

निरिक्षण अहवाल नमूना  
संचालनालय, वैद्यकिय शिक्षण व  
संशोधन, मुंबई यांच्याकडून विविध  
परिचर्या अभ्यासक्रमांकरिता प्रस्तावित  
संस्थाच्या निरिक्षणाकरिता वापरण्यात  
येणारा निरिक्षण अहवाल नमूना

\*\*\*\*\*

**ISPECTION FORMAT**  
Directorate of Medical Education  
& Research, Mumbai is using the  
herewith attached inspection  
format for the inspection of  
various nursing courses proposed  
by various institutions.

## INDEX / CHECKLIST

### I Proforma / Format

Section	Items	Annexure No.	Page No.
1	Establishment of Institute.		
	Copy of Memorandum		
	Letter No. and Date of suitability		
2	Philosophy with aims and objectives of organization/Trust/Institute		
	Organizational Chart		
3	Audit Report.		
	Nursing School Budget		
	Annual expenditure of School/College of Nursing		
	Fix Deposit Certificate		
4	Abstract of 7/12		
	Blue print of School & Hostel Building.		
	Allotment letter of separate building for school.		
	Agreement letter of school & hostel building.		
	Blue print of school and hostel rental building undertaking of Institute Head for Own building pl. see Pg.No.4 (D)		
5	Particulars of Teaching Staff.		
6	Laboratories 1-7 as per page No.7 (6) (1) of the proforma.		
	Library		
7	Vehicle documents		
8	Clinical - Hospital :- a) Parent b) Affiliated		
	M.O.U. & Registration Certificate of Bombay Nursing Home Registration Act. 1949/2005 of parent & affiliated hospital.		
9	Permission letters of UPH/RPH		
10	Undertaking of 1) Principal		
	2) Inspection Team		
	3) Form "A"		
11	Affidavit of Owner of the Institute		
12	C.D. with sound (2 Copies)		

N.B.:- Every page should be duly attested. All the pages and enclosures of this file are to be neat, tidy, serially numbered and properly labeled only be accepted. [This inspection format contents page no. 1 to 15.](#)

**महाराष्ट्र शासन**  
**संचालनालय वैद्यकीय शिक्षण आणि संशोधन, मुंबई**  
**DIRECTORATE OF MEDICAL EDUCATION & RESEARCH**

Govt. Dental College & Hospital Building, St. George's Hospital Compound, Mumbai - 400 001.  
Tel.No. +91-22-22620361-65/22652257/59  
Fax:+91-22-22620562/22652168  
Telegram:" MEDUCATNSEARCH"  
Website :http://www.dmer.org

---

**INSPECTION PROFORMA FOR SCHOOL/COLLEGE/INSTITUTE OF NURSING.**

**Please Tick the Appropriate Boxes**

**Date of Inspection:-**

**Name of the Nursing Programme :-**

**Type of Inspection :-**

- 1) A.N.M.
- 2) G.N.M.
- 3) B.B.Sc.
- 4) P.B.B.Sc.
- 5) M.Sc.(N)  :-
- 6) Any Other  :-  
(specify the Name)

- Feasibility
- Re-Inspection
- Surprise
- Increase Seats

**1) General Information about the Institute.**

- a) Name of the school/college/institute of Nursing :- .....
- b) Name and address of the Trust/ Society/ Institute :- .....
- c) Name of the Institute Head :- .....
- d) Detail Address of Institute with Pin Code No.:- .....
- e) Fax No. ....
- Telephone No. :- ..... Mobile No.:- .....
- E-mail Address :- ..... Website :- .....

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

- f) Year of Establishment of Institute. :- -----  
Public Trust Act/ Society Registration Act  
(Enclose copy)
- g) Attach copy of Resolution / Memorandum:- -----  
Criteria of Admission :- -----  
Medium for Instruction :- -----  
Letter No. & Date of Suitability :- -----  
(Enclose copy)
- h) Philosophy with aims and objectives :- -----  
(Enclose copy)
- i) Administrative relationship/Organizational Chart :- -----  
(Enclose copy)

**2) About the Budget :- (Part – I)**

- a) Audited copies of last Three Financial Years :- **Yes / No**  
(Enclose copy)
- b) Copy of separate budget for Nursing Section & amount :- **Yes / No**  
per annum (Enclose copy)
- e) Latest Bank Balance Certificate Or F.D.R. Certificate: - **Yes / No**  
(Enclose copy)
- g) Please furnish the following details. :-  
Salary Structure for the Teachers. :-  
1) Principal ----- 5) Lecturer :- -----  
2) Vice - Principal :- ----- 6) Clinical Instructor/Tutor :- -----  
3) Professor :- -----  
4) Asst. Professor. :- -----

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

### About the Budget :- (Part – II)

Sr. No.	Particulars		Expenditure
1.	Salary	Teaching Faculty	
		Non- Teaching Faculty	
2.	Stipends for students.		
3.	New equipments and repairs.		
4.	Linen and other household supplies.		
5.	Maintenance of Vehicles and cost of Petrol/Diesel.		
6.	Maintenance / Purchasing books, furniture and other items of Library.		
7.	Office supplies including stationery and postage.		
8.	Contingency Fund for Educational Tours, Professional activities, Prizes, Entertainment, Maintenance of the School Premises and any other needed items.		
9.	The Library - purchase of Books, Journals and daily Newspapers for binding of Journals for Stationery, such as indeed card, label etc.		
10.	Incidental teaching equipment - Charts, Films, Slides, Transparencies, Pen, Chalk etc.		
11.	External Lecturers - for payment in accordance with the policy of the controlling authority.		

Figure -- 1

**Specific Remarks of the Inspection Committee regarding financial status of said Institute :- -----**

-----

-----

### 3) (A) About the Land/Building/Infrastructure :-

- 1) Single plot of land measuring not less than 03 acres is available: - **Yes/No**  
If 'Yes' (Enclose extract of 7/12)

**Or**

- Construction of 54470 Sq.fit. is available :- **Yes / No**  
If 'Yes' (Enclose blue print with layout.)

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

**(B) About the College Building :-**

Whether the architectural plan of the construction is as per the I.N.C. Norms. :-

Teaching block :- 23720 Sq. ft.

**Yes./No**

(Enclose Blue print)

**(C) About the Hostel Building :-**

Whether the architectural plan of the construction is as per the I.N.C. Norms. :-

Hostel block :-30750 Sq. ft.

**Yes./No.**

(Enclose Blue Print)

**(D) Particulars of Infrastructure:-**

Whether separate building is allotted for this proposed nursing programme. :-

**Yes/No**

If Yes. (Enclose Blue Print)

Whether the school and Hostel set up is in the rental building :-

**Yes /No**

(Enclose copy of agreement & Blue Print)

Whether the said rental building has adequate area 54470 sq. ft. for **school and Hostel** as per the INC Norms. :-

**Yes /No.**

Attach the copy of Undertaking of the Institute **Head** that construction of Own Building will be made within the period of Two Years.

(Enclose copy of undertaking)

**Specific Remarks of the Inspection Committee regarding Land, Construction, Available**

**Facilities etc.** -----  
-----  
-----

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

#### 4) About the Infrastructural Facilities :-

##### (a) Teaching block:-

Please Write Nos. Do not write Adequate/ Inadequate

Sr. No.	Teaching Block	Area (in Sq. ft)	Seating Capacity	Ventilation	Light	Remarks
1	Lecture Hall (o4)	1080X4 = 4320				
<b>Laboratories</b>	1) Fundamental of Nsg. 2) Nutrition --- 3) M.C.H. --- 4) C.H.N. 5) Computer 6) A.V. Aids.	1500 900 900 900 1500 600				
<b>Staff Section</b>	1) Principal Room 2) Vice- Principal Room 3) Faculty Room 4) Staff Room 5) Common Room	300 200 2400 1000 1000				
<b>Library</b>	1) Reading Room 2) Librarian Room 3) Computer with Internet Facilities 4) A.V. Aids Section	2400				
<b>Administrative Section</b>	1) Administrative/ Clerical Staff 2) Office of the Account 3) Record Room 4) Maintenance Staff 5) Duplicating/ Xeroxing Room	1000				
	Drinking Water with purifier Facility					<b>Yes/No</b>
<b>Lavatory Area</b>	1) Toilet (Separate for Girls&Boys)	1000				
	<b>Total Area</b>	23720				23720

Figure -- 2

##### (b) Hostel block :-

Sr. No.	Hostel Block	Area (in Sq. ft)	Remarks Yes / No
1	Single Room	2400	Total No. of Rooms & Size.
	Double Room		
2	Sanitary facilities (One Latrine, One Bathroom for 5 to 6 Students)	500	
3	Visitors Room	500	
4	Reading Room	250	
5	Store Room	500	
6	Recreation Room	500	
7	Dining Hall & Drinking Water Facility	3000	
8	Kitchen & Store Room	1500	
	<b>Total Area</b>	30750	

Figure -- 3

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

**In addition to the above provision should be made for**

- 1) Record Room :- Yes / No
- 2) Guest Room attach Toilet
- 3) Sick Room :- Yes / No
- 4) Facilities for Indoor Games :- Yes / No
- 5) Play Ground :- Yes / No
- 6) Fire extinguisher :- Yes / No
- 7) Garage :- Yes / No
- 8) Counseling Room :- Yes / No
- 9) Facilities for Drying Clothes. :- Yes / No
- 10) Adequate & suitable furniture for each Area. :- Yes / No
- 11) Adequate & safe Water supply :- Yes / No
- 12) Hot Water Supply :- Yes / No
- 13) Electricity :- Yes / No
- 14) Laundry :- Yes / No
- 15) Safe disposal of Waste :- Yes / No
- 16) Telephone Facilities. :- Yes / No

**Specific Remarks of the Inspection Committee Regarding availability of all above facilities :-----**

-----

-----

**5) About the Teaching Staff:-**

- (1) Complete Bio-Data with photograph of each Nursing Teacher :- Yes / No  
Enclose copy
- (2) Do they have professional qualification as per I.N.C. norms. :- Yes / No

Sr. No.	Name Contact No. E-mail add.	Professional Qualification & Year of completion	Designation & Year of Exp.	Date of living previous employment	Date of Appointment in the said Institute	MNC Registration & Renewal
1	2	3	4	5	6	7

Figure -- 4

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**



**The LIC Inspectors should check**

- |    |   |    |          |        |              |
|----|---|----|----------|--------|--------------|
| 1) | The relieving Order of Last Institute       | :- | Yes / No | If Yes | enclose copy |
| 2) | MNC Registration & Renewal Update           | :- | Yes / No | If Yes | enclose copy |
| 3) | Eligibility of External Lecturers if needed | :- | Yes / No | If Yes | enclose copy |

**Specific Remarks of the Inspection Committee about the availability & eligibility of Teaching**

**Staff :-** -----  
-----  
-----

**6) (1) About the Laboratories (Refer to Laboratory equipments & Articles by INC) :-**

- |     |                                     |                 |
|-----|-------------------------------------|-----------------|
| (1) | Nursing Art/Fundamentals of Nursing | <b>Yes / No</b> |
| (2) | Nutrition                           | <b>Yes / No</b> |
| (3) | C.H.N                               | <b>Yes / No</b> |
| (4) | MCH & Ob. Gyn.                      | <b>Yes / No</b> |
| (5) | Anatomy & Physiology                | <b>Yes / No</b> |
| (6) | Microbiology & Bio-chemistry        | <b>Yes / No</b> |
| (7) | A.V. aids computer                  | <b>Yes / No</b> |

**(2) About the Library:-**

- |     |   |                 |
|-----|---|-----------------|
| (1) | Total No. of Books Available :-<br>(Verify with the receipts and proof of payment bills) :- |                 |
| (2) | No. of latest Edition Books:-   |                 |
| (3) | No. of A.V. aids. :-  |                 |
| (4) | Is computer facility available for Students:-   | <b>Yes/No.</b>  |
| (5) | Is Internet facility available for students:-   | <b>Yes /No.</b> |

**Inspection Committee should only verify articles and books as per the I.N.C.**

**Laboratory equipments & instruments do not attach the lists:-**

**Specific Remarks of the Inspection Committee about the availability & conditions of articles (instruments & equipments) & books** -----  
-----

**7) ABOUT THE VEHICLE:-**

Whether Vehicle is available (own) **Yes/No.**  
If Yes enclose copy with seating capacity & Latest renewal of the vehicle

**OR**

Whether Vehicle is on rental  
If Yes enclose copy of agreement with seating capacity & Latest renewal of the vehicle

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chair person**

**Member Secretary**

**Member**

**8) About the Clinical Facilities :-**

- a) Name of the Parent Hospital :- .....
- b) Name of affiliated Hospitals. :- .....
- which should be within 30 Km. radius.

(Please furnish the following information)

Name of Hospital	No. of Sanction Beds	Occupancy on day of Inspection	Average Occupancy / Month	No. of Nsg. School / Colleges Affiliated	Distance from School/ College.	MOU Yes / No

Figure – 5

Enclose MOU and Registration Certificate under Bombay Nursing Home Regulation Act. 1949/2005 (Revised)

- c) Type of Experience :- .....
- .....

- d) Classification of Beds  
Inspectors should use separate sheet for each hospital's information as shown in figure No.5 & 6

Beds	No. of Sanction	Occupancy	
		Day of Inspection	Monthly
Medical			
Surgical			
Orthopedic			
O.B.G.Y.			
Ophthalmic			
E..N.T.			
Pediatic			
Psychiatric			
Skin			
Infectious Diseases			
Nephrology.			
Urology			
Neurology			
Oncology			
Casualty / Emergency			
O.P.D.			

Figure -- 6

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

**E) Clinical Facilities:-**

Other Clinical Facilities		In parent Hospital	In affiliated Hospital
No. of Operation Table	Major		
	Minor		
Average No. of Operation per month.	Major		
	Minor		
Average patients in OPD	Per day		
	Per Month		
No. of Deliveries	Per day		
	Per Month		

Figure -- 7

**(F) About the Nursing personnel:-**

Particular	Parent Hospital	Affiliated	Qualification / Registration & Renewal
Nursing Superintendent			
Sisters			
Staff Nurses			
Any other			

Figure -- 8

- 1) Is every Nursing Personnel qualified as per INC Norms. Yes/No
- 2) Do they have M.N.C. Registration & Renewal ? Yes/No
- 3) Do they have professional affiliation. i.e. membership of T.N.I

**Inspectors to see Adequate Qualified Staff is available in the Hospital'**

- Will they provide supervision round the Clock? Yes / No.  
 Is Patient: Nurse Ratio maintained ? Yes / No

**9) ABOUT THE U.P.H. :-**

- 1) Name and address of the Urban Public Health Centre:-----  
 -----
- 2) Distance from School /College of Nursing :- -----
- 3) Permission from competent Authority (Enclose copy) -----**Yes/No/In Process**

**ABOUT THE R.P.H. :-**

- 1) Name and address of the Rural Public Health Centre :- -----  
 -----
- 2) Distance from School/College of Nursing :- -----  
 It should be within 30 km. radius

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

- 3) Permission from competent Authority (Enclose copy) -----**Yes/No/In Process**
  - 4) How many sub centers are looked after by this PHC :-----
  - 5) Population of PHC :- -----
  - 6) Population of Sub Centers :- -----
  - 7) How many qualified nurses working in the PHC - -----
  - 8) How many qualified nurses working in the Sub centers: - -----
- (Please insist nursing personnel for Registration & Renewal of M.N.C.)
- 9) Will they provide supervision round the clock ? **Yes/No.**
  - 10) Is accommodation available for Students ? **Yes/No**
  - 11) If Yes Is it adequate, Hygienic & Safe ? **Yes/No**
  - 12) M.O.U. of U.P.H.& R.P.H. **Yes/No**  
Enclose copy

Inspectors to visit the hospitals and community Health Field and record their observation.

**Specific Remarks regarding clinical facilities :-** -----  
-----  
-----

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

**Chairperson**

**Member Secretary**

**Member**

**Overall Remarks about the Institute regarding proposed Nursing Course :-**

-----  
-----

**Place:-**

**Date of Inspection:-**

**1) Chairperson**

**2) Member Secretary**

**3) Member**

**( Name & Designation)**

**( Name & Designation)**

**( Name & Designation)**

## Form "A"

This is to Certify that:-

1. (*Name of the Institute & place*) was inspected on (date), with respect to its proposal for opening the course of / for increasing the intake capacity of (*Name of the Course*)
2. The constitution of the Inspection Committee, the names of the members there of and the date of inspection were held confidential and were not disclosed, directly or indirectly, to the said institute or persons connected therewith.
3. The Inspection Committee's report is strictly in the format prescribed, if any, by the M.C.I./D.C.I./I.N.C./C.C.I.M./C.C.H.
4. The Inspection Committee as well as the Directorate has scrupulously followed all the directions issued vide the State Government's letters numbered MED 1011/C.R.19/11/EDU-2 Dated 24<sup>th</sup> January, 2011 and 08/09/2011, while submitting their reports/comments to the Government.
5. Furthermore, the following observations are made of the said institute :-

Sr. No.	Item	Minimum Standard requirement of M.C.I./D.C.I./I.N.C./C.C.I.M./C.C.H. for ( <i>Name of the Course</i> ) with ( <i>Number of seats</i> )	Data collected at the institute	Whether the said institute fulfils Minimum standard shown in column (3) ? Write "YES/NO" in hand
1	Number of Beds / units			
2	Average bed occupancy (per cent)			
3	Outpatient Department attendance (percent)			

- 
6. The institute has adequate clinical material as per the Minimum Standard Requirement of M.C.I./D.C.I./I.N.C./C.C.I.M./C.C.H. for (*Name of the Course*) with (*Number of seats*)
  7. The institute has the following teaching staff :-

**(Name of the Department)**

Sr. No.	Name	Designation	M.C.I./D.C.I./I.N.C./C.C.I. M./C.C.H. Registration Number	Educational Qualifications	Whether Educational Qualifications are as per the Minimum Standard Requirement of M.C.I./D.C.I./I.N.C./C.C.I. M./C.C.H.? Write "YES/NO" in hand.	Experience (Years and months)	Whether experience is as per the Minimum Standard Requirement of M.C.I.
1	2	3	4	5	6	7	8

8. The Department wise strength of teachers in the said institute is as under :-

**(Name of the Department)**

Sr. No.	Designation	Number of posts required as per the Minimum standard requirements of M.C.I./D.C.I./I.N.C./C.C.I. M./C.C.H.?	Number of posts available & filled (Only such teachers shall be counted as those who full fill the criteria in (7) above)	Deficiency of teachers (Number)
1	3	4	5	6

9. The said institute has NO OTHER deficiency as per the Minimum Standard Requirement prescribe by the M.C.I./D.C.I./I.N.C./C.C.I. M./C.C.H. (Name of the Course) with (Number of Seats), except the following :-

(Deficiencies)

10. The above statements are complete, correct and true to the best of our knowledge and belief.

(Signature)  
(Name)  
Member of the Inspection  
Committee

(Signature)  
(Name)  
Chairman of the Inspection  
Committee

(Signature)  
(Name)  
Member of the Inspection  
Committee

(Signature)  
(Name)  
Director of Medical Education & Research/ Director of Ayurveda, Maharashtra State, Mumbai

CERTIFICATE OF DEAN/PRINCIPAL

This is to certify that the information furnished in the above proforma is actually based on facts and as per available record of the College and Hospital is very true. It is further certified that, nothing has been neither hidden nor exaggerated while providing information.



Signature .....

Name of Dean / Principal .....

Name of College .....

Place :- .....

Date :- .....

CERTIFICATE / REMARKS OF THE INQUIRY COMMITTEE

We the Local Inquiry Committee Member hereby certify that, we have thoroughly inspected the School / Collage and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute.

We do not agree with the information supplied by the authorities of the institutes. The statements / data/ figures which are not found correct or not based on facts. are encircled by red ink the correct figures are entered near the circle in red ink.

(Scratch whichever is not applicable)

Place :- .....

Date :- .....

Names	Signatures
1) Chairman .....	.....
2) Member .....	.....
3) Member .....	.....



# शपथपत्र

मी अध्यक्ष/सचिव, .....  
संस्था .....  
शपथपत्रावर लिहून देत आहे की, मा. संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई यांचे कार्यालयातून आम्ही सुरु करत असलेल्या/ करणार असलेल्या ए.एन.एम./जी.एन.एम./पी.बी.बी.एस्सी.(न)/बी.एस्सी.(न)/एम.एस्सी.(न.) स्कुल/कॉलेजचे नांव व पत्ता.....  
.....तपासणीकरिता खालील अध्यक्ष  
.....सचिव, .....सदस्य .....  
.....यांचे निरिक्षण पथक सक्षमता तपासणीकरिता दिनांक .....  
.... रोजी आले होते. सदर तपासणीकरिता तपासणीच्या वेळेस आम्ही सादर केलेली सर्व माहिती खरी असून ती प्रत्यक्षात अस्तित्वात आहे. त्यात भविष्यात काही कमतरता आढळून आल्यास त्यासाठी संस्थाप्रमुख म्हणून मी व माझी संस्था प्रत्यक्ष जबाबदार राहिल.

अध्यक्ष/सचिव

शिकका

साक्षीदार :- १) श्री./सौ./श्रीमती.....  
२) श्री./सौ./श्रीमती.....

महाराष्ट्र शासन  
संचालनालय वैद्यकीय शिक्षण आणि संशोधन, मुंबई  
DIRECTORATE OF MEDICAL EDUCATION & RESEARCH

Govt. Dental College & Hospital Building, St. George's Hospital Compound, Mumbai - 400 001.  
Tel.No. +91-22-22620361-65/22652257/59 Telegram:" MEDUCATNSEARCH"  
Fax:+91-22-22620562/22652168 Website :http://www.dmer.org

अत्यंत महत्वाचे

क्र.एनयुआर/पदनिर्मिती/प्रशासकीय, अशैक्षणिक व  
तांत्रिक पदे निर्माती/३/ई/११

दि.

प्रति,  
मुख्य प्रशासकीय अधिकारी,  
कार्यासन "अ",  
संचालनालय, वैद्यकीय शिक्षण व संशोधन,  
मुंबई

विषय :- संचालनालय, वैद्यकीय शिक्षण व संशोधन, मुंबई यांच्या  
अधिपत्याखालील शासकीय वैद्यकीय महाविद्यालय व  
रुग्णालये येथे परिचर्या संवर्गातील ७४६४ पदे नव्याने  
निर्माण करण्याबाबतचा प्रस्ताव.

संदर्भ :- अ कार्यासन यांचे पत्र क्र. सवैशिवसं/परिचर्या/नव्याने  
पदनिर्मिती/२०१०/अ दि. २/११/१० व ३०/६/११

उपरोक्त विषयाबाबतच्या या संचालनालयाच्या संदर्भाकित प्रस्तावांच्या  
अनुषंगाने दि. २२.११.११ रोजी मा. मुख्य सचिव, महाराष्ट्र राज्य, मुंबई यांनी परिचारीका  
यांच्या ४४६६ पदांच्या मंजूरी प्रस्तावाला मान्यता देऊन यातील १/३ मंजूर पदे माहे जानेवारी,  
२०१२ पर्यंत व त्यानंतर १/३ मंजूर पदे माहे एप्रिल, २०१२ पर्यंत भरण्याबाबतस निर्णय/मान्यता  
दिली आहे.

सध्या मंजूर असलेल्या राज्यातील ६१६६ पदांसाठी संचालनालय, वैद्यकीय  
शिक्षण व संशोधन, मुंबई यांच्या अंतर्गत रुग्णालयामध्ये परिचर्या विभागास संबंधित संस्थेच्या  
अधिष्ठाता कार्यालयामार्फत देण्यात आलेला/असलेला प्रशासकीय कर्मचारी वृंद नगण्य/अपूरा  
आहे. उपलब्ध असलेल्या प्रशासकीय कर्मचारी वृंदाकडून आहे त्या परिचर्या संवर्गातील  
व्यवस्थापन समाधान कारकरित्या होत नाही. त्यातच नव्याने ४४६६ पदांची वाढ झाली  
असल्याने/होणार असल्याने परिचारीकांच्या आस्थापनेवरील खालील कामाचा फारच ताण सध्या  
उपलब्ध करून देण्यात आलेल्या/असलेल्या कर्मचारी वृंदावर पडणार आहे. त्यामुळे खालील कामे  
वेळेवर होऊ शकणार नाहीत. उदा.

- १) सेवापुस्तक पूर्ण करणे
- २) कालबद्ध पदोन्नतीची नियमित प्रकरणे व प्रलंबीत प्रकरणे यांचा निपटारा करणे
- ३) अनुज्ञाप्ती शुल्काची प्रकरणे
- ४) सेवानिवृत्ती, स्वेच्छा सेवा निवृत्ती, मृत्यू इत्यादीबाबतीतील सेवानिवृत्ती वेतनाची प्रकरणे व

त्या अनुषंगाने देय होणाऱ्या अंतीम वेतनाची प्रकरणे प्रलंबीत आहेत. त्यात भर पडेल.

५) व इतर अन्य प्रशासकीय कामांच्या बाबी यात वाढ होण्याची शक्यता आहे.

यास्तव शासकीय वैद्यकीय महाविद्यालये व रुग्णालयातील सद्यःस्थितीत परिचर्या संवर्गात मंजूर असलेल्या पदांमध्ये वर नमूद केलेल्याप्रमाणे आणखी ४४६६ + ५५७ शिक्षक वर्गीय पदांची नव्याने पदनिर्माती होऊन आणखी भर पडणार आहे. तरी सदर पदे संचालनालय, वैद्यकीय शिक्षण व संशोधन, मुंबई यांच्य अधिपत्याखालील असलेल्या शासकीय वैद्यकीय महाविद्यालय व रुग्णालय यांच्या आस्थापनेसाठी मंजूर होणार असल्याने ही बाब अतिशय समाधानकारक आहे. यास्तव सध्या मंजूर असलेल्या व नव्याने मंजूर होणाऱ्या व नव्याने निर्माण होणाऱ्या पदांची प्रशासकीय कामे समाधान कारक रित्या पूर्ण होण्याकरिता खालील प्रमाणे प्रत्येक संस्थेमध्ये प्रशासकीय पदे व नव्याने निर्माण करणे आवश्यक आहे.

- १) प्रशासकीय अधिकारी
- २) कार्यालयीन अधिक्षक
- ३) स्वीय सहाय्यक/स्टेनोग्राफर
- ४) अकौन्टंट/रोखपाल
- ५) वरीष्ठ लिपिक
- ६) कनिष्ठ लिपिक/टंक लेखक
- ७) शिपाई
- ८) सफाईगार

यास्तव परिचर्या संवर्गातील या पूर्वीचा ६१६६ + नव्याने निर्माण होऊ घातलेली आणखी ४४६६ + ५५७ (परिचर्या संवर्गातील + शिक्षक वर्गीय पदांची नव्याने पदनिर्माती विचारात घेऊन त्याप्रमाणे व नमूद केलेला प्रशासकीय व चतुर्थश्रेणी कर्मचारी वृंद परिचारीका विभागास उपलब्ध करून देण्याबाबत सर्व संबंधीत संस्थांच्या अधिष्ठातांना संचालनालयाच्या स्तरावरून व त्यांच बरोबर नव्याने आवश्यक प्रशासकीय वृंद यांची पदे निर्माण करण्याबाबतचा प्रस्ताव देखील शासनास सादर करण्यात यावा.

सहसंचालक

वैद्यकीय शिक्षण व संशोधन, मुंबई

प्रत :- मुख्य प्रशासकीय अधिकारी, कार्यासन "ड" व "फ", संचालनालय, वैद्यकीय शिक्षण व संशोधन, मुंबई

**महाराष्ट्र शासन**  
**संचालनालय वैद्यकीय शिक्षण आणि संशोधन, मुंबई**  
**DIRECTORATE OF MEDICAL EDUCATION & RESEARCH**

Govt. Dental College & Hospital Building, St. George's Hospital Compound, Mumbai - 400 001.  
Tel.No. +91-22-22620361-65/22652257/59  
Fax:+91-22-22620562/22652168  
Telegram:" MEDUCATNSEARCH"  
Website :http://www.dmer.org

---

**INSPECTION PROFORMA FOR SCHOOL/COLLEGE/INSTITUTE OF NURSING.**

Please Tick The Appropriate Boxes

Date of Inspection :-

Name of the Nursing Programme :-

Type of Inspection :-

- 1) A.N.M.
- 2) G.N.M.
- 3) B.B.Sc.
- 4) P.B.B.Sc.
- 5) M.Sc.(N)  :-
- 6) Any Other  :-  
(specify the Name)

- Feasibility
- Re-Inspection
- Surprise

**1) General Information about the Institute.**

- a) Name of the school/college/institute of Nursing :- .....
- b) Name of the Institute :- .....
- c) Name of the Institute Head :- .....
- d) Detail Address of Institute with Pin Code No.:- .....
- .....
- .....
- e) Fax No.----- Email Address :- .....
- Telephone No.:- ----- Mobile No.:- .....
- E-mail Address :- ----- Website :- .....
- f) Year of Establishment of Institute. :- .....
- (Enclose copy)

- g) Attach copy of Resolution / Memorandum:- -----
- h) Name the affiliated body :- Council/ University.  
(Enclose copy ) -----
- i) Name of the Exam. Board :- -----
- j) Letter No. and date of suitability :-  
(Enclose copy) -----
- Criteria of Admission :- -----
- Medium for Instruction :- -----
- Letter No. & Date of Suitability :-  
(Enclose copy) -----
- k) Philosophy with aims and objectives :-  
(Enclose copy) -----
- m) Administrative relationship/Organizational Chart :-  
(Enclose copy) -----
- n) Mention the dates of last Inspection for each  
programme :- -----

**2) About the Budget :-**

- a) Audited copies of last Three Financial Years :- Yes / No  
(Enclose copy)
- b) Copy of separate budget for Nursing Section :- Yes / No  
(Enclose copy)
- c) Amount per annum :- Yes / No.  
(Enclose copy)
- d) Letter of power of drawing and disbursing to the Nursing Principal: - Yes /No  
(Enclose copy)
- e) Latest Bank Balance Certificate Or Solvency Certificate: - Yes / No  
(Enclose copy)
- g) Please furnish the following details. :-  
Salary Structure for the Teachers. :-
- 1) Principal ----- Asst. Professor. :- -----
- 2) Vice - Principal :- ----- Lecturer :- -----



**(B) About the College Building :-**

Does the architectural plan of the construction is as per the I.N.C. Norms. :-  
Teaching block :- 23720 Sq.fit. Yes./No

**(C) About the Hostel Building :-**

Does the architectural plan of the construction is as per the I.N.C. Norms. :-  
Hostel block :-30750 Sq.fit. Yes./No.

Whether separate building is allotted for this proposed nursing programme. :- Yes/No  
If Yes. (Enclose Copy)

Whether the school and Hostel setup is in the rental building :- Yes /No  
(Enclose copy of agreement)

Whether the said rental building has adequate area 54470 sq. ft. for school and Hostel as per the  
INC Norms. :- Yes /No. (Enclose copy of blue print)

Attached the copy of Undertaking of the Institute Head that construction of Own Building will  
be made within the period of Two Years.  
(Enclose copy of undertaking)

**Specific Remarks of the Inspection Committee regarding Land, Construction, Available  
Facilities etc. -----**

-----  
-----  
-----

Sign of (1) (2) (3)

**4) About the Infrastructural Facilities :-**

**(a) Teaching block :-  
Please Write Nos. Do not write Adequate/ Inadequate**

Sr. No.	Teaching Block	Area (in Sq.ft)	Seating Capacity	Ventilation	Light	Remarks
1	Lecture Hall (o4)	1080X4 = 4320				
<b>Laboratories</b>	1) Fundamental of Nsg.	1500				
	2) Nutrition ---	900				
	3) M.C.H. ---	900				
	4) C.H.N.	900				
	5) Computer	1500				
	6) A.V. Aids.	600				
<b>Staff Section</b>	1) Principal Room	300				
	2) Vice- Principal	200				
	3) Faculty -----	2400				
	4) Staff	1000				
	5) Common	1000				

Sr. No.	Teaching Block	Area (in Sq.ft)	Seating Capacity	Ventilation	Light	Remarks
<b>Library</b>	1) Reading Room 2) Librarian Room 3) Computer with Internet Facilities 4) A.V.Aids Section	2400				
<b>Administrative Section</b>	1) Administrative/ Clerical Staff 2) Account Office 3) Record Room 4) Maintenance Staff 5) Duplicating/ Xeroxing Room	1000				
<b>Lavatory Area</b>	1) Toilet/ Bathroom	1000				
		23720				23720

**(b) Hostel block :-**

Sr. No.	Hostel Block	Area (in Sq.ft)	Remarks Yes / No
1	Single Room	2400	Total No. of Rooms & Size.
	Double Room		
2	Sanitary facilities (One Latrine, One Bathroom for 5 to 6 Students)	500	
3	Visitors Room	500	
4	Reading Room	250	
5	Store Room	500	
6	Recreation Room	500	
7	Dining Hall	3000	
8	Kitchen & Store Room	1500	
	Total	30750	

**In addition the above provision should be made for**

- 1) Record Room :- Yes / No
- 2) Guest Room attach Toilet
- 3) Sick Room :- Yes / No
- 4) Facilities for Indoor Games :- Yes / No
- 5) Play Ground :- Yes / No
- 6) Fire extinguisher :- Yes / No
- 7) Garage :- Yes / No
- 8) Counseling Room :- Yes / No
- 9) Facilities for Drying Clothes. :- Yes / No
- 10) Adequate & suitable furniture :- Yes / No for each Area.



- 11) Adequate Water supply
- 12) Hot Water Supply
- 13) Electricity
- 14) Laundry
- 15) Safe disposal of Wastes
- 16) Telephone Facilities.

**Specific Remarks of the Inspection Committee :- Inspector to verify the above mention facilities are available or Not :-**-----

-----

-----

-----

-----

Sign of (1) (2) (3)

**5) About the Teaching Staff:-**

- (1) Complete Bio-Date sheet with photograph of each Nursing Teacher.'
- (2) Do they have professional qualification as recommended by I.N.C.

Sr. No.	Name Contact No. E-mail add.	Designation & Year of Exp.	MNC Registration Renewal	Date of Appointment	Professional Qualification	Date of living previous employment

**The LIC Inspectors should check**

- 1) The reliving Order of Last Institute :-
- 2) MNC Registration & Renewal Update :-
- 3) Eligibility of External Lecturers if needed :-

**Specific Remarks of the Inspection Committee :-** -----

-----  
-----  
-----

**Sign of** (1) (2) (3)

**6) (1) About the Laboratories (Refer to Laboratory equipments & Articles by INC) Verify with Dead Stock and List of Items and Proof of Payment of the Suppliers :-**

- (1) Nursing Art/Fundamentals of Nursing
- (2) Nutrition
- (3) C.H.N
- (4) MCH & Ob. Gyn.
- (5) Anatomy & Physiology
- (6) Microbiology & Bio-chemistry
- (7) A.V. aids computer

**(2) About the Library :-**

- (1) Total No. of Books Available  
(Verify with the receipts and proof of payment bills) :-
- (2) No. of latest Addition Books.
- (3) No. of A.V.aids.
- (4) Is computer facility of available for Students. Yes/No.
- (5) Is Internet facilities available for students Yes /No.

**Specific Remarks of the Inspection Committee :-** -----

-----  
-----  
-----

**Sign of** (1) (2) (3)

**7) About the Clinical Facilities :-**

a) Name of the Parent Hospital :- .....

Name of Hospital	No.of Beds Sanctioned	Average Occupancy / Month	Occupancy on day of Inspection	No.of Nsg. School / Affiliated	Distance from College.

**For Additional Affiliation please Enclose extra sheet.**

b) Name of the Affiliated Hospitals :- .....  
Enclose copy of MOU of each hospital.

.....  
.....

c) Type of Experience :- .....

.....  
.....

d) Classification of Beds

Beds	No. of Sanction	Occupancy	
		Day of Inspection	Monthly
Medical			
Surgical			
Orthopedic			
O.B.G.Y.			
Ophthalmic			
E..N.T.			
Pediatric			
Psychiatric			
Skin			
Infectious Diseases			
Nephrology.			
Urology			
Neurology			
Oncology			
Casualty / Emergency			
O.P.D.			

E) Clinical Facilities :-

Other Clinical Facilities		In parent Hospital	In affiliated Hospital	
No. of Operation Table	Major			
	Minor			
Average No. of Operation per month.	Major			
	Minor			
Average patients in OPD	Per day			
	Per Month			
No. of Deliveries	Per day			
	Per Month			

(F) About the Nursing personnel :-

Particular	Parent Hospital	Affiliated	Qualification / Registration
Nursing Superintendent			
Sister			
Staff Nurses			
Any other			

Do each one have Adequate qualification

Do each one have M.N.C. Registration & Renewal

Inspectors to see Adequate Qualified Staff available in the Hospital'

Will the provide supervision round the Clock.

Patient : Nurse Ratio is maintained.

How many nursing School affiliated with the above mentioned hospital.

Please enclose affiliated Hospital registration Certificate under Bombay Nursing Home Regulation Act. 1949/2005 (Revised)

**ABOUT THE U.P.H. :-**

1) Name and address of the Urban Community Centre:-----  
-----

2) Distance from School /College of Nursing :- -----

3) Permission from competent Authority (Enclose copy) -----Yes/No/In Process

**ABOUT THE R.P.H. :-**

1) Name of address of the Rural Public Health Centre :- -----  
-----

- 2) Distance from School/College of Nursing :- -----
- 3) Permission from competent Authority (Enclose copy) -----Yes/No/In Process
- 4) How many sub centres look after by this PHC :- -----
- 5) Population of PHC :- -----
- 6) Population of Sub Centres :- -----
- 7) How many qualified nurses working in the PHC - -----
- 8) How many qualified nurses working in the Sub centres :- -----

(Please check MNC Registration & Renewal of each Staff ) -----

- 9) Is accommodation available for Students Yes/No
- 10) If Yes Is it adequate, Hygienic & Safe Yes/No
- 11) Is Vehicle available Yes/No.  
If Yes enclose copy with seating capacity.
- 12) Will they provide supervision round the clock Yes/No.  
(A copy of agreement for affiliation to the Hospital & Health Centres to be attached.  
Inspectors to visit the hospitals and community Health Field and record their  
observation.

**Over All Remarks of the Inspection Committee Members :-**

-----  
 -----  
 -----

**Specific Remarks of the Inspection Committee Members :- Feasible / Not Feasible.**

**Place :-**

**Date of Inspection :-**

**Signature of Inspection Committee Members**

- 1) **Chair Person**
- 2) **Member Secretary**
- 3) **Member**