

Maharashtra Nursing Council, Mumbai**ASSESSMENT FORM FOR A.Y.2020-21****INDEX**

SR. NO.	Details	Page no.
1	General information of the Institute	2
2	Intake sanctioned by various related concern authority	2
3	Physical infrastructure	3-4
4	Clinical facilities	5
5	Teaching staff information	6
6	Community health facilities	7
7	Teachers records	8
8	Implementation of syllabus	9
9	Students Details & CNE Records	10
10	Check list & Recommendations	11

Maharashtra Nursing Council, Mumbai

Assessment Form 2020-21

1.	General Information				
	Name of the Institution				
	Full Address with Pin Code				
	Date of Assessment				
	Contact details				
	Head of the Institution				
	Telephone No				
	Mobile No.				
	E-mail id				
	Contact details of the Principal Telephone No				
	Mobile No.				
	E-mail id				
	Name of Courses for assessment	B. Sc. (N)		P. B. Sc.(N)	
		M. Sc. (N)		Other	
	Intake sanctioned	Purpose of assessment			
	State Government		Periodical		
	Indian Nursing Council		Enhancement of seats		
	Maharashtra Nursing Council		Surprise		
	MUHS, Nashik				
	Deemed University				
	Name and Signature of Principal with designation rubber stamp	Name and Signature of Assessor			
	Place: _____ Date: _____	(1) _____			
		(2) _____			

	PARTICULARS (For 40-60 admission capacity)	Standard Area as per INC specified (in sq.ft)	YES	NO	REMARKS
2.	Physical Infrastructure				
	A. Teaching Block	20,000			
	• Class Rooms as per programme (Total No.)	900 each			
	Laboratories as per programme ➤ Nursing foundation Lab ➤ CHN and Nutrition Lab ➤ Advance Nursing Skill Lab ➤ M.Ch.Lab ➤ Pre-clinical science Lab ➤ Computer Lab	1500 900 900 900 900 900			
	• Multipurpose Hall	3000			
	➤ Library ➤ Nursing Books (minimum 500) ➤ Kinds of Nursing Journals ➤ Kinds of Newspapers ➤ Kinds of Magazines	1800			
	• A.V. Aid room	600			
	• Principal Office	300			
	• Vice-Principal office	200			
	• Faculty Room	1800			
	• Administrative office	1000			
	• Common room • Male • Female	1000			

	➤ Toilets for Gents ➤ Toilets for Ladies	1000			
	➤ Fire extinguisher				
	➤ Play ground	Spacious			
	➤ Transport Facilities ➤ Garage	25 and 50 seater bus as per student strength			
	B. Hostel Block :-	17500			
	➤ Number of Hostel females				
	➤ Hostel Rooms (Single and double rooms)	9000(50 sq. ft. for each Student)			
	➤ Toilet /Bath	1 Latrine and 1 bathroom 600 X 3= 18000			
	➤ Pantry	1 on each floor			
	➤ Dining Hall	3000			
	➤ Recreation Room	500			
	➤ Store Room	500			
	➤ Visitor Room	500			
	➤ Reading Room	250			
	➤ Wardens Room	450			
	➤ Kitchen and Store	1500			

Signature of Principal with designation rubber stamp	Name and Signature of Assessor
	(1) _____ (2) _____

CLINICAL FACILITIES

Name of Parent Hospital - _____

Type of Hospital: - _____ No. of San. Bed:- _____

Sr. No.	Name and Add. of Hospital Parent / Affiliated	No of beds	No of Nsg. staff	No. of Nsg programme affiliated	No of OPD patients	Annual deliveries
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
	Signature of Principal with designation rubber stamp			Name and Signature of Assessor (1) _____ (2) _____		

I	<u>RURAL FIELD</u>			
	Name of CHC/PHC/SC			
	(i) Adopted <input type="checkbox"/>	Affiliated <input type="checkbox"/>		Dist. From the Nsg. Institute
	(ii) Administrator by	1. State Government	Y/N	
		2. Municipal Corporation		
		3. Private		
II.	<u>URBAN FIELD</u>			
a.	Name of the MCH & F.W. Center			
	(1) Adopted <input type="checkbox"/>		(2) Affiliated <input type="checkbox"/>	
b.	Distance from MCH and F. W. Centre			
	Distance from the Institute			
	(iii) Administrator by	1. State Government	Y/N	
		2. Municipal Corporation		
		3. Private		
c.	Supervision of Students		1. Field Staff Only	
			2. College Teaching Faculty	
			3. Both	
	Signature of Principal with designation rubber stamp		Name and Signature of Assessor	
			(1) _____	
			(2) _____	

TEACHERS RECORDS: -

	Teachers Record	Yes	No	Remarks
A.	CLASS COORDINATOR'S RECORD			
	➤ Internal assessment Records			
	➤ Ward Procedure evaluation format			
	➤ Case Study evaluation format			
	➤ Case presentation evaluation format			
	➤ Family care plan evaluation format			
	➤ Community procedure evaluation format			
B.	ADMINISTRATIVE RECORDS			
	➤ Students Admission Records			
	➤ Cumulative record			
	➤ Students Enrolment			
	➤ Hospital affiliation letter from competent authority			
	➤ Rural & Urban Experience affiliation letter from competent authority			
	➤ Plan for Staff Development Programme			
	➤ Students Health Record			
	➤ Year Wise Students Result			
	➤ Record of Counselling Guidance			
	➤ Students Leave Record			
	➤ Teachers Attendance Record			
	➤ Clinical Experience Correspondence			
	➤ Plan for Staff Development Programme			
	➤ Any Other			
	Signature of Principal with designation rubber stamp	Name and Signature of Assessor		
		(1) _____		
		(2) _____		

IMPLEMENTATION OF SYLLABUS

	Implementation of Syllabus	Yes	No	Remarks
➤	Clinical Experience as per Syllabus			
➤	Theory Class as per syllabus			
	Students Records :			
➤	Procedure Book			
➤	Midwifery Case Book			
➤	Nursing Care Plan			
➤	Family Care plan			
➤	Case Presentation			
➤	Case Studies			
➤	Daily Diary			
➤	Field Visit Report			
➤	Master File			
➤	Drug Book			
Signature of Principal with designation rubber stamp		Name and Signature of Assessor (1)_____ (2)_____		

Students Details :-

Year	No. of Sanction Intake	No. of Students admitted	Current Student attendance
1 st Year			
2 nd Year			
3 rd Year			
4 th Year			

CNE Record

Sr. No.	CNE Record	Yes	No	Remark
1.	CNE Attended			
2.	CNE Conducted			
3.	Observer/Speaker			
4.	Teaching staff eligible			
Signature of Principal with designation rubber stamp		Name and Signature of the Assessor 1) _____ 2) _____		

CHECK LIST

1.	➤ I have received the assessment Performa & have filled the same	Yes	No
2.	➤ Whether the assessment report is completely filled after verification.	Yes	No
3.	➤ MNC Consent /affiliation letter (relevant year) verified and annexed.	Yes	No
4.	➤ University Consent /affiliation permission letter verified & annexed	Yes	No
5.	➤ Land deed document verified & annexed.	Yes	No
6.	➤ Teaching Faculty Original Certificate, photos (self-attested) Verified & annexed	Yes	No
7.	➤ Documents with Respect to Parent hospital verified & annexed	Yes	No
8.	➤ Affiliated Hospital Permission letter verified from Hospital & annexed	Yes	No
9.	➤ Relieving order of teachers verified & annexed	Yes	No
10.	➤ Permission letter of CHC/PHC verified & annexed.	Yes	No
11.	➤ Transportation (Registration Certificate)verified & annexed	Yes	No
Signature of Principal with designation rubber stamp		Name and Signature of the Assessor	
		1) _____	
		2) _____	

RECOMMENDATIONS

Name and Signature of the Assessor

1) _____

2) _____