



Director General Medical Education & Research, Haryana, Panchkula  
4th floor, DHL Square, Plot no.9, IT Park, Sector 22, Panchkula, Haryana- 134112 Ph. No. 0172-  
2584633, 2560799 email: [dmer-hry@nic.in](mailto:dmer-hry@nic.in) Website:  
<https://dmer.haryana.gov.in/>

## **Public Notice**

It is for information of general public and all the stakeholders that the department has notified the policy for issuance of NOC for Private/self financing nursing institute on 07.12.2021 and uploaded on the website <https://dmer.haryana.gov.in/>.

It has been decided that admissions in both diploma as well as degree nursing courses for the Academic Session 2021-22 will be done only in those institutes who fulfill the norms as laid down in the policy of 2021. Therefore, all the nursing institutes are required to submit their claims as per Policy of 2021 by registered post or in person to the office of DMER latest by 30.01.2022 up to 5:00 PM. Any documents received after last date will not be considered for admission in this Academic Session i.e. 2021-22.

**-Sd-  
Director  
Medical Education & Research,  
Haryana, Panchkula**

**Annexure-A**

**APPLICATION FORM FOR ISSUANCE OF LETTER OF INTENT  
(TO BE FILLED IN CAPITAL LETTERS ONLY)  
By the institute who wish to start a new private/self financing nursing institutions.**

- 1. Name of the Society/Trust/Mission etc. (Trust deed/Registration Certificate attested by the notary to be attached)**


**(Members registered under Society/Trust in the sub-registrar office shall be submitted).**

- 2. Name of the Chairperson/Secretary of Trust**

Contact No.		(O)	_____																	
Fax:		_____																		
(M):		_____																		
E-mail:		_____																		

- 3. Address of the Society/Trust/Mission etc.**

City/Town											Tehsil/Taluk									
District											Pin Code									
State																				

- 4. Registration No. of Society**\_\_\_\_\_

- 5. PAN No.**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 6. Registration under section 12 A of the IT Act- Yes/No  
Exemption claimed, if any- \_\_\_\_\_**

- 7. Name of the Institution**


- 8. Address of the Institution**

City/Town											Tehsil/Taluk									
District											Pin Code									
State																				

- 9. Nursing Course applied for (Please ✓ mark)**

Name	ANM	GNM	B.Sc.	P.B.B.Sc.	M.Sc.	Nurse
of the				(N)		Practitioner
course						in Critical
						Care

10. Nursing programme located in the same building duly approved by State Government and is affiliated/recognized by HNNMC/ INC/UHS, Rohtak.

Sr. No.	Course Name	NOC No. & Date	Unit Size	HN&NMC Consent letter No. & Date	Name of the affiliating University	Recognition of INC
1.	ANM					
2.	GNM					
3.	B.Sc. (N)					
4.	P.B.B.Sc. (N)					
5.	M.Sc.(N)					
6.	Nurse Practitioner in Critical Care					

11. Land details \_\_\_\_\_

12. CLU from concerned competent authority (if applicable)- \_\_\_\_\_

13. Proof of Land Deed \_\_\_\_\_

14. Sources of finances, resource projection and utilization schedule \_\_\_\_\_

15. Building Plan/Architectural Master Plan \_\_\_\_\_

**16. Clinical Facilities**

If institute is proposed to be commenced within premises of Medical College, details thereof; Yes/No

- Name of hospital:

-Total bed strength:

-Registration No. of the hospital:

-NABH Accreditation:

Ownership details:

Self owned/ affiliated:

If affiliated, distance of the institutions from the hospital:

17. Detail of the Fee Deposited in the account of Haryana State Medical Education Society

I/we \_\_\_\_\_ hereby certify that above application has been submitted with best of my knowledge and no facts have been concealed. I/We hereby abide by all the instructions and directions issued by Government/DMER from time to time and admit to be governed by Haryana Private Health Sciences Educational Institutions (Regulation of Admission, fixation of fee and maintenance of Educational Standard) Act, 2012.

Sd/-

Name/Designation of applicant

**Annexure-B**

**APPLICATION FORM FOR ISSUANCE OF NO OBJECTION CERTIFICATE**

(TO BE FILLED IN CAPITAL LETTERS ONLY)

By the institutes with infrastructure already in place

1. Name of the Chairperson/Secretary of Trust

Contact No. _____ (O) _____	
Fax: _____	
(M): _____	
E-mail: _____	

2. Name of the Society/Trust/Mission etc. **(Trust deed/Registration Certificate attested by the notary to be attached)**


**(Members registered under Society/Trust in the sub-registrar office shall be submitted)**

3. Address of the Society/Trust/Mission etc.

City/Town _____	Tehsil/Taluk _____
District _____	Pin Code _____
State _____	

4. Registration No. of Society \_\_\_\_\_

5. PAN No.

--	--	--	--	--	--	--	--	--	--

6. Registration under section 12 A of the IT Act- Yes/No  
Exemption claimed, if any- \_\_\_\_\_

7. Name of the Principal

Contact No. _____ (O) _____	
Fax: _____	
(M): _____	
E-mail: _____	

8. Name of the Institution


9. Address of the Institution

--	--

City/Town														Tehsil/Taluk																											
District														Pin Code																											
State																																									

10. Nursing Course applied for (Please ✓mark)

	ANM	GNM	B.Sc.	P.B.B.Sc. (N)	M.Sc.	Nurse Practitioner in Critical Care
Unit Size applied for (as defined in policy)						

11. Any other Nursing programme located in the same building and is recognized by INC.

Sr. No.	Course Name	NOC No. & Date	Unit Size	HN&NMC Consent letter No. & Date	Name of the affiliating University	Recognition of INC
1.	ANM					
2.	GNM					
3.	B.Sc. (N)					
4.	P.B.B.Sc. (N)					
5.	M.Sc.(N)					
6.	Nurse Practitioner in Critical Care					

12. Land details \_\_\_\_\_

13. CLU from concerned competent authority (if applicable)- \_\_\_\_\_

14. Proof of Land Deed \_\_\_\_\_

15. Physical Facilities:

i. Constructed area of the building for various nursing courses \_\_\_\_\_

ii. Approved Zonal plan & Building plan along with Survey No. and Location of area approved by the concerned Municipal/ Panchayat/Corporation authorities  
\_\_\_\_\_

iii. Proof regarding absolute possession of the building by the applicant \_\_\_\_\_

iv. Building Completion Certificate \_\_\_\_\_

v. Proof that the building confirm to the bye-laws of the concerned competent Local Body/Municipal Body/HUDA and is planned, designed and constructed with earthquake structure \_\_\_\_\_

vi. Poof for provisions of safety measure against fire \_\_\_\_\_

- vii. Details of the hostel building \_\_\_\_\_
- viii. Proof/Details of Library well equipped with books, equipments, furniture etc. as per INC norms \_\_\_\_\_
- ix. Proof/Details of well equipped Laboratory facilities i.e. Nursing Lab for Nursing fundamental-I, MCH-I, Nutrition Lab, Community Health Nursing and O & G Lab-I, Microbiology, Physiology and Biochemistry and Anatomy lab etc. as per INC norms \_\_\_\_\_
- x. Number of appointed teaching staff along with Educational qualifications and experience \_\_\_\_\_
- xi. Proof of Minimum 50 seater Vehicle for each programme as transport facility \_\_\_\_\_
- xii. Security in the shape of Bank Guarantee issued by any scheduled commercial bank pledged in favor of the Director Medical Education & Research, Haryana valid for 05 years.

**16. Clinical Facilities**

If institute is proposed to be commenced within premises of Medical College, details thereof; Yes/No

- Name of hospital:

-Total bed strength:

-Registration No. of the hospital:

-NABH Accreditation:

Ownership details:

Self owned/ affiliated:

If affiliated, distance of the institutions from the hospital:

Name in Block Letters \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Pan No. \_\_\_\_\_

E.mail ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

**DECLARATION TO BE SUBMITTED BY THE ATTACHED HOSPITAL**  
**(TO BE FURNISHED ON OFFICAL LETTER HEAD)**

Name of the Hospital :

Address of the Hospital:

I, in the capacity of..... is the authorized signatory for this Hospital.

I declare that this hospital is not attached to any Nursing School/College for providing practical training facilities to students.

OR

I declare that this Hospital is already providing practical training facilities to the students of following Nursing Schools/Colleges-

Sr.No.	Name of the Nursing School/College	Number of Students	Year of Batch

I.....Designation.....hereby give consent for attachment of this hospital to.....(Name of the Nursing Institution)..... for running.....(ANM/GNM/B.Sc.(N)/P.B.B.Sc.(N)/ M.Sc. (N)/ Nurse Practioner Course). Adequate No. of Beds/distribution of beds and other facilities as per INC Norms are available in the Hospital. All arrangements for training of students as per INC Norms shall be ensured. This hospital is NABH accredited hospital.

I declare that even with the attachment of the above mentioned Nursing Institution, the INC Norms shall be maintained and the desirable student patient ratio shall be maintained.

Number of Beds strength of our Hospital is \_\_\_\_\_

Name in Block Letters \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Pan No. \_\_\_\_\_

E.mail ID \_\_\_\_\_

Mobile No. \_\_\_\_\_