



# मध्यप्रदेश आयुर्विज्ञान विश्वविद्यालय जबलपुर

## Madhya Pradesh Medical Science University, Jabalpur

### Report of Local Inquiry Committee for Grant of Continuation of Affiliation for BSc Nursing / Post Basic BSc Nursing/ MSc Nursing Course(s) of Nursing faculty

(Note: Local Inquiry Committee report should be duly completed in all respect and required documents should be attached as annexure with the report)

(Tick on the course for which inspection is being done)

B.Sc. Nursing - .....Intake Capacity

P.B.B.Sc. Nursing - .....Intake Capacity

M.Sc. Nursing .....Intake Capacity

1	A	Name of the College	
	B	Address of the College	
	C	Phone No.	
	D	Mobile No.	
	E	Fax No.	
	F	Email	

2	Consent of Affiliation to start new Course/ Increase in Intake capacity, issued Either by MPMSU or Other University (Attach a copy of Consent letter)	Yes	No	A
		<input type="checkbox"/>	<input type="checkbox"/>	

3	Starting of B.Sc. Nursing /Post basic B.Sc. Nursing/M.Sc. Nursing in the College			
a	Year of Foundation of college			
b	Year of Permission for B.Sc. Nursing /Post basic B.Sc. Nursing/M.Sc. Nursing by INC (attach a copy of latest INC/Govt. of India notification)			B
c	Annual Admission			
d	Recognition of B.Sc. Nursing /Post basic B.Sc. Nursing/M.Sc. Nursing degree by the University (If, yes attach latest letter of University)	Yes	No	C
		<input type="checkbox"/>	<input type="checkbox"/>	
e	Date of last inspection done for B.Sc. Nursing /Post basic B.Sc. Nursing /M.Sc. Nursing by INC			
f	Any deficiency pointed out by INC (If, yes attach copy of letter of deficiencies by INC)	Yes	No	D
		<input type="checkbox"/>	<input type="checkbox"/>	
g	Compliance of deficiencies pointed out by INC (If, yes attach copy of letter of Compliance by the Institute/college)			E
h	Date of last inspection done for B.Sc. Nursing /Post basic B.Sc. Nursing /M.Sc. Nursing by the University			
i	Any deficiency pointed out by University (If, yes attach copy of letter of deficiencies by University)	Yes	No	F
		<input type="checkbox"/>	<input type="checkbox"/>	
j	Compliance of deficiencies pointed out by University (If, yes attach copy of letter of Compliance by the Institute/college)	Yes	No	G
		<input type="checkbox"/>	<input type="checkbox"/>	

4	Madhya Pradesh Government Resolution received to start, new Course/ Increase in Intake capacity (If, yes attach a copy of Resolution letter)	Yes	No	H

5A Sanctioned intake capacity					
Sr. No.	Degree	Permission of Seats by Government of Madhya Pradesh	No. of Seats for which Consent of Affiliation was granted by the University	Permission of Seats by the INC	INC letter no. & date
1	B.Sc. Nursing				
2	P.B.B.Sc. Nursing				

5B	Subject (s) and No. of Seats in which PG Courses of Nursing faculty are Existing in the institute (Attach Separate sheet in this Format)		
	S.No	Subject	No. of Seats
	1		
	2		

6	<b>Availability of the teaching staff</b> (Detail list should be attached, subject wise, with Name of the P.G. teacher, Qualification, Experience as per proforma):-	I
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**(A) B.Sc. Nursing College :-**

No. of students	Principal cum Professor			Vice Principal cum Professor			Lecturer			Clinical Instructor			Total
	R	A	D	R	A	D	R	A	D	R	A	D	
<b>Upto 40</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>More than 40</b>													

(R= Required, A= Available, D= Deficient) At least 2 M.Sc. (N) qualified teaching faculty to be available to start B.Sc.(N) programme along with other required teaching faculties.

**(B) P.B. B.Sc. Nursing College :-**

No. of students	Principal cum Professor			Vice Principal cum Professor			Lecturer			Total
	R	A	D	R	A	D	R	A	D	
<b>Upto 50</b>										

At least 2 M.Sc. (N) qualified teaching faculty to be available to start P.B.B.Sc.(N) programme along with other required teaching faculties.

**(C) Teaching staff for Basic B.Sc. Nursing & P.B.B.Sc. Nursing programme Simultaneously**

Basic B.Sc. Nursing 30 students and P.B.B.Sc. Nursing 30 students															
Principal cum Professor			Vice Principal cum Professor			Asso. Profes. or Reader			Lecturer			Clinical Instructor			Total
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	
Basic B.Sc. Nursing 40 students and P.B.B.Sc. Nursing 30 students															
Principal cum			Vice Principal			Asso. Profes.			Lecturer			Clinical			Total
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	

Professor			cum Professor			or Reader						Instructor			
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	
<b>Basic B.Sc. Nursing 50 students and P.B.B.Sc. Nursing 30 students</b>															
Principal cum Professor			Vice Principal cum Professor			Asso. Profes. or Reader			Lecturer			Clinical Instructor			Total
R	A	D	R	A	D	R	A	D	R	A	D	R	A	D	

**(D) Teaching staff for M.Sc. Nursing**

<b>TEACHING STAFF: Teaching Staff (Full Time / Visiting / External ):-</b> (Please attach department wise and cadre wise list of teachers as per the attached Proforma)									
(Please attach separate sheet department wise and cadre wise list of teachers as per norms of Nursing Council of India in this proforma)									
<b>Subject:</b>									
<b>Total Intake of Seats *</b>									
<b>Professor Cum Coordinator</b>			<b>Reader</b>			<b>Lecturer</b>			
Required with reference to no. of seats proposed	Available	Shortfall	Required with reference to no. of seats proposed	Available	Shortfall	Required with reference to no. of seats proposed	Available	Shortfall	
*Total Intake of Seats include a) In case of new course - Total no. of Seats Applied for consent for PG Degree b) In case of Increase in Seats - Total no. of existing Seats of PG Degree and PG Diploma or Super-specialty + Applied for consent for increase in intake for PG Degree and PG Diploma or Super-specialty									
Non-teaching staff appointed								List Enclosed	
								Yes	No

7. No. of seats applied by the college for increase in Intake for the course and No of seats actually sanctioned by the Govt. to the college (For Increase in Intake capacity only):-

Sr. No	Name of Subject	Previous Intake Capacity (A)	Applied for Increase in Intake by the college	Sanctioned Increase in Intake Capacity by the govt./council (B)	Total Seats (A+B)	J
1						
2						

(Please attach subject wise list separately as per above proforma)

8. **College Building:** - Nursing college should be started in own building. If desirous Institution wants to start the proposed college in rented building then, the construction of own college building shall be completed within a period of 2 years.

**[As per INC norms the minimum construction of the building should be 54470 sq.ft. area]**

**a) Teaching Block**

Sr. No.	Teaching block	As per required Area (in sq. ft.)	Actual area available (In sq.ft.)
1	Lecture Hall (04 numbers)	4@1080=4320	
2	I) Fundamental of Nursing	1500	
	II) CHN	900	
	III) Nutrition	900	
	IV) OBG	900	
3	Computer Lab	1500	

4	Multipurpose Hall / Auditorium	3000		K
5	Common Room (Male / Female)	2000		
6	Staff Room	1000		
7	Principal's Room	300		
8	Vice Principal's Room	200		
9	Library	2400		
10	Audio Visual Aids Room	600		
11	One room for each HOD	800		
12	Faculty Room	2400		
13	Provisions for toilets	1000		
<b>Total</b>		<b>23720</b>		

**b) Hostel Block**

Sr. No.	Hostel Block	As per required Area (in sq. ft.)	Actual area available (In sq.ft.)	L
1	Single Room	24000		
	Double Room			
2	Sanitary (one Latrine, One Bathroom for 05 students)	500		
3	Visitor Room	500		
4	Reading Room	250		
5	Store Room	500		
6	Recreation Room	500		
7	Dining Hall	3000		
8	Kitchen & Store	1500		
	<b>Total</b>	<b>30750</b>		

**c) In addition to the above a) & b), the provisions for the following shall be made**

1	Record Room	Yes / No	6	Fire extinguisher	Yes / No
2	Student welfare hall	Yes / No	7	Garage	Yes / No
3	Indoor games hall	Yes / No	8	Water arrangement	Yes / No
4	Play ground	Yes / No	9	Transport facility	Yes / No
5	Availability of Electricity	Yes / No			

<b>9. [A]</b>	<b>Hospital Detail (for own hospital)</b>	
	Name of Own hospital(s)	
	Number of beds	
	If hospital is own, whether it is recognized by INC	Yes / No

<b>9[B]</b>	<b>if Attached hospital(s):- ( submit notarized MOU between institute and the hospital for attachment of each hospital on stamp paper of Rs. 100/- )</b>				<b>M</b>
	<b>How many attached hospital(s)</b>		.....		
	<b>Attached hospital(s) Detail</b>				<b>N</b>
<b>Sr. No.</b>	<b>Name of Hospital</b>	<b>Bed strength</b>	<b>Type of Hospital</b>	<b>Distance of Hospital from college building</b>	
1					
2					
3					
4					

*(Note :- As per INC norms the distance between the attached hospital and the proposed college building should be within the radius of 30 k.m.)*

9 [C]	<b>Specific Remarks regarding the clinical facilities available in the above each hospital separately (Attach separate list of Para-Medical staff, Non-teaching staff, equipments etc.)</b>		<b>O</b>
I	O.P.D (Daily)		
ii	I.P.D (Daily )		
iii	Annual Occupancy		
iv	ICCU Bed Strength		
V	Laboratories		
Vi	Casualty Department		
Vii	Equipments		
viii	Paramedical Staff		
Ix	Space		

**10. Provision for Transport for students: - Yes / No.**

*If Yes, the type of vehicle available: .....*

**11. a) Laboratories:-**

- i) Anatomy :- Available / Not available
- ii) Physiology :- Available / Not available
- iii) Bio Chemistry :- Available / Not available

**b) Clinical facilities:-**

- i) Medical :- Available / Not available
- ii) Surgical :- Available / Not available
- iii) Obst. & Gyne. :- Available / Not available
- iv) Pediatrics :- Available / Not available
- v) Ortho :- Available / Not available
- vi) Eye / ENT :- Available / Not available

<b>12</b>	<b>Library (Attach separate list of Books and Journals available)</b>	Available / Not available	<b>P</b>
	If available how much area (Total area of the library should be 2400 sq.ft)		
	No. of Text books		
	No. reference books		
	No. journals for Medical subjects		
	No. journals for Allied subject		

<b>13</b>	<b>Computer (Attach separate list)</b>	Available / Not available	<b>Q</b>
	Number of computers available		
	High speed Internet connection	Available / Not available	
	Email facilities	Available / Not available	
	One Webcam	Available / Not available	
	One laser Printer (for 100 students)	Available / Not available	
	One Photocopy Machine (Min. 35 ppm) (for 100 students)	Available / Not available	
	One Scanner	Available / Not available	
	One Generator	Available / Not available	

**14. NON TEACHING/ ADMINISTRATIVE & LABOUR STAFF FULL TIME (Attach list):-**

Sr. No.	Designation	Requirement	Available	R
1	P.A./ Steno Typist	01	01	
2	Clerk	01	02	
3	Registration Assistant	01	01	
4	Laboratory Assistant	01	01	
5	Store Keeper	01	01	
6	Peon	01	02	
7	Ward boys/ Ayah	As per clinical work load		
8	Sweeper	03	04	

15	Copies of audited statements for last preceding three financial years duly attested.	Copy attached		S
		Yes	No	
	Latest Bank Balance Certificate	Copy attached		T
		Yes	No	
16	Name of the Principal of the College			U
	Date of joining the College			
	Qualification			
	Teaching Experience :			

**Note:** - Qualifications and Experience required for the appointment of Principal is 10 years experience, after M.Sc. including 5 years experience in teaching.

**17. OVERALL REMARKS BY THE COMMITTEE:**

(Please attach separate sheet, if required)

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Place: .....

Date of Inspection: .....

**Signature of LIC Inspectors:**

*(Member)*

*(Member)*

*(Member Co-ordinator)*

**CHECK - LIST**  
**(First Time Affiliation)**

(Please attach papers as per check list)

Sr No	Documents description (Attach detailed information as per norms of Central Council)	To be filled by the Institute (Write either N/A or YES in columns, also mention page no. of the annexure)				To be filled by the Subject expert (Y= accepted N= not accepted)
		Appendices	Yes	Not Applicable (N/A)	Page No.	
1	Consent of Affiliation to start new Course/ Increase in Intake capacity, issued Either by MPMSU or Other University	A				
2	Latest INC/Govt. of India notification of Permission for B.Sc. Nursing /Post basic B.Sc. Nursing/ M.Sc. Nursing	B				
3	Recognition of B.Sc. Nursing /Post basic B.Sc.Nursing/ M.Sc. Nursing degree (Attach a copy of University letter)	C				
4	Any deficiency pointed out by INC in last inspection	D				
5	Compliance of deficiencies pointed out by INC	E				
6	Any deficiency pointed out by University last inspection	F				
7	Compliance of deficiencies pointed out by University	G				
8	Madhya Pradesh Government Resolution received to start, new Course/ Increase in Intake capacity	H				
9	Teaching staff Details	I				
10	No. of seats applied by the college for increase in Intake for the course	J				
11	College Building-Teaching Block Detail	K				
12	College Building- Hostel Block Detail	L				
13	Hospital ( <i>Detailed list should be attached, subject wise, as per norms of Apex council</i> )	M,N,O				
14	Library Detail	P				
15	Computer Detail	Q				
16	Administrative staff / non teaching staff list	R				
17	Copies of audited statements for last preceding three financial years duly attested.	S				
18	Latest Bank Balance Certificate	T				
19	Appointment Order of Dean in the institute	U				

**Note: All the Attachments/ Annexure must be signed by the Dean**

**CERTIFICATE OF DEAN / PRINCIPAL**

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the College and Hospital is very true.

It is further certified that nothing has been neither hidden nor exaggerated while providing information.



Signature .....

Name of Principal/Dean.....

Name of College.....

Place : .....

Date :.....



**CERTIFICATE/REMARKS OF THE LOCAL INQUAIRY COMMITTEE**

We the Local Inquiry Committee members hereby certify that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute.

We do not agree with the information supplied by the authorities of the institutes. The statements / data / figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

*(Scratch whichever is not applicable)*

Place :- .....

Date :- .....

Names Signatures

1) Member.....

2) Member .....

3) Member Co-ordinator .....



**Appendix 'I'**

**Statement Showing the Detail Information of Teaching Staff as on .....**

Name of the College: ..... College Phone No:.....

Name of the Department:.....College Email ID :.....

Subject wise Intake Capacity:.....College website: .....

Name of the Dean/ Principal:.....

Sr. no.	Name of Teacher	Designation	Qualification	Subject	Category	Date of Birth	Date of Appointment	Date of Retirement	Contact No. (Mobile )	Experience												Approval by MPMSU						
										Prof.			Asso. Prof.			A.P.			Demonstrator			Temp	Perma-ment	Letter No. & Date				
										from	to	Total	from	to	Total	from	to	Total	from	to	Total							

Note: Attach separate seat for every department

Date:

Place:

Seal & Signature  
Principal/ Dean