

Rajasthan University of Health Sciences, Jaipur

APPLICATION CUM INSPECTION PROFORMA

FOR AFFILIATION OF UNIVERSITY

Session -----

Date of Inspection: -----

1. RUHS Inspection order no: -----

Annexure-1

2 Type of inspection

1.First/Fresh inspection

3. Enhancement of Seats

2. Renewal/ annual

4. Change of address

5. Re-inspection

6. Surprise or 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 of the Institution			Remark of the Inspectors	Remarks by Scrutiny Committee
Name of Institute with Address (pin code)					
Phone no.(s). with STD Code		Mobile No. (s).			
E-mail		Website			

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

Sign of Inspector- 1:

Sign of Inspector- 2:

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 latest list of members of the Apex Managing Body and a copy of constitution thereof)

Annexure -3

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

6. Details of Fee paid to RUHS: -

Annexure - 04

S. No.	Course	Session	Intake Seats	Processing Fee	Affiliation Fee to be paid			Remark of the Inspectors	Remarks by Scrutiny Committee
					Amount	Transaction ID No.	Date		
1	<u>B.Sc. Nursing</u>								
2	<u>PB B.Sc. nursing</u>								
3	<u>M.Sc. Nursing</u>								
4									

Note: - Attach a copy of Transaction (Bank Statement)

Sign of Inspector- 1:

Sign of Inspector- 2:

7. (a) Details of First Permission for the course by Govt. of Rajasthan, INC, RNC and RUHS

(Attach a copy of permission letter)

Annexure - 05

S.N.	Authority	Session	Course Title	Permitted Intake Seats	Letter No.	Date	Remark of the Inspectors	Remarks by Scrutiny Committee
1	Govt. of Rajasthan		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					
2	INC		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					
3	RNC		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					
4	RUHS		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					

Sign of Inspector- 1:

Sign of Inspector- 2:

7.(b) Subsequent renewals, if any, by INC, RNC and RUHS: -
(Please attach a copy of renewal letter(s))

Annexure-06

S.N.	Authority	Session	Course Title	Permitted Intake Seats	Letter No.	Date	Remark of the Inspectors	Remarks by Scrutiny Committee
1	INC		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					
2	RNC		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					
3	RUHS		<ul style="list-style-type: none"> • B.Sc. Nursing • PB B.Sc. nursing • M.Sc. Nursing <ul style="list-style-type: none"> ○ Medical Surgical Nursing ○ Child Health Nursing ○ Mental Health Nursing ○ Obs & Gynae Nursing ○ Community Health Nursing 					

7(c) Details of courses other than nursing run by applicant society under affiliation of RUHS:-

Annexure- 6a

S. No.	Name of college	Address of college	Year of Establishment	Session	Course	Subject	Permitted Intake Seats (as per Govt. NOC)	NOC (letter) No. & Date	RUHS Intake	RUHS affiliation letter No. & Date	Remarks of the Inspectors	Remarks of the Scrutiny Committee
1.												
2.												

(Please attach a copy of Affiliation letter)

Sign of Inspector- 1:

Sign of Inspector- 2:

8. Details of Principal of the College: -

Annexure - 07

	Details filled by the Institution	Professional Qualification with Specialty	Remark of the Inspectors	Remarks by Scrutiny Committee
Name of the Principal				
Residential Address				
Telephone No.(s). (Off.)				
Mobile No.(s)				
E-mail (Personal / official)				
College Website				

9. Teaching Faculty:

A. Staffing Patter as per INC Norms:

Annexure - 08

S. N.	Designation	B.Sc. Nursing 40-60 students intake (Required)	B.Sc. (Nursing) 61-100 (Required)	P. B. Bsc. (N) 20-60 students intake (Required)	M.Sc. (N) 10-25 students intake (Required)	Available	Remark of the Inspectors	Remarks by Scrutiny Committee
	Principal	1	1					
	Vice-Principal	1	1					
	Professor	1	1-2		1			
	Associate Professor	2	2-4		1			
	Assistant Professor	3	3-8	2	3*			
	Tutor	8-16	16-24	2-10				
	Total	16-24	24-40					

(For example for 40 students intake minimum number of teachers required is 16 including Principal, i.e., 1 – Principal, 1 – Vice Principal, 1 – Professor, 2 – Associate Professor, 3 – Assistant Professor, and 8 tutors)

*To start the program, minimum 3 M.Sc. (Nursing) shall be appointed.

*Candidates having 3 years experience after M.Sc. (N) only will be considered for M.Sc. (N) programme.

*1:10 teacher student ratio

Sign of Inspector- 1:

Sign of Inspector- 2:

B. Details of teaching faculty including Principal:

Annexure - 8A

S.N.	Name of Faculty	Designation	D.O.B.	Date Of joining	Name of the institution, university, year of passing				R.N. R.M. No.	NUID No	Years of teaching experien		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		
1.														
2.														

- The Above required information should be provided in separate sheet.
- Please attach online INC website faculty submission copy.
- **Group Photo of Teaching faculty duly verified by the** Principal with date along with name of each individual on the photograph.
- Individual photos of all teaching faculty 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-50 NJS regarding not working in any other institution from each faculty member. (Govt. Institute Exempted)

10. Details of Part time /External teachers

Annexure - 09

Sr. No	Name Part Time/ External Teacher	Qualification	Subject	Total Hours	Hours allotted	Remark of the Inspectors	Remarks by Scrutiny Committee
1							
2.							
3.							
4.							

*The above teachers should have post graduation qualification with teaching experience in respective area.

*Please attach consent letter along with attendance of class

Sign of Inspector- 1:

Sign of Inspector- 2:

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

Annexure - 10

S. N.	Programme		I Year	II Year	III Year	IV Year	Total	Remark of the Inspectors	Remarks by Scrutiny Committee
1	B.Sc.(N)	Male							
		Female							
2	P.B. B.Sc.(N)	Male			-	-			
		Female			-	-			
3	M.Sc.(N)	Male			-	-			
		Female			-	-			

Note: *Students details to be enclosed (name, father's name, date of birth, date of joining, enrolment no. from RUHS and P.B. B.Sc. (N) & M.Sc. (N) students details also include their RNRM no, Address, Previous work place details, Qualified from Univ./Council, year of passing, NUID no.

B. Pass percentage of students in University Examination (Current Academic Year)

Annexure - 10a

S. N.	Programme	I year	II year	III year	IV Year	Remarks on achievements	Remark of the Inspectors	Remarks by Scrutiny Committee
1	B.Sc.(N)							
2	P.B. B.Sc.(N)			-	-			
3	M.Sc.(N)			-	-			

(Please attach College TRC sheet of result of current academic year)

12. Details of Office Staff :

Annexure - 11

S. N.	Designation	No. of staff		Remark of the Inspectors	Remarks by Scrutiny Committee
		Required	Available		
1	Administrative Officer	1			
2	Office Superintendent	1			
3	PA to Principal	1			
4	Accountant / Cashier	1			
5	UDC	2			
6	L.D.C.	2			
7	Store Keeper	1			
8	Class attendant	2			
9	Sanitary Staff	As per physical space			
10	Security Staff	As per required			

Sign of Inspector- 1:

Sign of Inspector- 2:

11	Peon/office attendant	4		
12	Librarian	2		
13	Library Attendant	As per required		
14	Driver	As per required		
15	Bus Cleaner	As per required		

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

13 Details Of Hostel Staff

Annexure - 12

S. N.	Designation	No. of staff		Remark of the Inspectors	Remarks by Scrutiny Committee
		Required	Available		
1	Warden	3			
2	Cooks	As per required			
3	Bearer	As per required			
4	Security staff	As per required			
5	Gardner & Dhobi	Desirable			

(Please attach joining letter and group photographs)

Note:*Separate hostel for students is a mandate and should be under the control of the principal

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

Annexure 13

S. N.	Particulars	Required area as per INC Norms (60 seats) IN SQ. FT.	Details of the Institution (Available)	Remark of the Inspectors	Remarks by Scrutiny Committee
1	Total Land Area			
2	Built - up area of building <u>(Building Completion Certificate by competent Authority & diaper sheet to be attached)</u>	Teaching block: 23,200 Hostel block: 21,100 Total: 44,300	1. Teaching Block 2. Boys Hostel 3. Girls Hostel Total Built up area.....		
3	Details about ownership of the Building: (if owned, please attach ownership title deed and if Rented or on lease, please attach lease/ deed agreement)	-	Owned Rented On Lease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4	Layout of floor wise with area of individual spaces (in Sq ft.) Blueprint of Building by competent authority to be attached. (visible & readable)	-			
5	Principal office	300			

Sign of Inspector- 1:

Sign of Inspector- 2:

6.	Vice Principal office	200		
7.	Lecture Hall	B. Sc. Nursing - 4	4@900 =3600	
		Post. Basic B. Sc. Nursing - 2 rooms	As per norms	
		M. Sc. Nursing- 2 common and 5 specialty wise	As per norms	
8.	Nursing foundation including adult health nursing and advanced nursing lab	1600		
9.	Community Health Nursing and Nutrition Lab	1200		
10.	Obstetrics and Gynaecology Nursing Lab.	900		
11.	Child Health Nursing lab)	900		
12.	Pre-clinical science lab	900		
13.	Computer Lab	1500		
14.	A.V. Aids Room	600		
15.	Common Room (Male & Female)	1000		
16.	Staff Room	800		
17.	Library	2300		
18.	Multipurpose Hall With adequate seating capacity, CCTV	3000		
19.	One room for each HOD	5@200.= 1000		
20.	Faculty Room	2400		
21.	Provisions for Toilets	1000		
22.	Total Built up area	23200		

NOTE: *1. Nursing Educational institution should be in Institutional area only and not in residential area.

*2. If the institute has non-nursing programme in the same building, nursing programme should have separate teaching block.

*3. Shift-wise management with other educational institutions will not be accepted.

*4. Separate teaching block shall be available if it is in hospital premises.

*5. Proportionately the size of the built-up area will increase/decrease according to the number of students admitted .

*6. No. of chairs and tables should be adequate for intake

*7. Classrooms should be equipped with facility of required A.V. Aids)

* 8.The class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.

Sign of Inspector- 1:

Sign of Inspector- 2:

15. Details of Laboratories

Annexure -14

S.N.	Name of Laboratories	Facilities with minimum requirements as per INC Norms	Available	Remark of the Inspectors	Remarks by Scrutiny Committee
1	Nursing foundation including adult health nursing and advanced nursing lab	<ul style="list-style-type: none"> No of beds: 1:6 students No of articles: 10-12 sets for each item No of Dummies, Equipment and supplies, hand washing facilities (As per norms) 			
2	Community Health Nursing and Nutrition Lab	<ul style="list-style-type: none"> Community bays- 1:2 students No of cots- 1 Charts, models, equipment & supplies, display of rural setting as per norms Availability of articles and supplies for cooking and practice, hand washing facilities (as per norms) 			
3	Obstetrics and Gynaecology Nursing Lab.	<ul style="list-style-type: none"> No. Beds/Cradle, Models, Dummies/ Dolls adequate for practice. Lab articles, charts, equipments and supplies, hand washing facilities. (as per norms) 			
4	Child Health Nursing lab	<ul style="list-style-type: none"> No. Beds/Cradle, Models, Dummies/ Dolls adequate for practice. Lab articles, charts, equipments and supplies, hand washing facilities. (as per norms) 			
5	Pre-clinical science lab	<ul style="list-style-type: none"> No. Models, specimen, charts, Lab articles, equipments and supplies. Adequate, hand washing facilities. (as per norms) 			
6	Computer Lab	<ul style="list-style-type: none"> No of computers- 1:5 students Internet facilities 			
7	A.V. Aids Room	<ul style="list-style-type: none"> OHP- 1 per class, LCD- min. 2, Slide projector-1, TV/Video- 1 Chart, models/specimen adequate for each student. 			

* 1. Please attach List of Article of each lab

*2. Enclose copy of latest purchase bills

Note: *School and 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.

Sign of Inspector- 1:

Sign of Inspector- 2:

16. Details of Library:

S. N.	Particulars				Details filled by the Institution		Remark of the Inspectors	Remarks by Scrutiny Committee
1.	Room for librarian							
2	Reading Rooms (number)							
4	Seating Capacity							
5	Total No. of Books (Please attach list of books)							
	Year	Books (Min.)	Journals		Magazines	Newspaper (Min. 2 kinds)		
			Indian	International				
	I	1000	3	2	1	2		
	II	1500	5	2	1	2		
	III	2500	2	1	1	2		
	IV	3000	10	5	3	2		

*Post basic B.Sc. Nursing and M.Sc. (N) programme additional books and journals as per norms

6	No. of Books Purchased during last three years along with the amount spent				(Please also enclose copy of bills)		Annexure -15	
		No.	Amount					
a.	Last Year -----							
b.	Second Last Year -----							
c.	Third Last Year -----							
7	Name and qualification of Librarian (academic as well as professional qualifications) (Annexure -16)							
8	List of other staff in the library (Annexure -17)							
9	Facilities in library							
	• Photo copying, Internet / Wi-Fi							
	• Separate section for staff							
10	Register maintained (Attach first and last page) (Annexure -18)							
	• Accession register							
	• Journal register							
	• Issue register							
11.	Ground Rules of Library Annexure --19							

Sign of Inspector- 1:

Sign of Inspector- 2:

17. Hostel Facility: -

Annexure-20

S. No.	Particulars	Details given by the Institution	Remark of the Inspectors	Remarks by Scrutiny Committee
1	Whether the college is having a separate Hostel	Yes <input type="checkbox"/> NO <input type="checkbox"/>		
2	The hostel is- (if Owned, attached proof and if leased or rented then attached required proof of documents)	Own <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/>		
3	Is there a separate provision of hostel for male & female students	Yes <input type="checkbox"/> NO <input type="checkbox"/>		
4	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)			
5	<u>Distance from (in Kms.)</u> <ul style="list-style-type: none"> • College • Hospital <u>(Attach proof of distance by competent authority)</u>			
6	Total No. of Rooms & Seats (Boys & Girls)			
7	Percentage of students accommodated			
5	Supervisory arrangement			
6	Messing & Canteen arrangement (seating capacity 50% of the total intake)			
7	<u>Availability of</u> <ul style="list-style-type: none"> • CCTV on main entrance • Visitor's room • Reading rooms • Recreation room • Indoor Games • Medical Facilities/Sick room 			
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			

Sign of Inspector- 1:

Sign of Inspector- 2:

18. Detail of Budget:

Annexure -21

Sr.	Particulars	Details given by institute	Remark of the Inspectors	Remarks by Scrutiny Committee
1.	Separate budget for the college.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.	Amount per Annum			
3.	Name and Designations of the drawing and disbursing authority			
4.	Last year's budget allocation in Rs.			
5	Financial Resources of institute 1. 2. 3. 4.			
6	Present financial position			
7	Expenditure			
a	Salary: Teaching staff & 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

Sign of Inspector- 1:

Sign of Inspector- 2:

19. Mode of Payment to Teaching Staff: -

Annexure -22

Sr. No.	Name of Staff	Designation	Gross Salary (per month)	Mode of Payment (digital/cheque)	Name of Bank	Bank A/c No.	Cheque No. or transaction ID	Remark of the Inspectors	Remarks by Scrutiny Committee

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

20. Sports & Recreation and Transportation Facilities:-

Annexure -23

S. No.	Particulars				Details Given by the Institution	Remark of the Inspectors	Remarks by Scrutiny Committee
	Provision for games	Details of social & cultural activities	Current Budget for games	Vehicle available (Own or contract basis) Reg No Capacity			
1							

21. Details of Clinical Facilities: -

PARENTAL / AFFILIATED HOSPITAL

Annexure -24

S. N.	Name & Address of the Hospital	Number of Beds	Bed Occupancy	Distance from		Arrangement for clinical teaching	Supervisory arrangement for students	Remark of the Inspectors	Remarks by Scrutiny Committee
				College	Hostel				
1									
2									
3									
4									
5									
6									

Note: *1:3 student patient ratio to be maintained

- Please attach Original Rs. 100 NJS affidavit regarding hospital.
- Photocopy of last month IPD & OPD register of each hospital.
- Distance certificate by competent authority (also verified by inspectors by Google map)
- Bed strength & occupancy certificate by CMHO/Principal-Medical college/ Medical Supdt./PMO (only for the first time or change of affiliated hospitals)

Sign of Inspector- 1:

Sign of Inspector- 2:

22. Community Health Facilities

Annexure - 25

S. N.	Types of Facilities	Name	Administered by	Distance from college	Services rendered	Remark of the Inspectors	Remarks by Scrutiny Committee
1	Adopted Village						
2	Rural Field (CHC/PHC/RHTC/ H&W centre)						
3	Urban Field (MCH&FW centre/ UPHC/ UHTC)						

(Please attach copy of letter of permission and proof of services rendered)

23. Details of Teaching Plan:

Annexure . 26

S.N.	Batch	Details given by Institute			Remark of the Inspectors	Remarks by Scrutiny Committee
		Master Rotation Plan	Class Time Table	Lesson Plan		
1	B. Sc. Nursing					
2	P B B. Sc. Nursing					
3	M. Sc. Nursing					

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

24. Details of Clinical Rotation Plan:

Annexure 27

Batch	Details filled by institute				Remark of the Inspectors	Remarks by Scrutiny Committee
	Size of student group	No. of Rotation	Duration of each rotation	Plan for learning experience		
B. Sc. Nursing						
P B B.Sc. Nursing						
M. Sc. Nursing						

(Please attach copy of graphic clinical rotation plan based on the needs of clinical learning experience separately for each batch)

Sign of Inspector- 1:

Sign of Inspector- 2:

25. Details of Records of students:

Sr. No.	Particulars	Details given by institute	Remark of the Inspectors	Remarks by 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 / welfare activities/ membership <ul style="list-style-type: none">• Total no of TNAI Membership• Total no of SNA Membership			

26. Status & Compliance of last inspection: -

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

Sign of Inspector- 1:

Sign of Inspector- 2:

28. Other information/suggestion: -

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

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. -----)

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.

Sign of Inspector- 1:

Sign of Inspector- 2:

AFFIDAVIT OF REQUISITE RS. 500/- 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)

GUIDELINES

1. Inspection should be conducted confirming to the norms prescribed by Indian Nursing Council Curriculum and Syllabi.
2. The institution should provide the necessary facilities for carrying out the inspection properly.
3. The inspectors may specifically indicate the deficiencies in clinical and teaching staff strength.
4. Documents produced by Institute must be signed by the authorized signatory.
5. Fill all the details in each page and enclose the copies attested by Principal after verification.
6. Interact with students to verify about the classes and to find out any other problems.
7. Work period less than 6 months is not considered as experience.
8. The clinical staff and faculty member's registration status to be verified and reported.
9. The class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.
10. Inspectors are required to meet the Principal of the institute and must be conduct the inspection in the presence of him/her.
11. Follow the Guidelines of INC related to teaching faculty qualification, experience and requirements.
12. Submit the TA & DA Bill along with report.
13. Post or submit the Report on the same day to University confidentially.

(CONFIDENTIAL)

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		
	B.Sc. Nursing	_____	
	PB B.Sc. nursing	_____	
	M.Sc. Nursing		
	Medical surgical nursing	_____	
	Child health nursing	_____	
	Mental health nursing	_____	
	OBG and Gynae nursing	_____	
	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> • Total No. of Beds • Equipments & Material supply		
9.	Hostel facilities		
10.	Over all Observations about the Institute		
11.	Recommendations for grant of affiliation		

DECLARATION: I/We certify that I/We inspected _____ Nursing institute on dated _____ where in I/We inspected physically the institute building, checked teaching faculty and visited hospital, checked all related documents carefully. The inspection report is not shared with the institution management.

1. Signature of Inspector

Name _____
 Designation _____
 College _____
 Mobile _____

2. Signature of Inspector

Name _____
 Designation _____
 College _____
 Mobile _____