



*The Islamia University of Bahawalpur*  
INSPECTION FORM (Nursing Programs)

**Assessment Performa to Consider Granting Affiliation**

**SECTION-I**

**DETAIL OF APPLICANT INSTITUTION**

Sr.#	Description	Detail
1.	Name of Institution:	_____ _____
2.	Phone No.:	_____
3.	Institutional email Address:	_____
4.	Located At/Postal Address:	_____ _____
5.	Institutional Address mentioned on the NOC issued by PN&MC:	_____ _____
6.	Name of Managing Registered Company/Society/Trust/Firm:	_____ _____
7.	Board of Directors (Names):	_____ _____
1.	Name of Owners/Directors:	_____
2.	Landline/Mobile No.:	_____ / _____
3.	Email Address:	_____
4.	Postal/Mailing Address	_____ _____
1.	Name of Focal Person:	_____
2.	Mobile No.:	_____
3.	Email Address:	_____
4.	Postal/Mailing Address	_____ _____



*The Islamia University of Bahawalpur*  
INSPECTION FORM (Nursing Programs)

**SECTION-II**

**DETAIL OF PROGRAM(S) APPLIED FOR AFFILIATION**

Sr.#	Description	Detail								
1.	Type of Institution:	_____								
2.	Purpose of Application (please tick in the relevant columns)	<table border="1"><thead><tr><th><u>Initial Affiliation</u></th><th><u>Extension</u></th><th><u>Seats Enhancement</u></th><th><u>Others (Pls Indicate)</u></th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr></tbody></table>	<u>Initial Affiliation</u>	<u>Extension</u>	<u>Seats Enhancement</u>	<u>Others (Pls Indicate)</u>				
<u>Initial Affiliation</u>	<u>Extension</u>	<u>Seats Enhancement</u>	<u>Others (Pls Indicate)</u>							
3.	Name of Program(s) alongwith proposed Seats Applied for Initial Affiliation:	<table border="1"><thead><tr><th><u>Name of Program/Discipline</u></th><th><u>Number of Seats</u></th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	<u>Name of Program/Discipline</u>	<u>Number of Seats</u>						
<u>Name of Program/Discipline</u>	<u>Number of Seats</u>									
4.	Names of Programs/Disciplines alongwith Number of Seats, already allocated in affiliation with IUB:	<table border="1"><thead><tr><th><u>Name of Program/Discipline</u></th><th><u>Number of Seats</u></th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	<u>Name of Program/Discipline</u>	<u>Number of Seats</u>						
<u>Name of Program/Discipline</u>	<u>Number of Seats</u>									
5.	Names of Programs alongwith Number of Seats Allowed by the Pakistan Nursing & Midwifery Council (PN&MC):	<table border="1"><thead><tr><th><u>Name of Program/Discipline</u></th><th><u>Number of Seats</u></th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	<u>Name of Program/Discipline</u>	<u>Number of Seats</u>						
<u>Name of Program/Discipline</u>	<u>Number of Seats</u>									
6.	Number of Current Intake Admissions with Program's Name:	<table border="1"><thead><tr><th><u>Name of Program/Discipline</u></th><th><u>Number of Admissions</u></th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	<u>Name of Program/Discipline</u>	<u>Number of Admissions</u>						
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**SECTION-II (A)**

**DETAIL OF PROGRAM(S) OF INSTITUTION WHICH AFFILIATED WITH  
THE OTHER UNIVERSITIES AND BOARDS (IF ANY)**

Sr.#	Description	Detail				
1.	Name of University(ies) and Boards with the Institution already affiliated:	<table border="1"><thead><tr><th>University/Board</th><th>Year of Grant of Affiliation/Ext.</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>	University/Board	Year of Grant of Affiliation/Ext.		
University/Board	Year of Grant of Affiliation/Ext.					
2.	Names of Programs/ Disciplines with Number of Seats running in affiliation with the other University(ies) and Boards:	<table border="1"><thead><tr><th>Name of Program/Discipline</th><th>Number of Seats</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>	Name of Program/Discipline	Number of Seats		
Name of Program/Discipline	Number of Seats					
3.	Name of new Program(s), if any, being applied & sought from the other University(ies) and Boards:	<hr/> <hr/> <hr/>				

Note: In case the Institution conceals any of the facts regarding its prior affiliation with other University(ies) and Boards in the same building/premises, then the Institution shall be held responsible for the consequences after coming into knowledge or receiving solid evidence by the IUB that it is associated/affiliated with any other university and/or Board.



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**SECTION-III**

**BUILDING PROFILE**  
(Maximum Scores of this Section are "10")

Sr.#	Description	Requirement (At Least)	Reported by the Institution	Observed	Scores Obtained
1.	Building	Please Tick: (Owned / Leased / Rented)			
2.	Type of Building (Dedicated Educational Building/ Commercial Plaza / Residence)	The dedicated educational building will be given weightage over Commercial or residential type building.			
3.	Is Nursing College functioning in independent building / premises or sharing with other programs?	Mention here in detail:			
4.	Sign Boards				
5.	Covered Area	(13,700 sq.ft.)			
6.	Open Area except Parking	(3,000 sq.ft.)			
7.	Parking Area with size				
8.	Number of Rooms of Offices with size	(5/1000sq.ft)			
9.	Number of Classrooms with size	(4/2000sq.ft) 10sq.ft/Person			
10.	Nursing Skills Lab with size	(1000sq.ft / 25 students)			
11.	Basic Science Lab with size	(1000sq.ft / 25 students)			
12.	Seminar Room with size	(1/25seatings 300sq.ft)			
13.	Library with size	(1/40students 1000sq.ft)			
14.	Common Room (with size) for Girls with Bathroom				
15.	Common Room for Boys with size	(1/500sq.ft)			
16.	Admin Office with size	(1/1000sq.ft)			
17.	Store Room with size	(1/1000sq.ft)			
18.	Segregated Washrooms				
19.	Electric Hazard Signs				
20.	Fire Extinguishers				
21.	Emergency Exit				
22.	Overall building condition				
23.	Hostel	(20% total strength)			

Notes and Comments:

- Bills/Documents' proofs with a map of the building be provided. If leased kindly attach proof of lease which should not be less than 10 Years. If rented, proof of paid rent of previous 06 months and rent agreement.
- The Affiliation/Inspection Committee is the sole entity to decide/grant scores.



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**SECTION-IV**

**ACADEMIC PROFILE**  
(Maximum Scores of this Section are "09")

Sr.#	Requirement/Document	Reported by the Institution	Observed	Scores Obtained
1.	PN&MC NOC Letter*			
2.	Hospital Attachment Letter/MOU*			
3.	Admission Criterion*			
4.	Program Objectives*			
5.	Vision statement of the Program*			
6.	Mission statement of the Program*			
7.	Philosophy of the Program*			
8.	Quality Enhancement Policy*			
9.	Student Feed Back Forms*			
10.	Various committees* (Disciplinary Committee and Anti-Harassment Committee etc.)			
11.	Session Attendance Policy			
12.	Master Planner*			
13.	Weekly Scheduling of Classes*			
14.	Clinical Scheduling of the Session*			
15.	Scheduling of Community Visits*			
16.	Course Grids*			
17.	Internal Examination Policy and Body*			
Notes and Comments:				
<p>➤ Please provide the Proof of the above documents, meetings' minutes, and approvals etc.</p> <p>➤ Please write N/A if not applicable with reason(s).</p> <p>➤ All the documents marked with (*) are mandatory that should be provided.</p> <p>➤ The Affiliation/Inspection Committee is the sole entity to decide/grant scores.</p>				
<p><u>Key Note:</u></p> <ul style="list-style-type: none"><li>• The University shall neither consider nor grant affiliation of any Nursing program without prior NOC of the PN&amp;MC.</li><li>• In case change of Institution building, then the Institution must provide fresh/revised NOC of the PN&amp;MC as per new address.</li></ul>				



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**SECTION-IV (A)**

**ACADEMIC PROFILE (FACULTY STRENGTH-NURSING)**  
(Maximum Scores of this Section are "10")

Sr#	Name of Faculty member	Designation	Qualification	PNC Registration Number	Full-Time/Part-Time	Total Experience	Scores Obtained
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Please also denote tenure of appointment of MSN:

From: \_\_\_\_\_ To: \_\_\_\_\_ (Total Period: \_\_\_\_\_)

Notes and Comments:

- Please fill the above Performa accordingly for Nursing Faculty.
- Please attach CVs alongwith terminal degree and experience letters of all teaching faculty.
- Minimal requirement for 50 seats is (MSN=01, BSN=04).
- The Affiliation Committee is the sole entity to decide/grant scores.

Key Notes:

- The Institution must have at least one full-time/regular fully qualified MSN at its strength.
- The tenure/contract of appointment of MSN qualified person shall not be less than one year, extendable for further period(s) either on yearly basis or more.
- In case there is only MSN qualified who will quit or the Institution shall lay him/her off either during the course of contract period or expiry of tenure, then the Institution must have to appoint substitute equally qualified or above forthwith of his/her quit/lay-off, under intimation of the University. The Institution shall also elaborate the reason(s) that necessitate quit/lay-off if it is happened during the course of contract period.



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**SECTION-IV (B)**

**ACADEMIC PROFILE (FACULTY STRENGTH-NON-NURSING)**  
(Maximum Scores of this Section are "05")

Sr#	Name of Faculty member	Regular / Visiting	Qualification	Subject	Total Experience	Scores Obtained
1.			MBBS	*Anatomy & Physiology	01-03 Years	
2.			MBBS / M.Phil in relevant subject	*Biochemistry		
3.			MBBS / M.Phil in relevant subject	*Microbiology		
4.			M.Phil.	*Pakistan Studies & Islamiyat		
5.			M.Phil.	*Computer Skills		
6.			M.Phil.	*English		
7.			MBBS / M.Phil in relevant subject	*Pharmacology		
8.			MBBS / M.Phil. in relevant subject	*Pathophysiology		
9.			M. Phil in relevant subject	Developmental Psychology		
10.			M. Phil in relevant subject	Biostatistics		

Notes and Comments:

- Please fill the above Performa accordingly for Non-Nursing Faculty.
- Please attach CVs alongwith terminal degree and experience letters of all teaching faculty.
- Minimal requirement Contracts of 1<sup>st</sup> and 2<sup>nd</sup> Semesters (i.e. Sr#01-07). The Faculty in the subjects marked with (\*) is mandatory.
- The Affiliation/Inspection Committee is the sole entity to decide/grant scores.



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**SECTION-V**

**FUNCTIONAL PROFILE (BUDGETING)**  
(Maximum Scores of this Section are "04")

Sr#	Requisite	Proof	Observed (Maintained or Otherwise)	Score Obtained
1.	Endowment Fund*	Statement of Account(One Million)		
2.	Total Budget*	Copy of budget description of departments budgetary processes		
3.	Operational Budget*	Copy of Budget		
4.	Faculty Salaries and Perks*	Salary Slips		
Notes and Comments:				
<ul style="list-style-type: none"><li>➤ Please attach the said Documents and Salary Slips of the last three months at least.</li><li>➤ The document/requirement marked with (*) is mandatory.</li><li>➤ The Affiliation/Inspection Committee is the sole entity to decide/grant scores.</li></ul>				





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**SECTION-V (A)**

**FUNCTIONAL PROFILE (HOSPITAL PROFILE)**

*(Maximum Scores of this Section are "12")*

Sr.#	Department	Requirement (At Least)	Reported by the Institution	Observed	Scores Obtained
1.	Attached Hospital Name:				
2.	Hospital Address:				
3.	Hospital Beds Number*	200			
4.	Hospital Bed Occupancy Rate*	50%			
5.	Medicine*	40			
6.	Surgery*	40			
7.	Gynecology & Obstetrics	20			
8.	Pediatric*	20			
9.	Eye	10			
10.	ENT	10			
11.	Orthopedic / Trauma	10			
12.	Psychiatric*	15			
13.	High Dependency / Intensive Care (HDU/ICU)*	10			
14.	Accident Emergency*	10			
15.	Oral & Maxillofacial Surgery*	20			
16.	Total Number of Departments	10			

Notes and Comments:

- 200 Beds Healthcare Facility is required for the allocation of 50 seats.
- Meeting Minutes, Letters & MOU's are required as Proof.
- Attach Per day Unit wise bed statement (Patient Census Report) of the Hospital for last 3 days.
- All the Items marked with star (\*) are Mandatory with documentary proofs.
- The Affiliation/Inspection Committee is the sole entity to decide/grant scores.



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**SECTION-V (B)**

**FUNCTIONAL PROFILE (NURSING SKILLS LAB)**  
(Maximum Scores of this Section are "14")

Sr.#	Item	Requirement (At Least)	Reported by the Institution	Observed	Score Obtained
1.	Mannequins/Simulators (Peads & Adult)*	1+1			
2.	Mannequins/Simulators (Peads & Adult)*BLS	1+1			
3.	Forearm Venipuncture Training Model*	1			
4.	Breast Inspection and Palpation Model*	1			
5.	Male Dummy Model*	1			
6.	Female Dummy Model*	1			
7.	Multiple Angary Dummy Model with Parts*	1			
8.	Over Bed Table*	4			
9.	Demonstration Table*	2			
10.	Counter Table*	1			
11.	Digital Demonstration Board*	1			
12.	Walker*	1			
13.	Sucker Machine*	1			
14.	Nebulizer*	1			
15.	Glass Showcase*	3			
16.	Human Development Process (Complete Set of 9 Models)*	1			
17.	Pulse Oximeter*	1			
18.	Hospital Bed Bipolar*	2			
19.	Hospital Bed I.C.U full Polar*	1			
20.	Delivery Table*	1			
21.	Four Cartons with One Stand*	2			
22.	E.C.G Machine*	1			
23.	Laryngoscope*	1			
24.	Baby Incubator*	1			
25.	X-ray Viewer*	2			
26.	Vision Box*	1			
27.	Ambo Bag*	2			
28.	Digital Caliper*	1			
29.	Stethoscope*	4			
30.	Auto Clave*	1			
31.	Dressing Drum for Auto Clave*	2			
32.	D.N.C Kit*	1			
33.	Instrument Tray (Large, Medium, Small)*	4+4+3			
34.	Shower Wheel Chair with Commode*	1			
35.	Defibrillator*	1			
36.	Tourniquet*	1			



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37.	Air Cushion*	2		
38.	ENT Syringe*	1		
39.	Diagnostic Set*	1		
40.	Sponge Holder*	3		
41.	Artery Forceps 5''*	7		
42.	Scissors 7''*	6		
43.	Ephysiotomy Scissor*	2		
44.	Colostomy Bag*	4		
45.	Vital Signs (Thermometer, B.P Operators Mercury & Diel)*	1		
46.	NG Tube and feeding cups*	1		
47.	Enema (Adult + Pediatric)*	1		
48.	Catheterization (Male and Female)*	1		
49.	Oxygenation*	1		
50.	I/V Route*	1		
51.	Emergency Tray*	1		
52.	Beds with side tables and cradle*	1		
53.	Cardiac tables*	1		
54.	Monitors*	1		
55.	I/V Stands*	1		
56.	Basic Life Support*	1		
57.	Bandaging*	1		
58.	Nutrition *	1		
59.	Wheel Chairs*	2		
60.	Stretchers*	2		
61.	Crutches*	2		
62.	Trolleys*	2		
63.	Surgical Instruments*	2		
64.	Oxygen cylinder*	2		
65.	Buckets*	2		
66.	Tubs*	2		
67.	Bed Linen*	Any Number		
68.	Patient Clothing*	Any Number		
69.	Hot water bottles, ice caps*	Any Number		
70.	Enema Bags/cans (Procedure-related)*	Any Number		
71.	Kidney Trays*	2		
72.	<b>CDs</b>	<b>Any Number</b>		
Notes and Comments:				
<ul style="list-style-type: none"> <li>➤ Please provide Proofs and Bills for the availability of above items. Also show the quantity in hand. All the Items marked with (*) are mandatory.</li> <li>➤ The Affiliation/Inspection Committee is the sole entity to decide/grant scores.</li> </ul>				



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**SECTION-V (C)**

**FUNCTIONAL PROFILE (BASIC SCIENCE LAB)**  
(Maximum Scores of this Section are "18")

Sr.#	Item	Requirement (At Least)	Reported by the Institution	Observed	Scores Obtained
<b>Anatomy Models</b>					
1.	Head & Neck*	1			
2.	Brain*	1			
3.	Thorax*	1			
4.	Upper Limb*	1			
5.	Pelvis*	1			
6.	Lower Limb*	1			
7.	Lungs*	1			
8.	Heart*	1			
9.	Stomach*	1			
10.	Ear*	1			
11.	Skin*	1			
12.	Liver*	1			
13.	Spleen*	1			
14.	Uterus with fallopian tubes*	1			
15.	Eye*	1			
16.	Kidney*	1			
17.	42cm Torso Anatomical Model 13 Parts*	2			
18.	Female Urogenital System Model*	2			
19.	84cm Human Skeleton Model*	2			
20.	42cm Human Skeleton Model*	2			
21.	Life Size Skull Model*	2			
22.	Vertebral Column, Spine without Pelvis*	2			
23.	Full Size Human Skeleton Model*	2			
24.	Shoulder Joint Model with Ligaments*	2			
25.	Palm Bone Ulna and Radius Model*	2			
26.	Thoracal and Abdominal Cavity*	2			
27.	Urinary System Model*	2			
28.	The Cerebral Artery Model*	2			
29.	Head Anatomy with Cerebral Artery*	2			
30.	Intestinal Canal Anastomosis Model*	2			



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31.	Liver Pancreas Duodenum Model*	2		
32.	Laryngeal Anatomic Model*	2		
33.	Oral Nasal Pharynx Innervation Model*	2		
34.	Head with Brain and Artery Model*	2		
35.	Female Sagittal Anatomy*	1		
36.	Human Superficial Motion Muscles*	1		
37.	Medical Dental Nursing Care Model*	1		
38.	Throat Tongue Teeth Model*	1		
<b>Bones</b>				
39.	Fetus Skull*	1		
40.	Bony Skull*	1		
41.	Ulna*	1		
42.	Radius*	1		
43.	Ribs*	1		
44.	Humerus*	1		
45.	Femur*	1		
46.	Tibia*	1		
47.	Fibula*	1		
48.	Different types of vertebrae*	1		
49.	Scapula*	1		
50.	Clavicle*	1		
51.	Sternum*	1		
<b>Educational Charts</b>				
52.	Central Nervous System*	1		
53.	Special Senses*	1		
54.	Cardiovascular System*	1		
55.	Respiratory System*	1		
56.	Renal System*	1		
57.	Hepatobiliary System*	1		
58.	Reproductive System*	1		
59.	Integumentary System*	1		
60.	Gastrointestinal System*	1		
61.	Human Muscular System*	1		
62.	Human Venous System*	1		
63.	Human Brain*	1		
64.	CDs (All subjects)	Any Number		
<b>Items</b>				
65.	Unicolor Microscope*	15		
66.	Binocular Microscope*	1		
67.	Meiosis Model*	set of 12		
68.	Water bath*	1		
69.	Erma Machine*	1		
70.	E.S.R Detector*	1		
71.	Centrifuge machine*	1		



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72.	Slide Box*	1		
73.	Pipette*	9		
74.	Timer*	1		
75.	E.S.R Stand*	3		
76.	Spirit Lamp*	2		
77.	Table lamp*	1		
78.	Glass Showcase*	1		
79.	Beaker Graduated (different values)*	3		
80.	Graduated Cylinder (different values)*	8		
81.	Flask Volumetric*	1		
82.	Flask Florence (different values)*	6		
83.	Regent Bottle*	6		
84.	Burette 500ml*	3		
85.	Burette Stand*	1		
86.	China dish*	10		
87.	Test Tube Holder (psnc/sc/102/18)*	4		
88.	Stand (psnc/sc116/18)*	6		
89.	Flask Stand(psnc/sc/122/18)*	3		
90.	Digital Scale(psnc/sc/125/18)*	1		
91.	Dissection Box(psnc/sc/126/18)*	1		
92.	Dissection Pad*	2		
<b>Chemicals</b>				
93.	Distilled Water*	2		
94.	Ethanol*	1		
95.	Chloroform*	2		
96.	Sodium Hydro Oxide*	1		
97.	Iodine Solution*	1		
98.	Cedar Wood Oil*	1		
99.	Fehling Solution*	1		
100.	Formalin*	1		
101.	Safranin*	1		
102.	Sulphur Acid*	1		
103.	Carbon Tetra Chloride*	1		
104.	Hydrochloric Acid*	1		
105.	Glass Rod*	10		
106.	Dropper*	10		
Notes and Comments:				
<ul style="list-style-type: none"><li>➤ Please provide the Proofs/Bills for the above Items. Also show the quantity in hand.</li><li>➤ All the Items marked with star (*) are Mandatory.</li><li>➤ The Affiliation/Inspection Committee is the sole entity to decide/grant scores.</li></ul>				



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**SECTION-V (D)**

**FUNCTIONAL PROFILE (CLASSROOM)**  
(Maximum Scores of this Section are "07")

Sr.#	Item	Requirement (At Least)	Reported by the Institution	Observed	Scores Obtained
1.	Number of Classrooms*	4			
2.	Multimedia*	1/each			
3.	Lecture Boards*	1/each			
4.	Teachers Rostrums*	1/each			
5.	Student Chairs*	As per strength			
6.	Heating & Cooling*	Required			
7.	Sound System	Required			
8.	Lighting*	Required			
9.	Ventilation*	Required			
10.	C.C.T.V Cameras	Required			
11.	Celling Fan	Required			

Notes and Comments:

- Please provide comprehensive details of rooms, space, parking area etc. alongwith proofs.
- The Items marked with star (\*) are Mandatory with Documents proofs.
- The Affiliation/Inspection Committee is the sole entity to decide/grant scores.



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**SECTION-V (E)**

**FUNCTIONAL PROFILE (LIBRARY)**  
(Maximum Scores of this Section are "07")

Sr.#	Item	Requirement (At Least)	Reported by the Institution	Observed	Scores Obtained
1.	Total Number of Books*	20% of student Strength			
2.	Books Catalogue*				
3.	Total Number of Original Books*	2-5 Each Book at least			
4.	Total Number of Copies Available for Original Books*	1 Book / 5 Students			
5.	Total Number of Bookshelves				
6.	Total Numbers of Seats in Library*	25% of total Strength			
7.	Designated Librarian*	1 Designated Person			
Notes and Comments:					
<ul style="list-style-type: none"><li>➤ Please provide the Proofs/Bills for the above books and allied items. Also show the quantity in hand.</li><li>➤ All the Items marked with star (*) are Mandatory.</li><li>➤ The Affiliation/Inspection Committee is the sole entity to decide/grant scores.</li></ul>					

Note: Please provide attach the detail of available catalogue and library books in the following format as additional sheets:

Sr.#	Book Title/Name	Author	Edition	Volume	Original / Copy	Quantity in Hand
1.						
2.						
3.						
4.						
5.						





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**SECTION-V (F)**

**FUNCTIONAL PROFILE (CATALOGUE OF TANGIBLE ITEMS)**  
(Maximum Scores of this Section are "04")

Sr.#	Item	Information provided by the Institution	Observed	Scores Obtained
1.				
2.				
3.				
4.				
5.				
6.				

➤ Please provide the Proofs/Bills for the above narrated Tangible Items. Also show the quantity in hand.  
➤ All Section – V (F) is mandatory by all means.  
➤ The Affiliation/Inspection Committee is the sole entity to decide/grant scores.