

NAME OF THE NURSING COLLEGE:

1. FULL ADDRESS OF THE COLLEGE :
2. NAME OF THE NURSING PROGRAMMES OFFERED : B.Sc(N)/M.Sc(N)/P.B.B.Sc(N) (Tick the relevant)
3. NAME OF THE SOCIETY AND ITS COUNCIL REGISTRATION NO:
4. NAME OF THE AFFILIATED HOSPITALS FOR CLINICAL TRAINING :
(Attached latest permission letters from the concerned hospitals)
5. COLLEGE e-Mail.ID:

	Name	Qualification	Year of Passing M.Sc (N)	Teaching Experience after M.Sc (N)	Mobile No.	e-mail ID
Principal						
Vice Principal						

Speciality	Designation	Name of the Faculty	Qualification Year of passing		Experience after M.Sc (N)	Council Registration Number	Mobile No.	e-mail I.D.
			B.Sc (N)	M.Sc (N)				
Medical Surgical Nursing								
	Professor							
	Associate Professor							
	Assistant Professor							
Paediatric Nursing								
	Professor							
	Associate Professor							
	Assistant Professor							
Community Health Nursing								
	Professor							
	Associate Professor							
	Assistant Professor							
Psychiatric Nursing								
	Professor							
	Associate Professor							
	Assistant Professor							
OBG Nursing								
	Professor							
	Associate Professor							
	Assistant Professor							

TUTORS

Sl.No	Name of the Faculty	B.Sc (N) Year of passing	Experience	Registration Number	Phone Number	e-mail I.D.
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Signature of the Principal

Note: If the college is offering both UG & PG programmes, total staff requirement should be submitted as per INC Norms strictly.