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INDIAN NURSING COUNCIL
COMBINED COUNCILS BUILDING
KOTLA ROAD, TEMPLE LANE
NEW DELHI-110 002

129 AUG 2011

Dated _____

F.NO.1-5/GB-CIR/2007-INC

To,

1. The Secretary Health,
Govt. of NCT, Delhi, Health &
Family Welfare Department,
9th Level, A -Wing, Delhi
Sachivalaya, Delhi -02
2. The Director of Health Services,
Swasthya Sewa Bhawan, F-17,
Karkardooma, Delhi - 110 032.

Subject: New Proposals to Open School / College of Nursing - Regarding.

Sir / Madam,

It has come to the notice of Indian Nursing Council that **there is a skewed distribution of the nursing educational institutions** in some districts in the state.

It is therefore requested that before issuing the Essentiality Certificate/Government Order/No Objection Certificate (NOC) a necessary assessment of existing nursing institution in the districts may be done

Nursing courses are skill oriented. Hospitals will be the laboratories for Nursing training. It is therefore **State Government while issuing NOC**, should **ensure that 1:3 student patient ratio** is available for the clinical practice i.e. minimum 120 bedded Hospital is available within the radius of 30 Kms. from the Institution

Hence it is requested that the location of Institution should be taken into consideration along with the financial stability of the trust, and land ownership by the trust to establish a nursing institution.

Further it is also observed that **NOC is issued in the name of Trust**, which will **not be acceptable** by Indian Nursing Council. As any Organization or Trust can open any number of institutions. **NOC should be issued in the name of Nursing Institution** established by the trust name along with address of the nursing Institution and not the Trust otherwise it will create confusion in the State.

P.T.O.

The name of the institution name should be approved (unique) that the similar named institution should not be there in the state. Further, name abbreviated will not be accepted like Ramakrishna College of Nursing as RK College of Nursing by the same trust.

The distance between the two Nursing Institutes established by the same trust shall be least 10 Kms.

Indian Nursing Council has resolved the following calendar of events for 2012-2013 academic year, will be 31st January 2012.

- 1st Oct 2011 to 31st Jan 2012 Submission of New Proposals to INC with all the requisite documents including Govt. Order
- 29th February 2012 With Rs. 15,000/- as penalty
- 30th June 2012 Declaration of the results for collegiate programme
- 15th July 2012 Declaration of the results for school programme

For New Nursing Programme the institute has to submit the following documents:-

- Duly filled in application form along with requisite documents. Incomplete application form/documents will be rejected.
- Indian Nursing Council has relaxed/exempted the Govt. Order for the institutions who wants to start any additional new nursing programme which has any nursing programme recognized by Indian Nursing Council, by the institution in the same campus.

For M.Sc. (N) Programme: -

- If the institution is recognized for B.Sc. (N) programme and if one batch has passed out after found suitable by INC, then the institution will be exempted from NOC/Essentiality certificate for M.Sc. (N) programme from the State Government, as an additional programme.
- If the institute is recognized for B.Sc. (N) programme and the institute has super specialty hospital, then Government order is exempted for M.Sc. (N) as an additional programme.
- Super Speciality Hospital can start M.Sc. (N) programme, however they have to get NOC/Essentiality certificate from respective State Government to start the M.Sc. (N) programme.

Further, it is requested to circulate the **Calendar of Events for 2012-2013** in your state and requisite departments for necessary action.

It is further reiterated that government should not issue NOC for establishing nursing educational institution when there is already large number Nursing educational institutions in particular district/region. State government may exercise Caution to issue NOC to only those district /region when there are no Nursing Educational Institutions.

Yours Sincerely.


(Dr. Sandhya Gupta)
SECRETARY

Copy Forwarded for Necessary Action:

1. The Registrar, Delhi Nursing Council, Ahilya Bai College of Nursing Building, Lok Nayak Hospital, New Delhi -110 002.
2. The registrar, Guru Gobind Singh Indraprastha University, Kashmir Gate, Delhi
3. The registrar, Jamia Hamdard, Hamdard Nagar, New Delhi
4. The registrar, All India Institute of Nursing Ansari Nagar New Delhi-110016
5. The Registrar, University of Delhi Faculty of Science Delhi - 110007


(Dr. Sandhya Gupta)
SECRETARY



Last Date: 31st January 2012 &
With Penalty 29th February 2012

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APPLICATION FORM FOR OPENING A NEW NURSING PROGRAMME 2012 - 2013

(Separate Application form for each Nursing Programme)

1. Name of the Society/Trust/Mission etc. : _____
(Trust Deed/Registration certificate attested by the notary to be attached)
2. State : _____
3. Name of the Institution : _____
4. Address of the Institution : _____
(IN CAPITAL LETTER)
- District : _____ Pin _____
- Telephone Nos. : _____ (F) _____
- E-Mail : _____
5. Whether the Institution is :
1. Government
2. University
3. Private
6. Name of the Nursing Course /Programme :
applied 1. A.N.M. 2. G.N.M. 3. B.Sc.
4. M.Sc. 5. P.B.B.Sc.
6. Post Basic Diploma Programme
Specify the specialty _____
7. Any other Nursing programme located in the same building 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 | | | |

8. A copy of Essentiality Certificate of State Government : Annexure _____
 > **(Duly attested by notary)** for the programme to be established if No other Nursing programme is recognized by INC in the same building (In Local Version & also in English Version)
 > Government order is exempted for those institutions who offer Nursing programme in the same campus and for different programme.
9. Govt. Order No. & Date : _____ Date _____
10. Consent letter of the respective State Nursing & Midwifery Registration Council : Annexure _____
11. Name of the Examining Board affiliated : _____
12. Name of the University for Collegiate Programme (for each programme) : _____
13. Consent letter of University : 1. Yes 2. No
 If yes, submitted the duly notary attested consent letter Annexure _____
14. **Physical Facilities**
1. Whether the institution has own Building. If yes, Blue Print/Certificate to be attached : 1. Yes 2. No
 Annexure _____
2. No. of Class Rooms : _____
3. No. of Labs : _____
4. Library Facilities : _____
5. Auditorium : _____
6. Office Facilities : _____
15. **Clinical Facilities**
1. Name of the Parent Hospital, if any : _____
 No. of Beds : _____
 Pollution control board certificate to be attached : Annexure _____
2. Name of the Affiliated Hospital, if any : _____
 No. of Beds : _____
 Pollution control board certificate to be attached : Annexure _____

16. **Teaching Facilities**

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

17. Budget allocated to Nursing programme : _____
 (Last year audited expenditure to be Enclosed) : Annexure _____

18. **Demand Draft Details**

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

Note:

- Cheque will not be accepted. D. D. should be in favour of Secretary, Indian Nursing Council, New Delhi.
- Separate D.D. and Application form to be submitted for each Nursing programme.
- For School & Post Basic Diploma Programmes, D.D. of ₹ 50,000 in favour of Secretary, Indian Nursing Council, New Delhi.

- Collegiate Programme D.D. of ₹ 1,00,000 in favour of Secretary, Indian Nursing Council, New Delhi.
- University/Nursing Board D.D. of ₹ 5,00,000 in favour of Secretary, Indian Nursing Council, New Delhi.
- Penalty of ₹ 15,000/- if applied after 31st January 2012 & on or before 29th February 2012
- For more details refer official website www.indiannursingcouncil.org

19. Date of submission of Application Form : _____

20. Whether following documents attached: -

- | | | | | |
|--|--------|--------------------------|-------|--------------------------|
| ➤ Government Order | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
| ➤ Demand Draft | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
| ➤ Trust Deed/Registration Certificate of the Society | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
| ➤ Consent letter of the SNRC | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
| ➤ Certificate of Pollution control board | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
| ➤ Own Building Blue Print | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |
| ➤ Last year audited expenditure | 1. Yes | <input type="checkbox"/> | 2. No | <input type="checkbox"/> |

Name of the Applicant : _____

Signature of the Applicant : _____

Date : _____

Place : _____

Seal of the Institution : _____

DECLARATION BY THE APPLICANT

I.....S/o, D/o or W/o.....
 declare that all the documents & information submitted in this application form are true and best of my knowledge. I understand that if any of the information are 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.

Name of the Applicant : _____

Signature of the Applicant : _____

Date : _____

Place : _____

Seal of the Institution : _____



Last Date: 31st January 2012 & with Penalty 29th February 2012

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ACKNOWLEDGEMENT

Receipt date of proposal _____

Name of the Nursing Course / Programme applied: _____

Institution Name : _____

Address : _____

State : _____

Whether following documents attached: -

- Government Order 1. Yes 2. No
- Demand Draft 1. Yes 2. No
- Amount 1. ₹ 50,000 2. ₹ 1,00,000 3. ₹ 5,00,000
- Trust Deed/Registration Certificate of the Society 1. Yes 2. No
- Consent letter of the SNRC 1. Yes 2. No
- Certificate of Pollution control board 1. Yes 2. No
- Own Building Blue Print 1. Yes 2. No
- Last year audited expenditure 1. Yes 2. No

.....For Office use only.....

ACCEPTED

REJECTED