



KARNATAKA STATE NURSING COUNCIL

#71, Nightingale Towers, 'A' Street, 6th Cross, A.R. Extension, Near
Movieland Theater, Gandhinagar, Bengaluru, Karnataka 560009

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INSPECTION PROFORMA FOR SCHOOL / COLLEGE / INSTITUTE OF NURSING

(All parameters are to be verified in person by the designated Inspectors & Copies of necessary
verified documents attested by the Principal to be attached along with this report)

Date of Inspection:.....

Type of Inspection:

Nursing Programme	First Inspection	Re-Inspection	Re-start	Enhancement of seats	Surprise Inspection	Periodic /Yearly Inspection	Change of address
ANM							
GNM							
Basic B. Sc (N)							
Post Basic B. Sc (N)							
M. Sc (N)							
P.B. Diploma Programs specify.....							

1	Name of the Institution	
1.1	Full address of the Institution with Pin-code	
1.2	Telephone No. with STD Code	
1.3	Fax No. with STD code	
1.4	Email ID of the Institution	
1.5	Website of the Institution	
1.6	Name of Principal	

Signature of Inspector (1) : Signature of Inspector (2) :

2	Administrative control	1. Government <input type="checkbox"/>	2. Autonomous <input type="checkbox"/>
		3. Trust <input type="checkbox"/>	4. Society <input type="checkbox"/>
		5. Missionary <input type="checkbox"/>	6. Defence <input type="checkbox"/>
		7. University <input type="checkbox"/>	8. Others <input type="checkbox"/>
3	Name of the Trust / Society with its full address		

Enclose: Trust / Society Registration documents & the list of registered members - ANNEXURE No. :

4	Name & Address of the Examining Board / University.	For Diploma / P.B. Diploma Programs	For UG/ PG Nursing Programs
5	Government of Karnataka order Number & Date.		

Enclose: Copy of permission from Government of Karnataka - ANNEXURE No. :

6	Number of seats sanctioned by	State Government	Karnataka State Nursing Council	University	Proposed
	ANM				
	GNM				
	B.Sc Nursing				
	Post Basic B.Sc Nursing				
M.Sc Nursing	Medical Surgical Nursing				
	Community Health Nursing				
	Pediatric Nursing				
	Psychiatric Nursing				
	OBG				
	M.Phil Nursing				
	Ph.d Nursing				

Enclose: Copy of permission from KSNC & University - ANNEXURE No. :

Signature of Inspector (1) : **Signature of Inspector (2) :**

7 Total No. of students studying in each of the Nursing Programs						
Programme	Batch	1 st year	2 nd year	3 rd year	4 th year	Any other remarks
	Academic year					
ANM	Male					
	Female					
How many students present in each class on the day of inspection ?						
GNM	Male					
	Female					
How many students present in each class on the day of inspection ?						
B.Sc Nursing	Male					
	Female					
How many students present in each class on the day of inspection ?						
Post Basic B.Sc Nursing	Male					
	Female					
How many students present in each class on the day of inspection ?						
M.Sc Nursing	Male					
	Female					
How many students present in each class on the day of inspection ?						
M. Phil Nursing	Male					
	Female					
How many students present in each class on the day of inspection ?						
P.B. Diploma Programmes	Male					
	Female					
How many students present in each class on the day of inspection ?						

Enclose: Class wise group photograph of students & teachers with inspectors - ANNEXURE No. :

Signature of Inspector (1) : Signature of Inspector (2) :

8	Infrastructure of Teaching Block	
	a) Is the Institution (Own / Rented / Leased)	
	b) Owner of the Building	
	c) Total Built-up area of the Building	

Enclose: Land sale deed, building map & its measurements in sq.ft, building completion certificate, Tax paid receipt & 2 photograph of building (front & side view) - ANNEXURE No. :

8.1	Required as per Norms	Nursing Programme for which the room is used.	Existing area/ size of each rooms (Sq. ft)	Observations of Inspectors & Remarks
8.1	Class Rooms (1080 sq. ft each room)			
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
8.2	Laboratories			
	1. Nursing Foundation			
	2. Nutrition			
	3. MCH / OBG & Paediatric			
	4. Community Health Nursing			
	5. Pre-clinical			
	6. Advance Nursing			
	7. Computer Room			
	8. A.V. Aids Room			

Enclose: List of all Lab equipments /models /specimens /charts etc,. - ANNEXURE No. :

Signature of Inspector (1) : Signature of Inspector (2) :

8.3	Auditorium / Exam Hall				
8.4	Common room for Females				
8.5	Common room for Males				
8.6	Principal chamber with attached toilet				
8.7	Vice Principal chamber				
8.8	Separate chamber for each heads of departments				
8.9	Chamber for all Tutors / Asst Professor etc.,				
8.10	Offices for Administrative, clerical staff.				
8.11	Toilets				
8.12	Library				
Is it a Separate Library :			Seating Capacity :		
No. of Nursing Books :			No. of Journals subscribed :		
Remarks :					

Enclose: List of subject wise books, journals & magazines **ANNEXURE No. :**

9	Hostel Block	Girls	Boys
9.1	Whether the institute is having a separate Hostel	Yes / No	Yes / No
9.2	Is the Hostel Own / Leased or Rented		
9.3	Total Built up Area (Sq.ft)		
9.4	Total No. of students staying		
9.5	Total No. of Rooms with their measurements (Sq.ft)		
9.6	No. of students staying in each room		
9.7	Furniture's allotted to each student		
9.8	No. of Toilets 1:5 (one bathing & toilet for 5 students)		
9.9	Visitors Room	Yes / No	Yes / No
9.10	Reading Room	Yes / No	Yes / No
9.11	Recreation Room	Yes / No	Yes / No

Signature of Inspector (1) : Signature of Inspector (2) :

9.12	Kitchen & store room	Yes / No	Yes / No
9.13	Dining Hall	Yes / No	Yes / No
	Seating capacity		
	Hand washing capacity	Yes / No	Yes / No
	Safe drinking facility	Yes / No	Yes / No

Enclose: Land sale deed, building map & its measurements in sq.ft, building completion certificate, Tax paid receipt & 2 photograph of building (front & side view) - ANNEXURE No. :

10	Number of vehicles	How many seater	Vehicle Registration Number	Owner of the vehicle

Enclose: copy of vehicle RC book, Tax Paid receipt, Insurance & drivers licence ANNEXURE No. :

10	Clinical Facilities			
10.1	Name of Parent Hospital			
	Address of Hospital			
	Distance from Nursing Institute		No. of schools / colleges of Nursing affiliated	
	Total Bed strength of the Hospital			
	Bed Distribution of Hospital			
	Clinical Area	No. of Beds	Average No. of Patients admitted per month	No. of patients admitted on the day of Inspection.
	Medical			
	Surgical			
	Pediatrics			
	Gyne & Obst			
	Orthopaedic			
	Psychiatric			
	Eye, ENT			
	Coronary / ICCU / ICU			
	Neurology			
	Emergency			
	ICU Oncology			
	Total			

Signature of Inspector (1) : Signature of Inspector (2) :

	Average Number of Patient attending OPD per day		
	Average number of IPD per day		
	Average Number of Deliveries conducted per year		
	Details of Operation Theaters	Minor OT	Major OT
	a) No. of OT		
	b) No. of Tables		
	c) Average number of operations per day		
Facilities available :			
Observations / Remarks :			

Enclose: Proof of Parent hospital (Registration certificate), bed distribution & pollution control certificate -
ANNEXURE No. :

10.2	Name of Affiliated Hospital			
	Address of Hospital			
	Distance from Nursing Institute		No. of schools / colleges of Nursing affiliated	
	Total Bed strength of the Hospital			
Bed Distribution of Hospital				
	Clinical Area	No. of Beds	Average No. of Patients admitted per month	No. of patients admitted on the day of Inspection.
	Medical			
	Surgical			
	Paediatrics			
	Gyne & Obst			
	Orthopaedic			
	Psychiatric			
	Eye, ENT			

Signature of Inspector (1) : **Signature of Inspector (2) :**

	Coronary / ICCU / ICU			
	Neurology			
	Emergency			
	ICU Oncology			
	Total			
	Average Number of Patient attending OPD per day			
	Average number of IPD per day			
	Average Number of Deliveries conducted per year			
	Details of Operation Theatres		Minor OT	Major OT
	a) No. of OT			
	b) No. of Tables			
	c) Average number of operations per day			
Facilities available :				
Observations / Remarks :				

Enclose: Permission letter from hospital, bed distribution & pollution control certificate - ANNEXURE No.

10.3	Name of Affiliated Hospital			
	Address of Hospital			
	Distance from Nursing Institute		No. of schools / colleges of Nursing affiliated	
	Total Bed strength of the Hospital			
	Bed Distribution of Hospital			
	Clinical Area	No. of Beds	Average No. of Patients admitted per month	No. of patients admitted on the day of Inspection.
	Medical			
	Surgical			
	Paediatrics			

Signature of Inspector (1) : Signature of Inspector (2) :

	Gyne & Obst			
	Orthopaedic			
	Psychiatric			
	Eye, ENT			
	Coronary / ICCU / ICU			
	Neurology			
	Emergency			
	Oncology			
	Total			
	Average Number of Patients attending OPD per day			
	Average number of IPD per day			
	Average Number of Deliveries conducted per year			
	Details of Operation Theatres		Minor OT	Major OT
	a) No. of OT			
	b) No. of Tables			
	c) Average number of operations per day			
Facilities available :				
Observations / Remarks :				

Enclose: Permission letter from hospital, bed distribution & pollution control certificate - **ANNEXURE No.**

10.4	Name of Affiliated Hospital			
	Address of Hospital			
	Distance from Nursing Institute		No. of schools / colleges of Nursing affiliated	
	Total Bed strength of the Hospital			

Signature of Inspector (1) : Signature of Inspector (2) :

Bed Distribution of Hospital			
Clinical Area	No. of Beds	Average No. of Patients admitted per month	No. of patients admitted on the day of Inspection.
Medical			
Surgical			
Paediatrics			
Gyne & Obst			
Orthopaedic			
Psychiatric			
Eye, ENT			
Coronary / ICCU / ICU			
Neurology			
Emergency			
Oncology			
Total			
Average Number of Patient attending OPD per day			
Average number of IPD per day			
Average Number of Deliveries conducted per year			
Details of Operation Theatres		Minor OT	Major OT
a) No. of OT			
b) No. of Tables			
c) Average number of operations per day			
Facilities available :			
Observations / Remarks :			

Enclose: Permission letter from hospital, bed distribution & pollution control certificate - ANNEXURE No.

Signature of Inspector (1) : Signature of Inspector (2) :

11	COMMUNITY HEALTH FACILITIES		
11.1	RURAL FIELD		
	Name of the HC/PHC/SC		
	a. Adopted <input type="checkbox"/>	Affiliated <input type="checkbox"/>	
	If affiliated (mention details) :		
	b. Administered by :	State Govt <input type="checkbox"/>	Municipal corporation <input type="checkbox"/> Private <input type="checkbox"/>
	c. Distance from the Nursing Institute :		
	d. Residential Accomodation available : Yes / No		
	e. Area Coverage (in Kms) :	Number of villages covered :	
	f. Population coverage :		
	g. Services rendered :		
	h. Observation of Inspectors :		
11.2	URBAN FIELD		
	Name of the MCH & F.W Centre		
	a. Adopted <input type="checkbox"/>	Affiliated <input type="checkbox"/>	
	If affiliated (mention details) :		
	b. Administered by :	State Govt <input type="checkbox"/>	Municipal corporation <input type="checkbox"/> Private <input type="checkbox"/>
	c. Distance from the Nursing Institute :		
	d. Residential Accomodation available : Yes / No		
	e. Area Coverage (in Kms) :	Number of villages covered :	
	f. Population coverage :		
	g. Services rendered :		
	h. Observation of Inspectors :		

Enclose: Permission letter for community Health postings for Rural & Urban – ANNEXURE No. :

12	SYLLABUS FOLLOWED (INC / RGUHS / KSNC)	
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Signature of Inspector (1): Signature of Inspector (2):

13	RECORDS MAINTAINED IN THE COLLEGE	YES	NO
	a. Admission Record		
	b. Daily attendance		
	c. Health record		
	d. Clinical and field experience record		
	e. Practical record books – Procedure record		
	f. Practical record books – Midwifery case book		
	g. Leave Record		
	h. Extra-curricular activities of the students		
	i. Cumulative record of each student.		
	j. Course / Unit / Lesson plans of the each subject		
	k. Committee meetings		
	l. Affiliation records		
	m. Records of the stock		
	n. Budget plan		
	o. Annual report of the activities and achievements		
	p. Staff development programmes		
14	ANTI RAGGING	YES	NO
	a. Whether anti-ragging committee was constituted		
	b. List of Monitoring committee members along with mobile number		
	c. Whether prospectus clearly states that ragging is totally banned and anyone found guilty of ragging will be liable to punishment		
	d. Whether name, telephone numbers of the authorities to be contacted have been publicized / made available to fresher to report the incidents of ragging		
	e. Whether undertaking received from all the students before the admission		
	f. Whether undertaking received from all the students' parents or guardians before the admission.		
	g. Whether principal at the beginning of the academic session convened the meeting of the faculty, staff, warden and student representatives for the measures to be taken to prevent the ragging and steps to be taken to identify the offenders and punish them.		
	h. Whether posters displayed on all the departmental notice boards, hostels and at vulnerable places to curb the menace of ragging		
	i. Number of complaints regarding ragging received? Enclosed list with details?		
	j. Action taken report in each case.		

Signature of Inspector (1) :

Signature of Inspector (2) :

15. Teaching Faculty Profile (Full-Time) of all the Nursing Programmes offered by this Institution (ANM / GNM/B.Sc / P.B.B.Sc / M.Sc & any other) All Nursing teachers of all the Nursing Programmes details to be given irrespective of the programme being inspected.

Sl. No	Name of Teaching Faculty	Designation	Qualification along with speciality	Name of the Institution & University	Year of passing	KSNC RN & RM No. & its Expiry date	Teaching / Clinical Experience			Date of joining to this institution	Date of relieving from previous institution
							After UG	After PG	Total		

Enclose: List of all teaching faculties in above format & attach the following documents-ANNEXURE No.

1. Brief profile of Teaching faculty as per format (Appendix A)
2. Appointment order & joining report (if joined within 3 months)
3. UG & PG Degree Certificate
4. KSNC Registration certificate
5. Relieving order from the previous institution
6. Address proof : Aadhar card / Voters ID / Driving licence / Passport etc.,
7. PAN Card.

16. Details of External teachers (Part time)

Sl. No	Name of Teacher	Qualification	Subject	Number of Hours per year	Remarks

Enclose: List of all external teachers in the above format - ANNEXURE No.

Signature of Inspector (1) :

Signature of Inspector (2) :

17. Observations of the inspectors :



Signature of Inspector (1) :

Signature of Inspector (2) :

DECLARATION

I certify that I inspected _____

Nursing Institute on _____ where in I inspected physically the institute building, checked teaching faculty and visited the hospital & verified all documents. The inspection report is not shared with the institution management / Principal.

	INSPECTOR – 1	INSPECTOR – 2
Name of the Inspector		
Signature		
Designation		
Name of Institution & its full Address		
Mobile		
Telephone No. (Off)		
Telephone No. (Res)		