

भारतीय नर्सिंग परिषद्
संयुक्त परिषद् भवन, कोटला रोड,
टेम्पल लेन, नई दिल्ली - 110002



INDIAN NURSING COUNCIL
COMBINED COUNCIL BUILDING, KOTLA ROAD,
TEMPLE LANE, NEW DELHI - 110002

नर्सिंग शिक्षा के समान स्तर को प्राप्त करने का प्रयास
Striving to achieve uniform standards of Nursing Education

APPLICATION FOR THE RENEWAL/VALIDITY 2014-2015

(One form for all the Nursing Programme of the Institute)

Last Date : 30th April 2014

TO BE FILLED IN CAPITAL LETTERS ONLY

(Read instructions carefully before filling up the Form)

Date: _____

1. Name of the Chairperson/Secretary of Trust	
2. Name of the Principal	
3. Name of the Institution	
4. Address of the Institution	
City/Town:	Tehsil/Taluk
District:	
State:	Pin Code:
Contact Number (O):	Fax: (M):
E-Mail:	
5. Fee/Institution Code	

6. Institution is under (Please ✓ mark)										
1	Government	2	University	3	Private	4	Trust/Society	5	Army	
6	Missionary	7	Company	8	N.G.O.	9	Voluntary			

7. Number of all the Nursing programme offered by institutions:

S. No.	Name of the programme	School Code	File No.	Seats*	Number of students admitted		Total no. of students under training
					2012-13	2013-14	
1	A. N. M.						
2	G.N.M.						
3	B.Sc. (N)						
4	M.Sc. (N)						
5	P. B.Sc. (N)						
6	Other Short Term Courses						
7	Distance Education						

***Seats Sanctioned by INC**

Website: www.indiannursingcouncil.org E-mail - secy2010@indiannursingcouncil.org
Phone: 011-23235619, 23235570, 23220075, 23220076 Fax: 011-23236140

7 (a). If the institute has P.B.B.Sc. (N) following details of the admitted students to be enclosed

S. No.	Name of Student	R.N.&R.M. Number	Residence Address	Place & Address of Work at the time of admission	Board/ University form where last exam qualified	Duration of Course with dates From _____ to _____
		GNM / B.Sc. (N)				

Note:-

- i) *An affidavit by the Principal, College of Nursing stating that the information is true to their knowledge of the students details.
- ii) Affidavit by student also stating that they are undergoing regular course of 2 years P.B.B.Sc.(N) programme offered by _____ institute.

7 (b). If the institute has M.Sc. (N) following details of the admitted students to be enclosed

S. No.	Name of Student	R.N.&R.M. Number	Residence Address	Place & Address of Work at the time of admission	Board/ University form where last exam qualified	Duration of Course with dates From _____ to _____
		GNM / B.Sc. (N)				

Note:-

- i) *An affidavit by the Principal, College of Nursing stating that the information is true to their knowledge of the students details.
- ii) Affidavit by student also stating that they are undergoing regular course of 2 years M.Sc. (N) programme offered by _____ institute.

8. Online registration of all the said details on the website: **Yes** **No** for 2014-2015 academic year.

8 (a). If Yes, whether the same is submitted to INC : **Yes** **No**

9. Physical Facilities for all the nursing programme : Annexure No. _____

9 (a). Whether the institution has its own building (Building Completion Certificate by competent state authority/Copy of Title Deed to be attached) : **Yes** **No**

9 (b). Built-up area of Teaching Block : _____

9 (c). Built-up area of Hostel Block : _____

9 (d).

S. No.	Nursing Programme for which the class is used	Size of the class rooms

* Annexure _____ Blue print of the institution under instruction sl. no.7

9 (e). Laboratory Facilities for all the Nursing Programmes:

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

* Annexure _____ Blue print of the institution under instruction sl. no.7

10. Teaching Faculty for all the Nursing Programmes:

S. No.	Name of the teaching faculty	Designation	Qualification along with speciality	Name of the Instt./ Uty.	Year of Passing	R.N. & R.M. No.*	Teaching Experience		Date of Joining	PAN No/ EPF No
							UG	PG		

* Incomplete information will be rejected

* Annexure to be enclosed in the given format

11. Clinical Facilities for all the Nursing Programmes:

Name of the Parent Hospital along with address	Number of beds	Bed occupancy
Name of the Affiliated Hospital along with address	Number of beds	Bed occupancy

12. Pollution Control Board Certificates of each hospital : **Annexure No.**_____
13. Receipt of the Hospital/Nursing home for clinical experience of students for 2013-14 academic year : **Annexure No.**_____
14. Permission letter of hospitals for clinical experience of the student for 2014-2015 academic year. : **Annexure No.**_____
15. ***Distribution of beds:***

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

16. ***Library Facilities for all the Nursing Programmes:***

S. No.	Number of Nursing Books & Titles	Number of Nursing Journals Subscribed	
		National	International

17. Specify 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

DECLARATION BY THE APPLICANT

I.....S/o, D/o or W/o..... declare that all the documents & information submitted in this application form are true to the best of my knowledge. I understand that if any of the information is found wrong, my application will stand cancelled. I shall abide by the rules & regulations in force in Indian Nursing Council and as amended from time to time.

Name of the Applicant : _____

Signature of the Applicant : _____

Date : _____

Place : _____

Seal of the Institution : _____

Certificate from State Nursing and Registration Council

I hereby certify that the details given in various columns of this format are true and correct in best of my knowledge.

Signature of the Registrar: _____

Name of the Registrar : _____

Date: _____ **State Nursing Council** : _____

Seal of the Council : _____

AFFIDAVIT

I _____ *(Name of the Applicant)* _____ S/o _____,

Residing at _____ *(Residential address)* _____

and at present _____ *(Post)* _____ Trust/Society having its

administrative office at _____ *(Address of the trust)* _____ do hereby solemnly affirm

and state as under:

1. That I am Mr./Mrs./Ms. _____ *(Name of the applicant)* _____ of
_____ *(Name of the Trust/Society)* _____ Trust/Society having its
administrative office at _____ *(Address of the Trust/Society)* _____.

2. That the _____ *(Name of the institute)* _____ for _____ *(Nursing)* _____
programmes is managed by _____ *(Name of the Trust/Society)* _____ Trust/Society and I am
holding the office of _____ *(Post)* _____ in the society.

3. That the deponent being the _____ *(Post)* _____ of the Nursing School/College
has submitted an application form dated _____ to Indian Nursing Council, Kotla
Road, New Delhi for approval for continuation of Nursing programme being run as regular
programme namely _____ *(All Nursing Courses)* _____ courses functioning in the
_____ *(Name of the institute)* _____ institution.

4. That in the application for renewal submitted to the Indian Nursing Council the deponent has
declared that the institute has all the facilities submitted in the application form
dated _____ *(date of application form)* _____.

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

INSTRUCTION

(Read instructions carefully before filling up the Form)

1. Relevant Documents to be submitted alongwith the Application Form.
(Data to be submitted as per the Application Form only)
2. Original Affidavit on Rs.100/- stamp paper duly notarized as application form to be submitted by the Institution.
3. Incomplete application form will be rejected.
4. The date on the application form and date on the affidavit should be same as stated at Sl. No. 4 of the affidavit format.
5. Land deed shall be submitted in English version i.e. translated by official translator and will be duly notarized. Further record should be legible.
6. For the year 2014-2015 staffing pattern for 2014-2015 shall be followed and details are placed under guidelines/minimum requirement on the website.
7. Details documents i.e. Certificate of Teaching Faculty, Photographs, Blue Print of the Building, Completion Certificate etc. Shall be submitted in form of Scanned copies. CD shall be marked with school code & institute name with full address.

Till 31st July the list on the website will be dynamic and on 1st August 2014 it will be final list of recognized institute for the purpose of admission for the year 2014-2015.

NOTE:-

1. Institute not having own building shall submit the penalty fees as per the circular dated July 2010. The institute which are informed during 2013-2014 shall submit the penalty only then the application form for validity/permission will be considered for 2014-2015.
2. Institute which are not displayed on the website have not submitted application form or major deficiency has been observed will be communicated to the institution.
3. Leased building will not be considered as own building.
4. On-line details of each programme shall be submitted.
5. On-line details shall be submitted before the submission of the document.
6. Management and the Principal will be responsible for correct data on website.
7. Delete/Edit/Addition of the information will be the management responsibility.
8. Wrong information submitted on-line or in the application form will be liable for initiation of legal action.