

**Rajasthan University of Health Sciences, Jaipur**  
**Faculty of Nursing**

**FORM FOR REPORT OF THE INSPECTION OF NURSING COLLEGES**

Session 20....-20....

Date of Inspection .....

1. RUHS Inspection order no.....date.....

**Annexure-1**

2. Type of inspection
- 1. First inspection
  - 2. Renewal inspection
  - 3. Any other

3. Nursing Programme: -
- 1. B. Sc. Nursing  Sanctioned Seats
  - 2. P. B. B. Sc. Nursing  Sanctioned Seats
  - 3. M.Sc. Nursing  Sanctioned Seats

**4. Details of Nursing College : -**

**Annexure-2**

|  | Details filled by the Institution |              |  | Remark of the Inspectors | Remarks of the Scrutiny Committee |
|--|-----------------------------------|--------------|--|--------------------------|-----------------------------------|
| Name of Institute with Address with pin code |                                   |              |  |                          |                                   |
| Phone no.(s). with STD code                  |                                   | Fax no. (s). |  |                          |                                   |
| E-mail                                       |                                   | Website      |  |                          |                                   |

(Please attach latest month electricity / telephone bill copy for address verification.)

**5. Details of the Management- Society/ Trust/ Company/or other Body (to be specified clearly):-**

(In case of Private Body, please attach a copy of Registration Deed along with list of members of the Apex Managing Body and a copy of constitution thereof)

**Annexure-3**

| Particulars   | Details filled by the Institution |                 |  | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---|-----------------------------------|-----------------|--|---------------------------|-----------------------------------|
| Name  |                                   |                 |  |                           |                                   |
| Specify nature - Whether Govt./ Society/ Trust/ Company/or other Body |                                   |                 |  |                           |                                   |
| Registration no. and date   |                                   |                 |  |                           |                                   |
| Address with pin code   |                                   |                 |  |                           |                                   |
| Phone no.(s). with STD code   |                                   | Fax no.(s).     |  |                           |                                   |
| E-mail  |                                   | Website         |  |                           |                                   |
| Name and contact no(s). of President/ Chairman                        |                                   | Contact No.(s). |  |                           |                                   |
| Name and contact no.(s). of Secretary                                 |                                   | Contact No.(s). |  |                           |                                   |

## 6. Details of Affiliation Fee paid :-

Annexure-4

| S. No. | Course | Session | Intake Seats | Affiliation Fee paid to RUHS |          |      | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|--------|---------|--------------|------------------------------|----------|------|---------------------------|-----------------------------------|
|        |        |         |              | Amount                       | D.D. No. | Date |                           |                                   |
| 1      |        |         |              |                              |          |      |                           |                                   |
| 2      |        |         |              |                              |          |      |                           |                                   |
| 3      |        |         |              |                              |          |      |                           |                                   |

7.

## (a) Year of First Permission for the course by Govt. of Rajasthan, INC, and RUHS

(Attach a copy of permission letter)

Annexure-5

| S. No. | Authority          | Session | Permitted Intake Seats  | Letter No. | Date | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|--------------------|---------|---|------------|------|---------------------------|-----------------------------------|
| 1.     | Govt. of Rajasthan |         | B.Sc. Nursing _____<br>PB B.Sc. nursing _____<br><u>M.Sc. Nursing</u><br>Medical surgical nursing _____<br>Child health nursing _____<br>Mental health nursing _____<br>OBG & Gynae nursing _____<br>Community health nursing _____ |            |      |                           |                                   |
| 2.     | INC                |         |   |            |      |                           |                                   |
| 3.     | RUHS               |         |   |            |      |                           |                                   |
| 4.     |                    |         |   |            |      |                           |                                   |
| 5.     |                    |         |   |            |      |                           |                                   |

**(b) Subsequent renewals, if any, by Govt. of Rajasthan, INC, and RUHS: -**

(Please attach a copy of renewal letter(s))

**Annexure-6**

| S. No. | Authority | Session | Permitted Intake Seats   | Letter No. | Date | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|-----------|---------|--|------------|------|---------------------------|-----------------------------------|
| 1.     |           |         | B.Sc. Nursing _____<br>PB B.Sc. nursing _____<br>M.Sc. Nursing _____<br>Medical surgical nursing _____<br>Child health nursing _____<br>Mental health nursing _____<br>OBG & Gynae nursing _____<br>Community health nursing _____ |            |      |                           |                                   |
| 2.     |           |         |  |            |      |                           |                                   |
| 3.     |           |         |  |            |      |                           |                                   |
| 4.     |           |         |  |            |      |                           |                                   |
| 5.     |           |         |  |            |      |                           |                                   |

**8. Details of Principal of the College :-****Annexure -7**

|  | Details filled by the Institution | Subject Specialty | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--|-----------------------------------|-------------------|---------------------------|-----------------------------------|
| Name of the Principal with Residential Address |                                   |                   |                           |                                   |
| Telephone No.(s). (Off.)                       |                                   |                   |                           |                                   |
| Telephone No.(s). (Res.)                       |                                   |                   |                           |                                   |
| Mobile No.(s)                                  |                                   |                   |                           |                                   |
| Fax No.(s).                                    |                                   |                   |                           |                                   |
| E-mail   |                                   |                   |                           |                                   |
| College Website                                |                                   |                   |                           |                                   |

## 9. Details of teaching faculty:

Annexure -8

| Sr. No. | Name of Faculty | Designation | D.O.B. | Date Of joining | Name of the institution, university, year of passing |                  |                |      | R.N. R.M. No. | Years of teaching experience   |                      | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|-----------------|-------------|--------|-----------------|--|------------------|----------------|------|---------------|--------------------------------|----------------------|---------------------------|-----------------------------------|
|         |                 |             |        |                 | B. Sc. Nursing                                       | P B B Sc Nursing | M. Sc. Nursing | Ph D |               | After B.Sc. / P B B Sc Nursing | After M. Sc. Nursing |                           |                                   |
|         |                 |             |        |                 |  |                  |                |      |               |                                |                      |                           |                                   |

- The Above required information should be provided in separate sheet.
- Please attach online INC website faculty submission copy.
- Two Group Photos of Teaching duly verified by the Principal with date along with name of each individual on the photograph.
- Individual photos of all staff, duly verified by the Principal with date along with name of each individual on the photograph.
- Photocopy of PAN Card/ Aadhar Card/ Voter ID Card & present address proof of all faculty.
- Attach their appointment/ joining letter, qualification certificate, experience certificate & relieving order from previous institution.
- Photocopy of attendance register of last 6 month.
- Please attach original affidavit of Rs-10 NJS regarding not working in any other institution from each faculty member. (Govt. Institute Exempted)

## 10. Details of Part time /External teachers

Please attach consent letter along with attendance of class

Annexure -9

| Sr. No | Name External Teacher | Qualification | Subject | Hours allotted | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|-----------------------|---------------|---------|----------------|---------------------------|-----------------------------------|
| 1      |                       |               |         |                |                           |                                   |
| 2.     |                       |               |         |                |                           |                                   |
| 2      |                       |               |         |                |                           |                                   |
| 4      |                       |               |         |                |                           |                                   |
| 5      |                       |               |         |                |                           |                                   |

## 11. Details of students in each nursing programme:

Annexure -10

| Programme     |                            | I Year | II Year | III Year | IV Year | Total | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------------|----------------------------|--------|---------|----------|---------|-------|---------------------------|-----------------------------------|
| B.Sc.(N)      | Male                       |        |         |          |         |       |                           |                                   |
|               | Female                     |        |         |          |         |       |                           |                                   |
| P.B. B.Sc.(N) | Male                       |        |         |          |         |       |                           |                                   |
|               | Female                     |        |         |          |         |       |                           |                                   |
| M.Sc.(N)      | Medical Surgical Nursing   | Male   |         |          |         |       |                           |                                   |
|               |                            | Female |         |          |         |       |                           |                                   |
|               | (Child Health Nursing)     | Male   |         |          |         |       |                           |                                   |
|               |                            | Female |         |          |         |       |                           |                                   |
|               | (Mental Health Nursing)    | Male   |         |          |         |       |                           |                                   |
|               |                            | Female |         |          |         |       |                           |                                   |
|               | (OBG & Gynae Nursing)      | Male   |         |          |         |       |                           |                                   |
|               |                            | Female |         |          |         |       |                           |                                   |
|               | (Community Health Nursing) | Male   |         |          |         |       |                           |                                   |
|               |                            | Female |         |          |         |       |                           |                                   |

- Note: Students details to be enclosed (name, father's name, date of birth, date of joining, enrolment no. from RUHS)

**12. Details Of Office Staff :****Annexure -11**

| <b>Sr. No.</b> | <b>Designation</b>        | <b>No. of Available staff</b> | <b>Remarks of the inspectors</b> | <b>Remarks of the Scrutiny Committee</b> |
|----------------|---------------------------|-------------------------------|----------------------------------|--|
| 1              | UDC                       |                               |                                  |  |
| 2              | . L.D.C.                  |                               |                                  |  |
| 3              | Stenographer/P.A.         |                               |                                  |  |
| 4              | Accountant cum cashier    |                               |                                  |  |
| 5              | Librarian                 |                               |                                  |  |
| 6              | Assistant Librarian       |                               |                                  |  |
| 8              | Peon/office attendant     |                               |                                  |  |
| 9              | Security Guard/ Chowkidar |                               |                                  |  |
| 10             | Driver                    |                               |                                  |  |
| 11             | Cleaner (Bus)             |                               |                                  |  |
| 12             | Sweeper                   |                               |                                  |  |

(Please attach copy of appointment letters, group photographs of office staff)

**13 Details Of Hostel Staff****Annexure -12**

| <b>Sr. No.</b> | <b>Designation</b> | <b>No. of available staff</b> | <b>Remarks of inspectors</b> | <b>Remarks of scrutiny committee</b> |
|----------------|--------------------|-------------------------------|------------------------------|--------------------------------------|
| 1              | Warden             |                               |                              |                                      |
| 2              | House Keeper       |                               |                              |                                      |
| 3              | Cooks              |                               |                              |                                      |
| 4              | Bearer             |                               |                              |                                      |
| 5              | Sweeper            |                               |                              |                                      |
| 6              | Chowkidar          |                               |                              |                                      |
| 8              | Peon/ Ayah         |                               |                              |                                      |
| 9              | Mali/ Gardner      |                               |                              |                                      |
| 10             | Washer man /Dhobi  |                               |                              |                                      |
| 11             | Cleaner (Bus)      |                               |                              |                                      |

(Please attach joining letter and group photographs)

## 14 Land and Building: - (Only for first inspection or any change of address)

## Annexure -13

| S. No. | Particulars   |                            | Details filled by the Institution        | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|---|----------------------------|--|---------------------------|-----------------------------------|
| 1      | Total Land Area (in sq. ft)   |                            |  |                           |                                   |
| 2      | Build - up area of building (in sq. ft)<br>(Building Completion Certificate by Authority & diaper sheet to be attached)               |                            | 1. Teaching Block .....                  |                           |                                   |
|        |   |                            | 2. Boys Hostel .....                     |                           |                                   |
|        |   |                            | 3. Girls Hostel .....                    |                           |                                   |
|        |   |                            | <b>Total Build up area.....</b>          |                           |                                   |
| 3      | Is the Building owned or on lease (if owned, please attach ownership title deed and if on lease, please attach lease/ deed agreement) |                            |  |                           |                                   |
| 4      | Layout of floor with area of individual spaces (in Sq ft.)<br>Blueprint of Building to be attached. (visible & readable)              |                            |  |                           |                                   |
| 5      | Principal office (size in sq. ft.)  |                            |  |                           |                                   |
| 6      | Vice Principal office (Size in sq. ft.)   |                            |  |                           |                                   |
| 7      | Lecture Hall<br>(Size in Sq. ft.)   | B. Sc. Nursing             | 1  |                           |                                   |
|        |   |                            | 2  |                           |                                   |
|        |   |                            | 3  |                           |                                   |
|        |   |                            | 4  |                           |                                   |
|        |   | Post. Basic B. Sc. Nursing | 1  |                           |                                   |
|        |   |                            | 2  |                           |                                   |
|        |   | M. Sc. Nursing             | 1  |                           |                                   |
|        |   |                            | 2  |                           |                                   |
|        |   |                            | 3  |                           |                                   |
|        |   |                            | 4  |                           |                                   |
|        |   |                            | 5  |                           |                                   |
|        |   |                            | 6  |                           |                                   |
|        |   |                            | 7  |                           |                                   |
|        |   | 8.                         | Nursing foundation lab (Size in Sq. ft.) |                           |                                   |



|     |  |  |  |  |
|-----|--|--|--|--|
| 9.  | Community Health Nursing Lab (Size in Sq. ft.)                   |  |  |  |
| 10. | Nutrition Lab (Size in Sq. ft.)                                  |  |  |  |
| 11. | OBG and Paediatrics lab (Size in Sq. ft.)                        |  |  |  |
| 12. | Pre-clinical science lab (Size in Sq. ft.)                       |  |  |  |
| 13. | Computer Lab (Size in Sq. ft.)                                   |  |  |  |
| 14. | A.V. Aids Room (Size in Sq. ft.)                                 |  |  |  |
| 15. | Common Room (Male & Female) (Size in Sq. ft.)                    |  |  |  |
| 16. | Staff Room (Size in Sq. ft.)                                     |  |  |  |
| 17. | Library (Size in Sq. ft.)  |  |  |  |
| 18. | Multipurpose Hall (Size in Sq. ft.)                              |  |  |  |
| 19. | One room for each Head of Departments (Size in Sq. ft.)          |  |  |  |
| 20. | Faculty Room (Size in Sq. ft.)                                   |  |  |  |
| 21. | Provisions for Toilets (Size in Sq. ft.)                         |  |  |  |
| 22. | Record Room (Size in Sq. ft.)                                    |  |  |  |
| 23. | Store Room (Size in Sq. ft.)                                     |  |  |  |
| 24. | <b>Total Build up area (Size in Sq. ft.)</b>                     |  |  |  |
| 25. | <b>Total Super build up area (20-30% of total build up area)</b> |  |  |  |

**15 PHYSICAL FACILITIES**

| Details of class rooms                 | No. Of Student Chairs Per Class | Audio visual Aids |        |               |                 | Remarks of the Inspectors | Remarks of the scrutiny Committee |
|--|---------------------------------|-------------------|--------|---------------|-----------------|---------------------------|-----------------------------------|
|  |                                 | Type of board     | O.H.P. | LCD Projector | Charts & Models |                           |                                   |
| Lecture room 1                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 2                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 3                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 4                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 5                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 6                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 7                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 8                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 9                         |                                 |                   |        |               |                 |                           |                                   |
| Lecture room 10                        |                                 |                   |        |               |                 |                           |                                   |
| -----                                  |                                 |                   |        |               |                 |                           |                                   |
| Assembly examination hall / Auditorium |                                 |                   |        |               |                 |                           |                                   |



**17. Details of Library:**

| <b>S. No.</b> | <b>Particulars</b>  | <b>Details filled by the Institution</b> | <b>Remarks of the Inspectors</b> | <b>Remarks of the Scrutiny Committee</b> |
|---------------|---|--|----------------------------------|--|
| 1.            | Room for librarian  |  |                                  |  |
| 2             | No. of Reading Rooms  |  |                                  |  |
| 3             | Library Hours   |  |                                  |  |
| 4             | Seating Capacity  |  |                                  |  |
| 5             | Total No. of Books (attach list of books)   |  |                                  | <b>Annexure -15</b>                      |
|               | a. Text   |  |                                  |  |
|               | b. Reference  |  |                                  |  |
|               | c. Other Books  |  |                                  |  |
| 6             | Total No. of Magazines, Periodicals & News Papers subscribed :-<br>(please attach list) |  |                                  | <b>Annexure -16</b>                      |
|               | a. Magazines  |  |                                  |  |
|               | b. Periodicals  |  |                                  |  |
|               | c. News Papers  |  |                                  |  |
| 7             | No. of Professional Journals subscribed annually  |  |                                  | <b>Annexure -17</b>                      |
|               | a. Indian   |  |                                  |  |
|               | b. International  |  |                                  |  |
|               | d. Online subscription of journal<br>(attach photocopy of DD/Banker cheque)             |  |                                  | <b>Annexure -18</b>                      |

|     |  |                  |     |                                   |  |                    |
|-----|--|------------------|-----|-----------------------------------|--|--------------------|
| 8   | No. of Journals available with back numbers.   |                  |     | Please also enclose the List.     |  | <b>Annexure-19</b> |
|     | a.   | Indian           |     |                                   |  |                    |
|     | b.   | Foreign          |     |                                   |  |                    |
|     | c.   | Total            |     |                                   |  |                    |
| 9   | No. of Books Purchased during last three years along with the amount spent                                     |                  |     | Please also enclose copy of bills |  | <b>Annexure-20</b> |
|     |  |                  | No. | Amount                            |  |                    |
|     | a.   | Last Year        |     |                                   |  |                    |
|     | b.   | Second Last Year |     |                                   |  |                    |
|     | c.   | Third Last Year  |     |                                   |  |                    |
| 10  | Name and qualification of Librarian (academic as well as professional qualifications)<br><b>(Annexure -21)</b> |                  |     |                                   |  |                    |
| 11  | List of other staff in the library ( <b>Annexure -22</b> )   |                  |     |                                   |  |                    |
| 12  | <b><u>Facilities in library</u></b>  |                  |     |                                   |  |                    |
|     | • Photo copying  |                  |     |                                   |  |                    |
|     | • Internet /Wi-Fi  |                  |     |                                   |  |                    |
|     | • Separate section for staff   |                  |     |                                   |  |                    |
| 13  | <b><u>Register maintained</u></b>  |                  |     |                                   |  |                    |
|     | • Accession register   |                  |     |                                   |  |                    |
|     | • Journal register   |                  |     |                                   |  |                    |
|     | • Issue register   |                  |     |                                   |  |                    |
| 14. | Ground Rules of Library ( <b>Annexure -23</b> )  |                  |     |                                   |  |                    |

**18. Hostel Facility: -****Annexure-24**

| <b>S. No.</b> | <b>Particulars</b>  | <b>Details given by the Institution</b> | <b>Remarks of the Inspectors</b> | <b>Remarks of the Scrutiny Committee</b> |
|---------------|---|---|----------------------------------|--|
| 1             | Layout and room floor area with details of individual spaces in Sq ft (Please attach blueprint of the hostel building) Separate for boys and girls (only for first inspection)  |   |                                  |  |
| 2             | <b><u>Distance from</u></b> <ul style="list-style-type: none"> <li>• College</li> <li>• Hospital</li> </ul>   |   |                                  |  |
| 3             | Total No. of Rooms & Seats (Boys & Girls)   |   |                                  |  |
| 4             | Percentage of students accommodated   |   |                                  |  |
| 5             | Supervisory arrangement   |   |                                  |  |
| 6             | Messing & Canteen arrangement   |   |                                  |  |
| 7             | <b><u>Availability of</u></b> <ul style="list-style-type: none"> <li>• CCTV on main entrance</li> <li>• Visitor's room</li> <li>• Reading rooms</li> <li>• Recreation room</li> <li>• Indoor Games</li> <li>• Medical Facilities/Sick room</li> </ul> |   |                                  |  |
| 8             | Proper and safe drinking water facilities (cool water during summers), toilets and urinals, and common rooms, Laundry, safe disposal of waste available for Boys and Girls separately Proper fire safety arrangement available in the hostel          |   |                                  |  |
| 9             | Any additional facilities proposed to be provided   |   |                                  |  |

## 19. Detail of Budget:

## Annexure-25

| Sr. | Particulars   | Details given by institute | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|-----|---|----------------------------|---------------------------|-----------------------------------|
| 1.  | Separate budget for the college.                                      |                            |                           |                                   |
| 2.  | Amount per Annum  |                            |                           |                                   |
| 3.  | name and designations of the drawing and disbursing authority         |                            |                           |                                   |
| 4.  | Last year's budget allocation in Rs.                                  |                            |                           |                                   |
| 5   | <b>Financial Resources of institute</b><br>1.<br>2.<br>3.<br>4.<br>5. |                            |                           |                                   |
| 6   | Present financial position  |                            |                           |                                   |
| 7   | Owned immovable property  |                            |                           |                                   |
| 8   | In Trustee Securities   |                            |                           |                                   |
| 9   | In Cash/in Bank/FDRs/ Any Loan & others                               |                            |                           |                                   |
| 10  | Reserve Fund, if any  |                            |                           |                                   |
| 11  | <b><u>Expenditure</u></b>   |                            |                           |                                   |
| a   | Salary<br>- Teaching staff<br>- Non teaching staff                    |                            |                           |                                   |
| b   | Stipends for students   |                            |                           |                                   |
| c   | New equipments and repairs  |                            |                           |                                   |

|    |  |  |  |  |
|----|--|--|--|--|
| d  | Linen and other household supplies   |  |  |  |
| e  | Maintenance of vehicles and cost of petrol/ diesel   |  |  |  |
| f  | Maintenance / Purchasing books, Journals, New papers, furniture and other items of library   |  |  |  |
| g  | Office supplies including stationery and postage   |  |  |  |
| 12 | Contingency fund - for educational tours, professional activities, prizes, entertainments, maintenance of the school premises and any other needed items |  |  |  |
| 13 | Incidental teaching equipment fund - (charts, films slides, transparencies, pen, chalk etc. )  |  |  |  |

N.B.: Attach

- Last three financial year's Audited Income and Expenditure Statement of the Institution.
- Present bank statement of institute
- Please attach copy of budget



**20. Mode of Payment to Teaching Staff: -****Annexure-26**

| Sr. No. | Name of Staff | Designation | Gross Salary (per month) | Mode of Payment (Cash/cheque) | Name of Bank | Bank A/c No. | Cheque No. | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|---------------|-------------|--------------------------|-------------------------------|--------------|--------------|------------|---------------------------|-----------------------------------|
|         |               |             |                          |                               |              |              |            |                           |                                   |

- The required information may be provided in separate sheet
- Please attach form no. 16 of each faculty.
- Last three month bank statement of institute.
- Photo copy of last month cash book/ledger.

**21. Sports & Recreation Facilities:-**

| S. No. | Particulars                               | Details Given by the Institution | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|---|----------------------------------|---------------------------|-----------------------------------|
| 1      | Provision for games                       |                                  |                           |                                   |
| 2      | Details of social and cultural activities |                                  |                           |                                   |
| 3      | Current Budget for games                  |                                  |                           |                                   |

**22. Details of Clinical Facilities: -****PARENT / AFFILIATED HOSPITAL****Annexure-27**

| Sr. No. | Name & Address of the Hospital | Number of Beds | Distance |        | Arrangement for clinical teaching | Supervisory arrangement for students | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|--------------------------------|----------------|----------|--------|-----------------------------------|--------------------------------------|---------------------------|-----------------------------------|
|         |                                |                | College  | Hostel |                                   |                                      |                           |                                   |
| 1       |                                |                |          |        |                                   |                                      |                           |                                   |
| 2       |                                |                |          |        |                                   |                                      |                           |                                   |
| 3       |                                |                |          |        |                                   |                                      |                           |                                   |
| 4       |                                |                |          |        |                                   |                                      |                           |                                   |
| 5       |                                |                |          |        |                                   |                                      |                           |                                   |
| 6       |                                |                |          |        |                                   |                                      |                           |                                   |

Note Please attach

- Original Rs. 100 NJS affidavit regarding hospital.
- Photocopy of last month IPD & OPD register of each hospital.

### 23. Community Health Facilities

#### ADOPTED VILLAGE

| Sr. No. | Particulars                                      | Details given by institute | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|--|----------------------------|---------------------------|-----------------------------------|
| 1       | Name of adopted village                          |                            |                           |                                   |
| 2       | Activity for school health                       |                            |                           |                                   |
| 3       | Activity for safe drinking water                 |                            |                           |                                   |
| 4       | Activity for sanitation                          |                            |                           |                                   |
| 5       | Activity for health check up                     |                            |                           |                                   |
| 6       | Activity for light & transportation              |                            |                           |                                   |
| 7       | Participation in ongoing programme at PHC/CHC/SC |                            |                           |                                   |
| 8       | Any health serve/camp                            |                            |                           |                                   |

#### RURAL FIELD

| Sr. No. | Particulars                      | Details given by institute   | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|----------------------------------|--|---------------------------|-----------------------------------|
| 1       | Name of CHC/PHC/SC/Health centre |  |                           |                                   |
| 2       | Adopted/Affiliated.              |  |                           |                                   |
| 3       | Administered by                  |  |                           |                                   |
| 4       | Distance from the college        |  |                           |                                   |
| 5       | Area Coverage (in kms)           |  |                           |                                   |
| 6       | Number of villages covered       |  |                           |                                   |
| 7       | Population coverage              |  |                           |                                   |
| 8       | Service Rendered                 | <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul> |                           |                                   |

**URBAN FIELD**

| Sr. No. | Particulars                             | Details given by institute   | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|---|--|---------------------------|-----------------------------------|
| 1       | Name of MCH & F.W. Center/Health centre |  |                           |                                   |
| 2       | Adopted/Affiliated.                     |  |                           |                                   |
| 3       | Administered by                         |  |                           |                                   |
| 4       | Distance from the college               |  |                           |                                   |
| 5       | Area Coverage (in kms)                  |  |                           |                                   |
| 6       | Number of villages covered              |  |                           |                                   |
| 7       | Population coverage                     |  |                           |                                   |
| 8       | Service Rendered                        | <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul> |                           |                                   |

Note: A copy of the letter of agreement for affiliation to the Hospital and Health Centres to be attached.

Annexure-28

**24. Details Of Teaching Plan:**

Annexure-29

| S.N. | Batch                       | Details given by Institute |                  |               | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|------|-----------------------------|----------------------------|------------------|---------------|---------------------------|-----------------------------------|
|      |                             | Master Plan for Theory     | Class Time Table | Teaching Plan |                           |                                   |
| 1    | B. Sc. Nursing Part-I       |                            |                  |               |                           |                                   |
| 2    | B. Sc. Nursing Part-II      |                            |                  |               |                           |                                   |
| 3    | B. Sc. Nursing Part-III     |                            |                  |               |                           |                                   |
| 4    | B. Sc. Nursing Part-IV      |                            |                  |               |                           |                                   |
| 5    | P B B. Sc. Nursing Previous |                            |                  |               |                           |                                   |
| 6    | P B B. Sc. Nursing Final    |                            |                  |               |                           |                                   |
| 7    | M. Sc. Nursing Previous     |                            |                  |               |                           |                                   |
| 8    | M. Sc. Nursing Final        |                            |                  |               |                           |                                   |

Note: Please attach copy of master plan, class time table, teaching plan of each batch

## 25. Details Of Clinical Rotation Plan:

Annexure-30

(Graphic Rotation plan of each subject to be enclosed)

| Batch                   | Subject                  | Details filled by institute |                 |                           |                              | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|-------------------------|--------------------------|-----------------------------|-----------------|---------------------------|------------------------------|---------------------------|-----------------------------------|
|                         |                          | Size of student group       | No. of Rotation | Duration of each rotation | Plan for learning experience |                           |                                   |
| B. Sc. Nsg. Part-I      | Nursing foundation       |                             |                 |                           |                              |                           |                                   |
| B. Sc. Nsg. Part-II     | Medical Surgical Nsg.-I  |                             |                 |                           |                              |                           |                                   |
| B. Sc. Nsg. Part-III    | Medical Surgical Nsg-II. |                             |                 |                           |                              |                           |                                   |
|                         | Child Health Nursing     |                             |                 |                           |                              |                           |                                   |
|                         | Mental Health Nursing    |                             |                 |                           |                              |                           |                                   |
| B. Sc. Nsg. Part-IV     | Maternal Health Nsg.     |                             |                 |                           |                              |                           |                                   |
|                         | Community Health Nsg.    |                             |                 |                           |                              |                           |                                   |
| P B B.Sc. Nsg. Previous | Medical Surgical Nsg.    |                             |                 |                           |                              |                           |                                   |
|                         | Maternal Health Nsg.     |                             |                 |                           |                              |                           |                                   |
|                         | Child Health Nursing     |                             |                 |                           |                              |                           |                                   |
| P B B.Sc. Nsg. Final    | Mental Health Nursing    |                             |                 |                           |                              |                           |                                   |
|                         | Community Health Nsg.    |                             |                 |                           |                              |                           |                                   |

|                                 |                          |  |  |  |  |  |  |
|---------------------------------|--------------------------|--|--|--|--|--|--|
| <b>M. Sc. Nsg.<br/>Previous</b> | Advance Nsg.<br>Practice |  |  |  |  |  |  |
|                                 | Nursing<br>education     |  |  |  |  |  |  |
|                                 | Medical surgical<br>Nsg. |  |  |  |  |  |  |
|                                 | Child Health<br>Nsg.     |  |  |  |  |  |  |
|                                 | Mental Health<br>Nsg.    |  |  |  |  |  |  |
|                                 | OBG & Gynae<br>Nsg.      |  |  |  |  |  |  |
|                                 | Community<br>Health Nsg. |  |  |  |  |  |  |
| <b>M. Sc. Nsg.<br/>Final</b>    | Nursing<br>Management    |  |  |  |  |  |  |
|                                 | Medical surgical<br>Nsg. |  |  |  |  |  |  |
|                                 | Child Health<br>Nsg.     |  |  |  |  |  |  |
|                                 | Mental Health<br>Nsg.    |  |  |  |  |  |  |
|                                 | OBG & Gynae<br>Nsg.      |  |  |  |  |  |  |
|                                 | Community<br>Health Nsg. |  |  |  |  |  |  |

**26. Details of Records of student**

| Sr. No. | Particulars   | Details given by institute | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---------|---|----------------------------|---------------------------|-----------------------------------|
| 1       | Daily attendance register   |                            |                           |                                   |
| 2       | Subject wise Class Attendance                                       |                            |                           |                                   |
| 3       | Health record   |                            |                           |                                   |
| 4       | Clinical and field experience record verified by hospital authority |                            |                           |                                   |
| 5       | Practical record books- procedure record- Midwifery case book       |                            |                           |                                   |
| 6       | Leave record  |                            |                           |                                   |
| 7       | Extracurricular activities of students                              |                            |                           |                                   |
| 8       | Cumulative record of each subject                                   |                            |                           |                                   |
| 9       | Academic Record   |                            |                           |                                   |
| 10      | Committee Meetings  |                            |                           |                                   |
| 11      | Professional associations / Activities<br>TNAI Membership           |                            |                           |                                   |
|         | • Name of unit SNA advisor  |                            |                           |                                   |
|         | • Total number of TNAI member                                       |                            |                           |                                   |
|         | • Total number of SNA member  |                            |                           |                                   |

**27. Status & Compliance of last inspection: -**

| S. No. | Particulars  | Details given by the Institution | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|--|----------------------------------|---------------------------|-----------------------------------|
| 1      | Last Inspection conducted on (in case of renewal)                                      |                                  |                           |                                   |
| 2      | Deficiencies pointed out in previous inspection  |                                  |                           |                                   |
| 3      | Position of deficiencies pointed out in previous inspection                            |                                  |                           |                                   |
| 4      | Rectified completely   |                                  |                           |                                   |
| 5      | Partially rectified  |                                  |                           |                                   |
| 6      | Still persist (please mention reason thereof and proposed rectification time schedule) |                                  |                           |                                   |

## 28. Other information/suggestion: -

|   | Details given by the Institution | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|---|----------------------------------|---------------------------|-----------------------------------|
| Any other information/ suggestion the institution may like to furnish for consideration |                                  |                           |                                   |

Certified that to the best of my knowledge & belief the requisite conditions for affiliation/ renewal have been satisfactorily fulfilled and that the institution possesses the necessary facilities in respect of staff, fund & accommodation etc. and that it is fit to be raised to the applied for standards.

Authorized signatory of Governing Body (Pl. attach copy of resolution thereof):

Signature of Principal :

.....  
 President/Chairman  
 (Name)  
 (Seal)  
 Date & Time

.....  
 Secretary/Treasurer  
 (Name)  
 (Seal)  
 Date & Time

.....  
 (Name)  
 (Seal)  
 Date & Time

(Submitted in reference to the order No. ...., dated.....issued by the Rajasthan University of Health Sciences, Jaipur)

\*\*\*\*\*

**N.B.- 1. All concerned are advised to please go through each column carefully & with due caution before filling in the same as concealment or furnishing of any incorrect /wrong information/remarks may result in rejection of the application for affiliation.**

**2. Please attach photograph of college building elevation, all class room, all labs, library, principal & vice principal office.**

**AFFIDAVIT ON REQUISITE RS. 100/- NON-JUDICIAL STAMP PAPER**

(affidavit to be given by Chairman / President and the Secretary/Treasurer of the Governing Body, duly attested by a first class magistrate or a Notary Public)

I ..... S/o .....  
aged ..... R/o ..... vide .....  
resolution dated ..... of the Governing Body as their authorised signatory in this regard hereby undertake that I shall abide by the provisions / directions of Rajasthan University of Health Sciences, Jaipur and INC in all respects. I also further declare that all informations given in the affiliation form/form for inspection for affiliation duly signed by me are true and correct to the best of my knowledge and belief.

So God help me.

Date : .....  
Place: .....

.....  
DEPONENT

Name: .....

Designation: .....

Name of the Institution/ Body with seal

Attested by:

.....

(Ist Class Magistrate/ Notary Public)  
(with seal)



# Rajasthan University of Health Sciences, Jaipur

## PROFORMA FOR REPORT OF THE INSPECTION

(To be filled by Inspectors/ Scrutiny Committee)

| S. No. | Particulars   | Remarks of the Inspectors | Remarks of the Scrutiny Committee |
|--------|---|---------------------------|-----------------------------------|
| 1      | Name of Institution with address  |                           |                                   |
| 2      | Course  |                           |                                   |
| 3      | Session   |                           |                                   |
| 4      | No. of Seats<br>B.Sc. Nursing _____<br>PB B.Sc. nursing _____<br><u>M.Sc. Nursing</u><br>Medical surgical nursing _____<br>Child health nursing _____<br>Mental health nursing _____<br>OBG and Gynae nursing _____<br>Community health nursing _____ |                           |                                   |
| 5      | Comments about-   |                           |                                   |
|        | Teaching Faculty  |                           |                                   |
|        | Non-teaching staff  |                           |                                   |
|        | External teaching faculty   |                           |                                   |

|    |   |  |  |
|----|---|--|--|
| 6  | Comments and observation about Time-tables  |  |  |
| 7  | Comments and observation about available infrastructural facilities                 |  |  |
|    | Land  |  |  |
|    | Building  |  |  |
|    | Lecture Rooms   |  |  |
|    | Other accommodation   |  |  |
|    | Furniture   |  |  |
|    | Library facility  |  |  |
|    | Internet and Wi-Fi Facilities   |  |  |
|    | Laboratories  |  |  |
|    | Equipments & Apparatus  |  |  |
| 8. | <u>Clinical Facilities</u><br>• Total No. of Beds<br>• Equipments & Material supply |  |  |
| 9. | Hostel facilities   |  |  |
|    | Messing & Canteen   |  |  |

|     |   |  |  |
|-----|---|--|--|
| 10. | Games & Sports<br>• Indoor<br>• Outdoor   |  |  |
| 11. | Over all Observations about the Institute |  |  |
| 12. | Recommendations for grant of affiliation  |  |  |

**DECLARATION:****1. Signature of Inspector**

Name \_\_\_\_\_

Designation \_\_\_\_\_

College \_\_\_\_\_

Mobile \_\_\_\_\_

**2. Signature of Inspector**

Name \_\_\_\_\_

Designation \_\_\_\_\_

College \_\_\_\_\_

Mobile \_\_\_\_\_