



**Last Date: 30th November 2012 &
With Penalty 31st December 2012**

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

APPLICATION FORM FOR OPENING A NEW NURSING PROGRAMME 2013 - 2014

(Separate Application form for each Nursing Programme)

1. Name of the Chairperson/Secretary : _____
2. Name of the Society/Trust/Mission etc. : _____
(Trust Deed/Registration certificate attested by the notary to be attached)
3. State : _____
4. Name of the Institution : _____
5. Address of the Nursing Institution : _____
(IN CAPITAL LETTER and not the trust address)

City/Town : _____
District : _____ Pin _____
Telephone Nos. : _____ (F) _____
E-Mail : _____
6. Whether the Institution is :
 1. Government ☐
 2. University ☐
 3. Private ☐
7. Name of the Nursing Course /Programme :
 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 _____

8. 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			

9. A copy of Essentiality Certificate of State : Annexure _____
Government **(Duly attested by notary)**
10. Govt. Order No. & Date : _____ Date _____
11. Consent letter of the respective State : Annexure _____
Nursing & Midwifery Registration Council
(Duly attested by notary)
12. Name of the Examining Board affiliated : _____
13. Name of the University for Collegiate : _____
Programme affiliated
14. Consent letter of University : 1. Yes ☐ 2. No ☐
- If yes, submitted the **duly notary** Annexure _____
attested consent letter
15. **Physical Facilities**
1. Whether the institution has own : 1. Yes ☐ 2. No ☐
Building. If yes, Blue Print and
Completion Certificate certified from
State Authority to be attached : Annexure _____
2. No. of Class Rooms : _____
3. No. of Labs : _____
4. Library Facilities : _____
5. Auditorium : _____
6. Office Facilities : _____
16. **Clinical Facilities**
1. Name of the Parent/Own Hospital* : _____
(is Mandatory)
- No. of Beds : _____
(Certificate from the Hospital with
respect to nursing institutions already
permitted for clinical experience along
with number of students) : Annexure _____
- Proof of the Hospital being a Parent : Annexure _____
Hospital* [Trust owning the Hospital]
- Pollution control board certificate of : Annexure _____
the Hospital to be attached

* **MOU with a Hospital or Trustee having a hospital will not be considered as parent hospital.**

2. Name of the Affiliated Hospital, if any : _____
(Minimum 100 bedded Hospital)

No. of Beds : _____
(Certificate from the Hospital with
respect to nursing institutions already
permitted for clinical experience along
with number of students) : Annexure _____

Pollution control board certificate of : Annexure _____
the affiliated hospital to be attached
(Duly attested by notary)

17. **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

18. Budget allocated to Nursing programme : _____
(Last year audited expenditure of nursing : Annexure _____
institute/trust to be Enclosed)

19. 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 30th November 2012 & on or before 31st December 2012
 - **Postal delay will not be considered.**
 - *For more details refer official website www.indiannursingcouncil.org*
20. If the proposal is rejected or Demand Draft has to be refunded in that case whose favour cheque has to be drawn. Please Specify _____.
21. Date of submission of Application Form : _____
22. Whether following documents attached: -
- | | | |
|--|---------------------------------|--------------------------------|
| 1. Government Order | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 2. Demand Draft | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 3. Trust Deed/Registration Certificate of the Society | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 4. Consent letter of the SNRC | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 5. Certificate of Pollution control board | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 6. Own Building Blue Print attested by Civil Engineer/State Authority | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 7. Last year audited expenditure | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> |
| 8. Certificate from the Hospital with respect to nursing institutions already permitted for clinical experience alongwith number of students | 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: 30th November 2012 &
with Penalty 31st December 2012**

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KOTLA ROAD, TEMPLE LANE
NEW DELHI - 110 002**

ACKNOWLEDGEMENT

F.No.22-10/ACK/2012-INC

(Speed Post)

Receipt date of proposal _____

Name of the Nursing Course / Programme applied : _____

Institution Name : _____

Institution Address : _____

State : _____

Whether following documents attached: -

- | | | | |
|---|--------------------------------------|--|--|
| 1. Government Order | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 2. Demand Draft | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 3. Amount | 1. ₹ 50,000 <input type="checkbox"/> | 2. ₹ 1,00,000 <input type="checkbox"/> | 3. ₹ 5,00,000 <input type="checkbox"/> |
| 4. Trust Deed/Registration
Certificate of the Society | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 5. Consent letter of the SNRC | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 6. Certificate of Pollution
control board | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 7. Own Building Blue Print
attested by Civil Engineer/
State Authority | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 8. Last year audited expenditure | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |
| 9. Certificate from the hospital
with respect to nursing institutions
already permitted for clinical experience
alongwith number of students | 1. Yes <input type="checkbox"/> | 2. No <input type="checkbox"/> | |

10. If the proposal is rejected or Demand Draft has to be refunded in that case whose favour cheque has to be drawn. Please Specify _____.

Note:- Incomplete Proposal will not be considered i.e., if any of the above documents is not submitted along with the proposal.

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

Remarks _____

ACCEPTED

REJECTED

PROPOSAL WILL BE REJECTED DUE TO

**Incomplete documents & balance amount of fees, if not received
on or before 31st December 2012 alongwith penalty fees**