



Application Form For Opening A New Nursing Programme / Enhancement

For The Academic Year 2019-2020

(One Form For All Nursing Programme)

(TO BE FILLED IN CAPITAL LETTERS ONLY)

Last Date: 30th April 2019

INSTRUCTION:

Inspection shall be conducted confirming to the norms prescribed by Indian Nursing Council Curriculum & Syllabi

(Read Instructions carefully before filling up the form. All columns shall be filled up, if space is short attach copy)

1. Institution is under

a. Government

**(Central Government / State Government/
Defense /Autonomous Body/P.S.U./
Semi-Government) :** _____

b. Private

**(Trust/Society/N.G.O./Missionary/
Company Act under Section 25/ Section 8) :** _____

c. University

(Private/Deemed/Government University) : _____

2. Name of the Chairperson/Secretary of

**Trust / Proprietor/Registrar of Deemed
University/Head of Government institutions :** _____

Contact Number (O) : _____

Fax : _____

Mobile : _____

E-mail : _____

**3. Name of the Society/Trust/Mission/
Company Act under Section 25 /Section 8
etc., :** _____

* Attested Copy of Registered Society/Trust/Mission/Company Act under Section 25 /Section 8 to be enclosed under **Annexure-I**

*Attested copy of Registered Member/Trustee/Governing Members to be enclosed under **Annexure-II**

**4. Address of the Society / Trust / Mission /
Company Act under Section 25 /Section 8
etc., :** _____

(Complete postal address has to be filled)

City/Town : _____
 Taluk : _____
 District : _____
 Pincode : _____

5. Name of the Institution : _____

6. Address of the Institution proposed
 (Complete postal address has to be filled) : _____

City/Town : _____
 Taluk : _____
 District : _____
 Pincode : _____
 Mobile : _____
 E-mail : _____

7. Institution is under (Please ✓ mark)

1.	Tribal Area*		2.	Hilly Area		3.	None	
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*If only it is in schedule notified area.

8. Nursing Programmes applied (Please ✓ mark)

1	ANM		2	GNM		3	B.Sc.(N)		4	M.Sc.(N)		5	P.B.B.Sc.(N)		6	P.B.D.P*
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*Specify the Speciality.....

9. Nursing Programmes applied Details

Sl. No	Name of the Programme	Government Order No.& Date	Affiliated University's Cert.of Registration / Continuance of Provisional Affiliation No. & Date	Name of the Affiliated University
1.	ANM			
2.	GNM			
3.	B.Sc.(N)			
4.	P.B.B.Sc.,(N)			
5.	M.Sc.(N)			
6.	P.B.D.P.			
7.	P.B.D.P.			
8.	P.B.D.P.			
9.	P.B.D.P.			
10.	NPCC			

11	Ph.D.,(N)			

Note:-

1. Attested copy of Government Order to be enclosed under Annexure – III
2. Attested copy of Affiliated University’s Certificate of Registration/Continuance of Provisional Affiliation to be enclosed under Annexure – IV

10. Any other Nursing Programme located in the same building and is recognized by TNNMC							
Sl. No.	NURSING PROGRAMME	YES/NO (Y) / (N)	If yes, No. of Seats Sanctioned				Year started
			G.O.	TNNMC	University	Board	
1.	ANM						
2.	GNM						
3.	B.Sc.,(N)						
4.	M.Sc.,(N)						
5.	P.B.B.Sc.,(N)						
6.	P.B.D.P.						
7.	NPCC						

11. PHYSICAL FACILITIES

Whether the institution has own building : 1.Yes 2.No.

12. CLINICAL FACILITIES

1. Name of the Parent / own Hospital* : _____

No. of Beds : _____

Note*

- i. Registered deed of the (trust/society/company)of the hospital(hospital name) along with the members to be enclosed under Annexure V
- ii. Notary attested resolution of governing body of Parent Hospital that _____ is a trustee of institution society and (hospital name) will be a parent hospital of College of Nursing to be enclosed under Annexure –VI
- iii. Joint Director of Medical and Rural Health Services(J.D.H.S)Certificate about owner of the hospital (hospital name), location of the hospital and number of beds in the hospital to be enclosed under Annexure VII
- iv. Income tax return of the hospital (hospital name) to be enclosed under Annexure –VIII
- v. Attested copy of pollution control board certificate of the parent hospital to be enclosed under Annexure -X
- vi.Registration Certificate under “Clinical Establishment Act” from Directorate of Medical and Rural Health Services

13. Budget allocated to Nursing programme : _____
 (Last year audited expenditure statement of _____
 Trust/Society/ Company Act under Section _____
 25/ Section 8 to be enclosed _____
 Annexure –XI

14. Demand Draft Details:

S.No.	Name of the Programme	Amount	D.D.Number	D.D.Date

* One Demand draft can be paid for all Programme

15. If the proposal is rejected in such in whose favour the Demand Draft has to be drawn. Please Specify _____

16. Whether the institution is willing to subject itself for inspection by this Council as required under rule 37 of the _____ :
 Tamil Nadu Nurses and Midwives Act?

17. Whether the institution is willing to pay the fees prescribed _____ :
 by this Council

INSTRUCTIONS

(Read instructions carefully before filling up the Form)

- Essentiality Certificate/Government Order/No Objection Certificate shall be submitted along with proposal
- D.D.should be in favour of Registrar, Tamil Nadu Nurses and Midwives Council, Chennai-4. Cheque will not be accepted
- The fee structure is as follows:

NEW NURSING SCHOOL/COLLEGES					
Sl. No.	Name of the Programme	Application Fees	Primary Processing Fees	Inspection Fees	Total
1.	ANM	Rs.1000/-	Rs.10,000	Rs.5000/-	Rs.16,000/-
2.	GNM	Rs.1000/-	Rs.20,000/-	Rs.5000/-	Rs.26,000/-
3.	B.Sc.,(N)	Rs.1000/-	Rs.30,000/-	Rs.10,000/-	Rs.41,000/-
4.	Post Basic B.Sc.,(N)	Rs.1000/-	Rs.30,000/-	Rs.10,000/-	Rs.41,000/-
5.	M.Sc.,(N)	Rs.1000/-	Rs.50,000/- (for each specialitywise)	Rs.15,000/-	Rs.66,000/-
6.	Post Basic Dip.in Nursing Specialities	Rs.1000/-	Rs.25,000/- (for each speciality)	Rs.5000/-	Rs.31,000/-
7.	NPCC	Rs.1000/-	Rs.50,000/-	Rs.15,000/-	Rs.66,000/-
ENHANCEMENT OF SEATS					
Sl. No.	Name of the Programme	Application Fees	Fees for Enhancement of seats	Annual Recognition Fees	Total
1.	ANM	Rs.1000/-	Rs.6000/-	Rs.6000/-	Rs.13,000/-
2.	GNM	Rs.1000/-	Rs.7500/-	Rs.7500/-	Rs.16,000/-
3.	B.Sc.,(N)	Rs.1000/-	Rs.10,000/-	Rs.10,000/-	Rs.21,000/-
4.	Post Basic B.Sc.,(N)	Rs.1000/-	Rs.10,000/-	Rs.10,000/-	Rs.21,000/-
5.	M.Sc.,(N)	Rs.1000/-	Rs.15,000/-	Rs.15,000/-	Rs.31,000/-
6.	NPCC	Rs.1000/-	Rs.15,000/-	Rs.15,000/-	Rs.31,000/-

4. For more details refer official website www.tamilnadunursingcouncil.com
5. Photocopies submitted shall be legible. For an old document typed & notarized can be submitted. If there is any discrepancy the legal action will be initiated.
6. All Annexure indicated shall be submitted with same number

CHECK LIST

DOCUMENTS TO BE SUBMITTED ALONG WITH THE PROPOSAL

- | | | | | |
|--|-------|--------------------------|-------|--------------------------|
| 1. Attested Copy of Registered Society / Trust /Mission/Company Act under Section 25 /Section 8 to be enclosed under <u>Annexure-I</u> | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 2. Attested copy of Registered Member/Trustee/Governing Members to be enclosed under <u>Annexure-II</u> | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 3. Attested copy of Government Order to be enclosed under Annexure – III | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 4. Attested copy of Affiliated University’s Certificate of Registration/Continuance of Provisional Affiliation to be enclosed under Annexure –IV | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 5. Registered deed of the (trust/society/company)of the hospital(hospital name) along with the members to be enclosed under Annexure V | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 6. Notary attested resolution of governing body of Parent Hospital that _____ is a trustee of institution society and (hospital name) will be a parent hospital of College of Nursing to be enclosed under Annexure –VI | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 7. Joint Director of Medical and Rural Health Services(J.D.H.S) Certificate about owner of the hospital (hospital name), location of the hospital and number of beds in the hospital to be enclosed under Annexure VII | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 8. Income tax return of the hospital (hospital name) to be enclosed under Annexure –VIII | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 9. Registration of the hospital (hospital name) under shop and establishment act/ Nursing Board to be enclosed under Annexure- IX | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 10. Attested copy of pollution control board certificate of the parent hospital to be enclosed under Annexure -X | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |
| 11. Budget allocated to Nursing programme (Last year audited expenditure statement of Trust/Society/ Company Act under Section 25/ Section 8 to be enclosed under Annexure XI | 1.Yes | <input type="checkbox"/> | 2.No. | <input type="checkbox"/> |

DECLARATION

I.....S/o,D/o orW/o
.....declare that all the documents & information submitted in this application form are true to the best of my knowledge. I understand that if any, of the information is found wrong, my application will stand cancelled. I will abide the Rules and Regulations permitted in Tamil Nadu Nurses and Midwives Council as followed the guidelines of Indian Nursing Council, New Delhi

Name of the Applicant : _____

Date :

(Signature of the Applicant)

Place:

Seal of the Institution :