



**BABA FARID UNIVERSITY OF HEALTH SCIENCES
SADIQ ROAD, FARIDKOT, PUNJAB-151203**

INSPECTION PROFORMA

Date of Inspection _____

Please Tick the Appropriate boxes
Type of Inspection

- : 1. First Inspection 2. Periodical Inspection
 3. Yearly Inspection 4. Re-inspection
 5. Enhancement of seats 6. Surprise Inspection

Nursing Programme under Inspection

- : 1. Basic B.Sc. (N) 2. Post Basic B.Sc.(N)
 3. M.Sc (N)

GENERAL INFORMATION

1. Name of the Institution : _____
 2. Full Address with Pin Code : _____

District _____

3. Telephone Numbers of the Principal : (O) _____ (R) _____ (M) _____
 4. Telephone Numbers of the Institution : _____ Fax No. _____
 5. E-mail of the Institution : _____
 6. Name of the Trust/Society/Missionary: _____
 Company (certified copy of the trust)

7. Administrative Control : 1. Government 2. University
 3. Municipal Corporation 4. Army
 5. Autonomous 6. Voluntary
 7. Missionary/Trust/Soc. 8. Company

8. When was the school/college opened
- | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Basic B.Sc.(N) <input type="checkbox"/> | Post Basic B.Sc. (N) <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| D D M M Y Y Y Y | D D M M Y Y Y Y | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |

- M.Sc. (N)**
 D D M M Y Y Y Y

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Signature of inspector (1) _____ Signature of inspector (2) _____

9. Do you have parent Medical College : 1. Yes 2. No.
(Proof of the same to be enclosed)
10. Do you have parent hospital : 1. Yes 2. No.
(Proof of the same to be enclosed)
11. Admission of students in current session

Programme	No. of seats Sanctioned			No. of students admitted
	State Govt.	INC	University	
B.Sc. (N)				
Post Basic B.Sc. (N)				
M.Sc. (N)	Med.Surg.Nsg.			
	CHN			
	Paediatric Nsg.			
	Psychiatry Nsg.			
	OBG			

12. Total No. Students Training in each of the nursing education programme:

Programme		I year	II year	III year	IV year	Total
B.Sc. (N)	Male					
	Female					
Post Basic B.Sc. (N)*	Male					
	Female					
M.Sc. (N)*	Male					
	Female					

- * Students details to be enclosed as per table given below for the previous & present year shall verify whether these students are present in the institute during the inspection.

S.No	Name of Student	Registration Number		Residence Address	Place & Address of work at the time of inspection	Board/University from where last exam qualified	Duration of course with dates From----- to-----
		GNM	B.Sc.(N)				

13. Mention the last date of last inspection for each programme:

Council/University	B.Sc. (N)	P.B. B.Sc.	M.Sc.
Punjab Nurses Registration Council			
Indian Nursing Council			
Baba Farid University of Health Sciences			

14. **OFFICE STAFF**

S. N.	Designation	No. Sanctioned	No. in Position	Vacant Since When	Remarks
1.	Stenographer				
2.	U.D.C.				
3.	L.D.C.				

Signature of inspector (1) _____

Signature of inspector (2) _____

4.	Accountant-cum-Cashier				
5.	Librarian				
6.	Computer Programmer				
7.	Peon/Office Attendant				
8.	Security Guard/Chowkidar				
9.	Driver				
10.	Peon				
11.	Cleaner (Bus)				
12.	Sweeper				

15. HOSTEL STAFF

SN	Designation	No. Sanctioned	No. in Position	Vacant Since When	Remarks
1.	Warden				
2.	House Keeper				
3.	Cooks				
4.	Bearer				
5.	Sweeper				
6.	Chowkidar				
7.	Peon/Ayah				
8.	Mali/Gardner				
9.	Washer man Dhobi				
10.	Cleaner (Bus)				

TEACHING FACULTY: -

Furnish detail in the attached proforma of Teaching Faculty “Annexure-A” after joining page 1 & 2 and 3 & 4 horizontally.

Signature of inspector (1) _____

Signature of inspector (2) _____

2 Particulars of External Teachers (Part time)

Sr. No.	Name	Qualification	Subject	Number of Hours per year	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Teaching Block

- 1 Built –up area of the building : _____ sq.ft.
- 2 Is the institution : 1. Owned Rented /Leased
- If owned proof of possession of building to be enclosed of College of Nursing. : Appedndix no.
- 3 Building completion Certificate by the State Authority to be attached : 1. Yes 2.No
- 4 Land deed to be attached : 1.Yes 2. No
- 5 Does all the courses are imparted in this building : 1.Yes 2.No
- If no, please specify : _____
- 6 Whether Safe drinking water supply is available : 1.Yes 2.No
- 7 Provision of hand washing facility is there : 1.Yes 2.No
- 8 Number of toilets in the College for all Nursing Programmes : 1.Gents _____ 2. Ladies _____
- 9a. Number of vehicles-Bus(50 seater or more) : _____
- Details in appendix No. _____
- Mini bus(15-35) : _____
- 9b Who is the controlling authority of vehicle : _____

Signature of inspector (1) _____

Signature of inspector (2) _____

PHYSICAL FACILITIES

10. INFRASTRUCTURE FACILITIES OF ALL THE NURSING PROGRAMMES to be duly filled irrespective of nursing programme you are inspecting

Please write numbers do not write adequate /inadequate

Class room/Lecture Hall	No. of students per class room	Nursing Programme for which the class is used		Area/ size of each class room(sq.m)		Number of			Ventilation	Lighting	Remarks
						Tables	Chairs	Storage cupboard	1. V Good 2. Good 3.Avg. 4. Poor	1. V Good 2. Good 3.Avg. 4. Poor	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.											
●Assembly hall/Examination hall/Auditorium											
Laboratories	No. of students per lab	Hand Washing facility	Tables	Nursing Programme for which the lab is used	Size	Beds	Chairs/ Stools	Dummies available 1. Yes 2. No	Ventilation	Lighting	Remarks
									1. V Good 2. Good 3.Avg. 4. Poor	1. V Good 2. Good 3.Avg. 4. Poor	
1 Fundamentals 2 Nutrition 3 MCH/OBG&Paed. Lab 4 Community Health Nursing 5 Pre-clinical sciences lab											
	No of Computers		How many are in good condition	Internet facility available			Ventilation		Lighting		Remarks
								1. V.Good 2. Good 3. Avg. 4. Poor	1. V.Good 2. Good 3. Avg. 4. Poor		
6. Computer lab											
	Types of AV Aid		No. of AV Aids	How many are in Working Condition			Ventilation		Lighting		
								1. V Good 2. Good 3.Avg. 4. Poor	1. V Good 2. Good 3.Avg. 4. Poor		
7. AV Aid Room											

Signature of inspector (1) _____

Signature of inspector (2) _____

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 2. Good 3. Avg. 4. Poor	1. V Good 2. Good 3. Avg. 4. Poor	
<ul style="list-style-type: none"> • Reading room • Librarian's room 									

1. Is CD ROM's Available for student : 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 2. No. of Nursing Books Available : _____ 3. No. of latest edition Nursing books (since 1990) : _____	4. No. of Nursing Journals subscribed: _____ 5. Is internet facility available for student: 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 6. How many books were purchased in last Financial year : _____
---	--

Administrative Facilities	Size	Storage facility	No. of Table	No. of Chairs/Stools	Tel. facility	Comp. Facility	Internet facility	Ventilation	Lighting	Remarks
								1. V Good 2. Good 3. Avg. 4. Poor	1. V Good 2. Good 3. Avg. 4. Poor	
Office -Principal 's Office -Vice Principals Office -Assoc. Prof/ Reader's offices -Lecturer's offices -Tutors/Clinical instructors office <ul style="list-style-type: none"> • Offices of Administrative Clerical staff and PA(s) • Accountants office <ul style="list-style-type: none"> - Store - Record room - Room for maintenance staff Duplicating /Xeroxing room - Common room 										

Signature of inspector (1) _____

Signature of inspector (2) _____

BUDGET

- 1 a. Is there a separate budget for the college : 1 Yes 2. No
- b. Amount per annum : _____
- 2 If Yes, give the name and designations of the drawing and disbursing authority : _____
- 3 What was the last year's budget Allocation. : _____

Furnish the following details:

S. No.	Particulars	Expenditure
1	Salary -Teaching Faculty -Non-teaching faculty	
2	Stipends for students	
3	New equipments and repairs	
4	Linen and other household supplies	
5	Maintenance of vehicles and cost of petrol/diesel	
6	Maintenance /Purchasing books, furniture and other items of library	
7	Office supplies including stationery and postage	
8	Contingency fund –for educational tours, professional activities, prizes, entertainments, maintenance of the school premises and any other needed items.	
9	The Library –purchase of books, journals and daily newspapers, for binding of journals, for stationery, such as indeed card, label etc.	
10	Incidental teaching equipment –charts, films, slides, transparencies,pen,chalk,etc.	
11	Office supplies-stationery items.	
12	External Lectures –for payment in accordance with the policy of the controlling authority.	
13	Contingencies	

N.B. Please attach last financial year' Audited Income and Expenditure Statement of the Institution.

CLINICAL FACILITIES: -

Furnish detail in the attached proforma of Clinical Facilities “Annexure-B” after joining page 1 & 2 and 3 & 4 horizontally.

Signature of inspector (1) _____

Signature of inspector (2) _____

Equipment and Supplies for the clinical experience of the students (*Brief description of the observation*).

3. Clinical supervision of students by

a) Hospital Nursing Staff 1. Yes 2.No b) College teaching faculty 1. Yes 2. No

c) On the day of Inspection: (i) were College teaching faculty were supervising the students 1. Yes 2. No

(ii) whether attendance sheet is being maintained on clinical rotation for teaching faculty 1. Yes 2. No

(iii) whether attendance sheet is being maintained on Clinical rotation for students 1. Yes 2. No

d) Teacher Student ratio in clinical area _____

COMMUNITY HEALTH FACILITES

I. RURAL FIELD

a. Name of CHC/PHC/SC

i) Adopted/Affiliated _____

ii) Administered by 1. State Govt. 2. Municipal Corporation 3. Private

iii) Distance from the Nursing Institute _____

b. Residential Accommodation available for:-

i) Supervising Teacher 1. Yes 2. No

ii) Students 1. Yes 2. No

iii) Remarks _____

c. Details of CHC/PHC/SC

i) Distance from the Hostel _____

ii) Area Coverage (in kms) _____ Number of Villages covered: _____

iii) Population Coverage _____

iv) Service Rendered Health and Family Welfare programmes: yes/no _____

d. Supervision of students: 1. Field staff only 2. College teaching faculty. 3. Both

Signature of inspector (1) _____ Signature of inspector (2) _____

II. Urban Field

a. Name of the MCH & F.W. Center

1) Adopted 2) Affiliated

b. Details of MCH & F.W. center

i) Distance from the institute _____

ii) Administered by 1. State Govt 2. Municipal Corporation 3. Private

iii) Area Coverage (in kms) _____ Number of villages covered: _____

iv) Population Coverage _____

v) Staffing Patteren (specify) _____

vi) Service Rendered _____

c. Supervision of students: 1. Field staff only 2. College teaching faculty. 3. Both

N.B: *A copy of the letter of agreement for affiliation to the Hospital and Health Centers to be attached. Inspectors to visit the Hospital and Community Health Field and record their observations.*

CLINICAL ROTATION PLAN:

1. Is rotation based on the needs of clinical learning experiences 1. Yes 2. No
(Rotation plan to be enclosed) (Appendix no.) _____

B.Sc (N)

	Ist year	IInd year	IIIrd year
i. Number and size of students groups			
ii. Number of rotations			
iii. Duration of each rotations			
iv. Graphic rotation plan (attach copy) Appendix no.	1. Yes 2. No		

P.B B.Sc (N)

	Ist year	IInd year
i. Number and size of students groups		
ii. Number of rotations		
iii. Duration of each rotations		
iv. Graphic rotation plan (attach copy) Appendix no.	1. Yes 2. No	

M.Sc (N)

	Ist year	IInd year
i. Number and size of students groups		
ii. Number of rotations		
iii. Duration of each rotations		
iv. Graphic rotation plan (attach copy) Appendix no.	1. Yes 2. No	

N.B.: *Inspectors to make observation of the rotation plan discuss the adequacy and inadequacy and record their observations.*

Signature of inspector (1) _____

Signature of inspector (2) _____

2. Planning of specific clinical experience

a. Who prepares the clinical rotation plan?

1. School Faculty 2. College Faculty 3. Hospital Nursing service personnel

b. Who all are involved the Clinical Rotation Plan?
Please indicate designation _____

c) Plan Shows: (For all nursing programmes)

B.Sc (N):

- i) Learning Objectives 1. Yes 2. No
- ii) Learning Experiences 1. Yes 2. No
- iii) Method Evaluation of learning experiences 1. Yes 2. No

P.B.B.Sc (N):

- i) Learning Objectives 1. Yes 2. No
- ii) Learning Experiences 1. Yes 2. No
- iii) Method Evaluation of learning experiences 1. Yes 2. No

M.Sc (N):

- i) Learning Objectives 1. Yes 2. No
- ii) Learning Experiences 1. Yes 2. No
- iii) Method Evaluation of learning experiences 1. Yes 2. No

d) Who prepares the Clinical Experiences Plan?

1. College Faculty 2. Hospital Nursing service personal

e) Are the plan discussed with the students? 1. Yes 2. No.

f) Does Clinical teaching takes place? 1. Yes 2. No.

N.B.: Inspectors to make observation of plan of different Clinical Experiences.

3. TEACHING PLAN

(i) Master Plan for Theory Classes and practical for all Nursing Programmes

- a) B.Sc (N) 1. Yes 2. No.
- b) P.B.B.Sc (N) 1. Yes 2. No.
- c) M.Sc (N) 1. Yes 2. No.

Signature of inspector (1) _____

Signature of inspector (2) _____

(ii) Time table available for all Nursing Programmes

- | | | |
|-----------------|---------------------------------|---------------------------------|
| a) B.Sc (N) | 1. Yes <input type="checkbox"/> | 2. No. <input type="checkbox"/> |
| b) P.B.B.Sc (N) | 1. Yes <input type="checkbox"/> | 2. No. <input type="checkbox"/> |
| c) M.Sc (N) | 1. Yes <input type="checkbox"/> | 2. No. <input type="checkbox"/> |

(vi) **COURSES OF INSTRUCTIONS & SUPERVISED PRACTICE**

B.Sc.(N)

Sr. No.	Year of Training /Subject Taught	No. of Hours		Courses Outline Available		Lesson Plan Available	
		Theory	Practical	Yes	No	Yes	No
1st Year							
1	Anatomy & Physiology						
2	Nutrition and Biochemistry						
3	Nursing Foundations						
4	Psychology						
5	Microbiology						
6	English						
7	Introduction of Computer						
8	Practical and Viva Voce • Nursing Foundations						
Total							
2nd year							
1	Sociology						
2	Medical –Surgical Nursing-I						
3	Pharmacology, Pathology, Genetics						
4	Community Health Nursing-I						
5	Communication & Educational Technology						
6	Practical & Viva Voce • Medical –Surgical Nursing-I						
Total							
3rd Year							
1	Medical –Surgical Nursing-II						
2	Child Health Nursing						
3	Mental Health Nursing						
4	Practical & Viva Voce • Medical –Surgical Nursing –II • Child Health Nursing • Mental Health Nursing						
Total							
4th Year							
1	Midwifery & Obstetrical Nursing						
2	Community Health Nursing -II						
3	Nursing Research & Statistics						
4	Management of Nursing Services & Education						
5	Practical & Viva Voce • Midwifery & Obstetrical Nursing • Community Health Nursing						
Total							
Grand Total=							

Signature of inspector (1) _____

Signature of inspector (2) _____

P. B. B.Sc.(N)

Sr. No.	Year of Training /Subject Taught	No. of Hours		Courses Outline Available		Lesson Plan Available	
		Theory	Practical	Yes	No	Yes	No
1st Year							
1	Nursing Foundation						
2	Nutrition & Dietetics						
3	Biochemistry & Biophysics						
4	Psychology						
5	Maternal Nursing						
6	Child Health Nursing						
7	Microbiology						
8	Medical & Surgical Nursing						
9	English(Qualifying)						
Total							

Hindi/local language as per the need of the institution.

2nd year							
1	Sociology						
2	Community Health Nursing						
3	Mental Health Nursing						
4	Introduction to Nursing Education						
5	Introduction to Nursing Administration						
6	Introduction to Nursing Research & Statistics						
Total							
Grand Total=							

M.Sc.(N)

Sr. No.	Year of Training /Subject Taught	No. of Hours		Courses Outline Available		Lesson Plan Available	
		Theory	Practical	Yes	No	Yes	No
1st Year							
1	Nursing Foundation						
2	Advance Nursing Practice						
3	Nursing Research and Statistics • Clinical Speciality-I						
Total							
2nd Year							
1	Nursing Management						
2	Nursing Research (Dissertation) • Clinical Speciality-II						
Total							
Grand Total=							

Please tick mark the electives which are offered

***Clinical Speciality** –Medical Surgical Nursing (Cardio Vascular & Thoracic Nursing /Critical Case Nursing/Oncology Nursing/Neurosciences Nursing/Nephro-Urology Nursing/Orthopedic Nursing/Gastro Enterology Nursing/Obstetric & Gynaecological Nursing /Child Health (Paediatric)Nursing/Community Health Nursing/Psychiatric (Mental Health) Nursing etc.

Signature of inspector (1) _____

Signature of inspector (2) _____

SYSTEM OF EXAMINATION

1. Eligibility for admission to Examination : for all Nursing Programmes

B.Sc(N):

i) Attendance percentage: I) Theory classes _____ Clinical practice _____

ii) Internal assessment marks _____ iii) Completion of Practical record 1. Yes 2. No.

iv) Conduct 1. Yes 2. No

(Report from Principal regarding the above) Appendix No. _____

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

i) Attendance percentage: I) Theory classes _____ Clinical practice _____

ii) Internal assessment marks _____ iii) Completion of Practical record 1. Yes 2. No.

iv) Conduct 1. Yes 2. No

(Report from Principal regarding the above) Appendix No. _____

M.Sc. (N)

i) Attendance percentage: I) Theory classes _____ Clinical practice _____

ii) Internal assessment marks _____ iii) Completion of Practical record 1. Yes 2. No.

iv) Conduct 1. Yes 2. No

(Report from Principal regarding the above) Appendix No. _____

2. Scheme of Examination followed for degree level Nursing Programmes

B.Sc. (N)

S. no.	Year-wise paper	Theory Marks			Practical Marks		Duration
		Internal	External	Total	Internal	External	
	1 st year						
1.	Anatomy & Physiology						
2.	Nutrition & Biochemistry						
3.	Nursing Foundations						
4.	Psychology						
5.	Microbiology						
6.	English						
7.	Introduction of Computer						
8.	Practical & Viva Voce						
	2 nd year						
1.	Sociology						
2.	Medical-Surgical Nursing-I						
3.	Pharmacology, Pathology, Genetics						
4.	Community Health Nursing – I						
5.	Communication & Edu. Tech.						
6.	Practical & Viva Voce						

Signature of inspector (1) _____

Signature of inspector (2) _____

	3 rd year						
1.	Medical Surgical Nursing - I						
2.	Child Health Nursing						
3.	Mental Health Nursing						
4.	Practical & Viva Voce						
	4 th year						
1.	Midwifery & Obstetrical Nursing						
2.	Management of Nursing Services & Education						
3.	Practical & Viva Voce						

P.B. B.Sc. (N)

S. no.	Year-wise paper	Theory Marks			Practical Marks		Duration
		Internal	External	Total	Internal	External	
	1 st year						
1.	Nursing Foundation						
2.	Nutrition & Dietetics						
3.	Biochemistry & Biophysics						
4.	Psychology						
5.	Microbiology						
6.	Maternal Nursing						
7.	Child Health Nursing						
8.	Medical & Surgical Nursing						
9.	English (Qualifying)*						
	Practicals						
	2 nd Year						
1.	Nursing Management						
2.	Dissertation & Viva						
3.	Clinical Specialty – II						
4.	Sociology						
5.	Community Health Nursing						
6.	Mental Health Nursing Education						
7.	Introduction to Nursing Admin.						
8.	Introduction to Nursing Research & Statistics**						
	Practicals						

*Qualifying Examination, **College Examination (not University Examination)

M.Sc. (N)

S. no.	Year-wise paper	Theory Marks			Practical Marks		Duration
		Internal	External	Total	Internal	External	
	1 st year						
1.	Nursing Education						
2.	Advance Nursing Practice						
3.	Nursing Research & Statistics						
4.	Clinical Specialty – I						
	2 nd year						
1.	Nursing Management						
2.	Dissertation & Viva						
3.	Clinical Specialty – II						

Signature of inspector (1) _____

Signature of inspector (2) _____

3. Where is the Practical Examination conducted? _____

4. Who conducts the examination? _____

5. Internal Assessment: How many students are examined per day? Theory _____ Practical _____

6. System of Supplementary Examination

a. B.Sc. (N) _____

b. P.B. B.Sc. (N) _____

c. M.Sc. (N) _____

7. State the pattern of Supplementary Exam for _____
(once/twice/more times) per year

B.Sc. (N) a. Theory _____

b. Practical _____

P.B. B.Sc. (N) a. Theory _____

b. Practical _____

M.Sc. (N) a. Theory _____

b. Practical _____

8. Weak points on examination _____

9. Strong points on examination _____

Bond System

• Bond system for the Nursing Student 1. Yes 2. No

RECORDS OF STUDENT

1. Are the following students records are maintained well?

a. Admission record 1. Yes 2. No

b. Daily attendance register 1. Yes 2. No

c. Health record 1. Yes 2. No

d. Clinical and field experience record 1. Yes 2. No

Signature of inspector (1) _____

Signature of inspector (2) _____

e. Size of rooms

Girls _____ Boys _____

Room furniture allotted to each student

Bed _____ Table _____

Chair _____ Cupboard _____

Remarks _____

f. Total Number of Toilets

Girls _____ Boys _____

g. Total No. of bathrooms

Girls _____ Boys _____

5. Whether the hostel has provisions for

a. Water Supply

1. Yes 2. No

b. Electricity

1. Yes 2. No

c. Pantry

1. Yes 2. No

d. Safe Disposal of Wastes

1. Yes 2. No

e. Laundry

1. Yes 2. No

f. Hot water supply

1. Yes 2. No

6. Facilities for indoor games whether there is Recreation room with TV/radio

1. Yes 2. No

7. What facilities are there for outdoor games and indoor games _____

8. Is there a guest room available

1. Yes 2. No

Is sick room available

1. Yes 2. No

9. Whether the hostel mess is available

1. Yes 2. No

Dining facilities:

a. Dining room well maintained

1. Yes 2. No

b. Size _____ Seating capacity _____

c. Hand washing facility

1. Yes 2. No

d. Safe drinking water facility

1. Yes 2. No

e. Hygienic Kitchen

1. Yes 2. No

11. General condition of the hostel 1. V. Good 2. Good 3. Avg. 4. Poor

Signature of inspector (1) _____

Signature of inspector (2) _____

CHECK LIST

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. I have received the inspection proforma & have filled the same. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Whether the Inspection report is completely filled after verification. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. SNRC Consent/affiliation letter (year mentioned) verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Indian Nursing Council permission letter verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Land deed document verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Teaching faculty Original Certificate, photos (self attested) Verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Documents with Respect to Parent hospital Verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Relieving order of teachers verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Affiliated Hospital Permission letter verified from Hospital & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Permission letter of CHC/PHC verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. Transportation (Registration Certificate) Verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signature of inspector (1) _____

Signature of inspector (2) _____

DECLARATION

I certify that I inspected _____
Nursing institute on _____ where in I inspected physically the institute building,
checked teaching faculty and visited hospital. The inspection report is not shared with the institution
management. Further I also certify that **I have paid the hotel and travel bills.**

Name of the Inspector: _____	Name of the Inspector: _____
Signature : _____	Signature : _____
Designation : _____	Designation : _____
Address : _____	Address : _____
_____	_____
_____	_____

Telephone No. (Off) : _____	Telephone No. (Off) : _____
(Res.) : _____	(Res.) : _____
(Mob) : _____	(Mob) : _____

Signature of inspector (1) _____ Signature of inspector (2) _____