

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
(Annex the Geo tag photo) : _____

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) : _____

Name of the correspondent
 /Secretary phone & Mail Id : _____

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 st year	II nd year	III rd year	IV th year	Total
	Govt.	INC	University	APNMC					
ANM									
GNM									
B.Sc(N)									
Post Basic B.Sc(N)*									
M.Sc (N)*	Med. Surg. Nsg.								
	CHN								
	Pediatric 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	PBB.Sc	M.Sc
State Nursing Council					
Indian Nursing Council					
University					

11. Office Staff

S.No	Designation	No.	No. in Position	Vacant Since	Remarks
		Sanctioned		When	
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				

D TEACHING FACULTY DETAILS:

1. Fill the Teaching faculty profile (full-time) in below Proforma of all the nursing Programs of this institution (ANM, GNM, B.Sc, PBBSc, M. Sc and any other) All Nursing teachers of all the Nursing Programs details to be given irrespective of the program being inspected

S. No	Name & Designation,	Age	APNMC RN, RM No. Date of Validity	Aadhar number	Pay Scale Total emoluments	Name of the institution, University, Year of passing (Enclose Photos with self-attestation of all the teaching faculty)				
						B.Sc(N)	PBB.Sc(N)	M.Sc(N) (Speciality)	M.Phil	Ph.D
1										
2										
3										
4										
5										

***Note: The photographs need to be pasted and self-attested by faculty.
 Faculty to be verified with Aadhar number, photos, certificates and renewals with originals.
 Please verify the mode of salary payment and check with attendance and acquaintance Registers.**

::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)			

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 : 1.Owned 2.Rented/Leased
Proof of possession of Building and
The building completion certificate
By the State Authority to be enclosed

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 programs : Gents _____
- 8.(a)Number of vehicles–Bus (50seater or more) : _____
 Details in appendix No. _____
 Mini bus (15-35) : _____
- (b)who is the controlling authority of Vehicle : _____

II HOSTEL FACILITIES

1. Isthehostel Proof of possession of hostel to be enclosed	1. Owned <input type="checkbox"/>	2. Rented/Leased <input type="checkbox"/>
2. Whether the College is having a separate hostel	: Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Built-up area of the hostel	: _____sq.ft	
4. Is there separate provision of Hostel for Female and Male students	: Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.Roomfurnitureallottedtoeachstudent	Bed: Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Table Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Chair Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Cupboard Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.Total Number of toilets	Girls _____	Boys _____
7.Whether the hostel has provisions for		
a. Water supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Safe disposal of Wastes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Hot water supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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):

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

3. What was the last year budget Allocation:

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 house hold 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 in deed 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.

Audited budget copy signed by competent authority.

G CLINICAL FACILITIES

Name & Address of the Parent/affiliated hospital	Total Beds	No. of institutions affiliated	Clinical Areas													
			Medl	Surg	Paed	Gyne & Obst	Ortho	Psych.	Eye, ENT	CCU / ICU	Neph	Neuro	EMR	Burns Plasts	Onc	

Note: As per INC notification F. No. 1-5/2020 – INC, Dt. 03- Sep-2020, Parent hospital is either own and control by the trust or managed and controlled by a member of the trust. The undertaking hospital would not allow to be treated as parent or affiliated to any other nursing institution. The affidavit of hospital undertaking will be minimum 30 years to be submitted from the member of the trust (that is signed by all the members of trust).

It is mandatory to obtain and submit declaration from Managing Director and also Photo along with APNMC inspectors. The inspectors should verify the original MOU clinical documents with original signature of Managing Director.

No. of Nsg Personnel				Number of Tables in OTS		Average of Numbers of Operation per Month		AA OPD per day	Average IP per Month	Bed occupancy % on the Day of Inspection	Average deliveries Per month		Remarks
DNS/ANS	Ward in charge	Staff Nurse	MPHW(F)	Major OT	Minor OT	Major OT	Minor OT				Vaginal	Abdominal	

Note: Factual clinical statistics information need to produce.

1. Pollution control board certificate: Yes No

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

3. Clinical Super vision 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) 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 Urban 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. Super vision of Students: 1. Field staff only 2. Teaching faculty 3 Both

d. Public Health Uniform: 1. Teacher–Yes No 2. 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 Yes No
(Graphic Rotation plan of programme inspected to be enclosed)

Clinical Rotation (For MPH(F)/ ANM/ GNM/ P.B.B.Sc.(N)/M.Sc.(N)/NPM Courses)	1 st Year	2 nd year	3 rd Year	4 th year
i. Number and size of student groups				
ii. Number of rotations				
iii. Duration of each rotation				

Clinical Rotation (For B.Sc.(N) only)	1 st sem	2 nd sem	3 rd sem	4 th sem	5 th sem	6 th sem	7 th sem	8 th sem
i. Number and size of student groups								
ii. Number of rotations								
iii. Duration of each rotation								

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	PBBSc(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. Continuing nursing education/Faculty development programme

- a) How many faculty development programme organized by college: -----
- b) How many CNE programmes organized by college: -----

L. 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)

P.B.BSc(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. _____

M. No of seats recommended currently by Inspectors, as per facilities: _____

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 find out 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 column.
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.

1. Name of the Inspector: _____	2. Name of the Inspector: _____	3. Name of the Inspector: _____
----------------------------------------	----------------------------------------	----------------------------------------

Signature : _____	Signature : _____	Signature : _____
-------------------	-------------------	-------------------

Designation : _____	Designation : _____	Designation : _____
---------------------	---------------------	---------------------

Address : _____	Address : _____	Address : _____
_____	_____	_____
_____	_____	_____

Tele phone No (off) (Res) : _____	Telephone No (off) (Res) : _____	Tele phone No (off) (Res) : _____
-----------------------------------	----------------------------------	-----------------------------------

(Mob) : _____	(Mob) : _____	(Mob) : _____
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**BRIEFREPORTOFINSPECTION
(To be submitted by the Inspectors)**

1. Name of the Institution : Date:
Nursing Programme : Type of Inspection:
Name of the Inspectors :
i)
ii)

2. Present Institute : As per G.O. Yes/No
Address (Full)

Tel. No. Email Id:

3. Principal Name :
4. Email Id & Tel. Nos :
of Principal
5. Name of the : As per G.O. Yes/No
Trust/Society
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 : Adequacy as per Programmes: Yes/No
Available

Specialty	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 :

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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 class rooms/Lab/Library etc.

g) Programmes imparted in this building:

h) No. of classrooms : 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 Specialty	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 Photo graphs with regard to address proof, availability of the facilities like infrastructure (classrooms & labs) faculty and clinical etc along with Teaching faculty students & Inspectors.

23. The inspection officers are fully responsible for any lapses in filling of inspection Proforma like

1. Un filled inspection Proforma
2. Using whitener
3. Striking
4. seats not mentioned/not recommended
5. Opinion about the institution
6. **Make sure that every paper sign with date in the inspection Proforma**
7. Violation of rules viewed seriously by de paneling the inspector for future inspections

Signatures:

- 1.
- 2.
- 3.



APNMC - Guidelines for Inspection of Nursing Institutions:

Andhra Pradesh Nurses & Midwives Council (APNMC) has a list of empanelled list of ad-hoc inspectors for conducting inspections of various educational nursing institutions. The empanelment has been done on the basis of qualifications/experience possessed by the concerned official. You are aware that you are one of the Adhoc inspectors in the empanelled list.

The APNMC has been examining various inspection reports submitted by the ad-hoc inspectors on the conclusion of inspections. On examination it has been found by the Council that the reports prepared are not up to the mark or deficient in many aspects. Further when these reports are placed before Hon'ble Courts for their perusal in respect of court cases filed by aggrieved institutions, the inspection reports have been adversely commented upon leading to embarrassing situation for the Council. The aforesaid situation has arisen only due to the lackadaisical attitude of the ad-hoc inspectors in not properly filling up the proforma inspections reports.

The APNMC, on its part has conducted various seminars/workshops for ad-hoc inspectors for stressing on them the need to fill up the proformas properly. The ad-hoc inspectors have also been clearly appraised of do's and don'ts when visiting the nursing educational institutions but unfortunately complaints continue to be received in the council about the conduct of inspectors. It has therefore, been decided to again circulate instructions/guidelines to ad-hoc inspectors for being followed scrupulously without fail. Needless to mention, in case the instructions/guidelines are not followed scrupulously henceforth, the Council would be forced to initiate appropriate steps to de-empanel the concerned inspector.

Definition of Ad-HOC Inspector

One who is appointed on ad-hoc basis to inspect something?

Inspect

To examine carefully and critically, especially for flaws i.e., record the factual data present during the time of inspection:

Guidelines to fill up the Proforma

Do's

Record factual data

Record details of all the nursing programmes offered by the institution, even though if you have been asked for one programme

Dont's

Do not ask for pick up and drop

Do not ask for hotel facilities



Do not inform institution about your arrival before and the schedule of your programme

Do not post the filled in inspection proforma from the place of institution.

Do not share/provide a copy of Inspection report with the management

All nursing programmes details to be filled in the same proforma of the same institution i.e, no separate proforma to be filled for each nursing programme of the same institution.

Section A:

Sl. No. 1: Self Explanatory

SL.No.2: **Section B & C** : Institutional address(in detail) to be verified and then needs to be documented. It is observed most of the faculty are writing what APNMC has provided. There is a discrepancy in many cases, i.e., institutional address provided may not be same and may be different. Please provide the full address. As this will be the final address of the institution.

Sl. No. 3 : Telephone no. of the principal to be mentioned

Sl. No 4 : Inspectors should call to the number who is handling the phone.

Sl. No.,5,6 : Self explanatory, but to be filled

Sl. No. 7 : Administrative control means under whose administration is the institution working or establishment by whom?

Sl. No.8 : When was college opened means first programme offered by the institution.

Sl. No. 9 : **Details of the students**

Sl. No. 10 : Detail address of the APNMC to be mentioned and APNMC permission/consent letter to be enclosed.

Sl. No. 10.a : Detail address of the university to be mentioned University permission/consent letter to be enclosed

Sl. No. 10.b : Details of all the programmes offered by the institution to be mentioned and not only the ones for which you have been deputed:



For Sl. No. 10.c: if the institution is offering P.B.B.Sc.(N) and M.Sc(N), Ad-hoc inspectors has to verify the attendance register and check whether all the students are there in the institution, if told in clinical, inspectors will cross verify in the clinical area, and write accordingly

Sl. No 11: Details of the office staff to be mentioned. In the Remarks column ad-hoc inspectors has to write the factual details, i.e., whether they are contractual/outsourced/salaried/ yet to be appointed/ present on the day of inspection/on leave etc

Section D - Teaching Faculty

Teaching faculty details to be mentioned. APNMC has made it easier by providing a very long horizontal page, but still this part of proforma is not filled up properly. The institution details from where she has qualified along with University name has to be mentioned. It has come to the notice of APNMC that there are some non-nursing candidates posing as nursing faculty, hence It is necessary that their photographs to be checked with the RN and RM number Certificate. Degree certificate with originals to be verified. Teaching faculty needs to be interviewed for their nursing knowledge. Further, the nursing teaching faculty of all the programmes has to be mentioned.

In remarks faculty knowledge of the institution, nursing knowledge, whether on leave, whether they are supervising the students during clinical practice, and whether their certificates are genuine etc to be mentioned

Further, details has to be filled by pen in each column and row, although annexures are to be enclosed to validate it (It is observed that the details are being taken by the institution as provided in the inspection proforma and are attached without verification, which is not acceptable and it is also found that some of the ad hoc inspectors are writing, as annexures enclosed which are not verified. APNMC will take this seriously and will block the inspectors without intimating them.

A nursing faculty is allowed to teach all nursing programmes, hence there is a need to tick which are all programmes she is teaching

Section "E" Teaching Block

I. Physical Facilities:

Sl. No. 1 : Built up area to be properly written. Inspectors may cross verify by checking one of the class room size which is shown in the blue print.

Sl. No. 2 : Lease building will not be considered as own building. Documents to be checked before stating that is own or rent. The documents shall have the institutional address and it shall not be a agricultural land. Blue print submitted by the institutions has to be approved by a certified civil engineer.

Building completion certificate from the Competent Authority to be verified and enclosed.



Sl. No. 3 : Sale deed/land deed to be attached.

Sl. No. 4 : APNMC does not have any objection if all the programmes are offered in the same building/campus, Hence, it should be mentioned clearly whether the programmes offered in same campus or not).

Sl. No. 5 to 8b: They are self explanatory. However for 8a, it has to be mentioned if the institution has its own vehicle or contractual along with number of seats.

Infrastructure Facilities

Sl. No. 1: Physical facilities of all the nursing programmes offered by the institution to be mentioned along with their size. In remarks about the quality of chair, furniture, space, whether asbestos roof top, cleanliness etc to be mentioned.

Sl. No. 2: Laboratories Size of the lab, No. of dummies and dolls, No. of equipments and articles, In remarks whether the institution is utilising the same or it is only on the day of inspection it is being shown. Further they are adequate or some more is required. All about library is explanatory.

Library facilities

1. All are self explanatory.

2. Sl. No. 2 & 3 Journals: Number of subscription has to be mentioned and not the number of nursing journals: (and only nursing journals to be mentioned many a times it is written more than 20, editions should not be counted)

Administrative facilities

Office facility:

Office details as mentioned in the columns to be documented, i.e., the facilities available for the Principal, teachers and for non-nursing personnel (administration) Please write in detail whatever is required in the column.

II. Hostel Facilities

Sl. No. 1 to 13 : All are self explanatory.

Sl. No. 14 : Hostel Staff

Section F - Budget:

Document as submitted by the institution. To be verified the ledger whether they have been posted accordingly/accounts book maintained, audited report of the institution to be submitted. If it is first inspection audit report of the trust has to be submitted



Section G - Clinical facilities

1. Inspector has to visit the clinical site, which is very important for training of nurses. Therefore inspector has to fill this row and column very judiciously. Many Inspectors are writing as provided by the institution and not visiting the hospitals. Inspectors has to write the data from the census data of the hospital including bed occupancy. It is also found the inspectors are inflating this data and proper thinking and talking with the nursing superintendent is not done with regards to the number of students/ institution are visiting for clinical practice of the students and the distance from the institution. Proper investigation is not done for the area by the inspectors. Further, the data filled for this institution. And number of institutions, utilising this hospital also has to be mentioned. Therefore, apart from the institution, how many institutions are utilizing the hospital along with Number of students has to be mentioned.

2. Bed Occupancy is a must: (census data) data: it is observed many of the inspectors are conveniently over looking it.

3. Distance from hospital to institution has to be verified.

4. Nursing staff in the hospital available on that day and as per the roaster plan should be written.

5. No. of beds as per the wards to be documented and the bed occupancy on the day of inspection shall be noted.

6. Equipments and supplies: How many are available and how many are used for clinical practice.

7. Please document the data as available in the clinical facilities.

Section H - Community Health Facilities:

1. This is also very important section. Visit PHC/CHC has to whether it is tem or affiliated Please check how many other institution are also utilizing thee.

2. Further check whether residential accommodation is provided. Remarks may be given whether residential accommodation is necessary for the community training.

Section I - Master & Clinical Rotation Plans:

3. Details may be documented as per the proforma.

Section J - Teaching Plan: The data shall be written for the programmes requested for inspection.

Section K - Continuing Nursing Education/Faculty Development Programme:

a) How many faculty development programmes organized by the College?

b) How many CNE programmes are organized by the College?



Section L - System of Examination - The data shall be written for the programmes requested for inspection. Please observe from the records and document for course being inspected.

Section M - Records of students to be verified and ticked.

4 CHECK LIST shall be ticked otherwise it will be considered as incomplete proforma, and explanation will be sought by the respective inspectors.

5. Declaration shall be filled and submitted to APNMC through Speed post/Courier.

Don'ts

1. Do not write of the sites not visited.
2. Do not get the data and photographs later on from the courier by the institution and fill it up
3. Do not suggest anything to the management, as it will be only your perception and suggestion. Role of ad-hoc inspector is to inspect, observe and document the observed. Hence you are not eligible to give any suggestions to the management. APNMC will not be responsible for the suggestion provided by yourself.
4. Do not write any recommendation and suggestion to APNMC with regard to institution.
5. Do not ask the institutional personnel to courier the inspection proforma Speed post/ courier charges will be reimbursed provided the vouchers are sent.

Regarding Brief Report of Inspection Proforma -

- While writing the opinion of the Institution by the Inspectors, it should not be mentioned that "**not satisfied**" / "**satisfied**" instead mention the strong & weak points of the institution and conclude with overall opinion of the Inspector.
- Recommend the number of seats based on all the available programmes.

Please note APNMC will not be responsible if you are called to the court or any investigating agency with regard to the wrong data documented. Therefore it is once again requested to fill the data as per the factual data available during the inspection.