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 FORM FOR OPENING A NEW NURSING PROGRAMME 2016-2017

(ONE FORM FOR ALL NURSING PROGRAMME)
(TO BE FILLED IN CAPITAL LETTERS ONLY)

Last Date : 18th December 2015

Application Form No.
INC 366563 623501 2015

(Read instructions carefully before filling up the form. All columns shall be filled up, if space is short attach copy)

1. Name of the Chairperson/Secretary of Trust

Contact Number (O):_____Fax:_____ (M):_____

E-Mail:

2. Name of the Society/Trust/Mission etc. **(Trust Deed/Registration Certificate attested by the notary to be attached)**

(Members registered under Society/Trust in the sub-registrar office shall be submitted)

3. Address of the Society/Trust/Mission etc.

City/Town: Tehsil/Taluk

District:

State: Pin Code:

4. Name of the Principal

Contact Number (O):_____Fax:_____ (M):_____

E-Mail:

5. Name of the Institution

6. Address of the Institution

City/Town: Tehsil/Taluk

District:

State: Pin Code:

7. Institution is under (Please √ mark)

1	**Government** (Center Govt./State Govt./Defense/Autonomous Body/P.S.U./Semi-Government)	
2	**Private** (Trust/Society/N.G.O./Missionary/Company (Under Section 8))	
3	**University** (Government/Private)	

8. Nursing Programmes applied (Please √ mark)

1	A.N.M.		2	G.N.M.		3	B.Sc.(N)		4	M.Sc. (N)		5	P.B.B.Sc.(N)		6	P.B.D.P.*	

*Specify the Specialty:.....

9. Nursing Programmes applied Details

S. No.	Programme Name	Government Order No. & Date	No. of seats as per G.O.	S.N.R.C. Consent letter No. & Date	Name of the Affiliated University	Consent or NOC of the University letter No. & Date
1.	A.N.M.					
2.	G.N.M.					
3.	B.Sc. (N)					
4.	P.B.B.Sc.(N)					
5.	M.Sc. (N)					
6.	P.B.D.P.					
7.	P.B.D.P.					
8.	P.B.D.P.					
9.	P.B.D.P.					

Note : All Documents to be submitted duly attested by notary

10. Any other Nursing programme located in the same building and is recognized by INC

S. NO.	NURSING PROGRAMME	YES / NO	SCHOOL CODE	FILE NUMBER
1	A. N. M.			
2	G.N.M.			
3	B.Sc. (N)			
4	M.Sc. (N)			
5	P. B.Sc. (N)			
6	Post Basic Diploma Programme			

11. Institution is under (Please √ mark)

1.	Tribal Area*		2.	Hilly Area		3.	NONE	

If only it is in scheduled notified area

12. PHYSICAL FACILITIES

1. Whether the institution has own Building : 1. Yes ☐ 2. No ☐
   If yes, Blue Print and Completion Certificate certified from State Competent Authority to be attached : Annexure Number_____
2. Number of Class Rooms ☐ 3. Number of Labs ☐
4. Library Facilities Available ☐ 5. Auditorium Available ☐
6. Office Facilities Available ☐

13. CLINICAL FACILITIES

1. Name of the Parent/Own Hospital : _____

   No. of Beds : _____

   Proof of the Hospital being a Parent Hospital (as given below) : Annexure Number_____
   Registered in sub-registrar office[2]*

   Pollution control board certificate of the Hospital : Annexure Number
   (Duly attested by notary)

2. Name of the Affiliated Hospital, if any (Minimum 100 bedded Hospital) : _____

   No. of Beds : _____

   (Certificate from the Hospital with respect to nursing institutions already permitted for clinical experience along with number of students) : Annexure Number_____

   Pollution control board certificate of the affiliated hospital to be attached **(Duly attested by notary)** : Annexure Number_____

Parent Hospital

For a Nursing Institution [Managed by a Trust] a ' Parent Hospital' would be a Hospital either owned and controlled by the Trust or Managed and controlled by a Member of the Trust.

1) In case the owner of the Hospital is a member of the Trust then in that event an undertaking has to be taken from the member of the Trust that the Hospital would continue to function as a ' Parent Hospital' till the life of the Nursing Institution.

*2)The Undertaking would also be to the effect that the Member of the Trust would not allow the Hospital to be treated as a ' Parent/ Affiliated Hospital' to any other Nursing Institution. The required Performa of the Undertaking to be submitted from the Member of the Trust.

It is to be noted that once a particular Hospital is shown as ' Parent Hospital' and permission given to the Nursing Institution to conduct nursing courses, then in that event the Permission /Suitability granted would last as long as the said Hospital is attached as a " Parent Hospital".

In case the member of the Trust withdraws the Undertaking, given then in that event the permission /suitability letter issued would lapse / stand withdrawn immediately.

In the above event of lapse/ withdrawal of the permission /suitability letter by INC, the Trust has to once again submit a fresh proposal as if it is a fresh nursing institution.

**The following Documents to be attached with proposal:-

1.	Registration of Hospital/Nursing Home under Shop and Establishment Act.	(All State)
2.	Bombay Nursing Home Registration Act.	(Maharashtra & Gujarat State)
3.	Registration of Nursing Home/Hospital/Clinic/Under Corporation of Chennai/Public Health Deptt.	(Tamil Nadu)
4.	Form B & BB Under Section 3 & 4 of the Madhya Pradesh Upcharyagriha Tatha Rujopchar Sambandhi Sthapanaye	(Chattisgarh & Madhya Pradesh)

14. TEACHING FACILITIES

Annexure Number_____

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

Mention clinical speciality of M.Sc. (N) qualified teachers.

15. Budget allocated to Nursing programme : _____

(Last year audited expenditure statement of nursing institute/trust to be Enclosed) : Annexure Number_____

16. DEMAND DRAFT DETAILS

S. No.	Course/Programme	Amount	D. D. Number	D. D. date

One DD can be paid for all programme

17. If the proposal is **rejected** in such case **whose favour** the Demand Draft has to be drawn. Please Specify _____.

INSTRUCTIONS

(Read instructions carefully before filling up the Form)

1. Essentiality Certificate/Government Order/No Objection Certificate shall be submitted along with proposal (it shall be issued on or before 18th December 2015).
2. D. D. should be in favour of Secretary, Indian Nursing Council, New Delhi. Cheque will not be accepted.
3. For School (GNM/ANM) & Post Basic Diploma Programmes, D.D. of ₹ **50,000/-** for each programme in favour of Secretary, Indian Nursing Council, New Delhi.
4. Collegiate Programme D.D. of ₹ **1,00,000/-** in favour of Secretary, Indian Nursing Council, New Delhi.
5. List of Trust/Society members to be attached of the institute.
6. Parent Hospital Trust deed including members details with designation & qualification.
7. For more details refer official website www.indiannursingcouncil.org
8. Photocopies submitted shall be legible. For an old document typed & notarized can be submitted. If there is any discrepancy the legal action will be initiated.

CHECK LIST

Documents to be submitted along with the proposal

1.	Government Order	1. Yes ☐	2. No ☐
2.	Demand Draft	1. Yes ☐	2. No ☐
3.	Total Amount _____		
4.	Trust Deed/Registration Certificate of the Society	1. Yes ☐	2. No ☐
5.	Members registered under Society/Trust in the Sub-registrar office	1. Yes ☐	2. No ☐
6.	Consent letter of the SNRC	1. Yes ☐	2. No ☐
7.	Consent letter of the University (Collegiate programme only)	1. Yes ☐	2. No ☐
8.	Pollution control board Certificate	1. Yes ☐	2. No ☐
9.	Own Building Blue Print attested by Civil Engineer/State Authority	1. Yes ☐	2. No ☐
10.	Last year audited expenditure	1. Yes ☐	2. No ☐
11.	Hospital Registered Deed	1. Yes ☐	2. No ☐
12.	Scheduled Notified Area (Only for Tribal Area)	1. Yes ☐	2. No ☐
13.	Registration Certificate of Hospital/Nursing Home under Shop and establish Act/Bombay Nursing Home Register Act./ Register of Nursing Home/Hospital/Clinic/Under Corporation of Chennai/Public Health Department/Form BB	1. Yes ☐	2. No ☐
14.	CMHO Certificate	1. Yes ☐	2. No ☐

DECLARATION

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 will abide by the rules & regulations in force in Indian Nursing Council and as amended from time to time. In instance of incomplete information and any column left out to be filled by me, the responsibility is solely mine.

Name of the Applicant:_____

Date :_____ (Signature of the Applicant)

Place:_____

Seal of the Institution :_____