



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR, KERALA

**Inspection Proforma for Continuation of
Affiliation of Nursing Colleges/ Courses**

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

Part 1 General Information

1. Name of College :
2. Address and contact Number :
3. Phone No:..... Email ID:.....
4. Name of Principal :
5. Phone No of Principal:..... Email ID:.....
6. Web site Address :
7. Administrative status of the Institution : Govt. /Autonomous / Missionary /
Trust /Society/Any other
8. Year and date of establishment of the college :
9. Nursing courses under the institutions and number of intake in each course:

| Sl.No. | Courses | Commencement year | Number of sanctioned seats | | | | Remarks |
|--------|------------|-------------------|----------------------------|-----|------|------|---------|
| | | | Govt. | INC | KNMC | KUHS | |
| 1 | B.Sc (N) | | | | | | |
| 2 | P.B.Sc (N) | | | | | | |
| 3 | M.Sc(N) | | | | | | |

10. Nursing programme(s) under inspection : B.Sc. (N) / P.B.B.Sc(N) / M.Sc (N)
11. Date of inspection :
12. No. of seats applied for : (40/50/60/75/100 (Strike off whichever is not applicable)
13. State Government NOC for the proposed course : No & Date..... Valid up to:
14. State Government LOP : No & Date..... Valid up to:.....
15. Date of last KUHS affiliation inspection (If any) :
16. University order No & Date of previous inspection:

17. Details of requisite sanctions/Affiliation:

| Authorities | Date & Order No. for Nursing Programmes | | | | Remarks |
|--------------------------|---|------------|---------|------|-------------|
| | B.Sc (N) | PB B.Sc(N) | M.Sc(N) | Ph.D | |
| State Govt NOC LOP | | | | | Valid up to |
| INC | | | | | |
| KNMC | | | | | |
| University | | | | | |

Annexure (Attach Copies of latest orders)

18. Details of seats sanctioned and admission of students in the current session

| Admission to Programmes | Sanctioned by | | | |
|------------------------------|---------------|-----|------|------------|
| | State Govt | INC | KNMC | University |
| B.Sc (N) - | | | | |
| Post Basic B.Sc (N) - | | | | |
| M.Sc Nursing | | | | |
| ➤ Medical Surgical (N) | | | | |
| I. CVTS(N) - | | | | |
| II. Critical Care(N) - | | | | |
| III. Oncology (N) - | | | | |
| IV. Neuro Science(N) - | | | | |
| V. Nephro- Uro (N) - | | | | |
| VI. Orthopaedics (N) - | | | | |
| VII. Gastro Enterology (N) - | | | | |
| ➤ OBG(N) - | | | | |
| ➤ Child Health (N) - | | | | |
| ➤ Mental Health(N) - | | | | |
| ➤ Community Health(N) - | | | | |

19. Admission details in each nursing course

| Sl.No | Category | Courses | | | Admission appropriate as per Norms |
|-------|------------|-------------|-----------|-------------|------------------------------------|
| | | BSc Nursing | PBBSc (N) | MSc Nursing | |
| 1 | Merit | | | | |
| 2 | SC | | | | |
| 3 | ST | | | | |
| 4 | OBC | | | | |
| 5 | Management | | | | |

| | | | | | |
|---|-----------|--|--|--|--|
| 6 | Any other | | | | |
| | Total | | | | |

Part 11 Administration

1. Philosophy of Institution
2. Organization Chart
3. College Budget (Audited Statement)
4. Constitution of PTA – Yes/No
5. Constitution of Anti Ragging Committee – Yes/No
6. Nursing Education Programmes and Number of Students under Training.

| Sl. No. | Programme | No. of students admitted | | | | | | |
|---------|---|--------------------------|--------|---------|----------|---------|-------|--|
| | | Gender | I year | II year | III year | IV year | Total | |
| I | B.Sc.(N) | M | | | | | | |
| | | F | | | | | | |
| II | Post Basic B.Sc.(N) | M | | | | | | |
| | | F | | | | | | |
| III | M.Sc (N)-Total | M | | | | | | |
| | | F | | | | | | |
| 1 | Medical Surgical Nursing - Total Sub Specialty: | M | | | | | | |
| | | F | | | | | | |
| | a. Cardio Vascular & Thoracic Nursing | M | | | | | | |
| | | F | | | | | | |
| | b. Critical Care Nursing | M | | | | | | |
| | | F | | | | | | |
| | c. Oncology Nursing | M | | | | | | |
| | | F | | | | | | |
| | d. Neurosciences Nursing | M | | | | | | |
| | | F | | | | | | |
| | e. Nephro-Urology Nursing | M | | | | | | |
| | | F | | | | | | |
| | f. Orthopedic Nursing | M | | | | | | |
| | | F | | | | | | |
| | g. Gastro enterology Nursing | M | | | | | | |
| | | F | | | | | | |
| | 2 | OBG Nursing | M | | | | | |
| | | | F | | | | | |
| 3 | Paediatric Nursing | M | | | | | | |
| | | F | | | | | | |
| 4 | Psychiatric Nursing | M | | | | | | |
| | | F | | | | | | |
| 5 | Community Health Nursing | M | | | | | | |
| | | F | | | | | | |

Signature of the Inspectors: 1.

2.

PHYSICAL FACILITIES

| Particulars | Space adequate | Facilities Available /Not available |
|---|-----------------------|--|
| <p>Land Area 3-5 acres</p> <p>College Permanent Building Whether the constructed area is adequate as per INC norms : Yes/ No [For annual admission of 40-60 students 23720 sq. ft.]. If there are additional courses 108 sqft /student.</p> <p>Whether the built up area is adequate for all courses</p> <p>Teaching block Class rooms for all the nursing educational programmes B.Sc (N) - 4 PB BSc (N) - 2 M.Sc (N) - 7 (two common + one for each speciality)</p> <p>Laboratories Size &equipped adequately with supplies and equipments FON /Medical Surgical Nursing -1500sqft Nutrition- 900 sq.ft MCH-900 sq.ft Child Health Nursing- 900 sq.ft Computer(min 10)-1500 sq.ft Pre-clinical Sciences-900 sq.ft AV Aids room – 600sq.ft (Institution not attached to Medical Colleges)</p> <p>Anatomy, } Models & Specimens Physiology, } of systems/organs, microscope, Microbiology, } slides, blood grouping & Biochemistry } cross matching etc. Labs. } (As per INC approved list</p> <p>Library 2400 sq.ft</p> <p>Examination Hall Seating arrangement with adequate space(125 students at a time) CCTV Mobile Jammer Telephone (Landline extension) Others (Specify if any)</p> <p>Confidential Room Computers (2 nos.) Printer Internet connection (2 providers) Fax Machine CCTV Mobile jammer NKN Connection UPS</p> | | |

LIBRARY (Minimum 2400 sq.ft)

| | Minimum req. | | | | Available | | | | Remarks |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------|
| | 1 st yr | 2 nd yr | 3 rd yr | 4 th yr | 1 st yr | 2 nd yr | 3 rd yr | 4 th yr | |
| Total no. of books | 1000 | 1500 | 2500 | 3000 | | | | | |
| Total no. of Nursing journals (Regular Supply) | 5 | 8 | 12 | 15 | | | | | |
| National(Regular Supply) | 3 | 5 | 8 | 10 | | | | | |
| International (Regular Supply) | 2 | 3 | 4 | 5 | | | | | |
| Back volumes | | | | | | | | | |
| E-journals | | | | | | | | | |

Seating capacity

(50% of total student's strength)

- Computer / Internet - Yes /No
- Librarian's Cabin - Yes /No
- Photocopy Machine - Yes /No
- Library staff - Yes /No
- Annual budget for maintenance of library, including books and journals :Rs.

Administrative Block

- Adequate office facilities and furnishings for the
- Principal : Yes / No
- Vice Principal : Yes / No
- Faculty : Yes / No
- Administrative, clerical staff Adequacy: Yes / No

- Room for non teaching staff :Yes / No
- Record room : Yes / No
- Common room : Yes / No
- Auditorium (3000sq.ft) : Yes / No

HOSTEL BLOCK (for 60 students intake 30750 sq.ft)

Whether staff quarters available within the campus : yes /No

Whether separate hostel facility for girls and boys : yes /No
available within the campus

| Dwelling area (50sq.ft/ student) | Rooms | | | | % of accommodation against total strength | Dining facilities Yes /No |
|-------------------------------------|--------|--------|--------|------|--|---------------------------------|
| | Single | Double | Triple | Four | | |
| Girls | | | | | | |
| Boys | | | | | | |

Note: Proportionately the size of the built up area will increase according to the number of students admitted.

Room facilities like cot, table, chair, cloth stand and storage facilities available:- Yes/ No

If No, comments if any:-

Availability of sick rooms : Yes/No

Toilet facilities (One toilet and One bathroom for five students): Adequate /Inadequate

Other facilities

Proper water supply and sanitation in the college and hostel: Yes/No

Facilities for indoor and outdoor games: Yes/No

Proper waste management system: Yes/No

➤ **CLINICAL FACILITIES**

Parent Hospital

| General Clinical Areas & Specialties | Minimum Requirement(for annual intake 40) | No. of Beds | Occupancy on the day of inspection | Nurse Patient Ratio | Remarks |
|---|---|-------------|------------------------------------|---------------------|---------|
| Medical | 50 | | | | |
| Surgical | 40 | | | | |
| Paediatrics | 30 | | | | |
| Gyne & Obstetrics | 50 | | | | |
| Orthopaedic | 15 | | | | |
| Emergency / Casualty | 10 | | | | |
| ICU a)Medical b)Surgical | Specify available facilities | | | | |
| Eye,ENT | 10 | | | | |
| Coronary/ICCU/ICU (Critical Care Beds) | 8-10 | | | | |
| Nephrology | 15 | | | | |
| Neurology | 10 | | | | |
| Trauma care Unit | 10 | | | | |
| Burns and Plastics | 5-10 | | | | |
| Oncology | 5-10 | | | | |
| Dermatology | 5-10 | | | | |
| Psychiatry | 10-15 | | | | |
| Dialysis | Specify facility available | | | | |
| Cardio Thoracic | | | | | |
| Neuro ICU | | | | | |
| Neonatal ICU | 5 | | | | |
| Others (if any specify) | | | | | |

- Availability of Medical,Surgical, Paediatrics, Obstetrics & Gynaecological wards for clinical posting of students/university examinations : Yes/No
 - Whether parent hospital has NABH accreditation : Yes/No
- Remarks if any

• **AFFILIATED HOSPITALS FOR CLINICAL EXPERIENCE**
ONLY FOR SPECIALTIES (maximum 3 affiliated hospitals)

| Name & Address of affiliated Hospitals | Nsg Programme/ Specialty for affiliation | No. of beds in the Specialty and occupancy on the day of inspection | Last month average occupancy | Distance from the college (<30Km) | No. of schools/ colleges affiliated | No. of Regd Nurses & Nurse Patient Ratio | Affiliation letter No. & Date | Remarks |
|--|--|---|------------------------------|-----------------------------------|-------------------------------------|--|-------------------------------|---------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Hospitals

Suitability of affiliated institutions for students training: Yes/No

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

Duration of posting:

Affiliation fee paid per student:

Signature of Inspectors : 1. 2.

OTHER CLINICAL AREAS IN PARENT/AFFILIATED HOSPITALS

| Sl.No. | Areas | Parent hospital | Affiliated hospitals | | | Remarks |
|--------|---|-----------------|----------------------|--|--|---------|
| | | | | | | |
| 1 | No. of Operation Theatres Major OT No. of Tables Minor OT No. of Tables | | | | | |
| 2 | Average No. of Operations per month Major Minor | | | | | |
| 3 | Average No. of deliveries per month | | | | | |
| 4 | Average attendance at OPD per day | | | | | |

- **COMMUNITY HEALTH FACILITIES**

A. Rural Field

- **Name of CHC/PHC**

Adopted / Affiliated :

- **Details of PHC/CHC**

Distance from college (in km):

Area coverage (in km):

Population coverage :

Supervision of students: by field staff/College faculty/Both:

B. Urban Field

- **Name of MCH/FW Center**

Adopted / Affiliated :

- **Details of the Center**

Distance from college (in km):

Area coverage (in km):

Population coverage:

Supervision of students: by field staff/College faculty/Both:

Signature of Inspectors : 1. _____ 2. _____

University Practical Examination Centre:

| Practicals | Parent hospital | Affiliated hospital | Remarks |
|--|-----------------|---------------------|---------|
| Nursing Foundations | | | |
| Child Health Nursing | | | |
| OBG Nursing | | | |
| Mental Health Nursing | | | |
| Community Health Nursing | | | |
| Medical Surgical Nursing | | | |
| M.Sc Nursing- Specialties/Sub Specialties | | | |
| Practicals | Parent hospital | Affiliated hospital | Remarks |
| Medical Surgical Nursing | | | |
| ▪ Cardio Vascular & Thoracic (N) | | | |
| <input type="checkbox"/> Critical Care (N) | | | |
| <input type="checkbox"/> Oncology (N) | | | |
| <input type="checkbox"/> Neurosciences (N) | | | |
| <input type="checkbox"/> Nephro – Urology (N) | | | |
| <input type="checkbox"/> Orthopaedic (N) | | | |
| <input type="checkbox"/> Gastro enterology (N) | | | |
| OBG Nursing | | | |
| Paediatric Nursing | | | |
| Psychiatric Nursing | | | |
| Community Health Nursing | | | |

- Whether all the university practical examinations are conducted in the parent hospital: Yes/No
- Reason for not conducting university practical examination in parent hospital :
- If exam conducted in affiliated hospitals whether students are permitted to perform nursing procedures:

University Examination Pass Percentage :

| Nsg Programmes | I Year | II Year | III Year | IV Year | Remarks |
|----------------|--------|---------|----------|---------|---------|
| B.Sc (N) | | | | | |
| PB B.Sc (N) | | | | | |
| M.Sc (N) | | | | | |

Report of students interaction:

Signature of Inspectors:

1.

2.

STAFFING

Nursing Faculty

Annexure (Bio-data of the Principal & Faculty IN PROFORMA . I)

| Designation | Minimum Requirement | | | Available | | |
|--|---------------------|---------------------------|---------------------|-----------|----------------|----------|
| | B.Sc (N) (40-60) | PB B.Sc (N) (20-60) | M.Sc (N) (10-25) | B.Sc (N) | PB B.Sc (N) | M.Sc (N) |
| Principal | 1 | | | | | |
| Vice-Principal | 1 | | | | | |
| Professor | 0 | | 1 | | | |
| Asso.Professor | 2 | | 2 | | | |
| Asst.Professor (1-2 per specialty) | 3 | 2 | 3 | | | |
| Lecturer with PG (1-2 per specialty) | 5-10 | 2-5 | - | | | |
| Asst. Lecturer/Clinical Instructor | 5-8 | 2-5 | - | | | |
| Teacher-Student ratio | 1:10 | | | | | |

- Whether Professors or Associate Professors are available in the concerned specialty for M.Sc (N) programme : Yes/No
- 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 and 5 years PG teaching experience for M.Sc Nursing examinations : Yes/No
- Whether faculty available are eligible to be appointed as internal examiner in all specialties: Yes/No
- 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: Yes/No.
- Whether examiners are regularly send for University theory valuation and practical examination: Yes/No

Remarks if any:

Signature of Inspectors:

1.

2.

FACULTY PROFILE

| Sl. No. | Faculty name | Designation /Specialty | DOB | Total experience as on the date of inspection after P.G. in the specialty | Faculty present during inspection (If present put full signature here) |
|---------|--------------|------------------------|-----|---|--|
| 1 | | Principal | | | Yes/No/Leave |
| 2 | | Vice Principal | | | |
| 3 | | Professor | | | |
| 4 | | Associate Professor | | | |
| 5 | | Assistant Professor | | | |
| 6 | | Lecturer | | | |

Signature of Inspectors : 1

2:

MEDICAL SURGICAL NURSING

| Sl. No | Faculty Name | Designation / Specialty | DOB | Total Salary | Form 16 | Total service college wise in all the previous institutes (attach appendix) | DOJ & Experience in present institute | Total experience as on the date of inspection after P.G. in the specialty | Faculty present during inspection (If present put full signature here) |
|--------|--------------|-------------------------|-----|--------------|---------|---|---------------------------------------|---|--|
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |

Signature of the Inspectors : 1.

2.

OBSTETRIC AND GYNAECOLOGY NURSING

| Sl. No. | Faculty Name | Designation/ Specialty | DOB | Total Salary | Form 16 | Total service college wise in all the previous institutes (attach appendix) | DOJ & Experience in present institute | Total experience as on the date of inspection after P.G. in the specialty | Faculty present during inspection (If present put full signature here) |
|---------|--------------|------------------------|-----|--------------|---------|---|---------------------------------------|---|--|
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |

Signature of the Inspectors : 1.

2.

CHILD HEALTH NURSING

| Sl. No. | Faculty Name | Designation/ Specialty | DOB | Total Salary | For m 16 | Total service college wise in all the previous institutes (attach appendix) | DOJ & Experience in present institute | Total experience as on the date of inspection after P.G. in the specialty | Faculty present during inspection (If present put full signature here) |
|---------|--------------|------------------------|-----|--------------|----------|---|---------------------------------------|---|--|
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |
| | | | | | | | | | Yes/No/Leave |

Signature of the Inspectors : 1.

2.

PROFILE OF PART – TIME/EXTERNAL TEACHERS

| Sl. No. | Name | Designation & Official Address | DOB | Qualification | Teaching experience(3 years and above) | Mob. No & e-mail ID |
|---------|------|--------------------------------|-----|---------------|---|---------------------|
| | | | | | | |

NB: External Faculty shall teach the same subject not more than three Nursing Colleges.

INSPECTION REPORT

A. STRONG POINTS

1. College

2. Library

3. Laboratories

4. Faculty

5. Clinical facilities

6. Hostel

7. Records and Registers

B. DEFICIENCIES

- 1. College**

- 2. Library**

- 3. Laboratories**

- 4. Faculty**

- 5. Clinical facilities**

- 6. Hostel**

- 7. Records and Registers**

SUMMARY

Signature of Inspectors : **1.** **2.**

**KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR, KERALA**

INSPECTION PROFORMA FOR AFFILIATION OF NURSING COLLEGES

CHECK LIST

1. Inspection Performa 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. Equipments 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 thereon. | 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, address & contact number of Inspectors

1.
.....
.....
2.
.....
.....

**KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR, KERALA
Inspection Proforma for Affiliation of Nursing Colleges
Proforma I – Faculty Biodata**

self attested
recent
Photograph

Name :

Designation :

Permanent Address :

Email Id :

KNMC Reg.No : RN..... RM.....

Professional Qualification :

| Sl.No. | Programmes | Name of Institution / University | Period of study/Year of passing | Speciality / Sub Speciality |
|--------|-------------------------|----------------------------------|---------------------------------|-----------------------------|
| 1 | B.Sc(N) / PB B.Sc(N) | | | |
| 2 | M.Sc(N) | | | |

Additional Qualification :

(if any, specify)

Clinical Experience :

| Sl. No | Designation | Institution | Period Duration | | Duration |
|--------|-------------|-------------|-----------------|----|----------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Teaching Experience (before M.Sc.N) :

| Sl. No | Designation | Institution | Period Duration | | Duration |
|--------|-------------|-------------|-----------------|----|----------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Teaching Experience in the collegiate

Programme(after M.Sc. N) :

| Sl. No | Designation | Institution | Period Duration | | Duration |
|--------|-------------|-------------|-----------------|----|----------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Post Graduate Teaching Experience :

| Sl. No | Designation | Institution | Period Duration | | Duration |
|--------|-------------|-------------|-----------------|----|----------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Declaration

I..... do here by declare that the information furnished by me is correct and true. If any information is incorrect or false, disciplinary action can be taken against me.

Place

Date :

Signature

Counter signature by Principal & College Seal

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. Proof of parent hospital.
- IX. Approved building plan for college and hostel.
- X. List of non-teaching staff and hostel staff.
- XI. List of external/part-time teachers.
- XII. Latest orders of affiliation-INC/KNMC/University.
- XIII. Biodata of the principal and faculty.
- XIV. Clinical affiliation orders from hospital and health centers.
- XV. Details of vehicles.
- XVI. Master rotation plan and clinical rotation plan.
- XVII. Annual report of the college.
- XVIII. Report of CNE programmes.
- XIX. Audited income and expenditure statement of last financial year.

[Annexures I to IX to be submitted once during first inspection by the university.]