

**A.P. NURSES AND MIDWIVES COUNCIL**  
**Hanumanpet, Vijayawada-520003**

**INSPECTION PROFORMA**

Date of Inspection \_\_\_\_\_

Please **Tick** the Appropriate Boxes

- A. Type of Inspection**
- |                         |                          |                            |                          |
|-------------------------|--------------------------|----------------------------|--------------------------|
| : 1. First Inspection   | <input type="checkbox"/> | 2. Periodical Inspection   | <input type="checkbox"/> |
| 3. Yearly Inspection    | <input type="checkbox"/> | 4. Re-inspection           | <input type="checkbox"/> |
| 5. Enhancement of Seats | <input type="checkbox"/> | 6. After change of Address | <input type="checkbox"/> |
- B. Nursing Programme under Inspection**
- |                  |                          |                       |                          |
|------------------|--------------------------|-----------------------|--------------------------|
| : 1. ANM         | <input type="checkbox"/> | 2. GNM                | <input type="checkbox"/> |
| 3. Basic B.Sc(N) | <input type="checkbox"/> | 4. Post Basic B.Sc(N) | <input type="checkbox"/> |
| 5. M.Sc(N)       | <input type="checkbox"/> | 6. Post Basic Diploma | <input type="checkbox"/> |

**C. General Information**

1. Name of the Institution : \_\_\_\_\_  
 \_\_\_\_\_
2. Full Address with Pin Code : \_\_\_\_\_  
 \_\_\_\_\_  
 District \_\_\_\_\_ Pin code \_\_\_\_\_
3. Telephone Numbers of the Principal : (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_
4. Telephone Numbers of the Institution : \_\_\_\_\_ Fax No. \_\_\_\_\_
5. E-mail of the Institution : \_\_\_\_\_
6. Name of the Trust/Society/ Missionary/ Company(enclose Certified copy of the trust) : \_\_\_\_\_
7. Administrative Control
- |                         |                          |               |                          |
|-------------------------|--------------------------|---------------|--------------------------|
| : 1. Government         | <input type="checkbox"/> | 2. University | <input type="checkbox"/> |
| 3. Army                 | <input type="checkbox"/> | 4. Autonomous | <input type="checkbox"/> |
| 5. Missionary/Trust/Soc | <input type="checkbox"/> |               |                          |
8. When was the school/college opened: (Enclose copies)

	MPHW	GNM	B.Sc(N)P.B.	BSc(N)M.Sc(N)	P.B. Diploma	
G.O.No.						
Dated						

9. Details of Students in current session(Attach the copy of admission criteria) Appendix No.\_\_\_\_\_

Programme	No. of Seats Sanctioned				I <sup>st</sup> year	II <sup>nd</sup> year	III <sup>rd</sup> year	IV <sup>th</sup> year	Total
	Govt.	INC	University	APNMC					
ANM									
GNM									
B.Sc (N)									
Post Basic B.Sc(N) *									
M.Sc (N) *	Med. Surg. Nsg.								
	CHN								
	Paediatric Nsg.								
	Psychiatric Nsg.								
	OBG								
Post Basic Diploma (Specify)									

**\*Furnish the following details given in table**

Name & Address	Education		APNMC RN, RM Nos	Name of Board / University	Name of Institution	Year of passing	Previous experience details
	Basic	Profession					

**10. Mention the date of Renewal validity for each programme:**

Council/University	MPHW(F)	GNM	B.Sc	PB B.Sc	M.Sc
State Nursing Council					
Indian Nursing Council					
University					

**11. Office Staff**

S.No	Designation	No. Sanctioned	No. in Position	Vacant Since When	Remarks
1.	Office Supt.				
2.	Sr. Asst.				
3.	Jr. Asst./ Record Asst.				
4.	Librarian				
5.	Computer Programmer				
6.	Driver				
7.	Peon/Office Attendant				
8.	Security Guard/Watch man				
9.	Cleaner (Bus)				
10.	Sweeper				



::4::

Years of Experience					Date of Joining	Date of leaving employment & Institution Name	Remarks
Clinical	Teaching exp. In each course						
	ANM	GNM	B.Sc(N)	M.Sc(N)	Total		

**Note: Please verify the mode of salary payment and check with attendance and acquitance Registers.**

2. Particulars of External Teachers (Part Time)

Sl.No.	Name	Qualification	Subject	Hours per year	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**E. PHYSICAL FACILITIES**

**I Teaching Block**

1. Built-up area of the building : \_\_\_\_\_sq.ft
  
2. Is the institution proof of possession of building and the building completion certificate by the State Authority to be enclosed : 1. Owned  2. Rented/Leased
  
3. Land Deed (To be enclosed) : Yes  No
4. Does all the courses are imparted in this building : Yes  No   
 If No, please specify : \_\_\_\_\_
  
5. Safe drinking water supply is available : Yes  No
6. Provision of hand washing facility : Yes  No
7. Number of Toilets for all Nursing programmes : Gents \_\_\_\_\_ ladies \_\_\_\_\_
8. (a) Number of vehicles – Bus(50 seater or more) : \_\_\_\_\_  
 Details in appendix No. \_\_\_\_\_  
 Mini bus (15-35) : \_\_\_\_\_
  
- (b) who is the controlling authority of Vehicle : \_\_\_\_\_

(INFRASTRUCTURE FACILITIES OF ALL THE NURSING PROGRAMMES to be duly filled irrespective of nursing programme you are inspecting)

Please write numbers do not write adequate/inadequate

Classroom/Lecture Hall	No. of students per class room	Nursing programme for which the class is used	Area/size of each class room (sq.m)	Number of			Ventilation & Lighting 1. V.Good 2. Good 3. Avg 4. Poor	Remarks
				Table	Chairs	Storage cupboard		
Assembly Hall/Examination Hall/ auditorium								
Laboratories (enclose the list of available equipment)	Nursing programme for which the lab is used	Size	Beds	Tables	Chairs/ Stools	Dummies available 1 Yes 2 No	Hand Washing facility	
1. Fundamentals lab 2. Medi. Surg. Lab 3. Nutrition Lab 4. MCH/OBG & Paed. Lab 5. Community Health Nursing Lab 6. Pre-clinical sciences lab								
	No. of Computers	How many are in good Condition		Internet facility available				
7. Computer Lab								
	Type of AV Aids	No. of AV Aids		How many are in working condition				
AV Aid Room								



**II HOSTEL FACILITIES**

1. Is the hostel  
Proof of possession of hostel to be enclosed
1. Owned  2. Rented/Leased
2. Whether the College is having a separate hostel
- : Yes  No
3. Built-up area of the hostel
- : \_\_\_\_\_sq.ft
4. Is there separate provision of Hostel for  
Female and Male students
- : Yes  No
- a. Total number of Day Scholars
- Girls \_\_\_\_\_ Boys \_\_\_\_\_
- b. Total number of students in the hostel
- Girls \_\_\_\_\_ Boys \_\_\_\_\_
- c. Number of rooms
- Girls \_\_\_\_\_ Boys \_\_\_\_\_
- d. No. of students living in each room
- Girls \_\_\_\_\_ Boys \_\_\_\_\_
- e. Size of rooms
- Girls \_\_\_\_\_ Boys \_\_\_\_\_
5. Room furniture allotted to each student
- Bed: Yes  No
- Table Yes  No
- Chair Yes  No
- Cupboard Yes  No
6. Total Number of toilets
- Girls \_\_\_\_\_ Boys \_\_\_\_\_
7. Whether the hostel has provisions for
- a. Water supply
- Yes  No
- b. Safe disposal of Wastes
- Yes  No
- c. Laundry
- Yes  No
- d. Hot water supply
- Yes  No



8. Facilities for indoor games whether there is

Recreation room with TV/Radio

Yes

No

9. What facilities are there for outdoor and indoor games

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10. Is sick room available

Yes

No

11. Whether the hostel mess is available

Yes

No

12. Dining facilities:

a. Dining room 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

13. General condition of the hostel

V.Good

Good

Avg.

Poor

14. **Hostel Staff**

S.No.	Designation	No. Sanctioned	No. in Position	Vacant Since When	Remarks
1	Warden/House Keeper				
2	Cooks				
3	Bearer				
4	Sweeper				
5	Chowkidar				
6	Mali/Gardener				

**F BUDGET**

1. a. Is there a separate budget for the College : 1 Yes

2. No

b. Proposed Amount per annum (current year) :

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2. If Yes, give the name and designations of the drawing and disbursing authority :

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3. What was the last year budget Allocation:

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Furnishing the following details:

S.No.	Particulars	Expenditure
1	Salary details of -Teaching faculty -Non-teaching faculty -External Lecturers- for Payment in accordance with the policy of the controlling authority	
2	Stipends for students (If applicable)	
3	New equipments and repairs	
4	Linen and other household supplies	
5	Maintenance of vehicles and cost of petrol/diesel	
6	Office supplies including stationery and postage	
7	Contingency fund-for educational tours, Professional activities, prizes, entertainments, maintenance of the school premises and any other needed items.	
8	The library-purchase of books, journals and daily newspapers, for binding of journals, for stationery, such as indeed card, label etc. & maintenance.	
9	Incidental teaching equipment –charts, films, slides, transparencies, pen chalk etc.	

**NB: Please attach last financial year's Audited Income and Expenditure Statement of the Institution.**





1. Pollution control board certificate :      Yes                            No                     

2. **Equipment and Supplies for the clinical** experience of the students (Brief description of the observation)

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3. Clinical Supervision of students by

a) Hospital Nursing Staff                                      1. Yes                       2. No.

b) Teaching Faculty    1. Yes                       2. No.

c) On the day of Inspection:

i) Were College teaching faculty were supervising the students                                      1. Yes                       2. No.

ii) Whether attendance sheet is being Maintained on clinical rotation for teaching faculty                                      1. Yes                       2. No.

d) Teacher Student ratio in clinical area                                      \_\_\_\_\_

**H COMMUNITY HEALTH FACILITIES**

I **Rural Field;**      Adopted                       Affiliated

a. Name of CHC/PHC/SC  
\_\_\_\_\_

i) Administered by 1. State Govt.       2. Municipal Corporation       3. Private

ii) Distance from the Nursing Institute \_\_\_\_\_

b. Residential Accommodation available for:-

i) Supervising Teacher                                      1. Yes                       2. No

ii) Students    1. Yes                       2. No

iii) Remarks  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c Details of CHC/PHC/SC

i) Area Coverage (in Kms) \_\_\_\_\_ Number of Villages Covered: \_\_\_\_\_

ii) Population Coverage \_\_\_\_\_

iii) Service Rendered (Health and Family Welfare programmes) Yes  No.

d Supervision of Students: 1. Field Staff only  2. Teaching faculty  3 Both

**2 Urban Field**

a. Name of the Urban Health Center \_\_\_\_\_ :

1 Adopted  2. Affiliated

b. Details of Urbal Health center

i) Distance from the Institute \_\_\_\_\_

ii) Administered by 1. State Govt  2. Municipal Corporation  3 Private

iii) Area Coverage (in Kms) \_\_\_\_\_ Number of blocks/divisions covered: \_\_\_\_\_

iv) Population Coverage \_\_\_\_\_

v) Staffing Patter (Specify) \_\_\_\_\_

vi) Service Rendered \_\_\_\_\_

c. Supervision of Students : 1. Field staff only  2. Teaching faculty  3 Both

d. Public Health Uniform: Teacher – Yes  No  Student – Yes  No

**N.B:** A copy of the letter of agreement for affiliation to the Hospital and Health Centers to be attached. Inspectors to Visit the Hospitals and Community Health Field and record their observation.

**I. MASTER AND CLINICAL ROTATION PLAN:**

1. Is rotation based on the needs of learning experiences 1 Yes  2 No   
( Graphic Rotation plan of programme inspected to be enclosed )

Clinical Rotation	Ist Year	IIInd Year	III Year	IV Year
i. Number and size of student groups				
ii. Number of rotations				
iii. Duration of each rotations				

**N.B:** Inspectors to make observation of the rotation plan, discuss the adequacy and inadequacy and record their observation

## 2. Planning of Clinical Experience

Who prepares the Clinical Rotation Plan?

1. Faculty  2. Hospital Nursing Service Personnel

3. Is the plan discussed with the students? 1. Yes  2. No

4. Does Clinical Teaching takes Place? 1. Yes  2. No

5. a. Clinical uniform of Teacher: Yes  No

b. Clinical Uniform of Student: Yes  No

### J. TEACHING PLAN

Which syllabus is followed

a) University syllabus  b) Indian Nursing Council syllabus

Courses of Instruction & Supervised practice

Sl. No.	Course	No.of Hours		Courses Outline available		Lesson Plan available	
		Theory	Practical	Yes	No	Yes	No
1	ANM						
2	GNM						
3	BSc(N)						
4	PB BSc(N)						
5.	MSc(N)						

**Note:** Verify subject wise courses outline and lesson plans of all the Nursing programmes. Enclose a copy of course outline and lesson plan of any one subject of the Nursing programme inspected.

SNA: Yes  No

TNAI membership after course completion : Yes  No

**K SYSTEM OF EXAMINATION**

**1. Name of examination Board/University**

2. Eligibility for admission to Examination (for all Nursing Programmes):

i) Attendance percentage 1) Theory Classes \_\_\_\_\_ Clinical Practice \_\_\_\_\_

ii) Internal assessment marks (Minimum % of marks Required) \_\_\_\_\_

3. Scheme of Examination followed for all Nursing Programmes: As per Board  University   
(enclose a copy of subject wise details including theory & practical internal & external marks and duration of exam)

4. Where is practical Examination conducted? \_\_\_\_\_

5. Who conducts the Examination? \_\_\_\_\_

6. How many students are examined per day for practical \_\_\_\_\_

7. No. of attempts permitted for supplementary students: ANM  GNM  B.Sc(N)

PBBSc (N)  M.Sc (N)

8. Weak points on examination \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Strong points on examination \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Pattern of promoting the students:  
(If failed in more than one/two subjects) \_\_\_\_\_

\_\_\_\_\_

(Report from Principal regarding the above) Appendix No. \_\_\_\_\_

**L. No of seats recommended currently  
by Inspectors, as per facilities:** \_\_\_\_\_



**M RECORDS OF STUDENT**

1. Are the following students records are maintained well?

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a. Admission record                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Daily attendance register                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Health record                                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Clinical and field experience record               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Practical record books- Procedure record           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Midwifery case book                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Leave record                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Extracurricular activities of students             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. Cumulative record of each                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Records signed by the concerned faculty with dates | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| J. Weekly Time Table                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**CHECK LIST**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 1. SNRC Consent/Recognition letter (year mentioned) verified & annexed.                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. INC consent/affiliation permission verified & annexed  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. University consent/Affiliation permission letter verified & annexed.                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Land deed document, approved plan, Building Completion Certificate verified & annexed.               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Teaching faculty Original Certificates, relieving Orders, Photos (self attested) verified & annexed. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Parent Hospital documents /Affiliated hospital permission letter verified & annexed                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Permission letters for Urban & Rural experience verified & annexed.                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Transportation (Registration Certificate) details verified & annexed.                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Audited Budget Report of current year verified & annexed   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. List of library books & Journals  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**GUIDELINES:**

1. Verify the name of clinical affiliation as per G.O/Dept. memo/or any other document of authorized body & enclose the xerox copy.
2. Fill all the details in each page and enclose the copies attested by Principal after verification.
3. Interact with students to verify teaching methods, learning experiences, exams, level of knowledge etc. and to findout any other problems.
4. Check the clinical inventory provided by the Nursing institute in the respective clinical areas.
5. Record any deficiencies found as per the INC norms in remarks coloumn.
6. Observe the clinical uniform of the faculty & students, and record.
7. Sign on each page of the Inspection proforma.
8. Identify & document the observations as asked. Do not recommend/suggest for permission
9. Submit the TA & DA Bill along with report.
10. Work period less than 6 months is not considered as experience.
11. Follow the Guidelines of INC related to teaching faculty qualification, experience and requirements.
12. Post or submit the Report on the same day to Council.

**Name of the Inspector :** \_\_\_\_\_ **Name of the Inspectors :** \_\_\_\_\_

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

Designation : \_\_\_\_\_ Designation : \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No (off) : \_\_\_\_\_ Telephone No (off) : \_\_\_\_\_

(Res) : \_\_\_\_\_ (Res) : \_\_\_\_\_

(Mob) : \_\_\_\_\_ (Mob) : \_\_\_\_\_

**BRIEF REPORT OF INSPECTION  
(To be submitted by the Inspectors)**

Date:

1. Name of the Institution :  
Nursing Programme : Type of Inspection:  
Name of the Inspectors :  
i)  
ii)
2. Present Institute Address : As per G.O.:Yes/No  
(Full)  
  
Tel. No. Email Id:  
3. Principal Name :  
4. Email Id & Tel.Nos of Principal :  
5. Name of the Trust/Society : As per G.O.:Yes/No  
Registered No. & Year  
6. Name of the Correspondent/Secretary :  
Membership in Society :  
7. Total No. of Students Programme wise :  
(Boys+ Girls=Total)  
8. Office staff available : As per Norms: Yes/No  
9. Teaching Faculty Available : Adequacy as per Programmes: Yes / No

Speciality	Male	Female	Total	Leaves any	Remarks/any other
B.Sc(N)					
M.Sc(N)					
Any Other					

10. External teachers available : As per Norms: Yes / No
11. Physical Facilities: : Agreement Period:.....  
a) Own/Rented/Leased :  
b) Sale deed / land deed :

::20 ::

- c) Built up area : As per Norms: Yes/No  
d) Building Completion Certificate : As per G.O. : Yes/No  
e) Blue print of Building Plan :  
f) Describe building: No. of buildings/Floors/Blocks/allotted areas to classrooms/Lab/Library etc.

g) Programmes imparted in this building:

- h) No. of class rooms : Adequacy as per Norms:  
No. of Labs : Adequacy as per Norms:

- i) Library : Adequacy as per Norms:  
Books: Journals:

- j) Administrative facilities : Adequacy:

12. No. of Vehicles : Seater:

13. Hostel: Owned/Rental/Leased (Agreement Period)

No. of Students in the Hostel: Boys: Girls: Total:

Hostel Mess : Own/Contractual Condition:

No. of Hostel Staff: As per Norms: Yes/No

14. Audited Budget copy: Yes/No

15. Clinical affiliation letters for the present academic year: Yes/No

Parent/ Affiliated Hospital:	Beds	PCBC	Adequacy	MSc(N) as per Speciality	Remarks
1.					
2.					
3.					
4.					

16. U.H.C.: Present Academic Year:

17. P.H.C.:

18. Rotational Plans:

19. SNA/TNAI:
20. Check list verified: Yes/No
21. Opinion about the Institution:

22. No. of Seats recommended:  
(Programme wise)

**No. of Annexures :**

**No. of Photos :**

**Note: Attest Photographs with regard to address proof, availability of the facilities like infrastructure (classrooms & labs) faculty and clinical etc along with Teaching faculty students & Inspectors.**

Signatures:

1.

2.