

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR, KERALA

**Inspection Proforma for Preliminary 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)

Date of inspection:

I. GENERAL INFORMATION

Name of Nursing College:

Address for correspondence and contact Number:

Fax No. & Email ID:

Name of Principal:

Phone No:..... Email ID :

Nursing programme(s) under inspection: B.Sc. (N) / P.B.B. Sc(N) / M.Sc (N)/Ph.D

Ongoing Nursing Programmes under the same institution.

Sl.No.	Ongoing Nursing Programmes	Commencement year	Number of sanctioned seats				Remarks
			Govt.	INC	KNMC	KUHS	
1							
2							
3							
4							

No. of seats applied for: 40/50/60/75 (Strike off whichever is not applicable) :

Administrative status: Govt. /Autonomous / Missionary / Trust /Society.

Trust/Society registration certificate:- (Annexure I)

Number of Nursing Colleges in the District
within 10 kms

II. PREVIOUS INSPECTION DETAILS

State Government NOC (NOC for one academic year):

No. & Date

Valid up to:.....

INC:

No. & Date

Valid up to:.....

KNMC:

No. & Date

Valid up to:.....

Letter of permission from Govt. : No. & Date

valid upto:.....

(Annexure II, III)

III. PHYSICAL FACILITIES

1. Acres of land allotted (3-5 acres) :(Attested Copy of land document/ ownership certificates and approved building plans for college and hostel and affidavit stating that the land will be utilized exclusively for Nursing College)

2. College- Existing Facility: Owned/Rented/Leased/Attached to hospital/Any other

(Annexure IV, V)

Signature of Inspectors:

1.

2.

Physical Facilities (Continued....)

Particulars	Available / not Available															
<ul style="list-style-type: none"> • College Whether the constructed area is adequate as per INC norms: Yes/ No [For annual admission of 40-60 students 23720 sq. ft.] • Teaching block Class rooms for all the nursing educational programmes <ul style="list-style-type: none"> B.Sc (N) - 4 PB BSc (N) - 2 M.Sc (N) – 7 (two common + one for each specialty) • Laboratories equipped adequately with supplies and equipments <ul style="list-style-type: none"> FON /MSN* - 1500sq.ft Nutrition - 900 sq.ft MCH -900 sq.ft CHN -900 sq.ft AV Aids Room – 600sq.ft Computer (min 10) -1500 sq.ft Pre-clinical Sciences-900 sq.ft (Institution not attached to Medical Colleges) <table style="margin-left: 20px; border: none;"> <tr> <td style="border: none; padding-right: 5px;">Anatomy,</td> <td style="border: none; padding-right: 5px;">}</td> <td style="border: none;">Models & Specimens</td> </tr> <tr> <td style="border: none; padding-right: 5px;">Physiology,</td> <td style="border: none; padding-right: 5px;">}</td> <td style="border: none;">of systems/organs,</td> </tr> <tr> <td style="border: none; padding-right: 5px;">Microbiology,</td> <td style="border: none; padding-right: 5px;">}</td> <td style="border: none;">microscope, slides,</td> </tr> <tr> <td style="border: none; padding-right: 5px;">Biochemistry</td> <td style="border: none; padding-right: 5px;">}</td> <td style="border: none;">blood grouping & cross</td> </tr> <tr> <td style="border: none; padding-right: 5px;">Labs.</td> <td style="border: none; padding-right: 5px;">}</td> <td style="border: none;">matching etc.</td> </tr> </table> (As per INC approved list) • Examination Hall Seating arrangement with adequate space(125 students at a time) CCTV Mobile Jammer Telephone (Landline extension) Others (Specify if any) • Confidential Room Computers (2 nos.) Printer Internet connection (2 providers) Fax Machine CCTV Mobile jammer NKN Connection UPS 	Anatomy,	}	Models & Specimens	Physiology,	}	of systems/organs,	Microbiology,	}	microscope, slides,	Biochemistry	}	blood grouping & cross	Labs.	}	matching etc.	
Anatomy,	}	Models & Specimens														
Physiology,	}	of systems/organs,														
Microbiology,	}	microscope, slides,														
Biochemistry	}	blood grouping & cross														
Labs.	}	matching etc.														

- * For Nursing foundation lab with adequate number of cots (7- 10), facility for hand washing, lab tests, simulators, supplies and equipments

Library

Total no. of books (Minimum 1000) All subject book, 50% latest edition(books within 5years) :

Stock register, receipt and proof of payment/ bill made available for verification: Yes/No

Remarks if any

Total no. of Nursing journals: (Annexure VI)

(Minimum -5, National-3, International -2)

E-journals:

Seating capacity

(50% of total student's strength)

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

• Administrative Block

- Adequate office facilities and furnishings for the	
- Principal(300 sq.ft with wash room)	: Yes / No
- Vice Principal(200 sq.ft with wash room)	: Yes / No
- Faculty (2400sq.ft)	: Yes / No
- Administrative, clerical staff	: Yes / No
- Room for non teaching staff	: Yes / No
- Record room	: Yes / No
- Common room (for staff)	: Yes / No
- Auditorium (3000sq.ft)	: Yes / No

Philosophy : Yes/No (Annexure VII)

Organization chart : Yes/No (Annexure VIII)

Admission criteria : Yes/No ((Annexure IX)

IV. HOSTEL FACILITIES

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(Minimum 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.

For each student cot, chair, table, cloth stand and storing facilities available: Yes/No

If No, comments if any:-

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

V. CLINICAL FACILITIES**• Parent Hospital with 300 beds (Annexure X)**

Name & address	Total no. Of beds	Average occupancy per month	Bed occupancy on the day of inspection(Minimum 75%)	No. Of schools affiliated	No. Of college affiliated	Distance from the college (kms)	No. Of regd nurses

CLINICAL AREAS IN THE PARENT HOSPITAL (300 beds)

General Clinical Areas & Specialties	Minimum Requirement(for annual intake 40)	No. of Beds	Last month occupancy	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 ,and Specialty general wards for clinical posting of students : Yes/No
- Whether patients are available in the parent hospital to maintain student patient ratio of 1:3. : Yes/No
If no, comments if any:-
- Whether general wards are available in the parent hospital for conducting University Practical examinations : Yes/No

Signature of Inspectors : 1

2:

• **AFFILIATION IN PARENT HOSPITAL**

Name & Address of other SON/CON Affiliated to parent Hospital	Nursing Programme	Clinical Specialty for which affiliation given	Total No. of students	Remarks

Signature of Inspectors : 1

2:

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

(Annexure XI attach affiliation orders)

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

Observe and report whether students are permitted to do procedures (as per requirement) in affiliated hospitals in the concerned specialty.

Observation report:

- **Payment /Student for affiliation:-**

Signature of Inspectors: 1

2:

- **OTHER CLINICAL AREAS IN PARENT/AFFILIATED HOSPITALS FOR SPECIALTY**

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 in that specialty 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:

VI. STAFFING Nursing Faculty

(Annexure XII) (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 Faculty with three years collegiate teaching experience after M.Sc Nursing is available in all specialties for conducting University UG practical examinations: Yes/No
- Whether Professors or Associate Professors are available in the concerned specialty for M.Sc Nursing Programme & University examinations :- Yes/No

Remarks if any:

Signature of Inspectors: 1

2:

FACULTY PROFILE

Sl. No.	Designation /Specialty	Faculty name	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				

Non teaching staff & Hostel Staff: (Annexure XIII)

Signature of Inspectors : 1

2:

Profile of part-time/external teachers(Annexure XIV)

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

Note: - External faculty shall teach the same subject not more than three Nursing Colleges.

Records and reports

Master Rotation Plan & Clinical Rotation Plan (Annexure XV)

Signature of Inspectors : 1

2:

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

Name, address & contact number of Inspectors

1.
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2.
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.....
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**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	Year of Specialty/ 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
			From	To	
Total					

Teaching Experience (Before M.Sc N)

Sl. No	Designation	Institution	Period		Duration
			From	To	
Total					

Teaching Experience in the collegiate programme after M.Sc (N):

Sl. No	Designation	Institution	Period		Duration
			From	To	
Total					

Post Graduate Teaching Experience :

Sl. No	Designation	Institution	Period		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

List of annexures

- I. Trust/Society registration certificate
- II. Essentiality certificate /NOC from Government, Copies of orders from State Govt, INC & KNMC
- III. Letter of permission (LOP) from Govt.
- IV. Copy of land deed with ownership certificates and approved building plans for college and hostel
- V. Proof of possession of college and hostel building
- VI. List of journals
- VII. Philosophy
- VIII. Organization chart
- IX. Admission criteria
- X. Proof of parent hospital
- XI. Clinical affiliation orders from hospital and health centers.
- XII. Biodata of the principal and faculty.
- XIII. List of non-teaching staff and hostel staff.
- XIV. List of external/part-time teachers.
- XV. Master rotation plan and clinical rotation plan.