

KERALA NURSES AND MIDWIVES COUNCIL
RED CROSS ROAD,
THIRUVANANTHAPURAM - 35
INSPECTION PROFORMA FOR COLLEGIATE PROGRAMMES
CHECK LIST FOR ANNEXURES
(Periodic Inspection/ Seat Enhancement)

			Remarks
Annexure I	Certified copy of the Trust Registration document	Yes / No	To be submitted during first inspection by the Council
II	Philosophy	Yes / No	
III	Organization Chart	Yes / No	
IV	Approval / Sanction orders of the		
	a. Government	Yes / No	
	b. INC	Yes / No	
	c. Renewal of validity from INC 2025-26	Yes / No	
	d. KNMC	Yes / No	
	e. KUHS	Yes / No	
V	Copy of Land Deed with Ownership Certificates	Yes / No	to be submitted during First Inspection by the Council
VI	Approved Building Plans for College and Hostel	Yes / No	
VII	List of Journals	Yes / No	
VIII	Copy of Affiliation Letters	Yes / No	
IX	Copy of the RC book of vehicles	Yes / No	
X	Copy of College Annual Report	Yes / No	
XI	Minutes of Anti-Ragging Committee / Squad	Yes / No	
XII	Minutes of PTA Meeting	Yes/ No	
XIII	Student interaction Report by Inspectors	Yes/ No	
XIV	Faculty Interaction Report by Inspectors	Yes/ No	
XV	Budget	Yes/ No	
Proforma I	Bio - data of faculty	Yes/No	
„ II	List of RN-RM & ANM's of Parent & Affiliated Hospitals	Yes/No	
III	Faculty photo with inspectors	Yes/No	

Signature of Inspectors: 1.

2.



KERALA NURSES AND MIDWIVES COUNCIL

RED CROSS ROAD,
THIRUVANANTHAPURAM- 35

INSPECTION PROFORMA FOR COLLEGIATE PROGRAMMES Academic Year: 2026-27 (Periodic Inspection / Seat Enhancement)

INC College code: -----

Date of Inspection: -----

I GENERAL INFORMATION

1. Name of the Institution : -----
(In Capital Letters) -----

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

GNM

5. Batches admitted in 2025-26

B. Sc(N)	M.Sc (N)	PB B. Sc(N)	PB Diploma	GNM

6. Batches to be admitted in 2026-27

B. Sc(N)	M.Sc (N)	PB B. Sc(N)	PB Diploma	GNM

Signature of Inspectors: 1.

2.

7. Nursing Programme under Inspection:
- | | | | | |
|----|-------------------------------------|--------------------------|-------------------------|--------------------------|
| 1. | Basic B. Sc. (N) | <input type="checkbox"/> | 2. Post Basic B.Sc. (N) | <input type="checkbox"/> |
| 3. | PB Diploma
in Speciality Nursing | <input type="checkbox"/> | 4. M.Sc. (N) | <input type="checkbox"/> |
| 5. | GNM | <input type="checkbox"/> | | |

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

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

10. Name of Principal : -----

11. Telephone Numbers & : (O) ----- (R) ----- (M) -----

Email id of the Principal :

12. Administrative Control :
- | | | | |
|-----------------------------|--------------------------|---------------|--------------------------|
| 1. Government | <input type="checkbox"/> | 2. University | <input type="checkbox"/> |
| 3. Missionary/Trust/Society | <input type="checkbox"/> | 4. Autonomous | <input type="checkbox"/> |
| 5. Any other - specify | | | |

Name of the Trust/Society/Missionary/ Company: -----

***Certified copy of the Trust Registration Document - ANNEXURE - I**

13. Philosophy (Attach copy) Yes / No - **ANNEXURE - II**

14. Organization Chart (Attach copy) Yes / No - **ANNEXURE - III**

15. University to which Affiliated with full address : -----

NB: ANX.I, II & III to be submitted during first inspection by the Council.

Signature of Inspectors: 1.

2.

16. Nursing Programs, sanctioned seats and number of students.

	Programme	No. of seats sanctioned				No. of students admitted			
		Govt.	INC	KNMC	KUHS	I	II	III	IV
I	B. Sc. (N)								
II	Post Basic B. Sc. (N)								
III	M. Sc. (N)								
1.	Medical Surgical Nursing- Total Seats								
	Sub Speciality Seats:								
	a. Cardio Vascular & Thoracic Nursing								
	b. Critical Care Nursing								
	c. Oncology Nursing								
	d. Neuro Sciences Nursing								
	e. Nephro- Urology Nursing								
	f. Orthopedic Nursing								
	g. Gastro Enterology Nursing								
2.	OBG Nursing								
3.	Child Health Nursing								
4.	Mental Health Nursing								
5.	Community Health Nursing								
IV	GNM								
V	Post Basic Diploma - Total Clinical Speciality Seats:								
	a. Critical Care Nursing								
	b. Emergency & Disaster Nursing								
	c. Oncology Nursing								
	d. Nurse Practitioner in Midwifery								
	e. Neuro Sciences Nursing								
	f. Cardio Thoracic Nursing								
	g. Neonatal Nursing								
	h. Psychiatric Nursing								
	I. Operation Room (OR) Nursing								
VI	ANM								
VII	M. Phil (N) / Ph.D								
VIII	Nurse Practitioner in Critical Care (PGRP)								

Signature of Inspectors: 1.

2.

Total Number of students under Training

Courses	Male	Female	Total
a. B.Sc Nursing			
b. P B B.Sc Nursing			
c. M.Sc Nursing			
d. P B Diploma in Speciality			
e. GNM			
f. Nurse Practitioner in Critical Care Post Graduate Residency Programme			
Grand Total			

17. Nursing Education Program and Date of last Inspection:

Sl. No		B. Sc.	PB B. Sc.	M.Sc	PB.Diploma	M. Phil	NPCC
1	Government						
2	INC						
3	State Nursing Council						
4	KUHS						

<p>* Attach Copies of latest orders from each authority * Attach copy of Renewal of validity from INC for 2026-27</p>	}	ANNEXURE – IV
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II. PHYSICAL FACILITIES

- ❖ **COLLEGE**
- | | | | |
|------------------------------------|--------------------------|------------------------|--------------------------|
| 1. Owned and attached to hospitals | <input type="checkbox"/> | 4. Rented | <input type="checkbox"/> |
| 2. Owned and Independent | <input type="checkbox"/> | 6. Any other – Specify | |
| 3. Leased | <input type="checkbox"/> | | |

- | |
|---|
| <ul style="list-style-type: none"> • <i>Copy of Land Deed with Ownership Certificates to be <u>submitted during First Inspection</u> by the Council</i> ANNEXURE - V • <i>Approved Building Plans for College and Hostel to be <u>submitted during First Inspection</u> by the Council.</i> ANNEXURE - VI |
|---|

Signature of Inspectors: 1.

2.

Facilities	Minimum requirement as per INC norms (60 intake)	Available	Remarks
A. Teaching block			
a. Area of land	3-4 Acres		
b. Built up area of the College building	23200 Sq:ft		
c. Lecture Halls No.	4 for B.Sc N & extra /batch 2 for P B B Sc (N) 2 common & one for each specialty for M Sc(N)		
Area/Size (Specify area for each class room)	900 Sq. ft		
No. of Tables } No. of chairs }	Adequate for intake		
B. Multipurpose Hall /Examination Hall			
1. Area	3000 Sq: ft		
2. Seating capacity for examination	-----		
3. Confidential Room	} Exam. Purpose	Yes /No	
4. CCTV facility		Yes /No	
5. Mobile Jammer			
6. Internet facility			
7. Computer			
8. Printer			
9. Generator/Inverter			
10. Furniture	Adequate for capacity		
C. Laboratories (8 labs)			
I) Nursing Foundation Lab - Area	1500 Sq. ft		
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 manikin - 2 Multi-Functional Patient care manikin -1 CPR manikin – 1 IV arm - 1		
5. Hand washing facilities	Elbow /Leg operated system		

Signature of inspector (1) -----

(2) -----

II) Advanced Nursing Lab - Area	1000 ft.		
1. Equipment & Supplies	Adequate/Inadequate		
2. Simulator/Manikins	Adequate/Inadequate		
3. CPR Manikin	Total Number		
4. Charts/ Models	Adequate/Inadequate		
III) Nutrition Lab - Area	900 Sq.ft		
1. Equipment & Supplies	Adequate for practice		
2. Charts / models	Adequate for practice		
IV) OBG Lab - Area	900 sq. ft.		
1. Birth Simulator	1		
2. Equipment & Supplies	Adequate/Inadequate		
3. Charts/ Models	Adequate/Inadequate		
V) Child Health Nursing Lab - Area	900 Sq.ft		
1. New born	Resuscitation - 1		
2. Simulators	Child / neonate - 1		
3. Equipment & Supplies	Adequate/Inadequate		
4. Charts/ Models	Adequate/Inadequate		
VI) Community Health Nursing Lab - Area	900 Sq. ft		
1. Charts/ Models etc.	Adequate/Inadequate		
2. Community Health bags	1:2 students		
3. Equipment & Supplies	Adequate/Inadequate		
VII) Computer Lab - Area	1500 sq.ft		
No. of Computers with Internet facilities } }	1:5		
VIII) Pre-Clinical Science Lab - Area	900 sq.ft		
Charts/ Models etc.	Adequate/Inadequate		
D. A.V. AIDS Room	600 sq.ft		
1. Interaction Board	Total Number:		
2. LCD/DLP	Total Number:		
3. TV	Total Number:		
4. Charts /models /specimen Other T-L aids specify	Adequate for each subject -----		

Signature of Inspectors: 1.

2.

E. Library Area	2400 ft		
1. Seating Capacity	Min.60		
2. Room for librarian Furniture	Adequate		
3. No. of cupboards	Adequate		
4. No. of racks			
5. Library Automation	Yes/No		

Total No. of Books-	3000						
	year	Min. Books	Professional Journals				
			National	Inter national	Total		
	I	1000	3	2	5		
	II	1500	5	3	8		
	III	2500	8	4	12		
IV	3000	10	5	15			
General books / fictions							
E- Journals							
Details of journals purchased last year		Number:		Details:			
Details of Books purchased last year		Number:		Details:			

<i>Attach list of journals</i>	ANNEXURE – VII
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		Remarks
• Photocopying facility	Yes /No	
• Computer with Internet facility	Yes /No	
• Separate section for staff / PG	Yes /No	
• Ventilation	Adequate/ Inadequate	
• Lighting	Adequate /Inadequate	

Signature of Inspectors: 1.

2.

• **Registers maintained**

		Remarks
Accession Register	Yes /No	
Journal Register	Yes /No	
Issue Register	Yes /No	

Any other – Specify:

❖ **Inspectors are requested to verify all Records/Register and document the remarks**

F. Water supply and sanitation

Safe drinking water facility Yes No

Hand washing facility Yes No

No. of toilets in the college Gents Ladies

Safe Disposal of waste Yes /No

Fire & Safety Certificate Yes /No

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 facility	Remarks
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							
Asst. Professor/ Sr. Lecturer	200							

Signature of inspector (1) ----- (2) -----

Tutor's room (2 teachers in one room)	200							
Offices of Admin. Clerical staff and PA(s)	1000							
Accountant's office								
Store Room								
Record room								
Common room with all facilities <ul style="list-style-type: none"> • Girls • Boys • Staff 	3 1100							
Auditorium								

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

❖ **Inspectors are requested to verify all the facilities.**

III. TEACHING FACULTY (Minimum

for annual intake- B.Sc. (N)- 60, M.Sc.(N) -25, PBB. Sc – 30, 1:10 ratio to be maintained)

Sl. No	Designation	Minimum requirement	Available	Remarks (Eligibility as Uty. examiner)
1	Principal	1		
2	Vice Principal cum Professor	1		
3	Professor	1		
4	Associate Professor	3		
5	Assistant Professor	8 (1-2 in each speciality)		
6	Tutor /Lecturer	21		
Total		36		
Teacher-student ratio		1:10		

Signature of Inspectors: 1.

2.

Sl. No	Designation	Med. Surg Nursing	OBG Nursing	Paed. Nursing	Psy. Nursing	CH Nursing	Nsg Adm & Edn	Total
1	Principal							
2	Vice Principal							
3	Professor							
4	Asso. Professor							
5	Asst. Professor							
6	Lecturer							
7	Tutor/ Clinical Instructor							
	Grand Total							

Comments if any:

		Remarks
1. All are regular faculty	Yes /No	
2. Faculty in all specialities	Yes /No	
3. Internal Examiners in all the specialities	Yes /No	
4. All faculty have KNMC Registration	Yes /No	
5. All faculty have KNMC Additional Qualification Registration	Yes /No	
6. Teacher Student Ratio of 1:10	Yes /No	
Any other - specify		

Signature of Inspectors: 1.

2.

Details of Regular Teaching Faculty of all Nursing programme offered by the Institution

Sl. No	Name	Qualification	Name of the Institute from where qualified		Year of passing	Name of the University		Please affix a self-attested stamp size photograph	
		a.							
		b.							
		c.							
	Designation	Total Years of Experience			Date of Joining in the present institution	Speciality			
		Clinical	Teaching						
	Age & Date of Birth		Before PG	After PG					
RN, RM No. Date of Registration..... Date of Renewal:Date of Regn. of Addl. Quali.....									
Verified original certificates Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Specify reason									
Sl. No	Name	Qualification	Name of the Institute from where qualified		Year of passing	Name of the University		Please affix a self-attested stamp size photograph	
		a.							
		b.							
		c.							
	Designation	Total Years of Experience			Date of Joining in the present institution	Speciality			
		Clinical	Teaching						
	Age & Date of Birth		Before PG	After PG					
RN, RM No. Date of Registration:..... Date of Renewal:Date of Regn. of Addl. Quali.....									
Verified original certificates Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Specify reason									

Signature of inspector (1)

(2)

External Teachers

Sl. No	Name of faculty	Designation	Qualification	Subject taught	Teaching Experience	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Name & Signature of the Principal

Signature of Inspectors: 1.

2.

OFFICE STAFF

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

IV. CLINICAL FACILITIES OF PARENT AND AFFILIATED HOSPITALS.**A. PARENT HOSPITAL**

Parent Medical College Yes No

Parent Hospital Yes No

Sl. No	Name & address of the Parent hospital	Number of Beds	Average No. of inpatient for the last month	No. of Schools affiliated	No. of Colleges affiliated	Distance from the College in kms	No. of Registered Nurses
1							
2							

Change in the bed strength after previous inspection: Yes / No (If yes specify)

Signature of Inspectors: 1.

2.

CLINICAL AREAS IN THE PARENT HOSPITAL

CLINICAL AREAS	Minimum Required	No. of beds available	No. of inpatients on the day of inspection	Average no. of inpatients for the last month
Medical	40			
Surgical	40			
Paediatrics	30			
Gyne & Obst.	40			
Orthopaedic	10			
ICU (Medicine Surgery Paediatrics and Specialities)	Specify available facilities			
Other Clinical Specialties				
Eye, ENT	10			
Coronary /ICCU /ICU	5-10			
Nephrology	10			
Neurology	10			
Trauma Care Unit	10			
Burns and Plastics	5-10			
Oncology	5-10			
Dermatology	5-10			
Cardio Thoracic	Specify available facilities			
Neuro ICU				
Neonatal ICU				
Affiliation for Psychiatry	50 beds			
TOTAL				
Emergency/ Casualty				
Dialysis/Day care unit				

Signature of Inspectors: 1.

2.

AFFILIATED HOSPITALS: Total No. of Affiliated Hospitals :

DETAILS OF AFFILIATED HOSPITALS:

Sl. No	Name &Address of the Affiliated Hospitals	Distance from the College in kms	Clinical speciality for which affiliation is sought	Year & Batch of Programme	No. of beds in respective speciality and occupancy on the day of inspection	No. of Colleges /Schools affiliated		Remarks
						Schools	Colleges	
1								
2								
3								

Signature of Inspectors: 1.

2.

Other Clinical Areas in parent/ affiliated hospitals

Sl. No.	Areas	Parent Hospital	Affiliated Hospitals			Remarks
			1	2	3	
1	No. of Operation Theatres Major OT					
	No, of Tables					
	Minor OT					
	No, of Tables					
2	Average No. of Operations per month Major					
	Minor					
3	Average No of Normal Deliveries – Last 6 months					
	Average No of LSCS – Last 6 months					
4	No. of outpatients on the day of inspection					
	Average number of OP for the last 6 months					
5	No. of inpatients on the day of inspection					
6	Average no. of inpatients for the last six months					

NURSING SERVICE DEPARTMENT (Parent Hospital)

Sl. No	Designation	Available Number
1	Chief Nursing Officer/ Nursing Superintendent	
2	Deputy Nursing Superintendent	
3	Asst. Nursing Superintendent	
4	Head Nurse/ Sr. Nursing Officer	
5	Staff Nurse / Nursing Officer	
	Total Registered Nurses	
6	ANM	

Signature of Inspectors: 1.

2.

Supporting Staff

18

Nursing Assistants -

Class IV employees -

- **Hospital Records & Registers**

Records/Register	Available	Remarks
IP Register	Yes/No	
OP Register	Yes/No	
Day / Night Report	Yes/No	
Discharge Register	Yes/No	
Census	Yes/No	
Any other (specify)		

*** Inspectors are requested to verify all Records/Registers and document the remarks.**

B. COMMUNITY HEALTH FACILITIES**1. RURAL FIELD****a. Name of CHC / PHC / SC/ FW centre**

i) Adopted/Affiliated -----

ii) Administered by 1. State Govt. 2. Private **b. Details of CHC/PHC/SC /FWC**

i) Distance from the College -----

ii) Area Coverage (in Kms) -----

iii) Population Coverage -----

iv) Service Rendered a) Health and Family Welfare programmes: Yes / No -----

b) National Health Programmes : Yes / No -----

Signature of Inspectors: 1.**2.**

- c. Supervision of students: 1. Field staff only 2. College teaching faculty
 3. Both

II. URBAN FIELD

a. Name of Urban Health Centre

- i) Adopted ii) Affiliated

b. Details of Urban Health Centre

- i) Distance from the College -----
 ii) Administered by 1. State Govt. 2. Private
 iii) Area Coverage (in Kms) -----
 iv) Population Coverage -----
 v) Services Rendered: -----

- c. Supervision of Students: 1. Field staff only 2. College teaching faculty
 3. Both

***N.B: Copies of Affiliation Orders from the Hospital and Health Centers to be submitted.
 (Academic year 2025-26)*** **ANNEXURE – VIII**

V. TRANSPORTATION

No. of vehicles available	-		
Vehicle No.	-		
Seating capacity	-		
Staff car for Principal	-	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Garage	-	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Copy of RC Books	-	ANNEXURE -IX
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Signature of Inspectors: 1.

2.

VI. TEACHING PLAN

A. TEACHING PLAN FOR EACH PROGRAM/ BATCH

Teaching Plan	Available	Remarks
1. Master Plan	Yes /No	
2. Course Plan	Yes /No	
3. Unit Plan	Yes /No	
4. Lesson Plan	Yes /No	
5. Time table	Yes / No	
6. Clinical Rotation Plans (verified & found genuine)	Yes / No	
7. Nursing Service is consulted before planning	Yes / No	

*** Inspectors are requested to verify all Records/Register and document the remarks.**

B. SYSTEM OF EXAMINATION

a) University Practical Examination Centre (B Sc/ P B B Sc, M Sc)

Sl.No.	Subject	Parent Hospital	Affiliated Hospitals			Remarks
			1	2	3	
1	Nursing Foundations					
2	Child Health Nursing					
3	OBG Nursing					
4	Mental Health Nursing					
5	Adult Health Nursing					
	M Sc Nursing – Specialties/ Sub Specialties					
1	Medical Surgical Nursing					
	1.					
	2.					
2	OBG Nursing					
3	Child Health Nursing					
4	Mental Health Nursing					

Signature of Inspectors: 1.

2.

b) Faculty eligible to be appointed as inter ²¹ tier is } : Yes / No
 available in each speciality

c) No of students examined per day : -----

d) University publishes results in time : Yes / No

e) Pass percentage of students in the last regular university examination:

Sl. No	Programme	I Sem	II Sem	IIISem	IVSem	V Sem	VI Sem	VII Sem	VIIISem	Remarks
1	B.Sc (N)									

Sl. No	Programme	I st Year	II nd Year	Remarks
1	PBB.Sc(N)			
2	M.Sc (N)			

VII. AVAILABILITY OF RECORDS / REGISTERS / REPORTS

Name of Document	Yes/No	Remarks
a. Admission Register		
b. Attendance Register		
Students		
Teaching Staff		
Non- teaching staff		
c. Health Record		
d. Clinical and Field experience record		
e. Practical Records		
f. Log Book		
g. Leave Record		
h. Extracurricular activities of students		
i. Cumulative Record of each student		
j. Affiliation records		
k. Stock Registers		
l. Budget plan		
m. Annual report of activities and achievements		
n. Staff Development Programmes		

Signature of Inspectors: 1.

2.

*** Inspectors are requested to verify all Records/ Register and document the remarks.**

Minutes of Committee meetings

• College Development Committee	Yes/No	
• Curriculum	Yes/No	
• Anti-ragging	Yes/No	
• Library Committee	Yes/No	
• PTA Meeting	Yes/No	
• Any other – specify		

*** Inspectors are requested to verify all Records/Register and document the remarks.**

<i>a. Annual report of the College</i>	-	ANNEXURE – X
<i>b. Minutes of Anti Ragging Committee/ Squad</i>	-	ANNEXURE – XI
<i>c. Minutes of PTA Meeting</i>	-	ANNEXURE – XII
<i>d. Student Interaction Report (Inspectors)</i>	-	ANNEXURE – XIII
<i>e. Faculty Interaction Report</i>	-	ANNEXURE – XIV

Professional Association / Activities

N.S.S /SNA/TNAI /any other – specify

VIII. HOSTEL FACILITIES

- College has a separate Hostel: Yes No
- Built-up area of the hostel: -----sq. ft.
- Ownership of the hostel : Own Rented Leased

4. Separate Hostel for Male and Female Students : Yes No.

If yes,

	Girls	Boys
a. Total Number of students in the hostel		
b. Number of rooms		
c. No. of students accommodated in each room		
d. Size of rooms (100 Sq.ft. carpet area – 2 students)		
e. Furniture allotted to each student		

5. Hostel has provision for

		Remarks
a. Water Supply	Yes/No	
b. Electricity	Yes/No	
c. Safe disposal of Waste	Yes/No	
d. Laundry/washing	Yes/No	
e. Hot water supply	Yes/No	

			Remarks
6.	Recreation room with TV/radio	Yes/No	
7.	Facilities for indoor & outdoor games	Yes/No	
8.	Guest Room /Warden's Room	Yes/No	
9.	Sick Room for students	Yes/No	
10.	Hostel mess	Yes/No	Own/contract
11.	Visitor's Room	Yes/No	
12.	Reading Room	Yes/No	
13.	Registers maintained properly	Yes/No	

14. Dining Hall facilities:

			Remarks
a.	Dining hall well maintained	Yes/No	
b.	Size -----	Seating capacity -----	
c.	Hand washing facility	Yes/No	
d.	Safe drinking water facility	Yes/No	
e.	Hygienic kitchen	Yes/No	

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Signature of Inspectors: 1.

2.

15. General condition of the hostel 24

1. V Good 2. Good 3. Average 4 Satisfactory 5. Poor

16. HOSTEL STAFF (For 150 inmates)

Sl. No.	Designation	Posts Required	Staff Appointed	Remarks
1	Warden	1		
2	Asst. warden	1		
3	House Keeper (F)	3(3 shifts)		
4	Cook(1: 20/shift)	3 for 60 students /shift		
5	Watchman	3		
6	Cleaning staff	3		
7	Other if any			

*** Inspectors are requested to visit the hostel and document the remarks.**

IX. BUDGET

1. a. Separate budget for the College Yes No

2. Name and designation of

Drawing and Disbursing Authority :

3. Last year's budget allocation :

4. **Expenditure details**

Sl. No.	Particulars	Expenditure (annual)
1	Salary - Teaching Faculty - Non-teaching staff	
2	Stipend for students	

3	New equipments and Machinery	
4	Maintenance of vehicles and cost of petrol/diesel	
5	Purchase of Furniture	
6	Office supplies including stationery and postage	
7	Contingency fund- educational tours, professional activities, prizes, entertainments, maintenance of the college premises and any other needed items	
8	Library – purchase of books, journals and daily news papers, binding of journals, stationary such as index card, label etc	
9	Incidental teaching equipment –charts, films, slides, transparencies, pen, chalk, etc	
10	External Lectures- payment in accordance with the policy of the controlling authority	

Copy of Budget to be submitted

ANNEXURE - XV

5. Salary Structure of Teachers

Sl. No	Designation	Basic Pay	Allowances	Total	Remarks
1	Principal				
2	Vice-Principal				
3	Professor				
4	Asso. Professor				
5	Asst. Professor				
6	Lecturer				
7	Tutor				

Inspectors are requested to verify the 3 months bank statement of faculty members

Signature of Inspectors: 1.

2.

Inspection Report

A. Strong Points:

1. <u>College:</u>
2. <u>Library:</u>
3. <u>Laboratories:</u>
4. <u>Faculty:</u>
5. <u>Clinical facilities:</u>
6. <u>Hostel:</u>
7. <u>Records and Registers</u>

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B. : Deficiencies

1. <u>College:</u>
2. <u>Library:</u>
3. <u>Laboratories:</u>
4. <u>Faculty:</u>
5. <u>Clinical facilities:</u>
6. <u>Hostel:</u>
7. <u>Records and Registers</u>

Suggestions :

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❖ Inspectors shall be liable for any misrepresentation or deceitful information included in the inspection reports

*** Please ensure that all columns and rows are filled and all details and information are furnished in the Inspection Proforma before forwarding to Kerala Nurses and Midwives Council.**

Sl. No.	Name and address of Inspector with contact Number and Email id	Signature
1		
2		

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Date of submission of Report:

KERALA NURSES A²⁹ DWIVES COUNCIL

PROFORMA - I

Biodata of Teaching Faculty

1	Name	:	
2	Designation	:	
3	Age & Date of birth	:	
4	Permanent address	:	
5	E.mail id	:	Mobile No:
6	Date of joining this institution:		
Salary: Basic Pay:..... Allowances:..... Total:.....			

7. Professional Qualification

Sl. No	Programme	Name of Institution/University	Year of passing	Speciality
1	B.Sc. (N)/ PB B.Sc (N)			
2	M.Sc (N)			
3	Additional Qualification if any			

8. Registration Details

a.	KNMC Registration Number	:	Date:
b.	Date of Renewal of Registration	:	
c.	Date of Registering Additional Qualification:		

9. Experience

a. Clinical

Sl. No	Designation	Name of Institution	Date of joining	Date of leaving	Total Years
1					
2					

3					
4					
5					

b. Teaching Experience

i. Before M.Sc. (N)

Sl. No	Designation	Name of Institution	Date of joining	Date of leaving	Total in years & months
1					
2					
3					
4					
5					

ii. After M.Sc. (N)

Sl. No	Designation	Name of Institution	Date of joining	Date of leaving	Total in years & months

10. Summary of experience

Sl. No	Experience				Total
1.	Clinical Experience				
2.	Teaching Experience before PG				
3.	Teaching Experience after PG				
4.	Experience of Teaching				
	SON	CON	B.Sc.(N)	M.Sc.(N)	
GRAND TOTAL					

Declaration

I -----do here by declare that the information furnished by me in this proforma is correct and true. If any information is incorrect or false disciplinary action can be taken against me.

Date:

Signature of the faculty

Place:

(Seal)

Name of Principal:

Signature:

