Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Arvind R	Prof Manu. B.	Dr Amarnath Shanmukh
Designation	Associate Prof	PRINCIPAL	Asso Prof
Address	HREX Dr MRHMC Kalaburagi	G.T. SURYA COLLEGE OF NURSING, SHIMOGA	Bapuji Shri B M Patil CNS, Vijayapur
Mobile No	9481640062	8861347845	9741365168
Email ID	drarvindkalaki@gmail.com	manu.sonu86@gmail.com	amavg137@gmail.com

For the Academic Year :			*Date of Inspection:*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	✓
	3. M.Sc. Nursing	✓	4. M.Sc. NPCC	

1	Name of the Institution with Full Address	BAPUJI COLLEGE OF NURSING, S.S. GENERAL HOSPITAL, K.R. ROAD, DAVANGERE - 577001	2	Year of Establishment: 17-12-1990
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	Name of the Trust & complete postal address (if private)	BAPUJI EDUCATIONAL ASSOCIATION, 2nd MAIN ROAD, P.J. EXTENSION, DAVANGERE - 577002 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: bapujicondavangere@gmail.com	Website: www.bapujinursing.org	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 08 COPY ENCLOSED. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the	Name: HARSHA K.M. Qualification: M.Sc (N), Ph.d	Mobile No: 9481161215 Office No: 08192 - 296906	

Signature of Chairman: Dr. Arvind R

Signature of Member (1): 19/08/25

Signature of Member (2): 19/8/25

	institution	Experience: 22 Years Email: harshlatha@gmail.com	Fax No: Residential phone No:

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☑	NO ☐	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	CONTINUATION	75000	1,50,000	1,00,000	25,000	3,50,000
Post Basic B.Sc. Nursing	CONTINUATION	45000	90,000	60,000	–	1,95,000
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING	5 X Rs. 2000	Rs. 10000
	2. OBG	5 X Rs. 2000	Rs. 10000
	3. CHILD HEALTH NURSING	5 X Rs. 2000	Rs. 10000
	4. COMMUNITY HEALTH NURSING	5 X Rs. 2000	Rs. 10000
	5. MENTAL HEALTH NURSING	5 X Rs. 2000	Rs. 10000
	APPLICATION FEE B.SC(N), P.B.B.SC(N) M.SC(N)	3 X Rs. 1000 Total (B)	Rs. 3000
NPCC	HELINET. P.G		Rs. 7500
	PROCESSING FEE-B.SC(N), P.B.B.SC(N), M.SC(N)	Total (C)	Rs. 150
		Grand Total (A+B+C)	Rs. 605650

Online Transaction Number or Details: ZSBICFR08VWARF.
Dt: 20-12-2024.

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the	Intake Approved	GOK	RGUHS	KSNC	INC	Remarks

Signature of Chairman | Signature of Member (1) 19/8/25 | Signature of Member (2) 19/8/25

Course	and Admitted					
Basic B.Sc. Nursing	Approval Letter No. and Date	AAKUKA 87 MME 2017 BENGALURU 22-11-2017 Annexure - 5	RGU/AFF/ NSG/COA/01 /2024-25 20-9-2024 Annexure - 6	KSNC/1157 2024-25 31-12-2024 Annexure - 7	File.No: 11-46/2000 23-08-2024 Annexure - 8	
	Affiliation Sanctioned Intake	100	100	100	100	
	Admissions Made for the Current Academic Year	94				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	31				
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	08				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman

19/08/25
Signature of Member (1)

19/8/25
Signature of Member (2)

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	21	14	08	13	56
	Female	74	85	90	84	333
Post Basic B.Sc Nursing	Male	05	00			05
	Female	26	04			30
M.Sc Nursing	Male	01	02			03
	Female	07	03			10
M.Sc NPCC	Male					
	Female					

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To———
		COPY ENCLOSED				

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To———
		COPY ENCLOSED				

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

_____

_____

19/08/25 19/8/25

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1					1								
2	Vice-Principal	1	1					1								
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*			1								
5	Assistant Professor	3	3-8	2	3*			05	2	3						
6	Tutor / Lecturers	8-16	16-24	2-10	--			50								
	Total	**16-24**	**24-40**	**4-12**				57								

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:10** if they offer B.Sc Nursing Programme)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** • 8 M.Sc. Nursing qualified faculty • 16 Tutors
100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

19/08/25 19/8/25

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	HARSHA. K.M.	Asso. Prof.	B.Sc(N)	2001		22 Yr.	18 Yr.	1.8.2007	Yes.	
	(Principal)		M.Sc(N)	2007	42669					
	(Ph.d)	Medical surg. Nsg.								
2.	NARMADA. A.	Asst. Prof.	B.Sc(N)	2003		20 Yr.	17 Yr.	29.6.2009		
			M.Sc(N)	2008	792				Yes.	
		Medical surg. Nsg.								
3.	NAGARAJ. B.G.	Asst. Prof.	B.Sc(N)	2003		20 Yr.	17 Yr.	2/11/2009	Yes.	
			M.Sc(N)	2008	781					
		COMMUNITY Health Nsg.								
4.	S. Latha.	Asst. Prof.	B.Sc(N)	2003	RRTMN.					
			M.Sc(N)	2010	2003	20 Yr.	15 Yr.	15/12/2005	Yes	
		O.R.G.			77. KAR.					
5.	PARAMESH. G.M.	Asst. Prof.	B.Sc(N)	2007.						
			M.Sc(N)	2010	4396	18 Yr.	15 Yr.	1/3/2007.		
		PSYCHIATRIC NURSING.							Yes.	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
6.	KIRAN. KUMAR. H. BENNUR.	LECTURER. Medical	B.SC(N) M.SC(N) Surgical NSG.	2007 2010	4397	18 Yr	15 Yr.	4/2/2011	Yes.	
7.	PRASANNA. KUMAR D.R.	LECTURER CHILD	B.SC(N) M.SC(N) HEALTH	2007 2011 Nsg.	7150	18 Yr	14 Yr	11/5/2016	Yes.	
8	NAGARATHNA. B.	LECTURER OBG.	P.B.B.Sc (N). M.SC(N)	2008 2015	17759	10 Yr	10 Yr.	1/12/2015	Yes.	
9.	VEERENDRA. PATEL. K.J	ASST. LECTURER. COMMUNITY	B.SC(N) M.SC(N) HEALTH	2007 2022 NSG.	8650	17 Yr. 7 Month	3 Yr 5 Mon.	13/1/2022	Yes.	
10.	PAVITHRA. SHETTY. G	NURSING TUTOR. PSYCHIATRIC	B.SC(N) M.SC(N) NURSING	2007. 2023	8644	17 Yr. 7 Mon.	2 Yr. 4 Mon	22/1/2008.	Yes.	

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/8/25

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
11.	RAKESH. K.C	NURSING TUTOR COMMUNITY HEALTH NSC	B.SC(N) M.SC(N)	2007 2024	9046	17 Yr	1 Yr. 4 Mon.	1/3/2024	YES	
12.	CHANDRIKA. T.	NURSING TUTOR PSYCHIATRIC NURSING.	B.SC(N) M.SC(N)	2008 2024	11778	17 Yr	1 Yr. 4 Mon	1/3/2024	YES.	
13.	MAMATHA. A.J.	NURSING TUTOR O. B. G.	P.B.B.SC(N) M.SC(N)	2007 2025	54905	16 Yr	5 Month	1/3/2025	YES.	
14.	MANJULA. B.U.	NURSING TUTOR Medical Surgical Nursing	B.SC(N) M.SC(N)	2009 2025	23335	15 Yr. 5 Mon.	5 Mon	1/3/2025.	YES.	
15	RASHMI. C.S.	NURSING TUTOR Paediatric Nursing	P.B.B.SC(N) M.SC(N)	2020 2023.	149812	3 Yr	3 Yr.	1/7/2022.		

Signature of Chairman

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Signature of Member (2) 19/08/25

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
16.	SUNEEL. NAIK. P.	Nursing TUTOR	P.B.B.Sc (N)	2010	81890	14yr	-	11/4/2011	YES.	
17.	BASAVARAJAPPA. H.T.	Asst. LECTURER.	B.Sc(N)	2010	35784	15yr	-	1/1/2016	YES.	
18.	PARASHURAMAPPA. G.N.	Clinical Instructor	P.B.B.Sc(N)	2013	12074P	10yr		1/7/2014		
19.	HARISH. N.	CLINICAL INSTRUCTOR.	P.B.B.Sc (N)	2013	7906	11yr.		1/7/2014		
20.	VISHALAKSHI. S.A.	CLINICAL INSTRUCTOR	B.Sc (N)	2014	63811	11yr.		10/9/2014	YES.	
21	MARY REGINA. A.	CLINICAL INSTRUCTOR	P.B.B.Sc (N)	2015	10317 S.	10yr		1/3/2015		
22	DIVYA. H.K.	CLINICAL INSTRUCTOR.	P.B.BSc (N)	2011	100415	14yr		13/1/2016	YES	

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/8/25

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
23	CHARLI PRADEEP KUMAR	CLINICAL INSTRUCTOR	B.Sc(N)	2015	73881	9Yr		1/3/2016.	YES	
24.	SUMA. CARMELITA. D'SOUZA. D.	CLINICAL INSTRUCTOR	P.B.B.Sc (N)	2014	86316	6Yr.		20/5/2019.		
25	YASHODHA. R.	CLINICAL INSTRUCTOR	B.Sc (N)	2019	186824	5Yr		16/3/2020		
26.	SYEDA. MUBEEN	CLINICAL INSTRUCTOR	P.B.B.Sc (N)	2019	186827	5Yr		16/3/2020		
27.	SIDDESH. UJJAPLA	CLINICAL INSTRUCTOR	P.B.B.Sc (N)	2020	165022.	5Yr.		1/12/2020.		
28.	N.M. AJJAIAH	CLINICAL INSTRUCTOR.	P.B.B.Sc (N)	2020	166272.	5Yr		1/12/2020		

Signature of Chairman

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Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
29	KARUNAKSHI. G.	CLINICAL INSTRUCTOR.	P.B.B.Sc (N)	2020	89553	5 Yr.		1/12/2020.		
30	KAVYA. P.A.	CLINICAL INSTRUCTOR.	P.B.B.Sc (N)	2020	96375	5 Yr		1/12/2020.		
31.	REVANASIDDAPPA. P.B.	CLINICAL INSTRUCTOR.	P.B.B.Sc (N)	2020	166044.	5 Yr.		1/12/2020.		
32	RUPA. BASAVARAJAPPA. MATTUR.	CLINICAL. INSTR	P.B.B.Sc (N)	2020	162130	5 Yr		1/12/2020.		
33.	VIJAYA. G.B.	CLINICAL INSTRUCTOR.	P.B.B.Sc (N)	2020	39810	5 Yr.		1/12/2020.		
34.	HANUMANTHA. RAO M.S.	clinical INSTRUCTOR.	P.B.B.Sc (N)	2021	152634	3 Yr		1/7/2022.		

19/08/25

19/8/25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
35	BASAVARAJAPPA. C.	CLINICAL INSTRUCTOR	P.B.B.Sc (N)	2022	18247 5	3 Yr		1/7/2022		
36	PRAVEEN. M. S	CLINICAL INSTRUCTOR.	B.Sc (N)	2022	12958 3	2 Yr.		2/5/2023.		
37.	K. MANOJ KUMARA.	CLINICAL INSTRUCTOR	B.Sc (N)	2024	15078 3	1 Yr. 4 Mon		1/3/2024.		
38	ABDUL HAFEEZ. D.	CLINICAL INSTRUCTOR	B.Sc (N)	2023	14954 7	1 Yr 4 Mon		1/3/2024		
39	LAKSHMI D. S	CLINICAL INSTRUCTOR.	B.Sc(N)	2024	14989 6	1 Yr. 4 Mon		1/3/2024		
40.	VIDYA. DARI. D.	TUTOR.	B.Sc (N)	2024	15750	1. 1 Year 4 Mon.		1/3/2024.		

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2)

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
41.	Veena. M	TUTOR	B.Sc(N)	2024	1575 07	1 Year 4 Mon.		1/3/2024		
42.	HARSHA. THANKACHAN	TUTOR.	B.Sc(N)	2024	1573 80.	1 Year 4 Mon		1/3/2024		
43.	MAREENA. THOMAS	TUTOR.	B.Sc(N)	2024	1573 88	1 Year 4 Mon.		1/3/2024.		
44.	NEENU. SABU	TUTOR.	B.Sc(N)	2024	1560 85	1 Year 4 Mon.		1/3/2024.		
45.	MAREENA SAJU.	TUTOR.	B.Sc (N)	2024	1573 92	1 Year 4 Mon		1/3/2024		
46.	LAYA. M.	TUTOR	B.Sc(N)	2023	149469.	1 Year 4 Mon.		1/3/2024		

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/8/25

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
47.	DEEPA. B. S.	TUTOR	B.SC(N)	2024	150255	1 Year 4 Mon.		1/3/2024		
48.	ASHA. K. ONACHAN	TUTOR	B. SC (N)	2024	157993	1 Year 4 Mon.		1/3/2024.		
49.	LINTU. CHACHO	TUTOR	B. SC(N)	2024	156062	1 Yr. 4 Mon		1/3/2024.		
50	SOURHARYA NAGARAJ KOLKAR.	TUTOR	B. SC(N)	2024	163796	5 month		10/3/2025		
51.	GAYATHRI SATHEESH	TUTOR	B. SC(N)	2024	169816	1 month		1/8/2025.		
52	RAJATH. Y. R	TUTOR	B. SC (N)	2024	176563	1 month		1/8/2025.		

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/8/25

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculfy
						After UG	After PG			
53.	VIJAY KUMAR SHARANA BASAPPA HAWALDAR.	TUTOR	B.SC(N)	2024	173959	1month.		1/8/2025		
54.	MOUNISHA. S.N.	TUTOR	B.SC(N)	2025	175332.	1month		1/8/2025.		
55.	Siddesh. K.S	TUTOR	B.SC(N)	2021	128562	1month.		1/8/2025		
56.	ABHISHEK. G	TUTOR	B.SC(N)	2021	123346	1month		1/8/2025.		
57.	SHIVAKUMAR M.K	TUTOR.	B.SC(N)	2021	123324.5			1/8/2025.		

Signature of Chairman

Signature of Member (1) 19/01/25

Signature of Member (2) 19/1/25

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	—	COPY	ENCLOSED —		

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	85,797 Sq.Ft.	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	1390 Sq.Ft X 4	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1390 Sq.Ft X 2	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1390 Sq.Ft X 2	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	1061 Sq.Ft	
	2. Vice-Principal Chamber	200	200 Sq.Ft	
	3. HOD	5 x 200 = 1000	1534 Sq.Ft	Dept. CHAMBER
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq.Ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1000 Sq.Ft	
	7. Accountants Office		1000 Sq.Ft.	
	8. Store Room		600 Sq.Ft.	
	9. Record room		600 Sq.Ft	
	10. Room for maintenance staff		500 Sq.Ft.	
	11. Xeroxing room		130 Sq.Ft.	
	12. common room	1000	1000 Sq.Ft.	
	13. Seminar hall	3000	3750 Sq.Ft.	
	14. Toilets	1000	1000 Sq.Ft	
	15. A.V/Aids room	600	600 Sq.Ft	

19/08/25 19/08/25

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1663 Sq.Ft.	
	Nutrition & Community Health Nursing	1200sq.ft	2110 Sq.Ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1060 Sq.Ft.	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq.Ft.	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq.Ft.	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq.Ft.	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure - 12**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure - 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
—	COPY ENCLOSED —		Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Signature of Chairman **Signature of Member (1)** 19/08/21 **Signature of Member (2)**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2900 Sq.Ft	YES ☑ No ☐	Good	Good.	

Total No. of Nursing Books available	2781	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	60	**Is internet facility available for Students?**	Yes
No of e-books	Helinet	**How many books were purchased in last financial year?**	390

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. MANJUNATHA. H.C	MA/MLISC	17 Yr. 6 month	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	① Each M.sc(N) students will assigned desertation ② Every 5 students has to submit one research project. B.Sc(N)	
Conferences conducted		
Conferences attended		

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

19/08/25

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

1	Do you have parent Medical College?	YES ☑	NO ☐
2	Do you have parent hospital?	YES ☑	NO ☐
	If Yes, Hospital Owned by	i. Trust/Society/Missionary ☑	
		ii.Trust member with MOU ☐	

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital BAPUJI HOSPITAL DAVANGERE. BAPUJI CHILD HEALTH INSTITUTE & RESEARCH.	853 185	4 Km 4 Km	90%	
NAME OF THE TRUST/ Person owning The Hospital	←	Copy	Enclosed →	
Name Of The Owner Of The Trust				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1				
Affiliated hospitals- Full Name & Address of the Parent Hospital 2				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital.** This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Signature of Chairman | **Signature of Member (1)** 19/08/25 | **Signature of Member (2)** 19/08/25

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	140	95%		
Surgery including OT	150	80%		
Obstetrics & Gynecology	78	80%		
Pediatrics,	185	100%		
Emergency Medicine	29	89%		
Psychiatry	30	72%		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	20	80%		
Minor OT	40	82%		
Dental, Otorhinolaryngology, Ophthalmology	80	80%		
Burns and Plastic	30	80%		
Neonatology care unit	45	100%		
Communicable disease/ Respiratory medicine/TB & chest diseases	30	95%		
Dermatology	30	95%		
Cardiology	40	85%		
Oncology	20	85%		
Neurology/Neuro-surgery	30	84%		
Nephrology/Urology	20	89%		
ICU/ICCU	40	90%		
Geriatric Medicine	35	90%		
Any other	15	90%		

Note : 1:3 student patient rationeeded. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	IV Sem. B.Sc (N) – HONNUR P.H.C.
a. Name of CHC / PHC / SC	V Sem. B.Sc (N) – HADADI PHC

Signature of Chairman | Signature of Member (1) 19/08/25 | Signature of Member (2) 19/8/25

Adopted / Affiliated	AFFILIATED
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	HONNUR PHC – 8 KM. HADADI PHC – 16 KM.
b. Services Rendered by Health & Family Welfare Programmes	RCH1 immunization, Treatment minor dis. MCH Services, school health prog. Diabetic clinic.
URBAN FEILD :	
a. **Name of CHC / PHC / SC**	IV Sem B.SC(N) – BHASHANAGAR. V Sem. B.SC(N) – BHARAT COLONY
Adopted / Affiliated	AFFILIATED
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	2-3 KM.
b. Services Rendered by Health & Family Welfare Programmes	OPD, ANC, IUDS, TUBECTOMY. VASECTOMY. MCH screening, DMC DOTS.

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☑	NO ☐
c.	M.Sc. Nursing	YES ☑	NO ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☑	NO ☐
c.	M.Sc. Nursing	YES ☑	NO ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	YES ☑	NO ☐
b.	Daily Attendance Registers	YES ☑	NO ☐
c.	Health Records	YES ☑	NO ☐
d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐

Signature of Chairman **Signature of Member (1)** 19/08/21 **Signature of Member (2)**

	Rotation plans	YES ✓	NO ☐
l.	Committee Meetings	YES ✓	NO ☐
m.	Affiliation records	YES ✓	NO ☐
n.	Records of Stock	YES ✓	NO ☐
o.	Annual report of activities and achievements	YES ✓	NO ☐
p.	Staff development programmes	YES ✓	NO ☐
q.	Anti ragging committee	YES ✓	NO ☐
r.	Student welfare committee	YES ✓	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	Sq.ft 88171	
c.	Is the Hostel Owned or Rented/Leased?	Own ✓	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO ☐
e.	Total No. of students in the hostel	Girls : 232	Boys :
f.	Total No. of rooms	Girls :107=80+27	Boys :
g.	Water Supply	YES ✓	NO ☐
h.	Electricity Supply	YES ✓	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO ☐
j.	Is Sick room available?	YES ✓	NO ☐
k.	Whether the hostel mess is available with	YES ✓	NO ☐
l.	Safe drinking water facilities	YES ✓	NO ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2)

Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓	
Annexure - 10	List of M.Sc. Nursing Students as per format	✓	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of LibraryBooks & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations:

Signature of Chairman **Signature of Member (1)** 19/08/25 **Signature of Member (2)** 19/8/25

Observations:

We the LIC team has visited Bapuji College of Nursing Davangere. The College is running under Bapuji Educational Association, Davangere.

1. College is having 8 Class rooms, 6 Labs. All the dept and Labs are well equiped.
2. The College is having required number of teaching faculty i.e. 57.
3. The College is running PBBsc and M.Sc (N) programmes
4. The College is having own parent hospital i.e. Bapuji hospital, Davangere. 853+185 = 1038 Bedded PIC, PMR, BMHC & PIB Verified hospital. Affiliated to Hon'ble KPME, Bangalore Centre for Clinical Experience for Students.
5. Hospital is having well Established OT, Lab, Wards ICU etc
6. College is having Bus facilities for transport.
7. College is having hostel facilities seperate for boys and Girls.
8. College Library is having 2781 + 390 = 3171 text Books.
9. So can be considered for continuation of affiliation for the year 2025-2026.

Signature of Chairman | Signature of Member (1) 19/08/25 | Signature of Member (2) 19/8/25

Listof Annexures:

Annexure Numbers	Details	Verified as peroriginals documents		
		Yes	NO	Signature
Annexure- 1	DetailsofTrust/Societyrelateddocuments	✓		
Annexure- 2	DetailsofGoverningCouncil,itsmeetings&Audit report of Trust	✓		
Annexure- 3	DetailsofanyotherNursingInstitutionunderthe same Trust	✓		
Annexure- 4	DetailsofAffiliatedfeespaidreceipts	✓		
Annexure- 5	ApprovalStatus: GOKOrder	✓		
Annexure- 6	ApprovalStatus:RGUHSNotification(Last3 Years) Approval	✓		
Annexure- 7	ApprovalStatus :KNCNotification	✓		
Annexure- 8	Status:INC Notification	✓		
Annexure- 9	ListofPostBasicB.Sc.NursingStudentsasper format	✓		
Annexure- 10	ListofM.Sc.NursingStudentsasper format	✓		
Annexure- 11	DetailsofExternal/ParttimeTeachers	✓		
Annexure- 12	PhysicalFacilities: 1. College Building- Own /rent /lease MOU documents, Sale deed, currentyear tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Buildingrelateddocuments 4. Hostel	✓		
Annexure- 13	VehicleDetails:Bus	✓		
Annexure- 14	DetailsofListofLibraryBooks&others	✓		
Annexure- 15	AcademicActivities	✓		
Annexure- 16	Details of Clinical/Hospital Facilities- registered HospitalMOU,latestKSPCB&KPMEcertificate, current academic year clinical fees paid receipts fromaffiliated hospitals.	✓		
Annexure- 17	DetailsofCommunityHealthNursingPosting Facilities	✓		
Annexure- 18	MasterRotationplansand Timetables	✓		
Annexure- 19	ListofTeacherswiththeirDeclarationforms& necessary documents	✓		
Annexure–20	RGUHSapprovedguideshiplettersofM.ScNursing faculty each speciality wise	✓		

Note: Verify & attach Relevant Documents (includestaff declaration forms) along with this report.Therecordingsofthereportshouldbeclearlylegible.LICteamissolely responsible for the details & remarks noted in the LIC format.

LICTeamObservations:

SignatureofChairman

SignatureofMember (1)

SignatureofMember(2)

Bapuji Educational Association (Regd.)
ಬಾಪೂಜಿ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್
ಎಸ್.ಎಸ್. ಜನರಲ್ ಆಸ್ಪತ್ರೆ, ಕೆ.ಆರ್. ರೋಡ್, ದಾವಣಗೆರೆ-577 001, ಕರ್ನಾಟಕ, ಭಾರತ.
BAPUJI COLLEGE OF NURSING
S.S. General Hospital, K.R. Road, DAVANGERE-577 001, Karnataka, India.
Affiliated To Rajiv Gandhi University Of Health Sciences, Bangalore. Recognised By Karnataka Nursing Council, Bangalore & Indian Nursing Council, New Delhi.

Ref. No. :BCN/0382/2025-2026 **Date :** 19/08/2025

UNDERTAKING by Trust Management

I the member of the Trust **Bapuji Educational Association (Regd.), Davangere** are submitting the affidavit to University. The trust **Bapuji Educational Association (Regd.), Davangere** is running the college, **Bapuji College of Nursing, Davangere Since 1990-91.**

I confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge. I confirm that the faculty in the college is employed for full time in the college. I also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

I also confirm that the college is abiding to the norms of Apex body/RGUHS, as prescribed from time to time. If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

Trust Member.
Bapuji Educational Association

Signature of Chairman | Signature of Member (1) | Signature of Member (2)

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