



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR, KERALA

Inspection Proforma for Continuation of Affiliation /provisional affiliation (new courses and enhancement of seats) of Nursing Colleges/ Courses

(All parameters are to be verified in person by the designated Inspectors. All columns should be filled properly with remarks wherever necessary. Copies of necessary verified documents attested by the principal to be attached along with the report)

Part 1 General Information:

University Order:	Date of current Inspection:	
	Date of Previous Inspection	
Type of Inspection: <input style="width: 50px; height: 20px;" type="text"/>	Remarks (If any)	
1. Routine Inspection <input style="width: 50px; height: 20px;" type="text"/> 2. Surprise Inspection <input style="width: 50px; height: 20px;" type="text"/> 3. Re- Inspection <input style="width: 50px; height: 20px;" type="text"/> 4. 2 nd Re Inspection <input style="width: 50px; height: 20px;" type="text"/>		
Purpose of inspection	Continuation of provisional affiliation/ start new course/ Enhancement of seats	
Name and address of Inspectors	1.	2.
Nursing programme(s) under inspection	1. B.Sc.(N) <input style="width: 50px; height: 20px;" type="text"/>	
	2. PB BSc (N) <input style="width: 50px; height: 20px;" type="text"/>	
	3. MSc (N) <input style="width: 50px; height: 20px;" type="text"/>	

Signature of Inspectors : 1.

2.

1 Name of College :

2 Address and contact Number :

3 Year and date of establishment of the college:

4. Phone. No:..... Email ID:..... Fax No

Web site Address:

5. Name of Principal :

6. Phone No of Principal:(O) (R)

(Mob): Email ID:

- Approval of appointment of Principal by KUHS: Yes/ No

7. Administrative Control : 1. Govt.
 2. Missionary /Trust / Society
 3. Autonomous
 4. Any other-specify

8. Name of Trust/Society/Missionary :

9. Details of previous year Sanction/ Affiliation order

Authorities	Date, Order No. and No of seats for Nursing Programmes				Remarks
	B. Sc (N)	PB B. Sc(N)	M. Sc (N)	PhD	Valid up to
INC					
KNMC					
KUHS					

10.Approved Ph D Center: Yes/ No

Annexure IX (Attach Copies of latest orders)

11. a. Nursing Education Programs and Sanctioned Seats:

Sl.no.	Courses	Commencement year	Number of sanctioned seats				Remarks
			Govt.	INC	KNMC	KUHS	
1	BSc (N)						
2	P B BSc (N)						
3	M. Sc (N)						
	i) MSN						
	ii) OBG						
	iii) CHN						
	iv) PAED						
	v) MHN						

11. b. If GNM programme in the parent hospital, annual intake:**12. Details of Students in Current Sessions Under Training:**

Admission to Programs	I ^{YR}		II ^{YR}		III ^{YR}		IV ^{YR}		TOTAL	
	male	female	male	female	male	female	male	female	male	female
BSc Nursing										
Post Basic BSc (N)										
MSc Nursing										
Medical Surgical (N)										
1.										
2.										
OBG(N)										
Child Health (N)										
Mental Health (N)										
Community Health (N)										
GRAND TOTAL										
GNM										

13. Admission details (Category wise) in each course:

Sl. No.	Category	Courses						Admission appropriate as per Norms	Remarks
		BSc (N)		PB BSc (N)		MSc (N)			
		male	female	male	female	male	female		
1	State Merit								
2	SC								
3	ST								
4	SEBC								
5	EWS								
6	Management								
7	Supernumerary								
8	NRI Quota								
Grand Total									

Part II - Administration

Whether the following bodies have been constituted and functioning as per the direction of University

Sl. No.	Details	Yes/No	Remarks
1.	Philosophy of the institution		
2.	Organization Chart		
3.	College Budget (Audited Statement)		
4.	College Management Committee		
5.	KUHS- NSS Unit		
6.	Academic Monitoring cell		
7.	Anti-Ragging Committee		
8.	Student Support and Guidance Cell		
9.	College Union		
10.	Parent Teacher Association		
11.	College Council		

- Check whether Sl. No 4,5,6,7,8,9,10,11 is constituted and functioning as per the direction of university.
- The Inspectors are requested to verify minute books of all committees and furnish remarks, if any
- Sl. No. 7,8,9,10,11 should be verified and signed by the inspectors and the relevant pages of the minutes book should be attached with inspection report

Part III - COLLEGE

PHYSICAL FACILITIES OF THE COLLEGE

Particulars	Required	Area Available	Remarks	
1. Area of land	3-5 acres			
2. College				
a. Permanent Building (Own/Lease/ Rent)		Yes/No		
b. constructed area [For annual admission of 40-60 students 24000 sq. ft.].			Area available:	
c. Whether the built-up area is adequate for all courses		Yes/No		
3. Teaching block: For an annual intake of 40-60				
Class rooms/Lecture Hall (1080 sq. ft.)	Minimum Standard		Area and seating capacity	
	Required	Available		
▪ B Sc (N)	4			
▪ PB BSc (N)	2			
▪ M Sc (N)	(Two common +one for each specialty)			
4. Laboratories: Equipped adequately with Supplies and equipment				
Name of Labs		Required	Available	Remarks
a) Nursing Foundation Lab		1500sq. ft		
1. No. of beds		1: 6 students		
2. No. articles		10-12 sets		
3. Equipment and Supplies, simulation facilities		Adequate for lab practice		
4. No. of dummies		4-5 Adult maniquin-3CPR mannequin		

5. Hand washing facilities	Elbow/ Leg operated system		
b) Nutrition Lab - Area	900 sq. ft		
1. Equipment & Supplies	Adequate for practice		
2. Charts/ models	Adequate for practice		
c) OB&G Lab – Area	900 Sq. ft		
Simulators/Charts/Models/Play materials/ specimens	Adequate for practice		
d) Child Health Nursing Lab	900 sq ft		
Cots/ dummies/charts and models, specimens, play materials /simulation facilities	Adequate for practice		
e) Community Health Nursing Lab	900 sq. ft.		
1. Chart/ models etc			
2. Community Health Bags	1:2 students		
3. Facilities for simulation			
e) Computer Lab (1:5 computers) No. of computer with Internet facilities	1400 sq. ft 1:5		
f) *Pre-Clinical Science Lab	900 sq. ft		
g) Adult Health Nursing& Advanced Nursing Lab	1000 sq. ft		
1. Manikins	Adequate for practice		
2. CPR - Manikins			
3. Equipment & Supplies			
4. Simulators			
5. Audio-Visual AIDS room	600 sq. ft.		
LCD/DLP	one /classroom		
TV	1		
Charts/Models/Specimen	Adequate for each subject		
Other T-L aids specify			
*For Institutions not attached to Medical Colleges			
▪ Anatomy	Models & Specimens of systems/organs, microscope,slides, blood grouping & cross matching etc. (As per INC approved list		
▪ Physiology			
▪ Microbiology			
▪ Biochemistry			

6. Examination Hall:	Yes/No	Remarks
<ul style="list-style-type: none"> ▪ Area & Seating capacity: 		Area: Seating capacity:
<ul style="list-style-type: none"> ▪ CCTV, UPS 		
<ul style="list-style-type: none"> ▪ Mobile Jammer 		
<ul style="list-style-type: none"> ▪ Telephone (Landline extension) 		
<ul style="list-style-type: none"> ▪ Others (Specify if any) 		
<ul style="list-style-type: none"> ▪ Confidential Room 		
<ul style="list-style-type: none"> ▪ Computers (2 nos.) 		
<ul style="list-style-type: none"> ▪ Mobile Jammer 		
<ul style="list-style-type: none"> ▪ Printer – 2 nos., Photocopier 		
<ul style="list-style-type: none"> ▪ Internet connection (2 providers) 		
<ul style="list-style-type: none"> ▪ CCTV 		
<ul style="list-style-type: none"> ▪ Fax Machine 		
<ul style="list-style-type: none"> ▪ NKN Connection 		
<ul style="list-style-type: none"> ▪ Generator 		
<ul style="list-style-type: none"> ▪ UPS 		
<ul style="list-style-type: none"> ▪ Others 		
7. Library (2400 sq. ft)		Area:
<ul style="list-style-type: none"> ▪ Standard reference books as per Syllabus available 		
<ul style="list-style-type: none"> ▪ Library Automation 		
<ul style="list-style-type: none"> ▪ Seating capacity (half of the student strength) 		Seating capacity:
<ul style="list-style-type: none"> ▪ Computers with Internet connection 		
<ul style="list-style-type: none"> ▪ Librarian's Cabin 		
<ul style="list-style-type: none"> ▪ Photocopy Machine 		
<ul style="list-style-type: none"> ▪ Separate section for Staffs / PG students 		
<ul style="list-style-type: none"> ▪ Ventilation 	Adequate/Inadequate	
<ul style="list-style-type: none"> ▪ Lighting 	Adequate/Inadequate	

▪ Drinking Water Facility		
Library staff		
▪ Librarian		
▪ Library assistant		
▪ Annual budget for maintenance of library including books and journals		

LIBRARY DETAILS:

Particulars	Minimum req. (professional books)				Available	Remarks
	1 st yr	2 nd yr	3 rd yr	4 th yr		
Total no. of professional books	1000	1500	2500	3000		
Total no. of Nursing Journals (Regular, Supply)	5	8	12	15		
National (Indexed, Regular Supply)	3	5	8	10		
International (Regular Supply)	2	3	4	5		
Back volumes of journals						
E-journals						
Last year Purchase of professional books						
General books/ Fictions						

Registers maintained in the library:

Name of Register	Yes/no	Remarks
Accession Register		
Journal Register		
Issue Register		
Any other - Specify		

Inspectors are requested to verify all records/register and furnish the remarks if any

8. Administrative Block

Administrative Facilities	Area in sq. ft.	Storage facility	No. of furniture	Telephone and intercom facility	Computer with internet facility	Ventilation / Lighting	Attached toilet facility	Remarks
Office of the Principal with visitor's room								
Vice Principal								
Professor/Assoc. Prof./Reader's room (1 room for each Dept. Head)								
Asst. Professor/ Sr. Lecturer								
Tutor's room (2 teachers in one room)								
Administrative office								
Accountant's office								
Store Room Record Room								
Common room with all facilities <ul style="list-style-type: none"> • Girls • Boys • Staff 								
Auditorium/ Multipurpose hall	Seating capacity:							
Fire extinguisher in the college building								
Fire & safety certificate- college & hostel -attach copy								

9. Other facilities in the college:

	YES/NO	Remarks
Safe water supply		
Drinking water facility		
Toilet facilities for boys & girls		
Sanitation		
Handwashing facility		
Safe disposal of waste		
Facilities for indoor/outdoor games		
Proper waste management system		

10. Transportation facilities

a	No. of vehicles available for students- Vehicle Number and seating capacity: <ul style="list-style-type: none"> • • • 		Remarks
b	Staff Car for Principal	Yes/No	
c	Garage	Yes/No	

Annexure X - details of vehicles**Part IV -HOSTEL BLOCK (Area -30750 sq.ft)**

1. Hostel for girls: Yes/ No
2. Hostel for boys: Yes/ No
3. Ownership of the Hostel: Own/Rented
4. Remarks, if any:

Whether staff quarters available within the campus					Yes /No	
Distance to hostel from the college					(Km.)	
Mess by students/ contract/ any other						
Dwelling area (50sq.ft/ student)	Rooms				No of students staying in the hostel	% of accommodation against total strength
	Single	Double	Triple	Four		
Girls :(no of rooms)						
Area :						
Boys :(No of rooms)						
Area :						

Note: Proportionately the size of the built-up area will increase according to the number of Sanctioned seats

Other facilities:	Ladies' hostel	Mens' hostel	Remarks
Proper water supply and sanitation			
Safe drinking water facility			
Hot water supply			
Hand washing facility			
Laundry / washing			
Warden's room; area			
Common room; area:			
Visitors Room; area:			
Facilities for indoor and outdoor Games			
Proper waste management system			
Recreation room with TV, Radio; area			
Hostel Mess and dining hall- area, seating capacity			
Guest Room, area			
Sick room for students, area			
Room facilities like cot, table, chair, cloth stand and storage facilities available			
Toilet facilities - One toilet and One bathroom for five students	Adequate /Inadequate	Adequate /Inadequate	

Hostel staff:	required	Remarks
Warden	1	Principal/ Faculty/ Others-specify:
Assistant Warden	1	Faculty/ Others-specify:
House keeper	3 (3 shifts)	
Cook (1:20 /shift)	3 for 60 students/ shift	
Watchman	3	
Cleaning staff	3	
Mess staff		
Others, if any		

General condition of the Hostel

1. V Good 2. Good 3. Average 4. Satisfactory 5. Poor

Comments, if any:

(Inspectors are requested to visit the hostel and furnish the remarks if any)

Part V BUDGET- (Audited income and expenditure statement of last financial year (Annexure: XI)

a. Separate budget for the college: Yes No

b. Last years' budget allocation :

Part VI Clinical Facilities

Particulars	Remarks
Parent Hospital- own/lease	
Name & address of the Parent Hospital	
Distance from the college (in kilometers)	
Bed strength	
IP Status on the day of inspection	
Average IP Status in previous 6 months	
OP Registration on the day of inspection	
Accreditation of the parent hospital	Agency: valid up to:
Annexure XII- proof of parent hospital	

Clinical Areas:	Minimum Requirement	No. of beds	IP Status on the day of inspection	average IP/day of the last month	Remarks
Medical	50				
Surgical	50				
Paediatrics	30				
Obstetrics & Gynecology	50				
Orthopaedic	15				
Emergency /Casualty	10				
ICU (Specify available facilities)					
a) Medical					
b) Surgical					
c)Neuro					
d)Neonatal					
f) CardioThoracic					
g) Coronary/ICCU/ICU (Critical CareBeds)					
h) Others (specify)					
Specialties					
Nephrology					
Neurology & neurosurgery					
Trauma careUnit					
Dialysis unit					
Eye &ENT					
Burns, Plastic surgery					
Oncology					
Dermatology					
Psychiatry	20				
Any other					
TOTAL					

Signature of Inspectors : 1.

2.

Other clinical areas in parent/affiliated hospitals:

Clinical Area		Parent Hospital	Affiliated Hospitals (If applicable)			Remarks
			1	2	3	
Operation Theatre						
Major OT	No of operation theatres					
	No of tables					
	Operations during last month					
	Average operations/month during last 6 months					
Minor OT	No of tables					
	Operations during last month					
	Average operations/month during last 6 months					
Labour room	No of labour. rooms					
	Normal delivery- last month					
	Average no of normal delivery- last 6 months					
	CS- - last month					
	Average no of CS/month - last 6months					

Nursing Service Department (Parent Hospital)

Designation	No. available
Chief Nursing Officer	
Nursing Superintendent	
Deputy Nursing Superintendent	
Head Nurse/Senior Nursing Officer	
Staff Nurse/ Nursing Officer	
Total Registered nurses	
ANMs	
Other support staffs-if available	

Hospital Records & Registers

(Inspectors are requested to verify all Records/ Register and furnish the remarks, if any)

Records/ Register	Available	Remarks
IP Register		
OP Register		
Day/Night Report		
Discharge Register		
Census		
Any other (specify)		

Availability of Wards for posting of students/University Examinations

Sl. No	Name of Ward	Available	No. of Beds	Remarks
1	Medical	Yes/No		
2	Surgical	Yes/No		
3	Pediatrics	Yes/No		
4	Obstetrics & Gynecology	Yes/No		
5	Psychiatry	Yes/No		
if no, comments:				

Signature of Inspectors : 1.

2.

Details of affiliated hospitals for clinical experience (maximum 3, only for specialties)

	1	2	3
Name and address			
Nursing programme/ specialty			
Duration of posting			
No of beds in the specialty and occupancy on the day inspection	no of beds: occupancy:	no of beds: occupancy:	no of beds: occupancy:
Average IP/day in the specialty - last 6 months			
Distance from the college (km)			
No of schools /colleges affiliated			
Affiliation letter – no and date			
Affiliation fee paid			
Duration of posting			
Remarks			

Suitability of affiliated hospital for student's training:

Whether students are allowed to perform the specified nursing procedures in the affiliated hospital in the concerned specialty as per syllabus:

Details of other affiliated hospitals (if more than three)

Annexure XIII-Clinical affiliation orders and MOU

Institutions affiliated to the parent hospital

Name of the School /College	Academic Year	Nursing programme	Clinical specialty for which affiliation given	No of students	Duration of posting

Annexure XIV - Affiliations in the parent hospital, MOU**Part VII Community Health Facilities**

Details	Rural Field	Urban Field
Name of CHC/PHC/MCH/FW Centre		
Adopted / Affiliated		
Details of PHC/CHC/Centre		
Distance from college (in km):		
Area coverage (in km):		
Population coverage:		
Supervision of students: by field staff/Collegefaculty/ Both		

Part VIII Teaching Plan for each program/ batch

Teaching Plan	Yes/No	Remarks
1. Master Plan		
2. Time Table		
3. Clinical Rotation Plans		
4. Clinical Rotation is based on the syllabi and Clinical Learning Needs		
5. Nursing Service is consulted before planning		

Part IX University practical examination center

Subject	Parent hospital	Affiliated hospital			Remarks
		1	2	3	
Nursing Foundations					
Child Health Nursing					
OBG Nursing					
Mental Health Nursing					
Community Health Nursing					
Medical Surgical Nursing					
M. Sc Nursing- Specialties/Sub Specialties					
Medical Surgical Nursing					
1.					
2.					
OBG Nursing					
Child Health Nursing					
Mental Health Nursing					
Community Health Nursing					

Whether all the university practical examinations are conducted in the parent hospital	Yes/No
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If not, specify the reason	
----------------------------	--

Part X Pass percentage of last university regular examination:

Nursing Programmes	I Sem./ II Sem	I Year	II Year	III Year	IV Year	Remarks
B Sc N						
PB B Sc N						
M Sc N						

Part XI Interaction with students

Whether you have interacted with the students, if so, please add their views in a separate paper with signature
-Annexure-XV

Part XII Faculty:

Designation	Minimum Requirement				Available
	B. Sc (N)		PB B. Sc(N)	M. Sc(N)	
	(40-60)	(61-100)	(20-60)	(10-25)	
Principal	1	1			
Vice-Principal	1	1			
Professor	1	2		1	
Asso. Professor	2	3-4		1	
Asst. Professor (1-2 per specialty)	3	6-8	2	3	
Lecturer (1-2 per specialty)	6-12	8-16	2-10		
Tutor	3-5	5-9			
Teacher-Student Ratio	1:10				

(The list of faculties along with salary acquaintance roll for the last one year should be attached along with the inspection report)

Teaching faculty- specialty wise:

Designation	MSN	OBG	PAED	CHN	MHN	Ng E&A	TOTAL
Principal							
Vice principal							
Professor							
Associate professor							
Assistant professor							
Lecturer with PG							
Tutor/ clinical instructor							
Total							

	YES/ NO	Remarks
1. Whether Professors or Associate Professors are available in the concerned specialty for M.Sc (N) programme :		
2. Whether faculty in all specialties with minimum 3 years collegiate teaching experience after P.G. in Nursing is available for B. Sc Nursing university examinations both theory and practical in the respective subjects		
3. Whether faculty is available with minimum 3 years PG teaching experience for M. Sc Nursing examinations in the respective subject for university examinations both theory and practical		
4. Whether faculty available is eligible to be appointed as internal examiner in all specialties		
5. Affidavit from management/Principal (Rs.200/- stamped paper) stating the availability of part time teachers for non-Nursing subjects and Internal examiners/Evaluators in concerned subjects with three years and five years of teaching experience for conducting university practical examination /theory paper valuation for UG and PG Nursing respectively:		
6. Whether examiners are regularly sent for university theory valuation and practical examination:(verify with university duty register).		if no, specify:

Details of Regular Teaching Faculty

Sl. No	Name	Designation	Age & Date of Birth	Qualification		Name of the Institute from where qualified	Name of the University
				a.			
				b.			
				c.			
	Year of passing	Specialty	Total Years of Experience		Date of Joining in the present institution		Please affix a self-attested stamp size photograph
			Clinical	Teaching			
	a.			Before PG	After PG		
	b.						
	c.						
RN....., RM No. Date of Registration:..... Date of Renewal:							
Date of Registration of Addl. Qualification.....							
University ID No.....Salary.....Form 16.....							
Verified original certificates Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Specify reason							
Sl. No	Name	Designation	Age & Date of Birth	Qualification		Name of the Institute from where qualified	Name of the University
				a.			
				b.			
				c.			
	Year of passing	Specialty	Total Years of Experience		Date of Joining in the present institution		Please affix a self-attested stamp size photograph
			Clinical	Teaching			
	a.			Before PG	After PG		
	b.						
	c.						
RN....., RM No. Date of Registration:..... Date of Renewal:							
Date of Registration of Addl. Qualification.....							
University ID No.....Salary.....Form 16.....							
Verified original certificates Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Specify reason							

Part XIII Profile of part time external teachers (Annexure: XVII)

Sl. No.	External subjects	Name & FEP No	Designation & Official Address	DOB	Qualification	Teaching Experience (3years and above)	Mob. No &e-mail ID
1	Anatomy						
2	Physiology						
3	Microbiology						
4	Biochemistry						
5	Psychology						
6	Nutrition & Dietetics						
7	English						
8	Health/ Nursing Informatics & Technology						
9	Sociology						
10	Pharmacology						
11	Pathology						
12	Genetics						
13	Medicine						
14	Surgery						
15	Statistics						
16	Paediatrics						
17	Psychiatry						
18	Obstetrics&Gynecology						
19	Community Medicine						
20	Forensic nursing & Indian Laws						
21	Elective courses						
22							

NB: External Faculty shall teach the same subject in not more than three Nursing Colleges (attach declaration- Annexure XVII

Part XIV Details of non-teaching staff:

Sl. No.	Designation	Minimum Required	No. available	Remarks
1	Administrative Officer /Office Registrar/senior supdt	1		
2	C A to Principal	1		
3	U.D.C	1		
4	L.D.C	2		
5	Accountant-cum-cashier	1		
6	Librarian grade IV	2		
7	Computer Programmer	1		
8	Attender	1 for Library 1 Lab 1 Office		
9	Watchman	2		
10	Driver	2		
11	Peon	1		
12	Cleaner (Bus)	1		
13	Sweeper	2		

Part XV Registers, Records & Reports

		Yes/No	Remarks
a.	Admission record		
b.	Daily attendance registers for:		
	Students		
	Teaching faculty		
	Non- teaching staff		
c.	Health record		
d.	Clinical and field experience record		
e.	Practical record books		
f.	Leave record		
g.	Extracurricular activities of students		
h.	Cumulative record of each student		
i.	Teaching Plans		
	Master Plan		
	Clinical Rotation Plan		
	Course Plans		
	Unit Plans		
	Lesson Plan		
j.	Report of Committee meetings: <ul style="list-style-type: none"> - College council - Anti-ragging committee - Internal complaints committee - PTA - College union, - SSGP 		
k.	Affiliation records		
l.	Stock Register		
m.	Budget plan		
n.	Annual report of activities and Achievements		
o.	Staff development programmes		
p.	Mark Register		

Part XVI Comments of Inspectors**Strong points**

1.	College
2.	Library
3.	Laboratories/Equipment
4	Hostel
5.	Faculty

Signature of Inspectors : 1

2

5	Clinical facilities
6	Records and Registers
7.	Feedback from students
8.	Any Additional Comments

Deficiencies

1.	College
2.	Library
3.	Laboratories/Equipment
4	Hostel
5.	Faculty

6	Clinical facilities
7	Records and Registers
8.	Feedback from students
9	Any Additional Comments

SUMMARY:

*** Please ensure that all columns and rows are filled and all details and information are furnished in the Inspection Proforma before forwarding to Kerala University of Health Sciences.**

Sl.No.	Name and address of Inspector with contact number and Email ID	Signature
1		
2		

KERALA UNIVERSITY OF HEALTHSCIENCES
THRISSUR
INSPECTION PROFORMA FOR AFFILIATION OF NURSING COLLEGES
Part XVII CHECK LIST

- | | |
|--|--------|
| 1. Inspection Proforma filled completely and each Page signed by both the inspectors. | Yes/No |
| 2. NOC /Essentiality certificate issued by the Govt of Kerala has been checked and found in order. | Yes/No |
| 3. Letter of Permission issued by Govt. of Kerala has been verified and found in order. | Yes/No |
| 4. The registration certificate of society /Trust Deed, land and infrastructure documents etc checked and found in order. | Yes/No |
| 5. Bed occupancy of the Parent/Affiliated hospital is more than 75% during the last 6 months period. | Yes/No |
| 6. Attendance Register of the students checked and cross verified in the clinical area & class room. | Yes/No |
| 7. Photographs of the faculty checked with their RN, RM registration and with verified original certificate and found genuine. | Yes/No |
| 8. Administrative facilities available for the Principal, faculty and non-teaching Personnel. | Yes/No |
| 9. All labs are set with adequate equipment, models & supplies as per INC norms | Yes/No |
| 10. Hostel facilities are adequate for the total strength of inmates | Yes/No |
| 11. SON/CON are in the same campus and share laboratory and library facilities | Yes/No |
| 12. Equipment and articles for the clinical practice are in proportionate to the strength of students | Yes/No |
| 13. CON has a parent hospital for the clinical experience of students. | Yes/No |

- | | |
|---|---------|
| 14. Maintain 1:3 student patient ratio in the Parent/Affiliated hospitals. | Yes/No |
| 15. Maintain 1:10 teacher-student ratio for the academic activities | Yes/No |
| 16. Part time /External teachers have PG qualification with three years teaching experience in the respective areas for teaching and university theory valuation | Yes/No |
| 17. All teachers are going to the clinical area at least 4 hours for clinical Teaching/supervision of students every day. | Yes /No |
| 18. Whether any case of ragging has been reported in the Institution during the last one year, if yes action taken therein. | Yes/No |
| 19. Whether the College fulfills all the requirements of faculty, infrastructure Clinical facilities required to conduct the recognized Nursing Course(s.) | Yes/No |
| 20. All Nursing faculty possess basic degree/postgraduate degree qualification as laid down by INC Act 1947 and registered under the state Nursing council | Yes/No |
| 21. For MSc Nursing programme, appropriate No. of faculty in each specialty is appointed- MSN/OBG/Child Health/Mental Health/Community Health with 5 years of PG teaching experience. | Yes/No |

We hereby declare that all the documents with regard to the building /Affiliation /Clinical Facilities /faculty etc. have been physically verified by us and the confidentiality of the inspection report will be maintained.

(Inspectors are requested not to write recommended/not recommended)

Name and signature of inspectors:

Part XVIII- Kerala University of Health Sciences, Thrissur
Inspection proforma for affiliation of Nursing colleges
Annexures

[Copies of verified documents attested by the principal to be submitted along with the report]

- I. Essentiality certificate / NOC & Letter of permission from Government of Kerala.
- II. Trust/Society registration certificate.
- III. Philosophy
- IV. Organization chart
- V. Admission criteria.
- VI. Land deed with ownership certificates.
- VII. Proof of possession of college and hostel building.
- VIII. Approved building plan for college and hostel.

Inspectors may verify the documents from I to VIII

- IX. Latest orders of affiliation-INC/KNMC/University.
- X. Details of vehicles
- XI. Fire and safety certificate
- XII. Audited income and expenditure statement of the previous financial year
- XIII. Proof of parent hospital
- XIV. Clinical affiliation orders and MOU from hospital and health centers.
- XV. Certification of Affiliations in the parent hospital (3 affiliations only)
- XVI. Report of Student interaction
- XVII. Details of Regular Teaching Faculty
- XVIII. Declaration of the external faculty (no. of teaching institutions limited to 3)
- XIX. Annual report of the college (January- December)
- XX. Group photo of faculty with inspectors

[Annexures I to VIII to be submitted for first inspection]