1. 'E' CLINICAL FACILITIES

Name & Address of the Parent Hospital	Total No. Beds	No. of School/College affiliated	Distance from the College	No. of Registered Nurses	Clinical Areas Average Occupancy per month	Medical	Surgical	Pediatrics	Gyne & Obst.	Orthopedic	Psychiatric	Eye, ENT	Coronary / CCU / ICU	Nephrology	Neurology	Emergency / Casualty	Burns and Plastics	ICU Oncology	Pollution control board Certificate	C.N.O. / N.S.
					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
Name & Address of Affiliated Hospital 1.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
2.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
3.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
4.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															

• N.S. = Nursing Superintendent, D.N.S. = Deputy Nursing Superintendent, A.N.S. = Asstt. Nursing Superintendent, D.S. = Departmental Supervisor, A.A. = Average Attendance. A.N.D. = A

Signature of Inspectors (1) _____

D.N.S.	A.N.S. or D.S.	Ward in Charge	Staff Nurse	Number of Tables		Average of Number of Operation Per Day		A.A. OPD Per Day	A.N.D. Per Annum	Remarks
				Major O.T.	Minor O.T.	Major O.T.	Minor O.T.			

e Number of Deliveres

Signature of Inspectors (2) _____

1. 'E' CLINICAL FACILITIES

Name & Address of the Affiliated Hospital	Total No. Beds	No. of School/College affiliated	Distance from the College	No. of Registered Nurses	Clinical Areas	Medical	Surgical	Pediatrics	Gyne & Obst.	Orthopedic	Psychiatric	Eye, ENT	Coronary / CCU / ICU	Nephrology	Neurology	Emergency / Casualty	Burns and Plastics	ICU Oncology	Pollution control board Certificate	C.N.O. / N.S.
5.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
6.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
7.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
8.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
9.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															
10.					No. of Beds															
					Occupancy on day of Inspection															
					Average Occupancy per month															
					Last Month Occupancy															

• N.S. = Nursing Superintendent, D.N.S. = Deputy Nursing Superintendent, A.N.S. = Asstt. Nursing Superintendent, D.S. = Departmental Supervisor, A.A. = Average Attendance. A.N.D. = Averag

Signature of Inspectors (1) _____

D.N.S.	A.N.S. or D.S.	Ward in Charge	Staff Nurse	Number of Tables		Average of Number of Operation Per Day		A.A. OPD Per Day	A.N.D. Per Annum	Remarks
				Major O.T.	Minor O.T.	Major O.T.	Minor O.T.			

ge Number of Deliveres

Signature of Inspectors (2) ______________