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. ANOOP NAIR	DR. NETHRA S.S	MRS. LAKSHMI DEVI
Designation	ASSOCIATED. PROFESSOR	PROF. DEPT. ANAESTHESIO -LOGY	PRINCIPAL
Address	DEPT. OF PROSTHODONTIES GOVERNMENT DENTAL BANGALURU	BMCR, FORT BANGALURU	DMJ COLLEGE OF NURSING BANGALURU
Mobile No	9886459375	9448171403	9243074194
Email ID	dranoopnair@yahoo.com	nethra.sushoune@gmail.com	

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 14/08/2025

(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	THE UNITY INSTITUTE OF NURSING SCIENCES CHITRADURGA, VIJAY SAMRAT BUILDING NEAR AYAPPA SWAMY TEMPLE.	2	Year of Establishment: 1998-99
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company: M.H ROAD CHITRADURGA - 577502 ✓		
3	(a). Name of the Trust/Society & complete postal address & Phone number	G.G EDUCATION SOCIETY @ C.K PURA KELAGOTE CHITRADURGA - 577501 (Enclose copy of Registration documents of Society/Trust) ✓ **Annexure – 1**		
		Email: unitycollegeofnursing@gmail.com	Website: WWW.GGES.ORG	
		Office No: 08144-221441	Mobile No: 9035586973	

14/8/25
Signature of Chairman

Signature of Member (1)
14/8/25

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Copy Enclosed —		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** Copy Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** **Qualification:** **Experience after MSc:** **Email:**		**Mobile No:** **Office No:** **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	DR. JYOTHI VIJAYAKUMAR		
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) NA **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 Affiliation	30,000/-	60,000/-	40,000/-	25,000/-	1,56,050/-
Post Basic B.Sc. Nursing	—	—	—	—	—	—
					Total (A)	

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3.		
	4. N/A		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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

Remarks: Copy Enclosed –

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	AAKuka 201 MME 1998, 9/7/99 Annexure - 5	20/09/2024 Annexure - 6	20/09/2024 Annexure - 7	29/11/2024 Annexure - 8	yes 24-25
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A	—		
	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			—		
	Admissions Made for the Current Academic Year	—	N/A			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	N/A	—		

14/8/25

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	13	15	15	14	57
	Female	27	25	25	26	103
Post Basic B.Sc Nursing	Male					
	Female		N/A			
M.Sc Nursing	Male		N/A			
	Female					
M.Sc NPCC	Male		N/A			
	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----------
		—	N/A	—		

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----------
	—	—	N/A	—	—	

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: - Yes Copy Enclosed -

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				—	—	—	01	—	—	—	NO	—	—	—
2	Vice-Principal	1	1							01	—	—	—	NO	—	—	—
3	Professor	1	1-2					1*		01	—	—	—	NO	—	—	—
4	Associate Professor	2	2-4					1*		02	—	—	—	NO	—	—	—
5	Assistant Professor	3	3-8				2	3*		03	—	—	—	NO	—	—	—
6	Tutor	8-16	16-24				2-10	--		10	—	—	—	NO	—	—	—
	Total	**16-24**	**24-40**				**4-12**			18	—	—	—	NO	—	—	—

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 – N/A	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors ✓	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors N/A	**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 N/A –	**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			N/A	
200 students intake			N/A	

Signature of Chairman 14/6/25 **Signature of Member (1)** **Signature of Member (2)**

250 students		———	N/A	———	

* **Aadhar based biometric attendance for students** yes Copy Enclosed.-

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

AN-19 List of teachers

G.G. EDUCATION SOCIETY (R)

THE UNITY INSTITUTE OF NURSING SCIENCES

Vijaya samrat building near ayyappa swamy temple chitradurga 577502

TEACHING FACULTY DETAILS

SL NO	NAME OF THE TEACHING FACULTY	DESIGNATION	QUALIFICATION ALONG WITH SPECIALITY	YEAR OF PASSING	KSNC Reg. Number	Teaching experience		Date of joining	Form-16
						After UG	After PG		
01	Dr. MRUTYUNJAYA MATHAD	PRINCIPAL	PHd (Psychiatric Nursing)	2024	14432	08 yrs	10 yrs	01/04/2024	Yes
02	Mr. VISHWANATHAN.G	VICE PRINCIPAL	MSc Nursing	2014	00063094	02YRS	12YRS	01/04/2023	-
03	Mrs. LAKSHMI M	ASSOCIATE PROFESSOR	MSc NURSING	2017	24949	05 YRS	08 YRS	01/04/2023	-
04	MRs. SUMITHRA R	ASSISTANT PROFRSSOR	MSc NURSING	2021	139098	02YRS	04YRS	01/03/2024	-
05	Mr. HANUMANTHAPPA R	ASSISTANT PROFESSOR	MSc NURSING	2022	93153	02YRS	03YRS	02/05/2022	-
06	Ms MANJAMMA M O	LECTURER	MSc NURSING	2024	111775	01YR	01YR	07/03/2024	-
07	Ms BALANAGAMMA H	LECTURER	MSc NURSING	2025	29858	13YRS	03M	01/02/2025	-
08	Ms AKANKSHA T	LECTURER	MSc NURSING	2025	120622	01YR	03M	03/06/2025	-
09	MRs CRIPSY MATHEW	NURSING TUTOR	BSc NURSING	2015	72004	10YRS	-	27/10/2015	-

14/8/25
Dr Anupa Nair (Secretary)

AC Member
14/8/25

PRINCIPAL
THE UNITY INSTITUTE OF NURSING SCIENCES
CHITRADURGA-577502

Subject Expert

10	MS LAKSHMI PAWAR	NURSING TUTOR	BSc NURSING	2021	111798	04YRS		28/01/2021	-
11	MRs RENUKA	NURSING TUTOR	BSC NURSING	2021	118378	04YRS	-	07/07/2023	-
12	Mr. NIRANJAN MURTHY	NURSING TUTOR	PB BSc NSG	2024	221197	02YRS	-	03/10/2022	-
13	MS.AISHWARYA H C	NURSING TUTOR	BSC NURSING	2022	131963	03YRS	-	21/02/2022	-
14	Ms. SHWETHA J	NURSING TUTOR	BSC NURSING	2023	150982	02YRS	-	17/01/2024	-
15	MR. SUDEEP B	NURSING TUTOR	BSC NURSING	2025	180561	02 M	-	24/06/2025	-
16	Ms. CHAITHRA G A	NURSING TUTOR	BSC NURSING	2025	181258	02 M	-	30/06/2025	-
17	Ms. PREMA D	NURSING TUTOR	BSC NURSING	2025	181261	02 M	-	30/06/2025	-
18	Ms. BHOMIKA M	NURSING TUTOR	BSC NURSING	2025	181265	02 M	-	30/06/2025	-

MATERNITY LEAVE

14/8/25

14/8/25

PRINCIPAL
THE UNITY INSTITUTE OF
NURSING SCIENCES
CHITRADURGA-577502

14/8/25

Subject Expert

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	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	23,200 sq.ft	- yes -
	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 classrooms 900 Sq.ft Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— N/A —	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— N/A —	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	— N/A —	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	Copy Enclosed -
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	100	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	

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

	15. A.V/Aids room	600	600	-yes-

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

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**	yes
2	**Is the college building own or leased ?**	yes
3	**Blue print of the building plan approved and attested by competent authority.**	yes
4	**Building construction license from competent authority**	yes
5	**Tax paid receipt (Latest / current year)**	yes
6	**Occupancy certificate.**	yes
7	**Sale deed / Lease deed of the building / Land.**	yes
8	**Land Conversion order from DC**	yes
9	**Town planning/Authorities approval order**	yes

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 yes – Own Building

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.) yes
- Google location of college to be attached by LIC team. yes
- Registered lease document in sub registrar office to be submitted. N/A

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
02	KA16B7023	41	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	2300 Sqft	YES ☑ No ☐	- yes -	- yes -	- yes -

Total No. of Nursing Books available	7033	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available	03	**Is internet facility available for Students?**	- yes -
No of e-books	10	**How many books were purchased in last financial year?**	300

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	SAHANA	M.Lib	01	—
	—			
		N/A	—	

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 **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	— Copy Enclosed	—

14/8/25

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

Conferences conducted	Copy Enclosed	—
Conferences attended	Copy Enclosed	—

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

18. Details of Clinical / Hospital Facilities : **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 UNITY HEALTH COMPLEX C.K PURA CHITRADURGA MOU(Registered parent hospital MOU)	100	1.5 km	90%	- yes -
NAME OF THE TRUST/ Person owning The Hospital Dr. JYOTHI VIJAYAKUMAR	100	1.5 km	90%	yes
Name Of The Owner Of The Trust of Hospital Dr. JYOTHI VIJAYAKUMAR Dr. VIJYOTH	100	1.5 km	90%	yes
Affiliated hospitals- Full Name & Address of the Parent Hospital — 1				
2				
3				

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

	(MOU/Clinical permission letter)				

(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: THE UNITY INSTITUTE OF NURSING SCIENCES ESTABLISHED – 1998 - 1999

- 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). - N/A -
- 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)– N/A –
- 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.) – N/A –
- 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 - yes –
- 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: –(Copy Enclosed.)–

Above said Nursing college [THE UNITY INSTITUTE OF NURSING SCIENCES - CHITRADURGA] Established as according G.O, KSNC, RGUHS, INC for 40 intake On 1998 - 1999 G/O AA.kuka 201 MME 98 Bangalure, Dated 09/07/1999

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	10	90%	—	—
Surgery including OT	10	92%.	—	—
Obstetrics & Gynecology	25	96%.	—	—
Pediatrics,	15	94%.	—	—
Emergency Medicine	02	90%.	—	—
Psychiatry	—	—	100+	100+

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90	—	—
Minor OT	02	90	—	—
Dental, Otorhinolaryngology, Ophthalmology	02	92	—	—
Burns and Plastic	10	91	—	—
Neonatology care unit	02	92	—	—
Communicable disease/Respiratory medicine/TB & chest diseases	02	93	—	—
Dermatology	01	90	—	—
Cardiology	02	91	—	—
Oncology	02	89	—	—
Neurology/Neuro-surgery	02	85	—	—
Nephrology/Urology	01	80	—	—
ICU/ICCU	08	85	—	—
Geriatric Medicine	02	90	—	—

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

Any other	—	Copy 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**	HIREGUNTANURU - PHC
	Adopted / Affiliated	Affliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	10 km
b.	Services Rendered by Health & Family Welfare Programmes	RNHM
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	NEHRU NAGAR
	Adopted / Affiliated	Affliliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	1.5 km
b.	Services Rendered by Health & Family Welfare Programmes	UNHM

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** ☐

Signature of Chairman 14/6/15 **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 12,460/-	
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 : 70	Boys : 20
f.	Total No. of rooms	Girls : 42	Boys : 14
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 14/4/25 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	N/A		
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A		
Annexure - 11	Details of External /Part time Teachers	-Yes-		
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	yes -		
Annexure - 13	Vehicle Details : Bus	yes_		
Annexure - 14	Details of List of LibraryBooks & others	yes -		
Annexure - 15	Academic Activities	Yes		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	yes-		

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

	affiliated hospitals.	-Yes-		
Annexure - 17	Details of Community Health Nursing Posting Facilities	-yes-		
Annexure - 18	Master Rotation plans and Time tables	-yes-		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	-yes-		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	-N/A-		

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:

For continuous affliation 25-26 as on date of inspection 14.8.25 total 18 faculty were available with one faculty on matarnity leave. college is in own building under the trust. Own parent hospital run by trust 100 bedded as per KPME/PCB certificates. Affliated to Govt hospital chitradurga. Own transport with 3 buses available. 5 classrooms with audiovisual aids available. Library with more than 5000 books & journals available with librarian. Own hostel facilities available. Infrastructure facilities, Lab facilities available as per RUHS norms. All relevant documents, annexures, photographs are here by enclosed along with pendrive.

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 UNITY COLLEGE OF NURSING CHITRADURGA which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14.8.25 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. MEETHRA SS	

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)**

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)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA17022898223772X
Certificate Issued Date	:	13-Aug-2025 04:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0848917478953587X
Purchased by	:	DR JYOTHI VIJAYKUMAR UNITY HEALTH COMPLEX CTA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR JYOTHI VIJAYKUMAR UNITY HEALTH COMPLEX CTA
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	DR JYOTHI VIJAYKUMAR UNITY HEALTH COMPLEX CTA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Dr.Jyothi Vijay Kumar
Unity Health Complex
C.K. Pura, Kelagote
Chitradurga-577501

I Dr. Jyothi Vijay Kumar is the Owner/MD The Unity Health Complex hospital situated at C K Pura Kelagote, Chitradurga - 577501

This is to confirm that our The Unity Health Complex hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that The Unity Health Complex hospital is functioning as affiliated/parent/own hospital for The Unity Institute of Nursing Sciences, Chitradurga.

We also confirm that our hospital is solely affiliated to The Unity Institute of Nursing Sciences, Chitradurga and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Date: 14/08/2025

Place: Chitradurga

Deponent

Dr. Jyothi Vijay Kumar
Unity Health Complex
C.K. Pura, Kelagote
Chitradurga-577501

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA17024119216317X
Certificate Issued Date	:	13-Aug-2025 04:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0848921379723038X
Purchased by	:	THE SECRETARY G G EDUCATION SOCIETY R CHITRADURGA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE SECRETARY G G EDUCATION SOCIETY R CHITRADURGA
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	THE SECRETARY G G EDUCATION SOCIETY R CHITRADURGA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

SECRETARY
G.G EDUCATIONAL SOCIETY (R)
OPP. AIR C.K. PURA
CHITRADURGA

I am the Secretary of G G Education Society ®, C K Pura, Kelagote, Chitradurga – 577501 and society members are submitting the affidavit to University.

The G G Education Society ®, C K Pura, Kelagote, Chitradurga – 577501 is running and managing the following institutions under above said society.

1. The Unity Institute of Nursing Sciences, Chitradurga. G O No: AA.KU.KA201MME1998, Bangalore dated : 09/07/1999 since 25 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 action can be initiated by the University.

Date: 14/08/2025

Place: Chitradurga

Deponent

SECRETARY
G.G EDUCATIONAL SOCIETY (R)
OPP. AIR C.K. PURA
CHITRADURGA