

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 ☐ 2. Periodical Inspection ☐
3. Yearly Inspection ☐ 4. Re-inspection ☐
5. Enhancement of Seats ☐ 6. After change of Address ☐

B. Nursing Programme under Inspection

- : 1. ANM ☐ 2. GNM ☐
3. Basic B.Sc(N) ☐ 4. Post Basic B.Sc(N) ☐
5. M.Sc(N) ☐ 6. Post Basic Diploma ☐

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 ☐ 2. University ☐
3. Army ☐ 4. Autonomous ☐
5. Missionary/Trust/Soc ☐

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)	Total			

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 : _____

::6::

(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 available equipment)	Nursing Programme for which the lab is used	Size	Beds	Tables	Chairs/ Stools	Dummies available 1 Yes 2 No	Hand Washi ng 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								

Separate Library: Yes ☐ No ☐

Library Facilities	Size	No. of Book Racks/cupboards	No. of Journal racks	No. of Tables	No. of Chairs	Ventilation & Lighting 1.V.Good 2.Good 3.Avg 4.Poor	Remarks
Reading Room							
Librarians Room							

Total No. of Library Books: _____ (Enclose the list)

No. of Nursing Journals subscribed: National: _____ International _____
(Enclose the list)

Administrative facilities	Size	Storage facility	No. of table	No. of Chairs /stools	Tel facility	Comp. facility	Ventilation & Lighting 1.V.Good 2.Good 3.Avg 4.Poor	Remarks
<u>Office</u>								
Principal								
Vice Principal								
HOD								
Departments								
Administrative, Clerical Staff and PA(S)								
Store								
Record Room								
Room for Maintenance staff								
Duplicating/Xeroxing room								
Common room								

II HOSTEL FACILITIES

<p>1. Isthehostel Proof of possession of hostel to be enclosed</p> <p>2. Whether the College is having a separate hostel</p> <p>3. Built-up area of the hostel</p> <p>4. Is there separate provision of Hostel for Female and Male students</p> <p style="margin-left: 20px;">a. Total number of Day Scholars</p> <p style="margin-left: 20px;">b. Total number of students in the hostel</p> <p style="margin-left: 20px;">c. Number of rooms</p> <p style="margin-left: 20px;">d. No. of students living in each room</p> <p style="margin-left: 20px;">e. Size of rooms</p> <p>5.Roomfurnitureallottedtoeachstudent</p> <p>6.Total Number of toilets</p> <p>7.Whether the hostel has provisions for</p> <p style="margin-left: 20px;">a. Water supply</p> <p style="margin-left: 20px;">b. Safe disposal of Wastes</p> <p style="margin-left: 20px;">c. Laundry</p> <p style="margin-left: 20px;">d. Hot water supply</p>	<p>1. Owned <input type="checkbox"/> 2. Rented/Leased <input type="checkbox"/></p> <p>: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>: _____sq.ft</p> <p>: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Girls _____ Boys _____</p> <p>Girls _____ Boys _____</p> <p>Girls _____ Boys _____</p> <p>Girls _____ Boys _____</p> <p>Girls _____ Boys _____</p> <p>Bed: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Table Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Chair Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Cupboard Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Girls _____Boys _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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	Onco

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:** _____

N. 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. a. Parent Hospital documents Permission letter verified &annexed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Affiliated hospital documents Permission letter verified &annexed.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. a. Permission letters for Urban experience verified& annexed.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Permission letters for 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 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) : _____ (Mob) : _____	Telephone No (off) (Res) : _____ (Mob) : _____	Tele phone No (off) (Res) : _____ (Mob) : _____

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 :

- 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.