उत्तर प्रदेश स्टेट मेडिकल फैकल्टी

5, सर्वपल्ली, माल एवेन्यू रोड, लखनऊ — 226001 हेल्पलाइन नम्बर : 8400955546, 9151024463

Website:www.upsmfac.org Email-upmedicalfaculty@upsmfac.org



पत्रांक संख्या- 6418 24

दिनांक .28 06 24 ई-मेल माध्यम

सेवा में,

प्रबन्धक / प्रधानाचार्य, समस्त आवेदित नर्सिंग / पैरामेडिकल प्रशिक्षण केन्द्र (निजी क्षेत्र) (ए०एन०एम० पाठ्यक्रम को छोड़कर) उत्तर प्रदेश।

विषय-स्थलीय निरीक्षण कराये जाने के संबंध में।

महोदय / महोदया,

उपर्युक्त विषयक के संबंध में आपको अवगत कराना है कि **दिनॉक 22.07.2024 से** 31.08.2024 के मध्य किसी भी कार्य दिवस (रविवार एवं राजपत्रित अवकाश को छोड़कर) में आप द्वारा आवेदित पाठ्यक्रम (ए०एन०एम० पाठ्यक्रम को छोड़कर) की एन०ओ०सी० हेतु आपके प्रशिक्षण केन्द्र का स्थलीय निरीक्षण इण्डियन नर्सिंग कौंसिल, नई दिल्ली / उ०प्र० स्टेट मेडिकल फैकल्टी के द्वारा निर्धारित मानकों पर क्यू०सी०आई० (Quality Council of India) के माध्यम से कराया जायेगा।

यदि संस्थान अपने आवेदित पाठ्यक्रम का निरीक्षण उक्त निरीक्षण प्रक्रिया में नहीं कराना चाहते है तो दिनॉक 10.07.2024 तक कार्यालय को सूचित करना सुनिश्चित करें। क्योंकि निरीक्षण दल के पहुँचने पर यदि

आप द्वारा निरीक्षण नहीं कराया जाता है तो उसको एक निरीक्षण माना जायेगा।

यदि आप द्वारा निरीक्षण प्रक्रिया में निरीक्षकों को सहयोग नहीं दिया जाता है तो आपके प्रशिक्षण केन्द्र का निरीक्षण निरस्त करते हुये संस्थान के विरुद्ध नियमानुसार कार्यवाही की जायेगी एवं इसका समस्त उत्तरदायित्व आपका होगा। अतः आपसे अनुरोध है कि निरीक्षण दल को पूर्ण सहयोग देते हुये आवेदित पाठ्यक्रमों हेतु निरीक्षण प्रक्रिया को सम्पन्न कराना सुनिश्चित करें।

आप द्वारा आवेदित पाठ्यक्रम के निरीक्षण संबंधित वांछित प्रपत्रों की सूची (Check-List) पत्र के साथ संलग्न कर आपको इस आशय से प्रेषित की जा रही है कि सूची में उल्लिखित प्रपत्रों को पूर्व से ही तैयार कराकर रखे एवं निरीक्षण के समय निरीक्षण दल को मूल रूप से अवलोकित कराने का कष्ट करें।

किसी भी प्रकार की अस्पष्टता की स्थिति में आप कार्यालय की ई–मेल आई०डी०

affiliation@upsmfac.org पर सम्पर्क कर सकते है।

भवदीय,

सचिव,

उ०प्र0 स्टेट मेडिकल फैकल्टी।

दिनॉक -

पत्र संख्या–

प्रतिलिपि-महानिदेशक, चिकित्सा शिक्षा एवं प्रशिक्षण उ०प्र० लखनऊ को सूचनार्थ प्रेषित।

सचिव,

उ०प्र0 स्टेट मेडिकल फैकल्टी।

| Sr. No | Documents Required for GNM | Type of Document |
|--------|--|------------------|
| | Document related to payment details | |
| 1 | Application Fees Submission document | PDF |
| | Document related to organisation details | |
| 2 | Supporting document which can confirm the head's association with Trust/Society/Companies incorporated under section 8 | PDF |
| 3 | Registration Certificate of Trust/Society/Companies incorporated under section 8 | PDF |
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| | Documents related to training centre | |
| 5 | Ownership Document (Sale Deed of Land) | PDF |
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| | Documents related to Hostel Block | |
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| 12 | Fire safety certificate | PDF |
| | Documents related to Hospital Block | |
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| 15 | Registered sale deed of the hospital land | PDF |
| 16 | CMO Registration Certificate | PDF |
| 17 | Pollution certificate | PDF |
| 18 | Fire Safety certificate | PDF |
| | Documents related to affiliate hospital | |
| 19 | MoU regarding affiliation between training center and the affiliated hospital | PDF |
| 20 | CMO Registration Certificate | PDF |
| 21 | Pollution certificate | PDF |
| 22 | Fire Safety certificate | PDF |

| Sr. No | Documents Required for B.Sc Nursing | Type of Document |
|------------------|--|------------------|
| | Document related to payment details | |
| 1 | Application Fees Submission document | PDF |
| 2 | Treasury Challan document | PDF |
| | Additional document | |
| 3 | The letter of Consent for University affiliation document | PDF |
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| | incorporated under section 8 | |
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| | building within 2 years of establishment | PDF |
| 10 | Fire safety certificate for Hostel Block | PDF |
| TO THE PROPERTY. | Documents related to Hostel Block | |
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| 14 | Fire safety certificate | PDF |
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| | "Parent/Affiliated" Hospital to any other nursing institute | 1 01 |
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| 20 | Fire Safety certificate | PDF |
| 20 | Documents related to Affiliate Hospital | ΓU |
| 21 | MoU regarding affiliation between training center and the affiliated | |
| | hospital | PDF |
| 22 | CMO Registration Certificate | PDF |
| 23 | Pollution Certificate | PDF |
| 24 | Fire Safety certificate | PDF |

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| | Documents related to payment details | |
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| 2 | Treasury Challan document | PDF |
| | Additional documents | |
| 3 | The letter of Consent for University affiliation document | PDF |
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| | Documents related to establishment/organusation | Pour services |
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| 18 | MoU regarding affiliation between training center and the affiliated h | PDF |
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| Sr. | No. | Documents Required for M.Sc Nursing | Type of Document | |
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| | | Documents related to payment details | | |
| | 1 | Application Fees Submission document | PDF | |
| | 2 | Treasury Challan document | PDF | |
| | | Additional documents | | |
| , | 3 | Letter of Consent for University affiliation document | PDF | |
| 4 | 4 | Affidavit stating completion of one batch of BSc Nursing students | PDF | |
| | Documents related to Establishment/Organisation Details | | | |
| | 5 | Supporting document which can confirm the head's association | PDF | |
| | | with Trust/Society/Companies registered under section 8 | | |
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| - | 9 | CMO Registration Certificate | PDF | |
| | | Pollution certificate | PDF | |
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| Sr. No. | Document Required Paramedical Diploma | Type of Document |
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| W. V. VI 10 1 WESSERVER | Documents related to Payment Details | |
| 1 | Application Fees Submission document | PDF |
| | Documents related to Establishment/Organisation I | Details |
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| 12 | Fire Safety certificate | PDF |

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| | Documents related to Payment Details | |
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| 2 | Treasury Challan document | PDF |
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| 3 | Letter of Consent for University affiliation document | PDF |
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