



J&K STATE PARAMEDICAL / NURSING COUNCIL

(Application Form for opening a New Institute / Renewal of NOC)

NOTE: - Read Instructions carefully before filling up the form. All Columns shall be filed up. If space is short attach copy.

Please Tick the appropriate boxes

- | | | | |
|---------------------------|--------------------------|----------------------|--------------------------|
| 1. First Inspection | <input type="checkbox"/> | 2. Yearly Inspection | <input type="checkbox"/> |
| 3. Re-Inspection | <input type="checkbox"/> | | |
| 4. Enhancement of seats | <input type="checkbox"/> | | |
| 5. Enhancement of Courses | <input type="checkbox"/> | | |

Course Programme under Inspection:

General Information about the Institute

1. Name of the Institute :

2. Full Address with Pin Code :

District: _____

3. Name of the Principal :

Contact No. (O) _____ (R) _____ (M) _____

Email: _____

4. Telephone Number of the Institution:

(O) _____ (Fax No.) _____

5. Email of the Institution :

6. Name of the Trust / Society

(Trust Deed/ Registration Certificate duly attested

By Notary to be enclosed)

7. Bye Laws / Constitution of Society / Trust

(Copy to be enclosed)

8. Name of the Chairperson/ Secretary of Trust _____

Contact No. (O) _____ (R) _____ (M) _____

9. Date of First NOC issued and subsequent renewal : _____
(Copies to be enclosed) _____

10. Name of the Hospital attached : _____
(Proof Copy to be enclosed)

Building & Land Infrastructure

a) Single plot of land measuring not less than 6 Kanals is available YES NO
(If Yes enclose land deed with ownership certificates)
Total Land in Kanals _____

b) Construction of 20000 Sq. Ft is available YES NO
(If Yes enclose Blue print with layout)

c) Total built up area in Sq.ft. _____

d) Is the Institution building OWNED RENTAL
(Enclose the relevant document regarding Possession of building)

e) Whether the building is used for any YES NO
Non-Nursing / Paramedical Programme or for commercial purpose.

Hostel Block

I. Whether the college is having a separate Hostel YES NO

II. Built up Area _____

III. Is the Hostel building OWNED RENTAL
(Enclose relevant document regarding Possession of building)

IV. Is there separate provision of hostel for YES NO
Male & Female Students.

V. Number of Single Rooms with Area in Sq.Ft. _____

VI. Number of Double Rooms with Area in Sq. Ft. _____

VII. Whether the Hostel has provisions for :

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| a. Water Supply | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. Electricity | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Safe disposal of wastes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. Indoor games | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. Outdoor games | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. Recreation room with TV/Radio | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g. Guest room | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h. Hostel Mess | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| i. Toilets | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

VIII. Address of the Hostel

PHYSICAL INFRASTRUCTURE		
(Note : Please write numbers and not adequate or Inadequate)		
PARTICULARS	AREA IN SQ. FT	NUMBERS
CLASS ROOMS		
FUNDAMENTAL ANATOMY		
NUTRITION		
OBG, MCH		
COMPUTER LAB		
AUDIO VISUAL AID		
COMMUNITY LAB		
AUDITORIUM		
STAFF ROOM		
COMMON ROOM		
LIBRARY		
CANTEEN		
TOILET		
HOSTEL		
NURSING ARTS LAB		
PARTICULARS	NUMBERS	
a) Beds with bedding		
b) Dummies		
c) Baby dummies		

d) Square Trays SS		
e) Kidney trays		
f) Feeding cup		
g) Chilamchi		
h) Bucket		
i) Jug		
j) Jug with measurement		
k) Enema Cane stand		
l) IV stand		
m) Community Health Kit bags		
n) Midwifery kit sets		
o) D and C sets		
p) BP Apparatus		
q) Thermometers- Clinical /Rectal/Bath		
r) Reproductive System Models		
s) Mechanism of Labor		
t) Pelvis Gynaecoid		
Abnormal Pelvis		
Male Pelvis		
Female Pelvis		
u) Skeletal system full with stand (Articulated)		
v) Skeletal system unarticulated		
w) All systems of human body		
x) Posters indication prevention of diseases, various systems, life cycles of mosquito, various nutrition charts		
y) Transparencies		
z) Slides		
Models of all systems		
PARTICULARS	NUMBERS	
i) Respiratory system		
ii) Circulatory system		
iii) Digestive system		
iv) Urinary system		
v) Skin		
vi) Endocrine system		
vii) Fetal circulation		
viii) Reproductive system- Male and Female		
ix) Placenta		
x) Fetal Development Models weekwise		

BIO CHEMISTRY LAB.

PARTICULARS	NUMBERS	
a) Test tube		
Pipettes		
Auto pipettes		
b) Conical flask		
c) Beakers		
d) Water Bath (boiling)		
e) Spirit Lamp		
f) Heaters for water bath		
g) Electronic balance (500 g)		
h) Centrifuge		

NUTRITION LABORATORY

PARTICULARS	NUMBERS	
a) Kerosene Stoves		
b) Gas Chulla		
c) Gas cylinders		
d) Pressure Cookers 7 ltr./5 ltr. / 3 ltr.		
e) Pateela with lids SS		
f) Spoons SS		
g) Table spoon/ Tea spoon		
h) SS containers		
i) Rice plates		
r) Quarter plates		
k) Steel trays		
l) Steel glasses		
m) Small Bowls		
n) Jug		
o) Bucket		
p) Basin		
q) Hot Bowl		
r) Toaster		
s) Mixer Grinder		
t) Cup with saucer		
u) Thermos		
v) Refrigerator		
w) Tea set		
x) Dinner set		

AUDIO VISUAL AID LAB.

PARTICULARS	NUMBERS	
a) Television		
b) LCD's		
c) Computers		
d) Laptop		
e) Fax machine		
f) Xerox machine		
g) Video camera		
h) Microphones		
i) Earphones		
j) Tape recorders		
k) Epidiascope		
l) Overhead projector		
m) Slide Projectors		
n) Black Board		
o) Fixed Wall boards		
p) Built-in-board		
q) Flannel board		
r) Roller board		
s) Display Board		
t) Pane Board		
u) Panna Board marker		
v) Telephone		
w) Litho machine		
x) Digital Camera		
y) China dish		
z) Tripod sttand with wire gauze		
za) Test tube rack		
a) Test tube holder		
b) Pipettes Racks		
c) Reagent bottles 25ml/500 ml/ 1 ltr./2 ltr.		
d) Measuring Cylinders 25ml/50 ml/ 100 ml/ 500 ml/ 1 Ltr		
e) Funnel 2.5 " and 5 " diameter		

BUDGET

1. (a) Is there a separate budget for the College YES NO

(b) Proposed Amount Per Annum (Current Year)

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2. If Yes give the name and designations of the drawing and disbursing Authority.

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3. What was the last year budget allocation

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4. Furnishing the following details

S.No	Particulars	Expenditure
1	Salary details of Teaching Faculty/ Non-Teaching Faculty	
2	New equipments and repairs	
3	Maintenance of vehicles and cost of petrol/diesel	
4	Office Supplies including stationery and postage	
5	Contingency fund for educational tours Professional activities, Prizes, Entertainments, maintenance of the school premises and any other needed items.	
6	The Library purchase of books Journals and Daily Newspapers for binding of journals for stationery Such as indeed card label etc. & maintenance.	
7	Incidental teaching equipment Chart, films slides, Transparencies, pen chalk etc	

NOTE: Please attach last financial year's audited Income and Expenditure statement of the Institution.

Library Facilities

- Size in Sq. Ft. _____
- Librarian _____
(Contact address & Email Address)
- Total Number of Library Books _____

- **Number of Nursing Journals** _____
(Subscribed)

Vehicle

- **Number of Vehicles** _____
- **Driver's Name** _____

NOTE: Enclose Registration Certificate of Vehicles, Drivers Appointment order, Driving License.

TEACHING FACULTY

S.No	Name, Contact Number, & Email Address	Designation	Registration Number/Council	Date of Appointment	Experience	Date of leaving previous engagement	Gross Salary
	Name : Contact No : Email Address :						
	Name : Contact No : Email Address :						
	Name : Contact No : Email Address :						
	Name : Contact No : Email Address :						
	Name : Contact No : Email Address :						

NOTE :- Enclose appointment orders / Registration Certificate of Teaching Faculty

STAFF FOR HOSTEL

S.No	Designation	Name	Date of Appointment	Gross Salary
1	Resident Warden			
2	Sweepers			
3	Mess Staff			
4	Electrician			
5	Security Guard			

NOTE :- Enclose appointment orders of Staff and Hostel Faculty

NON – TEACHING FACULTY

S.No	Designation	Name	Date of Appointment	Gross Salary
	Administrative Officer			
	Officer Superintendent			
	Accountant / Clerk			
	Storekeeper			
	Computer Assistant / typist			
	Librarian			
	Laboratory Technician			
	Laboratory Attendant			

	Peon			
	Cleaners / Sweepers			
	Gardener			

NOTE :- Enclose appointment orders of Non-Teaching Faculty

CHECK LIST

Documents to be submitted along with proposal

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1 Government order / First NOC | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2 Trust Deed / Registration Certificate of Society | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3 Land papers with ownership certificate | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4 Blue print of Building | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5 Blue print of Hostel Building | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6 Last year Audited Expenditure report. | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7 Appointment orders of Teaching / Non Teaching Faculty | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 8 Affidavit by First Class Magistrate
(That Institute shall be exclusively used for Paramedical
Training courses) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 9 Certificate from qualified structural Engineer
(That Hostel Building is structurally Safe) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

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 J&K State Paramedical Council as amended from time to time.

Name of the Applicant _____

Signature of Applicant _____

Designation _____

Date _____

Place _____

Seal of Institution