Online Scan Entry completed.

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

OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. K.C Shashidhara	Dr. V.R. AYYAPPAN	Dr Appasaheb M Patil
Designation	Professor	PROFESSOR	Retd Professor
Address	Dept of Medicine, JSS Medical College, Mysore	SANJAY GANDHI INSTITUTE OF TRAUMA AND ORTHOPAEDICS BANGALORE	BLDEDA Shri B.M. Patil Road, Vijayapur
Mobile No	9448064613	9886291325	9742747517
Email ID	kcshashidhara@email.com	Appfon28@gmail.com	appupatil7777@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection:* 14/8/25	
(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	Shri. J.G. Co-operative Hospital Society's College of Nursing, Ghataprabha Dr. Gangadhar Nagar, Tq. Gokak. Dist. Belgaum	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	Shri. J.G. Co-operative Hospital Society Ltd Dr. Gangadhar Nagar, Tq Gokak Dist. Belgaum (Enclose copy of Registration documents of Society/Trust) Annexure –		
		Email: jgcongpb@gmail.com	Website: jginstitutegalaxy.	
		Office No: 08332-286262	Mobile No: 9448863380	

Signature of Chairman
14/8/25

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Shri. A S. Badarundri		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (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. Siddaveerappa S. Hajeri Qualification: MSc(N) PhD(N) Experience after MSc: 18 yrs 4 2M Email:	Mobile No: 9972951298 Office No: Fax No: 08332 - 286262 Residential phone No:	
	b) Drawing authority of the college	Chairman & CEO		
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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	7050	45000	90,000	60,000	25,000	2,27,050/-
Post Basic B.Sc. Nursing	—	—	—	—	—	—
					Total (A)	2,27,050/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. Medical Surgical Nsg (04)			4 X 2000		8,000
	2. Paediatric Nursing (05)			5 X 2000		10,000
	3. OBGynecological & Gynaecological (04) Nsg			4 X 2000		8,000
	4.			Aplication & Affiliation Fees		10,50
	5.					
					Total (B)	34,550/-
NPCC						
					~~Total (C)~~	—
					Grand Total (A+B+C) (A+B)	255,600/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: 2SBIXF30965CC7/2SBI52M09652F

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	48	48	48	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—				
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	04 04 05	04 04 05	04 04 05	06 04 04	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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

	Sanctioned Intake					
	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	22	16	21	19	77
	Female	27	14	18	17	76
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male	—	—			—
	Female	—	01			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)

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)

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--------
	Mrs. Anveen - ara Bareja	KSNC 12616	Maruti Nagar Gokak Belagavi	Govt Gen Hosp Gokak	RGUHS	05/01/24 till date

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							01							
2	Vice-Principal	1	1							—							
3	Professor	1	1-2					1*		—		—					
4	Associate Professor	2	2-4					1*		02		01					
5	Assistant Professor	3	3-8				2	3*		04		03					
6	Tutor	8-16	16-24				2-10	--		31		—					
	Total	**16-24**	**24-40**				**4-12**			38		04					

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

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

150 students intake				
200 students intake				
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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.		Enclosed								
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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

23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Signature of Chairman **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.										
69.										

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

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.										
95.										

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

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

14. Physical Facilities : Enclosed.

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	04 4163 Sq ft	verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	02 1485 Sq ft	✓
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	–	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	600 Sq ft	✓
	2. Vice-Principal Chamber	200	1457 Sq ft	✓
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	1048 Sq ft	
	7. Accountants Office	100		
	8. Store Room	100		
	9. Record room	**100**		
	10. Room for maintenance staff	**100**		✓
	11. Xeroxing room	**100**		
	12. common room (Girls & Boys)	600+430= 1030	513 Sq ft	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000		
	14. Toilets	1000	253 Sq ft	✓

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

	15. A.V/Aids room	600	753 Sq ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1400 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1330 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	960 Sq ft	verified
	Pediatrics Nursing Laboratory	900sq.ft	960 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	962 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	954 Sq ft	

Note:

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

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

Building Documents: **Annexure – 12**

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**	

Verified

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 14/8/25 **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
			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	2346	YES ☑ No ☐	Good	Good	—

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

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Vijaykumar Patil	BLIC	14 years	—
2.	Mrs. Dancumma Chalageri	BLIC	06 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 **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Enclosed	

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

Conferences conducted	Enclosed	
Conferences attended	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 Shri. Jai. Co-operative Hospital Society. MOU(Registered parent hospital MOU)		200	Same Campus	78%	Verified
NAME OF THE TRUST/ Person owning The Hospital		Shri. A-S Badwanthi			
Name Of The Owner Of The Trust of Hospital		Shri. A-S Badwanthi			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 DIMHANS Dharwad	Govt		120 km	Satisfactory
	2 Govt Hospital Gokul	Govt		15 Km	Satisfactory
	3				

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:

Enclosed

Signature of Chairman

14/8/25

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	50	40		
Surgery including OT	65	50		
Obstetrics & Gynecology	50	42		
Pediatrics,	20	10		
Emergency Medicine	04	03		
Psychiatry	10	07		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02		
Minor OT	08	08		
Dental, Otorhinolaryngology, Ophthalmology	09	08		
Burns and Plastic	08	04		
Neonatology care unit	02	01		
Communicable disease/Respiratory medicine/TB & chest diseases	06	02		
Dermatology	—	—		
Cardiology	02	01		
Oncology	—	—		
Neurology/Neuro-surgery	05	02		
Nephrology/Urology	05	04		
ICU/ICCU	04	02		

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

Geriatric Medicine	10	06		
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		
Adopted / Affiliated		
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
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 ☐

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

d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
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 38758	
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 : 43	Boys : 14
f.	Total No. of rooms	Girls : 24	Boys : 10
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

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

j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	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	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
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:

- LIC Inspection of Sri S.E. Co-operative Hosp. Society was done on 14/8/25 for Basic BSc Nursing. MSc. Nursing. & POH Basic BSc Nursing. & MSc MPCC
- There are 38 BSc faculty and 4 MSc Faculty were present adequate for teaching purpose
- The Infrastructure was sufficient for teaching purpose.
- Hostel facilities are present.
- transportation facilities was adequate
- The clinical material and Hospital facilities are adequate for teaching.

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 Sri Jai Cooperative Hospital Soc. Chitapattha which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

11/8/25

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)

14/8/25

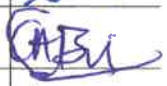
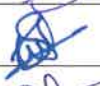
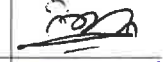
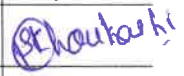
12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. S.S. Hajeri	Principal Professor	M.Sc [N] Medical Surgical Nursing	2007 April	583	20 yrs 08 Months	18 Yrs 02 Months	24-11-2004	Submitted	
2.	Mr.G.S. Mariyayi	Professor	M.Sc [N] Child Health Nursing	2009 May	1531	18 yrs 11 Months	16 Yrs 02 Months	20-11-2006	Submitted	
3.	Mr.Shakeelahamed R Mujawar	Professor	M.Sc [N] Medical Surgical Nursing	2009 May	1536	18 yrs 01 Months	16 Yrs 2 Months	01-07-2007	Submitted	
4.	Mr. Hajiali.M Bijapur	Professor	M.Sc [N] Mental Health Nursing	Dec-2009	826	18 yrs 09 Months	15 Yrs 11 Months	01-11-2006	Submitted	
5.	Mr.Kallappa.M. Sollapure	Assoc. Prof.	M.Sc [N] Mental Health Nursing	2010 Jun	5622	18 yrs 11 Months	15 Yrs 02 Months	15-11-2006	Submitted	
6.	Mr.Praveenakumar Koti	Assoc. Prof.	M.Sc [N] Community Health Nursing	2010 Jun	5618	18 yrs 08 Months	15 Yrs 01 Months	15-11-2006	Submitted	
7.	Mr. Prakash Hiremath	Assoc. Prof.	M.Sc [N] Community Health Nursing	2010 Jun	1859	17 Yrs 07 Months	15 Yrs 02 Months	25-10-2007	Submitted	
8.	Ms. Meenaxi Kumbar	Assoc. Prof.	M.Sc (N) OBG Nursing	2011 Oct	7153	16 Yrs	14 Yrs	01.06.2009	Submitted	
9.	Mr.Emmanuel Balekundri	Asst. Prof	M.Sc.[N] Medical Surgical Nursing	May 2005	1224	19 yrs 09 Months	06 Yrs 03 Months	01-12-2005	Submitted	
10.	Mr Vijay Mathapati	Asst. Prof	M.Sc.(N) Medical Surgical Nursing	Sept 20219	064978	10 yrs 07 Months	05 Yrs 09 Months	09.01. 2015	Submitted	
11.	Mr. Babu Billur	Asst. Prof	M.Sc.(N) Medical Surgical Nursing	Sept 20219	75085	09 Yrs 06 Months	05 Yrs 09 Months	01.02.2016	Submitted	
12.	Mr. Mallikarjun Patil	Asst. Prof	M.Sc.(N)	Sept 20219	79294	08 Yrs 08 Months	05 Yrs 03 Months	02.12.2016	Submitted	
13.	Ms.Geeta Yaxambi	Tutor / Clinical	B.Sc (N)	2011	40226	13 Yrs 10	-	10-08-2011	Submitted	

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

		Instructor		Feb		Months				
14.	Mr. Sangamesh Hiremath	Tutor / Clinical Instructor	B.Sc.(N)	Aug - 2012	07741	11 years 9 months	-	06-11-2013	Submitted	
15.	Mrs.Vishalxi Pujari	Tutor / Clinical Instructor	P.B.B.Sc.(N)	Sept-2009	01862	11 years 8 months	-	02-12-2013	Submitted	
16.	Mr. Paramanand C Mannur	Tutor / Clinical Instructor	B.Sc.(N)	Aug-2014	063287	10 years 8 months	-	14.11. 2014	Submitted	
17.	Mr. Afjal H Bannikod	Tutor / Clinical Instructor	PB B.Sc (N)	Mar-2013	008077	10 years 11 months	-	20.11. 2014	Submitted	
18.	Miss. Priyanka Dhudum	Tutor / Clinical Instructor	B.Sc.(N)	Sept-2017	85930	6 years 4 months	-	15.03.2019	Submitted	
19.	Miss. Shridevi Shigiholi	Tutor / Clinical Instructor	B.Sc.(N)	Sept-2018	96716	5 years 6 months	-	01.02.2020	Submitted	
20.	Miss. Sukanya Hirekodi	Tutor / Clinical Instructor	B.Sc.(N)	Sept-2018	96717	5 years 6 months	-	01.02.2020	Submitted	
21.	Miss. Roopa Hulikatti	Tutor	B.Sc.(N)	Sept-2018	93039	5 years 6 months	-	01.02.2020	Submitted	
22.	Miss. Sandhyarani Navani	Tutor	B.Sc.(N)	Oct-2022	132080	2 years 6 months	-	16.01.2023	Submitted	
23.	Miss. Shruti Dodamani	Tutor	B.Sc.(N)	Oct-2022	132115	2 years 6 months	-	16.01.2023	Submitted	
24.	Miss. Sunita Sambalagi	Tutor / Clinical Instructor	B.Sc.(N)	Nov-2020	118206	1 years 11 months	-	20.01.2023	Submitted	
25.	Mr. Basaprabhu Naik	Tutor / Clinical Instructor	B.Sc.(N)	Nov-2021	121731	2 years 6 months	-	01.02.2023	Submitted	
26.	Miss. Shweta Hanchinamani	Tutor / Clinical Instructor	P.B.B.Sc.(N)	Nov-2020	154736	1 years 4 months	-	01.04.2024	Submitted	
27.	Mr. Ningappa B. Patil	Tutor / Clinical Instructor	B.Sc.(N)	Nov-2021	121648	1 years 4 months	-	01.04.2024	Submitted	
28.	Mr. Hanamanth Melavanki	Tutor / Clinical Instructor	P.B.B.Sc.(N)	Sept-2019	206221	1 years 4 months	-	01.04.2024	Submitted	
29.	Mr. Avinash Savadatti	Tutor / Clinical Instructor	B.Sc.(N)	Nov-2020	109396	1 years	-	25.07.2024	Submitted	

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

30.	Miss. Preeti Samaje	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	149577	1 years 01 Month	-	25.06.2024	Submitted	
31.	Mr. Channappa Billuru	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	148454	1 year	-	25.07.2024	Submitted	
32.	Mr. Kallappa Navalyal	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	148605	1 year	-	25.07.2024	Submitted	
33.	Miss. Shridevi Koppad	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2022	133122	1 year	-	25.07.2024	Submitted	
34.	Mr. Vinod Vajantri	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	149319	1 year	-	25.07.2024	Submitted	
35.	Miss. Radhika Kamati	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	149581	1 year	-	25.07.2024	Submitted	
36.	Mr. Bharat Bhovi	Tutor / Clinical Instructor	P.B.B.Sc.(N)	Jan-2024	244877	1 year	-	25.07.2024	Submitted	
37.	Miss. Savita Pagad	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	149591	1 year	-	25.07.2024	Submitted	
38.	Mr. Vasudev Navalagi	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2022	131895	1 year	-	25.07.2024	Submitted	
39.	Mr. Dundappa Magadum	Tutor / Clinical Instructor	P.B.B.Sc.(N)	Jul-2021	125714	1 year	-	25.07.2024	Submitted	
40.	Miss. Swati Choukashi	Tutor / Clinical Instructor	P.B.B.Sc.(N)	Jan-2024	258670	1 year	-	25.07.2024	Submitted	
41.	Miss. Padmashree Desai	Tutor / Clinical Instructor	B.Sc.(N)	Oct-2023	148603	1 year	-	25.07.2024	Submitted	
42.	Miss. Kamala Padatari	Tutor / Clinical Instructor	M.Sc.(N) OBG	Sept-2024	109395	6 months	-	06.02.2025		
43.	Mr. Akash Maledawar	Lecturer	M.Sc.(N) Child Health Nursing	June-2023	104015	2 months	-	28.05.2025		
44.	Miss. Anasuya Patil	Tutor / Clinical Instructor	B.Sc.(N)	Nov-2021	122391	1 months 27 days	-	17.06.2025		
45.	Mr. Ajit Kankanawadi	Tutor / Clinical Instructor	B.Sc.(N)	July-2021	118434	14 days	-	01.08.2025		

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA15977925071469X
Certificate Issued Date	:	12-Aug-2025 04:42 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ GHATAPRABHA5/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKACRSFL08469198988080 78X
Purchased by	:	SHRI J G CO OP HOSPI AND RESEARCH INTITUTE GPB
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI J G CO OP HOSPI AND RESEARCH INTITUTE GPB
Second Party	:	REGISTRAR R G U H S BENGALURU
Stamp Duty Paid By	:	SHRI J G CO OP HOSPI AND RESEARCH INTITUTE GPB
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ADARSH CREDIT CO OPERATIVE SOCIETY LIMITED GHATAPRABHA
Reg No DRL/RSR/52469/ UOG/2020-22 28/03/2022
TQ. GOKAK 591306

Please write or type below this line

NOTARY
Reg. No. LAW-LCL/307/2021
Exp. 1-2-2027
A.S. PARAPPANAVAR
Gokak Rev. Taluka
Dist:Belagavi
GOVT. OF KARNATAKA

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.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA15973372098716X
Certificate Issued Date	:	12-Aug-2025 04:40 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ GHATAPRABHA5/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKACRSFL08469023289514 66X
Purchased by	:	SHRI J G CO OP HOSPI AND RESEARCH INT SOC LTD GPB
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI J G CO OP HOSPI AND RESEARCH INT SOC LTD GPB
Second Party	:	REGISTRAR R G U H S BENGALURU
Stamp Duty Paid By	:	SHRI J G CO OP HOSPI AND RESEARCH INT SOC LTD GPB
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ADARSH CO OPERATIVE SOCIETY LIMITED GHATAPRABHA
Reg No DRL/RSR/52469/ UOG/2020-22 28/03/2022
TQ GOKAK 591306

Please write or type below this line

NOTARY
Reg. No. LAW-LCL/307/2021
Exp. 1-2-2027
A.S. PARAPPANAVAR
Gokak Rev. Taluka
Dist:Belagavi
GOVT. OF KARNATAKA

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.