	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.Naveen	Mr. Zakir Hussain V	Mr. Sunitha
Designation	Principal	Principal	Principal
Address		HMS Unani Medical College	
Mobile No	9886634170	9342123016	8105238050
Email ID			

Inspection For the Academic Year : 2025-26

Date of Inspection: 06/09/25

(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.			

Signature of Chairman 7/9/25
Member (2)
Dr. Naveen.S

Signature of Member (1) 07/9/25
DR. ZAKIR HUSSAIN.V

Signature of 07/09/2025
Dr. Sunitha P.S.

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**	**St. George College Nursing** **B.Channasandra Main Rd, OMBR Layout, Banaswadi, Bengaluru, Karnataka 560043**	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**	(Enclose copy of Registration documents of Society/Trust)**Annexure – 1** **ST GEORGE EDUCATIONAL & CHARITABLE TRUST**		
		Email: info@stgeorgecollege.org.in	**Website : www.stgeorgecollege.org.in**	
		Office No: 080-25450193	**Mobile No: 09845062687**	
	(b). Name of the president/Secretary /Chairman of Trust/Society & Phone No	**T. PRASAD RAO** **9900568523**		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 6** (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of 07/09/2025
Dr. Smitha PS.

5	a)Details of Principal/Head of the institution (After MSc)	**Name: Prof. Jiny Riju George** **Qualification: MSc** **Experience after MSc: 18** Email: **jinyrijugeorge@gmail.com**	**Mobile No:7406493878** **Office No:7899810911** **Fax No:** **Residential phone No:**
	b) Drawing authority of the college		

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents)

7. Affiliation Fee Paid Details:

Annexure - 3

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee** **a) only for UG or** **b) for UG and PG courses** **c) NPCC**	**Amount**
B.Sc. Nursing	**3,75,100 =00**		**200=00**	**2,000=00**	**25,000=00**	**4,02,314. 16=00**

Signature of Chairman

Member (2)

Signature of Member (1) 07/9/25

Signature of 07/09/2025

Dr. Sunitha PS

Post Basic B.Sc. Nursing						
					Total (A)	

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

Annexure – 4 & 5

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 - 4	Annexure - 5	Annexure - 5	Annexure - 5	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 4	Annexure - 5	Annexure - 5	Annexure - 5	
	Sanctioned Intake	30	30	30	30	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

07/09/2025

Dr. Sunitha P.S.

	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	6	10	18	11	45
	Female	18	47	40	44	149
Post Basic B.Sc Nursing	Male	6	4			10
	Female	24	26			50

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 – 6

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----------

Signature of Chairman

Member (2)

Signature of Member (1)

03/11/25

Signature of

07/09/2025

Dr. Sumitha P S

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

Annexure – 14

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 NP CC	B. Sc (N)	P. B. B. Sc (N)	M. Sc (N)	NP CC	B. Sc (N)	P. B. B. Sc (N)	M. Sc (N)	M. Sc NP CC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1					0			1							
2	Vice-Principal	1					0			1							
3	Professor	3					0			3							
4	Associate Professor	0					0			1							
5	Assistant Professor	3					2			3	2						

Signature of Chairman

Member (2)

Signature of Member (1) 07/9/25

Signature of 07/09/2025

Dr. Sunitha P.S.

6	Tutor	**16**					**10**			16	12					
	Total	**24**					**12**			24	14					

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.

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**			

Declaration Enclosed.

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. **Annexure - 7**

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

07/09/2015

Dr. Sumitha P.S

14. Physical Facilities :

14.1. College Building

Annexure - 8

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)	**31,256 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	900x4 **3600 Sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600x2. **1200 Sq.ft**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**350sqft**	
	2. Vice-Principal Chamber	200	**220 sqft**	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

07/09/2025

Dr. Sunitha P.S

	3. HOD	5 x 200 = 1000	**1050 sqft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3500 sqft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**1000 sqft**	
	7. Accountants Office	**100**	**1000 sqft**	
	8. Store Room	**100**	**110s qft**	
	9. Record room	**100**	**100s qft**	
	10. Room for maintenance staff	**100**	**1120 sqft**	
	10. Xeroxing room	**100**	**1000 sqft**	
	11. Common room (Girls & Boys)	600+400 = 1000	**1050 sqft**	
	12. Multipurpose hall / Seminar hall/ examination hall	3000	**3500 sqft**	
	13. Toilets	1000	**1000 sqft**	
	14. A.V/Aids room	600	**650s qft**	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of 07/09/2025

Dr. Sunitha P.S.

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

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of 07/09/2025
Dr. Sunitha P.S.

Building Documents:

Annexure – 8

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	
2	Is the college building own or leased ?	
3	Blue print of the building plan approved and attested by competent authority.	
4	Building construction license from competent authority	
5	Tax paid receipt (Latest / current year)	
6	Occupancy certificate.	
7	Sale deed / Lease deed of the building / Land.	
8	Land Conversion order from DC	
9	Town planning/Authorities approval order	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- 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.

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

Annexure – 9

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
5	ENCLOSED	40	Yes / No	Yes / No	Yes / No

Library facility : Enclose list of library books

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of 07/09/2025

Dr. Sumitha P.S.

Annexure - 10

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2,562sqft	YES ☑ No ☐			

Total No. of Nursing Books available	**2500**	**No. of Nursing Journals subscribed**	**4**
No. of Thesis/Research titles available	**25**	**Is internet facility available for Students?**	**YES**
No of e-books	**50**	**How many books were purchased in last financial year?**	**150**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs.ChandraKala	**M LIB**	**1.4 years**	
2	Mr. ChandraMohan	**M LIB**	**2 years**	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

Academic activities : Enclose the details of past 3 years

Signature of Chairman Member (2)

Signature of Member (1)

Signature of 07/09/2025
Dr. Sunitha P.S.

Annexure - 11

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		

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

Details of Clinical / Hospital Facilities :

Annexure - 12

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 ☐	

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of 07/09/2025

Dr. Sumitha PS.

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 : **Prolife Multispecialty Hospital Bangalore** MOU(Registered parent hospital MOU)		100	8Km	80%	
NAME OF THE TRUST/ Person owning The Hospital : **Mr. K N Subramaniyam Naidu** Managing Director					
Name Of The Owner Of The Trust of Hospital : **Mrs. Hemavathi**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. **Manipal Hospitals** **Address:** 98, HAL Old Airport Rd, Kodihalli, Bengaluru, Karnataka 560017	650	8Km	95%	
	2. **HOSMAT Hospital,** Magrath Road **Address:** 45, Magrath Rd, Ashok Nagar, Bengaluru, Karnataka 560025	350	7Km	80%	
	3 **Rainbow Children's** Hospital & BirthRight	75	8Km	75%	

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of 07/09/2025

Dr. Sunitha P.S.

	Address: BIAL Road, International Airport Road, Chandra Mouleshwara Swamy Temple Rd, opp. to Kodandarama, Byatarayanapura CMC and OG Part, Bengaluru, Karnataka 560092 (MOU/Clinical permission letter)				
	4 **Oyster Hospitals** **Address:** 210, 7th main, 80, ft Rd, HRBR Layout 1st Block, Kalyan Nagar, Bengaluru, Karnataka 560043	50	2 Km	85%	
	5 **Ulsoor Refferal Hospital** **Address:** CMR, Cambridge Rd, Halasuru, Udani Layout, Bengaluru, Karnataka 560008	50	5 Km	90%	
	6 **Spandana Hospital Rehabilitation Center** **Address:** 558, 26th Main Rd, Sreenivas Nagar, Nandini Layout, Bengaluru, Karnataka 560096	150	12 Km	100%	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

07/09/2025
Dr. Sumitha RS

(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).

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	40	75%	80	95%
Surgery including OT	25	75%	80	95%
Obstetrics & Gynaecology	10	75%	80	95%
Paediatrics,	10	75%	60	95%
Emergency Medicine	10	75%	50	95%
Psychiatry	0	0	150	100%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	75% (5 Surgeons)	25	100%
Minor OT	1	75% 4 Surgeons	25	100%

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

07/09/2022

Dr. Sunilkaps

Dental, Otorhinolaryngology, Ophthalmology	5	76%	25	100%
Burns and Plastic			15	75%
Neonatology care unit			30	100%
Communicable disease/Respiratory medicine/TB & chest diseases			15	75%
Dermatology			10	75%
Cardiology			40	100%
Oncology			50	100%
Neurology/Neuro-surgery			30	75%
Nephrology/Urology			30	75%
ICU/ICCU	5	75%	40	100%
Geriatric Medicine			15	75%
Any other				

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

19	**COMMUNITY HEALTH NURSING :Annexure - 12**	
RURAL FILELD		
a. Name of CHC / PHC / SC		**BANASWADI PUBLIC HEALTH CENTRE**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Go ☐ Municipal ✓ Corporation Private**
Distance from the Nursing Institute		**1 kilometre**
b. Services Rendered by Health & Family Welfare Programmes		**YES**

Signature of Chairman

Signature of Member (1)

Member (2)

Signature of

07/09/2025

Dr. Sunitha PS.

URBAN FEILD :	
a. Name of CHC / PHC / SC	**D G Halli Community Health Center**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Gc ☐ Municipal ✓ Corporation Private**
Distance from the Nursing Institute	**2.1/2 kilometre**
b. Services Rendered by Health & Family Welfare Programmes	**YES**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 13**		
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
Member (2)

Signature of Member (1)

Signature of
07/09/2025
Dr Sunitha RS

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**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

07/09/2025

Dr. Sunitha PS

r.	Student welfare committee	YES ✓	NO
s.	POSHE Committee	YES	NO ✓
t.	Prevention of Gender harassment committee	YES ✓	NO

23	**Hostel Facilities :Annexure - 8**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO
b.	Built-up area of the Hostel	**Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own**	**Rented/** ✓ **Leased**
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO
e.	Total No. of students in the hostel	**Girls : 4**	**Boys : 3**
f.	Total No. of rooms	**Girls : 24**	**Boys : 8**
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

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of 07/09/2025

Dr. Sunilkaps

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		
		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	✓		

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of
07/09/2025
Dr Sunitha PS

Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities-registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
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.

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of 07/09/2015

Dr. Sumitha PS

LIC Team Observations:

St. George College of Nursing

Meets the requirement of Apex body & RNRMS in terms of infrastructure, equipments, faculty & clinical material in the parent & associated hospitals for Continuation of affiliation for the year 2025-2026 in the following

BSc N — 60 Seats

PB BSc N - 30 Seats.

Senate Member (Chairman)	**A C Member (Member)** 07/9/25 Dr. ZAKIR HUSSAIN	**Subject Expert (Member)** 07/9/25 Dr. Sunitha
Signature of Chairman	**Signature of Member (1)**	**Signature of Member (2)**

LIC Team Observations:

UNDERTAKING

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

25-2-26

We have conducted LIC inspection of this college on 6/9/25 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)**

Signature of Chairman

Member (2)

Signature of Member (1)

DR Z ALI HUSSAIN. V

Signature of

07/09/25

Dr. Sumitha B

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) 07/9/25

Signature of Member (2) 07/09/2025
Dr Sunitha PS

UNDERTAKING by Trust Management

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

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)

DR. ZAKIR HUSSAIN. V

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.

Enclosed.

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

Signature of Chairman

Signature of Member (1)
07/9/25
Dr. ZAKIR HUSSAIN. V

Signature of
Member (2)
07/09/25
Dr. Sumitha N.S