

Punjab Nurses Registration Council
Medical Education Bhawan, 3rd floor, Sector 69, SAS Nagar, Mohali.
Self Certification Performa (for all Nursing Courses)

Instructions :

1. *This Self Certification Performa is mandatory to apply for affiliation for all Nursing Courses.*
2. *This Self Certification Performa is to be filled in with due care and cutting, overwriting or fluid is not allowed.*
3. *No column should be left blank.*
4. *Please fill the Performa carefully and complete in all respects .*
5. *Please do not write “List attached“(in most of the columns).*
6. *Attach attested annexures only where required.*
7. *Don’t attach your own list.*
8. **The Principal of the Institution should sign and stamp on every page of the Self Certification Performa.**
9. **The Principal of the Institution *shall be responsible for any false information found at any stage.***
10. **The Declaration from the Principal and the Certificate from the Medical Supdt of each of the affiliated hospitals is mandatory.**

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SECTION 1 : GENERAL INFORMATION

| SN | Particulars | To be filled by Institution | To be verified by the Principal |
|----|---|-----------------------------|---------------------------------|
| 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) | | |

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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.....

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SECTION 2 : ADMISSIONS

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. |
|-----|-----|------|-----------|----------|
| | | | | |

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2.3 Admission Details (Previous Years) : Principals to provide certified list of students details of 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 st | 2 nd | 1 st | 2 nd | 3 rd | 4 th | 1 st | 2 nd | 1 st | 2 nd | 3 rd | 1 st | 2 nd | |
| 1 | 2017-18 | | | | | | | | | | | | | | |
| 2 | 2016-17 | | | | | | | | | | | | | | |
| 3 | 2015-16 | | | | | | | | | | | | | | |

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SECTION 3 : PHYSICAL FACILITIES

3.1 Land and Building

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

| SN | Required Land as Govt. for each course (ANM / GNM / B.Sc / PB B.Sc / M.Sc Nsg) | 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 :- Principal to attach the self attested copy of registered deed as Annexure.

(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 |
|----------------------|---|---------------------|
| | | |

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Note :- Principal to attach the self attested 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 :- Principal to attach the self attested 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 :

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

(Add classrooms for each course as per duration of the course)

| COURSE | REQUIRED AREA (Teaching Block) | REQUIRED AREA (Hostel Block) | ACTUAL AREA (Teaching Block) | ACTUAL AREA (Hostel Block) | REMARKS |
|--------------------|-----------------------------------|---------------------------------|---------------------------------|-------------------------------|---------|
| ANM | 10060 Sq ft. | 15625 Sq ft. | | | |
| GNM | 20000 Sq ft. | 17500 Sq ft. | | | |
| PB BSc. Ng. | 23720 Sq ft. | 30750 Sq ft. | | | |
| BSc. Ng. | 23720 Sq ft. | 30750 Sq ft. | | | |
| MSc. Ng. | 23720 Sq ft. | 30750 Sq ft. | | | |

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3.3 Physical Facilities (Teaching Block) - Principal to attach the self attested 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 | | | | |
|----|--|---|--|-------------------------------|-----|------------|------|------|
| | | | | ANM | GNM | BSc. (P.B) | BSc. | MSc. |
| 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. | 1080 sq ft. each (Add classrooms for each course as per duration of the course) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 | Toilets in the Institution Building | 1000 sq ft (1:25) | | | | | | |
| 3 | Auditorium / Multi Purpose Hall | 3000 sq ft (at least double the actual strength of students) | | | | | | |
| 4 | Principal's Office | 300 sq ft (with attached toilet and provision for Visitor's Room, Independent Telephone facility with Intercom, linked to Hospitals and Hostel) | | | | | | |

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|----|---------------------------------------|---|--|--|--|--|--|--|
| 5 | Vice Principal's Office | 200 sq ft (same as Principal's Office) | | | | | | |
| 6 | One room for each Head of Department. | 800 sq ft | | | | | | |
| 7 | Faculty Room | 2400 sq ft (One office room for 2 teachers only) | | | | | | |
| 8 | Staff Room | 1000 sq ft | | | | | | |
| 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. | | | | | | |

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|----|--------------------|---|--|--|--|--|--|--|
| 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 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 by 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) |
|----|---|-----------------------------|--|
| 1 | Is there a separate library | | |
| 2 | Covered Area | | |
| 3 | Is there separate budget for the library | | |
| 4 | Seating capacity (should accommodate half the student strength) | | |
| 5 | Is it well ventilated & lit | | |
| 6 | Composition of Library Committee | | |
| 7 | Is there cabin for the librarian | | |

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|-----------|--|--|--|
| 8 | Is there separate staff reading room If Yes, seating capacity (should have seating capacity for 10 members) | | |
| 9 | Is intercom facility available | | |
| 10 | No. of cupboards | | |
| 11 | No. of Book Shelves | | |
| 12 | No. of Book Racks | | |
| 13 | No. of Nursing Books (minimum 500 including new additions) GNM = 500; ANM = 500; BSc. = 3000 ; MSc. = 3000 | | |
| 14 | No. of Nursing Journals (minimum 3 kinds) GNM = 3; BSc. = 15 ; MSc. = 15 (1/3 rd should be foreign journals) | | |
| 15 | No. of Magazines (minimum 3 kinds) | | |
| 16 | No. of Newspapers (minimum 2 kinds) | | |
| 17 | Other Current Health related Literature | | |

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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 | | |

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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 | | |

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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 | | |

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) |
|----|-------------|-----------------------|------------------------|--|
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| | | | | |
|---|---|---|--|--|
| 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) | | |
| 5 | Other Charges | 5000/- as Security to be refundable after completion of training. | | |

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? | | |

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| | | | |
|----|---|--|--|
| 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 (50 sq. ft. for each student. Two students can share a room) | | |

11. No. of Students living in the Hostel :

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

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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. | (50 sq. ft. for each student. Two students can share a room) | | |
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| | | | | |
| 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. | | |

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|----|-------------------|---|--|--|
| 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 | | | |

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| | | | | |
|----|---------------------------|---------------------|--|--|
| 19 | Water Cooler | 1 on each floor | | |
| 20 | Telephone | 1 with STD facility | | |
| 21 | Medical Facility | Doctor on call | | |
| 22 | Total Covered Area | 30750 sq ft | | |

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. | | | |

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|---|---------------------------------|----------------------------|--|--|--|--|
| 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. |
|----|------|-------------|------------------|---------------|---|--|--|--------------------------------|--------------------------|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |

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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.

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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 :

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6.7 Remarks by the Pricipal (shortcomings)

.....

.....

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 | | |

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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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

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Other specialised facilities :-

| SN | Hospital | Clinical Areas | | | | | | | | | | | | |
|----|-----------------|----------------------|---------|----------|------------|--------------|------------|--------------|----------|----------------------|------------|-----------|----------------------|--------------------|
| | | Total number of Beds | Medical | Surgical | Pediatrics | Gyne & Obst. | Orthopedic | Psychiatrics | Eye, ENT | Coronary / CCU / ICU | Nephrology | Neurology | Emergency / Casualty | Burns and Plastics |
| 1 | Parent Hospital | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 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.

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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

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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.

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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 :

SECTION 8 : RECORDS

8.1 For students : Check if the following records are maintained : **Principal 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)

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- (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 Principal |
|----------------|-------------------------|--------|-----------------------------------|--------|--------------------------------------|-------------------------------|
| | Required is 40% - INC | Actual | 17 years on 31-Dec. of that year. | Actual | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

.....

.....

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 :

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SECTION 9 : VACATIONS AND HOLIDAYS

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

Note :- Affiliation shall not be granted if the declaration (Annexure 'A') is not submitted by the Principal.

Signature of Principal with official stamp

Full Name of Principal.....

Aadhar Number.....

PAN Number

Phone Number

E-mail id

RN Number

RM Number

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(Annexure 'A')
DECLARATION

I certify that I am working as Principal in _____
w.e.f. _____ till date hereby declare that :-

1. All the facilities (Physical, Clinical, Teaching & Non-Teaching Staff) furnished by me in the Self Certification Performa are actually existing in the Institution.
2. There is no student admitted in excess of the sanctioned strength in any course.
3. All the students in all the courses are regular students and there is no non attending students admitted in the Institute.
4. If any information furnished in the Self Certification Performa is found to be incorrect, my registration with PNRC may be cancelled.

Signature of Principal with official stamp

Full Name of Principal.....

Aadhar Number.....

PAN Number.....

Phone Number

E-mail id

RN

RM