



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

SELF APPRAISAL PROFORMA 2022-23 FOR NURSING COLLEGES

Nursing Programme for self Appraisal : 1. Basic B.Sc. (N) 2. Post Basic B.Sc.(N)
 3. M. Sc (N) 4. NPCC
 5. Post Basic Diploma

- 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**.

SECTION 1 : GENERAL INFORMATION

S. No.	Particulars	To be filled by the institution	Verification by the Inspectors
1	Name of the Institution		
2	Full Address with Pin Code		
3	Telephone Numbers		
4	Fax Number		
5	Website Address		
6	Email Address		
7	Contact Number of Principal		
8	Name of Society / Trust		
9	Organisation: (Government / Private / Voluntary /Autonomous / Military / Municipal Corp etc.)		
10	Date of Establishment		

1. Do you have parent Medical College with Clinical facilities : 1. Yes 2. No
2. Do you have parent hospital (Proof of the same to be enclosed) : 1. Own 2. Trust member

Section 2. Admissions

2.1 Admission of students in current session

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

Programme	No. of seats Sanctioned			No. of students admitted
	State Govt.	INC	PNRC	
GNM				
ANM				

Note: Attach documentary proof.

2.2. Total No. of Students enrolled in each 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			-----	-----	
NPCC	Male					
	Female					
Post Basic Diploma	Male					
	Female					

* Students details to be enclosed as per table given below for the previous & present year (Inspectors shall verify whether these students are present in the institute during the inspection) **attach Annexure I**

S.N.	Name of Student	Registration Number	Residence Address	Place & Address of work at the time of joining the course	Board/University from where last exam qualified	Duration of course with dates From----- to-----
		GNM/B.Sc.(N)				

2.3 Mention the date of last inspection for each programme:

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

Attached last inspection/recommendation report from BFUHS.

Section 3. Teaching Faculty -

		B. Sc (N) 40-60 seats		B. Sc (N) 61-100 seats		Post Basic B. Sc (N) 20- 60 seats		M. Sc (N) 10-25		NPCC		Post Basic Diploma	
		Required	Available	Required	Available	Required	Available	Required	Available	Required	Available	Required	Available
1.	Principal	1		1		-		-					
2.	Vice Principal	1		1		-		-					
3.	Professor	1		1-2		-		1*					
4.	Associate Professor	2		2-4		-		1*					
5.	Assistant Professor	3		3-8		2		3*					
6.	*Clinical Instructor/Demonstrator/ tutor	8-16		16-24		2-10							
7.	Total M.Sc. (Nursing) Required	8		8-16		2		5					
	Med Surg.	2		2-4									
	Pediatrics,	1		1-2									
	Community Health	1		1-2									
	Nursing,												
	Psychiatric	1		1-2									
	OBG	3		3-6									

Staff for GNM/ANM course should not be shown for B.Sc.(N), Post Basic B.Sc.(N) & M.Sc.(N) courses.

Principal will submit undertaking that the staff appointed for B.Sc.(N), Post Basic B.Sc.(N) & M.Sc.(N) courses will not be shown as teachers for any other courses in the same Institution or elsewhere. In case, the information is found false, strict action would be taken against the College

*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.

3.1. Faculty details to be enclosed as per the faculty names that have been uploaded by the college on the University Portal.

3.2 Faculty details to be enclosed as per the table given below: (Attach Annexure II as per following format)

S.N.	Name	Designation (M.Sc. (Nsg.) in speciality)	Date of passing DD/MM/YY		Experience before MSc.(N)		Experience after MSc.(N)		PNRC Registration Number/ Adhaar No.	Self attested Photograph countersigned by the Principal	Date of relieving from last institute DD/MM/YY	Physical Verification by the Inspectors Yes/No
			BSc.(N)	MSc.(N)	Clinical	Teaching	Clinical	Teaching				
1			_/_/_/	_/_/_/								
2			_/_/_/	_/_/_/								

Annexure III teacher return Performa's

3.3. Give the details of:

S.N	Part Time faculty	Name	Qualification	Verification by the Inspectors	Remarks
1	English				
2	Anatomy				
3	Physiology				
4	Sociology				
5	Psychology				
6	Biochemistry				
7	Nutrition & Dietetics				
8	Health Nursing Informatics and Technology				
9	Microbiology				
10	Pharmacology				
11	Pathology & Genetics				
12	Forensic Nursing				
13	Any other Clinical Discipline				
14	Physical Education				
15	Elective Course				

* External teacher should have Post Graduate qualification with teaching experience in respective area.

3.4 Staff details including Library and Physical Education to be enclosed as per the table given below: (Attach supportive documents)

S N	Name	Designation	Qualification & Specialty / Name of University	Working Experience From... to	Self attested Photograph countersigned by the Principal	Verification by the Inspectors	Date of Joining
1							
2							

N.B. Inspectors to make observation of the rotation plans and class time tables, discuss the adequacy and inadequacy and record their observation.

Are rotation plans displayed on notice board.....(yes/No)

Are class time tables displayed on notice board.....(yes/No)

Attendance Register of all classes is available(yes/No)

SECTION 4: CLINICAL FACILITIES

SN	Particulars	To be filled by the Institution	Verification by Inspectors	Remarks
1	Total no. Of beds of Parent hospital			
2	Total no. Of beds of affiliated/attached hospitals			
3.	No. of beds required for the institution (1:3)			

SN	Name of the Hospital (Parent hospital (not less than 100 beds) & attached/affiliated Hospital not less than 50 beds)	Number of Beds	Distance from the Institution	Bed Occupancy Minimum 75%	Pollution Control Board Certificate	Verification by Inspectors	Remarks
1							
2							
3							
4							
5							
6							

Note 1- Kindly attach the affiliation letters from the concerned hospitals & give details of other Nursing Institutions with seats, which are affiliated with these hospitals. The norm for Clinical Training is 3beds for one student i.e. a student bed ratio would be 1:3. Check it carefully and ensure that the same hospital is not granting affiliation to more than one institute.

Note 2- The Inspectors would verify that the students are getting stipulated number of hours training. Attach the **certificate issued by the Medical Supdt/ SMO of the hospital and proof of deposit of Clinical Fees with the hospital.**

4.1. Distribution of Beds :

SN	Distribution of Beds	No. of Beds required	Available Beds	Verification by the Inspectors	Remarks
1	Medicine	50			
2	Surgery including OT	50			
3	Obstetrics & Gynaecology	50			
4	Paediatric	30			
5	Orthopaedics	15			
6	Emergency medicine	10			
7	Psychiatric	20			

Additional/Other Specialties/Facilities for clinical experience required:

S.N	Hospital	Number of Tables		Average of Number of Operation Per Day		Community Health Nursing	Major OT	Minor OT	Dental, Otorhinolaryngology, Ophthalmology	Burns and Plastic	Neonatology care unit	Communicable disease/Respiratory medicine/ TB & chest diseases	Dermatology	Cardiology	Oncology/ Neurology/ Neuro-surgery	Nephrology	ICU/ ICCU	Geriatric Medicine	Any other specialty	
		Major OT	Minor OT	Major OT	Minor OT															
1																				
2																				
3																				
4																				

- Note:
1. Affiliated Hospitals should not be less than 50 beds. Affiliation of Psychiatric Hospital should be minimum 30 beds.
 2. Affiliated Hospitals should be in the radius of 15-30 kms.
 3. 1:3 Student Patient Ratio should be maintained.

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Signature of inspectors

4.2. Clinical Experience in Community Health :

SN	Particulars	To be filled by the Institution	Verification by the Inspectors	Remarks
1	Whether students are given training in Community Health Centre			
2	Is the Institute is attached to the Primary Health Centre, Community Health Centre			
3	Distance from the Institution			
4	Transport facility is available			

Attached a copy of the letter of agreement for affiliation for SC/PHC/CHC/Urban centre for current session.

SECTION 5 : PHYSICAL FACILITIES

5.1. Land and Building

(a) Does the Society/Trust own ?Acre.....Kanal.....Marla.....

S.N	Required Land as per Govt.	Actual Land	Name of the Owner of the Land	Verification by the Inspectors
	3 acres			

Khasra Number of the land as per NOC	Khasra Number of the land on which building is constructed	If the building is not constructed on the same Khasra numbers as mentioned in the NOC, then mention the approval of the Govt. letter number and date.	Verification by the Inspectors

(b) Is the building of the institute taken on Rent? If yes,

Name of the Landlord	Details of Rent Deed From to	Rent covered Area	Verification by the Inspectors

(c) Approval for construction of the building by Local Authorities (PUDA / Municipal/Panchayat) :

Name of the Authority	Authority Letter Number and Date	Change of Land Use Certificate – Number and Date	Verification by the Inspectors

5.2 Covered Area : (3 acres land, minimum covered area should be 54470 sq. ft.)

5.3. Physical Facilities (Teaching Block)

SN	Teaching Block	Area (in sq. ft.)	Actual No & Size & seating capacity (To be filled by Institution)	Verification by the Inspectors
1	Lecture Hall	4 @ 900 = 3600		
2	Skill Lab/Simulation Laboratory			
	i. Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600		
	ii. Community Health Nursing & Nutrition Lab	1200		
	iii. Obstetrics and Gynaecology Nursing Lab	900		
	iv. Child Health Nursing Lab	900		
	v. Pre-Clinical Science Lab	900		
3	Computer Lab*	1500		
4	A.V. Aids Room	600		
5	Multipurpose Hall	3000		
6	Common Room (Male and Female)	1000		
7	Staff Room	800		
8	Principal Room	300		
9	Vice Principal Room	200		
10	Library	2300		
11	One Room for each Head of Departments	5 @ 200 = 1000		
12	Faculty Room	2400		
13	Provisions for Toilets	1000		
Total Constructed Area		23200 sq. Ft (for 60 B.Sc. Nursing students intake)		
14	Drinking Water, Water Cooler			
15	Garage	Should accommodate 50 seater vehicle		
16	Fire Extinguisher	As per Fire safety norms		
17	Play Grounds	Volley Ball, Foot Ball, Badminton and Athletics etc.		

*Note: 1:5 computer student ratio as per student intake.

5.4. Library (2300 Sq. ft.)

SN	Particulars	To be filled by the Institution	Verification by Inspectors	Remarks
1.	Is there a separate Library?			
2.	Is There separate budget for the Library?			
3.	Total Library Budget spent in the current year (in Rs.)			
4.	Seating Capacity (should accommodate half the student strength)			
5.	Room/Cabin for the Librarian			
6.	Staff Reading room for 10 person (room number)			
7.	Internet Facility			
8.	No. of Nursing Books / Titles purchased (Minimum 500 including new editions)			
9.	Accession Numbers of books purchase in current year (from to)			
10.	Number of books purchased those published since last year (Current year + last year)			
11.	No. of Nursing Journals – (i) B.Sc. Nursing - (03) – Institutional Subscription (B.Sc. (N) 60 seats) (ii) Post Basic Nursing – (10) National Journals and (05) International Journals			
12.	Is there Periodical Record Register?			
13.	No. of Magazines (Minimum 3 kinds), Newspapers (Minimum 3 kinds)			
14.	Is library operation computerised?			
15.	Is the library open access?			

5.5. Nursing Foundation Laboratory (including adult health nursing and advance nursing lab (1600 Sq. ft)

SN	Particulars	Requirement	To be filled by the Institution	Verification by Inspectors	Remarks
1	No. Of Demonstration Beds	1:6			
2	Inventory Articles	10-12 sets			
3	Washbasin & running water facility				
4	No. of Dummy Dolls-Male/Female/Child	3/3/2, CPR- 1, newborn-2			
5	No. of Cupboards and Racks	Min. 6			
6	No. of Tables & Chairs	15-20			

5.6. Community Health and nutrition Laboratory (1200 Sq. ft)

SN	Particulars	Requirement	To be filled by the Institution	To be filled by the Inspectors	Deficiency, if any
1	Separate Community Lab.	Yes			
2	Community set up provided	Yes			
3	No. of articles	Minimum 10 bags			

SN	Particulars	Requirement	To be filled by the Institution	Verification by Inspectors	Remarks
1	No. of work tables				
2	Cooking Stoves with Gas connection/fittings	Min. 6			
3	No. of Crockery Sets	For 12 persons			
4	No. of Cutlery Sets	For 12 persons			
5	Dietetic Scales	2			
6	No. of Cupboards				
7	Refrigerator	1			
8	No. of Washbasins				

SN	Particulars	To be filled by the Institution	Verification by Inspectors	Remarks
1	Whether separate computer lab (Area 1500 sq. ft.)			
2	No. of Computer Systems in working (1:5)			
3	Internet facility			

5.7. Room for Audio Visual Aids (600 Sq. ft)

SN	Particulars	To be filled by the Institution	Verification by Inspectors	Remarks
1.	Separate Room for Audio-visual aids (600 sq. ft.)			
2.	Slide Projector, OHP, LCD			
3.	Colour TV & VCR:			
4.	No. of Charts			
5.	No. of Model Specimens (Attach list)			
6.	Photostat machine (Additional)			

5.8. Transport

SN	Particulars	To be filled by the Institution	Verification by Inspectors	Remarks
1	Bus (50 seater) Regd. No., Name of Owner of vehicle			
2	Car for Principal (5 seater) Regd. No., Name of Owner of vehicle			
3				

Note: Attach documentary proof.

ECTION 6: HOSTEL FACILITIES (60 Students)

SN	Hostel Block	Area (in sq. ft.)	To be filled by the Institution	Verification by Inspectors
1.	Single Room	12000 (50 sq. ft. for each student)		
	Double Room			
2.	Sanitary	One Latrine & One Bath Room (for 5 students) – $600 \times 4 = 2400$		
3.	Visitor Room	500		
4.	Reading Room	250		
5.	Store	500		
6.	Recreation Room	500		
7.	Dining Hall	3000		
8.	Kitchen & Store	1500		
9.	Warden's room	450		
Total		21100 sq. ft		

{Note: Minimum provision of hostel accommodation for 30% of the total student's intake is compulsory for the institution and accordingly the staff for hostel shall be provided as prescribed in the syllabi.}

6.1. General

SN	Particulars	To be filled by the Institution	To be filled by the Institution	Verification by Inspectors
1	Is the hostel situated in the complex of Institute?			
2	Hostel Building Constructed on own land as shown in NOC?			
3	Is the Hostel at one place?			
4	Location of Mess			

6.2. Hostel Facilities : 50sq ft for each student

SN	Particulars	Required as per norms	To be filled by the institution (No. & Size)	Verification by the inspectors	Remarks
1 (Very Important. To be filled up with due care)	Hostel Rooms. (Mention actual number and size. Not more than 3 students can share a room)	Single Bed			
		Double Bed			
		Other sizes as available in the institute			
2	Cot, Table, Chair, Book Rack Cupboard	1 for each student			
3	Toilets & Bathrooms	1: 5 students (600X4=2400 sq. ft.) with Geysers, and washbasins			
4	Store	500 sq. ft.			
5	Recreation (TV, Radio, Indoor games, VCR)	500 sq. ft.			
6	Visitors Room	500 sq.ft.			
7	Reading Room	250 sq. ft.			
8	Kitchen & store	1500 sq.ft (should be Hygienic)			
9	Dining Hall	3000 sq. ft. (Should be hygienic and accommodate 80% of the total students)			
10	Pantry	1 on each floor			
11	Refrigerator	1			
12	Washing & drying	Facility for washing, drying clothes on each floor.			
13	Sick Room	1 with 5 beds and attached toilet			
14	Warden's Room	450 sq.ft.			
15	Canteen/Cafeteria	1			
16	Water Cooler	1 on each floor			
17	Medical Facility	Doctor on call			

6.3 Hostel Staff

S.N	Particulars	Required as per norms	Available	Monthly Salary	Verification by the Inspector	Remarks
1	Wardens * (Female)	3 with B.Sc. Home Science or Diploma in House Keeping/ Catering				
2	Cooks, Waiters	1 cook for every 20 students				
3	Sweepers	3				
4	Gardener	2				
5	Security Guard	3				

Note: * minimum Three wardens must be in every Hostel for Morning, Evening and Night shifts. If number of students is more than 150, One more Warden /Assistant Warden / House Keeper for every additional 50 students.

Attested & Signed by the Principal

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Signature of inspectors

SECTION 7 : BUDGET

Sr. No.	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1.	Separate Budget of the Institution		
2.	Is Principal DDO		
3.	Accounts of the College (should be audited annually by C.A. Attach the latest audit balance sheet)		

Self declaration/Undertaking

I _____, Son/Daughter of Shri _____ age ____ years, Principal of _____ in the District of _____, Punjab, do hereby declare that :-

1. The information about teaching staff/faculty given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein.
2. I will abide by the rules & regulations in force of the Govt. of Punjab, Indian Nursing Council, Punjab Nurses Registration Council and Baba Farid University of Health Science as amended from time to time
3. The staff appointed for B.Sc.(N), Post Basic B.Sc.(N) & M.Sc.(N) courses (as per Annexure II) will not be shown as teachers for any other courses in the same Institution or elsewhere .
4. I am well aware of the fact that if the information given by me is proved false / not true at any point of time, I will have to face punishment as per any provision of Law.

Dated :

Place :

Signature of Principal with stamp

Name of Principal
Address of Principal

Verified by the Inspectors

1. _____

Name and Address of inspector

2. _____

Name and Address of Inspectors

