

PROFORMA - I**Teaching Faculty****Bio –data**

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|------------------------------------|
| Self attested recent photograph |
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1. Name :
2. Designation :
3. Age & Date of birth :
4. Permanent address :
5. E.mail id :
6. KNMC Registration No :

7. Professional Qualification

| Sl. No | Programme | Name of Institution/University | Year of passing | Speciality | Position |
|--------|---------------------------|--------------------------------|-----------------|------------|----------|
| 1 | B.Sc. (N)/ PB B.Sc (N) | | | | |
| 2 | M.Sc (N) | | | | |

8. Additional Qualification if any:

9. Experience

a. Clinical

| Sl. No | Designation | Name of Institution | Date of joining | Date of leaving | Total |
|--------|--------------------|---------------------|-----------------|-----------------|-------|
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| | | | | | |
| | Grand Total | | | | |

b. Teaching Experience

i. Before M.Sc. (N)

| Sl. No | Designation | Name of Institution | Date of joining | Date of leaving | Total in years & months |
|--------|-------------|---------------------|-----------------|-----------------|-------------------------|
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ii. After M.Sc. (N)

| Sl. No | Designation | Name of Institution | Date of joining | Date of leaving | Total in years & months |
|--------|-------------|---------------------|-----------------|-----------------|-------------------------|
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10. Summary of experience

| Sl. No | Experience | | | | | | Total |
|--------------------|------------------------|-----|-----|-----|---------|---------|-------|
| I | Clinical Experience | | | | | | |
| II | Experience of Teaching | | | | | | |
| | SON | CON | ANM | GNM | B.Sc(N) | M.Sc(N) | |
| | | | | | | | |
| III | Before PG | | | | | | |
| IV | After PG | | | | | | |
| GRAND TOTAL | | | | | | | |

Declaration by the Candidate

I -----do here by declare that the information furnished by me in this proforma is correct and true. If any information is incorrect or false disciplinary action can be taken against me.

Date:

Signature of the candidate

Place:

Counter signature by Principal with Seal

KERALA NURSES AND MIDWIVES COUNCIL
RED CROSS ROAD,
THIRUVANANTHAPURAM - 35
INSPECTION PROFORMA FOR COLLEGIATE PROGRAMMES

CHECK LIST FOR ANNEXURES

| | |
|---|----------|
| I. Copy of Trust Registration | Yes / No |
| II. Philosophy of the Institution | Yes / No |
| III. Organization chart of the Institution | Yes / No |
| IV. Approval / Sanction orders of | |
| a. Government | Yes / No |
| b. INC | Yes / No |
| c. KNC | Yes / No |
| d. KUHS | Yes / No |
| V. Copy of Land deed & Proof of ownership of College & Hostel | Yes / No |
| VI. Approved College building plan | Yes / No |
| VII. List of Journals | Yes / No |
| VIII. Bio - data of faculty | Yes / No |
| IX. List of RN- RM& ANMs of parent & Affiliated Hospitals | Yes / No |
| X. Copy of Affiliation letters | Yes / No |
| XI. Copy of RC book of vehicles | Yes / No |
| XII. Master & Clinical Rotation Plans | Yes / No |
| XIII. Copy of College / School annual report | Yes/ No |
| XIV. Copy of Report on CNE | Yes/ No |
| XV. Budget | Yes/ No |

Annexure I - III and V-VI to be submitted to the Council once only. .

Name & Signature of the Principal