

BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT
Colleges Branch

Subject : Regarding Summary of Inspection Report.

It is submitted that the University has to carry out the annual inspections of affiliated Nursing Colleges for grant of provisional affiliation and inspections for grant of consent of affiliation and grant of affiliation for starting a new College, starting a new course and enhancement of seats for Post Basic B.Sc.(N), B.Sc.(N) and M.Sc.(N) courses for the Session 2022-23.

In this connection, it is stated that the University will appoint Inspectors to carry out the inspections of Nursing Colleges and the Summary of Inspection Report will be filled by the Inspectors at the time of inspections of Nursing Colleges for the following columns :-

1. No. of seats sanctioned for current session.
Remarks (including about how many nursing teachers physically verified on the day of inspection.
2. Detail of Teaching Staff(Nursing) of College
3. Clinical Material
Brief Summary
Deficiencies
4. Hostel
Brief Summary
Deficiencies
5. Building
Brief Summary
Deficiencies
6. Equipments
Brief Summary
Deficiencies
7. Findings of Inspection Committee
Declaration by the Inspectors

Further it is submitted that the University has uploaded Summary of Inspection Report on the University Website which needs to be certain amended and should be uploaded on the University Website.

In this connection, it is stated that the Office has amended Summary of Inspection Report (version 2.0 which is required to be uploaded on the University Website.

In view of the above, Orders are solicited as under :-

1. Whether the Office may request to the I.T. Cell to upload the Summary of Inspection Report (version 2.0 of Nursing Colleges on the University Website so that the Inspectors can fill the Summary of Inspection Report at the time of inspections of affiliated Nursing Colleges.

OR

2. Any other directions please.

Dean(Colleges)

Rushinder Paul Singh
Supdt.(Colleges) 4/4/2022

C-1389
21/4/22

19 APR 2022

Summary of Inspection Report

Name of the College Date of Inspection : / / .

Type of Inspection Courses : _____

All entries in this form should be completed and no blank should be left. Nil or '0' or NA must be written against each parameter as applicable.

Each page of Performa should be signed by inspectors.

Attach the photocopy of attendance (only month of inspection) register of teaching faculty/staff including all programme mention in Para No.1.

Attach copy of affiliation letter of clinical and community training facility.

1. No. of seats sanctioned for Current Session :

Programme	No. of seats sanctioned				Remarks
	State Govt.	INC	PNRC	University	
M.Sc. Nursing					
NPCC					
B.Sc. (N)					
Post Basic B.Sc. (N)					

2. Teaching staff (Nursing) of College

	Name	Date of passing DD/MM/YY		Experience before M.Sc. (N)(in years)		Experience after M.Sc. (N)(in years)	
		BSc.(N)	MSc.(N)	Clinical	Teaching	Clinical	Teaching
		Principal					
Vice principal							
Professor							
Associate Professor							
Assistant Professor/ Lecturer							

Remarks (including remark if age of any faculty is above 70 years)

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Sign of inspectors

Designation	Required as per norms	Available	Registered with PNRC	Remarks
Principal				
Vice Principal				
Professor				
Assoc. Professor				
Assist. Professor/ Lecturer				
Clinical Instructor				

*1:10 Teacher student ratio should be maintained for all nursing courses, in the case of 1st year the teacher student ratio will be considered as 1:10 on the basis of sanctioned seats allotted to the College. Whereas, in the case of other classes, the teacher student ratio will be considered as 1:10 on the basis of actual student admitted.

* Faculty having 3 years of experience after M.Sc. (N) only will be considered for M.Sc. (N) programme.

Total numbers of nursing teachers for all above programme college have.....

Remarks (including about how many nursing teachers physically verified on the day of inspection)

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3. Clinical Material

Hospital own/ Affiliated

If affiliated, distance from the college.....

Brief Summary

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Deficiencies

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4. Hostel

Total number of rooms.....

Number of rooms earmarked course wise.....

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Brief summary :

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Deficiencies :

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5. Building

Brief summary :

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Deficiencies

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6. Equipments

Brief summary:

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Deficiencies

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7. Findings of Inspection Committee

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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**

Signature

Signature

Name.....

Name.....

Designation.....

Designation.....

College.....

College.....

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Mobile No.....

Mobile No.....