

महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ

वैद्यकीय शिक्षण व संशोधन, शासकीय दंत महाविद्यालय व रुग्णालय इमारत, चौथा मजला, सेंट जॉर्जस रुग्णालय आवार, पी.डी.मेलो रोड, फोर्ट,
मुंबई - ४०० ००१, वेबसाईट: www.msbnpe.org ई-मेल: msbnpe@gmail.com, मो. नं: ०२२ २२६११०१५

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Directorate of Medical Education and Research, 4th Floor, St. Georges Hospital Campus, P.D'Melo Road, Fort, Mumbai-400
001 Website: www.msbnpe.org E-mail: msbnpe@gmail.com, Mobile No- 022 22611015

मराशुपशिमं/ वृहतआराखडा/जाहिरात/
१० ए०५/२०२१

दिनांक :- २९ /१२/२०२१

प्रति,

प्राचार्य/संस्था प्रमुख,

महाराष्ट्र राज्य

विषय : शैक्षणिक वर्ष २०२२-२३ करिता परिचर्या पदविका अभ्यासक्रमाच्या ए.एन.एम. व जी.एन.एम.
नविन महाविद्यालयाचे व प्रवेश क्षमता वाढीचे प्रस्ताव महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण
मंडळाकडे सादर करणेबाबत (Perspective Plan 2018-23)

- संदर्भ : १. महाराष्ट्र शासन राजपत्र, असाधारण भाग आठ, ऑगस्ट २१, २०१३/श्रावण ३०, शके १९३५
Maharashtra ACT No. XXIII of 2013, Chapter IV Section 27 to 34.
२. वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मुंबई शासन निर्णय क्र.एनयुआर -२०१७/
प्र.क्र.२१२/१७/शिकाना/शिक्षण - १ दिनांक १३/०७/२०१८
३. वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मुंबई यांचे पत्र क्र.एनयुआर- २०१८/
प्र.क्र १८७/१८/शिक्षण-१ दिनांक ०३/०७/२०१९
४. मंडळाचे पत्र क्र.मराशुपशिमं/१५५८/२०१९, दिनांक १८/०७/२०१९
५. मंडळाचे पत्र क्र.मराशुपशिमं/प्रस्ताव २०१९-२०/७५७८/२०२१, दिनांक २१/०७/२०२१
६. मंडळाची नियामक मंडळ आढावा बैठक इतिवृत्त क्र. मराशुपशिमं/इतिवृत्त/१०२६/२०२१,
दिनांक ०८/०९/२०२१
७. मराशुपशिमं/मंडळाची बैठक /१०१३९ दिनांक : १०/११/२०२१
८. दिनांक ०८/१२/२०२१ रोजीची मंजूर टिपणी.
९. मंडळाचे पत्र क्र. मराशुपशिमं/प्रस्ताव/जाहिरात/१०५१६/२०२१ दिनांक :- १६/१२/२०२१
१०. मंडळाचे पत्र क्र. मराशुपशिमं/ वृहतआराखडा/१०५४८/२०२१ दिनांक :- २२ /१२/२०२१

महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ अधिनियम २०१३ या अधिनियम मधील नियम २८ व
नियम २९ च्या तरतुदीनुसार संदर्भ क्र. १ ते १० नुसार महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ मुंबई
यांना शैक्षणिक वर्ष २०२२-२३ करिता परिचर्या पदविका अभ्यासक्रमाच्या ए.एन.एम. व जी.एन.एम. नविन
महाविद्यालयाचे व प्रवेश क्षमता वाढीचे प्रस्ताव मागविण्याबाबत निर्देशित केलेले आहे. तद्अनुषंगाने आवश्यक
वृहतआराखडा २०१८-२३ महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळाच्या संकेतस्थळावर संदर्भ क्र. १०
नुसार प्रसिद्ध केलेला आहे.

सर्व संबंधितांना सुचना देण्यात येते की, शैक्षणिक वर्ष २०२२-२३ करिता परिचर्या पदविका
अभ्यासक्रमाच्या ए.एन.एम व जी.एन.एम. नविन महाविद्यालयाचे व प्रवेश क्षमता वाढीचे प्रस्तावाचे अर्ज दि.
३१/१२/२०२१ पर्यंत कार्यालयीन वेळेत मंडळाच्या कार्यालयात प्रत्यक्ष येऊन प्रस्ताव अर्ज सादर करावेत. अर्ज
सादर करताना वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मुंबई शासन निर्णय क्र.एनयुआर -२०१७/प्र.क्र.२१२

/१७ /शिकाना /शिक्षण - १ दिनांक १३/०७/२०१८ मधील अटी व शर्तीची पुर्तता करुन अर्ज सादर करण्यात यावा. अर्जासोबत संकेतस्थळावर उपलब्ध असलेल्या विहित नमुन्यातील प्रस्ताव तसेच यादी नुसार सर्व आवश्यक कागदपत्रांसह दोन प्रतींमध्ये सादर करणे आवश्यक आहे.

दि. ३१/१२/२०२१ च्या कार्यालयीन वेळे नंतर आलेले तसेच अपुर्ण व टपालाद्वारे/कुरीयरद्वारे पाठविण्यात आलेले प्रस्ताव (अर्ज) स्विकारले जाणार नाहीत. बृहत आराखड्यातील जिल्हानिहाय नवीन ए.एन.एम व जी.एन.एम संख्यानिहाय तक्त्यामध्ये बदल होण्याची शक्यता नाकारता येत नाही याची सर्व संस्था/संस्थाप्रमखांनी नोंद घेण्यात यावी.


संचालक
महाराष्ट्र राज्य श्रुषा व परावैदयक शिक्षण मंडळ

सोबत : खालील जोडलेल्या संदर्भ पत्राच्या अनुषंगाने सर्व बाबींची पुर्तता करुन प्रस्ताव मंडळास सादर करण्यात यावा.

महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ

वैद्यकीय शिक्षण व संशोधन, शासकीय दंत महाविद्यालय व रुग्णालय इमारत, चौथा मजला, सेंट जॉर्जेस रुग्णालय आवार, पी.डी.मेलो रोड, फोर्ट,
मुंबई - ४०० ००९. वेबसाईट: www.msbnp.org ई-मेल- msbnpe@gmail.com, मो. नं: ०२२ २२६९९०९५

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

Directorate of Medical Education and Research, 4th Floor, St. Georges Hospital Campus, P.D'Melo Road, Fort, Mumbai-400
001 Website: www.msbnp.org E-mail- msbnpe@gmail.com, Mobile No- 022 22611015

मराशुपशिमं/ बृहतआराखडा/ 10548/2029

दिनांक :- 22/9/2029

प्रति,

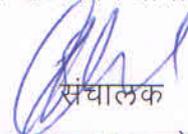
प्राचार्य/संस्था प्रमुख,

महाराष्ट्र राज्य

- विषय : नवीन ए.एन.एम. व जी.एन.एम. अभ्यासक्रमाच्या नर्सिंग स्कुलच्या प्रस्तावाची
बृहतआराखड्याबाबत जिल्हानिहाय संख्येबाबत. (Perspective Plan 2018-23)
- संदर्भ : १. वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मुंबई शासन निर्णय क्र.एनयुआर -२०१७/
प्र.क्र.२१२/१७/शिकाना/शिक्षण - १ दिनांक १३/०७/२०१८
२. वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मुंबई यांचे पत्र क्र.एनयुआर- २०१८/
प्र.क्र.१८७/१८/शिक्षण-१ दिनांक ०३/०७/२०१९
३. मंडळाचे पत्र क्र.मराशुपशिमं/१५५८/२०१९, दिनांक १८/०७/२०१९
४. मंडळाचे पत्र क्र.मराशुपशिमं/प्रस्ताव २०१९-२०/७५७८/२०२१, दिनांक २१/०७/२०२१
५. मराशुपशिमं/मंडळाची बैठक /१०१३९ दिनांक :१०/११/२०२१

सर्व संस्थाप्रमुख/प्राचार्य यांना कळविण्यात येते की, उपरोक्त संदर्भ पत्र १, २ व ३ नुसार मंडळामार्फत नवीन ए.एन.एम. व जी.एन.एम. अभ्यासक्रमाचे प्रस्ताव मागविण्यात आले होते. सदर प्रस्तावांची यादी मंडळाच्या संकेतस्थळावर प्रसिध्द करण्यात आलेली आहे. त्या अनुषंगाने प्रस्तावाचे सक्षमता तपासणी करुन ज्या संस्था भारतीय परिचर्या परिषदेच्या अटी व शर्ती पुर्ण करीत आहेत अशा संस्थांची बृहत आराखड्याप्रमाणे छाननी करुन पुढील मान्यतेकरीता व कार्यवाहीकरीता शासनास पाठविण्यात आलेले आहेत.

मंडळाच्या बैठक दिनांक ११/११/२०२१ रोजी मंजूर करण्यात आलेल्या ठरावानुसार बृहतआराखड्याप्रमाणे काही जिल्हयामधील शैक्षणिक वर्ष २०२२-२३ करीता नवीन ए.एन.एम. व जी.एन.एम. अभ्यासक्रमाचे नर्सिंग स्कुल सुरु करण्याची संधी (SCOPE) उपलब्ध आहे. त्या अनुषंगाने शिल्लक असलेल्या जिल्हा निहाय संधी (SCOPE) चा तक्ता मंडळाच्या संकेतस्थळावर प्रसिध्द करण्यात येत आहे. सदर तक्त्यामध्ये बदल होण्याची शक्यता नाकारता येत नाही याची सर्व संस्था/संस्थाप्रमखांनी नोंद घेण्यात यावी.


संचालक

महाराष्ट्र राज्य शुश्रूषा व परावैद्यक शिक्षण मंडळ

सोबत : जिल्हानिहाय बृहतआराखड्यानुसार संधी (SCOPE) तक्ता

प्रत : १. मा.सचिव, वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मंत्रालय, मुंबई

२. मा.संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई

ANM NEW PROPOSAL REMARK					
SR. NO.	DISTRICT NAME	NUMBER OF PLAN	RECOMMENDED AS PER SCOPE 18-19	RECOMMENDED AS PER SCOPE 19-20	REMAINING
1	MUMBAI	5	0	0	5
2	THANE	4	0	1	3
3	PUNE	2	0	2	0
4	AHMEDNAGAR	2	1	1	0
5	KOLHAPUR	1	0	1	0
6	SANGLI	1	0	1	0
7	SATARA	1	0	1	0
8	SOLAPUR	1	0	1	0
9	SINHUDEURG	3	0	1	2
10	RATNAGIRI	3	0	0	3
11	RAIGAD	3	0	1	2
12	PAIGHAR	5	0	2	3
13	NASHIK	2	0	2	0
14	BHULE	3	0	0	3
15	JALGAON	3	0	3	0
16	NANDURBAR	5	0	1	4
17	AURANGABAD	1	0	1	0
18	BEED	1	0	0	1
19	HINGOLI	3	0	3	0
20	JALNA	3	0	3	0
21	LATUR	1	0	1	0
22	NANDED	1	0	1	0
23	OSMANABAD	1	0	1	0
24	PARBHANI	1	0	1	0
25	AKOLA	3	0	2	1
26	AMRAYATI	1	0	1	0
27	BULDHANA	1	0	1	0
28	CHANDRAPUR	1	0	1	0
29	GADCHIROLI	3	0	2	1
30	GONDIA	1	0	1	0
31	NAGPUR	2	1	1	0
32	WARDHA	1	0	0	1
33	WASHIM	3	0	1	2
34	YAVATMAL	1	1	0	0
35	BHANDARA	1	0	0	1
	TOTAL -	74	3	39	32

Registrar

Maharashtra State Board of Nursing
and Paramedical Education, Mumbai

के. हिमेली रोड, फोर्ट, मुंबई-४००००२

GNM NEW PROPOSAL REMARK					
SR. NO.	DISTRICT NAME	NUMBER OF PLAN	RECOMMENDED AS PER SCOPE 18-19	RECOMMENDED AS PER SCOPE 19-20	REMAINING
1	MUMBAI	11	0	0	11
2	THANE	8	0	1	7
3	PALGHAR	5	1	2	2
4	PUNE	8	1	6	1
5	AHEMEDNAGAR	4	0	4	0
6	KOLHAPUR	5	1	2	2
7	SANGLI	4	1	1	2
8	SATARA	4	0	3	1
9	SOLAPUR	5	0	3	2
10	RATNAGIRI	4	0	0	4
11	SINDHUDURG	5	0	1	4
12	RAIGAD	4	0	2	2
13	NASHIK	6	0	6	0
14	DHULE	4	0	1	3
15	JALGAON	5	0	4	1
16	NANDURBAR	5	0	1	4
17	AURANGABAD	4	1	3	0
18	BEED	3	0	3	0
19	HINGOLI	4	0	4	0
20	JALNA	4	0	4	0
21	LATUR	3	0	3	0
22	NANDED	4	0	4	0
23	OSMANABAD	5	0	5	0
24	PARBHANI	4	0	4	0
25	AKOLA	4	1	2	1
26	AMRAVATI	7	0	1	6
27	BHANDARA	4	1	2	1
28	BULDHANA	4	0	3	1
29	CHANDRAPUR	5	0	4	1
30	GADCHIROLI	4	1	1	2
31	GONDIA	4	0	2	2
32	NAGPUR	7	3	4	0
33	WARDHA	5	1	3	1
34	WASHIM	3	1	0	2
35	YAVATMAI	7	3	4	0
TOTAL -		172	16	93	63


Registrar

Maharashtra State Board of Nursing
and Paramedical Education, Mumbai

1/11 मजला, सेंट जॉर्जस रुग्णालय जिल्हा
डी. डिमेलो रोड, फोर्ट, मुंबई - 400002



**MAHARASHTRA STATE BOARD OF NURSING AND
PARAMEDICAL EDUCATION**

महाराष्ट्र राज्य शुश्रुषा व परावैद्यक शिक्षण मंडळ



PERSPECTIVE PLAN

For the Year 2018-2023

महाराष्ट्र राज्य शुश्रुषा व परावैद्यक शिक्षण मंडळ
MAHARASHTRA STATE BOARD OF
NURSING AND PARAMEDICAL
EDUCATION

PRESPECTIVE-PLAN
2018-2023

Price Rs. 100/-

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1. INTRODUCTION:

Maharashtra State Board of Nursing and Paramedical Education (MSBNPE) Act 2013 giving statutory power to maintain uniform standards and regulation of nursing all over the state.

Maharashtra State Board of Nursing and Paramedical education provide the education to nursing students to prepare nurses to deliver primary, secondary and tertiary care to the community and promote universal health coverage.

Universal Health Coverage (UHC) is based on all people's right to receive the maximum level of health, equality and solidarity. Nursing plays a fundamental role to achieve the target of Universal Health Coverage. Nursing has the features that potentiates its contribution for strengthening the quality of health system, playing a key role in recognizing the importance of Universal Health Coverage and its respective implementation, considering the different realities and national health needs.

The nurses act has its origin in the development of nursing education. In the past the hospitals were looked after by medical students, ward boys and ayas as there was no provision for the nursing care of the patients. Sisters of Anglican community of all saints came Bombay to work. The services of these sisters were appreciated so much that Govt. of Bombay approached community of all saints to undertake the care of all the patients. The request was accepted and trained sisters were sent to patients' home. Soon the necessity of training women of the country was felt and steps were taken to established the training schools for nurses by all saint's sisters.

In 1902 many of the hospitals in Bombay started nursing association which were intended to provide additional facility for the training of local nurses.

In 1909 Bombay presidency nurses association was established in order to combine different associations into one. It started functioning from 09/04/1911. Then with the progress of nursing education, the need was felt to standardised the nursing education to regularize the registration of nurses. Bombay nurses midwives and health visitor was passed by government of Bombay in 1935 and the funds and functions of Bombay presidency nurses association were taken over by the Bombay nurses midwives and health visitor council. After independence this act was revised in 1954 and new council was constituted.

Two registration council were functioning in the state of Maharashtra i.e. Vidarbha Nurses Registration council and Maharashtra Nursing Council (Bombay area) up to 15/02/1967.

Both the council were combined by the unification Act of 1966 and is now named as Maharashtra Nursing Council and present jurisdiction of council is entire Maharashtra and act as a liaison in both the state i.e. Maharashtra & Goa.

Goa Nursing Council Act passed and Goa Nursing Council got separated from Maharashtra Nursing Council and started functioning separately since 2013.

In 2013, Maharashtra State Board of Nursing and Paramedical Education Act (MAH Act No. XXIII of 2013) passed and Maharashtra State Board of Nursing and Paramedical Education started functioning from 9th February 2018. The Board has taken over all the functions of Maharashtra Nursing Council except the Registration of Registered Nurses & Registered Midwives.

QUALITY OF NURSING

The plan process to take a review and to analyze the Nursing Colleges/ Institution on following criteria and accreditation of institution considering the following.

- a) Curricular Aspects.
- b) Teaching-Learning and Evaluation.
- c) Basic Infrastructure and Learning Resources.
- d) Student support and Progression.
- e) Organization and Management.
- f) Healthy and Ethical Practices.

Studies on the basis of above criteria prove that, the accredited nursing colleges are superior than in general.

- g) Satellite connectivity of the Board:

Efforts shall be made for making all affiliated colleges and institutions be part of National Mission on education through information and Communication Technology project. It is to be provided high quality, personalized and interactive knowledge modules over the internet / intranet for all the learners and colleges.

2. TRENDS IN POPULATION GROWTH:

Maharashtra State is over burden due to migrating population those are coming for earning bread and butter. Metro political cities are becoming overcrowded hence health problems on the society varies from region to region in the state.

Burden of health problems on the society varies from region to region in the state. The tribal districts are loaded with genetic disorders, inherited diseases, malnutrition, infestation and infectious diseases. Advanced districts shows different problems like industrial hazards, pollution, psychiatric ailments, reproductive tract infection, HIV/AIDS and host of degenerative disorders. In addition, urban areas suffer due to problems of slums, overcrowding, want of civic amenities, growing crimes etc. child abuse and atrocities against women are growing in all areas. Many parts of the state even now do not have adequate facilities for maternal and child health. There is mal distribution of health service facilities including doctors, nurses and para-clinical personnel. The growth rate of population of Maharashtra was over 22.73% per year during 1991 to 2001 census which has declined to 15.99% during 2001 to 2011 census.

DEVELOPMENT BOARD:

By an act of parliament, Maharashtra is divided into three development Board Regions for the convenience of economic, industrial and educational growth, namely

- 1) Rest of Maharashtra
- 2) Marathwada and
- 3) Vidarbha

During the period from 2001 to 2011, the population of Maharashtra has grown from 96,878,627 to 112,374,333 i.e an increase by 15,494,345, registering an average growth rate of 15.99%.

It is noted from the data given in State Statistical Abstract of Maharashtra, published by Directorate of Economics and statistics, Government of Maharashtra, Mumbai that the average growth rate is 14.51% for the decade 2001 – 2011, it has not been uniform for all the districts has grown faster than the others.

The population of municipal corporations of Maharashtra state which is calculated as per the growth rate previous 2 census i.e. 2001 & 2011, shows that the Akola Municipal corporation has recorded lowest growth rate of population where as the Pune & Pimpri chinchawad Municipal corporation have recorded highest growth rate of population.

The density of population per sq.km gives more realistic picture of population distribution in the state. It is highest in Mumbai suburban i.e. 20980 per sq.km and lowest in Gadchiroli i.e. 74.00 per sq.km.

In addition to the population, health needs of a society are also determined by population of poor and weaker section e.g. schedule caste, schedule tribe, population of vulnerable section of society e.g. population of children below 6 years, population of pregnant women and population of old. Per capita income also needs consideration.

ROLE OF MEDICAL EDUCATION AND NURSING EDUCATION IN IMPROVING HEALTH OF PEOPLE:

At this juncture it may be pertinent to know some facts about community health.

As per WHO health organization (1948) “Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity”

WHO definition envisages three specific dimensions – the physical, the mental and the social. Many more may be cited, viz. spiritual, emotional, vocational, philosophical, cultural and so on. Health in the board sense does not merely means absence of disease or provision of diagnostic, curative and preventive services. It Includes a state of physical, mental and social “wellbeing”. The subject component of well-being is referred as “quality of life”. Certain important indicators are now frequently used to measure quality of life. The “physical quality of life index” is one. It consolidates three indicators viz. infant mortality, life expectancy at age one and literacy. The second is Human Development Index. Human Development Index is a composite index combining indicators representing three dimensions longevity, knowledge and income.

In 1978, at the Alma Ata-International conference, WHO declared “Health for All” through primary health care as the major social goal. The Alma ata conference called on all governments to formulate national policies, strategies and plan of action to launch and sustain Primary Health Care as national health system.

Our national health policy, echoes the WHO call for “Health for all” and the Alma Ata declaration. It has laid down specific goals to bring down infant mortality, to raise life expectancy, to reduce crude death rate, to reduce birth rate and to reduce net reproduction rate.

NURSING EDUCATION:

Nurse education consists of the theoretical and practical training provided to nurses with the purpose to prepare them for their duties as nursing care professionals. This education is provided to nursing students by experienced nurses and other medical professionals who have qualified or experienced for educational tasks. Most countries offer nurse education courses that can be relevant to general nursing or to specialized areas including mental health nursing, paediatric nursing and post-operative nursing. Courses leading to autonomous registration as a nurse typically last four years. Nurse education also provides post-qualification courses in specialist subjects within nursing.

NURSES: POPULATION RATIO

Nurses: population ratio is nebulous indicator for deciding the need of nursing care.

However, to calculate the number of Nursing colleges to be permitted in the region or district, on the basis of the Nurses population ratio during the year 2018-2023, may not be ideal because nurses population ratio stated in various books, journals, newspapers or World Health Organization is rough and crude. The present nurse's population ratio is based on overall population. There are differences in urban and rural population. The ratio is still different for Hillary/tribal population. The spread of nurses in the population after completing nursing education depends on many factors. The reason given for this is that out of the Nurses registered to the Maharashtra Nursing Council and Indian Nursing Council, some go abroad for higher education or for better prospectus, some accept government jobs and some become teachers remaining enter in to private hospital nursing practice in health care delivery service or in urban areas. All these factors are not with in the purview of the Board.

Besides this, there are many factors that need to be considered like geographic locations of the nursing institutes, facilities available for proper living, connectivity by road and railway, social factors, educational status of the population, availability of teachers etc. while considering a proposal to start a new Nursing college. Thus, the use of nurses: population ratio is a guide for establishment of Nursing Colleges has many limitations.

PRIMARY HEALTH CARE INCLUDES:

- a) Education about prevailing health problems.
- b) Promotion of food supply and proper nutrition.
- c) Adequate supply of safe water and basic sanitation.
- d) Maternal and child health care including family planning.
- e) Immunization against infectious diseases.
- f) Prevention and control of endemic diseases.
- g) Appropriate treatment of common diseases and injuries.
- h) Provision of essential drugs.

TABLE NO 1: Demographic Profile of India And Maharashtra

TABLE NO 2: List of Districts of Maharashtra – Population Census 2011

TABLE NO 3: Region Wise Percentage Population

Detail population for the state of Maharashtra is explained further.

TABLE NO 1

DEMOGRAPHIC PROFILE OF INDIA AND MAHARASHTRA SHOWS THE FOLLOWING

Sr. No	Description	India	Maharashtra
1	Total population	1210193422	112374333
2	Area in sq.kms	32,87,240	3,08,613
3	Crude birth rate	21.4 births/1,000 population (est)	16.5
4	Crude death rate	7.0 deaths/1,000 population (est)	6.2
5	Annual growth rate	1.25% (2013)	7.55%
6	Rural population	68% (2014 – 15)	54.78% (2011)
7	Adult literacy rate	75%	82.91%
8	Population above 65 years	5.3%(est)	9.3% (above 60)
9	Population below 15 years	31.2%	27.2%
10	Sex ratio female per 1000 male	943	925
11	Population density per sq.km	382	365
12	Total fertility rate	2.3 children born/ woman (est)	2.2 children born/ woman (est)

Table No 1 explains about the Demographic Profile of India and Maharashtra shows the overall comparison of population between India and Maharashtra and gives us the clear idea.

In September 2000, Millennium summit in New York declared the Millennium Development Goals (MDGs) which place health at the heart of development and represent commitment by the Governments. The health related NDGs (National Development Goals), important for our country are as under:

MILLENNIUM DEVELOPMENT GOALS:

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality and empower women
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, malaria, and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for development
9. UN Goals is a global project dedicated to spreading knowledge of MDG through various internet and awareness campaigns.

TABLE NO 2**POPULATION IN DISTRICTS OF MAHARASHTRA**

The detail analysis of population census 2011 published by Govt. of India for Maharashtra state reveal that population of Maharashtra has increased by 15.99% in this decade compared (2001 – 2011) to past decade (1991 – 2001). The density of Maharashtra state in the current decade is 946 per sq mile.

Maharashtra is an state of India with population of Approximate 11.24 Cr.

The population of Maharashtra state is 112,374,333

The density of Maharashtra state is 365 per sq km.

Maharashtra state is spared over 307,713 sq km.

List of Districts of Maharashtra – Population Census 2011

Sr. No	District	Population	Increase	Sex Ratio	Literacy	Density
1	Thane	11,060,148	36.01%	886	84.53%	1157
2	Pune	9,429,408	30.37%	915	86.15%	603
3	Mumbai Suburban	956,962	8.29%	860	89.91%	20980
4	Nashik	6,107,187	22.30%	934	82.31%	393
5	Nagpur	4,653,570	14.40%	951	88.39%	470
6	Ahmednagar	4,543,159	12.44%	939	79.05%	266
7	Solapur	4,317,756	12.16%	938	77.02%	290
8	Jalgaon	4,229,917	14.86%	925	78.20%	360
9	Kolhapur	3,876,001	10.01%	957	81.51%	504
10	Aurangabad	3,701,282	27.76%	923	79.02%	366
11	Nanded	3,361,292	16.86%	943	75.45%	319
12	Mumbai city	3,085,411	-7.57%	832	89.21%	19652

13	Satara	3,003,741	6.93%	988	82.87%	287
14	Amravati	2,888,445	10.79%	951	87.38%	237
15	Sangli	2,822,143	9.24%	966	81.48%	329
16	Yavatmal	2,772,348	12.78%	952	82.82%	204
17	Raigarh	2,634,200	19.31%	959	83.14%	368
18	Buldhana	2,586,258	15.85%	934	83.40%	268
19	Beed	2,585,049	19.61%	916	76.99%	242
20	Latur	2,454,196	17.97%	928	77.26%	343
21	Chandrapur	2,204,307	6.43%	961	80.01%	193
22	Dhule	2,050,862	20.08%	946	2.80%	285
23	Jalna	1,959,046	21.46%	937	71.52%	254
24	Parbhani	1,836,086	20.19%	947	73.34%	320
25	Akola	1,813,906	11.27%	946	88.05%	295
26	Osmanabad	1,657,576	11.50%	924	78.44%	219
27	Nandurbar	1,648,295	25.66%	978	64.38%	277
28	Ratnagiri	1,615,069	-4.82%	1122	82.18%	197
29	Gondiya	1,322,507	10.14%	999	84.95%	253
30	Wardha	1,300,774	5.18%	946	86.99%	206
31	Bhandara	1,200,334	5.65%	982	83.76%	294
32	Washim	1,197,160	17.34%	930	83.25%	244
33	Hingoli	1,177,345	19.27%	942	78.17%	244
34	Gadchiroli	1,072,942	10.58%	982	74.36%	74
35	Sindhudurg	846,651	-2.21%	1036	85.56%	163

TABLE NO 3

REGION WISE PERCENTAGE POPULATION

Sr. No	Development Board	No Of Districts in the Board	% to total Population of State			Population Census		
			Estimated			Estimated		
			Year 2011	Year 2016	Year 2021	Year 2011	Year 2016	Year 2021
1	Rest of Maharashtra	17	62.75	63.00	63.25	70629910	76945593	83202596
2	Marathwada	08	16.70	17.00	16.62	18731872	20799021	22482638
3	Vidarbha	11	20.55	20.00	20.13	23012551	24362519	25695122
Total		36	100.00	100.00	100.00	112374333	122107133	131380356

3. PURPOSE OF PERSPECTIVE PLAN OF MAHARASHTRA

While making the perspective plan, changing concept of health, health care delivery system, National Health Policy, Social aspect and National Rural Health Mission are taken into consideration. Nurse patient ratio should be maintained in Primary Health care Centre, Primary Hospital and Tertiary Hospital.

Objective of perspective plan: - “In good old time, education was considered as charity or philanthropy. Gradually it became an occupation. Some judicial dicta hold it as an industry.” As of now, imparting education and particularly nursing profession education has come to be a means of livelihood for some people and a mission in life for some altruists. Thus, private nursing organization have entered in.

Purpose of Perspective Plan: -

1. To Establish new nursing institutions of diploma and post diploma courses such as ANM/GNM on the basis of the need of district as per the region.
2. To establish new nursing institution in the districts of unreserved and underdeveloped region, on priority basis.
3. It proposes to strengthen system for making existing institutions economically viable, socially relevant, academically sound and creative.
4. It proposes to strengthen the enhancement of academic standards of existing institutions by providing adequate input in the terms of training and provision of expertise.
5. It proposes to evaluate institutions on the following criteria and proposed to give permission considering the following: -
 - a) Infrastructure and learning resources
 - b) Student support and progression
 - c) Organization and management and welfare
 - d) Curricular aspects
 - e) Teaching learning evaluation
6. It proposes to strengthen the quality assurance and continuing professional development in nursing education.
7. To improve the standards of Primary and Tertiary Health care sector.

4. NATIONAL HEALTH POLICY 2015

1. This National Health Policy addresses the urgent need to improve the performance of health systems. It is being formulated at the last year of the Millennium Declaration and its Goals, in the global context of all nations committed to moving towards universal health coverage. Given the two-way linkage between economic growth and health status, this National Health Policy is a declaration of the determination of the Government to leverage economic growth to achieve health contributes immensely to improved productivity as well as equity.
2. The National Health Policy of 1983 and National Health policy of 2002 have served us well, in guiding the approach for the Health Sector in the Five year plans and for different schemes, now 13 years after the last health policy, the context has changed in four major ways. Firstly-Health priorities are changing. As result of focused action over the last decade we are projected to attain Millennium Development Goals with respect to maternal and child mortality. Maternal mortality now accounts for 0.55% of all deaths and 4% of all female deaths in the 15 to 49-year age group. There is still 46,500 maternal deaths which is for more and demands that the commitments to further reduction must not flag.
3. The Primary aim of the National Health Policy, 2015, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions-investment in health, organization and financing of healthcare services, prevention of diseases and promotion of good health through cross sectoral action, accesses to technologies, developing human resources, encouraging medical pluralism, building the knowledge base required for better health, financial protection strategies and regulation and legislation for health.
4. The almost exclusive focus of policy, 2015 is to inform clarify, strengthen and prioritize the role of the government in shaping health system in all its dimensions-investment in health organization and financing of health care services, prevention of diseases and promotion of good health through cross sectoral action access to technologies, developing human resources, encouraging medical pluralism, building the knowledge base required for better health, financial protection strategies and regulation and legislation for health. Disease burden while maternal and neonatal alignments contribute to 13.8%. Non-communicable diseases (39.1%) and injuries (11.8%) now constitute the bulk of the country's morbidity burden. National Health Programmes for non-Communicable diseases are very limited in coverage and scope, except perhaps in the case of blindness control programme.

5. To expand the availability of nurses the Ministry would encourage a nursing school in every large district or cluster of districts of about 20 to 30 lakh population. Building up quality in nursing education would require not only a HR policy for the faculty but peer trainers who would come and work with them for two or three years to build up practice and behavioural norms which are benchmarked with the best nursing schools. Centres of excellence for nursing and Allied Health Sciences would also be established in each state. Nursing cadre within public services requires both career progression opportunities as well as specialization in areas like public health nursing and clinical specialities. States which have adequate nursing institution may explore gradually shifting to three-year nurses even at the sub-centre level to support the implementation of the comprehensive primary health care agenda.

SOCIAL ASPECT RELATED TO PERSPECTIVE PLAN

This perspective plan is prepared for nursing educational development. this plan based on following aspects.

1. Population Growth: As per 2011 census the population of India is 112,374,333 million and population (2016) of Maharashtra is 12,9130,500 Growth rate is 9.42%. The density of population per sq.km. gives more realistic picture of population distribution in the state. It is highest in Mumbai city and lowest in Gadchiroli, hence perspective plan is not applicable in Mumbai.
2. Schedule Caste: Even after 58 years of benefits of reservation, large number of schedule caste people continue to be backward, therefore health needs of these section are much higher as compared to other sections of society.

The distribution of schedule caste population varies from region to region. Average percentage of schedule cast population is highest in Marathwada region especially in Latur, Nanded and Osmanabad districts. In Vidarbha also the population of schedule caste is high especially in Amravati , Nagpur, Washim and Chandrapur & Gondia so these districts needs to produce more health manpower and people should get more opportunities for educational development. High population of schedule caste is also observed in Solapur district.

3. Schedule Tribe : They have always lived away in isolation in forest hilly areas and in hospitable lands. These areas lack in roads schools, electricity, hospitals and other civic amenities. They are economically poor, educationally backward and deeply tradition bound. Apart from malnutrition water borne diseases, communicable diseases, they also suffer from displacement . Their health needs deserves special consideration, Average

percentage and schedule tribe is highest in Nandurbar, Gadchiroli, Dhule, Nashik, Yeotmal, Nagpur, Gondia, Thane, Raigad, Jalgoan, Hingoli, Wardha, Amravati, Chandrapur, Bhandara district, hence need to develop more opportunities.

4. Literacy rate : Literacy is one of the important parameters and female literacy is most sensitive parameter. Literacy reflects quality of life of a district. It is very important that female literacy rate in the district should be considered for extending health care facilities. District with low female literacy rate need more health care facilities & educational opportunities as compared to highly literate area. Average female literacy rate below 55 indicate special attention, Average female literacy rate is lower in Jalna, Gadchiroli, Hingoli, Parbhani, and Nandurbar district. To empower the women, it is social responsibility of nursing profession.

KEY ELEMENTS OF PERSPECTIVE PLAN

1. Changing needs of health of the people, MGD goals, national health policy 2015 are taken into consideration and used as guidelines and references.
2. As per order given by the Hon'ble supreme court of India in writ petition (civil) No 350/1993 delivered on 14/08/2003. "The state government alone would be in a position to determine local needs, which may be based for instance, in the case of health personnel, on the ratio of health personnel to the ratio to the population of the state".
3. Minority organization some supreme court judgements have expressed the minority, unaided colleges do not come under the purview of perspective plan, hence any organization with minority community is having right to establish nursing school anywhere in Maharashtra.
4. There are 36 districts in Maharashtra where distribution of population density of population, Schedule caste, Schedule tribes, female literacy all is not similar. Considering all the above social facts and present no of nursing school are in districts where perspective plan can be implicated.
5. Nurse population ratio : As per World health Organization and ICN nurse population ratio is one for five hundred populations (1:500) to deserve essential (Primary Health) care.
6. As per norms of WHO 2.71 beds are required for every 1000 population, to provide Secondary, Tertiary, Speciality and Super Speciality care to the society.

7. As per WHO & ICN, it is necessary to have one nurse for four beds (1:4) to work in secondary, Tertiary and Super Speciality institutions.
8. Registration data of Maharashtra nursing council is also taken into consideration, to estimate available number of nurses in the state. This data is based on latest registration figure.
9. Present registration data means total available nurses, but it is not necessary that every registered nurse is a practitioner. Many are dormant in state or not practicing due to many reasons like retirement, chronic sickness, migration, family & personal reasons or death.

It is considered in all profession, about 20% professionals keep themselves away from profession due to all above reasons.

5. NUMBER OF NURSING INSTITUTE OF MAHARASHTRA AT PRESENT

TABLE NO 4

As per the Act 1966 this is the Region wise Recognised Institutions For 2017 – 18
(Maharashtra)

Till Date : 14/12/2017 update GNM/ANM on 09/08/2018

Sr. No	Name of the Courses	Gr.Mumbai / Intake	Mumbai/ Intake	Poona/ Intake	Nagpur/ Intake	Aurangabad /Intake	Total
1	GNM	13 (555)	56 (1575)	79 (2285)	46 (1350)	64 (1665)	258 (7430)
2	ANM	04 (100)	72 (1630)	122 (2705)	147 (3370)	140 (2900)	485 (10705)
3	B.Sc(N)	11 (435)	19 (890)	26 (1205)	17 (750)	15 (670)	88 (3950)
4	P.B.B.Sc(N)	05 (140)	10 (260)	17 (260)	05 (140)	04 (120)	42 (1215)
5	M.Sc (N)	03 (54)	05 (69)	13 (263)	04 (75)	Nil	25 (461)

The above Table No 2 explains about the region wise distribution of nursing colleges of ANM, GNM, P.B.B.Sc(N), M.Sc(N) and their intake capacity.

TABLE NO 5

Maharashtra Nursing Council, Mumbai

As per the Act 1966 this is the Regionwise Recognised Institution For 2018 – 19
(Maharashtra)

Till Date : 30/12/2018 Update Graduate and Post-Graduate On 08/01/2019

Sr No	Name Of The Course/ Intake	Gr. Mumbai/ Intake	Mumbai/ Intake	Poona/ Intake	Nagpur/ Intake	Aurangabad/ Intake	Total
1	B.Sc.(N)	12 (475)	20 (950)	30 (1615)	20 (900)	18 (820)	100 (4760)
2	P.B.B.Sc (N)	03 (80)	11 (300)	18 (565)	05 (140)	07 (190)	44 (1275)
3	M.Sc (N)	04 (69)	09 (122)	15 (305)	04 (75)	01 (25)	33 (596)

The above Table No 3 explains about the region wise distribution of nursing colleges B.Sc(N), P.B.B.Sc(N), M.Sc(N) and their intake capacity.

6. ANM/GNM ESTIMATION OF REQUIRED NUMBER OF NURSING PERSONNEL FOR FUTURE

ANM ESTIMATION OF REQUIRED NUMBER OF NURSING PERSONNEL FOR FUTURE

Present population of India is 1337221378 (1.33 billion). More than 50% India's current population is below the age of 25 and over 65% below the age of 35. About 72.2% of the population lives in some 6,38,000 villages and the rest 27.8% in about 5480 towns and urban agglomeration. The Maharashtra is second most populous state of India, which has growth rate of 9.42% as per available data of 2016, current population of Maharashtra is 12,9,130,500

TABLE NO 6

ANM ESTIMATION OF REQUIRED NUMBER OF NURSING PERSONNEL FOR FUTURE

a)	Estimated Population of Maharashtra (2016)	12,91,30,500
b)	Required number as per 1:500 WHO & ICN	2,58,261
c)	Total requirement of nurses till date	2,58,261
d)	Total registered nurses in MNC ANM Registered Nurses GNM Registered Nurses	2,13,000 87,158 1,19,504
e)	Total No of Student Passing in 5 yrs. No of ANM student passing out No of GNM student passing out	10705 7430

ANM

NURSE POPULATION RATIO FOR PRIMARY HEALTH CARE: As per World Health Organization (WHO) and ICN nurse population ratio is **One Nurse is for five hundred population (1:500) to deserve essential (Primary Health) care.**

The above table explains about the Population of Maharashtra State which is 12,91,30,500 if we calculate as per 1: 500 ratio we required 2,58,261 Nurses for providing primary health care services. To get the exact no of required Nurses for primary health care services we need to deduct total Registered ANM Nurses and 50% GNM Nurses which is already working and providing health care services at periphery level, ANM works at periphery level, they provide mainly Maternal, Child health and preventive aspect of health care system and In rural health care system GNM are posted in primary health centre, Community health centre, Subcentre,

District and Subdistrict hospital. At periphery level GNM also works as supervisor to evaluate health care needs which is provided by LHV (Lady Health Visitor) and ANM nurses, therefore it is important for us to deduct this no of nurses to get the exact no of required nurses, which is 87,158 (Total ANM Registered) and 59,752 (50% of GNM Registered) respectively. Therefore, the total no is $(2,58,261 - 87,158 - 59,752 = 1,11,357)$

To get the more exact no we have to deduct the Total output of ANM student nurses in five year which is $(10705*5)$ and 50% output of GNM student nurses in five years $(7430/2*5)$ which is $(1,11,357 - 53,525 - 18,575 = 39,257)$ this $(39,257)$ we may further need to bifurcate in to 75% $(29,442)$ and 25% (9814) respectively to fulfil the requisite backlog of the Nurses we can take up to 75% nurses of ANM and 25% nurses of GNM who will provide primary health services, as per available institute in the current scenario growth rate factor which is proposed to grow continuously and health needs of the population in rural area (i.e communicable diseases, natural calamities, disasters and medical emergencies), we can take upto only 10% of no of 75% which is $(29,442*10/100 = 2944)$ this no we have to further divide into minimum intake of student capacity per institute which is 40seats therefore $(2944 / 40 = 74)$

We can open up to 74 Institutes of ANM this no can decrease or increase as per the demand of the population, this is the estimated calculation which is made on tentative figures of current scenario.

This estimated no of Institute to be opened is calculated by taking following factors into consideration.

1. Increased need of Nurses in Primary Health Centre and Subcentres.
2. No of Nurses needed in District and subdistrict Hospital.
3. No of Non-Working Nurses.
4. Less no nurses working at grass root level.
5. Hierarchy of Nurses

TABLE NO. 7

HOSPITALS IN THE PERIPHERY LEVEL

Hospitals	Sanctioned	Available Bed strength
District Hospitals	23	7871
a) Sub District Hospitals (100 Bedded)	29	2900
b) Sub District Hospitals (50 Bedded)	60	3000
Women Hospitals	13	1570
General Hospitals	6	660
Other Hospital	1	50

Rural Hospital (30 Bedded)	361	10830
Regional Referral Services Hospitals	2	200
Total	495	27081

GNM ESTIMATION OF REQUIRED NUMBER OF NURSING PERSONNEL FOR FUTURE

Present population of India is 1337221378 (1.33 billion). More than 50% India's current population is below the age of 25 and over 65% below the age of 35. About 72.2% of the population lives in some 6,38,000 villages and the rest 27.8% in about 5480 towns and urban agglomeration. The Maharashtra is second most populous state of India, which has growth rate of 9.42% as per available data of 2016, current population of Maharashtra is 12,9,130,500

TABLE NO 8

GNM ESTIMATION OF REQUIRED NUMBER OF NURSING PERSONNEL FOR FUTURE

a)	Estimated Population of Maharashtra (2016)	12,91,30,500
b)	Required number as per 1000: 2.71 Beds as per norms of Delhi Hospital	3,49,943
c)	Total requirement of nurses as per 1: 3 Nurse Patient Ratio (i.e. One Nurse for Three Beds)	1,16,647
d)	Total registered nurses in MNC GNM Registered Nurses B.Sc. Registered Nurses	2,13,000 1,19,504 31,436
e)	Total No of Student Passing in 5 yrs. No of GNM student passing out No of BSc student passing out	7430 4760

HOSPITAL BED POPULATION RATIO: As per norms of WHO 5 beds for 1000 population but we have considered 2.71 beds are required for every 1000 population, to provide secondary, tertiary, speciality and super speciality care to the society. As per WHO & ICN, it is necessary to have one nurse for three beds (1:3) to work in secondary, Tertiary & super speciality institutions.

Considering the Maharashtra state approximate population for the year 2016 is 129130500. We can calculate total no. Hospital beds required for Maharashtra are $129130500/1000 = 3,49,943$ beds. Thus, as per the norms of ICN and WHO Nurse – hospital beds ratio is 1 Nurse for 3 hospital beds (1:3). Thus, the total nursing manpower required for Maharashtra as per

Nurse-Hospital beds ratio is $3,49,943/3 = 1,16,647$. It means total 1,16,647 nurses are required for secondary and tertiary care hospital.

To get the total no of Nurses we need to deduct the 50% GNM Registered Nurses because as per the ANM plan 50% of GNM nurses already providing services to primary health care which is (59,752) and total Registered BSc Nurses the main reason of deducting B.Sc. is many of B.Sc. nurses works as a sister tutor in Nursing Institute, most of the B.Sc. nurses for future

and professional growth they go to abroad for working purpose, go for further post-graduation studies, working as leadership post like (Nursing executives, Nursing superintendent, Nursing Director, and many leadership post) and many of them already providing care in Multispeciality and Super speciality Hospitals, which is (31,436) therefore $(1,16,647 - 59,752 - 31,436 = 25,459)$ from the current value we may further deduct 50% of total GNM output (18575) the need for this 50% deduction because we have already utilised 50% of GNM nurses for primary health sector which is $(25459 - (7430/2*5) = 6884)$ this is the total no of nurses required for providing care to the secondary and tertiary care. we have to divide this by minimum student intake capacity per institute which is 40seats $(6884 / 40 = 172)$

We can open up to 172 Institute of GNM this no can decrease or increase as per the demand of the population, this is the estimated calculation which is made on tentative figures of current scenario.

This estimated no of Institute to be opened is calculated by taking following factors into consideration

1. Disaster which can take place at any time.
2. No of Beds increased in the future.
3. Nurses Turnover in Maharashtra.
4. Increased Demand for Nurses in State of Maharashtra.

TABLE NO 9**HEALTH INFRASTRUCTURE IN MAHARASHTRA 1981 – 2001**

	1981	1986	1991	1995	2001
Hospital	968	1545	2104	4912	3446
Urban %	89.0	89.1	83.6	88.27	89.7
Private %	68.0	72.6	62.7	61.23	87.7
Dispensaries	3139	7259	9202	8320	5852
Urban %	63.6	90.2	91.3	83.89	57.3
Private %	47.4	79.5	82.4	90.14	86.16
Beds	71294	93938	113838	129229	128076
Urban %	91.5	91.7	89.0	82.27	92.8
Private %	37.4	38.4	34.1	47.82	37.3

This plan is for 2018 – 23 where backlog of staff nurses needs to be fulfilled by maintaining WHO Criteria. Therefore, certain districts remain unattended always. Because of the above reasons, in each region two or three districts, which are economically backward, having more tribal population, not a single college came up during First and Second Perspective plan. As per our one of the objectives is “To promote equitable distribution of facilities of Health Sciences Education”. In view of this, it is appropriate to consider the deficit district wise instead of region wise. The distribution of Nursing colleges/institutions should be district wise is thus more suitable for consideration of equity and training colleges of nursing to maintain equitability.

SUMMARY

1. The perspective plan is prepared to fulfil the backlog of the nurses, the backlog of nurses is calculated as per the nurses who required to provide care in primary, secondary and tertiary health sector.
2. Considering no. of registered nurses with Maharashtra Nursing Council is identified from 20% deduction is done on the basis of Non-practicing nurses, Retired nurses, Nursing teacher, Directors, Superintendents who are physically not providing care at bedsides, nurses who have gone for professional upliftment to abroad countries and nurses who have gone for further qualification.
3. This plan for five years, all estimated Nursing school of ANM /GNM may not be open at the time, this schools are to open over the period five years

N. B. :

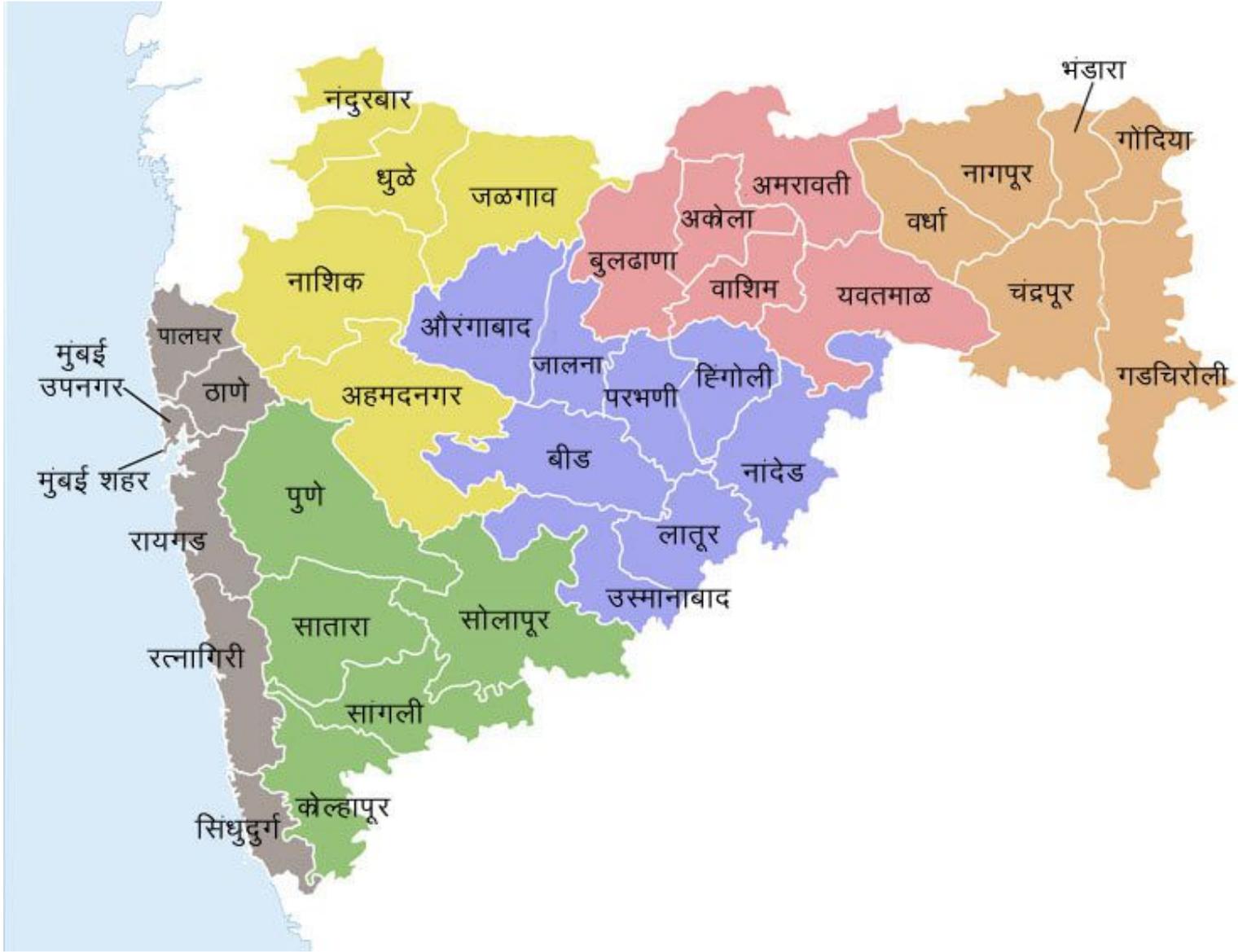
1. Proposals from State Government, Central Government, Local bodies to open new Nursing diploma schools and Proposal for Enhancement of seats, irrespective of implementation of Perspective Plan.
2. Government resumes the right to Seat Enhancement of the existing ANM/GNM course depending upon the need & capacity of the Institution and such proposals will be consider by Government of Maharashtra irrespective of implementation of Perspective Plan.
3. As per circulars from Indian Nursing Council, dated 28/02/2019 and 14/03/2019 and the National Health Mission 2017, for Nursing Profession Single Entry Level is proposed. To improve the standard of Nursing Education, to upgrade GNM nursing schools into BSc Nursing Institution and to maintain BSc Nursing as Single Entry Level is proposed. With this notification INC proposes to close existing GNM Programme from Academic year 2020-21.
4. As per Government Resolution No. NUR 2017/C.R.212/17/Shibir Karya NGP/ Edu. dated 13th July 2018, Government of Maharashtra through Maharashtra State Board Of Nursing And Paramedical Education were invited proposals for A.Y. 2018-19 for opening up new Schools for Nursing diploma courses and Enhancement of seats. These proposals would be accepted for the A.Y. 2019-20 under this Perspective Plan.

REFERENCES:

1. Maharashtra Nursing Council perspective plan 2012 – 17
2. Maharashtra Nursing Council total No of Registered Nurses
3. Maharashtra University of Health Sciences Perspective plan

Annexure :

1. Annexure I
2. Annexure II
3. Annexure III



gmm

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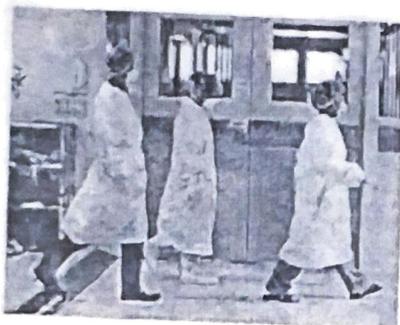
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Delhi has 2.71 hospital beds per 1,000, WHO recommends 5

PTI | Updated Jun 24 2015 08:34 PM IST

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NEW DELHI: Delhi's hospital bed to population ratio is little more than half of the WHO's recommended standard of 5 beds per 1,000 population, even though allocation to health sector under annual plans has significantly increased in the last decade.

As per the Delhi's economic survey of 2014-15, although the number of hospital beds have increased to 48,096 in 2014 from 32,941 in 2004, bed to population ratio stands at 2.71

(beds per 1,000 persons) a mere improvement from 2.25 in 2004.

Last year the ratio stood at 2.50

"The investment in health sector under annual plans has significantly increased from Rs 469.83 crore in 2004-05 to Rs 1,990 crore in 2014-15 and thus recorded an annual compound growth rate (AGCR) of 15.53 per cent," said the report tabled in the Assembly today

Around 15 Delhi government hospitals, including 200 bed hospital at Burari, 225 bed hospital at Chattarpur, 200 bed hospital at Madipur etc are under construction or under planning stage

"The number of medical institutions in Delhi has increased at a low rate in terms of number of institutions and special clinics. There are number of reasons behind slow pace of extension of new health outlets such as nonavailability of land, shortage of manpower and multiplicity of agencies, etc.



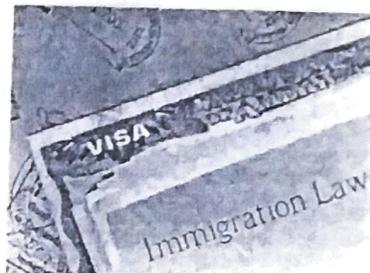
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Moreover, all the hospitals especially major hospitals in Delhi are overcrowded because of heavy patient load," stated the report.

Based on findings of 68th Round of National Sample Survey (July 2011 and June 2012) in Delhi, the average monthly consumption expenditure of a household was estimated to the tune of Rs. 15,122.

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of this, Rs 462.84 was spent on n

economicstimes.indiatimes.com/industry/healthcare/biotech/healthcare/delhi-has-2-71-hospital-beds-per-1000-who-recommen

III. Delivery of Health Care: Physical Infrastructure

The health care infrastructure in Maharashtra is generally considered to be above the national average (see Appendix I). Kerala and Gujarat are the only states, ahead of Maharashtra in bed population and hospital population ratio.

have registered a better health status than Maharashtra. (HDR 2002).

Table I: Health Infrastructure in Maharashtra 1981-2001

	1981	1986	1991	1995	2001
Hospitals	968	1545	2104	4912	3446
Urban %	89.0	89.1	83.6	88.27	89.7
Private %	68.0	72.6	62.7	61.23	87.7
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Private %	47.4	79.5	82.4	90.14	86.16
Beds	71294	93938	113838	129229	128076
Urban %	91.5	91.7	89.0	82.27	92.8
Private %	37.4	38.4	34.1	47.82	37.3

Source: Health Information of India, CBHI, Govt. of India, various years

Note: Hospital Figures (prior to 1997) are generally inclusive of CHCs, from 1997 excluding CHCs; Dispensaries figures (prior to 1997) are generally inclusive of PHCs, from 1997 excluding PHCs

There is a wide rural-urban gap in health infrastructure and facilities both quantitatively and qualitatively. Urban areas have a concentration of hospitals and nursing homes as well as of qualified doctors. This is equally true of the public and private sectors. As we have noted earlier, most public hospitals are in the cities, district and sub divisional towns. Similarly over 80 per cent of beds in public hospitals are in urban areas where 40 per cent of the population resides.

The situation is no different in the private sector with hospitals and beds being located mostly in cities and towns. This is in sharp contrast to Punjab and Kerala where hospital services are available in rural areas in reasonable numbers with no significant inequities between rural and urban areas. And this could be one reason why both these states

District wise differentials in access

There is wide variation across districts and regions within Maharashtra with Mumbai, Pune, Wardha and Nagpur having better population to facility ratios. (Table 3 and 4)

The bed population ratio shows (Table 3), access to inpatient care services to be relatively higher in Greater Mumbai, Pune, Amravati and Nagpur, while districts like Beed, Bhandara, Dhule, Ratnagiri, Buldhana, Latur and Kolhapur were lagging behind in access to inpatient care services. Sizeable presence of public sector was observed in Yavatmal, Thane, Satara Aurangabad and Parbhani, when compared to other districts. Since majority of health care institutions are in private sector (Table 1), it can be inferred that private sector is not that keen in participating in delivery of health care services



महाराष्ट्र परिचर्या परिषद MAHARASHTRA NURSING COUNCIL



१ वा मजल, बांभे म्युचल अंनेषन, मन्वो पय,
मेमिडनी एडिफिया समोर, डी. एन. रोड फोर टॉला, फोर्ट, मुंबई - ४०० ००१.
5th floor, Bombay Mutual Annex, Gunbow street, Opp. Residency Hotel, Off D. N. Road, Fort, Mumbai 400 001.
Tel: (022) 22677993, 94 Fax: 022 - 22677995 Website: www.maharashtranursingcouncil.org Email: mncgeneral2015@gmail.com

DATE : 24/01/2019

MNC/RJ ²⁹⁰⁰⁵ /2019

To,
The Registrar
MSBNPE
Mumbai - 400001.

Subject: - The detail count of ANM, GNM and B.Sc. Registered Nurses.
Ref. :- Your letter dated 24/01/2019.

Respected Madam,

With reference to your above letter. This is to inform you that the total count of ANM, GNM and B.Sc. Registered Nurses till date are as follows: -

SR. NO.	COURSE NAME	TOTAL NURSE
1	B.Sc. NURSING	31436 - 6287 - 2
3	REVISED AUXILLARY NURSE MIDWIFERY	87152 - 17430 - 6
5	GENERAL NURSE MIDWIFERY	119505 - 22901 - 9
	TOTAL	2,38,093

I remain,

DEPUTY REGISTRAR



भारत का राजपत्र The Gazette of India

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भारतीय उपचर्या परिषद्
अधिसूचना

नई दिल्ली, 12 मार्च, 2021

[भारतीय उपचर्या परिषद् (नर्सिंग कार्यक्रमों के लिए उपयुक्तता प्रदान करने हेतु न्यूनतम आवश्यक शर्त) विनियम, 2020]

फा. सं. 11-1/2019-आईएनसी-समय-समय पर यथासंशोधित भारतीय उपचर्या परिषद् अधिनियम, 1947 (1947 का XLVIII) की धारा 16(1) के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए भारतीय उपचर्या परिषद् एतद्वारा निम्नलिखित विनियम बनाती है, यथा -

1. लघु शीर्षक और प्रवर्तन

- ये विनियम भारतीय उपचर्या परिषद् (नर्सिंग कार्यक्रमों के लिए उपयुक्तता प्रदान करने हेतु न्यूनतम आवश्यक शर्त) विनियम, 2020 कहे जाएंगे।
- ये विनियम भारत के राजपत्र में इनकी अधिसूचना की तिथि से प्रभावी होंगे।

2. परिभाषाएं

इस विनियम में, जब तक कि संदर्भ से अन्यथा अपेक्षित न हो:

- 'अधिनियम' का अभिप्राय समय-समय पर यथासंशोधित भारतीय उपचर्या परिषद् अधिनियम, 1947 (1947 का XLVIII) से है;
- 'परिषद्' का अभिप्राय 1947 के अधिनियम के तहत गठित भारतीय उपचर्या परिषद् से है;
- 'एसएनआरसी' का अभिप्राय संबंधित राज्य सरकारों द्वारा किसी भी नाम से गठित तथा बोली जाने वाली राज्य उपचर्या एवं प्रसवविका फंजीकरण परिषद् से है;
- 'ऑगजिलरी नर्स एंड मिडवाइफरी (एएनएम)' का अभिप्राय परिषद् द्वारा अधिनियम की धारा 16 के तहत स्वीकृत नर्स अधिनियम की अनुसूची के भाग-1 में शामिल डिप्लोमा इन ऑगजिलरी नर्स एंड मिडवाइफरी प्रशिक्षण से है;

b. In case the member of the Trust withdraws the Undertaking given, in that event the permission/suitability letter issued would be deemed to have lapsed/stand withdrawn with immediate effect.

6. Change of Trust/Society {applicable to ANM/GNM/B.Sc. (Nursing)/P.B.B.Sc. (Nursing)/M.Sc. (Nursing) and NPCC}

- (i) The Trust/Society cannot be purchased as per Indian Trust Act, but there can be change of Members/ Trustees. It is therefore the purchase of institution or change of membership will not be considered for continuation of the program. The institution which is purchased/taken over will be considered as closed. And a fresh Government Order shall be required mentioning the Trust/Society name along with programs.
- (ii) The change of membership in Society/change of Trust and Trustees to be submitted immediately after incorporating through Registrar Cooperative Societies/Indian Trust Act.
- ★ (iii) As per law Trust/Society can open number of institutions, but it will be considered as one institution under the ambit of one Trust. It is therefore, a Trust can open only one nursing institution in one city/town.
- ★ (iv) If already an institution is existing in that city or town with an abbreviated name (e.g. R K College of Nursing) then another institution with expanded name (Rama Krishna College of Nursing) will not be allowed).
- (v) No two institutions will have same name in same city/town.

7. Change of Address {applicable to ANM/GNM/B.Sc. (Nursing)/P.B.B.Sc. (Nursing)/M.Sc. (Nursing) and NPCC}

SNRC shall issue a certificate, certifying the fact that the nursing institution is being shifted to the new building/premises at the address indicated. The certificate issued should indicate clearly complete address. The certificate issued should indicate clearly the total covered area of the nursing institution, number of rooms along with area specification, provision of adequate washroom facilities, lighting, and ventilation etc. of the new building.

8. Change of Location {applicable to ANM/GNM/B.Sc. (Nursing)/P.B.B.Sc. (Nursing)/M.Sc. (Nursing) and NPCC}

Change of location (District/Town/City/Village) shall be considered under new proposal i.e. fresh Essentiality Certificate from the State Government and recognition from the SNRC is mandatory.

9. Strict Compliance of the Syllabus prescribed by the Council {applicable to ANM/GNM/B.Sc. (Nursing)/P.B.B.Sc. (Nursing)/M.Sc. (Nursing) and NPCC}

No Institutions/SNRC/University will modify the syllabi prescribed by the Council for a course. However they can add units/subjects if need be.

10. Close/Re-start of the Nursing Programs {applicable to ANM/GNM/B.Sc. (Nursing)/P.B.B.Sc. (Nursing)/M.Sc. (Nursing) and NPCC}

If Institutions have not admitted the students for 2 consecutive years, it shall be considered as closed. Institute may apply for suitability to the Council under Section 13 & 14 of the Act through online within 5 years of the closure. While conducting the inspection they will not be covered under the new guidelines with regard to Parent Hospital. However, the above relaxation will be applicable only for five years. In case the proposal is submitted after 5 years from the year of closure, it has to be a fresh proposal with due Essentiality Certificate from the State Government and recognition from the SNRC. In such cases the new guidelines with regards to parent hospital and calendar of events shall be applicable.

11. Change of Name of the Institution {applicable to ANM/GNM/B.Sc. (Nursing)/P.B.B.Sc. (Nursing)/ M.Sc. (Nursing) and NPCC}

If the Trust/Society proposes to change the name of the Institute, a valid reason has to be submitted. If SNRC/University have accepted the change of name of Institute it may be accepted by the Council provided the Trust/Society is same and does not come under Para No. 6 above.

भारतीय उपचर्या परिषद्

आठवाँ तल, एनबीसीसी सेन्टर, प्लॉट नं. 2, कम्यूनिटी
सेन्टर, ओखला फेज-1, नई दिल्ली - 110020



INDIAN NURSING COUNCIL

8th Floor, NBCC Centre, Plot No. 2, Community Centre
Okhla Phase-I, New Delhi - 110020

स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत सांविधिक निकाय
Statutory Body under the Ministry of Health & Family Welfare

File Number : 22-10/Mis/2021-INC

Date : 06-10-2021

To

The Registrar
Maharashtra Board of Nursing and Paramedical Education
Directorate of Medical Education and Research
4th floor, St. Georges Hospital Campus
PD Melo Road fort Mumbai-400 001
Email id:-msbnpe@gmail.com

Sub:- Regarding bed capacity of own/parent hospital for new opening GNM nursing College.

Sir/Madam,

Please refer to your letter MSBNPE/7658/2021 dated 12.08.2021 on the above subject.
Clarification is given point wise below:-

1. As per your above mentioned reference 100 beds parent (own) hospital is required for 40-60 annual intake for GNM program. If 80-100 annual intake for GNM programme has to be sanctioned then how many bedded hospital is required.

Reply:-Minimum 100 bed hospital will be compulsory for any number of intake seats less than and equal to 60 and 300 beds or more for more than 60 seats and less than equal to 100.

2. If institution is having two 50 bedded hospital as parent hospital then it can be consider for 40-60 annual intake or institute should have single 100 bedded hospital to open new GNM course.

Reply:-Institution shall have single 100 bedded hospital

3. Institute has 100 bedded own/parent Ayurvedic hospital whether permission should be granted to New Nursing GNM college.

Reply:- No, Ayurvedic hospital is not considered for nursing programmes.

This issues with the approval of Competent Authority.

Signature valid
Yours faithfully
Digitally Signed by
Lt Col (Dr) Sarveer Kaur
Secretary (INC)
Date: 06/10/2021
Location: New Delhi
Lt Col (Dr) Sarveer Kaur
Secretary

**GUIDELINES AND MINIMUM REQUIREMENTS TO ESTABLISH NEW
AUXILIARY NURSE AND MIDWIVES SCHOOL OF NURSING**

1. The following Establishments / Organizations are eligible to Establish / Open an Auxiliary Nurse and Midwives School of Nursing (ANM School).
 - a) Central Government/State Government/Local body;
 - b) Registered Private or Public Trust;
 - c) Organisations Registered under Societies Registration Act including Missionary Organisations;
 - d) Companies incorporated under section 8 of Company's Act;
2. The eligible Organizations / Establishments should obtain Essentiality Certificate / No objection Certificate from the concerned State Government where the ANM School of Nursing is sought to be established. The particulars of the name of the School / Nursing Institution along with the name of the Trust /Society [as mentioned in Trust Deed or Memorandum of Association] as also full address shall be mentioned in No Objection Certificate/Essentiality Certificate.
3. After receipt of the Essentiality Certificate/ No objection Certificate, the eligible institution shall get recognition from the concerned State Nursing Council for the ANM programme for the particular Academic Year, which is a mandatory requirement.
4. The Indian Nursing Council shall after receipt of the above documents / proposal would then conduct Statutory Inspection of the recognized training nursing institution under Section 13 of Indian Nursing Council Act 1947 in order to assess the suitability with regard to availability of Teaching faculty, Clinical and Infrastructural facilities in conformity with Regulations framed under the provisions of Indian Nursing Council Act, 1947.

PHYSICAL FACILITIES

Teaching Block:

S. No.	Teaching Block	Area (Figures in Sq feet)
1.	Staff Room	500
2.	Faculty Room	1200
3.	Class Room	2 @ 1080 = 2160
4.	Nursing Laboratory	1500
5.	Nutrition Laboratory	900
6.	Library Cum Study	1200
7.	Audio Visual Aids Room	600
8.	Provisions for Toilets	500
9.	Multipurpose Hall	1500
Total		10060 Sqr. Ft.

Hostel Block:

S. No.	Hostel Block	Area (Figures in Sq feet)
1.	Double Room	12000
2.	Sanitary	One latrine & One Bath room (for 5 students) - 500
3.	Visitor Room	250
4.	Reading Room	125
5.	Store	250
6.	Recreation Room	250
7.	Dining Hall	1500
8.	Kitchen & Store	750
Total		15625 Sqr. Ft.

Grand Total : 10060 + 15625 = 25685 Sqr. Ft.

Note: -

- *1. Nursing Educational institution should be in Institutional area only and not in residential area.**
- *2. If the institute has non-nursing programme in the same building, Nursing programme should have separate teaching block.**
- *3. Shift-wise management with other educational institutions will not be accepted.**
- *4. Separate teaching block shall be available if it is in hospital premises.**
- *5. School and College of nursing can share laboratories, if they are in same campus under same name and under same trust, that is the institution is one but offering different nursing programmes. However they should have equipments and articles proportionate to the strength of admission. And the class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.**

School building – There should be separate building/block for the school and hostel. It should have an open space to facilitate outdoor games for the students.

Office – There should be individual furnished office rooms for: Principal, Teachers, Clerical Staff. A separate telephone connection for the school is necessary.

Class-room – There should be two adequately large classrooms, accommodating required number of students (i.e. for 20-40 students size of the room should be 720 sq. ft.). Rooms should be well ventilated and properly lighted. There should be chairs with arms or desks according to the number required. Suitably placed black/green or white board should be available in the classrooms.

Nursing laboratory – There should be a demonstration room with at least two to four beds and adequate number of cupboards with necessary articles for demonstration. Provision should be made for community, midwifery and first aid demonstration and practice.

Nutrition laboratory – There should be provision for nutrition practical. Cooking gas, stove and wash basin with tap connections, suitable working tables and sufficient number of necessary utensils for conducting cooking classes should be available.

Library cum study – There should be a room of adequate size in order to accommodate 40 students at a time, with sufficient number of cupboards, library books and adequate number of chairs and tables for the students. Library should have updated edition of textbooks, referral books, few professional journals and general knowledge magazines as well as storybooks etc. in sufficient numbers.

Audio visual aid – School must have a TV, DVD player, an overhead projector, LCD projector, laptop for projection computer facility, models, charts, skeleton & manikin/simulators, neonatal resuscitation equipment, home visiting bags, delivery kits etc.

Toilets – There should be adequate toilets facility in the school building for the students and teachers at least in the ratio 1:10.

Garage – There should be a garage for the mini bus.

NURSING TEACHING FACULTY

Teaching faculty for 20-40 annual admission:

S. No.	Teaching Faculty	Qualification & Experience
(i)	Principal	M.Sc. Nursing with 3 years of teaching experience or B.Sc. Nursing with 5 years of teaching experience.
(ii)	Nursing Tutor	B.Sc. Nursing/Diploma in Nursing Education and Administration/Diploma in Public Health Nursing with 2 years of clinical experience.

Note:

- Teacher student ratio should be 1:10 on sanctioned strength of students (excluding tutor for interns).

CLINICAL FACILITIES

1. A Rural Hospital (RH) having minimum bed strength of 30 and maximum 50 and serving an area with community health programmes.
2. Affiliated to district hospital or a secondary care hospital with minimum 150 beds, in order to provide adequate maternity, childcare and basic medical surgical experiences. The hospital to have adequate number of trained nursing staff round the clock. Bed occupancy on the average to be between 60% - 70%.
3. An organization having a hospital with 150 beds with minimum 30-50 obstetrics and gynaecology beds, and 100 delivery cases monthly can also open Auxiliary Nurse and Midwives school. They should also have an affiliation of PHC/CHC for the community health nursing field experience.

NOTE:-

- Pollution control Board certification wherein beds of the hospital are mentioned for both affiliated and parent hospital to be submitted.

F. No. : 1-6/2018-INC

Dated: 20-04-2018

GUIDELINES AND MINIMUM REQUIREMENTS TO ESTABLISH GNM SCHOOL OF NURSING

1. The following Establishments / Organizations are eligible to Establish / Open a General Nursing and Midwifery School of Nursing (GNM School).
 - a) Central Government/State Government/Local body;
 - b) Registered Private or Public Trust;
 - c) Organisations Registered under Societies Registration Act including Missionary Organisations;
 - d) Companies incorporated under section 8 of Company's Act;
2. The eligible Organizations / Establishments should have their own 100 bedded Parent Hospital.

Provided that in respect of Tribal and Hilly Area the requirement of own Parent Hospital is exempted.

- Tribal area – Scheduled notified area; [Areas as the President of India may by order declare to be Scheduled Areas;]
 - Hilly area – North East States, Jammu & Kashmir, Himachal Pradesh & Uttarakhand.
3. The eligible Organizations / Establishments should obtain Essentiality Certificate / No objection Certificate from the concerned State Government where the GNM School of Nursing is sought to be established. The particulars of the name of the School / Nursing Institution along with the name of the Trust /Society [as mentioned in Trust Deed or Memorandum of Association] as also full address shall be mentioned in No Objection Certificate/Essentiality Certificate.
 4. After receipt of the Essentiality Certificate/ No objection Certificate, the eligible institution shall get recognition from the concerned State Nursing Council for the GNM programme for the particular Academic Year, which is a mandatory requirement.



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5. The Indian Nursing Council shall after receipt of the above documents / proposal would then conduct Statutory Inspection of the recognized training nursing institution under Section 13 of Indian Nursing Council Act 1947 in order to assess the suitability with regard to availability of Teaching faculty, Clinical and Infrastructural facilities in conformity with Regulations framed under the provisions of Indian Nursing Council Act, 1947.

PHYSICAL FACILITIES

Teaching Block:

The School of Nursing should have a separate building/teaching block*. For a School with an annual admission capacity of **40-60** students, the constructed area of the School should be **20000** square feet.

The School of Nursing can be in a rented/leased building for first two years. After two years institute shall have own building in an institutional area. Otherwise Rs.50, 000 penalty has to be paid for every year for 3 years. During the penalty period if the institute is not able to construct own building the permission/suitability will be withdrawn and will be taken as a fresh proposal.

Adequate hostel/residential accommodation for students and staff should be available in addition to the above mentioned built up area of the Nursing School respectively. The details of the constructed area are given below for admission capacity of **40-60** students:

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Striving to achieve uniform standards of Nursing Education

Website: www.indiannursingcouncil.org E-mail: secy.inc@gov.in

Phone: 011-26819157, 26819159, 26819160



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S. No.	Teaching Block	Area (Figures in Sq feet)
1.	Lecture Hall	3 @ 900 = 2700
2.	(i) Nursing foundation lab	1500
	(ii) CHN & Nutrition Lab	900
	(iii) Advance Nursing Skill Lab	900
	(iv) OBG and Paediatrics lab	900
	(v) Pre-clinical science lab	900
	(vi) Computer Lab	1500
3.	Multipurpose Hall	3000
4.	Common Room (Male & Female)	1000
5.	Staff Room	1000
6.	Principal Room	300
7.	Vice Principal Room	200
8.	Library	1800
9.	A.V. Aids Room	600
10.	Faculty Room	1800
11.	Provisions for Toilets	1000
Total		20000 Sqr. Ft.

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Note: -

- *1. Nursing Educational institution should be approved for establishing institution by State Government competent authority.**
- *2. If the institute has non-nursing programme in the same building, Nursing programme should have separate teaching block.**
- *3. Shift-wise management with other educational institutions will not be accepted.**
- *4. Separate teaching block shall be available if it is in hospital premises.**
- *5. Proportionately the size of the built-up area will increase according to the number of students admitted.**
- *6. School and College of nursing can share laboratories, if they are in same campus under same name and under same trust, that is the institution is one but offering different nursing programmes. However they should have equipments and articles proportionate to the strength of admission. And the class rooms should be available as per the requirement stipulated by Indian Nursing Council of each programme.**

1. **Class rooms**

There should be at least three classrooms with the capacity of accommodating the number of students admitted in each class. The rooms should be well ventilated with proper lighting system. There should be built in Black/Green/White Boards. Also there should be a desk/ dais/a big table and a chair for the teacher and racks/cupboards for keeping teaching aids or any other equipment needed for the conduct of classes also should be there.

2. **Laboratories**

There should be at least Six laboratories as listed below:-

Nursing Foundation Laboratory
Community Health Nursing & Nutrition Laboratory
Advance Nursing Skill Laboratory
Computer Laboratory
OBG & Paediatric Laboratory
Pre Clinical Sciences Laboratory

3. **Multipurpose Hall**

It can be utilized for hosting functions of the college, educational conferences/workshops, CNES examinations etc. It should have proper stage with green room facilities. It should be well – ventilated and have proper lighting system. There should be arrangements for the use of all kinds of basic and advanced audio-visual aids.

4. **Library**

There should be a separate library in the school. It should be easily accessible to the teaching faculty and the students.

It should have comfortable seating arrangements for half of the total strength of the students and teachers in the school. There should be separate budget for the library. The library committee should meet regularly for keeping the library updated with current books, journals and other literature.

The library should have proper lighting facilities and it should be well-ventilated. It should have a cabin for librarian with intercom phone facility.

There should be sufficient number of cupboards, books shelves and racks with glass doors for proper and safe storage of books, magazines, journals, newspapers and other literature.



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There should be provision for catalogue-cabinets, book display racks, bulletin boards and stationery items like index cards, borrowers cards, labels and registers. Current books, magazines, journals, newspaper and other literature should be available in the library.

A minimum of 500 single titled nursing books (all new editions), in the multiple of floor, 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library.

5. **Offices Requirements**

a. Principal's Office:

There should be a separate office for the Principal with attached toilet and provision for visitor's room. Independent telephone facility is a must for the Principal's office with intercom facility connected/linked to the hospital and hostel.

b. Office for Vice-Principal:

There should be a separate office for the Vice-Principal with attached toilet and provision for visitor's room. Independent telephone facility is a must for Vice-principal's office with intercom facility connected/linked to the hospital and hostel.

c. Faculty Room:

There should be adequate number of office rooms in proportion to the number of teaching faculty. One office room should accommodate **2** teachers only. Separate toilet facility should be provided for the teaching faculty with hand washing facility. There should be a separate toilet for male teachers.



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d. Staff Room:

One separate office room for the office staff should be provided with adequate toilet facility. This office should be spacious enough to accommodate the entire office staff with separate cabin for each official.

Each office room should be adequately furnished with items like tables, chairs, cupboards, built-in racks and shelves, filing cabinets and book cases. Also there should be provision for typewriters, computers and telephone.

6. Common Rooms

A minimum of **3** common rooms should be provided. One for the teaching faculty, one for the student and one for the office staff. Sufficient space with adequate seating arrangements, cupboards, lockers, cabinets, built-in-shelves and racks should be provided in all the common rooms. Toilet and hand washing facilities should be made available in each room.

7. Audio-Visual Aids Room & Store Room

This room should be provided for the proper and safe storage of all the Audio-Visual Aids. The School should possess all kind of basic as well as advanced training aids like chalk boards, overhead projectors, slide and film-strip projector, models specimen, charts and posters, T.V. & V.C.R., Photostat machine, tape recorder and computers, LCD, Laptop.

It should be provided to accommodate the equipments and other inventory articles which are required in the laboratories of the college. This room should have the facilities for proper and safe storage of these articles and equipments like cupboards, built-in-shelves, racks, cabinets, furniture items like tables and chairs. This room should be properly lighted and well-ventilated.

8. Other Facilities

Safe drinking water and adequate sanitary/toilet facilities should be available for both men and women separately in the school. Toilet facility to the students should be in the ratio of 1:25 students is to be made available for students along with hand washing facility. There should be a separate toilet for men.

9. Garage

Garage should accommodate a **50** seater vehicle.

10. Fire Extinguisher

Adequate provision for extinguishing fire should be available as per the local bye-laws.

11. Playground

Playground should be spacious for outdoor sports like Volleyball, football, badminton and for Athletics.

Hostel Block:

Hostel Provision is Mandatory and shall also be owned by the institute within the period of two years

S. No.	Hostel Block	Area (Figures in Sq feet)
1.	Single Room	9000 (50 sq. ft. for each student)
	Double Room	

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2.	Sanitary	One latrine & One Bath room (for 60 students) – 600 x 3 = 1800
3.	Visitor Room	500
4.	Reading Room	250
5.	Store	500
6.	Recreation Room	500
7.	Dining Hall	3000
8.	Kitchen & Store	1500
9.	Warden's Room	450
Total		17500 Sqr. Ft.

**Grand Total (total requirement for the nursing programme) : -
20000 (Teaching Block) + 17500 (Hostel Block) = 37500 Sqr. Ft.**

Hostel Facilities:

There should be a separate hostel for the male and female students. It should have the following facilities.

1. Hostel Room

It should be ideal for 2 students. The furniture provided should include a cot, a table, a chair, a book rack, a cupboard and a cloth rack for each student.

2. Toilet and Bathroom

Toilet and bathroom facilities should be provided on each floor of the students hostel at the rate of one toilet and one bathroom for 2-6 students. Geysers in bathroom and wash basins should also be provided.

3. Recreation

There should be facilities for indoor and outdoor games. There should be provision for T.V., radio and video cassette player.

4. Visitor's Room

There should be a visitor room in the hostel with comfortable seating, lighting and toilet facilities.

5. Kitchen & Dining Hall

There should be a hygienic kitchen and dining hall to seat at least 80% of the total students strength at one time with adequate tables, chairs, water coolers, refrigerators and heating facilities. Hand washing facilities must be provided.

6. Pantry

One pantry on each floor should be provided. It should have water cooler and heating arrangements.

7. Washing & Ironing Room

Facility for drying and ironing clothes should be provided in each floor.

8. Warden's Room

Warden should be provided with a separate office room besides her residential accommodation. Intercom facility with school & hospital shall be provided.



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9. Telephone facility accessible to students in emergency situation shall be made available.

10. Canteen

There should be provision for a canteen for the students, their guests, and all other staff members.

11. Transport

School should have separate transport facility under the control of the Principal. 25 and 50 seats bus is preferable and number of transport shall be as per students strength.

Residential Accommodation:

Residential family accommodation for faculty, should be provided, according to their marital status. Telephone facility for the Principal at her residence must be provided. Residential accommodation with all facilities is to be provided to the Hostel Warden.

Crèche

There should be a crèche in the college campus.



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Staff for the Hostel:

1. Warden (Female) -3 : Qualification- B.Sc. Home Science or Diploma in Housekeeping/Catering. Minimum three wardens must be there in every hostel for morning, evening and night shifts. If number of students are more than 150, one more warden/ Asst. Warden/ House keeper for every additional 50 students.
2. Cook-1: For every 20 students for each shift.
3. Kitchen & Dining Room helper- 1 : For every 20 students for each shift.
4. Sweeper-3
5. Gardener-2
6. Security Guard/ Chowkidar-3

NURSING TEACHING FACULTY

Qualification of Teaching Staff for General Nursing and Midwifery programme with 40 students intake:

S. No.	Teaching faculty	Qualification & Experience	No. Required
(i)	Principal	M.Sc. Nursing with 3 years of teaching experience or B.Sc. Nursing (Basic) / Post Basic with 5 years of teaching experience.	1
(ii)	Vice-Principal	M.Sc. Nursing or B.Sc. Nursing (Basic) / Post Basic with 3 years of teaching experience.	1
(iii)	Tutor	M.Sc. Nursing or B.Sc. Nursing (Basic/Post Basic) or Diploma in Nursing and Administration with 2 years of professional experience.	10
(iv)	Additional Tutor for Interns	M.Sc. Nursing or B.Sc. Nursing (Basic/Post Basic) or Diploma in Nursing and Administration with 2 years of professional experience.	2
Total			14

Note:

- Teacher student ratio should be 1:10 on sanctioned strength of students (excluding tutor for interns).

CLINICAL FACILITIES

School of nursing should have a **100** bedded Parent (Own Hospital)
for 40-60 annual intake in each programme:

- i. Distribution of beds in different areas

Medical	30
Surgical	30
Obst. & Gynaecology	30
Pediatrics	20
Ortho	10
- ii. The size of the Hospital/Nursing Home for affiliation:-
 - a. Should not be less than **50** beds apart from having own hospital.
 - b. Maximum 3 Hospital can be attached.
- iii. Bed Occupancy of the Hospital should be minimum **75%**.
- vi. Other Specialties/Facilities for clinical experience required are as follows:
Major OT Minor OT Dental
Eye/ENT Burns and
Plastic Neonatology with
Nursery Communicable
disease Community Health
Nursing Cardiology

Oncology
Neurology/Neuro-surgery
Nephrology etc.
ICU/ICCU



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- v. Affiliation of psychiatric hospital should be of minimum 30-50 beds.
- vi. The Nursing Staffing norms in the affiliated Hospital should be as per the INC norms.
- vii. The affiliated Hospital should give student status to the candidates of the nursing programme.
- viii. **Maximum Distance between affiliated hospitals & institutions:-**
 - a) Institutions generally can be in the radius of **15-30** kms. from the affiliated hospital.
 - b) Hilly & Tribal area it can be in the radius of 30-50 kms. from the affiliated hospital.
- ix. **1:3** student patient ratio to be maintained.

If the institution is having both General Nursing and Midwifery and B.Sc(N) programme, it would require affiliated hospital for **40-60** annual intake in each programme to maintain **1:3** student patient ratio.

NOTE: -

***Parent Hospital:** The same trust which has established nursing institution and has also established the hospital will be considered as “Parent Hospital” of that institute.

PROFORMA FOR NEW PROPOSAL

NAME OF INSTITUTE :

Please tick the Appropriate Boxes

Name of the Nursing Programme :-

- | | | | |
|-----------------------------|--------------------------|-----------|--------------------------|
| 1) A. N.M. | <input type="checkbox"/> | 2) G.N.M. | <input type="checkbox"/> |
| 3) Post certificate courses | <input type="checkbox"/> | 4) L.H.V. | <input type="checkbox"/> |

1) General Information about the Institute

a) Name of the school/ college / Institute of Nursing :- -----

b) Name and address of the Trust/Society/ Institute :-----

c) Name of the Institute Head :-----

d) Details Address of Institute with Pin Code No. :-----

e) Fax No.- -----

Telephone No.:- ----- Mobile No.:- -----

E-mail Address :- ----- Website:- -----

We hereby declare that all the aforesaid statements & data are correct, complete & true to the best of our knowledge and belief.

INDEX /CHECKLIST OF NEW PROPOSAL

I Proforma / Format

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	Copy Of Memorandum		
	Letter NO and Date Of Suitability		
2	Philosophy with aims and objectives / Trust / Institute		
	Organization Chart		
3	Audit Report		
	Nursing School Budget		
	Annual expenditure of School/ College Of Nursing		
	Fix Deposit Certificate		
4	Abstract of 7/12		
	Blue print of school & Hostel Building.		
	Allotment letter of separate building for school.		
	Agreement letter of school & hostel building .		
	Blue print of school and hostel rental building undertaking of Institute Head for Own building pl.see Pg. No. 4 (D)		
5	Particulars of Teaching Staff		
6	Laboratories 1-7 as per page no. 7(6)(1)of the Proforma.		
	Library		
7	Vehicle documents		
8	Clinical - Hospital :- a) Parent		
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	M.O.U. & Registration Certificate of Bombay Nursing Home Registration Act. 1949 / 2005 of parent & affiliated hospital		
9	Permission letters of UPH / RPH		
10	Undertaking of 1) Principal		
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	3) Form "A"		
11	Affidavit of Owner of the Institute		
12	C.D. WITH SOUND (2 copies)		