

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

**Clinical Material in Hospital**

**Faculty: Nursing**

**Name of College/Institute : Kasturba Nursing College, Sevagram**

**HOSPITALDETAILS**

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>	Yes	Adequate
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>	Yes	Adequate
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual .....		
c.	Average Bed Occupancy in % : (Minimum 75%) <b>Year 2023-111.01%</b> <b>Year 2024 – 102.7%</b> <b>Year 2025- 101.2%</b>		
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)(Jan-Dec 2024) ( <b>Average/Day-2526, Total-757883</b> ) (iv) Average Number of Delivery (Current year) ( <b>Jan-Dec 2025</b> ) ( <b>Average/Day-10.08, Total-3679</b> ) (v) Average Number of abnormal Delivery (Current year) ( <b>Jan-Dec 2025</b> ) ( <b>Average/Day-5.62, Total-2052</b> )		
	<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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Date:-

  
 Dean/ Principal Stamp & Signature  
 Kasturba Health Society  
 P. O. SEVAGRAM-442 11