

**PUNJAB NURSES REGISTRATION COUNCIL**  
**Medical Education Bhawan, 3<sup>rd</sup> Floor,**  
**Sector 69, S.A.S. Nagar (Mohali)**

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**INSPECTION REPORT**  
**(For All Nursing Courses)**

**Instructions :**

**Note for Inspectors :**

1. *Please fill the Inspection Performa carefully and complete in all respects.*
2. ***Please do not write “List attached “(in most of the columns). Attach lists only where it is required with signatures, seal of the concerned authorities and signatures of the inspectors also.***
3. ***Kindly fill all the attached Inspection Performa’s with due care. Don’t attach your own list.***
4. ***Inspectors should sign on each page of the Inspection Report.. Attach only relevant documents.***
5. *Inspectors shall be responsible for any false information found at any stage.*
6. *No T.A/D.A will be paid if the inspection Performa is incomplete..*
7. *Inspection shall not be granted if the declaration (Annexure 'A') is not submitted by the Inspectors.*

**1 Date of Inspection**

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**2 Name of Inspectors**

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**SECTION 1 : GENERAL INFORMATION**

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SN	Particulars	To be filled by the Institution	To be verified by the Inspectors	Deficiencies, if any
1	Name of the Institution			
2	Full Address with Pin Code			
3	Telephone Number			
4	Fax Number			
5	Website Address			
6	e-mail address			
7	Name and Contact details of Principal (Mobile & E-mail)			
8	Name of Society / Trust			
9	Organisation : (Government / Private / Voluntary /Autonomous / Military / Municipal Corp etc. )			
10	Date of Establishment			
11	Name of Parent Hospital (Bed Strength)			

**1.1 Approval by Govt / INC / PNRC :- Attach copy of approval letter.**

NOC of Govt			Approval of INC			Approval of PNRC			Approval of BFUHS		
Letter No	Date	No. of seats	Letter No	Date	No. of seats	Letter No	Date	No. of seats	Letter No	Date	No. of seats

**1.2 Date of Last Inspection**

1. Govt. ....
2. INC .....
3. PNRC .....
4. BFUHS.....

1.3 Remarks (short comings) :

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**SECTION 2 : ADMISSIONS**

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**2.1 Details of courses being run by the Institution (Attach copy of letters of Govt. of Punjab / INC / PNRC / BFUHS)**

Name of Course	Seats as per NOC	Seats as per PNRC	Seats as per INC	Seats as per BFUHS	Number of students admitted for ..... Session.
ANM					
GNM					
PB BSc. Ng					
BSc. Ng.					
MSc. Ng.					
Any other Course					
Total Strength of Students					

**2.2 Date of Passing out of First Batch** .....

ANM	GNM	B.Sc	B.Sc (PB)	M.Sc.Ng.

**2.3 Admission Details ( Previous Years ) : Inspectors to check attendance registers & other students details and attach photocopy of the same.**

SN	Year	MSc. Ng.		BSc. Ng.				BSc. Ng. (P.B.)		G.N.M.			A.N.M.		Total no. of students admitted
		1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	
1	2017-18														
2	2016-17														
3	2015-16														

2.4 Remarks (short comings) : .....

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### SECTION 3 : PHYSICAL FACILITIES

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#### 3.1 Land and Building

(a) How much land does Society/Trust own ? .....acre.....kanal.....marla.....

SN	Required Land as Govt.	Actual Land	Name of the Owner of the Land
1.	3 acres		

(b) Nature of Ownership of land – (Registered Deed/Gift Deed) Lease is not permitted by the State Govt. Kindly mention the complete details :

.....

(c) Has the Society constructed its own building on the land shown in the NOC ? .....

Khasra Number of the land as per NOC	Khasra Number of the land on which building is constructed.	If the building is not constructed on the same Khasra numbers as mentioned in the NOC, then mention the approval of the Govt. letter number and date.

**Note :- Inspectors to get copy of registered deed.**

(d) Is the building of the institute taken on rent? If Yes,

Name of the Landlord	Details of Rent Deed From ..... To .....	Rented Covered Area

**Note :- Inspectors to get copy of documentary proof.**

(e) Approval for construction of the building by Local Authorities ( PUDA / Municipal / Tehsildar ) :

Name of the Authority	Authority Letter Number and Date	Change of Land Use Certificate – Number and Date

**Note :- Inspectors to get copy of documentary proof.**

(f) Please report if a separate block has been constructed for GNM Institute on 2 or 3 acres of land as mentioned in the NOC, in case the Society is running any other medical institution in the same campus : .....

**3.2 Covered Area :** (3 acres land, minimum covered area should be 54470 sq ft.)

**Teaching Block = 23720 sq ft.**

**Hostel Block = 30750 sq ft.**

Whether a separate block is provided by the Trust / Society for each course .....

If Yes, mention the covered area for each block :-

ANM	GNM	PB.BSc. Ng.	BSc. Ng.	MSc. Ng.	Any other

**3.3 Physical Facilities (Teaching Block) - Inspectors to get copy of documentary proof by PWD (B&R) / Town Planner.**

SN	Particulars	Required as per norms	Actual No & Size (To be filled by Institution)	Number of classrooms provided				
				MSc.	BSc.	BSc. (P.B)	GNM	ANM
1	Lecture Hall (min 4) should be well-ventilated with inbuilt white board. The size of the classroom has to be determined by taking 10 sq ft area for one student.	4 @ 1080 = 4320 sq ft.						
2	Toilets in the Institution Building	1000 sq ft (1:25 student ratio)						
3	Auditorium / Multi Purpose Hall	3000 sq ft (at least double the actual strength of students)						



<b>4</b>	<b>Principal's Office</b>	<b>300 sq ft (with attached toilet and provision for Visitor's Room, Independent Telephone facility with Intercom, linked to Hospitals and Hostel)</b>						
<b>5</b>	<b>Vice Principal's Office</b>	<b>200 sq ft (same as Principal's Office)</b>						
<b>6</b>	<b>One room for each Head of Department.</b>	<b>800 sq ft</b>						
<b>7</b>	<b>Faculty Room</b>	<b>2400 sq ft (One office room for 2 teachers only)</b>						
<b>8</b>	<b>Staff Room</b>	<b>1000 sq ft</b>						

9	Common Room (male & female)	2000 sq ft (minimum 3) (1 for Office Staff, 1 for Teaching Faculty and 1 for students) with Toilets and Hand Washing facilities in each room.						
10	Store Room	1						
11	Record Room	1						
11	Drinking Water, Water Cooler							
12	Garage	Should accommodate 50 seater vehicle.						
13	Fire Extinguisher	As per Fire Safety norms						
14	Play Grounds	Volley Ball, Foot Ball, Badminton and Athletics etc						
15	Total Covered Area	23720 sq ft						

**Note :-** Above said Physical Facilities are for 60 students for annual admission of 60 students. If the annual admission capacity is less than 60 students, then minimum constructed area of the School should be 4000 sq ft for annual admission of 20 students. For every additional 10 seats, constructed area can be increased 2000 sq ft.

### 3.4 Library ( 2400 sq ft )

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
	Is there a separate library		
	Covered Area		
	Is there separate budget for the library		
	Seating capacity (should accommodate half the student strength)		
	Is it well ventilated & lit		
	Composition of Library Committee		
	Is there cabin for the librarian		
	Is intercom facility available		
	No. of cupboards		
	No. of Book Shelves		
	No. of Book Racks		
	No. of Nursing Books (minimum 500 including new additions)		
	No. of Nursing Journals (minimum 3 kinds)		
	No. of Magazines (minimum 3 kinds)		
	No. of Newspapers (minimum 2 kinds)		
	Other Current Health related Literature		

### 3.5 Nursing Foundation Laboratory ( 1500 sq ft )

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Number of Demonstration Bed (at least 1:6)		
2	Inventory Articles (10-12 sets)		
3	Washbasin & running water facility		
4	No. of Dummy Dolls		
5	No. of Cupboards, Racks		
6	No. of Tables & Chairs		

### 3.6 Community Health Nursing Laboratory ( 900 sq ft )

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Separate Community Lab		
2	Community set up provided		
3	No. of articles		

### 3.7 Nutrition Laboratory ( 900 sq ft )

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Number of work tables		
2	Cooking Stoves		

3	Number of Gas Connections / Fitting		
4	Number of Crockery Sets		
5	Number of Cutlery Sets		
6	Dietetic Scales		
7	No. of Cupboards		
8	Refrigerator		
9	No of Washbasins		

**3.8 OBG and Paediatrics Lab ( 900 sq ft )**

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**3.9 Pre Clinical Science Lab ( 900 sq ft )**

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**3.10 Computer Lab ( 1500 sq ft )**

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Separate Computer Lab		
2	No. of Computer Systems		
3	Internet facility		
4	Computer Instructor		

**3.11 Room for Audio Visual Aids ( 600 sq ft )**

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Separate room for Audio Visual Aids :		
2	LED Projector :		
3	Over Head Projector :		
4	LED / LCD		
5	Charts ( attach list )		
6	Models Specimens (attach list)		
7	Photostat Machine (Additional )		
8	Number of Computers		

**3.10 Transport (Own / Hired)**

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Seating capacity of vehicle		
2	Registration number of Vehicle		
3	Name of owner of vehicle		

**3.11 Remarks (short comings) :**

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**SECTION 4 : INSTITUTION MANAGEMENT****4.1 Board of Management (should be headed by Principal)** .....**4.2 Budget**

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Separate Budget of the institution		
2	Is Principal DDO		
3	Accounts of the School (should be audited annually by CA, Attach the latest audit balance sheet)		

**4.3 Fees & Other Charges**

SN	Particulars	Fixed by Punjab Govt.	Charged by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Annual Fees	40250/- (including Tuition fees, clinical charges, amalgamated fund etc.)		
2	Monthly Fees	No		
3	Mess Charges	Actual (per month)		

4	Hostel Room Charges (including water, electricity charges etc.)	Rs. 1000/- per student. Rs. 1200/- for 2 students(Rs. 600/- each) Room for three students (Rs. 400/- each student)		
5	Other Charges	5000/- as Security to be refundable after completion of training.		

4.4 Remarks (short comings) : .....

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## **SECTION 5 : HOSTEL FACILITIES**

### **5.1 General**

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Is the hostel situated in complex of the institute?		
2	Hostel Building constructed on own land as shown in NOC?		
3	Hostel in a rented building		
4	Is the Hostel at one place ?		
5	Distance of the hostel from the institute		
6	Where is the mess ?		



7	Distance of the mess from the Hostel		
8	Total Hostel Rooms		
9	Whether a separate block is provided for each course. if Yes mention the number of rooms for each course		
10	Total Hostel capacity (3 students can share a room provided the room size is more than 210 sq ft)		

11. No. of Students living in the Hostel : .....

M.Sc Ng	B.Sc.Ng	B.Sc.Ng (PB)	GNM	ANM	Total No of students

## 5.2 Hostel Facilities

SN	Particulars	Required as per norms	Actual No & Size	Adequate / Any deficiencies / Students living in one room
1 (Very Important. To be filled up with due care)	Hostel Rooms. Mention actual number and size. Not more than 3 students can share a room and the minimum size has to be 210 sq ft.	Single Rooms & Double Rooms = 2400 sq ft.		

2	Cot in the room	1 for each student		
3	Table , Chair	1 for each student		
4	Book Rack	1 for each student		
5	Cupboard	1 for each student		
6	Toilets & Bathrooms	1:5 students ( 500 sq ft ) With geysers and washbasins.		
7	Store	500 sq ft		
8	Recreation (TV, Radio, Indoor games, VCR)	500 sq ft.		
9	Visitors Room	500 sq ft		
10	Reading Room	250 sq ft		
11	Kitchen & Store	1500 sq ft (should be hygienic)		
12	Dinning Hall	3000 sq ft (should be hygienic and should accommodate 80% of total students)		
13	Pantry	1 on each floor		
14	Refrigerator	1		
15	Washing & Ironing	Facility for washing, drying & ironing clothes on each floor.		

16	Sick Room	1 with 5 beds and attached toilet		
17	Warden's Room	Separate Office Room		
18	Canteen			
19	Water Cooler	1 on each floor		
20	Telephone	1 with STD facility		
21	Medical Facility	Doctor on call		
22	<b>Total Covered Area</b>	<b>30750 sq ft</b>		

5.3 Remarks (short comings) : .....

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**SECTION 6 : STAFF****6.1. Teaching Faculty**

SN	Designation	Number required as per norms	Qualification & Experience required	Actual Number	Qualification & Experience available	Mention the facilities less than the norms (Please don't leave this column blank)
1	Principal	1	MSc. Nsg. With three years Teaching Exp. OR BSc. Nsg. With 5 yrs Teaching Exp.			
2	Vice Principal	1	MSc. Nsg. OR BSc. Nsg. With three years Teaching Exp.			
3	Tutors (20 seats)	4	MSc. Nsg. OR BSc. Nsg. OR DNEA, with 2 years Exp.			
4	Tutors (30 seats)	7				
5	Tutors (40 seats)	10				
6	Tutors (50 seats)	15				
7	Tutors (60 seats)	18				
8	Additional Tutor for Interns	1 for every 20 students				

**Note :-- 1. School of Nursing cannot start this course with the annual intake less than 20 students.**

**2. Teacher Student Ratio should be 1:10.**

6.2. Fill the following Performa. Don't attach your own Performa.

SN	Name	Designation	Aadhar Number	PAN Number	Qualification & Specialty / Name of University	Teaching Experience From ..... To .....	Clinical Experience From ..... To .....	PNRC Registration Number	Salary (per month)	Self attested photograph countersigned by the Principal.
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### 6.3 Training for Teaching Faculty

- (a) Faculty deputed for short term course : .....
- (b) Faculty deputed for workshops : .....
- (c) Faculty deputed for Conferences : .....
- (d) Faculty be considered on duty when attending above courses : .....
- (e) Faculty be considered on duty when nominated for Examination / Inspection : .....

#### 6.4 Office Establishment :

SN	Particulars	Required as per norms	Available	Monthly Salary	Photograph duly self-attested and counter signed by the Principal.
1	PA / Stenographer	1 with knowledge of computer			
2	Cashier/Accountant	1 with knowledge of computer			
3	Clerk cum Typist	1 with knowledge of computer			
4	Librarian	1			
5	Lab Attendant	1			
6	Watchman	2			
7	Driver	1 for each vehicle			
8	Cleaner	1 for each vehicle			
9	Peon	3			
10	Sweepers	2			
11	Photostat Operator	1			

**Note :- Provision should be made to have relieving staff in addition to the regular staff.**

#### 6.5 Hostel Staff :

SN	Particulars	Required as per norms	Available	Monthly Salary	Verification by the Principal	Mention the facilities less than the norms (Please don't leave this column blank)
1	Warden * (Female)	3 with BSc. Home Science OR Diploma in House Keeping / Catering				

2	Cooks	1 cook for every 20 students.				
3	Waiters	1 for every 20 students				
4	Sweepers	3				
5	Gardener	2				
6	Security Guard	3				

**Note :- \* means minimum Three wardens must be in every Hostel for Morning, Evening and Night shifts. If number of students is more than 150, One more Warden / Assistant Warden / House Keeper for every additional 50 students.**

#### **6.6 Residential Accommodation**

- (a) No. of Residential Units for Faculty : .....
- (b) Residence for Principal (with Telephone) : .....
- (c) Accommodation for Hostel Warden : .....
- (d) Crèche in the School Campus if available : .....

#### **6.7 Remarks by the Inspectors (shortcomings)** .....

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**SECTION 7 : CLINICAL FACILITIES****7.1**

SN	Particulars	To be filled by Institution	Mention the facilities less than the norms (Please don't leave this column blank)
1	Total Number of Beds of Parent hospital		
2	Total Number of Beds of Affiliated hospitals		

**7.2 Distribution of Beds :-**

SN	Distribution of Beds	No. of beds required	Available beds	Mention the facilities less than the norms (Please don't leave this column blank)
1	Medical	30		
2	Surgical	30		
3	Obst & Gynea	30		
4	Paediatric	20		
5	Ortho	10		

**7.3 List of Affiliated Hospitals :-**

SN	Name of Parent and Affiliated Hospitals	Total Number of beds	Distance from the institution	No. of School / Colleges Affiliated	Total No. of Students	Mention the facilities less than the norms (Please don't leave this column blank)
1						



4														
5														
6														

**Note :- 1. Affiliated Hospitals should not be less than 50 beds.**

**2. Affiliation of Psychiatric Hospital should not be less than 30 beds.**

**3. Affiliated Hospitals should be in the radius of 15-30 kms.**

**4. 1:3 Student Patient Ratio should be maintained.**

**7.4. The Institute is required to submit the following certificate duly attested by Medical Supdt of each affiliated hospital.**

**Name of Affiliated Hospitals:**

SN	Name of Institution	Course	Number of students	Period From .... To.....	Name of Hospital and its total bed strength	Distance of hospital from institution
1						
2						
3						



4						
5						

I Certify that this hospital (Name of Hospital) \_\_\_\_\_ is providing clinical training to the Nursing students not beyond the 1:3 ratio (Student : Bed).

**Signature of Medical Supdt with stamp**

**Full Name of Medical Supdt.....**

**Phone Number .....**

#### 7.5. Staffing Pattern of Hospitals with which Institution is affiliated

SN	Particulars	Required norm	Available			
			Parent Hospital	Hospital 1	Hospital 2	Hospital 3
1	No of beds					
2	Nursing Supdt.	1:200 beds				
3	Deputy Nursing Supdt	1:300 beds				

4	Nursing Supervisors	7:1000 beds				
5	Ward Nursing Supervisor	1:25 beds + 30% leave reserve				
6	Staff Nurse (Ward)	1:3 beds + 30% leave reserve				
7	Staff Nurse for OPD	1:100 OPD beds + 30% leave reserve				
8	Staff Nurse for ICU	1:1 bed + 30% leave reserve				
9	Staff Nurse for specialised Deptt	1:25 bed + 30% leave reserve				

**Note :- 30% leave reserve posts are mandatory.**

#### 7.6 Clinical Experience in Community Health

- (a) Where are the students given training in the Community Health ? .....
- (b) Is the institution attached to Primary Health Centre ? .....
- Location : .....
- No of beds : .....
- (c) A Transport facility for the students : .....

**7.7 Remarks (short comings) :** .....

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## SECTION 8 : RECORDS

**8.1 For students:** Check if the following records are maintained : Inspectors to get documentary proof of each record.

(a) Admission Record : **Provide the admission record in the following format :-**

Name of the Student	Date of birth	Qualification	Marks of Basic Qualification

- (b) Health Record : .....
- (c) Class Attendance : .....
- (d) Clinical & Field Experience : .....
- (e) Internal Assessment Record (for both Theory & Practical) .....
- (f) Marks List (State Council / Board Results) .....
- (g) Record of Extra curricular activities of students .....
- (both in School as well outside)
- (h) Leave Record : .....
- (i) Practical Record Book : .....
- (j) Midwifery Case Book : .....
- (k) Cumulative Record : .....

**8.2 For each academic year , for each class / batch :** Check if the following records are maintained :

- (a) Course contents record (for each subject) .....
- (b) The record of the academic performance : .....

(c) Rotation plans for each academic year : .....

(d) Record of committee meetings : .....

(e) Record of the stock of the school : .....

(f) Affiliation record : .....

(g) Grant-in-aid record (if the school is receiving grant-in-aid from any source like State Govt.etc).

### 8.3 Eligibility for admissions

(a) Check that the students admitted are eligible for admission

Name of Course	Cut off % for admission		Cut off Age for admission		Is any ineligible student admitted?	Verification by the Inspectors
	Required is 40% - INC	Actual	17 years on 31-Dec. of that year.	Actual		

(b) Check the actual no of students and verify if any students in excess of authorised strength were admitted :

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#### 8.4 Academic Year

- (a) Date of Admission : .....
- (b) Date of Examination : .....
- (c) Has every student completed minimum 46 weeks of study ?.....

#### 8.5 Other Record

- (a) Record of Educational Programme organised for teaching faculty : .....
- (b) Annual reports - Record of achievement of the School : .....

8.6 Remarks (short comings) : .....

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**SECTION 9 : VACATIONS AND HOLIDAYS**

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SN	Annual Vacation (Required)	Annual Vacation (Actual)		Remarks, if any
		From	To	
1	30 days			
2	Sick leave – 10 per annum			
3	Preparatory leaves – 7 days per annum			

9.1 Remarks (short comings) : .....

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**Note :- List of Holidays should be got approval from the State Nursing Council in the start of the Session.**

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**SECTION 10 : RECOMMENDATION**

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10.1 General Comments .....

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**10.2 Minor short comings**

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**10.2 Major short comings**

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**10.3 Whether the institution fulfils all the norms as prescribed by Indian Nursing Council ? If Yes, then do you recommend affiliation / continuance of affiliation with PNRC for how much seats ? If No, then state the reasons.**

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#### 10.4 Over All Grading

Excellent                      Very Good                      Good                      Average                      Below Average

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**Name of Inspector :**

**Inspector 1:-**

1. Name :-
2. Designation :-
3. Work Address:-
4. Phone Number :-
5. E-mail address :-

**Signatures**

**Inspector 1 :-**

Name of **Inspector 2:-**

**Inspector 2 :-**

1. Name :-
2. Designation :-
3. Work Address:-
4. Phone Number :-
5. E-mail address :-

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(Annexure 'A')  
**DECLARATION**

I certify that I am working as \_\_\_\_\_ in \_\_\_\_\_ w.e.f \_\_\_\_\_ till date. I have conducted the Inspection on dated \_\_\_\_\_ of \_\_\_\_\_ Institute for \_\_\_\_\_ Course. I hereby declare that :-

1. All the facilities (Physical, Clinical, Teaching & Non-Teaching Staff) furnished by me in the Inspection Report are actually existing in the Institution.
2. There is no student admitted in excess of the sanctioned strength in any course as per the record provided by the Principal of the Institute.
3. I have personally checked & verified the facilities existing in the Institute.
4. If any information furnished in the Inspection Report is found to be incorrect, my registration with PNRC may be cancelled.

**Signature of the Inspector with official stamp**

**Full Name of the Inspector.....**

**Aadhar Number.....**

**PAN Number.....**

**Phone Number .....**

**E-mail id .....**

**Registration No .....**