

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 202 --- - 202---**


**Clinical Material in Hospital**

**Faculty Nursing**

**Name of College/Institute Dr. G. D. Pol Foundation College of Nursing**

**HOSPITAL DETAILS**

Sr. No.	Particulars to be verified	Adequate / Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own / parent Hospital (Affiliated hospital must be 50 bedded or more.)	<b>Adequate</b>
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.:	<b>Adequate</b>
b.	Student Bed Ratio for UG & PG to be verified: (As per MSR) ..... <b>1:3</b> .....	<b>Adequate</b>
c.	Average Bed Occupancy in % : (Minimum 75%) ..... <b>80</b> .....	<b>Adequate</b>
d.	Clinical facilities for PG to be verified : (As per MSR)	N.A.
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD (current year) <b>5500</b> (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	<b>Adequate</b>
	<ul style="list-style-type: none"> <li>• <b>As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</b></li> <li>• <b>If Infrastructure is available, then mark "Adequate" &amp; do not attach any documents.</b></li> <li>• <b>In case of "Inadequate", it must be mark as "Inadequate" with evidence.</b></li> </ul>	

  
**PRINCIPAL**  
**DR. G. D. POL FOUNDATION**  
**COLLEGE OF NURSING**  
**KHARGHAR, NAVI MUMBAI-410210.**