**Summary of inspection report**

**Date of inspection. / / . Courses:**

**Type of inspection .................................................................................**

**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** | **Remark**  |
| **State Govt.** | **INC** | **PNRC** | **University** |  |
| **Msc.nursing** |  |  |  |  |  |
| **NPCC** |  |  |  |  |  |
| **B.Sc. (N)** |  |  |  |  |  |
| **Post Basic B.Sc. (N)** |  |  |  |  |  |
| **GNM** |  |  |  |  |  |
| **ANM** |  |  |  |  |  |

1:10 Teacher student ratio should be maintained for all nursing courses including ANM & GNM (as per no. of sanctioned seats). \* Candidates 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) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **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  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designation  | Required as per norms | Available  | Registered with PNRC | Remark  |
| Principal  |  |  |  |  |
| Professor |  |  |  |  |
| Assoc. Professor  |  |  |  |  |
| Assist. Professor/ Lecturer |  |  |  |  |
| Clinical instructor |  |  |  |  |

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

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1. **Clinical Material**

Hospital own/ Affiliated

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

Brief Summary ......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Deficiencies...................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

1. **Hostel**

Total number of rooms............................................

Number of rooms earmarked course wise.................................................................

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Brief summary:

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1. **Bulding**

Brief summary:

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Deficiencies

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1. **Equipments**

Brief summary:

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Deficiencies

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1. **Finding of inspection committee**

**..................................................................................................................................................................................................................................................................................................................**

**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.....................................................**

**................................................................. .................................................................**

**.................................................................. .................................................................**

**Mobile No.................................................. Mobile No..................................................**