193

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. Shashikumar. H.C	DR. Rajasekaran. S.	Jagadish. T.J
Designation	Professor	Principal	Vice-principal
Address	Raja Rajeswari Dental College Bangalore	Ikon college of Pharmacy. Bangalore	Raja Rajeshwari college of Nursing Bangalore
Mobile No	9980280485	9241033201	9844667371
Email ID	drshashiorddcortho@gmail.com	Rajasekarnpharm@gmail.com	

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 12/8/2025

(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**	G. Ramakrishna College of Nursing. [OLD NAME – KEERTHI COLLEGE OF NURSING. KALABURGI] PRASHATH NAGAR–B RAJAPUR ROAD KALABURGI	2	**Year of Establishment** 1999-2000
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** ✓		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	KEERTHI EDUCATION TRUST (R) Prashath Nagar–B Rajapur Road, Kalaburgi (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Sudeenavijaykumar@gmail.com	**Website:** WWW.keerthi.com	
		Office No: 08472/245396	**Mobile No:** 8550066999	

Signature of Chairman
Dr. Shashi Kumar
12/08/25

Signature of Member (1)
Dr. S. Rajasekaran
12/8/25

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. Vijay Kumar · S/o G. Ramakrishna. Chairman, Kurthi Education Trust.(R) Kalasuji Phone No - 8550066999		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 [FIVE] (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. Sudeena. V. Qualification: Ph'd In Nursing Experience after MSc: 18 years Email: sudeenavijaykumar@gmail.com	Mobile No: 8310127854. Office No: 08472-245396 Fax No: Residential phone No: 9740262494	
	b) Drawing authority of the college	Principal / Secretary	Chairman.	

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) **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	✓					1,00,000
Post Basic B.Sc. Nursing	✓				Helinet UG/PG Application form	1,00,000 32,500 3050
					Total (A)	2,35,550

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical & Surgical Nursing	05 } 10	20,000
	2. OBG Specialty	05 }	
	3. —		
	4. —		
	5. —		
		Total (B)	
NPCC	—	—	—
	—	— **Total (C)**	—
		Grand Total (A+B+C)	2,55,550

Online Transaction Number or Details: BD000000075671671
Dated ON - 24/12/2024 ZBBCD3E0969UWD

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

• **Remarks:**

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 119/MME 06/4/99 Annexure - 5	RGU/AFF/ COA/01/ Annexure - 6	KNC/460 1999-2000 Annexure - 7	111-25/2000 INC Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	38	38	38	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKK/KUM 2011/8/12/11 Annexure - 5	RGU/AFF COA/011 2024-25 Annexure - 6	KNC/460 2012-13 Annexure - 7	18-15/ 7287-INC Annexure - 8	
	Sanctioned Intake	30	30	30	—	
	Admissions Made for the Current Academic Year	27	27	27	—	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	AKK/114 KVM 67/2012 Annexure - 5	AGU/AFF/ COA/011/ 2024-25 Annexure - 6	KNC/460 201213 Annexure - 7	18-15/ 7287-INC Annexure - 8	
	Sanctioned Intake	5+5 10	10	10	—	
	Admissions Made for the Current Academic Year	10	10	10	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	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	18	17	11	12	58
	Female	20	19	12	10	61
Post Basic B.Sc Nursing	Male	09	06	-	-	15
	Female	18	21	-	-	39
M.Sc Nursing	Male	-	01	-	-	01
	Female	10	07	-	-	17
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----------
	—	— 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----------
	—	— 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:_____

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

12. Teaching Faculty Requirements for all Nursing Programs: ENCLOSED

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*	2		1						
4	Associate Professor	2	2-4					1*	2		1						
5	Assistant Professor	3	3-8				2	3*	8	1	3						
6	Tutor	8-16	16-24				2-10	--	8	6							
	Total	**16-24**	**24-40**				**4-12**		16	7	5						

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				
200 students intake				

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

250 students				
*- Aadhar based biometric attendance for students			ENCLOSED	

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.	DR. Sucleena. V	Principal/ professor	M.Sc(N) (M&N)	2009	2245	2yr	16yr	01/5/2009	✓	
2.	MRS. Christina.	Vice-principal	M.Sc(N) (community)	2020	24873	9yrs	5yr 7M	01/2/2020	✓	
3.	Priyadrashini. J.	Associate Professor	M.Sc(N) OBG	2016	9362	7yr	8yr 7M	20/10/22	✓	
4.	Sherlin Francis	Also/professor	M.Sc(N) (M&N)	2014	23924	3yr	9yr 7m	02/01/22	✓	
5.	Leena Anne Mathew	Professor	M.Sc(N) (OBG)	2013	28706	5yr	11yr	05/08/20	✓	
6.	MRS. Nandini. H. N	Professor/HOD	M.Sc(N) (community)	2010	24493	2yrs	14yrs	08/01/20	✓	
7.	MR. Vijaykumar	Assist/professor	M.Sc(N) (Pade. NSG)	2021	92483	8M	4yr 7m	15/12/2021	✓	
8.	Miss. Priyanka Mathew	Assist/professor	M.Sc(N) (Paed. NSG)	2020	69445	11yrs	4yr 7m	01/01/21	✓	
9.	MRS. Milcah Mahalatha	Assist/professor	M.Sc(N) OBG	2024	135553	4yr 5m	1yr 7m	02/02/24	✓	
10.	MR. Kanth Raj	Assit/professor	M.Sc(N) M&N	2024	178119	1yr	11 M	05/10/24	✓	
11.	MR. Solomon. Y.	Assit/professor	M&N	2024	111537	5yr	7month	01/01/25	✓	
12.	MRS. Joyce Merlin. S.	Assist/professor	OBG	2024	11137	5yr	7month	05/10/24	✓	
13.	MR. Shivanda	Nursing Tutor	B.Sc(N)	2018	9241	5yr 6M	—	01/8/2020	✓	
14.	Miss. Ranamma. S.	Nursing Tutor	B.Sc(N)	2025	175738	4 month	—	15/4/25	✓	
15.	MR. Chandrashekar	Nursing Tutor	B.Sc(N)	2025	177174	2 Month	—	01/6/25	✓	
16.	MR. Dattu Singh	Nursing Tutor	B.Sc(N)	2016	79235	5yr 9M	—	02/02/23	✓	
17.	MR. Shanker	Nursing Tutor	PB.B.Sc(N)	2020	171122	4yr 6m	—	05/01/21	✓	
18.	MR. Yallappa. S.	Nursing Tutor	PB.B.Sc(N)	2020	203273	4yr 4m	—	28/11/21	✓	
19.	Miss. Keerthi	Nursing Tutor	B.Sc(N)	2019	99651	5yr 6M	—	10/10/20	✓	
20.	Miss. Kaveri	Nursing Tutor	B.Sc(N)	2024	177173	7M 11dy	—	5/01/25	✓	
21.	Miss. Jainatual Fridose	Nursing Tutor	B.Sc(N)	2024	177460	6 Months	—	02/2/25	✓	

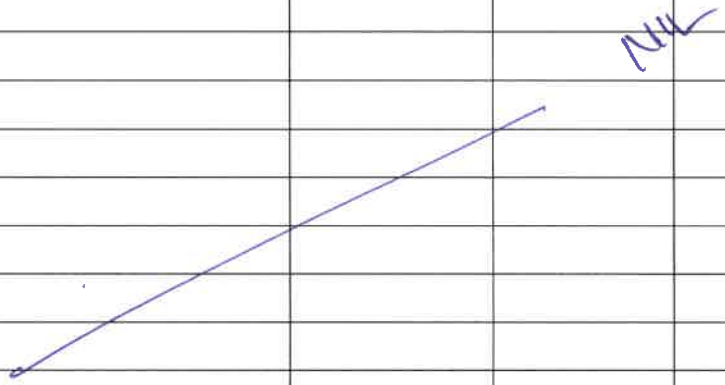
Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

22.	Shit	Nursing Tutor	B.sc(N)	2018	95444	1yr 7m	—	05/01/20	✓	✓	
	Vadana.	Nursing Tutor	PB. B.sc(N)	2019	514142	6yr 6M	—	01/2/20	✓	✓	
	Munnaf pasha	Nursing Tutor	B.sc(N)	2022	157387	3yr 6M	—	01/2/22	✓	✓	
	Rohit kumar	Nursing Tutor	B.sc(N)	2024	Applied	6months	—	01/2/25	✓	✓	
	Rakshitha.	Nursing Tutor	B.sc(N)	2024	Applied	7mnths	—	05/2/25	✓	✓	
	Samadhana.	Nursing Tutor	PB.sc(N)	2021	92925	3yr(7m)	—	05/01/22	✓	✓	
	Megha Menon	Nursing Tutor	B.sc(N)	2023	145599	1yr 7m	—	02/06/23	✓	✓	

Signature of Member (1)

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										
66.										
67.										
68.										

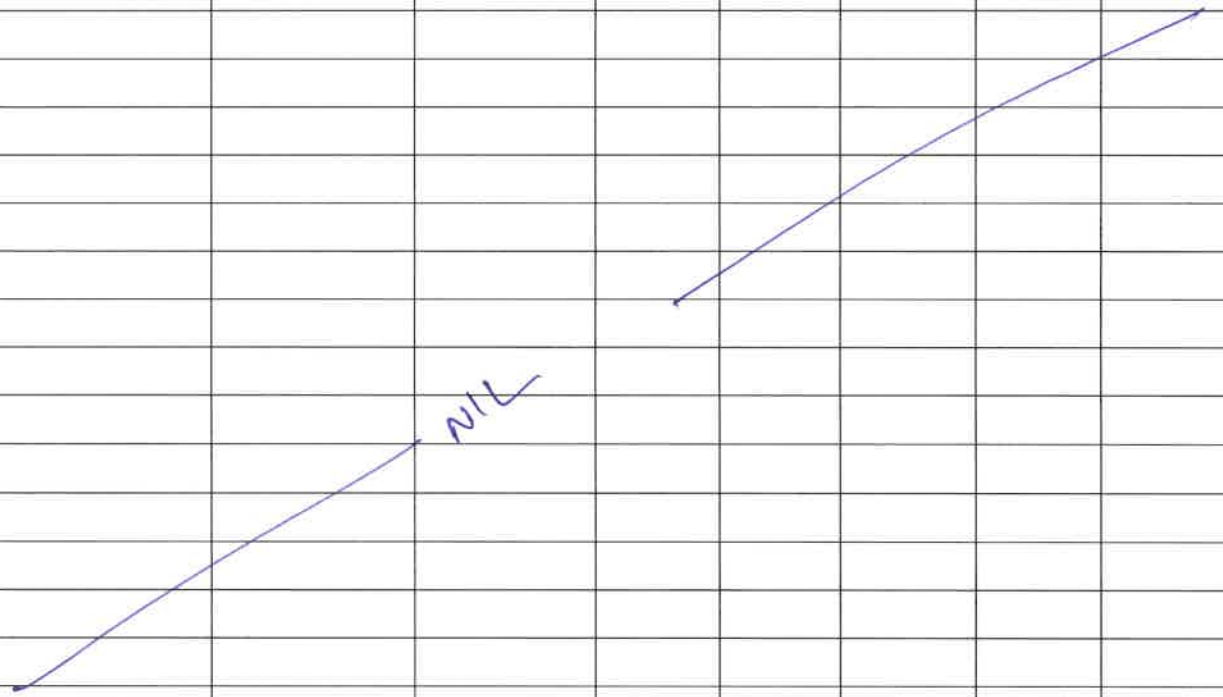


Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

69.										
70.										
71.										
72.										
73.										
74.										
75.										
76.										
77.										
78.										
79.										
80.										
81.										
82.										
83.										
84.										
85.										
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										

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

95.										
96.										
97.										
98.										
99.										
100.										
101.										
102.										
103.										
104.										
105.										
106.										
107.										
108.										
109.										
110.										
111.										
112.										
113.										
114.										
115.										
116.										



- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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 - 11**

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

14. Physical Facilities :

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

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)		
	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	4 class Rooms 900 Sq/ft Each	Available
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 class Rooms 600 Sq/ft Each	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 class Rooms 600 Sq/ft Each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq/ft	Available
	2. Vice-Principal Chamber	200	200 Sq/ft	
	3. HOD	5 x 200 = 1000	1000 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**	600 Sq/ft	
	7. Accountants Office	**100**	100 Sq/ft	
	8. Store Room	**100**	100 Sq/ft	Available
	9. Record room	**100**	100 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	1000 Sq/ft	

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

	15. A.V/Aids room	600	600Sq/ft	Available

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	1600 Sq/ft	Available
	Nutrition & Community Health Nursing	1200sq.ft	1200Sq/ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900Sq/ft	
	Pediatrics Nursing Laboratory	900sq.ft	900Sq/ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq/ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500Sq/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**

SL NO	Particulars	Verified by the LIC team
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	**Building construction license from competent authority**	✓
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy certificate.**	✓
7	**Sale deed / Lease deed of the building / Land.**	✓
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

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

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

- 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 – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA-32-B5661	45 Seater	~~Yes~~ / No	~~Yes~~ / No	~~Yes~~ / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	@ 3005q/Ft	YES ☑ No ☐	Good	Good	Available

Total No. of Nursing Books available	3000/Books	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	200 titles	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	500

– Enclosed –

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Ambaraya	M.Lib	12 years	Adequate
02	Pooja	M.Lib	2 years	

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 willincrease/decrease according to the number of seats approved.

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

Academic activities	Particulars	Remarks
Research Projects	Total 10 Thesis Research projects	Satisfactory

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

Conferences conducted	Conducted 03 State Conferences By Pg Students.	Secretary
Conferences attended	Attended 04 State Conferences in Bangalore, Maharashtra. By UG/PG Students.	

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

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

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%)**	**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 NEW Dhanvantri Hospital. Kalaburgi	100	4 Kms	88 %	Verified
	2 Suraksha Hospital Kalaburgi	100	3.5 Kms	86 %	
	3 GIMS Hospital Kalaburgi	750	2.5 Kms	98 %	

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

	(MOU/Clinical permission letter)		Enclosed		

(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).

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			15	88%
Surgery including OT			01	85%
Obstetrics & Gynecology			10	88%
Pediatrics,			05	89 %
Emergency Medicine			04	89 %
Psychiatry			04	89 %

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			01	89 %
Minor OT			01	91 %
Dental, Otorhinolaryngology, Ophthalmology			—	—
Burns and Plastic			04	88 %
Neonatology care unit			—	—
Communicable disease/Respiratory medicine/TB & chest diseases			05	92 %
Dermatology			~~08~~	—
Cardiology			08	92 %
Oncology			05	88 %
Neurology/Neuro-surgery			03	86 %
Nephrology/Urology			03	87 %
ICU/ICCU			15	88 %
Geriatric Medicine			14	89 %

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

Any other		ENCLOSED		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	PHC
	Adopted / Affiliated	Nandur - B Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	11 Kilometer From college
b.	Services Rendered by Health & Family Welfare Programmes	Family planning, Tubectomy, National Programes, Aganawadi ... Etc.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	CHC
	Adopted / Affiliated	Tarfile Affiliated Kalaburgi
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	3 kilo meter From college.
b.	Services Rendered by Health & Family Welfare Programmes	National Health Programmes, Pulse polio Programme, Family planning Programmes etc.
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 18** ENCLOSED		
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** ENCLOSED		
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** ☐

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

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 ☐
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 - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 20,000 sq.feet	
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 : 25	Boys : 20
f.	Total No. of rooms	Girls : 25	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	✓		

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

	affiliated hospitals.	✓		
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	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

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:

- Infra structure and teaching faculty found to be adequate at the time of inspection.

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 G. Ramakrishna College of Nursing. [OLD NAME - KEERTHI C.O.N KALABURGI] which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 12/8/25 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. Shanthi Kumar	Dr. S. Rajasekaran.	
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 _____

    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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13936578470280X**
Certificate Issued Date	:	11-Aug-2025 11:40 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ KALABURGI8/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842920892876306X
Purchased by	:	CHAIRMAN KEERTHI EDUCATION TRUST R
Description of Document	:	Article 12(a) Bond - Amount secured does not exceed Rs.1000
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	100 (One Hundred only)
First Party	:	CHAIRMAN KEERTHI EDUCATION TRUST R
Second Party	:	R G U H S BANGALORE
Stamp Duty Paid By	:	CHAIRMAN KEERTHI EDUCATION TRUST R
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association
Branch Kalaburagi 08
Authorised Signatory

Please write or type below this line

NOTARY
BASAVARAJ B. KOBAL
Dist. Kalaburagi
Reg.No.22225/2020
Ex.Dt.08-03-2030
GOVT. OF INDIA

11 1 AUG 2025

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.