परिचर्या प्रशिक्षण विद्यालय, जिल्हा रुग्णालय सिंधुदूर्ग

जिल्हा रुग्णालय सिंधुदुर्ग

दरपत्रक नोटीस

परिचर्या प्रशिक्षण विद्यालय, जिल्हा रुग्णालय सिंधुदूर्ग येथे विविध रजिस्टर प्रिंटींग करावयाची असुन खालील अटी व शर्थीच्या अधिन राहुन स्थानिक रजिस्टर प्रिंटींग करणाऱ्या संस्था/पुरवठादार यांनी दरपत्रके सादर करावीत.

सदर दरपत्रक प्रक्रियेच्या अटी व शर्ती खालिलप्रमाणे असतील.

१. लेटरहेडवर दरपत्रक विहित नमुन्यात व मुदतीत या कार्यालयाकडे पोहोचविणे आवश्यक आहे.

२. विहित मुदतीनंतर प्राप्त झालेले दरपत्रक स्वीकारले जाणार नाही.

३. सिलबंद लखोटयावर **रजिस्टर प्रिंटींगचे दरपत्रक** असा उल्लेख असावा.

४. दरपत्रकासोबत जीएसटी प्रमाणपत्र, (जीएसटी लागु नसल्यास तसा जाहिरनामा दयावा). पॅनकार्ड, व शॉपॲक्ट परवाना किंवा संबधीत व्यवसायाबाबत प्रमाणपत्राची छायांकीत प्रत जोडणे आवश्यक आहे.

५. दरपत्रक खालील प्रमाणे जिल्हा शल्यचिकित्सक सिंधुदुर्ग यांचे नावे लेटरहेडवर सादर करणेत यावे.

अ. क्र	तपशील	वर्णन	आवश्यक नग संख्या	दर सर्व करांसहित एका रजिस्टरचे
1	Donated Book accession Register	४०० पानाचे लिगल साईज रजिस्टर, लेजर पेपर पुठ्ठा बायंडिग, आर्टवर्क सहीत	०१	
2	Student Utility Register		०१	
3	Library Fine Register		०१	
4	Staff Utility Register		०१	
5	AV AID's Outward Entry Register		०१	
6	Staff Issue Return Register		०२	
7	AV AID's Issue Return Register		०१	
8	Book Demand Register		०१	
9	Question Paper Issue Return Resister		०२	
10	Periodical's Entry Register		०१	
11	Cumulative Record		०२	

सदरची दरपत्रके सिलबंद लखोटयात शासनाच्या वेब साईटवर जाहिरात प्रसिध्द झाल्यापासून ७ दिवसात पोस्टाने किंवा प्रत्यक्ष जिल्हा शल्य चिकित्सक एनएचएम कार्यालय, सिंधुदुर्ग येथेच आणून देणेची आहेत. सदरची दरपत्रके विहित मुदतीत प्राप्त झाल्यावर दुस ऱ्या दिवशी सकाळी ११.३० वाजता किंवा त्यादिवशी रजा असल्यास पुढील कार्यालयीन कामकाजाच्या तसेच अधिकारी उपस्थित असतील त्या दिवशी त्याच वेळेत उघडण्यात येतील. ईच्छुक दरपत्रकधारकाने व्यक्तीशः त्या दिवशी उपस्थित रहावे त्यानंतर कोणतीही तक्रार हे कार्यालय स्विकारणार नाही.

जा.क्र./जिरुसि/पप्रवि/एनएचएम/रजि.प्रिं./3006/२०२५
जिल्हा रुग्णालय सिंधुदुर्ग कार्यालय.
सिंधुदुर्गनगरी दिनांक - २२/१२/२०२५

(डॉ.एस.एच.पाटील)
जिल्हा शल्य चिकित्सक
जिल्हा रुग्णालय सिंधुदुर्ग

ACCORDING TO INC /MUHS NEW SYLLABUS

B. Sc. NURSING COURSE

(Eighth Semester)

CUMULATIVE RECORD

Full Name of student: _____

Sex: Male/Female: ----------

PRN NUMBER: ----------

Father Name _____

Mother Name: ----------

Permanent Address _____

_____ Tel _____ Email _____

Date of Birth _____

Domicile _____ Nationality _____

Religion _____ Category _____

Record of Last Qualifying Examination

Year of Passing _____

University / Board _____

Subject Offered											Total Marks	%	Grade
Maximum Marks													
Marks Obtained													

Date of joining the course _____ Date of completion of course _____

Record of Entrance test: - Year of passing _____ Marks _____

Principal's Signature & Seal

FIRST SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____ Roll No :_____ Year _____

S.No.	Semester	Course Code	Course/Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
1	First	ENGL 101	Communicative English	40					
		ANAT 105	Applied Anatomy	60					
		PHYS 110	Applied Physiology	60					
		SOCI 115	Applied Sociology	60					
		PSYC 120	Applied Psychology	60					
		N-NF (I) 125	Nursing Foundation I including First Aid module	120		80		160	

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Communicative English*		2				50	
2	Applied Anatomy & Applied Physiology		3				100	
3	Applied Sociology& Applied Psychology		3				100	
4	Nursing Foundations I							
5	Nursing Foundations I **Practical**							

*College Level Qualifying Examination

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

SECOND SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____Roll No :_____ Year _____

S.No	Semester	Course Code	Course/Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
2	Second	BIOC 135	Applied Biochemistry	40					
		NUTR 140	Applied Nutrition and Dietetics	60					
		N-NF (II) 125	Nursing Foundation II including Health Assessment module	120		120		320	
		HNIT 145	Health/Nursing Informatics & Technology	40					

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Applied Biochemistry and Applied Nutrition & Dietetics		3				100	
2	Nursing Foundations (I & II)		3				100	
3	Health/Nursing Informatics & Technology*		2				50	
4	Nursing Foundations I & II **Practical**	/50				/50	100	

*College Level Qualifying Examination

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

THIRD SEMESTER BASIC B. Sc. NURSING

ENROLLMENT No. :_____Roll No :_____Year _____

S.No.	Semester	Course Code	Course/Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
3	Third	MICR 201	Applied Microbiology and Infection Control including Safety	40		40			
		PHAR (I) 205	Pharmacology I	20					
		PATH (I) 210	Pathology I	20					
		N-AHN (I) 215	Adult Health Nursing I with integrated pathophysiology including BCLS module	140		40		480	

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Applied Microbiology and Infection Control including Safety		3				100	
2	Pharmacology I and Pathology I							
3	Adult Health Nursing I		3				100	
4	Adult Health Nursing I **Practical**	/50				/50	100	

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

FOURTH SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____ Roll No :_____Year _____

S.No	Semester	Course Code	Course/Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
4	Fourth	PHAR (II) 205	Pharmacology II including Fundamentals of prescribing module	60		40			
		PATH (II) 210	Pathology II and Genetics	20					
		N-AHN (II) 225	Adult Health Nursing II with integrated pathophysiology including Geriatric Nursing + Palliative care module	140		40		480	
		PROF 230	Professionalism, Professional Values and Ethics including bioethics	20					

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Pharmacology & Pathology (I & II) and Genetics		3				100	
2	Adult Health Nursing II		3				100	
3	Professionalism, Ethics and Professional Values		2				50	
4	Adult Health Nursing II **Practical**	/50				/50	100	

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

FIFTH SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____Roll No :_____ Year _____

S.No.	Semester	Course Code	Course/Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
5	Fifth	N-CHN(I) 301	Child Health Nursing I including Essential Newborn Care (ENBC), FBNC, IMNCI and PLS, modules	60		40		160	
		N-MHN(I) 305	Mental Health Nursing I	60				80	
		N-COMH(I) 310	Community Health Nursing I including Environmental Science & Epidemiology	100		40		160	
		EDUC 315	Educational Technology/Nursing Education	40					
		N-FORN 320	Introduction to Forensic Nursing and Indian laws	20					

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Child Health Nursing I							
2	Mental Health Nursing I							
3	Community Health Nursing I including Environmental Science & Epidemiology		3				100	
4	Educational Technology/Nursing Education		3				100	
5	Introduction to Forensic Nursing and Indian Laws		2				50	
6	Child Health Nursing I **Practical**							
7	Mental Health Nursing I **Practical**							
8	Community Health Nursing I **Practical**	/50				/50	100	

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

SIXTH SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____Roll No :_____ Year _____

S.No	Semester	Course Code	Course/Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
6	Sixth	N -CHN(II) 301	Child Health Nursing II	40				80	
		N-MHN(II) 305	Mental Health Nursing II	40				160	
		NMLE 330	Nursing Management & Leadership	60				80	
		N-MIDW(I) / OBGN 335	Midwifery/ Obstetrics and Gynaecology (OBG) Nursing I including SBA module	60		40		240	

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Child Health Nursing (I & II)		3				100	
2	Mental Health Nursing (I & II)		3				100	
3	Nursing Management & Leadership		3				100	
4	Midwifery/Obstetrics & Gynecology I							
5	Introduction to Forensic Nursing and Indian Laws							
6	Child Health Nursing (I & II) **Practical**	/50				/50	100	
7	Mental Health Nursing (I & II) **Practical**	/50				/50	100	
8	Midwifery/Obstetrics & Gynecology I **Practical**							

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

SEVENTH SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____Roll No :_____ Year _____

S.No.	Semester	Course Code	Course/ Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
7	Seventh	N-COMH(II) 401	Community Health Nursing II	100				160	
		NRST 405	Nursing Research & Statistics	40		80 – Project - 40			
		N-MIDW(II)/ OBGN 410	Midwifery/ Obstetrics and Gynaecology (OBG) Nursing II including Safe delivery app module	60		40		320	

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment {25}	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Theory							
1	Community Health Nursing II		3				100	
2	Nursing Research & Statistics		3				100	
3	Midwifery/Obstetrics and Gynecology(OBG) Nursing (I & II)		3				100	
4	Community Health Nursing II **Practical**	/50				/50	100	
5	Midwifery/Obstetrics and Gynecology(OBG) Nursing (I & II) **Practical**	/50				/50	100	

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

EIGHTH SEMESTER BASIC B. Sc. NURSING

Enrollment No :_____ Roll No :_____ Year _____

S.No	Semester	Course Code	Course/ Subject Title	Prescribed Theory Hours	Allotted Theory Hours	Prescribed Lab Hours	Allotted Theory Hours	Prescribed Clinical Hours	Allotted Clinical Hours
8	Eighth (Internship)	INTE 415	Community Health Nursing – 4 weeks						
		INTE 420	Adult Health Nursing – 6 Weeks						
		INTE 425	Child Health Nursing – 4 Weeks						
		INTE 430	Mental Health Nursing – 4 Weeks						
		INTE 435	Midwifery– 4 weeks						

SCHEME OF EXAMINATION

S.No.	Course	Assessment (Marks)						
		Internal assessment	Prescribed Credits Hours	Allotted Credits Hours	End Semester College Exam {13/25}	End Semester University Exam {38/75}	Total Marks	Marks obtained
	Practical							
1.	Competency Assessment	100				100	200	

Academic Performance:

Award / Scholarship:

Signature of coordinator **Signature of Principal**

EXTRA CURRICULAR ACTIVITIES

Socio Cultural Activities

Professional Activities

Competition & Sports

Academic & Clinical Performance

Classification of successful candidates in terms of marks (Class & Division)

First Class with Distinction	-	75% and Above
First Class	-	60-74%
Second Class	-	50-59%

Attempts

Attempt	Ist semster	IInd semster	IIIrd semster	IVth semster	Vth semster	VIth semster	VIIth semster	VIIIth semester
Ist								
IInd								
IIIrd								
More than Three								

Remarks: _____

_____

_____

_____

_____

_____

_____

Signature of Principal

DONATED BOOKS ACCESSION REGISTER

DATE	ACC. NO.	CALL NO.	TITLE OF THE BOOK	AUTHOR	PUBLISHER AND PLACE	YEAR OF PUBLICATION AND EDITION	NO. OF PAGES	SIZE	VENDOR/DONOR	PRICE	REMARK

STUDENT'S UTILITY REGISTER

Sr. No.	Date	Name of the Student	Class and Roll No.	Subject	Material Referred	Book No.	Arrival Time	Student's Sign	Departure Time	Librarian

LIBRARY FINE REGISTER

Sr. No.	Name of the Student	Class & Roll No.	Book No.	Taken On	Returned On	Delayed Days	Fine Taken	Sign of the Student	Librarian

STAFF UTILITY REGISTER

Sr. No.	Date	Name of the Teacher/Staff	Designation	Subject	Material Referred	Book No.	Arrival Time	Signature	Departure Time	Librarian

AV AIDS' OUTWARD ENTRY REGISTER

Sr. No.	Date	Name of the AV Aid	Given to which Lab	Taken by whom		Signature with Date	Issued by whom		Signature with Date	Returned On and Taken By
				Name	Designation		Name	Designation		

STAFF ISSUE RETURN REGISTER

Name of the Teacher :- ______________________________

Date	Book No.	Title of the Book	Author	Teacher's Sign	Return Date	Librarian

AV AIDS' ISSUE RETURN REGISTER

Sr. No.	Date	Name of the Batch	Name of the Student & Roll No.	Name of the Laptop/ AV Aid	Taken Time	Student's Signature	Return Time	In – Charge's Signature

BOOK DEMAND REGISTER

Sr. No.	Name of the Student	Class	Batch	Roll No.	Title of the Book	Name of the Author	Demanded on	Received On	Student's Signature

QUESTION PAPER ISSUE RETURN REGISTER

Name of the Class & Batch :- ______________________________

Sr. No.	Name of the Student & Roll No.	Subject	Month & Year	Sign & Date	Return Date	Librarian

PERIODICALS' ENTRY REGISTER

Date	Accession Number	Name of the Periodical	Publisher and Place	Call Number	Subject	Category	Month & Volume/ Issue No.	Year of Publication	Edition	Pages	Remarks