

**ANNEXURE TO G.O.Ms.No. 239, HEALTH, MEDICAL AND FAMILY
WELFARE (K2) DEPARTMENT, DATED 06-08-2004.**

(Format to be submitted along with the application for Enhancement of seats in
Para Medical Course by Private Educational Societies)

1. Name of the Educational Society :
where it is located

2. Name of the Institution and its :
full address

3. Name of the Course and duration :

4. No and date of G.O. sanctioning the :
course (Attested copy of G.O. should
be enclosed)

5. a) How many seats were sanctioned :

b) Date of commencement of :
the course

6. How many institutions are sanctioned :
for this course in that town and seats
permitted for each institution.

7. How many Para Medical Courses :
sanctioned to the same society and
with details of course and seats in the
District and other Districts in the State

8. Number of seats requested for increase :

9. Clinical attachment whether own :
Hospital or Government Hospital with
number of beds. If Government Hospital
attachment is obtained Indicate the
place of Govt. Hospital (Enclose
consent letter/order of Hospital)

10. If the Clinical attachment is from the :
Government Hospital, how many
institutions were permitted to have
clinical attachment and number of
students allowed from each institution.
A certificate from the Government
Hospital with specialty wise for which
clinical attachment is obtained, to be
enclosed.

11. Whether the society is having a :
building of its own or located in
Rented building with plinth area

12. Whether additional accommodation :
is provided for the proposed increase
of seats.

13. Whether Hostel facility is available :

14. Whether lectures were appointed :
on permanent basis or part time.
If so their names together with
salary for each lecturer
(Attested copies should be enclosed)

15. What is the financial position of :
the institute?

16. INC regulations are followed in :
respect of Nursing school and B.Sc
College of Nursing.