

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

BASIC B.Sc. (NURSING) DEGREE COURSE

INSPECTION REPORT

**FOR THE GRANT OF
CONTINUANCE OF PROVISIONAL AFFILIATION
FOR BASIC B.Sc. (NURSING) DEGREE COURSE**

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,
CHENNAI – 600 032.

B.Sc (NURSING) DEGREE COURSE

CONTINUANCE OF PROVISIONAL AFFILIATION

INSPECTION REPORT FOR THE ACADEMIC YEAR -

01.	Name of the Convenor with Designation and Address Phone No: Office Residence Mobile No.	
02.	Names of the Member with Designation and address Phone No: Office Residence Mobile No.	
03.	University Letter No. & date in which the Inspection Commission Constituted	
04.	Date of Inspection	
05.	Place and details of authorities representing the Management present at the time of Inspection	
06.	Name of the Society/Trust and its Full registered address with telephone numbers. Fax and e-mail. (Copy of Trust deed to be enclosed)	
07.	Whether the college is a minority institution.	Minority / Non Minority If it is minority furnish the following details. G.O.(MS.)No. Dept. Dated :

08.	Name of Nursing College, Full Address with Telephone, Fax and e-mail, where the Nursing College is located	
09.	Name of the Principal of the Nursing College i)Qualification ii)Teaching Experience iii)Working as Principal from iv) Residential Address v) Phone No: Office Residence Mobile No.	
10.	Specify the Nursing courses conducted in the same complex	
11.	Name of the other courses run by the Trust. Note: Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately.	
12.	a) State whether the college is conducting B.Sc.(N) degree course in the same academic complex at the time of Grant of Provisional Affiliation	Yes / No
	b) Whether the Trust has obtained any prior permission from the University / Government for change of academic complex if any made	University Permission : Yes / No Government Permission : Yes / No

	State Government Orders in which permission was accorded to start the Nursing college/course. (Copy of Orders be enclosed)	G.O.(MS) No. H&FW Department Dated																
13.	Approval of The Indian Nursing Council, New Delhi for the continuance of conducting B.Sc. (N) degree course i.e. current year approval of INC. (Copy of letter to be enclosed).	INC Lr.No. : Dated : Annual Intake : Academic year :																
14.	University's Proceedings No. and Date in which the Provisional Affiliation was issued to start the B.Sc. (N) degree course. (Copy of letter to be enclosed)	Proc.No. : Dated : Annual Intake : Academic year :																
15.	University's Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for the last year. (Copy of letter to be enclosed)	Proc.No. : Dated : Annual Intake : Academic year :																
16.	Year of Commencement of the Degree Courses and sanctioned intake.	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Year</u></th> <th style="text-align: center;"><u>Sanctioned Intake</u></th> </tr> </thead> <tbody> <tr> <td>B.Sc (N) :</td> <td></td> <td>.....</td> </tr> <tr> <td>P.B. B.Sc.(N) :</td> <td></td> <td>.....</td> </tr> <tr> <td>M.Sc. (N) :</td> <td></td> <td>.....</td> </tr> </tbody> </table>		<u>Year</u>	<u>Sanctioned Intake</u>	B.Sc (N) :	P.B. B.Sc.(N) :	M.Sc. (N) :				
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M.Sc. (N) :																
17.	No. of candidates registered for the Last three years	<table border="1"> <thead> <tr> <th>Quota</th> <th>Year-I</th> <th>Year - II</th> <th>Year - III</th> </tr> </thead> <tbody> <tr> <td>Government</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Management</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Quota	Year-I	Year - II	Year - III	Government				Management				Total			
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Government																		
Management																		
Total																		

18.	<p><u>LAND DETAILS</u> Ear marked extent of land allotted for Nursing course and also for other courses if any. (Original Sworn Affidavit in the enclosed format to be furnished)</p>	Furnished / Not Furnished
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19. READY BUILT AREA : (Basic Requirement for B.Sc(N) with 60 Annual Intake)

Total Ready Built Area for B.Sc. (N) :

M.Sc. (N) :

(a) TEACHING BLOCK

Sl.No.	Teaching Block	Area Required (in Sq feet)	Available	Shortfall
1	Lecture Hall	4 @ 1080 = 4320		
2	(i) Nursing foundation Lab	1500		
	(ii) CHN	900		
	(iii) Nutrition	900		
	(iv) OBG and Paediatrics lab	900		
3	<u>Pre-clinical science lab</u>	900		
4	Computer Lab	1500		
5	Multipurpose Hall	3000		
6	Common Room (Male and Female)	2000		
7	Staff Room	1000		
8	Principal Room	300		
9	Vice-Principal Room	200		
10	Library	2400		
11	A.V. Aids Room	600		
12	One room for each Head of Departments	800		
13	Faculty Room	2400		

14	Provisions for Toilets	1000		
Total		23,720 Sq. Ft		
(b) Hostel Block				
Sl. No.	Hostel Block	Area Required (in Sq feet)	Available	Shortfall
1	Single Room	24000		
	Double Room			
2	sanitary	One latrine and One Bath room (for 5 students) - 500		
3	Visitor Room	500		
4	Reading Room	250		
5	store	500		
6	Recreation Room	500		
7	Dining Hall	3000		
8	Kitchen and Store	1500		
Total		30,750 Sq Ft.		

- Proportionately the size of the built-up area will increase according to the number of students admitted.
- College of Nursing can share laboratories, if they are in same campus under same name and under same trust, that is the institution is one but offering different nursing programmes. However they should have equipments and articles proportionate to the strength of admission. And the class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.

	<p>c. State whether the academic complex is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.</p>	
	<p>d. Whether the Ready built area is provided exclusively for conducting Nursing course.</p>	
<p>20.</p>	<p><u>HOSTEL</u></p> <p>State Whether the hostel building is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.</p> <p>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan :</p>	<p><u>For Academic Complex</u> Approved by: Date of Approval : Approval issued vide Lr.No.</p> <p><u>For Hostel Building</u> Approved by: Date of Approval : Approval issued vide Lr.No.</p>
	<p>f. Whether sufficient infrastructural facilities is made available separately for B.Sc(N) degree course</p>	
	<p>20. <u>HOSTEL</u></p> <p>State Whether the hostel building is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.</p> <p>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan :</p>	<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p>

	<p>ii. Proof of Ownership</p> <p>Whether the hostel facility is provided separately for Boys and Girls</p>	<p>iii. Agreement between and</p> <p>iv. Date of Agreement made</p> <p>v. Expiry of Agreement</p> <p>vi. Years of Agreement</p> <p>Girls : No. of Rooms</p> <p>Boys : No. of Rooms</p>
21.	<p><u>RESIDENTIAL QUARTERS</u></p> <p>Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.</p>	<p>Within the College campus / Outside</p> <p>If it is outside furnish full address</p>
22.	<p><u>EXTRA CURRICULAR</u></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>	
	<p>b. Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available?</p>	<p>If it is outside the college campus</p> <p>Address:</p>
	<p>c. List of Sports articles provided to the Nursing students by the college.</p>	

23.	<p><u>HOSPITAL ARRANGEMENTS:</u></p> <p>a. Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the area of Medicine, Surgery, Paediatrics, Maternity, Gynaecology, E.N.T., Radiology, Orthopaedics, Ophthalmic, Burns, Oncology, Mental Health (Psychiatry) IMCU, ICU, Emergency and Casualty, Blood Bank and Clinical Laboratories.</p> <p>Furnish Xerox copy of licence given by the Government to set up the Own Hospital</p>	<p><u>Own Hospital</u></p> <p>Name :</p> <p>License / Registration No.</p> <p style="text-align: right;">Dt.</p> <p>Full Address :</p>
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b. Tie-up Hospital (Furnish the upto date tie-up binding evidence)

Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up	
			From	To

c. Number of Beds available in the Own Hospital	
d. State Whether the Own / Tie-up Hospital situated within a radius of 15 to 30 km	
e. No. of out-patient section in the Hospital.	
f. Daily Out-patient Turnover in the Hospital.	
g. Furnish Average Monthly Out-patient Turnover in the Hospital.	
h. Bed occupancy on the day of Inspections.	
i. Furnish bed occupant percentage for the last one year	
j. Furnish details of distribution of bed strength in various specialities in the hospital.	
k. Furnish binding evidence for providing necessary facilities for imparting training to the students has been furnished by tie-up hospital. (copy of the current consent letter to be enclosed).	
l. Letter from the tie-up hospital regarding tie-up arrangements has given to any other affiliated institutions. If so, mention the name of such institution.	
m. A whether set up field teaching center is available close to the institution.	Yes / No

<p>24.</p>	<p><u>CLINICAL ANCILLARY FACILITIES</u></p> <p><u>The following ancillary facilities of high standard shall also be available for patient care:-</u></p> <p><u>Ensure the following:-</u></p> <ol style="list-style-type: none"> 1. Central Stream Sterilisation. 2. Preventive Maintenance of Physical facilities. 3. Central linen supply. 4. Sanitation. 5. House keeping Department. 6. Messenger services for pharmacy, laboratories, X-ray, Radiotherapy, blood Bank. 7. Trolley services for diet. 8. Incinerator. 9. Infection Control. 10. Quality Assurance 11. Records and reports <ul style="list-style-type: none"> - Nurse – licensure to practice - Nurse – Patient ratio - Nurse–Supervisor ratio - Nursing Superintendent <p style="margin-left: 150px;">} as per } INC } Norms</p>	
<p>25.</p>	<p><u>LIBRARY</u></p> <p>Details regarding total number of books/journals available for Nursing course in different specialties available for the students (List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library)</p> <ol style="list-style-type: none"> a) Name of the Librarian b) Qualification c) Experience d) Accommodation capacity e) Seating Arrangements 	<p>Total No. of Books :</p> <p>Total No. of titles :</p> <p><u>Journals</u> (Subscribed) :</p> <p>No. of Indian Journals :</p> <p>No. of International Journals :</p>

	f) Furniture details g) Facilities – Xerox, Internet, Reference Section, Good Lighting and Ventilation, etc.,			
26.	<u>GENERAL EQUIPMENTS</u> 1. Xerox Machine 2. Computer with Accessories 3. Calculators 4. Fast Copier Xerox Machine 5. Lap Top including Printing facility 6. Data Card 7. Pentium – IV Computer/Laptop Computer with Windows 2000/Windows XP with Internet explorer/Mozilla Firefox, Adobe Acrobat Reader, Antivirus software - 2 Nos. 8. Laser Printer / Inkjet Printer – 2 Nos. 9. 1 KVA UPS with min. of 2 hours of backup - 2 Nos. 10. Copier machine with min. of 90 PPM - 1 No. 11. Broadband Internet - 1 No. 12. Fax Machine - 1 No. 13. Wireless Phone such as Tata Indicom) with Internet cable/USB wireless Internet Data Card (as alternative to Broadband Internet failure) – 1 No. 14. Power Generator - 1 No. 15. Others	<u>Required</u>	<u>Available</u>	<u>Shortfall</u>
27.	LABORATORY Nursing Foundation Lab to accommodate 10 beds with necessary facilities for demonstration of Nursing Procedures (50 x 30 sq.ft.)	Required	Available	Shortfall
	Nutrition Lab (30 x 30 sq.ft.)	1		
	Microbiology and Pathology Lab (30 x 30 sq.ft.)	1		
	Anatomy Lab (Museum) (30 x 30 sq.ft.)	1		

	Physiology and Bio-Chemistry Lab (30 x 30) sq.ft.	1		
	Community Health Nursing Lab (30 x 30 sq.ft.)	1		
	M.C.H. Lab (30 x 30 sq.ft.)	1		
	Computer Lab (50 x 30 sq.ft.)	1		
28.	<p><u>AUDIO VIDEO EQUIPMENTS</u></p> <p><u>NOTE:-</u> 600 sq.ft room is required for AV aids equipment as per the norms of Indian Nursing Council.</p> <p>a) LCD b) Over Head Projector c) Slide Projector d) Film Projector e) Tape Recorder f) Others</p> <p><u>Note:</u> List of equipments to be enclosed.</p>			
29.	<p><u>TRANSPORT FACILITIES</u></p> <p>Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed</p>			
30.	<p><u>FURNITURE</u></p> <p>Details of Furniture available in the Nursing College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc.,</p> <p>(List of Furniture to be enclosed).</p>			
31.	<p><u>TEACHING FACULTY</u></p> <p><u>NOTE:</u> Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor should be followed as per the norms of the Indian Nursing Council , New Delhi.</p> <p>The following evidences to be furnished in the enclosed format.</p> <ol style="list-style-type: none"> 1. Age, Year of Qualification and Institution, Registration Number, Speciality (if M.Sc(N)), Teaching experience, appointment order, Joining report to be mentioned in the faculty list. 2. Recent Passport size colour Photograph to be affixed in the Form B. 3. Relevant documents should be submitted along with the duly filled in Form B 4. Faculty members should be available in all the specialities. 			

5. No Part time Nursing faculty will be counted for calculating total no. of faculty required for a college.

6. All Faculty position should be maintained irrespective of number of admissions

7. Teacher Student Ratio to be maintained.

8. Part-time teachers should be available for the subjects Psychology, Nutrition , English, Anatomy, Physiology, Bio-chemistry, Pharmacology, Microbiology, Pathology, Sociology, Computer etc.,

Sl. No.	Designation	B.Sc(N) 40-60 Students	B.Sc(N) 61-100 Students	Required	Available	Shortfall
1	Principal	1	1			
2	Vice-Principal	1	1			
3	Professor	0	1			
4	Associate Professor	2	4			
5	Assistant Professor	3	6			
6	Tutor	10-18	19-28			

Sl. No.	Designation	B.Sc(N) 40-60 Students	P.B.B.Sc(N) 20-60 Students	Required	Available	Shortfall
1	Prof. cum Principal	1	0			
2	Prof. cum Vice-Principal	1	0			
3	Professor	0	0			
4	Associate Professor	2	0			
5	Assistant Professor	3	2			
6	Tutor	10-18	2-10			

Sl. No.	Designation	B.Sc(N) 40-60 Students	P.B.B.Sc(N) 20-60 Students	M.Sc.(N) 10-25 Students	Required	Available
1	Prof. cum Principal	1	0			
2	Prof. cum Vice-Principal	1	0			
3	Professor	0	0	1*		
4	Associate Professor	2	0	1*		
5	Assistant Professor	3	2	3**		
6	Tutor	10-18	2-10			

* 1:10 teacher student ratio for M.Sc.(N)

** M.Sc.(N) teachers shall have 3 year's experience after M.Sc.(N)

	<p>b. After Physically verifying, the list of Nursing Faculty with details of Age, Year of Qualification and University, Registration Number of entire Qualification, Teaching experience, appointment order, Joining report, branch of Speciality for (M.Sc(N)), Recent Passport size Photograph along with the duly filled in Form B, Copy of relevant documents submitted by faculty to be enclosed.</p> <p>c. Whether any faculty has been appointed after the last inspection.</p> <p>d. If so, whether it was informed to the University.</p> <p>e. If informed, Copy of the details furnished by the institution to the University (copy to be enclosed).</p> <p>f. If not informed, mention the reason.</p>	<p>i. The enclosures to be arranged as per the Faculty list annexed to Form-B</p> <p>ii. The Form-B to be filled up by the individual.</p> <p style="text-align: center;">Yes / No</p> <p style="text-align: center;">Yes / No</p> <p>Institution Lr.No.:.....</p> <p>Date:</p> <p>Reason:.....</p>		
	<p>g. List of Part-time teachers to be enclosed.</p>	<p>No. of Part-Time Teachers.</p>		
<p>32.</p>	<p>Percentage of pass in the final year exam of B.Sc.(N) Degree Course fir the last three years</p>	<p>Year I</p>	<p>Year II</p>	<p>Year III</p>
<p>33.</p>	<p><u>REDUCTION OF SANCTIONED STRENGTH</u> Furnish the details of Reduction of sanctioned strength if any</p>	<p>No. of seats Reduced</p>	<p>Year</p>	<p>University Lr. No.and date</p>

38. GENERAL REQUIREMENTS:-

- | | |
|---|---|
| 1. Whether the Number of admission is based on the number of intake sanctioned . | No. of intake sanctioned.....
No. of admissions made |
| 2. Whether Ratio of Faculty and Students is followed as per the norms prescribed by the Indian Nursing Council, New Delhi . | Yes / No

Yes / No |
| 3. Whether Ratio of Student and Patients is followed as per the norms prescribed by the Indian Nursing Council, New Delhi | Yes / No |
| 4. Whether the adequate Office/ Ministerial Staff is available. | Yes / No |
| 5. Whether adequate staff are available for the maintenance of the hostel. | Yes / No |
| 6. Whether the institution is involved in inspection / examination / valuation of answer papers of this University. | Yes / No |

39. OBSERVATION OF THE INSPECTION COMMISSION

- | | |
|---|-------------------------------|
| a) Whether the Institution/College has fulfilled all the requirements to grant provisional affiliation for starting B.Sc.(Nursing) degree course. | Yes / No |
| b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any. | (Furnish in a separate sheet) |

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE CONVENOR:

(NAME IN BLOCK LETTERS) (.....)

(To be furnished in the Rs.100/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)

SWORN AFFIDAVIT

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting B.Sc. (Nursing) degree course at the college at run by Trust.

Sl.No.	Lands registered under document No. and date	Survey No.	Land in Acres	Location of the lands

Signature of the Managing Trustee
with Seal & date

Signature of Notary Public
with seal & date

DETAILS OF THE TEACHING FACULTY

Name	Date of Birth (Age)	Qualification	Year of passing	Council Registration No.	Teaching Experience	Date of Joining in the present Institution / Post
		UG PG	UG PG	UG PG	UG PG	
Professor –cum Principal						
Professor –cum Vice-Principal						
Reader/Associate Professor						
Sl No						
Lecturer						
Sl No						
Tutor/Clinical Instructor						
Sl No						
Part – Time Teachers						
Sl No						

Certified that the details furnished above are verified and found to be correct.

Signature of the Principal