

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 2026-2027**

**Clinical Material in Hospital**

**Faculty:- Nursing**

**Name of College/Institute :- Dr.Naikwadi College Of Nursing Jamgaon Sinnar Nashik**

**HOSPITAL DETAILS**

Sr. No.	Particulars to be verified	Particular	Adequate/ Inadequate
1	The Institute / College shall execute a MoU with any institute for affiliation of hospital in addition to minimum 100 bedded own/parent Hospital (Affiliated hospital must be 50 bedded or more.) <b>To be made available on web site</b>	All Hospital MOU Attached	
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <b>Copy to be made available on web site</b>	All Hospital Registration Certificate Attached	
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual .....		
c.	Average Bed Occupancy in % : (Minimum 75%) .....	85%	
d.	Clinical facilities for PG to be verified:-(As per MSR)		
	(i) Whether OPD is functioning to be verified (ii) Total No of OPD (on the day of inspection) (iii) Average Number of patients attending OPD(current year) (iv) Average Number of Delivery (Current year) (v) Average Number of abnormal Delivery (Current year)	OPD Functioning  4685  600-650  140	
<ul style="list-style-type: none"> <li>• As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</li> <li>• If Infrastructure is available, then mark "Adequate"&amp; do not attach any Documents it should be available on college website</li> <li>• In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</li> </ul>			

Here we declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief  
 Any Other, Please Specify:-

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*D. Gadag*  
**PRINCIPAL**

DR. NAIKWADI COLLEGE  
 OF NURSING JAMGAON  
 SINNAR

**Dean/ Principal Stamp & Signature**

**Date:-**

Chairman of LIC

Member Of LIC

Member Of LIC