

1. CLINICAL FACILITIES

Name & Address of the Parent Hospital	Total No. Beds	No. of School/College affiliated	Distance from the College	No. of Registered Nurses	Clinical Areas		Medical	Surgical	Pediatrics	Gyne & Obst.	Orthopedic	Psychiatric	Eye, ENT	Coronary / CCU / ICU	Nephrology	Neurology	Emergency / Casualty	Burns and Plastics	ICU Oncology	Pollution control board Certificate	C.N.O. / N.S.					
					Average Occupancy per month	No. of Beds																				
1.					No. of Beds																					
					Occupancy on day of Inspection																					
					Average Occupancy per month																					
					Last Month Occupancy																					
2.					No. of Beds																					
					Occupancy on day of Inspection																					
					Average Occupancy per month																					
					Last Month Occupancy																					
3.					No. of Beds																					
					Occupancy on day of Inspection																					
					Average Occupancy per month																					
					Last Month Occupancy																					
4.					No. of Beds																					
					Occupancy on day of Inspection																					
					Average Occupancy per month																					
					Last Month Occupancy																					

* N.S. = Nursing Superintendent, D.N.S. = Deputy Nursing Superintendent, A.N.S. = Asst. Nursing Superintendent, D.S. = Departmental Supervisor, A.A. = Average Attendance, A.N.D. = A

Signature of Inspectors (1)

1. CLINICAL FACILITIES

Name & Address of the Affiliated Hospital	Total No. Beds	No. of School/College affiliated	Distance from the College	No. of Registered Nurses	Clinical Areas	Medical	Surgical	Pediatrics	Gyne & Obst.	Orthopedic	Psychiatric	Eye, ENT	Coronary / CCU / ICU	Nephrology	Neurology	Emergency / Casualty	Burns and Plastics	ICU Oncology	Pollution control board Certificate	C.N.O. / N.S.
5.					No. of Beds Occupancy on day of Inspection Average Occupancy per month Last Month Occupancy															
6.					No. of Beds Occupancy on day of Inspection Average Occupancy per month Last Month Occupancy															
7.					No. of Beds Occupancy on day of Inspection Average Occupancy per month Last Month Occupancy															
8.					No. of Beds Occupancy on day of Inspection Average Occupancy per month Last Month Occupancy															
9.					No. of Beds Occupancy on day of Inspection Average Occupancy per month Last Month Occupancy															
10.					No. of Beds Occupancy on day of Inspection Average Occupancy per month Last Month Occupancy															

* N.S. = Nursing Superintendent, D.N.S. = Deputy Nursing Superintendent, A.N.S. = Asst. Nursing Superintendent, D.S. = Departmental Supervisor, A.A. = Average Attendance, A.N.D. = Average

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D.N.S.		A.N.S. or D.S.		Ward in Charge		Staff Nurse		Number of Tables		Average of Number of Operation Per Day		A.A. OPD Per Day		A.N.D. Per Annum		Remarks	
Major O.T.	Minor O.T.	Major O.T.	Minor O.T.	Major O.T.	Minor O.T.	Major O.T.	Minor O.T.	Major O.T.	Minor O.T.	Major O.T.	Minor O.T.	Major O.T.	Minor O.T.	Major O.T.	Minor O.T.		

ie Number of Deliveries

Signature of Inspectors (2) _____