

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

BASIC B.Sc. (NURSING) DEGREE COURSE

INSPECTION REPORT

**FOR THE GRANT OF PERMISSION FOR THE
INCREASE OF SEATS IN
BASIC B.Sc. (NURSING) DEGREE COURSE**

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

B.Sc (NURSING) DEGREE COURSE

PERMISSION FOR THE INCREASE OF INTAKE

INSPECTION REPORT FOR THE ACADEMIC YEAR - _____

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| 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 : |

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| 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. | 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 to start the B.Sc. Nursing degree course. (Copy of letter to be enclosed). | INC Lr.No. : Dated : Annual Intake : Academic year : |

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| 14. | University letter in which the Provisional Affiliation was issued for starting B.Sc.(N) degree course (Copy of letter to be enclosed) | Proc.No. : Dated : |
| 15. | Approval of the Indian Nursing Council, New Delhi for the increase of intake in B.Sc. Nursing degree course. (Copy of letter to be enclosed). | INC Lr.No. : Dated : Increase of Intake : Academic year : |
| 16. | a. Annual intake sanctioned b. Increase of intake proposed | |

17. READY BUILT AREA : (Basic Requirement for B.Sc(N) with 60 Annual Intake)

(a) TEACHING BLOCK

| Sl. No. | Teaching Block | Area Required (in Sq feet) for 50 seats | Already available | Additional area provided for the increase of intake | Shortfall if any. |
|---------|----------------------------------------|-----------------------------------------|-------------------|-----------------------------------------------------|-------------------|
| 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 | | | |

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|-------|---------------------------------------|---------------|--|--|--|
| 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) | Already available | Additional area provided for the increase of intake | Shortfall if any. |
|---------|-------------------|------------------------------------------------------|-------------------|-----------------------------------------------------|-------------------|
| 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.

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| | <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. Copy of the approved building plan of the Teaching Block and Hostel Block by the Competent Municipal / Panchayat authority duly indicating the office ref.no. with date, Office seal and covering letter for the approval. (Copy of reference to be enclosed)</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>18.</p> | <p><u>HOSTEL</u> 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>The Hostel is Within the Campus / Outside the Campus If it is outside furnish full address</p> <p>iii. Agreement between</p> |

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| | Whether the hostel facility is provided separately for Boys and Girls | and iv. Date of Agreement made v. Expiry of Agreement vi. Years of Agreement Girls : No. of Rooms Boys : No. of Rooms |
| 19. | <u>RESIDENTIAL QUARTERS</u> Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside. | Within the College campus / Outside If it is outside furnish full address |
| 20. | <u>EXTRA CURRICULAR</u> a. Whether adequate space and equipment have been provided for extra curricular activities for the students. | |
| | b. Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available? | If it is outside the college campus Address: |
| | c. List of Sports articles provided to the Nursing students by the college. | |

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| 21. | <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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| <u>b. Tie-up Hospital (Furnish the upto date tie-up binding evidence)</u> | | | | |
|----------------------------------------------------------------------------------|--------------|---------------------------------------------|------------------|----|
| Name of the Hospital | Bed Strength | Consent Lr.No. & Dt. Issued by the Hospital | Period of Tie-up | |
| | | | From | To |
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| <p>c. Number of Bed strength available in the Own Hospital</p> | |
| <p>d. Whether the clinical facilities has proportionately increased for the proposed increase of intake</p> | <p>Yes / No</p> |

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| 23. | <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> <p>a) Name of the Librarian b) Qualification c) Experience d) Accommodation capacity e) Facilities – Xerox, Internet, Reference Section, Good Lighting and Ventilation, etc.,</p> | <p>Total No. of Books :</p> <p>Titles :</p> <p><u>Journals</u> (Subscribed) :</p> <p>No. of Indian Journals :</p> <p>International Journals</p> <p>Seating Arrangements</p> <p>Furniture's</p> | Already available | Additionally provided for the increase of intake | Shortfall if any. |
| 24. | <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. | <u>Required</u> | <u>Available</u> | <u>Shortfall</u> | |

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| | 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 | | | |
| 25. | <u>LABORATORY</u> | Required | Available | Shortfall |
| | Nursing Foundation Lab to accommodate 10 beds with necessary facilities for demonstration of Nursing Procedures (50 x 30 sq.ft.) | 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 | | |
| | Details of Lab facilities additionally provided for the proposed increase of intake. | | | |
| 26. | <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 | | | |

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| | enclosed. | |
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| 27. | <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> | |
| 28. | <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> | |
| 29. | <p><u>TEACHING FACULTY</u></p> <p>The applicant college shall have the teaching faculty for the increase of intake in B.Sc. (N) degree course as per the norms prescribed by Indian Nursing Council, New Delhi.</p> <p><u>NOTE:</u> Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor 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. (Minimum one in each 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 , | |

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| | English, Anatomy, Physiology, Bio-chemistry, Pharmacology, Microbiology, Pathology, Sociology, Computer etc., |
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| <u>Basic B.Sc.(Nursing)</u> | | | |
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| Designation | Required | Available | Shortfall |
| Professor –cum Principal | 1 | | |
| Professor –cum Vice-Principal | 1 | | |
| Reader/Associate Professor | 1 | | |
| Lecturer | 5 | | |
| Tutor/Clinical Instructor | 14 | | |
| Total | 22 | | |
| Teacher Student Ratio– 1:10 | | | |
| <u>Basic B.Sc.(N) -50 & Post Basic B.Sc.(N)-30</u> | | | |
| Designation | Required | Available | Shortfall |
| Professor –cum Principal | 1 | | |
| Professor –cum Vice-Principal | 1 | | |
| Reader/Associate Professor | 2 | | |
| Lecturer | 6 | | |
| Tutor/Clinical Instructor | 18 | | |
| Total | 28 | | |
| Teacher Student Ratio: 1:10 | | | |
| <u>Basic B.Sc.(N) -50 , Post Basic B.Sc.(N) – 30 & M.Sc.(N) – 10</u> | | | |
| Designation | Required | Available | Shortfall |
| Professor –cum Principal | 1 | | |
| Professor –cum Vice-Principal | 1 | | |
| Reader/Associate Professor | 5 | | |
| Lecturer | 7 | | |
| Tutor/Clinical Instructor | 18 | | |
| Total | 32 | | |
| Teacher Student Ratio : Basic & Post Basic B.Sc.(N) – 1:10 | | M.Sc.(N) - 1:5 | |
| <u>B.Sc.(N) - 50 & M.Sc.(N) - 10</u> | | | |
| Designation | Required | Available | Shortfall |
| Professor –cum Principal | 1 | | |
| Professor –cum Vice-Principal | 1 | | |
| Reader/Associate Professor | 5 | | |
| Lecturer | 5 | | |
| Tutor/Clinical Instructor | 14 | | |
| Total | 26 | | |
| Teacher Student Ratio : Basic B.Sc.(N) – 1:10 | | M.Sc.(N) - 1:5 | |

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| | <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. List of Part-time teachers to be enclosed.</p> | |
| 30. | <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> <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>No. of intake sanctioned.....</p> <p>No. of admissions made</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> |
| 31. | <p><u>GOVERNMENT ENDOWMENT:</u> Whether Trust/ Society has created a required endowment for running the course in the joint Name of The Director of Medical Education, Chennai Vide G.O.Ms.No.758 Health and Family Welfare Department dated 27.05.91 (Copy to be enclosed)</p> | |

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| 32. | <p><u>EARMARKED ASSETS</u> Details of earmarked assets and resources exclusively available to run the Nursing College. (Produce copy of evidence like Fixed Deposit receipts etc.)</p> | <p>FDR created in the Name of the Trust only.</p> <p>FDR No.</p> <p>Amount</p> <p>Bank</p> <p>Date of Deposit</p> <p>Date of Maturity</p> |
| 33. | <p><u>FINANCIAL SOUNDNESS</u> The Management of the Nursing college shall show evidence of an annual income of not less than Rs.10,00,000/- (Rupees Ten Lakhs Only) to facilitate the proper running of the Nursing College.</p> | |
| 34. | <p>Whether the applicant college shall furnish the budget for first year program and a separate budget is proposed which will meet the expenditure for the fulfillment of the requirements prescribed for the second year program. (Copy to be enclosed)</p> | <p style="text-align: center;">Yes / No</p> <p>Last year Audited budget - Year</p> <p style="text-align: right;">Amount</p> <p>Current year Proposed budget - Year</p> <p style="text-align: right;">Amount</p> |
| 35. | <p><u>BALANCE SHEET</u> Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Nursing College. (Copy to be enclosed).</p> | <p>Issued by</p> <p>Dated</p> <p>Chartered Accountant Regn. No.</p> |
| 36. | <p>Payment of prescribed fees for current Inspection. (Copy to be enclosed)</p> | <p>Amount paid Rs.</p> |

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| 37. | <p><u>OBSERVATION OF THE INSPECTION COMMISSION</u></p> <p>a) Whether the Institution/College has fulfilled all the requirements to grant Permission for the increase of intake in B.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> |
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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 |
|--------|----------------------------------------------|------------|---------------|-----------------------|
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| | | | | |

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

Signature of the Principal