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. Srinivasan Velu	Dr. Jyothi Ramegowda	G.S. SHASHIDHARA
Designation	Senate Member	Associate Prof. BSc	PRINCIPAL
Address	No 790, 1st Cross, 2nd Main Koramangala 8th Block Bilow 95	#-304, Elegant Srinivasa ap-artment, 36th B Cross Jayanagar 4th T block Bengaluru	GOPALA GOWDA SHANTHAVERI MEMORIAL COLLEGE OF NURSING, T.N PURA ROAD MYSORE-10
Mobile No	9443060250	9740361867	9845975436
Email ID	drseena4373@Yahoo.com	joe6gowda@gmail.com	Shashidharagsg@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 16/08/2025

(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	60 ✓	2. Post Basic B.Sc. Nursing	50 ✓
	3. M.Sc. Nursing	20 ✓	4. M.Sc. NPCC	

1	Name of the Institution with Full Address	MADHUGIRI SRI RAGHAVENDRA COLLEGE OF NSG SHANKARMUTT ROAD, RAGHAVENDRA EXTN MADHUGIRI, TUMKUR 572132	2	Year of Establishment: 2002
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	SRI RAGHAVENDRA EDUCATIONAL SOCIETY TUMKUR ROAD, MADHUGIRI-572132 TUMKUR (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: raghavendranursing@yahoo.co.in	Website: www.ssinsmadhugiri.org	
		Office No:	Mobile No: 9448382771	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
G.S. SHASHIDHARA
PRINCIPAL, GOPALA GOWDA SHANTHAVERI MEMORIAL COLLEGE OF NSG

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. G K JAYARAM 9448382771		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Mrs. KAVITHA. VK **Qualification:** MSc NURSING **Experience after MSc:** 15 **Email:** kavitharko086@gmail.com	**Mobile No:** 7406782188 **Office No:** **Fax No:** **Residential phone No:**	
	b) Drawing authority of the college	Dr. G K JAYARAM		
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	Rs 2,20,050/-	Rs 1000/-			Rs 25000/-	Rs 2,46,050/-
Post Basic B.Sc. Nursing	Rs 2,20,050/-	Rs 1000/-				Rs 221050/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING	05	Rs 41050/-
	2. PAEDIATRIC NURSING	05	
	3. COMMUNITY HEALTH NURSING	05	
	4. OBG NURSING	05	
	5.		Rs 7500/-
		Total (B)	Rs 48550
NPCC			
		Total (C)	
		Grand Total (A+B+C)	Rs 515650/-

Online Transaction Number or Details: ZCNBJR0095XPN1 - Rs 246050/- ZCNB5E50964CC1- 221050/-
ZCNBOT1096ADBN - Rs 48550/-

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	AKK 177 MMS 2001 14/05/2001 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	53	53	53	53	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKK 270 MPS 2010 18/6/2010 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Sanctioned Intake	50	50	50	40	
	Admissions Made for the Current Academic Year	50	50	50	50	
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☐	Approval Letter No. and Date	AKK 438 MPS 2008 4/2/2009 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Sanctioned Intake	20	20	20	12	
	Admissions Made for the Current Academic Year	01	01	01	01	
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	02	01	08	03	14
	Female	51	59	52	57	219
Post Basic B.Sc Nursing	Male	07	10			
	Female	53	40			
M.Sc Nursing	Male					
	Female	01				
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) – Copy Enclosed –

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--------

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) — Copy Enclosed —

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--------

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

verified
Total 42

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
50 students ntake				
200 students intake				

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

250 students				
* Aadhar based biometric attendance for 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.	Mrs KAVITHA. VK	PRINCIPAL	MSc NSG PAEDIATRICS	2011	11890	1yrs 2months	14yrs 2 months	1/06/2011		
2.	Dr. SANTHOSH KUMAR KY	VICE PRINCIPAL	MSc NSG PAEDIATRICS	2011	14251	1yrs	14yrs	24/02/2012		
3.	Ms. RANGASWAMY PN	PROFESSOR	MSc CHN	2017	14249	7yrs	7yrs 10 months	05/08/2023		
4.	Ms. N. HONNURASWAMY	ASSO. PROFESSOR	MSc CHN	2020	142457	1yrs	5yrs	05/10/2020		
5.	Ms. CHAITHRA	ASSO. PROFESSOR	MSc MHN	2020	83687	1yrs	4yrs 9months	2/1/2021		
6.	Ms. OMPRIYA P	ASST. PROFESSOR	MSc OBG	2021	98610	1yrs	3yrs 9months	2/8/24		
7.	Ms. THINMARAJU BJ	ASST. PROFESSOR	MSc MSN	2024	108471	1yrs	1yrs 7months	01/04/2024		
8.	Ms. NEHA KL	ASST. PROFESSOR	MSc MSN	2024	112473	1yrs	1yrs 2months	02/07/2024		
9.	Mrs BHAGYALAKSHMI RA	NSG TUTOR	BSc NSG	2013	57646	13yrs 5months	–	01/04/2013		
10.	Ms ALEENA SIBY	NSG TUTOR	BSc NSG	2020	107095	5yrs	–	19/10/2020		
11.	Ms. SNETHA DR	NSG TUTOR	BSc NSG	2020	113521	4yrs 9months	–	2/12/2020		
12.	Ms. NAVEEN LYAVI	NSG TUTOR	BSc NSG	2020	108835	4yrs 9months	–	2/12/2020		
13.	Ms. SHWETHA SN	NSG TUTOR	BSc NSG	2020	117229	4yrs 9months	–	5/12/2020		
14.	Ms. KAVYA B	NSG TUTOR	BSc NSG	2021	130415	3yrs 9months	–	1/12/2021		
15.	Ms PUSHPALATHA	NSG TUTOR	BSc NSG	2021	121463	3yrs 9months	–	5/12/2021		
16.	Ms. UMAR SHAIKH	NSG TUTOR	BSc NSG	2022	134493	2yrs 10months	–	26/11/2022		
17.	Ms. SWAROOPA BN	NSG TUTOR	BSc NSG	2022	133402	2yrs 6months	–	1/12/2022		
18.	Mrs. SNEHA KN	NSG TUTOR	BSc NSG	2023	157313	1yrs 10months	–	15/10/2023		
19.	Ms. KAVYA VJ	NSG TUTOR	BSc NSG	2022	144213	2yrs 10months	–	02/11/2022		
20.	Ms. PRIYANKA M	NSG TUTOR	BSc NSG	2022	131231	3yrs 3months	–	01/06/2022		
21.	Ms GAGANA KR	NSG TUTOR	BSc NSG	2021	121397	3yrs 9months	–	02/12/2021		
22.	Ms ANITHA K	NSG TUTOR	BSc NSG	2021	132048	3yrs 9months	–	02/12/2021		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Principal
Sri Raghavendra College of Nursing
MADHUGIRI - 572 132
Tumkur Dist.

23.	Ms ARPITHA .O	NSG TUTOR	BSc NSG	2021	132048	3yrs 9month	–	2/12/2021		
24.	Mss VINUTHA KM	NSG TUTOR	BSc NSG	2022	129993	3yrs 3month	–	1/6/2022		Vinuthak M
25.	Ms. THEJASWINI B	NSG TUTOR	BSc NSG	2022	142171	2yrs 10month	–	1/11/2022		Thejaswini B
26.	Mss MAHALAKSHMI	NSG TUTOR	BSc NSG	2023	147870	2yrs 2month	–	5/7/2023		Mahalakshmi.
27.	Ms. SUNANDA S	NSG TUTOR	BSc NSG	2023	160595	2yrs 2month	–	1/7/2023		S
28.	Ms. SAMREEN TAJ H Ø	NSG TUTOR	BSc NSG	2024	169003	8month	–	1/1/2025		Samreen taj H
29.	Ms NASREEN TAJ M	NSG TUTOR	BSc NSG	2023	158366	2yrs 10month	–	2/11/2023		Nasreen
30.	Mss PAVITHRA B	NSG TUTOR	BSc NSG	2022	133190	3yrs 6month	–	5/4/2022		Pavithra
31.	Ms. VIDHYA R	NSG TUTOR	BSc NSG	2024	151972	1yrs 10month	–	5/11/2024		Vidhya R
32.	Ms. SUNIL KUMAR R	NSG TUTOR	BSc NSG	2024	161112	1yrs 4month	–	5/5/2024		Sunil
33.	Ms AFSANA W	NSG TUTOR	BSc NSG	2024	168886	8months	–	1/1/2025		Afsana
34.	Ms VISHALAKSHI O	NSG TUTOR	BSc NSG	2024	179647	8months	–	1/1/2025		
35.	Ms VEERESH YADAV ØN	NSG TUTOR	BSc NSG	2024	170342	8months	–	1/1/2025		
36.	Ms SHOBHA HN	NSG TUTOR	BSc NSG	2024	179646	8months	–	5/4/2025		Shobha HN
37.	Ms. PRASAD KV	Asso. PROFESSOR	MSc PAEDIA	2015	44086	2yrs	10yrs	2/5/2025		
38.	Mss UMA N	Asso. PROFESSOR	MSc MSN	2018	64735	2yrs	7yrs	2/7/2022		
39.	Mss. VIJAYAMMA	NSG TUTOR	BSc NSG	2010	39306	15yrs	[illegible]	5/3/2015		
40.	Ms RAGHAVENDRA C	NSG TUTOR	BSc NSG	2022	130614	3yrs 2months	–	1/6/2022		
41.	Ms ANKITHA	NSG TUTOR	BSc NSG	2024	273020	8months	–	1/1/2025		Ankitha
42.	Ms SANGEETHA	NSG TUTOR	BSc NSG	2024	164453	1yrs 8months	–	5/5/2024		Sangeetha
43.										
44.										
45.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Principal
Sri Raghavendra College of Nursing
MADHUGIRI - 572 132.
Tumkur District

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Signature of Chairman

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

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- **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
		— 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)	30000 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	924	10 Class rooms available. Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office			
	1. Principal's Chamber	300	345	
	2. Vice-Principal Chamber	200	398.42	
	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	Verified
	7. Accountants Office	**100**	100	Available.
	8. Store Room	**100**	435	
	9. Record room	**100**	435	
	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	1228	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600	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	1610	Available.
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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.**	Completion Certificate
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

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	KA64 3822	50	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 Sq.ft	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	3240	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	26	**Is internet facility available for Students?**	YES
No of e-books	-	**How many books were purchased in last financial year?**	157

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	R K GOWDA	M. LIB	30	
2	MISS MEENA KUMARI	BA	10	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 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 —	verified

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

Conferences conducted		
Conferences attended	Copy Enclosed	Verified

* 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 Sri Raghavendra Hospital, Tumkur Road Madhugiri MOU(Registered parent hospital MOU)	100	½ km	88%	Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. G K Jayaram				
Name Of The Owner Of The Trust of Hospital Dr. GK Jayaram				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 Siddhartha Medical Collge Hospital. Tumkur				MOU Enclosed
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:

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

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%.		Enclosed
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	85%.		
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				

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**	KODALAPURA
	Adopted / Affiliated	AFFILIATED
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	16 KM
b.	Services Rendered by Health & Family Welfare Programmes	Family Planning MCH, RCH & Immunization
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	MEKEBANOE
	Adopted / Affiliated	AFFILIATED
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	1½ KM
b.	Services Rendered by Health & Family Welfare Programmes	Family Planning MCH RCH & Immunization
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 **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 15840	
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 : 200	Boys : -
f.	Total No. of rooms	Girls : 42	Boys : 20
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		
		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		✓	
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: Madhugiri Sri Ragavendra College of Nursing started 2002, Continuation Affiliation for 2025-2026 for BSc Nursing - 60 seats, PBBSc - 50 seats, MSc 20 seats. (OBG, Paediatric, MSN & Community each 5)

Trust: Sri Ragavendra Education Society Est 1996.
Chairman - Smt Vimala Jayaraman, with 7 members

Infrastructure: Built up area of college - 30000 Sq ft, owned by Dr. Jayaram Secretary of trust.

Hostel: 10-classroom available with 5 labs, Library, Computer lab, AV Aid.

Hospital: Sri Ragavendra Hospital at 1/2 km owned by Dr. Jayaram (Secretary of the trust)
100 beds, KIMS - level-2

Affiliated Hospital: Siddhartha Medical College Hospital at Tumkur, now excluded.

Clinical Materials: Available.

Hostel: Available next to college both for boys & girls.

Vehicle: 50 seats Bus available

Library: Books: 8240, 4 Journal, Library with N-Lib only

Faculty: Total 42 available
1 - Principal, 1 - V. Principal, 4 - Prof, 3 Associate,
2 - Asst Profs, 1 - Teacher, 32 - Tutors.

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 Madhugiri Sri Raghavendra College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 16/8/25 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. Jyothi Ramegowda	

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**

Enclosed.

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.

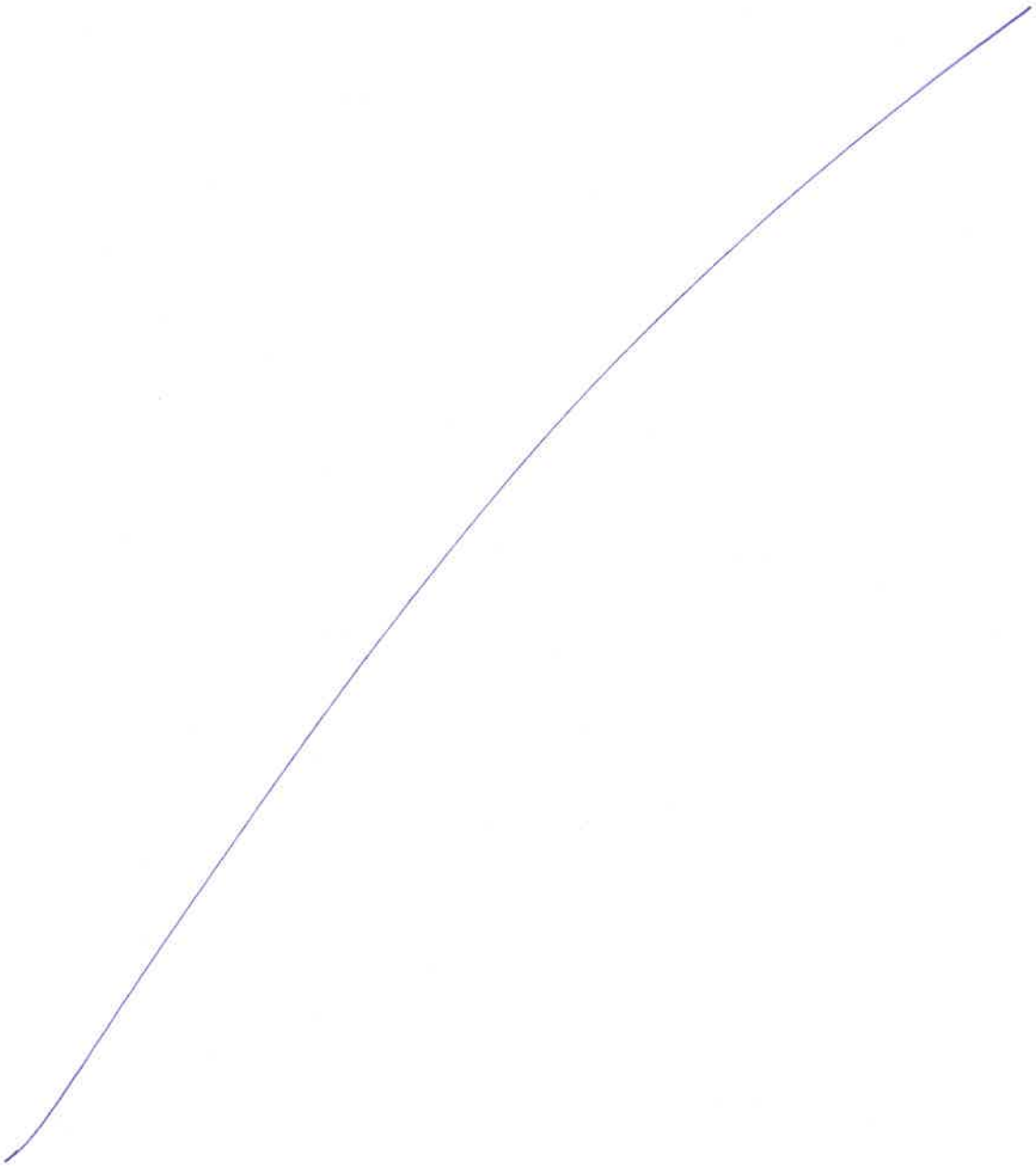
We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

Enclosed

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



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

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Certificate No.	:	IN-KA18599880598852X
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Account Reference	:	NONACC (FI)/ kacrsfl08/ MADHUGIRI1/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKACRSFL0851897547394584X
Purchased by	:	Dr G K JAYARAM RAGHAVENDRA HOSPITAL MADHUGIRI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr G K JAYARAM RAGHAVENDRA HOSPITAL MADHUGIRI
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	Dr G K JAYARAM RAGHAVENDRA HOSPITAL MADHUGIRI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
S. V. V. S. S. N.
T.V.V. Circle, Madhugiri

RS. 100

Please write or type below this line

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.

I Dr. G.K.Jayaram is the Owner The Raghavendra Hospital situated at Tumkur tole gate, Madhugiri – 572132.

This is to confirm that our Sri Raghavendra Hospital is registred under KPME and PCB with 100 beds and bonafied certificate has been attached.

This is to confirm that the Sri Raghavendra Hospital is functioning as affliated/parent/ own hoapital for the Sri Raghavendra College of Nursing, Madhugiri.

We also confirm that our hospital is solely affiliated to the Sri Raghavendra College of Nursing, Madhugiri and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Date : 16/08/2025

Place : chitradurga

Deponent

Dr. G. K. Jayaram M.B.B.S
Reg No. 182[illegible]
Sri Raghavendra Nursing Hom
MADHUGIRI - 572132

सत्यमेव जयते

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Account Reference	:	NONACC (FI)/ kacrsfl08/ MADHUGIRI1/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKACRSFL08519020312578 67X
Purchased by	:	SECRETARY SRIRAGHAVENDRA COLLEGE OF NURSING M GIRI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY SRIRAGHAVENDRA COLLEGE OF NURSING M GIRI
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	SECRETARY SRIRAGHAVENDRA COLLEGE OF NURSING M GIRI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
S. V. V. S. S. N.
R.V.V. Circle, Madhugiri

RS. 100
16-AUG-2025

Please write or type below this line

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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.

I am the Secretary of Sri Raghavendra Education Society ®, Near Tumkur Tole gate Madhugiri – 572132 and society members are submitting the affidavit to University.

The Raghavendra Education Society ®, Near Tumkur Tole gate , Madhugiri – 572132 is running and managing the following institutions under above said society.

The Sri Raghavendra College of Nursing, Madhugiri G.O. No:AKK177MME:2001 Dt.14/05/2001, AKK438MPS2008, Dt:04/02/2009,AKK270MPS2010, Dt 18/06/2010. Since 24 years.

We comfirm that all the information provided by us 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 Society 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 Society management can be held responsible and action can be initiated by the university

Date : 16/08/2025

Place: Madhugiri

Deponent

SECRETARY
Sri Raghavendra Education Society (R)
Near Tumkur gate , Madhugiri

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Government of Karnataka

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Certificate No.	:	IN-KA29290390576820T
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Account Reference	:	NONACC (FI)/ kacrsfl08/ MADHUGIRI/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKACRSFL0812750444646960T
Purchased by	:	SECRETARY SRI RAGHAVENDRA COLLEGE OF NURSING MGIRI
Description of Document	:	Article 12 Bond
Description	:	AGREEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY SRI RAGHAVENDRA COLLEGE OF NURSING MGIRI
Second Party	:	MANAGER SIDHARTHA MEDICAL COLLEGE HOSPITAL TUMKUR
Stamp Duty Paid By	:	SECRETARY SRI RAGHAVENDRA COLLEGE OF NURSING MGIRI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

AUTHORISED SIGNATORY
PCCS Ltd Madhugiri

Please write or type below this line

Memorandum of understanding (MOU)

Between

SRI SIDDHARTHA MEDICAL COLLEGE & HOSPITAL, TUMKUR.

And

Secretary, Sri Raghavendra College of Nursing, Madhugiri.

Parties:

The parties to this memorandum of understanding here in after referred to as the MOU are Sri Siddhartha Medical College & Hospital, Tumkur, as a Ist party & Secretary Sri Raghavendra College of Nursing, Madhugiri. as a IInd party.

The purpose of MOU is to establish a hospital tie up for IInd party students to learn clinical aspects.

Terms & Condition:

1) The MOU is valid up to 5 years with every year renewal by both parties
2) Regulation of posting of following said College students is regulated & maintained by 2nd party College party.
3) If 2nd party students violating any protocols of hospital 1st party have all the rights to take action of particular students, and also take a decision to cancel the MOU at any time.

Agreed & Accepted

18/10/2021

Ist party

PRINCIPAL
Sri Siddhartha Medical College
Tumkur-572107

13/10/21

IInd party
Secretary
Sri Raghavendra College of Nursing
MADHUGIRI - 572 132.
Tumkur District.