

INSPECTION PROFORMA FOR GENERAL 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 ANMTC

Situated: - _____

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:- _____

1. When was the School Opened:- _____
2. Administrative Control: - Govt. Trust/Society/ Any Other (Tick Any One)
3. Name and Address of the Examination Board which affiliated:- _____
4. Do you have a permanent hospital? Yes/No
Where the student gets their practical experience:-
5. Applied for affiliation of D.M.E.T. but not received:- Yes/No
6. Year & Date of Admission of Students:-
7. 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.

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/
Through Computers/Others

Teaching Block

Built up area of the building
Is the Institution

1) Owned 2) Rented 3) Leased

Hostel

- 1. Whether safe drinking water supply available. Yes/No (Source) _____
- 2. Provision for hand washing facilities available Yes/No (Source) _____
- 3. 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? _____

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**