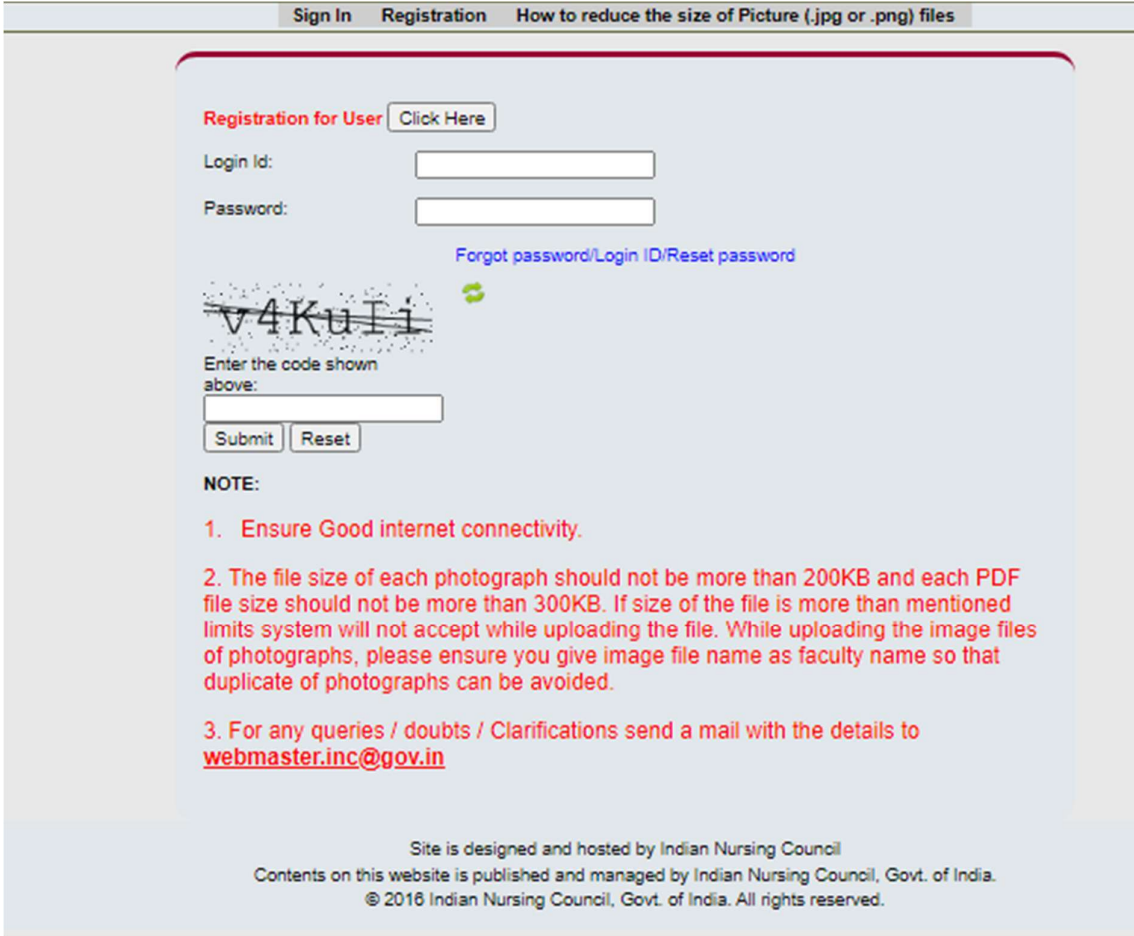


User Guide for uploading information, documents in the inspection performa:-

For uploading of inspection data of Nursing Institutes/Colleges/Schools one shall use the <http://inspection.indiannursingcouncil.org/>. It may be noted that only the Institutes which are authorised by Indian Nursing Council can upload the data. Therefore it is advised that those institutes which are not authorised by INC by way of assigning “inspection Id” cannot fill the inspection proforma. **There shall be strict adherence to the date and time allotted for inspection otherwise it will close date and time of inspection and will not allow for final submission. And whatever data the institution has filled will be placed before the Executive Committee.**

Further while uploading the pdf file or image file institution shall ensure **for pdf file** it shall **not exceed 300 kb** and for **photograph** it shall not exceed **200 kb**

Note: To reduce the size of photograph it is available in Fig 1



The screenshot shows the 'Registration for User' section of the Indian Nursing Council inspection portal. At the top, there are links for 'Sign In', 'Registration', and 'How to reduce the size of Picture (.jpg or .png) files'. The registration form includes fields for 'Login Id:' and 'Password:', a 'Forgot password/Login ID/Reset password' link, a CAPTCHA image with the code 'v4Ku1i', and a field to 'Enter the code shown above:' with 'Submit' and 'Reset' buttons. Below the form, a 'NOTE:' section contains three instructions: 1. Ensure Good internet connectivity. 2. The file size of each photograph should not be more than 200KB and each PDF file size should not be more than 300KB. If size of the file is more than mentioned limits system will not accept while uploading the file. While uploading the image files of photographs, please ensure you give image file name as faculty name so that duplicate of photographs can be avoided. 3. For any queries / doubts / Clarifications send a mail with the details to webmaster.inc@gov.in. At the bottom, it states 'Site is designed and hosted by Indian Nursing Council' and 'Contents on this website is published and managed by Indian Nursing Council, Govt. of India. © 2016 Indian Nursing Council, Govt. of India. All rights reserved.'

Fig-1

One shall register as given below in Fig-2. You shall select the role as “User” against the role. Login id and password shall be created by the institute. And shall save the password with themselves in a hardcopy or they have to fill in the email id of institution which is in use and the mobile no. which will be in use for future retrieve.

Sign In Registration How to reduce the size of Picture (.jpg or .png) files

Add User

Instructions ::

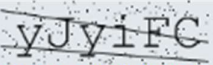
- 1. LoginID must start with an alpha with Capital letter and must be between 6-20 characters long!
- 2. Password must contain at least one upper case letter, one special character, one numeric number, and length should be at least 8 characters!

Role:

Login Id:

Password:

Confirm Password:

Enter the code shown above:

Fig-2

After creating your login ID and password you can login into the system. After login in the following the screen will appear as shown in the Fig-3. You have to enter the Inspection Id received from Indian Nursing Council. Otherwise system will not allow you to move further.

Authentication Check		
Inspection Id		Check
		Logout

Fig-3

After entering the authorized “Inspection Id” received from Indian Nursing Council the following screen will appear as shown in Fig-4.

In the fig-4 one has to fill up under inspection perform the details of Society/Trust/ Mission details by filling up all the columns.

INSPECTION PERFORMA			
Society/Trust/Mission Details			
Administrative Control	--Select--	Category	--Select--
Name of the		Address of	
Name of the		E-Mail of the	
Registered List of Members			
Land Line with STD Code(O)		Fax No.	Mobile Number
Village		City/Town	Pin Code
State	--Select--	District	Tehsil/Taluk/Block
Institution Details			
Name of Institution		Address of Institution	
Village		City/Town	Pin Code
Land Line with STD Code(O)		Fax No.	E-Mail Id
State	--Select--	District	Tehsil/Taluk/Block
Examining Authority Details			
Name of Affiliating University (for College of Nursing)		Address of Affiliating University	
Name of Examining Board (for School of Nursing)		Address of Examining Board	
File Upload Details			
Upload File (Certified copy of the Trust)	Choose File No file chosen (PDF file size should not be more than 300KB)	Upload File (Copy of the Govt. Order / Essentially Certificate)	Choose File No file chosen (PDF file size should not be more than 300KB)
Upload File (Copy of SNRC Recognition)	Choose File No file chosen (PDF file size should not be more than 300KB)	Upload File (Registered List of Members)	Choose File No file chosen (PDF file size should not be more than 300KB)
Upload File (Class-wise group photograph of students and teachers)	Choose File No file chosen (Image file size should not be more than 200KB)		
Save & Next			

Fig-4

After filling up all the data in the fig-4 at the end one can click “Save and Next” this will allow to save the date already filled up and move to next screen. After this the following screen will appear as shown in the Fig-5.

In the fig-5 one has to fill up number of seats sanctioned per programme wise.

NUMBER OF SEATS SANCTIONED PER PROGRAMME:									
Program Name		☒ B.Sc.(N) ☐ Other Short Term Courses ☐ Distance Education							
Program Name	School Code	State Govt (No. of Seats Sanctioned)	Board / University(No. of Seats Sanctioned)	SNRC (No. of Seats Sanctioned)	No. of students admitted 2016-2017	No. of students admitted 2017-2018	No. of students admitted 2018-2019	No. of students admitted 2019-2020	Total no. of students under training
B.Sc(N)	1803008				 Male Female	 Male Female	 Male Female	 Male Female	

Fig-5

After filling up all the data in the Fig-5 at the end one can click “Save” this will allow to save the date already filled up and move to next screen. After this the following screen will appear as shown in the Fig-6.

In the Fig-6 one has to fill up “Office Staff Form” details.

Office Staff Form				
Designation	No. Sanctioned	No. in Position	Joined since when	Qualification
Stenographer				
U.D.C.				
L.D.C				
Accountant-cum-Cashier				
Librarian				
Computer Programmer				
Peon / Office Attendant.				
Security Guard / Chowkidar				
Driver				
Cleaner (Bus)				
Sweeper				
Submit				

Fig-6

After filling up all the data in the Fig-6 at the end one can click “Submit” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-7.

In the Fig-7 one has to fill up “Hostel Staff Form” details.

Hostel Staff Form			
Designation	No. Sanctioned	No. in Position	Vacant since when
Warden			
House Keeper			
Cooks			
Bearer			
Sweeper			
Chowkidar			
Peon / Ayah			
Mali / Gardner			
Washer man / Dhobi			
Submit			

Fig-7

After filling up all the data in the Fig-7 at the end one can click “Submit” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-8.

In the Fig-8 one has to fill up under “Teaching Faculty Profile (Full time) of all the Nursing Programmes offered by this institution” details.

Teaching Faculty Profile (Full-Time) of all the Nursing Programmes offered by this Institution				
Name of Faculty 	Gender ☒ Male ☐ Female	Designation 	Qualification 	Upload scanned copy of Qualification Certificate Choose File No file chosen (PDF file size should not be more than 300KB)
Institute Name (From Where Qualified) 	Institute Address 	Year of Passing 	RN/RM No / DOB RN/RM No. Date of Birth :	Upload scanned copy of R N & R M Certificate Choose File No file chosen (PDF file size should not be more than 300KB)
University Name/Date of Joining University Name Date of Joining	Aadhaar Number/NUID Number Aadhaar No. : NUID No. / Acknowledgement No. :	Upload Faculty Image (Self Attested latest Photograph) and Image should be in JPEG & PNG format only Choose File No file chosen (Image file size should not be more than 200KB)	Relieving letter of Previous institution Choose File No file chosen (PDF file size should not be more than 300KB)	Teaching Experience ANM : Exp. GNM : Exp. BSO(N) : Exp. MSO(N) : Exp. PSSO(N) : Exp. NPCC : Exp. Clinical : Exp. Total Experience (Clinical+Teaching) :
Save Faculty				
All Feeded Teaching Faculty No Record Available				
Save & Next				

Fig-8

After filling up all the data in the Fig-8 at the end one can click “Save & Next” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-9.

In the Fig-9 one has to fill up under “Building details”.

Building Details	
Is the institution :	--Select-- ▼
Built-up area of the building (In sq. ft) :	
III) Two photographs of the complete building (photographs should be in JPG or JPEG or PNG Format) :	Choose File No file chosen (Image file size should not be more than 200KB) Choose File No file chosen (Image file size should not be more than 200KB)
Does all the nursing courses are imparted in this building:	☒ Yes ☐ No
Whether safe drinking water supply is available:	☐ Yes ☒ No
Provision of hand washing facility is there ?:	☐ Yes ☒ No
No. of toilets :	1. Gents 2. Ladies
Number of Vehicles – Bus (60 seater or more) :	
Number of Mini Bus (16–36 seater) :	
Who is the Controlling Authority of Vehicle :	
Registration of Vehicle along with Plate No. & Photo of the Bus to be enclosed :	Choose File No file chosen (PDF file size should not be more than 300KB)
Save Detail	

Fig-9

After filling up all the data in the Fig-9 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-10.

In the Fig-10 one has to fill up under “Budget Details”.

BUDGET DETAILS			
Is there a separate budget for the College/School of Nursing :	☐ Yes ☒ No	Amount per annum :	
If Yes, give the name and designations of the drawing and disbursing authority:			
What was the last year's Budget Allocation :			
Furnish the following details:			
S. No.	Particulars	Expenditure during last financial year	Budget of the year
1	Salary - Teaching Faculty - Non-teaching faculty		
2	Stipends for students		
3	New equipments and repairs		
4	Linen and other household supplies		
5	Maintenance of vehicles and cost of petrol/diesel		
6	Maintenance, furniture and library: The Library – purchase of books, journals and daily newspapers, for binding of journals, for stationery, such as index card, label etc.		
7	Office supplies including stationery and postage		
8	Contingency Fund – for educational tours, professional activities, prizes, entertainments, maintenance of the school premises and any other needed items.		
9	Incidental Fund – teaching equipment – charts, films, slides, transparencies, pen, chalk, etc.		
10	Total Remuneration Paid to external faculty		
Attach last financial year's Audited Income & Expenditure Statement of the Institution (in PDF format)		Choose File No file chosen (PDF file size should not be more than 1 MB)	
Save Detail			

Fig-10

After filling up all the data in the Fig-10 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-11.

In the Fig-11 one has to fill up under “Physical Facilities Details”.

PHYSICAL FACILITIES DETAILS					
Note: INFRASTRUCTURE FACILITIES OF ALL THE NURSING PROGRAMMES to be duly filled irrespective of nursing programme you are inspecting Please write numbers do not write adequate/inadequate					
No. of different titled nursing books	[]	No. of Total Nursing Books :	[]		
No. of latest edition Nursing Books (since 2016):	[]	No. of Nursing Journals subscribed	[]		
Is Internet Facility available for student:	☐ Yes ☒ No	How many books were purchased in last Financial Year :	[]		

Administrative_Facilities	Size (in Sq. Feet)	Storage Facility Available	No. of Tables	No. of Chairs/ Stools	Telephone Facility	Computer Facility	Internet Facility	Ventilation	Lighting
Office	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Principal's Office	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Vice Principals Office	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Assoc. Prof/Reader's Rooms	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Lecturer's Rooms	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Tutors/ Clinical Institution Rooms	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Offices of Administrative, Clerical Staff & PA(s)	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--
Accountants Office	[]	☐ Yes ☒ No	[]	[]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	--Select--	--Select--

Administrative Facilities	Size (in Sq. Feet)	Storage Facility Available	No. of Tables	No. of Chairs/ Stools	Ventilation	Lighting
Store	[]	☐ Yes ☒ No	[]	[]	--Select--	--Select--
Record Room	[]	☐ Yes ☒ No	[]	[]	--Select--	--Select--
Room for Maintenance Staff	[]	☐ Yes ☒ No	[]	[]	--Select--	--Select--
Duplicating/ Xeroxing Room	[]	☐ Yes ☒ No	[]	[]	--Select--	--Select--
Common Room	[]	☐ Yes ☒ No	[]	[]	--Select--	--Select--

Save Detail

Fig-11

After filling up all the data in the Fig-11 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-12.

In the Fig-12 one has to fill up under “Physical Facilities Details”.

PARENT HOSPITAL DETAIL			
Name of the Parent Hospital		Complete Postal Address of the Parent Hospital	
Distance from the Nursing Institute		Contact No. of the Hospital	
Name of Medical Superintendent		Name of Nursing Superintendent	
No. of Schools /Colleges Affiliated		Government	☐

Category	Sanctioned Post	In Position
C.N.O. / N.S.		
D.N.S.		
A.N.S.		
Ward in Charge / Senior Nursing Officer		
Staff Nurse / Nursing Officer		
Total		

Clinical Areas	No. of Beds	Average No. of Patients Admitted per Month	No. of Patients Admitted during the Last Month
Medicine			
Surgery			
Obstetrics & Gynaecology			
Paediatrics			
Orthopaedics			
Psychiatry			
Dental / Eye / ENT			
Burns & Plastic			
Neonatology care unit			
Communicable disease			
Community Health Nursing			
Cardiology			
Oncology/Neurology/Neuro-surgery			
Nephrology / Urology			
Coronary / ICU/ ICCU			
Geriatric Medicine			
Trauma/Emergency/Casualty			
Any Other Speciality			
Total			

Average No. of Patient Attending OPD per Day	
No. of Deliveries conducted during last year	
Category	No. of Tables
Major O.T.	
Minor O.T.	
Pollution Control Board Certificate of this hospital (Upload PDF File)	
Choose File No file chosen (PDF file size should not be more than 300KB)	

Fig-12

After filling up all the data in the Fig-12 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-13.

In the Fig-13 one has to fill up under “Affiliated Hospital Detail”.

AFFILIATED HOSPITAL DETAIL			
Name of the Affiliated Hospital		Complete Postal Address of the Affiliated Hospital	
Distance from the Nursing Institute		Contact No. of the Hospital	
Name of Medical Superintendent		Name of Nursing Superintendent	
No. of Schools /Colleges Affiliated		Government	☐

Category	Sanctioned Post	In Position
C.N.O. / N.S.		
D.N.S.		
A.N.S.		
Ward in Charge / Senior Nursing Officer		
Staff Nurse / Nursing Officer		
Total		

Clinical Areas	No. of Beds	Average No. of Patients Admitted per Month	No. of Patients Admitted during the Last Month
Medicine			
Surgery			
Obstetrics & Gynaecology			
Paediatrics			
Orthopaedics			
Psychiatry			
Dental / Eye / ENT			
Burns & Plastic			
Neonatology care unit			
Communicable disease			
Community Health Nursing			
Cardiology			
Oncology/Neurology/Neuro-surgery			
Nephrology / Urology			
Coronary / ICU/ ICCU			
Geriatric Medicine			
Trauma/Emergency/Casualty			
Any Other Speciality			
Total			

Average No. of Patient Attending OPD per Day		
No. of Deliveries conducted during last year		
Category	No. of Tables	Average of Number of Operations per day
Major O.T.		
Minor O.T.		
Pollution Control Board Certificate of this hospital (Upload PDF File)		Choose File No file chosen (PDF file size should not be more than 300KB)
All the above data taken from	Census Books ☐ Yes ☒ No	O.T. Register ☐ Yes ☒ No
		Labour Room ☐ Yes ☒ No

Fig-13

After filling up all the data in the Fig-13 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-14.

In the Fig-14 one has to fill up under “Clinical Experience Plan Details”.

CLINICAL EXPERIENCE PLAN DETAIL			
Clinical Supervision of Students by			
Hospital Nursing Staff	☐ Yes ☒ No		
College teaching faculty	☐ Yes ☒ No		
Teacher Student ratio in clinical area			
Are Weekly clinical teaching plan being prepared batch wise	☐ Yes ☒ No	Who prepares the Clinical Experiences Plan ?	--Select--
one sample weekly time table to be attached for each year / Programme	Choose File No file chosen (PDF file size should not be more than 300KB)	Does Clinical teaching take place as per prepared plan ?	☐ Yes ☒ No
Save Detail			

Fig -14

After filling up all the data in the Fig-14 at the end one can click “Save Detail” this will allow to save the date already filled up and move to next screen. After this the following screen will appear as shown in the Fig-15.

In the Fig-15 one has to fill up under “Community Health Facilities” details.

COMMUNITY HEALTH FACILITIES			
RURAL FIELD			
Name of CHC / PHC / SC			
☒ Adopted ☐ Affiliated		Permission / Affiliation letter to be enclosed (in PDF Format) Choose File No file chosen (PDF file size should not be more than 300KB)	
Administered by	--Select--	Distance from the Nursing Institute (in KM.)	
Residential Accommodation available for Supervising Teacher	☐ Yes ☒ No	Residential Accommodation available for Students	☐ Yes ☒ No
Area Coverage (in kms)		Number of Villages covered	
Population Coverage		Service Rendered (Health and Family Welfare Programmes)	☐ Yes ☒ No
URBAN FIELD			
Name of the MCH & F.W. Center			
☒ Adopted ☐ Affiliated		Permission / Affiliation letter to be enclosed (in PDF Format) Choose File No file chosen (PDF file size should not be more than 300KB)	
Administered by	--Select--	Distance from the Nursing Institute (in KM.)	
Area Coverage (in kms)		Number of Villages covered	
Population Coverage		Total Number of Regd. Nurses / RANIMs	
Service Rendered (Health and Family Welfare Programmes)		☐ Yes ☒ No	
Save Detail			

Fig-15

After filling up all the data in the Fig-15 at the end one can click “Save Detail” this will allow to save the date already filled up and move to next screen. After this the following screen will appear as shown in the Fig-16.

In the Fig-16 one has to fill up under “Clinical Rotation Plan Details”.

CLINICAL ROTATION PLAN DETAIL				
Who prepares the Clinical Rotation Plan ?	--Select--		Who all are involved in preparing the Clinical Rotation Plan ? Please indicate name & designation	
Is rotation based on the needs of clinical experience			☐ Yes ☒ No	
Master Rotataion Plan to be enclosed of all batches				
B. Sc. (N)				
	I st Year	II nd Year	III rd Year	IV th Year
i. Number and size of student groups				
ii. Number of rotations				
iii. Duration of each rotations				
iv. Graphic rotation plan	Choose File No...osen (PDF file size should not be more than 300KB)	Choose File No f...osen (PDF file size should not be more than 300KB)	Choose File No ...sen (PDF file size should not be more than 300KB)	Choose File No fi...osen (PDF file size should not be more than 300KB)
P.B. Diploma		Please specify ::		
	I st Year	II nd Year		
i. Number and size of student groups				
ii. Number of rotations				
iii. Duration of each rotations				
iv. Graphic rotation plan	Choose File No file chosen (PDF file size should not be more than 300KB)		Choose File No file chosen (PDF file size should not be more than 300KB)	
Save & Next				

Fig -16

After filling up all the data in the Fig-16 at the end one can click “Save & Next” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-17.

In the Fig-17 one has to fill up under “Hostel Facilities Details”.

HOSTEL FACILITIES DETAIL			
Whether the institute is having a separate hostel	☐ Yes ☒ No	Built-up area of the hostel (in sq. ft.)	
Is the hostel	--Select--		
Is there separate provision of Hostel for Male and Female Students		☐ Yes ☒ No	
	Girls	Boys	
Total number of Day Scholars			
Total number of Students in the Hostel			
Number of Rooms			
Number of Students living in each room			
Size of Rooms			
Total Number of Toilets			
Total No. of Bathrooms			
Room Furniture allotted to each Student			
Bed :		Table :	
Chair :		Cupboard :	
Whether the Hostel has provisions for			
Water Supply	☐ Yes ☒ No	Electricity	☐ Yes ☒ No
Pantry	☐ Yes ☒ No	Safe Disposal of Wastes	☐ Yes ☒ No
Laundry	☐ Yes ☒ No	Hot Water Supply	☐ Yes ☒ No
Facilities for Indoor Games	☐ Yes ☒ No	Facilities for Outdoor Games	☐ Yes ☒ No
Is there a Guest Room available	☐ Yes ☒ No	Is Sick Room available	☐ Yes ☒ No
Whether the Hostel Mess is available	☐ Yes ☒ No	Hostel Security 24/7	☐ Yes ☒ No
whether there is Recreation Room with TV / Radio		☐ Yes ☒ No	
Dining Facilities			
(a) Dining Room well maintained	☐ Yes ☒ No	(b) Size :	Seating Capacity :
Hand Washing Facility	☐ Yes ☒ No	Safe Drinking Water Facility	☐ Yes ☒ No
Hygienic Kitchen	☐ Yes ☒ No	General Condition of the Hostel	--Select--
Save & Next			

Fig -17

After filling up all the data in the Fig-17 at the end one can click “Save & Next” this will allow to save the date already filled up and move to next screen. After this the following screen will appear as shown in the Fig-18.

In the Fig-18 one has to fill up under “Records of Student” details.

RECORDS OF STUDENT					
Whether the following records of students are maintained					
Admission Record	☐ Yes ☒ No	Daily Attendance Register	☐ Yes ☒ No	Health Record	☐ Yes ☒ No
Clinical and Field Experience Record	☐ Yes ☒ No	Leave Record	☐ Yes ☒ No	Extra-curricular Activities of Students	☐ Yes ☒ No
Practical Record Books					
i. Procedure Record	☐ Yes ☒ No	ii. Midwifery Case Book	☐ Yes ☒ No	iii. Clinical Log Book	☐ Yes ☒ No
Cumulative Record of each Student	☐ Yes ☒ No				
Whether the following records of the college/schools are available					
Course Planning of each Subject	☐ Yes ☒ No	Rotation Plans	☐ Yes ☒ No	Committee Meetings	☐ Yes ☒ No
Affiliation Records	☐ Yes ☒ No	Records of Stock	☐ Yes ☒ No	Budget Plan	☐ Yes ☒ No
Annual Report of Activities and Achievements	☐ Yes ☒ No	Staff Development Programmes	☐ Yes ☒ No	Records signed by Teacher with dates	☐ Yes ☒ No
Save Detail					

Fig -18

After filling up all the data in the Fig-18 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-19.

In the Fig-19 one has to fill up under “Anti-Ragging Details”.

ANTI-RAGGING DETAIL

1. (a)	Whether anti-ragging squads are constituted? Enclose copy along with their mobile number	Choose File No file chosen (PDF file size should not be more than 300KB)
	(b) Monitoring Committee Members along with their mobile number	Choose File No file chosen (PDF file size should not be more than 300KB)
2	Whether prospectus clearly states that ragging is totally banned and anyone found guilty of ragging will be liable to punishment? Enclose copy	Choose File No file chosen (PDF file size should not be more than 300KB)
3	Whether anti ragging committee is constituted? Enclose copy	Choose File No file chosen (PDF file size should not be more than 300KB)
4	Whether name, telephone numbers of authorities to be contacted have been publicized/made available to fresher's to report incidence of ragging? Enclose copy	Choose File No file chosen (PDF file size should not be more than 300KB)
5	Whether students are allowed free access to phone (cells & landline) in hostel(s) for timely reporting?	☐ Yes ☒ No
6	Whether undertaking received from all the students before the admission?	☐ Yes ☒ No
7	Whether undertaking received from all the Parent/Guardian before the admission?	☐ Yes ☒ No
8	Whether Principal at the beginning of academic session convened a meeting of faculty and staff warden and student representatives for measures to be taken to prevent ragging and steps to be taken to identify offenders and punish them?	☐ Yes ☒ No
9	Whether posters displayed on all departmental notice boards, hostels and at vulnerable places to curb menace of ragging?	☐ Yes ☒ No
10	Whether fresher's welcome parties organized by faculty and senior students within the first two weeks of beginning of the academic sessions?	☐ Yes ☒ No
11	Whether appropriate committees sets up including course-in-charge, student advisor, warden and some senior students for healthy interaction between fresher's and senior students?	☐ Yes ☒ No
12	Whether senior counselled?	☐ Yes ☒ No
13	Whether fresher's counselled?	☐ Yes ☒ No
14	Whether orientation courses for fresher's conducted?	☐ Yes ☒ No
15	Whether any Joint sensitization programme for seniors and 'fresher's' conducted?	☐ Yes ☒ No
16	Whether mentors assigned (one mentor for 10 fresher's) for counselling against ragging for each batch of students?	☐ Yes ☒ No
17	Number of complaints regarding ragging received? If more one than Enclosed list with details?	☐ Yes ☒ No
18	Action taken report in each case?	Choose File No file chosen (PDF file size should not be more than 300KB)

Fig-19

After filling up all the data in the Fig-19 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-20.

In the Fig-20 one has to fill up under “Check list of the Annexures to be enclosed”.

CHECK LIST of the annexures to be enclosed

S.No.	Topic	Please write Yes / No
1	I have received the Inspection Proforma & have been duly filled by myself	☐ Yes ☒ No
2	Whether the Inspection Report is completely filled	☐ Yes ☒ No
3	Government Order / Essentiality Certificate attested by principal and uploaded.	☐ Yes ☒ No
4	University Consent / Affiliation Permission Letter attested by principal and uploaded.	☐ Yes ☒ No
5	SNRC Consent / Affiliation Letter (year mentioned) attested by principal and uploaded.	☐ Yes ☒ No
6	Classwise group photograph of students and teachers attested by principal and uploaded.	☐ Yes ☒ No
7	Office Staff Certificates attested by principal and uploaded.	☐ Yes ☒ No
8	Teaching Faculty Original Certificate, photos (self-attested) attested by principal and uploaded.	☐ Yes ☒ No
8	Teaching Faculty Relieving Orders attested by principal and uploaded.	☐ Yes ☒ No
9	Land Deed Document attested by principal and uploaded.	☐ Yes ☒ No
10	Trust Deed Document attested by principal and uploaded.	☐ Yes ☒ No
10	List of Registered Members attested by principal and uploaded.	☐ Yes ☒ No
11	Rent Agreement Land deed attested by principal and uploaded.	☐ Yes ☒ No
12	Lease Agreement attested by principal and uploaded.	☐ Yes ☒ No
13	Building Photograph attested by principal and uploaded.	☐ Yes ☒ No
14	Last Financial Year's Audited Income & Expenditure Statement attested by principal and uploaded.	☐ Yes ☒ No
15	Parent Hospital Documents attested by principal and uploaded.	☐ Yes ☒ No
16	Affiliated Hospital Permission Letter attested by principal and uploaded.	☐ Yes ☒ No
17	CHC / PHC / SC Permission Letter attested by principal and uploaded.	☐ Yes ☒ No
18	MCH & F.W. Center Permission Letter attested by principal and uploaded.	☐ Yes ☒ No
19	Clinical Rotation Plan attested by principal and uploaded.	☐ Yes ☒ No
20	Graphic Rotation Plans of	
	(a). ANM	☐ Yes ☒ No
	(b). GNM	☐ Yes ☒ No
	(c). B.Sc(N)	☐ Yes ☒ No
	(d). M.Sc(N)	☐ Yes ☒ No
	(e). P.B.B.Sc(N)	☐ Yes ☒ No
	(f). P.B. Diploma (Specify Specialty)	☐ Yes ☒ No
21	Hostel ownership documents attested by principal and uploaded.	☐ Yes ☒ No
22	Transportation (Registration Certificate) attested by principal and uploaded.	☐ Yes ☒ No
23	Anti-Ragging Squad constituted and attested by principal and uploaded.	☐ Yes ☒ No
24	Anti-Ragging Committee constituted and attested by principal and uploaded.	☐ Yes ☒ No
25	Anti-Ragging notification published in Prospectus attested by principal and uploaded.	☐ Yes ☒ No

Save Detail

Fig-20

After filling up all the data in the Fig-20 at the end one can click “Save Detail” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-21. .

INSPECTION PERFORMA FILLED BY

Name	
Designation	
Contact no.	
E-mail	

DECLARATION AFFIDAVIT

[CLICK HERE FOR DOWNLOAD AFFIDAVIT FORMAT](#)

Choose File No file chosen

(PDF file size should not be more than 300KB)

Save & Next

Fig-21

After filling up all the data in the Fig-21 at the end one can click “Save & Next” this will allow to save the data already filled up and move to next screen. After this the following screen will appear as shown in the Fig-22.

In the Fig-22 if the institutes desires to edit or update the Performa already filled one can do the same under “Edit update Performa Declaration Detail”.

Edit Update Proforma Declaration Detail	
9	No records to display!

1. Before Final Submission you can Add, Edit and Update all records related to your Institution.

2. After Final Submission you can not Add, Edit and Update any records related to your Institution.

Therefore you should check all the details you have entered before Final Submission.

Final Submission

Fig-22

After editing or updating the data once all the data is completely and correctly uploaded one can make a final submission by clicking on “Final Submission”. After final submission the institute will not be able to see the data. It will be submitted to Indian Nursing Council for further course of action.