

## INSPECTION PROFORMA FOR AUXILLARY NURSES & MIDWIVES

Date of inspection: - \_\_\_\_/\_\_\_\_/20\_\_

Type of inspection \_\_\_\_\_ Preliminary/ Inspection/ Annual Report of Preliminary Inspection conducted on \_\_\_\_/\_\_\_\_/20\_\_ by the committee constituted by Govt. On 20.03.2007 for opening of General Nursing Training institutions for grant of no objection certificate/ Essentiality Certificate to \_\_\_\_\_ to the session \_\_\_\_\_ for students.

Name and Designation of the committee Members:-

1. Deputy Director Nursing:-
2. Asst. Director Nursing :-
3. Secretary O.N. & M.E. Board.

(To be furnished by the Principal/Head of the Trust Society and placed before the Inspectors/Committee members for verification.

### **1. GENERAL INFORMATIONS**

a) Name of the Institution :

b) Revenue Address :

Name of the Village Town where the GNMTC

Sruated: \_\_\_\_\_

Police Station (Distance from T.C):

Tahasil :- \_\_\_\_\_ Sub Division: \_\_\_\_\_ District:- \_\_\_\_\_

Postal Address with Pin Code:-

\_\_\_\_\_ PIN \_\_\_\_\_

Telephone No. with STD Code Fax No.:-

2. E-Mail of the Institution:- \_\_\_\_\_

3. When was the School Opened:- \_\_\_\_\_

4. Administrative Control: - Govt. Trust/Society/ Any Other (Tick Any One)

5. Name and Address of the Examination Board which affiliated:- \_\_\_\_\_

6. Do you have a permanent hospital? Yes/No

Where the student gets their practical experience:-

7. Applied for affiliation of D.M.E.T. but not received:- Yes/No

8. Year & Date of Admission of Students:-

9. Date of last Inspection :-



### 3. Supportive Staff (For School & Hostel)

Sl.No	Post	Number	Remarks
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Leave Register:-**

**Warden accommodation inside Hostel:-**

#### C. Physical Facilities

Infrastructure

1. Class Room            Number of class room: \_\_\_\_\_
2. Library                            Yes/No
3. Practical Laboratory: Fundamentals/ Nutrition/ MCH/ Community Health/ Computer lab.  
Give Comments.

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4. Number of Toilets:-
  - a) For Staff:- \_\_\_\_\_
  - b) For Students :- \_\_\_\_\_
5. Is there a Vehicle for the School:-                            Yes/NO
  - a) If Yes, specify:- \_\_\_\_\_
  - b) If No, what arrangement is made:- \_\_\_\_\_

#### D. Administrative Facilities:-

##### Office

- |      |   |        |
|------|---|--------|
| i)   | Principal Tutor                             | Yes/No |
| ii)  | Teachers Common Room                        | Yes/No |
| iii) | Office of Administrative/Clerical Assistant | Yes/No |
| iv)  | Record Room                                 | Yes/No |

##### Library Facilities

- |    |   |        |
|----|---|--------|
| 1) | Is Computer Facilities available for students                       | Yes/No |
| 2) | Number of Books available   | Yes/No |
| 3) | Number of Journals subscribed                                       | Yes/No |
| 4) | Is Internet Facility available for Students                         | Yes/No |
| 5) | Audiovisual Aids available  | Yes/No |
|    | TV/ VCR/OHP/Black Board/ Monitor Board/<br>Through Computers/Others |        |

### Teaching Block

Built up area of the building \_\_\_\_\_  
Is the Institution 1) Owned 2) Rented 3) Leased

### Hostel

- Whether safe drinking water supply available. Yes/No (Source) \_\_\_\_\_
- Provision for hand washing facilities available Yes/No (Source) \_\_\_\_\_
- Number of Toilets in the hostels and type \_\_\_\_\_ & \_\_\_\_\_ bathroom \_\_\_\_\_

### Administration

Who is controlling the school? Government/Private/NGO/Trust/Missionary

Is there a separate budget for the School? Yes/No

Who is controlling authority of the budget? \_\_\_\_\_

What is the last year budget? \_\_\_\_\_

### E. Clinical Facilities:-

#### 1. Hospital Facilities

Name of the hospital attached for students practice	Number of other Schools/ Colleges affiliated	Average Occupancy per month	Distance from the School	Number of RNRM Working in the hospital with their positions	Are the staff of the hospital involved in teaching students	Remarks

Distance from the School \_\_\_\_\_

Service rendered \_\_\_\_\_

Does the staff of PHC/CHC staff involve in teaching programme of students: - Yes/No

Supervisor of students: - By School staff/by PHC Staff/by both. Specify \_\_\_\_\_

Clinical Rotation Plan:-

Number & size of each group \_\_\_\_\_

(Enclosed copies of Rotation plan)

**F. Teaching Plan:-**

Syllabus followed? \_\_\_\_\_

Copy of Syllabus available Yes/No

Master Plan for Theory & Practice made Yes/No

Time Table made Yes/No

**MCH Experience**

How many delivers conducted by each student \_\_\_\_\_

How many of the following have been conducted:-

- ANC Exam \_\_\_\_\_
- Post natal care \_\_\_\_\_
- P.V. Exam. \_\_\_\_\_
- Motivation for F.P. \_\_\_\_\_
- Health Education \_\_\_\_\_
- Family Education \_\_\_\_\_
- Conducting Survey \_\_\_\_\_

**Home Visiting Bags:-**

- Number of Visiting Bags \_\_\_\_\_

- Number of Students for each if sharing \_\_\_\_\_

**G. System of Examination:-**

Eligibility of admission of Examinations

a) Percentage of attendance :- Theory hours \_\_\_\_\_ Practical hours \_\_\_\_\_

b) Internal assessment marks maintained properly Yes/No

c) Completion of practical Record Yes/No

d) Conduct Yes/No

**H. Records of Students:-**

- A. Are the following records maintained well? Yes/No
- 1) Admission Record Yes/No
  - 2) Daily Attendance Registers Yes/No
  - 3) Health Record Yes/No
  - 4) Clinical & Field Experience Record Yes/No
  - 5) Practical Record Books/Midwifery Case Book Yes/No
  - 6) Leave Record Yes/No
  - 7) Cumulative Record each students progress Yes/No
  - 8) Extracurricular activities record Yes/No
  - 9) SNA activities record Yes/No
- B. **Is the following school records maintained?**
1. Course planning of each subject Yes/No
  2. Rotation Plan Yes/No
  3. Committee Meetings Yes/NO
  4. Affiliation Records Yes/No
  5. Record of Stock Yes/No
  6. Budget Plan Yes/No
  7. Annual report of activities & achievements Yes/No
  8. Staff Development programmed Yes/No
- 1. Hostel Facilities**
1. Build up area \_\_\_\_\_
  2. Is hostel \_\_\_\_\_ Owned/Rental/Leased
  3. Number of Rooms and number of students in each room: \_\_\_\_\_
  4. Number of Toilets:- \_\_\_\_\_
- 2. Whether hostel has provision for:-**
- i) Electricity Yes/No
  - ii) Water Supply Yes/No
  - iii) Toilets /Bath Yes/No
  - iv) Safe disposal of wastes Yes/No
  - v) Visiting Room Yes/No
  - vi) Mess Yes/No
  - vii) Dining Room Yes/No
  - viii) Hand washing facilities Yes/No
  - ix) Kitchen Hygienic Yes/No
  - x) General condition of Hostel Good? Yes/No
  - xi) Furniture likes bed/table/chair available for all students Yes/No
  - xii) Facilities for Indoor games Yes/No
  - xiii) Is a TV/VCER available? Yes/No
  - xiv) Outdoor games available? Yes/NO

**Comments of Inspectors:-**

1. **Strong Points:-**

2. **Weak points:-**

3. **Executive Summary:-**

**Name of the Inspectors with Address:-**

1. **Signature & Date**

2. **Signature & Date**

3. **Signature & Date**