

Summary of the Inspection Report (to be filled in neatly)

Date of Inspection:-

Course:

Name of the Inspectors:-

1. Teaching Staff

Designation	Required as per norms	Available	Registration with PNRC	Deficiency
Professor				
Reader				
Lecturer				
Clinical Instructors				

Others (Part time)

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2. Clinical Material

Hospital

Own/Affiliated

If affiliated, distance from the College

Facilities

Please annex the complete details duly certified by the Medical Suptd. of the Hospital.

Brief Summary:-

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Deficiencies

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3. Hostel

Total number of rooms:-

Number of rooms earmarked course wise:-

B.Sc (N)

Post Basic B.Sc (N)

M.Sc (N)

Brief Summary:-

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Deficiencies

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4. Building

Brief Summary:-

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Deficiencies

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5. Equipment

Brief Summary:-

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Deficiencies

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Findings of Inspection Committee

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Name of inspector(s)

Signature

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