

UTTAR PRADESH STATE MEDICAL FACULTY

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Ref. No4206/26

Date.....29/05/26

To,
The principals,
All Nursing Institutes,Uttar Pradesh.

Subject: Regarding the proposed rating process for Nursing Institutes.

Respected Sir/Madam,

As per UPSMF letter Ref.no.4121/26 Dated: 26/05/2026, a virtual orientation was organized on 29/05/2026 to explain the process of self-Assessment for rating of Nursing Institutions 2026. Following the virtual orientation, you are hereby, requested to complete the google form using the provided link. This process is for all government and private nursing institutions. The deadline for submission of the self-assessment tool is **08/06/2026**.

Please note that this self –assessment for rating of Nursing Institutions 2026 is intended solely for quality improvement purposes and does not replace or serve as a substitute for any routine regulatory or council related requirements.

You are requested to take note of this and extend your cooperation for its successful implementation. Your institution's active participation will be valuable in strengthening overall quality standards and professional excellence.

The link is: <https://forms.gle/orZKx8Yjfh37UvGg7>

Enclosed :

1. Guidelines for filling form for self-Assessment for rating of Nursing Institutions- 2026.
2. PDF copy of self-Assessment for rating of Nursing Institutions - 2026.

Help Line No.: 9936541765

Anurag Srivastava
Dr.Anurag Srivastava
Secretary

Uttar Pradesh State Medical Faculty

Ref.No.....

Nitesh Dixit
Date:.....

Copy to:

- 1.Secretary,Medical Education,GoUP,Lucknow.
- 2.Director General,Medical Education and Training,GoUP,Lucknow.
- 3.UPTSU, Lucknow.
- 4.Jhpiego, Lucknow.

Anurag Srivastava
Dr.Anurag Srivastava
Secretary
Uttar Pradesh State Medical Faculty

Guidelines for filling form for Self-Assessment for Rating of Nursing Institutions-2026

General Instructions

- Please carefully review the attached "Self-assessment form" pdf before filling out the form and ensure that all the required information specified in the form is collected in advance.
- Make sure to have a stable internet connection. It is advisable to fill the form using desktop/ laptop.
 - Please fill the form with institution's registered email id only. The copy of the response form will be sent only on the official registered email id.
- The form can be **submitted only once**, therefore kindly review the form before submitting as the **response cannot be edited** once submitted.
- **Minimum eligibility criteria:** Only those institutes are eligible to fill this form who have admitted at least 2 batches of any course and third batch is ongoing.

Section wise instructions

1. Basic Details

- Please select/enter correct details of the institution such as name, center code, pin code, district, full address, and email ID of the institution.
- Please select correct Private/Government institute as subsequent questions will be asked accordingly
- Ensure all information matches official records.

2. Administrative Control & Statutory Requirements

- Select "Yes" only if valid approvals/permissions are available. If any approval is not available or expired or under renewal process, select "No". **Select "NA" if the course is not available.**
- This includes Documents for establishment, Valid Fire NOC, SNRC approval letter for sanctioned seats, permission/affiliation letter, and availability of Career counselling and placement support.

3. Academic Assets

- Mark "Yes" only if the asset is available and in use, else "No". **Select "NA" if the course is not available**
- This includes biometric system, attendance records, and virtual classroom facilities.

4. Courses and Students enrolled in various programs

- Select the running courses in the institutes
- Provide correct information for all courses including sanctioned seats, students admitted, students present on the day of assessment are as per actuals.
- For No. of students admitted: No. of students should not be more than sanctioned seats
- For No. of students present on the day of assessment: No. of students should not be more than students admitted

5. Training Infrastructure

5.1 Training Infrastructure – Teaching Block

- Mark "Yes" only if teaching block with proper classrooms and required spaces are available, else "No".
- For Number of Class Room available in the course: **Enter 0 if the course is not available.**
- In Classroom sufficient seating capacity, Mark "Yes" if available, else "No". **Select "NA" if the course is not available.**

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5.2. Training Infrastructure - Labs

- Lab requirements may vary for **ANM and GNM/B.Sc. Nursing courses**; select only those labs and models/mannequins/ equipment applicable to the courses being offered by the institution
- In utilization column, mark "Yes" only if a register/logbook is maintained and regularly updated for each lab, else "No".
- **Remarks:** Maximum character count is 500. Please enter only that information which is not covered above.

5.3. Training Infrastructure – Library

- Mark "Yes" only if separate space for nursing library and library facilities such as books, journals, seating, issue register and computer with internet are available, else "No".
- **Remarks:** Maximum character count is 500. Please enter only that information which is not covered above.

5.4. Training Infrastructure – AV Aids

- Mark "Yes" only if items like computers, projectors, screens, chart and audio systems are available and functional, else "No".

6. Hostel Facilities

- Mark "Yes" only if hostel facilities are available with basic amenities such as beds, availability of adequate seating in dining hall, water, washing area, and functional toilets & bathroom, else "No".

7. Teaching Faculty

- Enter the total number of regular nursing teaching faculty in the institute and for each course. Write "NA" if the course is not available.
- Provide complete and correct details such as designation, qualification, joining date, Aadhaar card number, UPNC registration number of all regular nursing teaching faculty as per the attached format and upload the scanned filled details signed by the authority. **The file size should not be more than 10 MB in pdf format.**

8. Clinical Facilities

- Provide details for parent/ affiliated hospital. Enter all information such as HFR/Hospital code, Bed occupancy, Bed numbers, IPD in the required format.
- In case there are any additional affiliated hospital, those details can be filled under the affiliated hospital questions.
- Mark "Yes" only if records/registers are properly maintained, else "No".

Departments in Hospital

- Select those departments only that are available in the parent/affiliated hospital.

9. Staff Nurse / Nursing Officer

- Data to be filled for parent hospital only
- Enter details based on actual records such as name, UPNC registration number, and qualification. Please upload the scanned filled details as per the attached format and signed by the authority. **The file size should not be more than 10 MB in pdf format.**

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10. Community Postings

- Select/Enter details of adopted/affiliated facility – Name and type of facility
- Mark “Yes” only if permissions, registers and transport facility are available, else “No”.

11. Quality of Processes

- Enter Faculty and Student ratio for each running course. Write “NA” if the course is not available.
- Mark “Yes” only if Academic policy, and Academic calendar are available and displayed.

Computer Lab

- Mark “Yes” only if computer lab is functional, else “No”.

Unit Plan is available with the faculty-

- Mark “Yes” only if unit plans, lesson plans, and MRP/Academic Roster are developed, distributed, and displayed for each running course, else “No”. **Select “NA” if the course is not available**

Observation of effective facilitation skills in the classroom

- Select “Yes” only if practices are regularly followed, else “No”.

Observation of skills demonstrations in the learning lab

- Select “Yes” only if practices are regularly followed, else “No”.

Feedback Mechanism

- Mark “Yes” only if functional mechanism is in place for students to provide anonymous feedback on faculty performance, and is there a defined process for reviewing and addressing negative feedback

Clinical Learning Site Requirement

- Mark “Yes” only if the details for the clinical learning site are available for each course, else “No”. **Select “NA” if the course is not available**

Clinical Supervision

- Mark “Yes” only if the details for the clinical supervision are available, else “No”.

Evaluation criteria and Examination Record

- Mark “Yes” only if the details/record/process for the evaluation and examinations are in place for each course, else “No”. **Select “NA” if the course is not available.**

Meeting Records

- Mark “Yes” only if the meetings are conducted and recorded, else “No”.

CNE exists for faculty

- Select “Yes” only if CNE sessions are conducted and records are available, else “No”.
- For innovations/ Best practices: Tick only those options that are actually implemented. Select “Others” and specify, if the innovations are not covered in the given options.

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Self-Assessment for Rating of Nursing Institutions - 2026



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Self-Assessment Form for Nursing Institutions - 2026

The first rating of nursing institutions was conducted in 2023. The State is now planning to undertake the second rating cycle in 2026. For this purpose, a structured questionnaire has been developed for nursing institutions to carry out a self-assessment in the prescribed format.

This form is designed to undertake a structured review of their institutional capacities, academic processes, infrastructure, faculty strength, and student support systems under UPSMF rating exercise. The purpose of this exercise is to generate a comprehensive status of institutes and to identify areas of strength as well as areas for improvement.

Institutes are requested to carefully review each question and provide accurate and complete information based on the current status of the institution. The information submitted through this form will support evidence-based planning, strengthen institutional quality, and guide targeted interventions for the overall development of nursing education.

All responses should be supported with relevant records wherever applicable. Institutes are encouraged to complete the form in a thoughtful and objective manner to ensure that the assessment reflects the true status of the institution.

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1 Basic Profile of the Institution			
#	Content	Response Format	Response
1.1	Name of institution	Enter institute name in text	
1.2	District	Enter in text	
1.3	Training center code	Enter in text	
1.4	Full address	Enter complete address in text	
1.5	Pin code	Enter in numbers	
1.6	Email of the institution	Enter email address in text	
1.7	Govt or Private	Enter in text	
1.8	Name of the owner/Chairperson (If Private)	Enter in text	
1.8.1	Email id of the owner/Chairperson	Enter email address in text	
1.8.2	Contact number of the owner/Chairperson	Enter in numbers	
1.9	Name of the Principal	Enter in text	
1.9.1	Email id of the Principal	Enter email address in text	
1.9.2	Contact number of the Principal	Enter in numbers	

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2 Administrative control and Statutory requirements			
#	Content	Response Format	Response
2.1	Name of the Trust/Society/Missionary/Company (For Private Institutions only)	Enter in text	
2.2	Documents for Establishment:		
2.2.1	Letter of establishment of the hospital / Clinical Establishment Act (CEA)	Yes/No If Yes: Upload the certificate	
2.2.2	Current Fire NOC for college / hostel building/ parent hospital	Yes/No If Yes: Upload the certificate	
2.3	Is there any Career counselling and placement support provided to students?	Yes/No	
2.4	SNRC approved seats	Yes/No If Yes: Upload SNRC approved letter of the seats sanctioned	
2.4.1	Permission/ Affiliation letter from SNRC/ University/ Autonomous body for all the courses	Yes/No	

3 Academic Assets			
#	Content	Response Format	Response
3.1	Is Biometric system available for the last 6 months and functional on the day of assessment for:		
3.1.1	Teaching faculty	Yes/No If Yes: Upload the hard copy of (6)-month data in PDF	
3.1.2	Students	Yes/No If Yes: Upload the hard copy of (6)-month data in PDF	
3.1.3	Attendance of students is maintained for all the available courses	ANM: Yes/No If Yes: Biometric attendance printout of the last month and on the day of inspection to be uploaded	

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		GNM: Yes/No If Yes: Biometric attendance printout of the last month and on the day of inspection to be uploaded	
		B.Sc (N): Yes/No If Yes: Biometric attendance printout of the last month and on the day of inspection to be uploaded	
3.2	Is virtual classroom set up available in the institution?		
3.2.1	Internet connection (broadband wired or wireless (5G or 4G/LTE) should be available	Yes/No If Yes: Upload the photo of available network	
3.2.2	HD Camera (USB camera)	Yes/No If Yes: Upload the photo in functional state	
3.2.3	LCD/ LED Projector	Yes/No If Yes: Upload the photo in functional state	
3.2.4	Microphone	Yes/No If Yes: Upload the photo	
3.2.5	Speaker	Yes/No If Yes: Upload the photo	

Not seen

4 Courses and Students enrolled in various programs					
Program	Course Available in the Institute (Yes/No)	Year	No. of Seats Sanctioned (Enter in numbers)	No. of Students admitted (Enter in numbers)	No. of Students present on the day of the assessment (Enter in numbers)
ANM		1st Year			
		2nd Year			
GNM		1st Year			
		2nd Year			
		3rd Year			
B.Sc(N)		1st Year			
		2nd Year			
		3rd Year			
		4th Year			

5 Training Infrastructure- Teaching Block			
#	Content	Response Format	Response
5.1	The institution has a separate teaching block available	Yes/No	
5.2	Number of Class Room available in the course	ANM Enter in numbers	
		GNM Enter in numbers	
		B.Sc (N) Enter in numbers	
5.2.1	If the classroom has sufficient seating capacity as per the seats sanctioned	Yes/No	
5.3	Is there a dedicated space available for: A dedicated space refers to a room or shared space with a working arrangement (e.g. Table, chair and Almira/rack)		
5.3.1	Principal's Office	Yes/No	

Not done

5.3.2	Teaching Faculty (as per INC criteria)	Yes/No	
5.3.3	Non-teaching faculty	Yes/No	

5 Training Infrastructure- Labs				
5.4	Laboratories for ANM	No. of Models/Mannequins /Equipment available as per the requirement (Tick those that are available, intact, and functional)	The utilization register is available & in use (Yes/ No)	Remarks
5.4.1	Nursing laboratory	<input type="checkbox"/> Demonstration room with at least two to four beds and adequate number of cupboards with necessary articles for demonstration.		
		<input type="checkbox"/> Provision for community, midwifery and first aid demonstration and practice.		
5.4.2	Nutrition lab	<input type="checkbox"/> Refrigerator		
		<input type="checkbox"/> Dinner set		
		<input type="checkbox"/> Any source of cooking including Gas stove with Cylinder/Induction, etc.		
		<input type="checkbox"/> Basic Utensils		
		<input type="checkbox"/> Weighing machine		
5.4.3	Foundation Lab	<input type="checkbox"/> Patient cot (Adult)		
		<input type="checkbox"/> Adult male & female		
		<input type="checkbox"/> IM/IV Arm		
		<input type="checkbox"/> CPR training model		

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5.4.4	OBG & MCH lab	<input type="checkbox"/> Birth Simulator		
		<input type="checkbox"/> IUCD insertion Model		
		<input type="checkbox"/> PPIUCD insertion model		
		<input type="checkbox"/> Abdomen palpation model		
		<input type="checkbox"/> Fetal skull		
5.4.5	Community Lab	<input type="checkbox"/> Community Bags with articles		
		<input type="checkbox"/> AV aids		
		<input type="checkbox"/> Weighing machine (Baby and Adult)		
		<input type="checkbox"/> Eligible couple and child register		
		<input type="checkbox"/> Sphygmomanometer		

5.5	Laboratories for G.N.M and B.Sc	No. of Models/Mannequins /Equipment available as per the requirement (Tick those that are available, intact, and functional)	The utilization register is available & in use (Yes/ No)	Remarks
5.5.1	Foundation and Advanced Skill Lab	<input type="checkbox"/> Patient cot (Adult)		
		<input type="checkbox"/> Adult Male and Female		
		<input type="checkbox"/> IM arm/IV arm		
		<input type="checkbox"/> Defibrillator CPR trainer		
		<input type="checkbox"/> Crash cart		

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5.5.2	OBG lab	<input type="checkbox"/> Birth Simulator		
		<input type="checkbox"/> PPIUCD insertion model		
		<input type="checkbox"/> IUCD insertion model		
		<input type="checkbox"/> Abdomen palpation model		
		<input type="checkbox"/> Fetal skull		
5.5.3	Pediatric lab	<input type="checkbox"/> Pediatric trainer mannequin		
		<input type="checkbox"/> AMBU bag of various sizes(250 ml, 500 ml, 750 ml)and Newborn resuscitation		
		<input type="checkbox"/> Radiant warmer		
		<input type="checkbox"/> Infantometer		
		<input type="checkbox"/> Pediatric NG tube trainer		
5.5.4	Nutrition lab	<input type="checkbox"/> Refrigerator		
		<input type="checkbox"/> Dinner set		
		<input type="checkbox"/> Any source of cooking including Gas stove with Cylinder/Induction, etc.		
		<input type="checkbox"/> Basic Utensils		
		<input type="checkbox"/> Weighing machine		
5.5.5	Community Lab	<input type="checkbox"/> Community bags with articles		
		<input type="checkbox"/> AV aids		
		<input type="checkbox"/> Weighing machine (Baby and Adult)		
		<input type="checkbox"/> Eligible couple and child register		

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		<input type="checkbox"/> Sphygmomanometer		
5.5.6	Pre-clinical lab	<input type="checkbox"/> Adult human articulated/disarticulated skeleton		
		<input type="checkbox"/> Full-size human body with muscles, arteries & veins		
		<input type="checkbox"/> Microscope		
		<input type="checkbox"/> Female pelvic bone		
		<input type="checkbox"/> Working model – Heart / Lungs / Kidney / Joints (any one)		

5.6 Training Infrastructure- Library			
#	Content	Response Format	Response
5.6.1	Availability of separate nursing library	Yes/No	
5.6.2	Is a Computer with internet available in the library?	Yes/No If Yes: Upload the photo of internet availability If No: Upload the photo in non-functional state	
5.6.3	No. of books available as per the accession register (books should be as per INC criteria)	Yes/No If Yes: Upload the photo of last page of the accession register showing the number of books	
5.6.4	No. of Subscribed Journals	Enter in numbers	
5.6.5	No of seats in the library	Enter in numbers	
5.6.6	Is the issue register available?	Yes/No If Yes: Upload the photo	
5.6.7	Remarks	Enter in text	

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5.7 Training Infrastructure- AV Aids			
#	Content	Response Format	Response
5.7.1	Computer /Laptop	Yes/No If Yes: Upload the photo in functional state If No: Upload the photo in non-functional state	
5.7.2	Projector (LED/LCD)	Yes/No If Yes: Upload the photo in functional state If No: Upload the photo in non-functional state	
5.7.3	LED/ Screen	Yes/No If Yes: Upload the photo in functional state If No: Upload the photo in non-functional state	
5.7.4	Charts	Yes/No If Yes: Upload the photo in functional state If No: Upload the photo in non-functional state	
5.7.5	Audio System	Yes/No	

6 Hostel Facilities can be shared between courses			
#	Content	Response Format	Response
6.1	Availability of hostel	Yes/No	
6.2	Availability of adequate bed arrangements in the hostel	Yes/No Enter the number of Beds available	
6.3	Availability of adequate seating arrangements in the dining hall	Yes/No	
6.4	Hostel has provision of 24 hours Water Supply and washing area	Yes/No	
6.5	Hostel has provision of Safe drinking water	Yes/No, If Yes: Upload the photo, No: Upload the photo if not functional	
6.6	No. of functional toilets and bathroom (separate) in hostel (1:5)	Yes/No	

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7 Teaching faculty

Total no. of regular nursing teaching faculty (Enter in number)

Sr. No.	Name of Faculty (Enter text)	Designation (Enter text)	Qualification (Enter text)	Date of joining at institute	Aadhaar Card No.	UPNC Reg. No	Remark
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Date of joining at institute (Upload the photo of joining/appointment letter / attendance register) for each faculty

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8 Clinical Facilities			
#	Content	Response Format	Response
8.1	Complete address of parent and affiliated hospital	Enter in text Parent Hospital	
		Enter in text Affiliated Hospital	
8.2	Health Facility Registry/Code of all hospital	Enter in alphanumeric	
8.3	Bed Occupancy (in %) of the parent/ affiliated hospital	In percentage	
8.3.1	Number of beds in parent and affiliated hospital	Enter in numbers Parent Hospital	
		Enter in numbers Affiliated Hospital	
8.3.2	Number of IPD in parent and affiliated hospital in the last 6 months record	Enter in numbers Parent Hospital	
		Enter in numbers Affiliated Hospital	
8.4	Clinical attendance registers for students are maintained	Yes/No	

8.5 Departments available in parent/ affiliated hospital		
#	Name of Departments	Response (Please tick which is available)
8.5.1	Medical	<input type="checkbox"/>
8.5.2	Surgical including OT	<input type="checkbox"/>
8.5.3	Obst. & Gynaecology	<input type="checkbox"/>

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8.5.4	Pediatrics	<input type="checkbox"/>
8.5.5	Emergency medicine	<input type="checkbox"/>
8.5.6	Orthopedics	<input type="checkbox"/>
8.5.7	Psychiatry	<input type="checkbox"/>

9 Staff Nurse/ Nursing Officer

Please visit the parent hospital and fill data for the following (Upload the photo of list of staff nurse/ nursing officer)

#	Name of Staff Nurse/ Nursing Officer (enter in text)	UPNC Reg. No. (enter in number)	Qualification (enter in text)	Remarks (enter in text)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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11				
12				
13				
14				
15				

10 Community Postings:			
#	Content	Response Format	Response
10.1	Name of adopted /affiliated facility	Enter in text	
10.2	Type of facility	Tick that is applicable	<input type="checkbox"/> CHC <input type="checkbox"/> PHC <input type="checkbox"/> UPHC <input type="checkbox"/> SC/AAM <input type="checkbox"/> Other
10.3	Permission letters available of current year	Yes/No If Yes: Upload the photo	
10.4	Community visit register maintained	Yes/No If Yes: Upload the photo	
10.5	Transport facility to the clinical and community facility	Yes/No	

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Quality of Processes			
#	Content	Response Format	Response
11	Faculty and Student Ratio (Check for 1:10 ratio)	Enter in numbers	
12	Academic Policy of Institution		
12.1	Academic Policy for institutions is available with regards to student attendance in theory and practical, dress code, professional conduct, and disciplinary actions of students in clinic and classroom, a policy for students to file grievances regarding results exists, antirragging, POSH/ ICC	Yes/No	
12.2	Academic policy (important points) displayed in common area- student attendance, dress code, professional conduct, and disciplinary actions of students in clinic and classroom, filing student grievance regarding results, antirragging, POSH/ ICC	Yes/No	
13	Academic calendar		
13.1	The start and end dates of the academic year included along with the exams, holidays, and co-curricular and extracurricular activities	Yes/No	
13.2	Academic calendar to be displayed on notice board	Yes/No	
14	Computer lab can be shared with allied and health care institutes and should be within the same campus		
14.1	There is a functional computer lab with working computers (minimum 5)	Yes/No If Yes: (Upload a combined photo of functional computer)	
14.2	There is internet access	Yes/No If Yes: (Upload the photo of available network)	
14.3	The time table shows regular computer class is arranged for the students	Yes/No	

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14.4	Check with attendance register, whether students are using lab or not	Yes/No If Yes: (Upload the photo)	
15	Unit plan is available with the faculty		
15.1	Unit plan is developed for all the subjects and the units in the subject are distributed to the faculties	ANM Yes/No	
		GNM Yes/No	
		B.Sc (N) Yes/No	
15.2	Faculty have developed a lesson plan	ANM Yes/No	
		GNM Yes/No	
		B.Sc (N) Yes/No	
15.3	Master rotation plan (MRP)/Academic Roster is displayed - theory, clinical posting, exams, and vacations are mentioned according to the syllabus prescribed.	ANM Yes/No	
		GNM Yes/No	
		B.Sc (N) Yes/No	
16	Faculty uses effective facilitation skills in the classroom		
16.1	Introduces topic, specifies unit and expected competencies	Yes/No	
16.2	States objectives as a part of introduction	Yes/No	
16.3	Uses notes or a lesson plan	Yes/No	
16.4	Moves around the room and maintains eye contact with the students	Yes/No	
16.5	Projects their voice so that all students can hear	Yes/No	
16.6	Uses audio-visuals effectively	Yes/No	

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16.7	Provides appropriate examples from clinical area relevant to the content taught (as applicable)	Yes/No	
16.8	Asks questions to the entire group and then targets questions to individuals	Yes/No	
16.9	Encourages students to ask questions and accordingly responds to students' questions	Yes/No	
16.10	Presents effective summary / main points of presentation	Yes/No	
17	Observe if skills demonstrations are conducted efficiently in the learning lab		
17.1	Ensuring that all students have and read the procedure checklists	Yes/No	
17.2	Check the availability of articles	Yes/No	
17.3	Screening of learning environment	Yes/No	
17.4	Describing steps involved in the skill, using the relevant procedure checklist	Yes/No	
17.5	Demonstrates each step accurately using checklist and ensures that all students can see and that there are minimum 10 and less than 15 students per model / mannequin	Yes/No	
17.6	Interaction and discussion with the group of 10 to 15 students per model / mannequin	Yes/No	
17.7	Providing feedback in a positive and constructive manner	Yes/No	
17.8	Questioning students to check their knowledge and clinical decision-making skills	Yes/No	
17.9	Summarizing the session	Yes/No	
17.10	Return demonstration/ skill evaluations from students are taken for each skill demonstrated	Yes/No	
18	Feedback Mechanism		
18.1	Is there a functional mechanism in place for students to provide anonymous feedback on faculty performance, and is there a defined process for reviewing and addressing negative feedback?	Yes/No	

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19	Clinical Learning Site Requirement		
19.1	CRP/Clinical Duty Roster for each class of students exists	Yes/No If Yes: (upload photo - combined PDF form)	
19.2	Developed clinical objective along with clinical requirements and shared with clinical instructor, NS/CNO, and students (For each academic course and each year)	ANM	1 st Year: Yes/No 2 nd Year: Yes/No
		GNM	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No
		B.Sc (N)	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No 4 th Year: Yes/No
19.3	CRP /Clinical Duty Roster has: • Student distribution • Area of posting as per curriculum • Faculty responsible for each block (For each academic course and each year)	ANM	1 st Year: Yes/No 2 nd Year: Yes/No
		GNM	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No
		B.Sc (N)	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No 4 th Year: Yes/No
19.4	CRP /Clinical Duty Roster copy is shared with clinical site staff/ CNO/NS/ ward incharge (For each academic course and each year)	ANM	1 st Year: Yes/No 2 nd Year: Yes/No
		GNM	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No
		B.Sc (N)	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No

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			4 th Year: Yes/No
19.5	Clinical attendance registers for faculty	Yes/No	
19.6	Procedure checklist is available with faculty in the ward area	Yes/No	
19.7	Procedure checklist is available with students	Yes/No	
20	Clinical supervision		
20.1	Teaching faculty record activities conducted during clinical supervision on a daily basis	Yes/No	
20.2	Pre-post clinical discussions are conducted on a weekly basis	Yes/No	
20.3	Students daily activities are monitored and recorded	Yes/No	
20.4	Clinical evaluations are conducted	Yes/No	
21	Evaluation criteria & Examination records		
21.1	Minimum two internal exams are conducted in a year for each batch and course	Yes/No	
21.2	Document/notice shows that students are informed at least 15 days before internal exams for all the courses and batches If Yes: Upload the photo	ANM	1 st Year: Yes/No 2 nd Year: Yes/No
		GNM	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No
		B.Sc (N)	1 st Year: Yes/No 2 nd Year: Yes/No 3 rd Year: Yes/No 4 th Year: Yes/No
21.3	Question bank along with answer keys exists as a Nursing faculty resource	Yes/No	

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21.4	<p>The question paper has a composition of MCQ, Essay, Short questions, and very short questions (as per guidelines by concerned authority) for each course</p> <p>ANM: MCQ, fill in the blank, true / false, short answer and long answers.</p> <p>GNM: MCQ, fill in the blank, true / false, short answer and long answers.</p> <p>B.Sc: MCQ, Essay, Short questions, and very short questions</p>	<p>ANM Yes/No If Yes: Upload the photo</p>	
		<p>GNM Yes/No If Yes: Upload the photo</p>	
		<p>B.Sc (N) Yes/No If Yes: Upload the photo</p>	
21.5	The format of the answer sheets should be such that student's identity is not revealed and scored blindly	<p>Yes/No If Yes: Upload the photo</p>	
21.6	Internal practical examinations are held for each student at the end of each term that includes skill related objectives (should be as per guidelines by concerned authority)	<p>ANM Yes/No If Yes: Upload the photo</p>	
		<p>GNM Yes/No If Yes: Upload the photo</p>	
		<p>B.Sc (N) Yes/No If Yes: Upload the photo</p>	
21.7	Checklists or other tools are used to document observations of students in structured practical examinations	<p>ANM Yes/No If Yes: Upload the photo</p>	

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		GNM Yes/No If Yes: Upload the photo	
		B.Sc (N) Yes/No If Yes: Upload the photo	
21.8	If 20.6 and 20.7 Yes, Verify through record of the internal marks register for the last exam that was conducted for clinical evaluation	ANM Yes/No If Yes: Upload the photo	
		GNM Yes/No If Yes: Upload the photo	
		B.Sc (N) Yes/No If Yes: Upload the photo	
21.9	Sessional marks register/record is maintained	ANM Yes/No If Yes: Upload the photo	
		GNM Yes/No If Yes: Upload the photo	
		B.Sc (N) Yes/No If Yes: Upload the photo	

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21.10	A document exists to track students from the entrance to exit	ANM Yes/No If Yes: Upload the photo	
		GNM Yes/No If Yes: Upload the photo	
		B.Sc (N) Yes/No If Yes: Upload the photo	
22	Meeting records		
22.1	Teaching Faculty meetings are conducted and minutes are recorded in registers/files every month	Yes/No	
22.2	Regular meetings of teaching faculty and clinical site staff are conducted and minutes are recorded	Yes/No	
23	CNE exists for faculty		
23.1	A record of Seminars/Webinar/Continuing Nursing Education meeting minutes (last 1 year) for the teachers	Yes/No If Yes: Upload the record photo	
23.2	Are faculties participating in the CNPD sessions conducted by UPSMF (No addition in scoring will be given) (Minimum 5 certificates are available for 5 different faculties)	Yes/No	
23.3	Innovations / Best Practices (No addition in scoring will be given)	Tick all that are applicable	<input type="checkbox"/> NAAC <input type="checkbox"/> NIRF <input type="checkbox"/> Competency Based Education (tracking sheet with Action Taken Report)

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			<input type="checkbox"/> Institutional Ethics Committee (IEC) <input type="checkbox"/> Student Teacher Mentoring <input type="checkbox"/> Value added courses <input type="checkbox"/> In-service CNE for nurses in hospitals <input type="checkbox"/> Student or faculty exchange program
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Not Done

OSCE Procedures

Student

Total

Student

ANM

GNM

BSc

Student 1

Student 2

Student 3

Student 4

Student 5

Student 6

Student 7

Student 8

Student 9

Student 10

Faculty

OSCE Procedures

Total

Faculty

ANM

GNM

BSc

Faculty 1

Faculty 2

Faculty 3

Faculty 4

Faculty 5

Faculty 6

Faculty 7

Faculty 8

Faculty 9

Faculty 10

Nata Duni

Document copy to be submitted by Nursing Institutions

Documents

- 1 Copy of document of Trust/Society /Missionary/Company
- 2 Letter of establishment of the hospital / Clinical Establishment Act (CEA)
- 3 Copy of letter for current Fire NOC for college / hostel building/ parent hospital
- 4 Copy of SNRC approved letter of the seats sanctioned
- 5 Copy of Documents related to Clinical Facilities including bed capacity /Departments
- 6 Copy of MoU of affiliated hospitals
- 7 Permission/ Affiliation letter from SNRC/ University/ Autonomous body for all the courses
- 8 Copy of Letter issued related to permission Community Health Facilities and other visit details
- 9 Copy of MRP, CRP, Academic policies, Academic Calendar
- 10 Permission letters available of current year (Community Posting)
- 11 Copy of documents related to examination records

Nutan Devi