# भारतीय नर्सिंग परिषद

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



### **INDIAN NURSING COUNCIL**

COMBINED COUNCIL BUILDING, KOTLA ROAD, TEMPLE LANE, NEW DELHI – 110002

Dated: 14 A STORY

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

F.No.18-29/3594-INC

The Principal,

Chettinad College of Nursing,

I T Highway, Rajiv Gandhi Salai, Kelambakkam, Kanchipuram-603103, Tamil Nadu

Sub: Validity Period for the academic year 2015-16-reg.

Sir/Madam,

To,

Please refer to your letter no. CCN/PRIN/INC-089/2015 dated 13<sup>th</sup> Mar, 2015 on the subject noted above. Indian Nursing council has permitted the institution for the programmes as given below:-

S. No.	Code	Programme	Seats	Year
1.	2903076	B.Sc(N)	100 (One Hundred)	2015-16
2.	2910022	PB.B.Sc(N)	50 (Fifty)	2015-16
3.	2904053	M.Sc(N)	20 (Twenty) Med Surg (Cardiothroracic Nursing)	2015-16

#### The following deficiencies have been found and compliance thereof:-

- 1. Submit explanation for leaving the column "Total number of students under training" for B.Sc (N) and M.Sc(N) as blank in the application form. Submit actual number of students under training with year wise break up of each programme.
- 2. Designation and experience of teaching faculty shall be as per INC norms. Teacher student ratio of 1:10 shall always be maintained against sanctioned seats.
- 3. The school/college shall adopt retention policy for effective implementation of the syllabus & in the interest of the students.
- 4. Institution should submit details on laboratory within one month i.e. **Pre-clinical lab** facilities along with documentary proof.
- 5. Building completion certificate along with evaluation of blue print by assistant engineer or executive engineer issued by Competent Govt. Authority shall be submitted within three months from the date of receipt of this letter.
  - i) Location (Institution's full address) of building.
  - ii) Total area of the building.
  - iii) Blue print should be signed by the Authority.
  - iv) In whose name the building/land is registered.

Above documents to be submitted in the form of affidavit within 03 months of the receipt of this letter, otherwise penalty will be imposed and renewal for 2016-17 will not be considered.

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- 6. Details of affiliated hospital w.r.t. staffing, permission of affiliation and fee receipt if any shall be submitted within three weeks of the receipt of this letter.
- 7. Use only the latest Application form, downloaded copy, instead of typing the form & designing your own form, ignoring the prescribed format.
- 8. The institution shall follow the INC norms in terms of teaching faculty, physical facilities, budget & clinical facilities.

In case the information furnished by you is false or misleading then in that event the INC, has a right to **withdraw the permission** for the above said, academic years outrightly any time and further action as deem fit would be taken against the institution for the above said programme.

However, the institution will be inspected in near future. If the institution is found unsuitable during the next inspection, INC will not be responsible for the career prospects of the students of this batch admitted.

### Points to be considered for filling up Renewal/Validity form for 2016-17:-

- 1. Institution shall submit 2016-17 renewal/validity through SNRC on or before 15<sup>th</sup> Jan 2016. Otherwise INC will not considered the renewal/validity form.
- 2. No Photocopy of supporting documents will be considered. Scanned copies in the form of CD shall be submitted.
- 3. Application form shall be duly filled in if the space is inadequate then annexure will be submitted in the format as per the application form.
- 4. Previous year annual affiliation fees to be submitted i.e. up to 2015-16.
- 5. On-line details all rows & columns to be filled i.e. teachers, clinical, No. of students admitted, details of M.Sc.(N) & PB.B.Sc.(N). Incomplete on-line details will result in rejection of the renewal/validity form.
- 6. Compliance for 2015-16 should be submitted in the form of Affidavit of Rs 10/-

Yours faithfully

Lam.

**SECRETARY** 

Dated:

#### F.No.18-29/3594-INC

Copy forwarded for information & necessary action to:

- The Registrar, Tamil Nadu & Midwives Councils
  140, Santhome High Road, Mylapore (Near Santhome Church)
  Chennai- 600004, Tamil Nadu
- 2. The Registrar, Dr. MGR Medical University PB No 1200, No. 69, Anna Salai Guindy, Chennai 600032

SECRETARY