

**BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT**

**GENERAL INSPECTION PROFORMA**

**COURSE : GRADUATE/POSTGRADUATE**  
**FACULTY : .....**

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**Name/designation/address/  
Telephone No. of Inspectors**

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**Date of Inspection:**

**Detail of Previous Inspections:**

<b>By whom conducted</b>	<b>Date on which conducted</b>	<b>Observations</b>	<b>Remarks</b>
<b>PUNJAB GOVT.</b>			
<b>STATE COUNCIL</b>			
<b>BFUHS</b>			

**SECTION 1: GENERAL INFORMATION**

**1.1 NAME OF INSTITUTION:** .....

**1.2 FULL ADDRESS with pin code:** .....  
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- 1.3 Telephone No. :  
 Fax No. :
- 1.4 NAME/ADDRESS OF SOCIETY/  
 TRUST/CONTROLLING AGENCY:.....  
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 Telephone No.  
 Fax No.
- 1.5 NATURE OF CONTROLLING ORGANIZATION GOVT./CHARITABLE/TRUST/  
 VOLUNTARY/PRIVATE ETC.
- 1.6 DATE OF ESTABLISHMENT/ REGISTRATION Reg. No. Date:  
 Office of Registration:  
 (please attach proof)
- 1.7 Particulars of NOC from Pb. Govt. No. Date:  
 (please attach proof)
- 1.8 Approved by State Council YES/NO If yes Letter No.  
 Dated:  
 Agency granting approval:
- 1.9 BFUHS APPROVAL YES/NO If yes Letter No0.  
 Dated:
- 1.0 REMARKS/SHORTCOMINGS: .....  
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**SECTION 2 : ADMISSIONS**

**2.1 No. of Admissions/seats APPLIED FOR/APPROVED:**

NO. OF SEATS APPLIED FOR	NO. OF SEATS APPROVED BY PB. GOVT.	NO. OF SEATS APPROVED BY COUNCIL	NO. OF SEATS APPROVED BY BFUHS
LETTER NO. DATED:			

**2.2 DATES OF ADMISSION/PASS OUT:**

BATCH	ADMISSION DATE/SESSION	INTAKE No. of admissions	PASS OUT DATE	Councils permission letter no./dt.	BFUHS permission letter No./dt.
1 <sup>ST</sup> BATCH					
2 <sup>nd</sup> BATCH					
3 <sup>rd</sup> BATCH					
4 <sup>th</sup> BATCH					
5 <sup>th</sup> BATCH					

**2.3 MODE OF ADMISSIONS:**

(Inspectors to report if the procedure of admission followed as per Govt. Rules and Regulations is being followed or not).

Is as per/not as per Govt. Rules.

**2.4 REMARKS/SHORTCOMINGS:**

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**SECTION 3: PHYSICAL FACILITIES: LAND**

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**3.1 Total land holding :**

(Land ownership required to be in the name of Institution)

Minimum Land required (In acres)	Total land owned by the institution (in acres )	Land Deficiency (in acres)

**3.2 Land Ownership Details:**

(Land ownership required to be in the name of Institution)

a) Owners Name :

b) Registered No. :

dt. of Registration :

Office of Registration :

**Total Land Area :**

**3.3 Is the land in one piece or split : In one piece/split (give detail)**

**3.4 Is the land exclusive to the Institution or is it being shared with other institutions of the Society/organization: Exclusive/shared (give details)**

**3.5 Is the entire college facility located on this land or situated remotely: On the land/remotely (give details)**

**3.6 Please attach : 1. Detail Site Plan:  
2. Copy Latest Jamabandi/farad**

**3.6 Remarks/shortcomings :** .....

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**SECTION 4: PHYSICAL FACILITIES: BUILDING:**

**(Note: Buildings of the institution are required to be owned by the institution)**

**4.1 Ownership of the buildings:**

**a) Are the buildings owned by the Institution : Yes/NO**

**b) If Not then Name/address of Owner And relationship to the Institution :**

**c) Is the building on lease/rent with the Institution; If so give details :.....**

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**4.2 If the building is self built :**

**a) Year of Construction of building :**

**b) Is the building plan approved by the Appropriate Govt./Municipal Agency: YES/NO  
\*(Copy of Approval/Sanction to be attached)**

c) Quality of Building : Kutcha/Pucca

d) Is construction Complete : Complete/Incomplete

(if complete attach copy of Completion Certificate of Municipality or any other appropriate agency)

**4.3 BUILDING DETAILS:**

**A) COVERED AREA DETAILS:(IN AQ.FT/SQ.METERS) FOR .....SEATS.**

**(NOTE: PLEASE REFER TO BFUHS NORMS APPROPRIATE TO STUDENT INTAKE)**

ITEM	REQUIREMENTS AS PER NORMS:	EXISTING	DEFICIENT	REMARKS (quality/adequate/inadequate for student strength)
College Administration/Offices etc.				
Teachers offices	No.: Area:			
Class rooms/lecture theatres	Number: Area:			
Demonstration rooms	No.: Area:			
Laboratories	No.: Area:			
Library	Area:			
Toilets	No.: Area:			
Auditorium	Area			
Examination room	Area:			
College Canteen	Area:			
Reading Room	Area:			
Staff Rooms	No.: Area:			
Hostel	No. rooms: Total Area:			
	No. students that can be accommodated:			
Common Room	Area:			
Others				

<b>TOTAL COVERED AREA</b>					

**PLEASE ATTACH CERTIFIED AND SIGNED COPIES OF ARCHITECT FOR DETAILS OF:**

- 1. FLOOR PLAN DRAWINGS OF COLLEGE HOSTELS AND OTHER BUILDINGS.**
- 2. LIST OF COVERED AREA DETAILS FOR ALL INDIVIDUAL FACILITIES OF THE BUILDINGS**

**4.4 Is the Society running other Institution/ school/unrelated courses etc. in this building : Yes/No**

**If Yes, give details :**

**4.5 INSPECTORS REMARKS ON BUILDINGS:**

- i) Quality of Buildings : Excellent/V.good/good/poor/v.poor**
- ii) Ventilation and lighting : Excellent/V.good/good/poor/v.poor**
- iii) Adequacy of space for total Student strength**
  - Class rooms/lecture theatres : Excellent/V.good/good/poor/v.poor**
  - Laboratories : Excellent/V.good/good/poor/v.poor**
  - College Toilets : Excellent/V.good/good/poor/v.poor**
  - Hostel rooms/Hostel : Excellent/V.good/good/poor/v.poor**
  - Kitchen/Hostel toilets : Excellent/V.good/good/poor/v.poor**
- iv) Quality of Furniture/fittings And fixtures etc. : Excellent/V.good/good/poor/v.poor**
- v) Quality of food served in Hostels : Excellent/V.good/good/poor/v.poor**

**4.6 Remarks/deficiencies**

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**5. OTHER INFRASTRUCTURE ITEMS:** \_\_\_\_\_

**5.1 SPORTS/EXTRACURRICULAR INFRASTRUCTURE:**

- i) Adequate Play grounds..... : Available/ Not available
- Available facilities for : Cricket/Football/Hockey/Basketball/  
Volleyball/Tennis/Badminton/  
Athletics/Gymnasium/Others(please specify)
- ii) Is sports Equipment for the  
Above said sports provided By the College: YES/NO

**5.2 FURNITURE FOR ADMINISTRATION/TEACHING/TRAINING ETC.:**

- i) Is there adequate furniture : Yes/No
- ii) What is the furniture quality : Excellent/V.good/good/poor/v.poor

**5.3 LAB. EQUIPMENT:**

- i) Is it adequate : Yes/No.[if not give details of deficiencies]
- ii) Quality of equipment : Excellent/V.good/good/poor/v.poor
- iii) Safety equipment against  
accidents/fire etc. installed : Yes/No

**5.4 I.T INFRASTRUCTURE POSSESSED BY THE INSTITUTION:**

Item	Tot.Qty.	Qty.available to Students	
PC's			
Printers			
Server			
Internet Connectivity			Ps. record details of connection.
Multimedia			
Over head projectors			
Teaching Software			
Are there any tutors to teach computer education?			
Is there any teaching activity on computers presently going on?			

**5.5 REMARKS/DEFICIENCIES:**

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**6. INFRASTRUCTURE-HOSPITAL FACILITY :**

**6.1 Does the Institution have its own Hospital facility : YES/NO**

**If Yes, give details:**

**# The institution to provide inspectors with a certified statement regarding all of the following particulars**

S. No.	Item	Detail	Remarks
1.	Name/address of Hospital/s with Tel.No./s.		
2.	Location/distance from college		
3.	No. of beds/distribution of beds		
4.	Existing specialties		
5. i)	Emergency Dept. No. cases		
	Emergency OPD/year		
ii)	No. cases admitted through emergency/year		
6.	Major Medical Equipment possessed (ps. list detail)		
7.	Name/address/qualifications/Reg. No. of Med.Suptd./I/C/Tel. No.		
8.	Names/address/Reg. Nos./Qualifications/Tel. No. of Drs. Working in the Hospital		
9.	No./Names/qualifications/Reg. Nos. of Nursing staff.		
10.	No./names/qualifications of Lab./Radiology/ECG etc. technical staff		
11.	No. of other employees of the Hospital Category wise.		

**6.2 If there is NO own hospital facility where is hospital facility availed from the students:**

**i) Is it a single hospital or more :**

**ii) Name/address of Hospital :**

Distance from College :

**6.3 Hospital Statistics:**

(Please enter last three years figures)

(Please attach certified copies of statements of the institution)

Item				Remarks
OPD attendance				
Indoor admissions				
Emergency attendance				
Bed Occupancy				
No. of Surgeries				
No. of Births				
Vaccinations				
In house Lab. Investigations				

ix) Means of transport for students : Students Bus/any other... ps give detail

**6.4 Do the following services exist in the Hospital/s:**

- a) Central Sterilization : YES/NO
- b) Blood Bank : Yes/No
- c) Laundry : Yes/No
- d) Kitchen : Yes/No
- e) Housekeeping : Yes/No
- f) Central Registration and records : Yes/No
- g) Central Workshop : Yes/No

**6.5 Does the Hospital/s observe the Following:**

**Remarks**

- a) Proper OPD records : Yes/No
- b) Proper indoor records : Yes/No
- c) Yearly Statistics : Yes/No
- d) Participate in National Health Programmes : Yes/No (Ps. List which ones)

**6.6 Remarks/Deficiencies**

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**7. INFRASTRUCTURE; TEACHING FACULTY:**

**7.1 DETAILS OF TEACHING FACULTY:**

A detailed certified statement of teaching faculty showing Name/designation/qualification/Experience/dt. of appointment to be provided by the college as per University Teachers Particulars Proforma along with a recent color Photograph of teacher.

Category	Name/Age/Sex/Qualification/eligible teaching experience in yrs.	Minimum requirement as per norms of respective Council	Remarks: Eligible/ineligible
Principal	Name Age/Sex: Qualifications: Eligible teaching Experience:		
Vice Principal	Name Age/Sex: Qualifications: Eligible teaching Experience:		
Professors	Name Age/Sex: Qualifications: Eligible teaching Experience:		
Assoc. Professors// Add. Prof			
Asst. Prof.			
Lecturers/			
Demonstrators			
Tutors/etc.			
Any other category			

**7.2 INSPECTORS REPORT ON TEACHING FACULTY:**

Ps. check and record details subject wise.

A teacher deficient in experience/qualification on the post held may be shown against the lower post on which he/she is eligible.

Category	No. existing	No. Eligible/approved	No. Required as per norms	No. Deficient (Ps. indicate subject wise)/Remarks

<b>PRINCIPAL</b>				
<b>PROFESSORS</b>				
<b>ASSOC.PROF.</b>				
<b>ADD.PROF.</b>				
<b>READER/</b>				
<b>ASST.PROF.</b>				
<b>LECTURER</b>				
<b>DEMONSTRATORS</b>				
<b>TUTORS</b>				
<b>OTHERS</b>				

**7.3 TOTAL DEFICIENCY OF TEACHING FACULTY:**

**Ps. list designation wise/subject wise/.**

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**8. FINANCIAL POSITION: COLLEGE**

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**All statements to be backed with certification of the institutions chartered accountants under seal.**

**8.1 Balance sheet/profit loss statements for the previous three years.**

**8.2 Net Cash Assets of the Institutions:  
(give details of S/B Ac/FDR etc.)**

**8.3 FINANCIAL POSITION DETAILS OF COLLEGE:**

<b>Item</b>	<b>Present Status</b>	<b>Remarks</b>												
<b>Net Cash Assets of the Institution (S/B Ac/FDR etc. give details)</b>														
<b>Total income generated by the institution in last three years vs. expenditure incurred</b>	<table border="0"> <tr> <td><b>Yr.</b></td> <td><b>Income</b></td> <td><b>Expenditure</b></td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>	<b>Yr.</b>	<b>Income</b>	<b>Expenditure</b>	.....	.....	.....	.....	.....	.....	.....	.....	.....	
<b>Yr.</b>	<b>Income</b>	<b>Expenditure</b>												
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<b>Sources of Income/funds for the institution enabling its operations FOR CURRENT YEAR:</b>	<b>From Students fee:</b> <b>From Bank incomes etc.:</b> <b>Others. (ps. detail):</b> <b>TOTAL INCOME:</b>													
<b>Any additional availability of funding from Banks/and other financial institutions: give details:</b>														

<p><b>Total income surplus over expenditure in the last three years balance sheets:</b></p> <p><b>How has the surplus been utilized by the institution; has it been withdrawn or utilized in the development of the college:</b></p>		
<p><b>Existing Financial Liabilities of the Institution/year.</b></p>	<p><b>Salaries:</b>  <b>Elect./Water:</b>  <b>Consumables:</b>  <b>Others:</b>  <b>TOTAL:</b></p>	
<p><b>Any other liabilities of the Institution: (to banks and other financial organizations etc.)</b></p>		
<p><b>Total budget lay out for the College for the current year. Is it adequate?</b></p>		
<p><b>ESTIMATED/PROJECTED YEARLY EXPENDITURE FOR THE NEXT THREE YEAR.</b></p>	<p><b>Yr. Estimated Expenditure Dif.</b></p> <p>.....      .....</p> <p>.....      .....</p> <p>.....      .....</p>	<p><b>(How the diff. is proposed to be met?)</b></p>

**8.4 Does the Institution have any pending Financial dues payable to BFUHS : YES/NO (if yes give details)**

**8.5 SALARY DETAILS OF FACULTY:**

Position/designation	Pay Scale	Total Pay	Remarks (are the scales comparable to Govt. scales/ what are the actual receipts of the faculty Ps. verify and report) <b>Is the faculty underpaid?</b>
<b>Principal</b>			
<b>Professor</b>			
<b>Add.Prof.</b>			
<b>Assoc. Prof.</b>			
<b>Reader</b>			
<b>Asst. Prof.</b>			
<b>Lecturer</b>			

<b>Demonstrator</b>			
<b>Tutor</b>			
<b>Other if any</b>			

**8.6 INSTITUTIONS PAN NO. :**

**8.7 COPIES OF LAST THREE INCOME TAX RETURNS : (PS. ATTACH)**

**8.8 REMARKS/DEFICIENCIES**

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**9. FINANCIAL POSITION: HOSPITAL:**

**All financial statements to be certified by institutions chartered accountant under seal.**

**9.1 DOES THE INSTITUTION HAVE ITS OWN HOSPITAL : YES/NO**

**9.2 IF NO, DOES IT PROPOSE TO HAVE ITS OWN HOSPITAL? : YES/NO**

**IF YES: GIVE DETAILS OF PROPOSAL WITH TIME FRAME FOR COMPLETION, COSTING DETAILS, SIZE OF HOSPITAL PROPOSED, PROPOSED FACILITIES ETC.**

**9.3 IF THE COLLEGE HAS ITS OWN HOSPITAL: No. of Beds.....**

**a) Previous three years budget allocation :**

**b) Profit loss statement and balance sheet for the last three years. :**

**c) Current budget allocation (is it adequate) :**

**d) Statement of expenditure under major heads (salaries/materials/equipment/**



## SUMMARY INSPECTION REPORT

**Date & Time of inspection:**

1. **Name and Address of Institution** :
2. **Course/Faculty applied for** :
3. **No. of Seats/admissions/yr** :
4. **Does institution have approval of** : **Pb. Govt./Concerned State Council/Central Council/BFUHS**
5. **List previous Inspection deficiencies if any** :
6. **Have the above deficiencies Been overcome** :
7. **Physical facilities as per norms** :

Facility	Adequate/Deficient as per appropriate norms of Govt./Council/BFUHS	Remarks (ps. include observation on quality and quantity of facility and point out specific deficiencies).
<b>Land (extent and title)</b>		
<b>College Facility:</b> College building Lecture rooms Demonstration rooms Laboratories Auditorium Hostels Kitchen Toilets		
<b>Are building plans approved by appropriate authorities</b>		
<b>Sports and extra curricular infrastructure</b>		
<b>Equipment/furniture</b>		
<b>IT infrastructure</b>		
<b>Hospital facility:</b> *Existent/nonexistent *Adequacy of clinical material		
<b>Teaching Faculty:</b>		

<b>Professors</b> <b>Add/Assoc.Prof.</b> <b>Readers</b> <b>Asst. Prof.</b> <b>Lecturer</b> <b>Demonstrator</b> <b>Others</b>		
<b>Salary Structure to Faculty:</b> <b>Is the faculty adequately paid or underpaid.</b>		
<b>Financial Position:</b> <b>*Any outstanding dues to BFUHS</b> <b>*Financial Position Sound/unsound</b> <b>*Financial reserves Adequate/inadequate</b> <b>*Are surplus funds redeployed into the College for improvement?</b>		

8. Standard/quality of infrastructure of college : Excellent/v.good/good/poor/v.poor

9. Standard/quality of live in facilities for students in hostel/class rooms/labs : Excellent/v.good/good/poor/v.poor

10. Teaching faculty: No./qualifications/experience: Adequate/deficient

11. Financial Position : Sound/unsound

12. Was appropriate courtesy/help/assistance accorded to you by the College : Yes/No

13. Do you recommend approval of institution : Yes/No

Any special Comments:

Signatures of Inspectors: 1.

2.

Name:  
Address:  
Cell phone no.

Name:  
Address:  
Cell phone no.:

Dated: :