



JIWAJI UNIVERSITY, GWALIOR
INSPECTION PROFORMA FOR COLLEGIATE PROGRAMMES
(TO BE FILLED BY THE PRINCIPAL)

College code: -----

Academic Year: -----

Date of Inspection:-----

A GENERAL INFORMATION

1. Name of the Institution : -----

2. Full Address with Pin Code : -----

3. College Opened on

D D M M Y Y Y Y

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

4. First Batch Admitted on

D D M M Y Y Y Y

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

B.Sc.(N)
Post Basic B.Sc.(N)
M.Sc (N)

5. Telephone Number of the Institution : ----- Fax No. -----

6. E-mail of the Institution : -----

7. Name, Telephone Numbers & : (O) ----- (R) ----- (M) -----
Email id of the Principal :

8. Administrative Control : 1. Government 2. University
3. Missionary/Trust/Society 4. Autonomous
5. Any other - specify

Name of the Trust/Society/Missionary/ Company: -----
(Certified copy of the Trust Registration Document) (ANX - I)

Please Tick the Appropriate Boxes

- Type of Inspection : 1. First Inspection 4. Re- inspection
2. Periodical Inspection 5. Surprise Inspection
3. Seat Enhancement

- Nursing Programme under Inspection : 1. Basic B. Sc. (N) 2. Post Basic B.Sc. (N)
3. M.Sc. (N)

9. Nursing Education Programs and Number of Students Under Training.

| Sl.No. | Programme | No. of seats sanctioned | | | | | |
|--------------------|--|-------------------------|--------|---------|----------|---------|-------|
| | | Gender | I year | II year | III year | IV year | Total |
| I | B.Sc, (N) | Male | | | | | |
| | | Female | | | | | |
| II | Post Basic B.Sc. (N) | M | | | | | |
| | | F | | | | | |
| III | M.Sc. (N)- Total | M | | | | | |
| | | F | | | | | |
| 1. | Medical Surgical Nursing- Total | M | | | | | |
| | | F | | | | | |
| | Sub Speciality Seats: | | | | | | |
| | | | | | | | |
| | a. Cardio Vascular & Thoracic Nursing | M | | | | | |
| | | F | | | | | |
| | b. Critical Care Nursing | M | | | | | |
| | | F | | | | | |
| | c. Oncology Nursing | M | | | | | |
| | | F | | | | | |
| | d. Neuro-sciences Nursing | M | | | | | |
| | | F | | | | | |
| | e. Nephro- Urology Nursing | M | | | | | |
| | | F | | | | | |
| | f. Orthopedic Nursing | M | | | | | |
| | | F | | | | | |
| | g. Gastro enterology Nursing | M | | | | | |
| | | F | | | | | |
| 2. | OBG Nursing | M | | | | | |
| | | F | | | | | |
| 3. | Paediatric Nursing | M | | | | | |
| | | F | | | | | |
| 4. | Psychiatric Nursing | M | | | | | |
| | | F | | | | | |
| 5. | Community Health Nursing | M | | | | | |
| | | F | | | | | |
| Grand Total | | | | | | | |

10. Nursing Education Program and Date of last Inspection:

| Sl. No. | | B. Sc. | PB B.Sc. | M. Sc. |
|---------|--------------------------|--------|----------|--------|
| 1 | Government | | | |
| 2 | INC | | | |
| 3 | Jiwaji University | | | |

(Attach Copies of latest orders from each authority)

(ANX- IV)

I. PHYSICAL FACILITIES

A. COLLEGE

- : 1. Owned 2. Rented
 3. Leased 4. Independent
 5. Attached to Hospital 6. Any other- Specify

Copy of Land Deed with Ownership Certificates and Approved Building Plans for College and Hostel to be submitted by the Principal / Management during First Inspection by the Council. (ANX- V & VI)

| Facilities | Minimum requirement as per INC norms | Available | Short fall (To be filled by inspection committee) |
|--|--------------------------------------|-----------|---|
| A. Teaching block | 3-4 Acres | | |
| a. Area of land | | | |
| b. Built up area of the College building | 23720 Sq:ft | | |
| c. Lecture Halls No. | 4 for B.Sc N & extra /batch | | |
| Area/Size | 1080 Sq:ft | | |

| | | | |
|---|--|--|--|
| No. of Tables No. of chairs | Adequate for intake | | |
| B. Multi purpose Hall /Auditorium | | | |
| 1. Area | 3000 Sq:ft | | |
| 2. Seating capacity | } Exam. Purpose | | |
| 3. Confidential Room | | | |
| 4. CCTV facility | | | |
| 5. Furniture & Settings | Adequate for capacity | | |
| C. Laboratories (6 labs) | 1500 Sq.ft | | |
| a) Nursing Foundation Lab | | | |
| 1. No. of beds | 1:6 students | | |
| 2. No. of articles | 10-12 sets | | |
| 3. Equipment & Supplies | Adequate for lab practice | | |
| 4. No. of dummies | 4-5 Adult maniquin - 3 Child /Neonate -1 CPR maniquin – 1 | | |
| 5. Hand washing facilities | Elbow /Leg operated System | | |
| b) Nutrition Lab - Area | 900 Sq.ft | | |
| 1. Equipment & Supplies | Adequate for practice | | |
| 2. Charts / models | Adequate for practice | | |
| c) MCH Lab – Area | 900 Sq.ft | | |
| Simulators/charts/models/play materials /specimens. | Adequate for practice | | |
| Charts / models/specimens | | | |
| d) CHN Lab - Area | 900 sq.ft | | |
| Charts / models etc | 1:2 students | | |
| Community Health Bags | | | |
| e) Computer Lab | 1500 sq.ft | | |
| No. of Computer | 1:5 | | |
| Internet facilities | | | |
| e) Pre Clinical Science Lab | 900 sq.ft | | |
| D. A.V. AIDS Room | 600 sq.ft | | |
| OHP | 1 for each class room | | |
| LCD/DLP | 2 (minimum) | | |
| Slide projector | 1 | | |
| TV/video | 1 | | |
| Charts /models /specimen | Adequate for each | | |
| Other T-L aids specify | subject | | |

| E. LIBRARY | Minimum required | | | | Available | Remarks | |
|-------------------------------|----------------------|------------|-----------------------|---------------|-----------|---------|--|
| Library Area Seating Capacity | 2400 Sq.ft Min.60 | | | | | | |
| Staff reading room | 10 persons | | | | | | |
| Room for librarian Furniture | adequate | | | | | | |
| No. of cupboards | Adequate | | | | | | |
| No. of racks | | | | | | | |
| | 3000 | | | | | | |
| | year | Min. Books | Professional Journals | | | | |
| | | | National | International | Total | | |
| | I | 1000 | 3 | 2 | 5 | | |
| | II | 1500 | 5 | 3 | 8 | | |
| | III | 2500 | 8 | 4 | 12 | | |
| IV | 3000 | 10 | 5 | 15 | | | |
| General books / fictions | | | | | | | |

Attach list of journals

(ANX – VII)

- Photocopying facility Yes No
 - Internet facility Yes No
 - Separate section for staff / PG Yes No
 - Ventilation Adequate Inadequate
 - Lighting Adequate Inadequate
 - Registers maintained
-
- Accession Register Yes No
 - Journal Register Yes No
 - Issue Register Yes No

Any other- Specify:

F. Water supply and sanitation

| | | | | |
|-------------------------------|-------|--------------------------|--------|--------------------------|
| Safe drinking water facility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hand washing facility | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| No. of toilets in the college | Gents | <input type="checkbox"/> | Ladies | <input type="checkbox"/> |

G. Office & Faculty Rooms

| Administrative Facilities | Minimum Area in sq.ft. | Storage facility | No. of Furniture | Telephone and intercom facility | Computer with internet facility | Ventilation/ Lighting | Attached Toilet | Remark |
|--|------------------------|------------------|------------------|---------------------------------|---------------------------------|-----------------------|-----------------|--------|
| Office of the Principal with visitors room | 300 | | | | | | | |
| Vice Principal | 200 | | | | | | | |
| Professor/ Assoc. Prof./ Reader's room (1 room for each Dept. Head | 6Nos 200 each | | | | | | | |
| Asst. Professor/ Sr. Lecturar | 200 | | | | | | | |
| Lecture's room (2 teachers in one room) | 200 | | | | | | | |
| Office of Admin. Clerical staff and PA(s) | 1000 | | | | | | | |
| Accountant's office | | | | | | | | |
| Store Room | | | | | | | | |
| Record room | | | | | | | | |
| Duplicating/ Xeroxing room | | | | | | | | |
| Common room with all facilities • Girls • Boys | 3 1100 | | | | | | | |

| | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|
| • Staff | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|

H. Other facilities : Hall for indoor games, Playground, Garage, Fire escape facility etc.

II. TEACHING FACULTY (for annual intake- B.Sc. (N)- 60, M.Sc.(N) -25, PBB.Sc – 30)

| Sl.No. | Designation | Minimum requirement | Available | Remark (Eligibility) |
|-----------------------|------------------------------|----------------------------|-----------|-------------------------|
| 1 | Principal cum Professor | 1 | | |
| 2 | Vice Principal cum Professor | 1 | | |
| 3 | Associate Professor | 5(one in each speciality) | | |
| 4 | Assistant Professor | 8(1-2 in each speciality) | | |
| 5 | Lectures with PG | 10(1-2 in each speciality) | | |
| 6 | Tutor / Clinical instructor | 10 | | |
| Total | | 35 | | |
| Teacher student ratio | | 1:10 | | |

Qualification & Experience of Teachers of College of Nursing is as per revised INC norms

| | | | | | | | | | | | | | | |
|----|-----------------------------------|----|--|--|--|--|--|--|--|--|--|--|--|--|
| 5. | Lecturer with PG | 1. | | | | | | | | | | | | |
| | | 2. | | | | | | | | | | | | |
| 6. | Tutor / Clinical Instructor | 1. | | | | | | | | | | | | |
| | | 2. | | | | | | | | | | | | |

Date

College

Name & Signature of the Principal

OFFICE STAFF

| Sl.No. | Designation | Minimum Required | No. available | Remark |
|--------|---|---|---------------|--------|
| 1 | Administrative Officer / Office Registrar | 1 | | |
| 2 | C A to Principal | 1 | | |
| 3 | U.D.C. | 1 | | |
| 4 | L.D.C. | 2 | | |
| 5 | Accountant-curn-cashier | 1 | | |
| 6 | Librarian grade IV | 2 | | |
| 7 | Computer Programmer | 1 | | |
| 8 | Attender | 1 for Library 1 for Library 1 for Library | | |
| 9 | Watchman | 2 | | |
| 10 | Driver | 2 | | |
| 11 | Peon | 1 | | |
| 12 | Cleaner (Bus) | 1 | | |
| 13 | Sweeper | 2 | | |

Declaration by the Principal

I hereby declare that all the information and documents furnished are true and correct to the best of my knowledge. I will abide by the rules & regulations in force of the Govt. of M.P., Indian Nursing Council, M.P. Nurses and Midwives Council and Jiwaji University as amended from time to time.

Place:

College Seal

Name & Signature of the Principal

Date: