



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR, KERALA

Inspection Proforma for Continuation of Affiliation /provisional affiliation (new courses and enhancement of seats) of Nursing Colleges/ Courses for the academic year 2026-2027)

- All parameters are to be verified in person by the designated Inspectors.
- All columns should be filled properly with remarks wherever necessary.
- Please put tick mark (✓) over right choice if options are given.
- Copies of necessary verified documents attested by the principal to be attached along with the report)

Part XVI Comments of Inspectors should kept as confidential report signed only by inspectors in a separate sealed cover along with the report.

Part I - General Information:

University Order:	Date of current Inspection:	
	Date of Previous Inspection:	
Types of Inspection	Remarks (If any)	
1. Routine Inspection <input type="checkbox"/> 2. Surprise Inspection <input type="checkbox"/> 3. Re-Inspection <input type="checkbox"/>		
Purpose of inspection	Continuation of provisional affiliation/ start new course/ Enhancement of seats	
Name and address of Inspectors		
1)	2)	3)
Nursing programme (s) under inspection		
1) B.Sc.(N) <input type="checkbox"/>	2) PB B.Sc. (N) <input type="checkbox"/>	3) M.Sc. (N) <input type="checkbox"/>

Signature of Inspectors : 1.

2.

1. Name of College :

2. Address :

3. Year and date of establishment of the college:

4. Phone. No:..... Email ID:.....

Web site Address:

5. Name of Principal :

6. Phone Number of Principal:(O).....(R)

(Mob): Email ID:

- Approval of appointment of Principal by KUHS: Yes/ No

7. Administrative Control : 1) Governm:ent :

2) Missionary /Trust / Society :

3) Autonomous :

4) Any other-specify :

8. Name of Trust/Society/Missionary :

9. Details of previous year Sanction/ Affiliation order

Course	Date and Order Number for Nursing Programmes		
	INC	KNMC	KUHS
B.Sc. Nursing			
PB B.Sc. Nursing			
M.Sc. Nursing			
Valid Up to			

10. Approved Ph D Center : Yes / No

- If Yes Order No. and Date :

Annexure IX (Attach Copies of latest orders)

11. a. Nursing Education Programs and Sanctioned Seats:

Sl. No.	Courses	Year of Commencement	Number of sanctioned seats				Remarks
			Govt.	INC	KNMC	KUHS	
1	BSc (N)						
2	P B BSc (N)						
3	M. Sc (N)						
	i) MSN						
	ii) OBG						
	iii) CHN						
	iv) PAED						
	v) MHN						

11.b. If GNM programme in the parent hospital, annual intake:

12. Details of Students in Current Sessions Under Training:

Admission to Programs	I & II Semester / I Year		III & IV Semester / II Year		V & VI Semester		VII & VIII Semester		TOTAL	
	male	female	male	female	male	female	male	female	male	female
B.Sc. Nursing										
Post Basic B.Sc. (N)										
MSc Nursing										
Medical Surgical (N)										
1.										
2.										
OBG(N)										
Child Health (N)										
Mental Health (N)										
Community Health (N)										
GRAND TOTAL										
GNM										
Any other courses										

Signature of Inspectors : 1.

2.

13. Admission details (Category wise) in each course:

Sl. No.	Category	Courses						Admission appropriate as per Norms	Remarks
		BSc (N)		PB BSc (N)		MSc (N)			
		male	female	male	female	male	female		
1	State Merit								
2	SC								
3	ST								
4	SEBC								
5	EWS								
6	Management								
7	Supernumerary								
8	NRI Quota								
9	Other								
Grand Total									

Part II - Administration

Whether the following bodies have been constituted and documents are present

Sl. No.	Details	Yes / No	Remarks
1.	Philosophy of the institution		
2.	Organization Chart		
3.	Internal Complaint Committee		
4.	College Management Committee		
5.	KUHS- NSS Unit		
6.	Academic Monitoring cell		
7.	Anti-Ragging Committee		
8.	Student Support and Guidance Cell		
9.	College Union		
10.	Parent Teacher Association		
11.	College Council		

- Check whether Sl. No 3,4, 5,6,7,8,9,10,11 is constituted and functioning as per the direction of university.
- The Inspectors are requested to verify minute books of all committees and furnish remarks,if any.

Signature of Inspectors : 1.

2.

Part III - College**PHYSICAL FACILITIES OF THE COLLEGE**

Particulars	Required	Available Land	Remarks	
1. Area of land	3 - 5 acres			
2. College				
a. Permanent Building (put ✓ mark)		Yes / No	Own / Lease / Rent	
b. Constructed area of college building (in sq. ft.)				
3. Teaching block:				
Class rooms / Lecture Hall	Minimum Standard		Total area in sq.ft of each class rooms	Seating capacity
	Required	Available		
▪ B Sc (N)	4			
▪ PB BSc (N)	2			
▪ M Sc (N)	(Two common + one for each specialty)			
4. Laboratories:				
Name of Labs		Details	Available	Remarks
a) Nursing Foundation Lab		area in sq.ft		
1. No. of beds		1: 6		
2. No. articles		Adequate / Inadequate		
3. Equipment and Supplies, simulation facilities		Adequate / Inadequate		
4. No. of dummies / Manikin				
		Adult Manikin CPR Manikin Others Simulators		
5. Hand washing facilities		Elbow/ Leg operated system		

Signature of Inspectors : 1.

2.

Name of Labs	Details	Available	Remarks
b) Nutrition Lab - Area	in sq. ft		
1. Equipment & Supplies	Adequate / Inadequate		
2. Charts	Adequate / Inadequate		
c) OB&G Lab – Area	in sq. ft		
1. Equipment & Supplies	Adequate / Inadequate		
2. Charts / Models	Adequate / Inadequate		
3. Simulators	Adequate / Inadequate		
d) Child Health Nursing Lab	in sq. ft.		
1. Equipment & Supplies	Adequate / Inadequate		
2. Charts / Models	Adequate / Inadequate		
3. Simulators	Adequate / Inadequate		
e) Community Health Nursing Lab	in sq. ft.		
1. Equipment & Supplies	Adequate / Inadequate		
2. Charts / Models	Adequate / Inadequate		
3. Simulators	Adequate / Inadequate		
4. Community Health Bags	Total Number		
f) Computer Lab	Area in sq. ft		
No. of computer with Internet facilities	1 : 5 computers		
g) *Pre-Clinical Science Lab	in sq. ft		
h) Adult Health Nursing & Advanced Nursing Lab	in sq. ft		
1. Equipment & Supplies	Adequate / Inadequate		
2. Charts / Models	Adequate / Inadequate		
3. Simulators/manikins	Adequate / Inadequate		
4. CPR Manikins	Total Number		
5. Audio-Visual AIDS room	in sq. ft.		
LCD/DLP	Total Number		
TV	Total Number		
Interactive Boards	Total Number		
Charts/Models/Specimen	Adequate		
Other T-L aids specify			
*For Institutions not attached to Medical Colleges			
▪ Anatomy	Models & Specimens of systems/organs, microscope, slides, blood grouping & cross matching etc. (As per INC approved list)		
▪ Physiology			
▪ Microbiology			
▪ Biochemistry			

Signature of Inspectors : 1.

2.

Specifications	Details	Available	Remarks
6. Examination Hall:	Yes/No		
	Area - sq.ft Seating Capacity		
▪ CCTV, UPS	Yes/ No		
▪ Mobile Jammer	Yes/ No		
▪ Telephone (Landline extension)	Yes/ No		
▪ Others (Specify if any)	Yes/ No		
▪ Confidential Room	Yes/ No		
▪ Computers (2 nos.)	Yes/ No		
▪ Mobile Jammer	Yes/ No		
▪ Printer – 2 nos., Photocopier	Yes/ No		
▪ Internet connection (2providers)	Yes/ No		
▪ CCTV	Yes/ No		
▪ Fax Machine	Yes/ No		
▪ NKN Connection	Yes/ No		
▪ Generator	Yes/ No		
▪ UPS	Yes/ No		
▪ Others	Yes/ No		
7. Library	Area in sq.ft:		
▪ Standard reference books as per Syllabus available	Yes/ No		
▪ Library Automation	Yes/ No		
▪ Seating capacity (including teachers and PG students)	Mention Number		
▪ Computers with Internet connection	Mention Number		
▪ Librarian's Cabin	Yes/ No		
▪ Photocopy Machine	Yes/ No		
▪ Separate section for Staffs / PG students	Yes/ No		
▪ Ventilation	Adequate/Inadequate		
▪ Lighting	Adequate/Inadequate		

Specifications	Details	Available	Remarks
▪ Drinking Water Facility	Yes/ No		
Library staff			
▪ Librarian	Number		
▪ Library assistant	Number		
▪ Annual budget for maintenance of library including books and journals	Amount in Rupees		

LIBRARY DETAILS:

Particulars	Specify Number	Remarks
Total no. of professional books		
Total no. of Nursing Journals (Regular, Supply)		
National (Indexed,Regular Supply)		
International (RegularSupply)		
Back volumes of journals		
E-journals		
Last year Purchase of professional books		
General books/ Fictions		

Registers maintained in the library:

Name of Register	Yes/ No	Remarks
Accession Register		
Journal Register		
Issue Register		
Any other -Specify		

Inspectors are requested to verify all records/register and furnish the remarks if any

8. Administrative Block

Administrative Facilities	Area insq. ft.	Storage facility	Telephone and intercom facility	Computer with internet facility	Ventilation/ Lighting	Attached toilet facility	Remarks
Office of the Principal with visitor's room							
Vice Principal							
Professor/Assoc. Prof./Reader's room (1 room for each Dept. Head)							
Asst. Professor/ Sr. Lecturer							
Tutor's rooms							
Administrative office							
Accountant's office							
Store Room Record Room							
Common room with all facilities <ul style="list-style-type: none"> • Girls • Boys • Staff 							
Auditorium/ Multipurpose hall Seating capacity:							

Signature of Inspectors : 1.

2.

9. Other facilities in the college:

	YES / NO	Remarks
Safe water supply		
Drinking water facility		
Toilet facilities for boys & girls		Total Number :
Sanitation		
Hand washing facility		
Safe disposal of waste		
Facilities for indoor/outdoor games		
Proper waste management system		
Fire extinguisher in the college building		
Fire & safety certificate-college & hostel - attach copy (Annexure X)		
CCTV in Important locations		
Security Staff		

10. Transportation facilities

a	No. of vehicles available for students- Vehicle Number	Seating capacity	Remarks
	<ul style="list-style-type: none"> • • • 		
b	Staff Car for Principal	Yes /No	
c	Garage	Yes /No	

Annexure XI - Details of Vehicles**Part IV - Hostel Block**

1. Total Constructed area in Sq.ft : _____
2. Hostel for girls : Yes/ No
3. Hostel for boys : Yes/ No
4. Ownership of the Hostel (Put ✓mark) : Own / Rented / Lease
5. Remarks, if any:

Signature of Inspectors : 1.

2.

Whether staff quarters available within the campus						Yes /No	
Distance to hostel from the college (in kms)							
Mess by students/ contract/ any other							
Dwelling area (50 sq.ft / student)	Rooms					No of students staying in the hostel	% of accommodation against total strength
	Single	Double	Triple	Four	More than Four		
Girls :(no of rooms)							
Area per room (in sq.ft):							
Boys :(No of rooms)							
Area per room (in sq.ft):							

Other facilities:	Ladies' hostel Yes/ No	Mens' hostel Yes/ No	Remarks
Proper water supply and sanitation			
Safe drinking water facility			
Hot water supply			
Hand washing facility			
Laundry / washing			
Warden's room;			Area in sq.ft:
Common room;			Area in sq.ft:
Visitors Room;			Area in sq.ft:
Facilities for indoor and outdoor Games			
Proper waste management system			
Recreation room with TV, Radio			Area in sq.ft:
Hostel Mess and dining hall			Area: Seating Capacity:
Guest Room			Area:
Sick room for students			Area:
Facilities like cot, table, chair, cloth stand and storage facilities available in each room			
Toilet facilities - One toilet and One bathroom for five students	Adequate / Inadequate	Adequate / Inadequate	
Registers are maintained properly			

Hostel staff:	Required	Remarks
Warden	1	Principal/ Faculty/ Others-specify:
Assistant Warden	1	Faculty/ Others-specify:
House keeper	3 (3 shifts)	
Cook (1:20 /shift)	3 for 60 students / shift	
Watchman	3	
Cleaning staff	3	
Mess staff		
Others, if any		

General Condition of the Hostel

V. Good Good Average Satisfactory Poor

Comments, if any:

(Inspectors are requested to visit the hostel and furnish the remarks if any)

Part V - Budget (Audited income and expenditure statement of last financial year (Annexure XII))

- a. Separate budget for the college : Yes No
- b. Last years' budget allocation :
- c. Audited Income & Expenditure Statement : Yes No

Signature of Inspectors : 1.

2.

Part VI - Clinical Facilities

Particulars	Remarks
Parent Hospital	Own / Lease
Name & address of the Parent Hospital	
Distance from the college (in kilometers)	
Bed strength	
IP Status on the day of inspection	
IP Status 10 days before inspection (Working Day)	
IP status 20 days before inspection (Working Day)	
IP Status 30 days before inspection (Working Day)	
Average IP Status in previous 6months	
OP Registration on the day of inspection	
OP Status 10 days before inspection(Working Day)	
OP Status 20 days before inspection (Working Day)	
OP Status 30 days before inspection (Working Day)	
Accreditation of the parent hospital	Agency: valid up to:
Proof of Parent Hospital (If needed) - Annexure XIII	

Clinical Areas:	No. ofbeds	IP Status on the day of inspection	Remarks
Medical			
Surgical			
Paediatrics			
Obstetrics & Gynecology			
Orthopaedic			
ICU (Specify available facilities)			
a)			
b)			
c)			
d)			
e)			
f)			
g)			
Specialties			
Nephrology			
Neurology & Neuro surgery			
Trauma care Unit			
Eye &ENT			
Burns, Plastic surgery			
Oncology			
Dermatology			
Psychiatry			
Any other			
TOTAL			
Emergency /Casualty			
Dialysis/Day care unit			

 Signature of Inspectors : 1.

2.

Other clinical areas in parent / affiliated hospitals:

Clinical Area		Parent Hospital	Affiliated Hospitals (If applicable)			Remarks
			1	2	3	
Operation Theatre						
Major OT	No of operation theatres					
	No of tables					
	No of Operations during last month					
	Average no of operations / month during last 6 months					
Minor OT	No of tables					
	No of Operations during last month					
	Average operations / month during last 6 months					
Labour room	No of labour. rooms					
	No of Normal delivery - last month					
	Average no of normaldelivery - last 6 months					
	N of CS - last month					
	Average no of CS / month -last 6 months					
Wards	Total bed in wards					

Nursing Service Department (Parent Hospital)

Designation	Available Number
Chief Nursing Officer	
Nursing Superintendent	
Deputy Nursing Superintendent	
Head Nurse/Senior Nursing Officer	
Staff Nurse/ Nursing Officer	
Total Registered nurses	
ANMs	
Other support staffs-if available	

Signature of Inspectors : 1.

2.

Hospital Records & Registers

(Inspectors are requested to verify all Records/ Register and furnish the remarks, if any)

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

Availability of Wards for posting of students/University Examinations

Sl. No	Name of Ward	Available	No. of Beds	Remarks
1	Medical	Yes / No		
2	Surgical	Yes / No		
3	Pediatrics	Yes / No		
4	Obstetrics & Gynecology	Yes / No		
5	Psychiatry	Yes / No		
<p>Internship posting of eighth semester students (please verify master rotation, attendance of students in all five areas, permission letters and payment details in affiliated hospitals for internship) comments about internship:</p>				

Signature of Inspectors : 1.

2.

Details of affiliated hospitals for clinical experience (maximum 3, only for specialties)

	1	2	3
Name and address			
Nursing programme/ specialty			
No of beds in the specialty and occupancy on the day inspection	no of beds: occupancy:	no of beds: occupancy:	no of beds: occupancy:
Average IP/day in the specialty - last 6 months			
Distance from the college (km)			
No of schools /colleges affiliated			
Affiliation letter – no and date			
Affiliation fee paid			
Duration of posting			
Remarks			

Suitability of affiliated hospital for student's training : Yes / No

Whether students are allowed to perform the specified nursing procedures in the affiliated hospital in the concerned specialty as per syllabus : Yes / No

Details of other affiliated hospitals (if more than three)

Annexure XIV - Clinical affiliation orders and MOU

Signature of Inspectors : 1

2

Institutions affiliated to the parent hospital

Name of the School / College	Academic Year	Nursing Programme	Clinical Specialty for which affiliation given	No. of Students	Duration of Posting

Annexure XV - Affiliations in the Parent Hospital, MOU**Part VII - Community Health Facilities**

Details	Rural Field	Urban Field
Name of CHC/PHC/MCH/FW Centre		
Adopted / Affiliated		
Details of PHC/CHC/Centre		
Distance from college (in km):		
Area coverage (in km):		
Population coverage:		
Supervision of students: by field staff/College faculty / Both		

Signature of Inspectors : 1

2

Part VIII - Teaching Plan for each program/ batch

Teaching Plan	Yes / No	Remarks
1.Master Plan		
2.Course Plan		
3.Unit Plan		
4.Lesson Plan		
5.Time Table		
6.Clinical Rotation Plans		
7.Clinical Rotation is based on the syllabi and Clinical Learning Needs		
8.Nursing Service is consulted before planning		

Part IX - University practical examination center

Subject	Parent hospital	Affiliated hospital			Remarks
		1	2	3	
Nursing Foundations					
Child Health Nursing					
OBG Nursing					
Mental Health Nursing					
Adult health Nursing					
M. Sc Nursing- Specialties/Sub Specialties					
Medical Surgical Nursing					
1.					
2.					
OBG Nursing					
Child Health Nursing					
Mental Health Nursing					

If practical exam is conducted in affiliated hospital , specify reason

Signature of Inspectors : 1

2

Part X - Pass percentage of last university regular examination:

Nursing Programmes	I Sem	II Sem	III Sem	IV Sem	V Sem	VI Sem	VII Sem	VIII Sem	I year	II year
B Sc N										
PB B Sc N										
M Sc N										

**Part XI - Interaction with students
(Annexure –XVI)****1. Write interaction with students under the heading**

- SSGP functioning status
- Hostel Facilities
- Remarks on Infrastructure
- Remarks on Curriculum
- Remarks on Teaching Faculty
- Remarks on Clinical Facility
- Remarks on Playground and Recreation Facility
- Grievance if any

Part XII - Faculty:**1) Teaching faculty- specialty wise:**

Designation	MSN	OBG	PAED	CHN	MHN	Ng E & A	TOTAL
Principal							
Vice principal							
Professor							
Associate Professor							
Assistant Professor							
Lecturer with PG (more than 3 years teaching experience after PG)							
Lecturer with PG (Less than 3 years teaching experience after PG)							

Signature of Inspectors : 1

2

Tutor / clinical instructor							
Total							

(Copy of attendance register and salary acquittance of all teachers for one month should attach as Annexure XVII)

2) **Numbers of Teachers with FEP Number** :

3) **Number of Teachers without FEP Number** :

	YES/ NO	REMARKS
1. Whether Professors or Associate Professors are available in the concerned specialty for M.Sc (N) programme :		
2. Whether faculty in all specialties with minimum 3 years collegiate teaching experience after P.G. in Nursing is available for B. Sc Nursing university examinations both theory and practical in the respective subjects		
3. Whether faculty is available with minimum 3 years PG teaching experience for M. Sc Nursing examinations in the respective subject for university examinations both theory and practical		
4. Affidavit from management / Principal stating the availability of part time teachers for non-Nursing subjects and Internal examiners/Evaluators in concerned subjects with three years of teaching experience for conducting university practical examination /theory paper valuation for UG and PG Nursing respectively:		
5. Whether examiners are regularly sent for university theory valuation and practical examination: (verify with university duty register).		if no, specify:
6. Affidavit from all nursing faculty stating that they have not presented themselves during any other institutions during this inspection year		

Annexure : XVIII - Details of Regular Teaching Faculty

Sl. No	Name	Designation	Age & Date of Birth	Qualification	Name of the Institute from where qualified	Name of the University	
			a. b. c.	a. b. c.			
Year of passing	Specialty	Total Years of Experience	Clinical	Teaching	Date of Joining in the present institution	Please affix a self-attested stamp size photograph	
				Before PG			After PG
a.							
b.							
c.							
RN....., RM No. Date of Registration of Addl. Qualification..... University ID No.....Salary.....		Date of Registration:.....	Date of Renewal:.....	Form 16.....			
Verified original certificates							
Sl. No	Name	Designation	Age & Date of Birth	Qualification	Name of the Institute from where qualified	Name of the University	
			a. b. c.	a. b. c.			
Year of passing	Specialty	Total Years of Experience	Clinical	Teaching	Date of Joining in the present institution	Please affix a self-attested stamp size photograph	
				Before PG			After PG
a.							
b.							
c.							
RM No. Date of Registration of Addl. Qualification..... University ID No.....Salary.....		Date of Registration:.....	Date of Renewal:.....	Form 16.....			
Verified original certificates							
		Yes	No	If No, Specify reason.....			
		Yes	No	If No, Specify reason.....			

Profile of Part Time External Teachers

Sl. No.	External subjects	Name & FEP No	Designation & Official Address	DOB	Qualification	Teaching Experience	Mob. No & E-mail ID
1	Anatomy						
2	Physiology						
3	Microbiology						
4	Biochemistry						
5	Psychology						
6	Nutrition & Dietetics						
7	English						
8	Health / Nursing Informatics & Technology						
9	Sociology						
10	Pharmacology						
11	Pathology						
12	Genetics						
13	Medicine						

Signature of Inspectors : 1

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Sl. No.	External subjects	Name & FEP No	Designation & Official Address	DOB	Qualification	Teaching Experience	Mob. No & E-mail ID
14	Surgery						
15	Statistics						
16	Paediatrics						
17	Psychiatry						
18	Obstetrics & Gynecology						
19	Community Medicine						
20	Forensic nursing & Indian Laws						
21	Elective courses						
22							
23							
24							
25							
26							

NB: External Faculty shall teach the same subject in not more than three Nursing Colleges (attach declaration- Annexure XIX)

Part XIV - Details of non-teaching staff:

Sl. No.	Designation	Available Number	Remarks
1	Administrative Officer /Office Registrar/Senior supdt.		
2	C A to Principal		
3	U.D.C		
4	L.D.C		
5	Accountant-cum-cashier		
6	Librarian grade IV		
7	Computer Programmer		
8	Attender		
9	Watchman		
10	Driver		
11	Peon		
12	Cleaner (Bus)		
13	Sweeper		

Signature of Inspectors : 1

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Part XV - Registers, Records & Reports

		Yes / No	Remarks
a.	Admission record		
b.	Daily attendance registers for:		
	Students		
	Teaching faculty		
	Non- teaching staff		
c.	Health record		
d.	Clinical and field experience record		
e.	Practical record books		
f.	Leave record		
g.	Extracurricular activities of students		
h.	Cumulative record of each student		
i.	Affiliation records		
j.	Stock Register		
k.	Budget plan		
l.	Annual report of activities and Achievements (Annexure - XX)		
m.	Staff development programmes		
n.	Mark Register		

Sl. No.	Name and address of Principal	Contact number	Email ID	Signature
1				

Sl. No.	Name and address of Inspector	Contact number	Email ID	Signature
1				
2				
3				

Signature of Inspectors : 1

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KERALA UNIVERSITY OF HEALTHSCIENCES
THRISSUR
INSPECTION PROFORMA FOR AFFILIATION OF NURSING COLLEGES
CHECK LIST

- | | |
|--|----------|
| 1. Inspection Proforma filled completely and each page signed by both the inspectors. | Yes / No |
| 2. NOC /Essentiality certificate issued by the Govt. of Kerala has been checked and found in order. | Yes / No |
| 3. Letter of Permission issued by Govt. of Kerala has been verified and found in order. | Yes / No |
| 4. The registration certificate of society /Trust Deed, land and infrastructure documents etc checked and found in order. | Yes / No |
| 5. Bed occupancy of the Parent/Affiliated hospital is more than 75% during the last 6 months period. | Yes / No |
| 6. Attendance Register of the students checked and cross verified in the clinical area & class room. | Yes / No |
| 7. Photographs of the faculty checked with their RN, RM registration and with verified original certificate and found genuine. | Yes / No |
| 8. Administrative facilities available for the Principal, faculty and non-teaching Personnel. | Yes / No |
| 9. All labs are set with adequate equipment, models & supplies as per INC norms | Yes / No |
| 10. Hostel facilities are adequate for the total strength of inmates | Yes / No |
| 11. SON/CON are in the same campus and share laboratory and library facilities | Yes / No |
| 12. Equipment and articles for the clinical practice are in proportionate to the strength of students | Yes / No |
| 13. CON has a parent hospital for the clinical experience of students. | Yes / No |
| 14. Maintain 1:3 student patient ratio in the Parent/Affiliated hospitals | Yes / No |

Signature of Inspectors : 1

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- | | |
|---|----------|
| 15. Maintain 1:10 teacher-student ratio for the academic activities | Yes / No |
| 16. Part time /External teachers have PG qualification with three years teaching experience in the respective areas for teaching and university theory valuation | Yes / No |
| 17. All teachers are going to the clinical area at least 4 hours for clinical Teaching/supervision of students every day. | Yes / No |
| 18. Whether any case of ragging has been reported in the Institution during the last one year, if yes action taken therein. | Yes / No |
| 19. Whether the College fulfills all the requirements of faculty, infrastructureClinical facilities required to conduct the recognized Nursing Course(s.) | Yes / No |
| 20. All Nursing faculty possess basic degree/postgraduate degree qualification as laid down by INC Act 1947 and registered under the state Nursing council | Yes / No |
| 21. For MSc Nursing programme, appropriate No. of faculty in each specialty is appointed- MSN/OBG/Child Health/Mental Health/Community Health with 3 years of PG teaching experience. | Yes / No |

We hereby declare that all the documents with regard to the building /Affiliation /ClinicalFacilities /faculty etc. have been physically verified by us and the confidentiality of the inspection report will be maintained.

(Inspectors are requested **not to** write recommended / not recommended)

Name & Signature of Inspectors :

Part XVIII- Kerala University of Health Sciences, Thrissur
Inspection proforma for affiliation of Nursing colleges
Annexures

[Copies of verified documents attested by the principal to be submitted along with the report]

- I. Essentiality certificate / NOC & Letter of permission from Government of Kerala.
- II. Trust/Society registration certificate.
- III. Philosophy
- IV. Organization chart
- V. Admission criteria.
- VI. Land deed with ownership certificates.
- VII. Proof of possession of college and hostel building.
- VIII. Approved building plan for college and hostel.

Inspectors may verify the documents from I to VIII

- IX. Latest orders of affiliation-INC/KNMC/University.
- X. Fire & Safety
- XI. Details of Vehicle
- XII. Audited income and expenditure statement of the previous financial year
- XIII. Proof of parent hospital
- XIV. Clinical affiliation orders and MOU from hospital and health centers.
- XV. Certification of Affiliations in the parent hospital (3 affiliations only)
- XVI. Report of Student interaction
- XVII. Salary acquittance
- XVIII. Details of Regular Teaching Faculty
- XIX. Declaration of the external faculty (no. of teaching institutions limited to 3)
- XX. Annual report of the college (January- December)
- XXI. Group photo of faculty with inspectors

[Annexures I to VIII to be submitted for first inspection]