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



**Third Year GNM****Theory Hours**

- i Midwifery
- ii Community Health Nursing II


**Total clinical hours**

\_\_\_\_\_

**2. Number of Practical /Clinicaltraining hours implemented for each year of trainingfor each subject & each course**

**B.Sc. Nursing Program****Semester I****Theory Hours**

- i Communicate English
- ii Applied Anatomy & Applied Physiology
- iii Applied Sociology & Applied Psychology
- iv Nursing Foundation I


**Total clinical hours**

\_\_\_\_\_

**Semester II****Theory Hours**

- i Applied Biochemistry and Applied Nutrition & Dietetics
- ii Nursing Foundation I
- iii Health/NursingInformatics & Technology


**Total clinical hours**

\_\_\_\_\_

**Semester III****Theory Hours**

- i Applied Microbiology and Infection Control including Safety
- ii Pharmacology I and Pathology I
- iii Adult Health Nursing I


**Total clinical hours**

\_\_\_\_\_

**Semester IV****Theory Hours**

- i Pharmacology and Pathology (I & II) and Genetics
- ii Adult Health Nursing II
- iii Professional, Ethics and Professional Values


**Total clinical hours**

\_\_\_\_\_

Signature of Inspectors (1)\_\_\_\_\_ Signature of Inspectors (2)\_\_\_\_\_



**Semester V****Theory Hours**

- i Child Health Nursing I
- ii Mental Health Nursing I
- iii Community Health Nursing I including Environmental Sciences & Epidemiology
- iv Education Technology /Nursing Education
- v Introduction to Forensic Nursing and Indian Law


**Total clinical hours**

\_\_\_\_\_

**Semester VI****Theory Hours**

- i Child Health Nursing (I & II)
- ii Mental Health Nursing (I & II)
- iii Nursing Management & Leadership
- iv Midwifery/Obstetrics & Gynecology I


**Total clinical hours**

\_\_\_\_\_

**Semester VII****Theory Hours**

- i Community Health Nursing II
- ii Nursing Research & Statistics
- iii Midwifery/Obstetrics and Gynecology (OBG) Nursing (I & II)


**Total clinical hours**

\_\_\_\_\_

**Semester VIII****Theory Hours**

- i Competency Assessment

--

**Total clinical hours**

\_\_\_\_\_

**5.6 Cleanliness and maintenance of the Hospital**

Yes \_\_\_\_ No. \_\_\_\_

**5.7 COMMUNITY HEALTH EXPERIENCE****1. RURAL FIELD****Annexure No.** \_\_\_\_

(Attach a copy of the letter of agreement between affiliation rural/urban field center and Hospital/College.)

**Name of CHC/PHC/SC** \_\_\_\_\_**Address** \_\_\_\_\_**Signature of Inspectors (1)**\_\_\_\_\_ **Signature of Inspectors (2)**\_\_\_\_\_



- \_\_\_\_\_
- \_\_\_\_\_
- (a) Adopted \_\_\_\_\_
- (b) Affiliated \_\_\_\_\_
- (c) Administered by State govt. \_\_\_\_\_ Municipal corporation \_\_\_\_\_ Private \_\_\_\_\_
- (d) Distance from the Nursing Institute \_\_\_\_\_
- (e) Area Coverage (in kms) \_\_\_\_\_ Number of Villages covered \_\_\_\_\_
- (f) Population coverage \_\_\_\_\_
- (g) Service Rendered (Health And Family Welfare Programmes): Yes \_\_\_\_ No. \_\_\_\_
- (h) Supervision of students  
Field staff only \_\_\_\_\_  
School/College teaching faculty \_\_\_\_\_ Both \_\_\_\_\_
1. Residential Accommodation Available for :  
i) Supervising Teacher Yes \_\_\_\_ No. \_\_\_\_  
ii) Students Yes \_\_\_\_ No. \_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

## 2. URBAN FIELD

Annexure No. \_\_\_\_\_

(Attach a copy of the letter of agreement between affiliation rural/urban field center and Hospital/College.)

Name of MCH & F.W. Center \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (a) Adopted \_\_\_\_\_
- (b) Affiliated \_\_\_\_\_

### Details of MCH and F.W. center: -

- (i) Distance from the Hostel \_\_\_\_\_
- (ii) Administered by \_\_\_\_\_ Govt.(State/Central) Municipal Corporation , Private.
- (iii) Area Coverage \_\_\_\_\_
- (iv) Population \_\_\_\_\_
- (v) Service rendered \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (vi) Staffing Pattern \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



**Supervision of Students:**

- (i) Field staff only \_\_\_\_\_
- (ii) Tutors/Clinical Instructors only or \_\_\_\_\_
- (iii) Both \_\_\_\_\_

**5.8 Records of Students**

A. The Following records of students are maintained well:

- |  |                   |
|--|-------------------|
| (a) Admission Register                                       | Yes ____ No ____  |
| Eligibility criteria for admission in each course            | Annexure No. ____ |
| (b) Personal File of each Student                            | Yes ____ No ____  |
| (c) Daily Attendance Register                                |                   |
| (i) Theory Classes   | Yes ____ No ____  |
| (ii) Clinical Classes  | Yes ____ No ____  |
| (d) Health Records   | Yes ____ No ____  |
| (e) Clinical and field experience evaluation Records         | Yes ____ No ____  |
| (e) Practical Record Books/ clinical competency Records book | Yes ____ No ____  |
| - Midwifery Case Book  | Yes ____ No ____  |
| (f) Leave Record   | Yes ____ No ____  |
| (g) Cumulative Record  |                   |
| (i) Internal Assessment                                      | Yes ____ No ____  |
| (ii) Theory  | Yes ____ No ____  |
| (iii) Practical/ Clinical                                    | Yes ____ No ____  |
| (h) Extra-curricular activities of students                  | Yes ____ No ____  |

**5.9 The Following records are available in school/college.**

- |  |                  |
|--|------------------|
| (a) Course planning of each subjects             | Yes ____ No ____ |
| (b) Rotation plans                               | Yes ____ No ____ |
| (c) Committee Meetings                           | Yes ____ No ____ |
| (d) Affiliation Records                          | Yes ____ No ____ |
| (e) Records of Stock                             | Yes ____ No ____ |
| (f) Budget Plan                                  | Yes ____ No ____ |
| (g) Annual Report of Activities and Achievements | Yes ____ No ____ |
| (h) Staff Development Programmes                 | Yes ____ No ____ |

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



(i) Records Signed by Teacher with dates

Yes \_\_\_\_ No \_\_\_\_

**5.10 Last four years result**

Programme	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		4 <sup>th</sup> Year		Failed	
	Appeared	Passed	Appeared	Passed	Appeared	Passed	Appeared	Passed	Theory	Practical
ANM										
GNM										
P.B. Diploma										
P.B. B.Sc. Nursing										
B.Sc. Nursing										
M.Sc. Nursing										

**5.11 Observation Visits**

(Specify the various visits and the group of students for whom the visits are arranged)

Programme	Area of Visit
ANM	
GNM	
P.B. Diploma	
P.B. B.Sc. Nursing	
B.Sc. Nursing	
M.Sc. Nursing	

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



### 5.12 Co-curricular Activities

State the activities/functions held in the College

- Lamp Lighting : Yes/No
- Annual function : Yes/No
- Sports day : Yes/No
- Specify the activities the SNA unit holds in the College \_\_\_\_\_
- Attendance at professional conferences : Yes/No

### 5.13 Evaluation

Criteria For Internal Assessment	
Theory	Practical

Annexure \_\_\_\_\_, \_\_\_\_\_

#### (e) Staff Development Programme

Is there provision for sending the teachers for continuing education programmes such as workshops/seminars/symposium/conference? Yes/No

(Attach a copy of Letters with names of the teachers who attended continuing education programme in the last two years.)

### 5.14 ANTI RAGGING Annexure No. \_\_\_\_\_

1. Whether anti Ragging squads are constituted? Yes \_\_\_\_ No \_\_\_\_  
(Enclosed copy along with Mobile Number)
2. Whether Monitoring Committee Members are constituted? Yes \_\_\_\_ No \_\_\_\_  
(Enclosed copy along with Mobile Number)
3. Following are applicable for yearly inspection, enhancement of seats and surprise inspection. Yes \_\_\_\_ No \_\_\_\_
4. Whether prospectus clearly states that ragging is totally banned and anyone found guilty of ragging will be liable to punishment? (Copy enclosed ) Yes \_\_\_\_ No \_\_\_\_
5. Whether anti ragging committee was constituted? Yes \_\_\_\_ No \_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_



6. Whether name, telephone numbers of authorities to be contacted have been publicized /made available to fresher's to report incidence of ragging?(enclosed copy ) Yes \_\_\_\_ No \_\_\_\_
7. Whether students are allowed free access to phone (cell & Landline) in hostel(s) for timely reporting? Yes \_\_\_\_ No \_\_\_\_
8. Whether undertaking received from all the students before the admission? (as per Annexure I, Part II) Yes \_\_\_\_ No \_\_\_\_
9. Whether undertaking received from all the Parent/Guardian before the admission? (as per Annexure I, Part II) Yes \_\_\_\_ No \_\_\_\_
10. Whether Principal at the beginning of Academic Session convened a meeting of faculty and staff warden and student representatives and step to be taken to identify offenders and punish them? Yes \_\_\_\_ No \_\_\_\_
11. Whether posters displayed on all departmental notice boards, hostels and at vulnerable places to curb menace of ragging? Yes \_\_\_\_ No \_\_\_\_
12. Hold meeting with students  
Remarks \_\_\_\_\_
13. Hold meeting with faculty  
Remarks \_\_\_\_\_

Signature of Inspectors (1) \_\_\_\_\_ Signature of Inspectors (2) \_\_\_\_\_