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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Veeresh Karabasappa Hanchinal	DR.ATS GIRI	Mrs. Sowmy Shalini
Designation	Associate Professor	PRINCIPAL	Vice Principal
Address	Gadag Institute of Medical Sciences, Gadag	Goutham College of Nursing, Bangalore	Ashwini College of Nursing, tumkur
Mobile No	9620151813	9845022057	9538954049
Email ID	Veereshblue1@gmail.com	drgirits57@gmail.com	

Inspection 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	
	7. Additional Course (M.Sc Nursing) only.			

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	SWAMY VIVEKANANDA COLLEGE OF NURSING Mandur (V), Virgonagar Post, Devanahalli Road, Hoskote, Bangalore - 560049	2	Year of Establishment 1999
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address & Phone number	SWAMY VIVEKANANDA EDUCATIONAL TRUST Mandur (V), Virgonagar Post, Devanahalli Road, Hoskote, Bangalore, Karnataka (Enclose copy of Registration documents of Society/Trust) **Annexure - 1**		
		Email: swamyvivekanandacongmail.com	Website: www.svconsg.com	
		Office No: 80 28470 060	Mobile No: 9740505555	

Signature of Chairman Dr. V.K. Hanchinal

Signature of Member (1) Dr. ATS Giri

Signature of Member (2)

	(b). Name of the Chairman of Trust & Phone No	Mr. O VENKATA REDDY 9740505555	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 6 (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. SUBHASHINI G Qualification: M.Sc. Nursing Experience after MSc: 18 years Email: subbethal@gmail.com	Mobile No: 9886334068 Office No: 80 28470 060 Fax No: 80 28470 061 Residential phone No: 8073115567
	b) Drawing authority of the college	Mr. Vishnu Kumar	

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 address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents)

7. Affiliation Fee Paid Details:

Annexure - 3

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	UG Continuation	✓	✓	✓	✓	3,51,000.00
Post Basic B.Sc. Nursing						
					Total (A)	3,51,000.00

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	Not Applicable		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

Remarks:

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

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA 244MME 1997, Date: 27-11-1997 Annexure - 4	ACA/F/NS-12-98-99 Annexure - 5	KNC/945/99, Date: Th. Oct 1999 Annexure - 6	11-15/2000-INC, Date: 10th Feb 2003 Annexure - 7	NIL
	Affiliation Sanctioned Intake	80	80	80	80	
	Admissions Made for the Current Academic Year	80	80	80	80	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Not Applicable				NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Not Applicable				NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Not Applicable				NA
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year		

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	27	38	36	21	122
	Female	53	42	44	59	198
Post Basic B.Sc Nursing	Male	Not Applicable				
	Female					
M.Sc Nursing	Male	Not Applicable				
	Female					
M.Sc NPCC	Male	Not Applicable				
	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)

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----------
	Not Applicable					

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)

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----------
	Not Applicable					

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: _____

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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		27							
	Total	**16-24**	**24-40**				**4-12**			34							

Annexure -17

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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
150 students intake				

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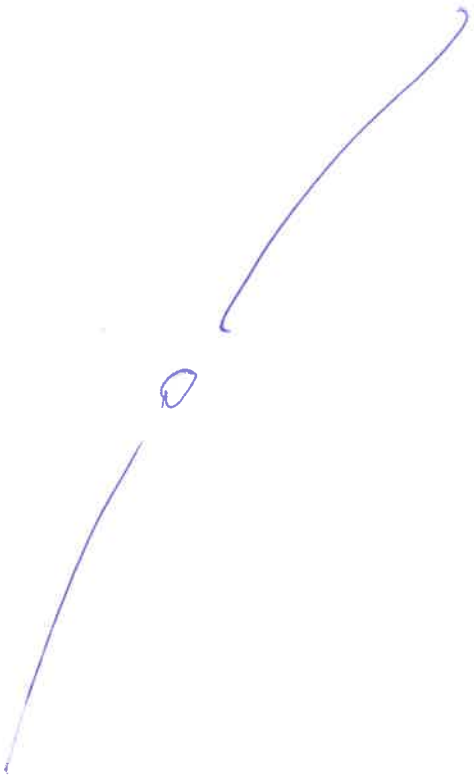
200 students intake				
2. students				



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.	PROF. SUBHASHINI G	PRINCIPAL	M.SC. (OBG)	2007	48754	2 YEARS	18 YEARS	02/08/2018		
2.	MRS. REJINI SHARMA S R	PROFESSOR/VICE PRINCIPAL	M.SC. (MHN)	2013	28854	1 YEAR	12 YEAR	01/09/2016		
3.	MRS. SANGEETHA J	PROFESSOR	M.SC. (CHN)	2014	34487	2 YEARS	11 YEARS	11/12/2023		
4.	MR. MANOJ KUMAR V	ASSO. PROFESSOR	M.SC. (MSN)	2018	55871	4 YEARS	6 YEARS	05/01/2021		
5.	MRS. SAHANA V C	ASST. PROFESSOR	M.SC. (CHN)	2021	85475	1 YEAR	4 YEARS	01/06/2024		
6.	MRS. SINDHU S	ASST. PROFESSOR	M.SC. (CHN)	2021	87070	2 YEARS	4 YEARS	02/01/2024		
7.	MRS. SHALINI	ASST. PROFESSOR	M.SC. (CHN)	2017	33497	3 YEARS	8 MONTHS	03/01/2025		
8.	MRS. GHAVYA B M	ASST. LECTURER	B.SC. NSG.	2014	5730	9 YEARS		16/10/2019		
9.	MR. GYANENDRA KUMAR	NURSING TUTOR	B.SC. NSG.	2018	178002	6 YEARS		01/11/2018		
10.	MR. GOKUL N	NURSING TUTOR	B.SC. NSG.	2011	042012	6 YEARS		02/02/2019		
11.	MR. M VINOTH KUMAR	CLINICAL INSTRUCTOR	B.SC. NSG.	2020	118194	5 YEARS		06/10/2020		
12.	MR. VISHNU KUMAR	NURSING TUTOR	B.SC. NSG.	2020	129364	4 YEARS		01/01/2021		
13.	MS. JAYALAKSHMY L	NURSING TUTOR	B.SC. NSG.	2019	8843	5 YEARS		18/10/2021		
14.	MS. KOWSALYA V	NURSING TUTOR	B.SC. NSG.	2021	130022	3 YEARS		01/01/2022		
15.	MR. RAJASEKAR C	NURSING TUTOR	B.SC. NSG.	2021	132391	3 YEARS		03/01/2022		
16.	MRS. DIVYA C	NURSING TUTOR	B.SC. NSG.	2021	130021	3 YEARS		03/01/2022		
17.	MR. VINOTH K	CLINICAL INSTRUCTOR	B.SC. NSG.	2021	128964	3 YEARS		01/02/2022		
18.	MS. ARCHA B	NURSING TUTOR	B.SC. NSG.	2021	119699	2 YEARS		02/11/2022		
19.	MS. HEMA S SUKUMARAN	NURSING TUTOR	B.SC. NSG.	2020	117237	2 YEARS		20/11/2022		
20.	MS. MANJU HASDA	NURSING TUTOR	B.SC. NSG.	2022	142863	2 YEARS		22/11/2022		
21.	MR. DILIP MONDAL	NURSING TUTOR	B.SC. NSG.	2022	142959	2 YEARS		01/12/2022		

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

22.	MS. TRIVENI T	NURSING TUTOR	B.SC. NSG.	2022	144836	2 YEARS		03/01/2023		
23.	MS. USHA RANI B	CLINICAL INSTRUCTOR	B.SC. NSG.	2022	198036	2 YEARS		06/10/2023		
24.	MRS. NITHA XAVIER	ASST. LECTURER	B.SC. NSG.	2007	8991	6 YEARS		10/10/2023		
25.	MR. BALARAM KARAN	NURSING TUTOR	B.SC. NSG.	2023	154379	1.5 YEAR		01/12/2023		
26.	MS. JAYAVANI M	NURSING TUTOR	B.SC. NSG.	2023	156477	1 YEAR		01/01/2024		
27.	MS. RAJESHWARI S N	NURSING TUTOR	B.SC. NSG.	2023	156469	1 YEAR		01/01/2024	1	
28.	MR. FAZIL AHMAD BABA	NURSING TUTOR	B.SC. NSG.	2021	125927	4 YEARS		01/06/2024		
29.	MR. KUNDAN KUMAR SINGH	NURSING TUTOR	B.SC. NSG.	2023	160865	2 YEARS		20/06/2024		
30.	MR. SOUVIK BHATTACHARYYA	NURSING TUTOR	B.SC. NSG.	2023	160378	2 YEARS		01/08/2024		
31.	MR. SOUMYADIP ROUTH	NURSING TUTOR	B.SC. NSG.	2023	160396	2 YEARS		01/08/2024		
32.	MR. KAUSTAV ROY MAHAPATRA	CLINICAL INSTRUCTOR	B.SC. NSG.	2022	144185	1.5 YEAR		06/03/2025	1	
33.	MR. SOUVIK MONDAL	CLINICAL INSTRUCTOR	B.SC. NSG.	2023	159810	1 YEAR		01/04/2025		
34.	MS. KAVANA S P	CLINICAL INSTRUCTOR	B.SC. NSG.	2021	123218	1.5 YEAR		01/06/2025		
35.	MS. USHA S	CLINICAL INSTRUCTOR	B.SC. NSG.	2023	150555	1 YEAR		17/07/2025		
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. Annexure No. 8

No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
			Enclosed		

14. Physical Facilities:

14.1. College Building: Annexure No. 9

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**56,450 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	**3600 sq. ft.**	Available
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 sq. ft.**	
	2. Vice-Principal Chamber	200	**300 sq. ft.**	
	3. HOD	5 x 200 = 1000	**1700 sq. ft.**	
	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)	**600**	**1400 sq. ft.**	
	7. Accountants Office	**100**	**100 sq. ft.**	Available
	8. Store Room	**100**	**100 sq. ft.**	
	9. Record room	**100**	**200 sq. ft.**	
	10. Room for maintenance staff	**100**	**100 sq. ft.**	
	11. Xeroxing room	**100**	**100 sq. ft.**	
	12. common room (Girls & Boys)	600+400= 1000	**1000 sq. ft.**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 sq. ft.**	
	14. Toilets	1000	**1200 sq. ft.**	

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

	15. A.V/Aids room	600	**1000 sq. ft.**	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1700 sq. ft.**	
	Nutrition & Community Health Nursing	1200sq.ft	**2100 sq. ft.**	Amended
	Obstetrics and Gynecology Laboratory	900sq.ft	**900 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	**1700 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:

1. **Registered documents in sub registrar office**
2. **Is the college building own or leased?**
3. **Blue print of the building plan approved and attested by competent authority.**
4. **Tax paid receipt (Latest / current year)**
5. **Occupancy certificate.**
6. **Sale deed / Lease deed of the building / Land.**

Annexure No. 9

It is mandatory to enclose all the documents mentioned above.

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
- If one of the trustee/member/directors 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 registered in sub registrar office. [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.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure No. **10**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA53AB5737	52	Yes	Yes	Yes
2	KA03B1098	50	Yes	Yes	Yes

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

16. Library facility : Enclose list of library books Annexure No. 11

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq. Ft.	3200 Sq. Ft.	**YES**	**YES**	**YES**	

Total No. of Nursing Books available	3750	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	9	**Is internet facility available for Students?**	Yes
No of e-books	10	**How many books were purchased in last financial year?**	250

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. MAMTA VERMA	BLIB	5	Senior Librarian
2	Mrs. NEETU SINGH	M.L.I. Sc.	2	Asst. Librarian

Note: A minimum of 500 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 will increase/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 12**

Academic activities	Particulars	Remarks
Research Projects	**20**	Enclosed
Conferences conducted		
Conferences attended		

* Colleges should declare & attest tobacco free/drugs free campus (self-declaration from to be submitted)	

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

18. Details of Clinical / Hospital Facilities :

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 ×	

Annexure - 13

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. GOVT. GENERAL HOSPITAL KRISHNARAJAPURAM	150	10 KM	95%	
	2. SILICON CITY HOSPITAL	100	5 KM	85%	
	3. AAXIS HOSPITAL	100	8 KM	90%	
	4. KEMPANNA HOSPITAL	120	6 KM	95%	
	5. EAST POINT HOSPITAL	900	4 KM	98%	
	6. SRINIVASA SPECIALITY HOSPITAL	120	6 KM	95%	
	7 CADABAM HOSPITALS	650	31 KM	100%	

Physically verified

(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, also verify the details in online website of KSPCB & KPMEA notifying the same).

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 2022-23 AY. Nursing colleges**forBangalore Urban and Mangalore city 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.)

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:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			12	95%
Surgery including OT			8	90%
Obstetrics & Gynecology			8	90%
Pediatrics,			6	85%
Emergency Medicine			6	90%
Psychiatry			625	95%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			3	90%
Minor OT			4	86%
Dental, Otorhinolaryngology, Ophthalmology			4	90%
Burns and Plastic			4	95%
Neonatology care unit			6	86%
Communicable disease/Respiratory medicine/TB & chest diseases			4	92%
Dermatology			4	90%
Cardiology			4	85%
Oncology			4	87%
Neurology/Neuro-surgery			5	85%
Nephrology/Urology			5	85%
ICU/ICCU			6	95%
Geriatric Medicine			5	87%
Any other			2	90%

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

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

19	COMMUNITY HEALTH NURSING : Annexure - 14	
RURAL FILELD		
a. Name of CHC / PHC / SC		**MANDUR PRIMARY HEALTH CENTER**
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.**
Distance from the Nursing Institute		**1 KM**
b. Services Rendered by Health & Family Welfare Programmes		**REPRODUCTIVE AND CHILD HEALTH, FIRST AID AND IMMUNIZATION**
URBAN FEILD :		
a. Name of CHC / PHC / SC		AVALAHALLI COMMUNITY HEALTH CENTER
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.**
Distance from the Nursing Institute		**4 KM**
b. Services Rendered by Health & Family Welfare Programmes		**MATERNAL AND CHILD HEALTH, IMMUNIZATION, FIRST AID, EMERGENCY, DENTAL AND NUTRITION, NON COMMUNICABLE SERVICES**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 15**		
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**

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

h.	Extracurricular activities of students	YES ✓	NO
i.	Cumulative record of each	YES ✓	NO
j.	Course planning of each subject	YES ✓	NO
k.	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
s.	POSHE Committee	YES ✓	NO
t.	Prevention of Gender harassment committee	YES ✓	NO

23	**Hostel Facilities :Annexure - 9**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO
b.	Built-up area of the Hostel	**27100 Sq.ft**	
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 : 195**	**Boys : 117**
f.	Total No. of rooms	**Girls :**	**Boys : 25**
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

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. 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- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		
Annexure Numbers	**Details**	**Verified as per originals documents**		
		Yes	**NO**	**Signature**
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	✓		
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Annexure - 11	Details of External /Part time Teachers			
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Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate,	✓		

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

	current academic year clinical fees paid receipts from affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities	Available		
Annexure - 18	Master Rotation plans and Time tables	Enclosed		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Enclosed		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	Enclosed		

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.

LIC Team Observations:

Infrastructure : Team visited to College and observed the Available Infrastructure, The Infrastructure are Sufficient as per the KNC/RGUHS NORMS.

Staffs: The ~~Staffs~~ Staffs of teaching and Non teaching Staffs are available Physically and Checked their Original and ID Card; the No. of Staffs are Satisfied KNC/RGUHS

Transportation: The Two ~~Buses~~ Buses are available to take.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

to clinical posting, The Vehicle licences checked.

- Clinical facilities : The clinical facilities visible to the Students at K.R. Puram Hospital, Silicon City Hospital, Axis Hospital, Coimbatore for Psychiatric post are sufficient bed are available for clinical facilities.

Community facilities : The students are posted to Urban Posting of Avalahalli PHC and Kasavanahalli PHC.

Library facilities : The library facilities are available of 2964 Books and 6 Journals available, and Internet facilities available and utilised.

- The committee observed the other infrastructure like Play ground, Hostel facility for Boys & girls are available and Seminar Room are available for students.

The committee Recommends for continuation Affiliation, for the academic year of 2025-26

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which swamy vivekanda con.

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SLSAMM Vivekanda CON. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 12/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
	Dr. ATS Gill	Prof. Soumya Ghoshal

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We 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.

We 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.

***Note Undertaking should be given in affidavit**

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

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

SWAMY VIVEKANANDA EDUCATIONAL TRUST (R)
Mandur (V), Virgonagar Post, Budigere Cross,
Devanahalli Road, Hoskote, Bangalore - 560 049.
Mob : 9740505555
9379445555
Well Wisher of Students Lives

Ref : SVCON/L-01/Aug 2025

Date : 09/08/2025

UNDERTAKING by Trust Management

I Shri O Venkata Reddy the Chairman of the trust Swamy Vivekananda Educational Trust are submitting the affidavit to University.

The trust Swamy Vivekananda Educational Trust is running the colleges

1. Swamy Vivekananda College of Nursing since 1999 years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We 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.

We 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.

O. Venkata Reddy
9/8/2025

For SWAMY VIVEKANANDA EDUCATIONAL TRUST

President

Website : www.swamyvivekanandacoph.com E-mail : vishnukblr333@gmail.com / svcp2005@gmail.com

HOSPITAL UNDERTAKING

We Medical officer (Dr. Leela)K R Puram Govt. General Hospital are the MD of the K R Puram Govt. General Hospital situated at K R Puram, Bangalore.

This is to confirm that our hospital K R Puram Govt. General Hospital is registered under KPMEA and PCB with 150 beds and the bonafide certificate has been attached.

This is to confirm that the hospital K R Puram Govt. General Hospital is functioning as affiliated hospital for Swamy Vivekananda College of Nursing, Bangalore.

The Information provided by us is true and correct.

ವೈದ್ಯಾಧಿಕಾರಿಗಳು
ಸರ್ಕಾರಿ ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ,
ಕೆ. ಆರ್. ಪುರಂ, ಬೆಂಗಳೂರು

05/08/2025