

Application for the Renewal/Validity
2011-2012

1. Name of the Institution : _____

2. Name of the Trust : _____

3. Address : _____

Phone No.: _____ Fax No.: _____

4. Fee/Institution Code : _____ File No. _____

5. Approval of requisite SNRC: Yes No (Document to be attached)

6. Number of all the Nursing Programme offered by institutions: _____

S. No.	Name of the programme	School Code	File No.	Number of seats sanctioned by Indian Nursing Council	Number of students admitted
1.	ANM				
2.	GNM				
3.	B.Sc. (N)				
4.	P.B.B.Sc. (N)				
5.	M.Sc. (N)				
6.	Other Short Term Courses				
7.	Distance Education				

7. Physical Facilities for all the nursing programme:

Whether the institution has its own building: Yes No

(Blue Print/Copy of Title Deed to be attached)

Built-up area of Teaching Block : _____

Built-up area of Hostel Block : _____

S. No.	Number of class rooms for all the Nursing Programme	Size of the class rooms

8. Teaching Faculty for all the Nursing Programmes:

S. No.	Name of teaching faculty	Designation	Qualification	Name of the Instt./Uty.	Year of Passing	R.N. & R.M. No.	Teaching Exp.	Date of Joining

9. Clinical Facilities for all the Nursing Programmes:

Name of the Parent Hospital	Number of beds	Bed occupancy
Name of the Affiliated Hospital	Number of beds	Bed occupancy

Distribution of beds:

Clinical Areas	No. of Beds		Bed Occupancy	
	Parent	Affiliated	Parent	Affiliated
Medical				
Surgical & Orthopedic				
Pediatrics				
Gyne. & Obst.				
Psychiatric				
Eye, ENT				
Coronary/ICCU/ICU				
Nephrology				
Neurology				
Emergency/Causality				
ICU Oncology				

10. Laboratory Facilities for all the Nursing Programmes:

S. No.	Name of the Laboratory	Size of the Laboratory	Equipments and Articles	Dummies and Dolls

11. Library Facilities for all the Nursing Programmes:

S. No.	Number of Nursing Books	Number of Nursing Journals Subscribed

12. Admission Criteria for **ANM** _____
for **GNM** _____
for **B.Sc. (N)** _____
for **P.B.B.Sc. (N)** _____
for **M.Sc. (N)** _____
for **Other Post** _____
Basic Diploma Programme

Note:

- (1) *Incomplete Application Form will be rejected.*
- (2) *Relevant Documents to be submitted alongwith the Application Form.
(Data to be submitted as per the Application Form)*
- (3) *Original Affidavit duly notarized in Stamp Paper of the Application Form to be submitted by the Institution.*

AFFIDAVIT

I _____ S/o _____, R/o _____
_____ and at present the General
Secretary/President/Correspondent of _____ Nursing
School/ College having its administrative office at _____ do
hereby solemnly affirm and state as under:

1. That I am General Secretary/ President/ Correspondent of _____ Nursing School/College having its administrative office at _____.
2. That the _____ Nursing School/College is managed by _____ Society having its offices at _____ and that I am holding the office of _____ in the society.
3. That the deponent being the _____ of the Nursing School/College has preferred an application to Indian Nursing Council, Kotla Road, New Delhi for approval for continuation of Nursing programme namely _____ course in _____ institution.
4. That in the application for renewal submitted to the Indian Nursing Council the deponent has declared that the Nursing School/ College has all the facilities submitted in the letter dated _____.

P.T.O.

5. The deponent declares that the above stated information would be maintained at all times and that in case of any deviation from the above position the same would be immediately communicated to the Indian Nursing Council. The deponent further declares that in the event any of the above information is found to be incorrect or false or misleading at a later stage obtained either through a source information or surprise inspection by Indian Nursing Council, then in that case the permission/approval accorded would be liable to be withdrawn in terms of the provisions of Indian Nursing Council **Act. 1947.**

6. That the deponent hereby declares that the above information is true and correct as per official records and that no information has been suppressed herewith.

Deponent

I the above named deponent do hereby verify that the facts mentioned in the Affidavit are true and correct to the best of my Knowledge and belief and that I had not suppressed any material fact.

Verified on this _____ day of _____, 20 _____ at _____.

Deponent