

Government of Jharkhand
Health, Medical Education and Family Welfare Department

Inspection format for conducting ANM Course

(To be filled by inspectors and submitted to the Jharkhand Nurses Registration Council seeking approval of the course/continuation of the approval)

Part 1: General Information

1.	Name of the Institution Complete Postal Address Telephone no Email id Website Geological Co-ordinates	
2.	Geological/Physical Topography which includes approach road, rivers, drains and mountains and other important things.	
3.	Status of the course conducting body- Government/ University/ Autonomous/ Aided/ Private or Public Trust (Enclose copy of registration documents of the body)	
4.	Name of the Society/ Trust/ Organisation/ Company Complete Postal Address Telephone no Email id Website	
5.	Name, Designation and address of the person to be contacted Telephone/Mobile no Email id	
6.	Name and address of the Head of the Institution Telephone/Mobile no Email id	
7.	Details of fees paid for approval Amount Transaction no DD/Check no Date	
8.	Bank Guarantee Details (a) Urban Area – Rs. 2.00 lakhs (b) Rural Area – Rs. 1.00 lakhs Bank Guarantee No Name and address of the Bank Amount Date of issue Date of Expiry	

Part 2: Physical Infrastructure

1.	Availability of Land (a) 0.75 acres for Urban Area (b) 2.00 acres for Rural Area (as per guidelines issued by the department vide Resolution no-185(10) dated 25.06.2018)	
2.	Land Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed Plot No Khata No Rakba	
3.	Detailed map of the land which displays the different buildings used by the institution. Geo tagging of land and buildings with complete address. Geo Tagged Co-ordinates	
4.	Building Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed	
5.	Drawing/map of the each floor of each and every buildings with details of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room etc. by the architect. Geo Tagged Co-ordinates	
6.	Photographs of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room, equipments etc. Photographs of complete buildings of academic block and hostel block with front view and back view with Geo Tagged Co-ordinates. A video of institution's campus including all the details mentioned for academic and hostel block above in photographs.	
7.	Usage of Land and Building (as per guidelines issued by INC the proposed land and building would be used only for the Nursing Courses) - Affidavit to be enclosed	
8.	Details of other institution/courses running in the specified land and building or in the same campus or in the same building Name of the Institution Name of the Courses NOC/Affiliation/ Approval Status	
9.	Build up area of Academic Building (as per guidelines issued by INC for admission capacity of 40 – 60 students)	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

	Teaching Block	10060 Sq. Ft.	
	Staff Room	500 Sq. Ft.	
	Faculty Room	1200 Sq. Ft.	
	Class Room	2 @ 1080 = 2160 Sq. Ft.	
	Nursing laboratory	1500 Sq. Ft.	
	Nutrition laboratory	900 Sq. Ft.	
	Library cum Study	1200 Sq. Ft.	
	Audio Visual Aids Room	600 Sq. Ft.	
	Provisions for Toilets	500 Sq. Ft.	
	Multipurpose Hall	1500 Sq. Ft.	
10.	Build up area of Hostel Building (as per guidelines issued by INC)		
	Hostel Block	15625 Sq. Ft.	
	Double Room	12000 Sq. Ft.	
	Sanitary	One latrine & One bathroom (for 5 Students)-500	
	Visitor Room	250 Sq. Ft.	
	Reading Room	125 Sq. Ft.	
	Store	250 Sq. Ft.	
	Recreation Room	250 Sq. Ft.	
	Dining Hall	1500 Sq. Ft.	
	Kitchen & Store	750 Sq. Ft.	

Part 3: Personnel

Qualification and Experience for teaching Staff-

1. Principal – M.Sc. Nursing with 3 years of teaching experience or B.Sc. Nursing with 5 years of teaching experience.
2. Nursing Tutor – B.Sc. Nursing/Diploma in Nursing Education and Administration/Diploma in Public Health Nursing with 2 years of Clinical experience.

Details of the Principal (records to be enclosed)		
1.	Name of the Principal	
2.	Educational Qualification – B.Sc.(N)-Basic/ Post Basic/ M.Sc.(N)/ Ph.D	
3.	Year of passing Higher Qualification	
4.	Teaching Experience	
5.	Actual Working Experience	
6.	Adhar No	
7.	Contact No	
8.	Email id	
9.	Salary Details	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Teaching Staffs - Teacher Student ratio should be 1:10 (as per INC)									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Registration (RN/RM) No	Contact No.

(Records to be enclosed along with the affidavit by the institution)

Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Non-Teaching Staffs									
Sl.	Name of the Staff	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Contact No	Remarks.

(Records to be enclosed)

Non Teaching Staffs – Salary Details									
Sl.	Name of the Staff	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Part 4: Clinical Facilities

(records/affidavits/agreements to be enclosed)

1.	Name of the Hospital Registration no and year Complete Postal Address Telephone No Email Website	
2.	Name of the Society/Trust/Organisation/ Company running the hospital Complete Postal Address Telephone No Email id Website	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

3.	Name of the Head of the Hospital Address Telephone/Mobile No Email	
4.	Name of the person to be contacted in the Hospital Telephone/Mobile No Email	
5.	Type of area where the hospital is situated Tribal/Non-Tribal Rural/Urban	
6.	Distance from the institution Geo Tagged Location/Co-ordinates	
7.	Relation with the institution (Parent/Agreement/MOU/NOC)	
8.	Clinical Facilities available Total no. of beds Total no. of nursing staffs Patients occupancy ratio	
9.	Details of the institution attached with the hospital No. of institution Name of the Institution Complete Address of the institution	
10.	Pollution Certificate Details Certificate No. Date of Approval Date of Expiry Approving Authority	

In case of affiliation with more than one hospital, separate annexures to be submitted.

Part 5: Others (records to be enclosed)

1. Affiliation details of PHC/CHC/Sadar/Others of State Government by the institution.
2. Vehicle Facility Details
3. Last 3 years Audit report of the Society/Trust
4. Last 3 years Audit report of the Institution (if already running any Nursing Courses in respect of the course)
5. Last 3 years Activity report of the Society/Trust
6. Affidavit for not taking admission without NOC and Affiliation of the concerned authority
7. Affidavit for accepting that all the details mentioned in this inspection form is correct and if anything found wrong, the institution is liable for action according to the norms even after the issuance of NOC by the State Government.

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Part 6: Observation of the Inspection Team

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Name, Designation and Signature of the Head of the Institution

Name, Designation and Signature of the Inspection Team

- 1.
- 2.
- 3.
- 4.
- 5.

Comments/recommendation and Signature of the Registrar of Jharkhand
Nurses Registration Council for approval to State Level Committee

Comments/recommendation and Signature of the Chairperson of
Jharkhand Nurses Registration Council for approval to State Level
Committee

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Government of Jharkhand
Health, Medical Education and Family Welfare Department

Inspection format for conducting GNM Course

(To be filled by inspectors and submitted to the Jharkhand Nurses Registration Council seeking approval of the course/continuation of the approval)

Part 1: General Information

1.	Name of the Institution Complete Postal Address Telephone no Email id Website	
2.	Geological/Physical Topography which includes approach road, rivers, drains and mountains and other important things.	
3.	Status of the course conducting body- Government/ University/ Autonomous/ Aided/ Private or Public Trust (Enclose copy of registration documents of the body)	
4.	Name of the Society/ Trust/ Organisation/ Company Complete Postal Address Telephone no Email id Website	
5.	Name, Designation and address of the person to be contacted Telephone/Mobile no Email id	
6.	Name and address of the Head of the Institution Telephone/Mobile no Email id	
7.	Details of fees paid for approval Amount Transaction no DD/Check no Date	
8.	Bank Guarantee Details (a) Urban Area – Rs. 2.00 lakhs (b) Rural Area – Rs. 1.00 lakhs Bank Guarantee No Name and address of the Bank Amount Date of issue Date of Expiry	

Part 2: Physical Infrastructure

1.	Availability of Land (a) 0.75 acres for Urban Area (b) 2.00 acres for Rural Area (as per guidelines issued by the department vide Resolution no-185(10) dated 25.06.2018)	
2.	Land Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed Plot No Khata No Rakba	
3.	Detailed map of the land which displays the different buildings used by the institution. Geo tagging of land and buildings with complete address. Geo Tagged Co-ordinates	
4.	Building Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed	
5.	Drawing/map of the each floor of each and every buildings with details of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room etc. by the architect. Geo Tagged Co-ordinates	
6.	Photographs of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room, equipments etc. Photographs of complete buildings of academic block and hostel block with front view and back view with Geo Tagged Co-ordinates. A video of institution's campus including all the details mentioned for academic and hostel block above in photographs.	
7.	Usage of Land and Building (as per guidelines issued by INC the proposed land and building would be used only for the Nursing Courses) - Affidavit to be enclosed	
8.	Details of other institution/courses running in the specified land and building or in the same campus or in the same building. Name of the Institution Name of the Courses NOC/Affiliation/ Approval Status	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

9.	Build up area of Academic Building (as per guidelines issued by INC for admission capacity of 40 – 60 students)		
	Teaching Block	20000 Sq. Ft.	
	Lecture hall	3 @ 900 = 2700 Sq. Ft.	
	Nursing Foundation Lab	1500 Sq. Ft.	
	CHN & Nutrition Lab	900 Sq. Ft.	
	Advance Nursing Skill Lab	900 Sq. Ft.	
	OBG and Pediatrics Lab	900 Sq. Ft.	
	Pre-clinical Science Lab	900 Sq. Ft.	
	Computer Lab	1500 Sq. Ft.	
	Multipurpose Hall	3000 Sq. Ft.	
	Common Room (Male & Female)	1000 Sq. Ft.	
	Staff Room	1000 Sq. Ft.	
	Principal Room	300 Sq. Ft.	
	Vice Principal Room	200 Sq. Ft.	
	Library	1800 Sq. Ft.	
	Audio Visual Aids Room	600 Sq. Ft.	
	Faculty Room	1800 Sq. Ft.	
	Provisions for Toilets	1000 Sq. Ft.	
10.	Build up area of Hostel Building (as per guidelines issued by INC)		
	Hostel Block	17500 Sq. Ft.	
	Single/Double Room	9000 Sq. Ft.	
	Sanitary	One latrine & One bathroom (for 60 Students)- $600 * 3 = 1800$	
	Visitor Room	500 Sq. Ft.	
	Reading Room	250 Sq. Ft.	
	Store	500 Sq. Ft.	
	Recreation Room	500 Sq. Ft.	
	Dining Hall	3000 Sq. Ft.	
	Kitchen & Store	1500 Sq. Ft.	
	Warden's Room	450 Sq. Ft.	
11.	Others Facility (Attach Photographs) (a) Garage (b) Fire Extinguisher (c) Playground (d) Canteen		

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Part 3: Personnel

Qualification and Experience for teaching Staff-

Sl.	Teaching faculty	Qualification & Experience	No. required
1.	Principal	M.Sc. Nursing with 3 years of teaching experience or B.Sc. Nursing (Basic/Post Basic) with 5 years of teaching experience	1
2.	Vice-Principal	M.Sc. Nursing or B.Sc. Nursing (Basic/Post Basic) with 3 years of teaching experience	1
3.	Tutor	M.Sc. Nursing or B.Sc. Nursing (Basic/Post Basic) or Diploma in Nursing Education and Administration with 2 years of Clinical experience	10
4.	Additional Tutor for Interns	M.Sc. Nursing or B.Sc. Nursing (Basic/Post Basic) or Diploma in Nursing Education and Administration with 2 years of Clinical experience	2

Details of the Principal (records to be enclosed)		
1.	Name of the Principal	
2.	Educational Qualification – B.Sc.(N)-Basic/ Post Basic/ M.Sc.(N)/ Ph.D	
3.	Year of passing Higher Qualification	
4.	Teaching Experience	
5.	Actual Working Experience	
6.	Adhar No	
7.	Contact No	
8.	Email id	
9.	Salary Details	

Teaching Staffs - Teacher Student ratio should be 1:10 (as per INC)									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Registration (RN/RM) No	Contact No.

(Records to be enclosed along with the affidavit by the institution)

Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Non-Teaching Staffs									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Contact No.	Remarks

(Records to be enclosed)

Non-teaching Staffs are required for School and Hostel separately as Warden, Clerk, Peon, Cleaner, Sweeper, Cook, Helper, Gardener, Driver, Security Guard etc.

Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Part 4: Clinical Facilities

(records/affidavits/agreements to be enclosed)

The eligible organization/ Establishments should have their own 100 bedded Parent Hospital.

Provided that in respect of Tribal and Hilly area the requirement of own Parent Hospital is Exempted.

1.	Name of the Hospital Registration no and year Complete Postal Address Telephone No Email Website	
2.	Name of the Society/Trust/Organisation/ Company running the hospital Complete Postal Address Telephone No Email id Website	
3.	Name of the Head of the Hospital Address Telephone/Mobile No Email	
4.	Name of the person to be contacted in the Hospital Telephone/Mobile No Email	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

5.	Type of area where the hospital is situated Tribal/Non-Tribal Rural/Urban	
6.	Distance from the institution (a) 15 – 30 KM from affiliated hospital (b) 30 – 50 KM from affiliated hospital in Hilly & Tribal Area. Geo Tagged location/Co-ordinates	
7.	Relation with the institution (Parent/Agreement/MOU/NOC)	
8.	Clinical Facilities available Total no. of beds Medical Surgical Obst. & Gynaecology Pediatrics Orthopaedics Total no. of nursing staffs Patients occupancy ratio	
9.	Details of the institution attached with the hospital No. of institution Name of the Institution Complete Address of the institution	
10.	Pollution Certificate Details Certificate No. Date of Approval Date of Expiry Approving Authority	

In case of affiliation with more than one hospital(maximum 3 Hospital can be attached), separate annexures to be submitted.

The Size of the Hospital/ Nursing home for affiliation should not be less than 50 beds apart from having own hospital.

Affiliation of Psychiatric Hospital should be of minimum 30 – 50 beds.

1:3 student patient ratio to be maintained.

Part 5: Others (records to be enclosed)

1. Affiliation details of PHC/CHC/Sadar/Others of State Government by the institution.
2. Vehicle Facility Details
3. Last 3 years Audit report of the Society/Trust
4. Last 3 years Audit Report of the Institution (if already any Nursing Courses in respect of the course)
5. Last 3 years Activity report of the Society/Trust

Signature of the Head of the Institution

Signature of the Head of the Inspection team

6. Affidavit for not taking admission without NOC and Affiliation of the concerned authority.
7. Affidavit for accepting that all the details mentioned in this inspection form is correct and if anything found wrong, the institution is liable for action according to the norms even after the issuance of NOC by the State Government.

Part 6: Observation of the Inspection Team

Name, Designation and Signature of the Head of the Institution

Name, Designation and Signature of the Inspection Team

- 1.
- 2.
- 3.
- 4.
- 5.

Comments/recommendation and Signature of the Registrar of Jharkhand Nurses Registration Council for approval to State Level Committee

Comments/recommendation and Signature of the Chairperson of Jharkhand Nurses Registration Council for approval to State Level Committee

Government of Jharkhand
Health, Medical Education and Family Welfare Department

Inspection format for conducting B.Sc. Nursing (Basic/Post Basic) Course

(To be filled by inspectors and submitted to the Jharkhand Nurses Registration Council seeking approval of the course/continuation of the approval)

Part 1: General Information

1.	Name of the Institution Complete Postal Address Telephone no Email id Website	
2.	Geological/Physical Topography which includes approach road, rivers, drains and mountains and other important things.	
3.	Status of the course conducting body- Government/ University/ Autonomous/ Aided/ Private or Public Trust (Enclose copy of registration documents of the body)	
4.	Name of the Society/ Trust/ Organisation/ Company Complete Postal Address Telephone no Email id Website	
5.	Name, Designation and address of the person to be contacted Telephone/Mobile no Email id	
6.	Name and address of the Head of the Institution Telephone/Mobile no Email id	
7.	Details of fees paid for approval Amount Transaction no DD/Check no Date	
8.	Bank Guarantee Details (a) Urban Area – Rs. 2.00 lakhs (b) Rural Area – Rs. 1.00 lakhs Bank Guarantee No Name and address of the Bank Amount Date of issue Date of Expiry	

Part 2: Physical Infrastructure

1.	Availability of Land (a) 0.75 acres for Urban Area (b) 2.00 acres for Rural Area (as per guidelines issued by the department vide Resolution no-185(10) dated 25.06.2018)	
2.	Land Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed Plot No Khata No Rakba	
3.	Detailed map of the land which displays the different buildings used by the institution. Geo tagging of land and buildings with complete address. Geo Tagged Co-ordinates	
4.	Building Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed	
5.	Drawing/map of the each floor of each and every building with details of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room etc. by the architect. Geo Tagged Co-ordinates	
6.	Photographs of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room, equipments etc. Photographs of complete buildings of academic block and hostel block with front view and back view with Geo Tagged Co-ordinates.	
	A video of institution's campus including all the details mentioned for academic and hostel block above in photographs.	
7.	Usage of Land and Building (as per guidelines issued by INC the proposed land and building would be used only for the Nursing Courses) - Affidavit to be enclosed	
8.	Details of other institution/courses running in the specified land and building or in the same campus or in the same building. Name of the Institution Name of the Courses NOC/Affiliation/ Approval Status	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

9.	Build up area of Academic Building (as per guidelines issued by INC for admission capacity of 40 – 60 students)		
	Teaching Block	23200 Sq. Ft.	
	Lecture hall * additional 2 lecture halls: 2@1080 = 2160 Sq. Ft. for Post basic B.Sc.(N) programme for 40 – 60 Student intakes	4 @ 900 = 3600 Sq. Ft.	
	Skill lab/ Simulation Laboratory		
	Nursing Foundation Lab	1600 Sq. Ft.	
	CHN & Nutrition Lab	1200 Sq. Ft.	
	Advance Nursing Skill Lab	900 Sq. Ft.	
	OBG and Pediatrics Lab	900 Sq. Ft.	
	Child Health Nursing Lab	900 Sq. Ft.	
	Pre-clinical Science Lab	900 Sq. Ft.	
	Computer Lab	1500 Sq. Ft.	
	Audio Visual Aids Room	600 Sq. Ft.	
	Multipurpose Hall	3000 Sq. Ft.	
	Common Room (Male & Female)	1000 Sq. Ft.	
	Staff Room	800 Sq. Ft.	
	Principal Room	300 Sq. Ft.	
	Vice Principal Room	200 Sq. Ft.	
	Library	2300 Sq. Ft.	
	One Room for each HoDs	5 @ 200 = 1000 Sq. Ft.	
	Faculty Room	2400 Sq. Ft.	
	Provisions for Toilets	1000 Sq. Ft.	
10.	Build up area of Hostel Building (as per guidelines issued by INC)		
	Hostel Block	21100 Sq. Ft.	
	Single/Double Room	12000 Sq. Ft.	
	Sanitary	One latrine & One bathroom (for 60 Students)- 600 * 4 = 2400	
	Visitor Room	500 Sq. Ft.	
	Reading Room	250 Sq. Ft.	
	Store	500 Sq. Ft.	
	Recreation Room	500 Sq. Ft.	
	Dining Hall	3000 Sq. Ft.	
	Kitchen & Store	1500 Sq. Ft.	
	Warden's Room	450 Sq. Ft.	
11.	Others Facility (Attach photographs) (a) Garage (b) Fire Extinguisher (c) Playground (d) Canteen		

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Note: Proportionately the rooms and the other facilities will increase according to the number of students admitted.

Part 3: Personnel

Qualification and Experience for teaching Staff-

Sl.	Teaching faculty	Qualification & Experience
1.	Principal	Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having total 15 years' experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program. Ph.D. (Nursing) is desirable
2.	Vice-Principal	Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) Total 12 years' experience with M.Sc. (Nursing) out of which 10 years teaching experience after M.Sc. (Nursing) Ph.D. (Nursing) is desirable
3.	Professor	Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) Total 12 years' experience with M.Sc. (Nursing) out of which 10 years teaching experience after M.Sc. (Nursing). Ph.D. (Nursing) is desirable
4.	Associate Professor	Essential Qualification: M.Sc. (Nursing) Experience: Total 8 years' experience with M.Sc. (Nursing) including 5 years teaching experience Ph.D. (Nursing) desirable
5.	Assistant Professor	Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) with total 3 years teaching experience Ph.D. (Nursing) desirable
6.	Tutor	M.Sc. (Nursing) preferable Experience: B.Sc. (Nursing)/P.B.B.Sc. (Nursing) with 1 year experience

Teaching staff required for B.Sc.(N) as per INC guidelines

Category	No. Required for 40 – 60 Students	Available	No. Required for 61 – 100 Students	Available
Principal	1		1	
Vice principal	1		1	
Professor	1		1 – 2	
Associate professor	2		2 – 4	
Assistant Professor	3		3 – 8	
Tutor	8 – 16		16 – 24	

(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.

No. of faculties would be increases as per the capacity of the B.Sc. Nursing Post Basic Course according to the norms of INC. Teacher Student ratio should be 1:10.

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Details of the Principal (records to be enclosed)		
1.	Name of the Principal	
2.	Educational Qualification – B.Sc.(N)-Basic/ Post Basic/ M.Sc.(N)/ Ph.D	
3.	Year of passing Higher Qualification	
4.	Teaching Experience	
5.	Actual Working Experience	
6.	Adhar No.	
7.	Contact No.	
8.	Email id	
9.	Salary Details	

Teaching Staffs Details - Teacher Student ratio should be 1:10 (as per INC)									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Registration (RN/RM) No	Contact No.

(Records to be enclosed along with the affidavit by the institution)

Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Non-Teaching staff required as per INC guidelines

Category	No. Required	Available	Remarks
Administrative Officer	1		
Office Superintendent	1		
PA to Principal	1		
Accountant/Cashier	1		
Upper Divisional Clerk	2		
Lower Divisional Clerk	2		
Store Keeper	1		
Classroom Attendant	2		
Peon/Office Attendant	4		
Librarian	2		
Library Attendant	as per requirement		
Sanitary Staff	as per requirement		
Security Staff	as per requirement		
For Hostel			

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Wardens	3		1: for each Shift i.e. morning, evening and night
Cook	1		1: for every 20 students for each shift
Kitchen & Dining helper	1		1: for every 20 students for each shift
Sweeper	3		
Gardener	2		
Security Staff	3		

Non-Teaching Staffs Details									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Contact No.	Remarks

(Records to be enclosed)

Non-teaching Staffs are required for School and Hostel separately as Warden, Clerk, Peon, Cleaner, Sweeper, Cook, Helper, Gardener, Driver, Security Guard etc.

Non Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Part 4: Clinical Facilities

(records/affidavits/agreements to be enclosed)

The eligible organization/ Establishments should have their own 100 bedded Parent Hospital.

Provided that in respect of Tribal and Hilly area the requirement of own Parent Hospital is Exempted.

1.	Name of the Hospital Registration no and year Complete Postal Address Telephone No Email Website	
2.	Name of the Society/Trust/Organisation/ Company running the hospital Complete Postal Address Telephone No Email id Website	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

3.	Name of the Head of the Hospital Address Telephone/Mobile No Email	
4.	Name of the person to be contacted in the Hospital Telephone/Mobile No Email	
5.	Type of area where the hospital is situated Tribal/Non-Tribal Rural/Urban	
6.	Distance from the institution (a) 15 – 30 KM from affiliated hospital (b) 30 – 50 KM from affiliated hospital in Hilly & Tribal Area. Geo Tagged location/Co-ordinates	
7.	Relation with the institution (Parent/Agreement/MOU/NOC)	
8.	Clinical Facilities available Total no. of beds Medical (min. 50 beds) Surgical (min. 50 beds) Obst. & Gynaecology (min. 50 beds) Pediatrics (min. 30 beds) Orthopaedics (min. 15 beds) Emergency Medicine (min. 10 beds) Psychiatry (min. 20 beds) Total no. of nursing staffs Patients occupancy ratio	
9.	Details of the institution attached with the hospital No. of institution Name of the Institution Complete Address of the institution	
10.	Pollution Certificate Details Certificate No. Date of Approval Date of Expiry Approving Authority	

In case of affiliation with more than one hospital (maximum 3 Hospital can be attached), separate annexures to be submitted.

Clinical Facilities for affiliation with the hospital would be same as the parent hospital.

The Size of the Hospital/ Nursing home for affiliation should not be less than 50 beds apart from having own hospital.

Affiliation of Psychiatric Hospital should be of minimum 30 – 50 beds.

1:3 student patient ratio to be maintained.

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Part 5: University Details

Name of the university (to be affiliated from) Complete Postal Address Telephone no Email id Website	
Status of University – Government/ Private/ Deemed/Autonomous/	
Name of the trust/society/organization/ company of university Complete Postal Address Telephone no Email id Website	
Status of affiliation to the institution (Approved/Not Approved)	

Part 6: Others (records to be enclosed)

1. Affiliation details of PHC/CHC/Sadar/Others of State Government by the institution.
2. Vehicle Facility Details
3. Last 3 years Audit report of the Society/Trust
4. Last 3 years Audit report of the institution in respect of the nursing courses (if conducting any nursing courses)
4. Last 3 years Activity report of the Society/Trust
5. Affidavit for not taking admission without NOC and Affiliation of the concerned authority.
6. Affidavit for accepting that all the details mentioned in this inspection form is correct and if anything found wrong, the institution is liable for action according to the norms even after the issuance of NOC by the State Government.

Part 7: Observation of the Inspection Team

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Name, Designation and Signature of the Head of the Institution

Signature of the Head of the Institution

Signature of the Head of the Inspection team

Name, Designation and Signature of the Inspection Team

- 1.
- 2.
- 3.
- 4.
- 5.

Comments/recommendation and Signature of the Registrar of Jharkhand
Nurses Registration Council for approval to State Level Committee

Comments/recommendation and Signature of the Chairperson of Jharkhand
Nurses Registration Council for approval to State Level Committee

Government of Jharkhand
Health, Medical Education and Family Welfare Department

Inspection format for conducting M.Sc. Nursing Course

(To be filled by inspectors and submitted to the Jharkhand Nursing Registration Council seeking approval of the course/continuation of the approval)

Part 1: General Information

1.	Name of the Institution Complete Postal Address Telephone no Email id Website	
2.	Geological/Physical Topography which includes approach road, rivers, drains and mountains and other important things.	
3.	Status of the course conducting body- Government/ University/ Autonomous/ Aided/ Private or Public Trust (Enclose copy of registration documents of the body)	
4.	Name of the Society/ Trust/ Organisation/ Company Complete Postal Address Telephone no Email id Website	
5.	Name, Designation and address of the person to be contacted Telephone/Mobile no Email id	
6.	Name and address of the Head of the Institution Telephone/Mobile no Email id	
7.	Details of fees paid for approval Amount Transaction no DD/Check no Date	
8.	Bank Guarantee Details (a) Urban Area – Rs. 2.00 lakhs (b) Rural Area – Rs. 1.00 lakhs Bank Guarantee No Name and address of the Bank Amount Date of issue Date of Expiry	

An institution offering/B.Sc. (N) programme wherein one batch has passed out is eligible to establish M.Sc. (N) programme.

Part 2: Physical Infrastructure

1.	Availability of Land (a) 0.75 acres for Urban Area (b) 2.00 acres for Rural Area (as per guidelines issued by the department vide Resolution no-185(10) dated 25.06.2018)	
2.	Land Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed Plot No Khata No Rakba	
3.	Detailed map of the land which displays the different buildings used by the institution. Geo tagging of land and buildings with complete address. Geo Tagged Co-ordinates	
4.	Building Status: Owned/Rented/Leased (to be in the name of Trust/Society/Company/ Management) – records to be enclosed	
5.	Drawing/map of the each floor of each and every building with details of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room etc. by the architect. Geo Tagged Co-ordinates	
6.	Photographs of classroom, laboratory, library, toilets, staff rooms, faculty rooms, common rooms, hostel rooms, mess, canteen, principal's room, warden's room, equipments etc. Photographs of complete buildings of academic block and hostel block with front view and back view with Geo Tagged Co-ordinates. A video of institution's campus including all the details mentioned for academic and hostel block above in photographs.	
7.	Usage of Land and Building (as per guidelines issued by INC the proposed land and building would be used only for the Nursing Courses) - Affidavit to be enclosed	
8.	Details of other institution/courses running in the specified land and building Name of the Institution Name of the Courses NOC/Affiliation/ Approval Status	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

9.	Build up area of Academic Building (as per guidelines issued by INC for admission capacity of 40 – 60 students)		
	Teaching Block	23200 Sq. Ft.	
	Lecture hall additional 2 classroom and one classroom as per the number of students admitted	4 @ 900 = 3600 Sq. Ft.	
	Skill lab/ Simulation Laboratory		
	Nursing Foundation Lab	1600 Sq. Ft.	
	CHN & Nutrition Lab	1200 Sq. Ft.	
	Advance Nursing Skill Lab	900 Sq. Ft.	
	OBG and Pediatrics Lab	900 Sq. Ft.	
	Child Health Nursing Lab	900 Sq. Ft.	
	Pre-clinical Science Lab	900 Sq. Ft.	
	Computer Lab	1500 Sq. Ft.	
	Audio Visual Aids Room	600 Sq. Ft.	
	Multipurpose Hall	3000 Sq. Ft.	
	Common Room (Male & Female)	1000 Sq. Ft.	
	Staff Room	800 Sq. Ft.	
	Principal Room	300 Sq. Ft.	
	Vice Principal Room	200 Sq. Ft.	
	Library	2300 Sq. Ft.	
	One Room for each HoDs	5 @ 200 = 1000 Sq. Ft.	
	Faculty Room	2400 Sq. Ft.	
	Provisions for Toilets	1000 Sq. Ft.	
10.	Build up area of Hostel Building (as per guidelines issued by INC)		
	Hostel Block	21100 Sq. Ft.	
	Single/Double Room	12000 Sq. Ft.	
	Sanitary	One latrine & One bathroom (for 60 Students)- $600 * 4 = 2400$	
	Visitor Room	500 Sq. Ft.	
	Reading Room	250 Sq. Ft.	
	Store	500 Sq. Ft.	
	Recreation Room	500 Sq. Ft.	
	Dining Hall	3000 Sq. Ft.	
	Kitchen & Store	1500 Sq. Ft.	
	Warden's Room	450 Sq. Ft.	
11.	Others Facility (Attach Photographs) (a) Garage (b) Fire Extinguisher (c) Playground (d) Canteen		

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Signature of the Head of the Inspection team

Note: Proportionately the rooms and the other facilities will increase/decrease according to the number of students admitted.

Part 3: Personnel

Qualification and Experience for teaching Staff-

Sl.	Teaching faculty	Qualification & Experience
1.	Principal	15 years' experience with M.Sc. (Nursing) out of which 12 years teaching experience with minimum 5 years in collegiate program. Ph.D. (Nursing) is desirable
2.	Vice-Principal	12 years' experience with M.Sc. (Nursing) out of which 10 years teaching experience with minimum 5 years in collegiate program. Ph.D. (Nursing) is desirable
3.	Professor	10 years' experience with M.Sc. (Nursing) out of which 7 years teaching experience Ph.D. (Nursing) is desirable
4.	Associate Professor	8 years' experience with M.Sc. (Nursing) out of which 5 years teaching experience Ph.D. (Nursing) is desirable
5.	Assistant Professor	Essential Qualification: M.Sc. (Nursing) with 3 years teaching experience Ph.D. (Nursing) desirable
6.	Tutor	M.Sc. (Nursing)/B.Sc. (Nursing)/P.B.B.Sc. (Nursing) with 1 year experience

Teaching staff required as per INC guidelines

Category	No. Required for 40 – 60 Students for B.Sc. (N)	Available	No. Required for 10 – 25 Students for M.Sc. (N)	Available
Principal	1		1	
Professor cum Vice principal	1		1	
Professor	0		1 *	
Associate professor	2		1 *	
Assistant Professor	3		3 – 8	
Tutor	10 – 18			

* 1:10 student patient ratio for M.Sc. (N)

One in each specialty and all the M.Sc. (N) qualified teaching faculty will participate in all collegiate programme.

Teacher Student Ratio = 1:10 for M.Sc. (N) programme.

Details of the Principal (records to be enclosed)		
1.	Name of the Principal	
2.	Educational Qualification – B.Sc.(N)-Basic/ Post Basic/ M.Sc.(N)/ Ph.D	
3.	Year of passing Higher Qualification	

Signature of the Head of the Institution

Signature of the Head of the Inspection team

4.	Teaching Experience	
5.	Actual Working Experience	
6.	Adhar No	
7.	Contact No	
8.	Email id	
9.	Salary Details	

Teaching Staffs Details - Teacher Student ratio should be 1:10 (as per INC)									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Registration (RN/RM) No	Contact No.

(Records to be enclosed along with the affidavit by the institution)

Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Non-Teaching staff required as per INC guidelines

Category	No. Required	Available	Remarks
Administrative Officer	1		
Office Superintendent	1		
PA to Principal	1		
Accountant/Cashier	1		
Upper Divisional Clerk	2		
Lower Divisional Clerk	2		
Store Keeper	1		
Classroom Attendant	2		
Peon/Office Attendant	4		
Librarian	2		
Library Attendant	as per requirement		
Sanitary Staff	as per requirement		
Security Staff	as per requirement		
For Hostel			
Wardens	3		1: for each Shift i.e. morning, evening and night
Cook	1		1: for every 20 students for each shift
Kitchen & Dining helper	1		1: for every 20 students for each shift
Sweeper	3		

Signature of the Head of the Institution

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Gardener	2		
Security Staff	3		

Non-Teaching Staffs Details									
Sl.	Name of the Faculty	Father's Name	Qualification	Year of passing Qualification	Post	Experience	Adhar No.	Contact No.	Remarks

(Records to be enclosed)

Non-teaching Staffs are required for School and Hostel separately as Warden, Clerk, Peon, Cleaner, Sweeper, Cook, Helper, Gardener, Driver, Security Guard etc.

Teaching Staffs – Salary Details									
Sl.	Name of the Faculty	Post	Date of Appointment	Scale of Pay	Last pay received	Method of payment	Allowances/ Other benefits	ITR Status	Remarks

(Records to be enclosed)

Part 4: Clinical Facilities

(records/affidavits/agreements to be enclosed)

Super specialty hospital having the following requisite beds are eligible to establish M.Sc. (N) programme.

1. Cardio Thoracic Nursing – 50 – 100 bedded hospital which has CCU, ICCU and ICU units with own thoracic unit or affiliated thoracic unit.
2. Critical care Nursing – 250 – 500 bedded hospital, which has a 8 – 10 beds critical care beds & ICUs.
3. Midwifery Nursing – 50 bedded parent hospital having
 - a. Mother and neonatal units
 - b. Case load of minimum 500 deliveries per year
 - c. 8 – 10 level II neonatal beds
 - d. Affiliation with level III neonatal beds
4. Neuro Science Nursing – Minimum 50 bedded Neuro care institution with advanced diagnostic, therapeutic and state of the art clinical facilities.
5. Oncology Nursing – Regional Cancer centers/Cancer Hospitals having minimum 100 beds, with medical and surgical oncology units with chemotherapy, radiotherapy, palliative care, other diagnostic and supportive facilities.
6. Orthopaedic and Rehabilitation Nursing – 250 – 500 bedded Hospital, which has a 50 orthopaedic beds & rehabilitation units.

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7. Psychiatric Nursing – Minimum of 50 bedded institutes of psychiatry and mental health having all types of patients (acute, chronic, adult psychiatric beds, child psychiatric beds and de-addiction facilities), with advanced diagnostic, therapeutic and state of the art clinical facilities.
8. Neonatal Nursing – 250-500 beds and level II/III NICU facility, NICU beds: ≥ 10
9. Operation Room Nursing – 250-500 bedded Hospital having facilities for General Surgery, Pediatric, Cardiothoracic, Gynae. and Obstetrical, Orthopaedics, Ophthalmic, ENT and Neuro Surgery.
10. Emergency & Disaster Nursing – Minimum 250-500 beds and ICU facility, 10 Emergency beds

Fill the details according to the above requirement details –

1.	Name of the Hospital Registration no and year Complete Postal Address Telephone No Email Website	
2.	Name of the Society/Trust/Organisation/ Company running the hospital Complete Postal Address Telephone No Email id Website	
3.	Name of the Head of the Hospital Address Telephone/Mobile No Email	
4.	Name of the person to be contacted in the Hospital Telephone/Mobile No Email	
5.	Type of area where the hospital is situated Tribal/Non-Tribal Rural/Urban	
6.	Distance from the institution (a) 15 – 30 KM from affiliated hospital (b) 30 – 50 KM from affiliated hospital in Hilly & Tribal Area. Geo Tagged location/Co-ordinates	
7.	Relation with the institution (Parent/Agreement/MOU/NOC)	
8.	Clinical Facilities available Total no. of beds	

Signature of the Head of the Institution

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	Type of Beds Details of ICU/CCU/Critical care/Neonatal/Oncology/Emergency Medicine/Neuro Science Total no. of nursing staffs Patients occupancy ratio	
9.	Details of the institution attached with the hospital No. of institution Name of the Institution Complete Address of the institution	
10.	Pollution Certificate Details Certificate No. Date of Approval Date of Expiry Approving Authority	

In case of affiliation with more than one hospital (maximum 3 Hospital can be attached), separate annexures to be submitted.

Clinical Facilities for affiliation with the hospital would be same as the parent hospital.

1:3 student patient ratio to be maintained.

Part 5: University Details

Name of the university (to be affiliated from) Complete Postal Address Telephone no Email id Website	
Status of University – Government/ Private/ Deemed/Autonomous/	
Name of the trust/society/organization/ company of university Complete Postal Address Telephone no Email id Website	
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Part 6: Others (records to be enclosed)

1. Affiliation details of PHC/CHC/Sadar/Medical Colleges of State Government by the institution.
2. Vehicle Facility Details
3. Last 3 years Audit report of the Society/Trust

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Part 7: Observation of the Inspection Team

Name, Designation and Signature of the Head of the Institution

Name, Designation and Signature of the Inspection Team

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Comments/recommendation and Signature of the Registrar of Jharkhand Nurses Registration Council for approval to State Level Committee

Comments/recommendation and Signature of the Chairperson of Jharkhand Nurses Registration Council for approval to State Level Committee