





# PAKISTAN NURSING COUNCIL, ISLAMABAD

[www.pnc.org.pk](http://www.pnc.org.pk), email: [info@pnc.org.pk](mailto:info@pnc.org.pk)

## INSTITUTION APPLICATION/ANNUAL RETURN FORM (FOR RECOGNITION OF UNDERGRADUATE NURSING PROGRAM)

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S.No.	Offices	Number	Capacity to accommodate	Furniture /Fixtures
8.1	Office of Principal/ Vice-Principal			
8.2	Offices of the faculty members			
8.3	Office of the Ministerial Staff			
8.4	Lecture Hall			
8.5	Demonstration Room / skill lab			
8.6	Science Laboratory			
8.7	Computer lab			
8.8	Library			
8.9	Auditorium			
8.10	Conference room/ Faculty meeting room			
8.11	Store Room			
8.12	Tuck Shop/Cafeteria			
8.13	Toilets for Female/Male			
8.14	Open spaces			
8.15	Generator backup			

**Note: In case of rented building attach legal agreement document**

**Attach the list of available furniture**



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### 8.16. Student Residence:

- I. Total number of student living in the hostel \_\_\_\_\_
- II. How many share a room? (Approx. size) \_\_\_\_\_
- III. How many share a bath room? \_\_\_\_\_
- IV. Is there a student common room? \_\_\_\_\_
- V. Is there a student's visitor's room? \_\_\_\_\_
- VI. What is the distance between the hospital and the hostel \_\_\_\_\_

### 8.17. Accommodation for Single female faculty

Is there hostel accommodation available?  Yes  No

**Please attach a copy of hostel menu for a week.**

### 8.18. Accommodation for the faculty

Is accommodation provided according to the grades? \_\_\_\_\_

**Please attaches a copy of hostel rules & regulations**

### 9. Physical infrastructure of Parent/Affiliated Hospital:

**Name of Parent/ Affiliated Hospitals and its Bed strength:**

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_
- IV. \_\_\_\_\_
- V. \_\_\_\_\_



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<b>Clinical Specialty Beds</b>		<b>Sanctioned Beds</b>			
		<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Average Bed Occupancy on the Day of Inspection</b>
9.1	Medical Unit				
9.2	Surgical Unit				
9.3	Gynae & Obs				
9.4	Pediatric Unit				
9.5	Ophthalmic Unit				
9.6	E.N.T Unit				
9.7	Accident/Emergency Unit				
9.8	OT & recovery room				
9.9	I.C.U				
9.10	Other specialized Unit				

**Note: Attach summary and MOU of all Affiliated Hospital.**

### 9.11 Operation Theatres

	<b>Number</b>	<b>No. of operation last Month</b>
General Theatres for (Major Surgery)	_____	_____
General Theatres for (minor Surgery)	_____	_____

### 9.12 Present Hours of Duty

- I. Trained Staff \_\_\_\_\_ Per Shift
- II. Students \_\_\_\_\_ Per Shift



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### **10. Organization & Governance:**

- I. Organogram  Yes  No  
II. Job description of faculty and staff  Yes  No  
III. Procedures of Hiring and firing  Yes  No

**Note: Annexures to be attached.**

### **11. Annual Report of induction of students for PNC Registered Running Courses:**

S.No.	Name of PNC Registered Nursing Course	Number of Seats as Approved by PNC
1		
2		
3		
4		
5		
6	Specify if any other	

### **12. Performance appraisal for Principal, Faculty and Staff** Yes No

- I. Provide sample of filled evaluation forms.

### **13. Committees existence and its performance:**

- I. Academic Committee  Yes  No  
II. Selection Committee  Yes  No  
III. Discipline Committee  Yes  No  
IV. Mess Committee  Yes  No  
V. Social/Recreation Committee  Yes  No  
VI. Others, please specify  Yes  No

**Note: Evidence of Minutes of the Meeting of above mentioned Committees to be Attached**

### **14. Institutional Record Keeping:**



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- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| I. Admission Record             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| II. Clinical Affiliation Record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| III. PNC Record                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IV. Faculty/staff Record        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### 15. Staff Proportion and Workload Management:

S.#	Designation	Sanctioned Post	Filled	Vacant	Workload
1	Office Supdt.				
2	Assistant				
3	Computer operator				
4	Senior clerk				
5	Junior clerk				

### 16. Financial Management:

There is a separate budget for School of Nursing  Yes  No

- |  |  |
|--|--|
| I. Endowment fund                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II. Attach last year budget (income and expenditure) |  |
| III. Name of Drawing and disbursing Officer          |  |

#### 16.1 Attach Salary structure of Faculty and Staff

#### 16.2 Attach incentive process for performance of Faculty and Staff

### 17. Academic Programs and Evaluation:

#### 17.1 Program overview (make available at time of inspection)

Course sequence: list courses taught in each year, Course descriptions, objectives, outlines

#### 17.2 Curriculum Management:

I. Term, semester or annual system? \_\_\_\_\_



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- II. Academic calendar  Yes  No
- III. Master plan  Yes  No
- IV. Teaching program and methods are planned  
According to course content  Yes  No
- V. Allocated Hours for each course and classes taught, Course plans, class schedules, lesson plans, Teaching learning strategies to achieve PLOs and Planed assignments to be attached.

### 17.3 Clinical Teaching & Supervision (attach evidence)

- I. Yearly Clinical Plan
- II. Details schedule of clinical supervision
- III. Adequate Nursing patient ratio \_\_\_\_\_
- IV. Doctor's give clinical teaching?
- V. Are pre/post clinical conferences meetings held regularly?
- VI. Plan of any relevant field visits
- VII. Community visits affiliations/MOU
- VIII. Are conferences /meetings held regularly between?
- IX. How many hours per week do students spend their time in providing services in the hospital

### 17.4 Quantity and quality of faculty members. Please fill the attached Performa of teaching staff.

#### Teaching/Clinical Faculty proportion and workload

S.No	Designation	Sanction Post	Filled	Vacant	PNC. Reg. No.	Workload Hr/week
1	Dean/Director N. Edu					
2	Professor					
3	Associate Professor					
4	Assistant Professor					
5	Senior N. / Instructor					
6	Instructor					



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7	Part Time Teachers as per subjects requirements					
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### 17.5 Remuneration of lecturers (Part timer)

S.No	Details of Payment for Leture	Monthly	Per Lecture
1	How are the lecturers paid?		
2	How much they are paid?	Rs. _____	Rs. _____

### 17.6 Faculty development plan:

- I. Provide list of faculty on study leave
- II. Continuing education session provide list of faculty and session taught (Provide evidence)
- III. Faculty attending conferences/seminars locally and internationally (faculty CV attached)

### 17.7 Student feedback mechanism

- I. Program/course evaluation
- II. Faculty evaluation

### 17.8 Academic assessment and evaluation:

Formative and summative assessments of students

### 17.9 Record keeping of incoming students, analysis of trends and statistics

Examinations and progress of students – transcripts

- |                        |  |
|------------------------|--|
| I. Attendance Register | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II. Academic Record    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| III. Clinical Record   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IV. Health Record      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 17.10 Academic Atmosphere:

- |  |  |
|--|--|
| I. Nursing Institution in residential Area                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II. Shift wise management with other nursing or educational institutions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| III. Equipment/articles proportionate to the strength of admission.      | <input type="checkbox"/> Yes <input type="checkbox"/> No |





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- IV. Well ventilated and comfortable seating arrangement  Yes  No
- V. Safety measures like fire extinguish available  Yes  No
- VI. Adequate space available as proportion of strength of students  Yes  No
- VII. Overall cleaning inside/outside of the institution  Yes  No

### 17.11 Academic Counseling

- I. Faculty serves as councilor to the students  Yes  No
- II. Career counseling for new comers  Yes  No
- III. Financial counseling available  Yes  No

### 18. Teaching and Learning Resources, please provide the list of the following:

- I. Library with detail of Text books, relevant books, reference books, and journals
- II. Science lab equipment's, Anatomy models and charts
- III. Skills lab equipment and Mannequins,
- IV. IT lab computer systems and multimedia, Internet Facilities available

### 18.1 Transportation

- I. Is vehicle available for Principal and teaching staff for official use  Yes  No
- II. Is vehicle available for students  Yes  No

Vehicles are from central pool  Vehicles belong to School  other source

### 19. Extra-curricular Activities:

- I. Sports Facilities available for students  Yes  No
- II. Celebrate Students weeks  Yes  No
- III. Arrange Picnics on annual basis  Yes  No
- IV. Intercollegiate Participation  Yes  No
- V. Social & Entertainment forums  Yes  No

### 20. Research and Publications:

- I. Separate department  Yes  No
- II. Faculty Research output  Yes  No
- III. Students research training  Yes  No

### 21. Public Disclosure and Transparency:

Do you have updated website for your institution  Yes  No



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### **22. Quality Control:**

- |  |  |
|--|--|
| I. Separate Department                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| II. Quality Benchmarks and its performance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| III. Academic policies (Attach copy)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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### **23. Performa of Nursing Faculty Members:**

<b>S.#</b>	<b>Name</b>	<b>Designation</b>	<b>PNC Reg. No.</b>	<b>Qualification</b>	<b>Status Part Time / Full Time</b>



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**Name and Signature of Principal/Director/HOD**

Name: \_\_\_\_\_, Designation \_\_\_\_\_

Signature : \_\_\_\_\_ Dated: \_\_\_\_\_