

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

M.Sc.(NURSING) DEGREE COURSE

INSPECTION REPORT

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

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

M.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

9. 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.

a) State whether the college is conducting **M.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

12.	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 M.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 M.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 I M.Sc (N) Degree Courses and sanctioned intake.	<table border="1"> <thead> <tr> <th data-bbox="946 1529 1382 1648">Name of the Speciality</th> <th data-bbox="1390 1529 1581 1648">No. of sanctioned Intake</th> </tr> </thead> <tbody> <tr> <td data-bbox="946 1660 1382 1701">1.</td> <td data-bbox="1390 1660 1581 1701"></td> </tr> <tr> <td data-bbox="946 1712 1382 1754">2.</td> <td data-bbox="1390 1712 1581 1754"></td> </tr> <tr> <td data-bbox="946 1765 1382 1806">3.</td> <td data-bbox="1390 1765 1581 1806"></td> </tr> <tr> <td data-bbox="946 1818 1382 1859">4</td> <td data-bbox="1390 1818 1581 1859"></td> </tr> <tr> <td data-bbox="946 1871 1382 1912">5.</td> <td data-bbox="1390 1871 1581 1912"></td> </tr> <tr> <td data-bbox="946 1924 1382 1965"></td> <td data-bbox="1390 1924 1581 1965"></td> </tr> <tr> <td data-bbox="946 1976 1382 2018"></td> <td data-bbox="1390 1976 1581 2018"></td> </tr> <tr> <td data-bbox="946 2029 1382 2091" style="text-align: right;">Total</td> <td data-bbox="1390 2029 1581 2091"></td> </tr> </tbody> </table>	Name of the Speciality	No. of sanctioned Intake	1.		2.		3.		4		5.						Total		
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4																					
5.																					
Total																					

				B.Sc.(N)	PB B.SC(N)
		Year of commencement	No. of sanctioned Intake		
17.	No. of candidates registered for the Last three years	Quota	Year-I	Year - II	Year - III
		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			
<p>19. <u>READY BUILT AREA</u> : (Basic Requirement for B.Sc(N) with 60 Annual Intake)</p> <p>Total Ready Built Area for B.Sc. (N) / PB B.Sc.(N) :</p> <p>M.Sc. (N) :</p> <p align="center">(a) TEACHING BLOCK</p>					
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		
	<u>Exclusively for M.Sc. (N)</u>			
	i. Class Room	2 x 500 sq.ft For each speciality		
	ii. Seminar Room	500		
(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.		
<ul style="list-style-type: none"> • 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>e. i) Copy of the Building Plan approved by the CMDA / DTCP for Teaching Block and Hostel Block along with the CMDA / DTCP Proceedings copy duly indicating the Office reference No. with date & Office Seal. ii) Structural Stability Certificate and Building Completion Certificate for Teaching and Hostel Block issued by the Government Engineer / PWD Engineer / Collectorate Panel Engineer / Licensed Surveyor along with the Proceedings copy issued by the Government Authority. iii) Up to date Encumbrance Certificate. iv) Fire and Safety Certificate. v) Sanitary Certificate.</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 M.Sc(N) degree 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 : ii. Proof of Ownership</p> <p>Whether the hostel facility is provided separately for Boys and Girls</p>	<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</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>																			
<table border="1"> <thead> <tr> <th colspan="4">No. of Rooms</th> </tr> <tr> <th></th> <th>B.Sc.(N)</th> <th>PB B.Sc.(N)</th> <th>M.Sc. (N)</th> </tr> </thead> <tbody> <tr> <td>Girls</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Boys</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		No. of Rooms					B.Sc.(N)	PB B.Sc.(N)	M.Sc. (N)	Girls				Boys							
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<p>21.</p>	<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>																			
<p>22.</p>	<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 Address:</p>
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	<p>c. List of Sports articles provided to the Nursing students by the college.</p>	
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<p>23.</p>	<p><u>HOSPITAL ARRANGEMENTS:</u> a. Whether the Trust has Own / Tie-up Hospital is having not less than 300 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. Furnish Xerox copy of licence given by the Government to set up the Own Hospital</p>	<p><u>Own Hospital</u> Name : License / Registration No. Dt. Full Address :</p>
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<u>b. Tie-up Hospital</u> (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

24. **CLINICAL ANCILLARY FACILITIES**

The following ancillary facilities of high standard shall also be available for patient care:-

Ensure the following:-

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
- Nurse – licensure to practice
 - Nurse – Patient ratio as per
 - Nurse–Supervisor ratio INC
 - Nursing Superintendent Norms

25. **LIBRARY**

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)**

Total No. of Books :

Total No. of titles :

Journals (Subscribed) :

No. of Indian Journals :

No. of International Journals :

- a) Name of the Librarian
- b) Qualification
- c) Experience

	<p>d) Accommodation capacity</p> <p>e) Seating Arrangements</p> <p>f) Furniture details</p> <p>g) Facilities – Xerox, Internet, Reference Section, Good Lighting and Ventilation, etc.,</p>			
26.	<p><u>GENERAL EQUIPMENTS</u></p> <ol style="list-style-type: none"> 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.	<p>LABORATORY</p> <p>Nursing Foundation Lab to accommodate 10 beds with necessary facilities for demonstration of Nursing Procedures (50 x 30 sq.ft.)</p>	Required	Available	Shortfall
		1		

	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.	<u>AUDIO VIDEO EQUIPMENTS</u> <u>NOTE:-</u> 600 sq.ft room is required for AV aids equipment as per the norms of Indian Nursing Council. a) LCD b) Over Head Projector c) Slide Projector d) Film Projector e) Tape Recorder f) Others <u>Note:</u> List of equipments to be enclosed.			
29.	<u>TRANSPORT FACILITIES</u> Transportation facilities like Type of vechicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed			
30.	<u>FURNITURE</u> Details of Furniture available in the Nursing College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to be enclosed).			
31.	<u>TEACHING FACULTY</u> The applicant college shall have the following staff members as per the norms prescribed by Indian Nursing Council for the first year M.Sc.(N) degree course. Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per the norms of the Indian Nursing Council , New Delhi.			

The following evidences to be furnished in the enclosed format.

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

NOTE:

1. Faculty members should be available in the speciality (offered) with minimum level of Reader for M.Sc (N) Program besides having **Principal and Vice Principal** of College of Nursing.

2. Teacher Student Ratio to be maintained as 1:10 and 1:5 for B.Sc(N) and M.Sc(N) respectively.

3. A College proposing to start post-graduate programme in Nursing must have atleast one Professor in position who shall be incharge of the programme.

4. It is desirable that the teachers of Post-Graduate Programme in Nursing possessing M.Phil or Doctorate Degree.

5. Faculty with M.Sc(N) shall participate in both under-graduate and post-graduate programmes.

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

7. Part-time teachers should be at the level of Professor / Asst.Professor –(Community Medicine, Epidemiology, Statistics, Embryology Medicine, Surgery, Paediatrics, Obstetrics, Psychiatry etc.)

The norms of staffing pattern of College of Nursing

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	Shortfall
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>Reson:.....</p>		
<p>g. List of Part-time teachers to be enclosed.</p>	<p>No. of Part-Time Teachers.</p>		
<p>32. Percentage of pass in the final year exam of M.Sc.(N) Degree Course fir the last three years</p>	<p>Year I</p>	<p>Year II</p>	<p>Year III</p>
<p>33. <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>
<p>34. <u>SECURITY DEPOSIT</u></p>			
<p>Instal ment</p>	<p>Amount</p>	<p>FDR No. & Date</p>	<p>Bank Address</p>
<p>I</p>			<p>Maturity Date</p>
<p>II</p>			<p>Whether Refunded to the Institution</p>

35.	<p><u>PAST DEFICIENCIES:</u></p> <p>a. Details of rectification of past deficiencies observed by the previous year Inspection Commission (Please furnish remarks item wise in a separate sheet and enclose along with the inspection report)</p> <p>b. (The college should furnish the deficiencies pointed out in the previous year Inspection Report and the rectification report submitted by them to the University for verification by the Inspection Team, the Inspection team must verify the Rectification Report and furnish the details about the rectification done by the college.</p>	(To be furnished in a separate sheet annexed)
36.	<p><u>INSPECTION FEES</u> Payment of prescribed fees for current Inspection. (Copy to be enclosed)</p>	Amount paid Rs.
37.	<p>UNIVERSITY ADMINISTRATIVE EXPENSES FEE</p>	Remitted upto the year ----- Amount :
38.	<p><u>GENERAL REQUIREMENTS:-</u></p> <p>1. Whether the Number of admission is based on the number of intake sanctioned .</p> <p>2. Whether Ratio of Faculty and Students is followed as per the norms prescribed by the Indian Nursing Council, New Delhi.</p> <p>3. Whether Ratio of Student and Patients is followed as per the norms prescribed by the Indian Nursing Council, New Delhi</p> <p>4. Whether the adequate Office/ Ministerial Staff is available.</p>	No. of intake sanctioned..... No. of admissions made <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

	<p>5. Whether adequate staff are available for the maintenance of the hostel.</p> <p>6. Whether the institution is involved in inspection / examination / valuation of answer papers of this University.</p>	<p>Yes / No</p> <p>Yes / No</p>
39.	<p><u>OBSERVATION OF THE INSPECTION COMMISSION</u></p> <p>a) Whether the Institution/College has fulfilled all the requirements to grant provisional affiliation for starting M.Sc. (Nursing) degree course.</p> <p>b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.</p>	<p>Yes / No</p> <p>(Furnish in a separate sheet)</p>

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

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

SIGNATURE OF THE CONVENOR:

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

(To be furnished in the Rs.20/- 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
Professor –cum Principal						
		UG PG	UG PG	UG PG	UG PG	
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