

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

**Clinical Material in Hospital**

**Name of College/Institute :- Shri Shivaji Shikshan Prasark Mandl's**  
**College of Nursing, Barshi. Dist. Solapur 413411**

**Faculty:- Nursing**

**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 down/parent Hospital (Affiliated hospital must be 50 bedded or more.)	Yes	<b>Adequate</b>
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.:	Yes	<b>Adequate</b>
b.	Student Bed Ratio for UG & PG to be verified:(As per MSR) Calculate at Actual 1:3	Yes	<b>Adequate</b>
c.	Average Bed Occupancy in % : (Minimum 75%) .....	Yes	82%
d.	Clinical facilities for PG to be verified:-(As per MSR)	-	NA
	(i) Whether OPD is functioning to be verified	Yes	
	(ii) Total No of OPD (on the day of inspection)		
	(iii) Average Number of patients attending OPD (current year)	17177	
	(iv) Average Number of Delivery (Current year)	369	
	(v) Average Number of abnormal Delivery (Current year)	110	
<ul style="list-style-type: none"> <li>• <b>As per Central Council Norms/ University Norms, above Infrastructure must be available at College.</b></li> <li>• <b>If Infrastructure is available, then mark "Adequate"&amp; do not attach any Documents it should be available on college website</b></li> <li>• <b>In case of "Inadequate", it must be marked as "Inadequate" with evidence. To be submit to university with report</b></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  
**Principal**  
S.S.S.PM's College  
of Nursing, Barshi.