

7. Physical Facilities :
(Details of the following to be given)
1. Whether the institution has own Building : Yes No
2. No. of Class Rooms : _____
3. No. of Labs : _____
4. Library Facilities : _____
5. Auditorium : _____
6. Office Facilities : _____
8. Teaching Facilities : Annexure _____
(Details with the Teaching Faculty to be given)
9. Clinical Facilities :
(Details of the following to be given)
1. Parent Hospital, if any : _____
(Name of the Hospital)
No. of Beds : _____
2. Affiliated Hospital, if any : _____
(Name of the Hospital)
No. of Beds : _____
10. Budget : Annexure _____
(Details of one Budget to be given)
11. Demand Draft No. & Date : D.D. No. _____ Date _____

**Signature of the Applicant
with seal**

- Note:**
1. D.D. Rs. 50,000 in favour of Secretary, Indian Nursing Council, New Delhi.
 2. Last Date of submission of duly filled in form is 31st January 2010. Incomplete form i.e. if all requisite documents are not submitted alongwith application form then the proposal for establishing new Nursing programme will be rejected. Indian Nursing Council will not be responsible for the rejection of the application form/proposal.