Annexure-V

Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2026-27

Clinical Material in Hospital

Name of College/Institute: SND College of Nursing , Babhulgoan, Yeola

HOSPITAL DETAILS

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum100 bedded own/parent Hospital (Affiliatedhospitalmustbe50beddedor more.) **To be made available on web site**		**Adequate**
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: **Copy to be made available on web site**		**No**
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual **UG 1:10 & PG 1:5**		**Adequate**
c.	Average Bed Occupancy in % :(Minimum 75%) :**78%**		**Adequate**
d.	Clinical facilities for PG to be verified:-(As per MSR)		**Adequate**
	(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) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)		**Adequate**
• **As per Central Council Norms/ University Norms, above Infrastructure must be available at College.** • **If Infrastructure is available, then mark "Adequate"& do not attach any Documents it should be available on college website** • **In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report**			

Here we declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief

Any Other, Please Specify:-

Date:-

S.N.D. College of Nursing * Babhulgaon, Tal. Yeola * R. No. 181-2014 INC

Dean/Principal Stamp & Signature

Babhulgaon, Tal. Yeola, Dist. Nashik

Chairman of LIC | Member Of LIC | Member Of LIC