



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. ANOOP NAIR	Dr. NETHRA .S.S	LAKSHMIDEVI
Designation	ASSOCIATE PROFESSOR	PROFESSOR & HOD	PRINCIPAL
Address	Govt Dental College & Research Institute Bangalore	BANGALORE MEDICAL COLLEGE & Research Institute Bangalore	DMJ College of Nursing Bangalore
Mobile No	9886459375	9448171403	9243107127
Email ID	chanoopnair@yahoo.com	nethra.surhonne@gmail.com	LDN_JADAV@yahoo.com

Inspection For the Academic Year : 2025-26

Date of Inspection: 14.08.2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	VENKATESHWARA COLLEGE OF NURSING NH-4 BYPASS, KHB COLONY NEAR CHITRADURGA-577501	2	Year of Establishment
				2003
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	CSA MEMORIAL EDUCATIONAL TRUST NEAR CHALAKERE TOLGATE, NH-4 CHITRADURGA-577501 (Enclose copy of Registration documents of Society/Trust)		
		Email: VENKATESHWARA CON21@GMAIL.COM	Website: VCONCTA.COM	
		Office No: 08194234696	Mobile No: 8088489845	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. KOTLA SUNIL Mob: 9082489845		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. JAYEED CHOUDARY Qualification: M.Sc. N P.H.D. Experience after MSc: 13 years Email: JAYEE231@gmail.com	Mobile No: 8407957060 Office No: 08194934696 Fax No: - Residential phone No: 8407957060	
	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) 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 UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION AFFILIATION	30.000/-	60.000/-	40.000/-	25.000/-	1,55,000/-
Post Basic B.Sc. Nursing						
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.					
	2.					
	3.					
	4.					
	5.					
	Total (B)					
NPCC						
	Total (C)					
Grand Total (A+B+C)						

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

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	ARUHA 354 MPS 2006 Date: 27-09-2006 Annexure - 5	RGU/AFF/NSG COA/01/2024-25 Date: 20-9-24 Annexure - 6	KSNC/1157/ V-11-2003 Date: 4-11-2003 Annexure - 7	— Annexure - 8	✓
	Affiliation Sanctioned Intake	40	40	40	—	✓
	Admissions Made for the Current Academic Year	40	40	40	—	✓
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					
	Admissions Made for the Current Academic Year					
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					
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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	12	06	06	05	29
	Female	28	26	28	21	103
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
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-----

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

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	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty * 3 M.Sc. Nursing qualified faculty * 2 Tutors	Total 8 Faculty * 5 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 7 M.Sc. Nursing qualified faculty * 5 Tutors	Total 16 Faculty * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	Total 6 Faculty * 3 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 5 M.Sc. Nursing qualified faculty * 7 Tutors	Total 18 Faculty * 7 M.Sc. Nursing qualified faculty * 11 Tutors	Total 24 Faculty * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	Total 10 Faculty * 5 M.Sc. Nursing qualified faculty * 5 Tutors	Total 20 Faculty * 8 M.Sc. Nursing qualified faculty * 12 Tutors	Total 30 Faculty * 12 M.Sc. Nursing qualified faculty * 18 Tutors	Total 40 Faculty * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

Signature of Chairman

Signature of Member (1)

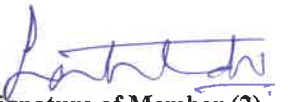
Signature of Member (2)

250 students				
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* 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.	Dr. JAVEED CHOUDARY	PRINCIPAL	M.Sc (W) PHD Psychiatric NG	2005	20983	1 year	13 years	YES	
2.	Mr. AJAYKUMAR. R	ASSOCIATE PROFESSOR	M. SC (W) Psychiatric NG	2016	58323	1 year	9 years	YES	
3.	Mr. RANQASWAMY. T	ASSISTANT PROFESSOR	M. SC (W) MEDICAL SURGICAL	2019	141520	3 years	3 years 11 months	YES	
4.	Mr. ANIL. P.S	ASSISTANT PROFESSOR	M. SC (W) MEDICAL SURGICAL	2012	68375	1 year	3 years 4 months	YES	
5.	Mrs. CHAYADEVI. H.R	ASSISTANT PROFESSOR	M. SC (W) OBG. NURSING	2020	73880	2 year	5 years	YES	
6.	Mrs. ASHWINI. T.C	ASSISTANT PROFESSOR	M. SC (W) MEDICAL SURGICAL	2020	82326	-	5 year 5 months	YES	
7.	Mrs. ASHA. M.R	ASSISTANT PROFESSOR	M. SC (W) Psychiatric NG	2020	161355	2 years	5 years	YES	
8.	Mrs. CHAITRA. K	ASSISTANT PROFESSOR	M. SC (W) Medical Surgical	2021	170788	2 years	4 years	YES	
9.	Ms. KUSUMA. D.V	NURSING TUTOR	-	2017	141774	7 years	-	YES	
10.	Ms. JYOTHI. C.R	NURSING TUTOR	-	2018	145377	4 years	-	YES	
11.	Ms. SUMA. T	NURSING TUTOR	-	2021	121724	3 years 2 months	-	YES	
12.	Mr. AJAYKUMAR. U	NURSING TUTOR	-	2022	132013	2 years 3 months	-	YES	
13.	Ms. THRIVENI. S	NURSING TUTOR	-	2023	205064	1 year 5 months	-	YES	
14.	Ms. ANKITHA. M	NURSING TUTOR	-	2023	154358	1 year	-	YES	
15.	Ms. BHAVYASHREE. M.U	NURSING TUTOR	-	2023	154919	1 year	-	YES	
16.	Ms. NARENDRA BABU. H	NURSING TUTOR	-	2024	209260	1 year	-	YES	
17.									
18.									
19.									
20.									
21.									
22.									

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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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
		Attached Separate Sheet			

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)	29,000 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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4 Class Rooms 1200 Sq. ft each	✓
	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		
	NPCC : 600sq ft	2 Class rooms 600sq ft Each		
3	Administrative Facilities			✓
	Office			
	1. Principal's Chamber	300	900 Sq. ft	✓
	2. Vice-Principal Chamber	200	900 Sq. ft	✓
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	1800 Sq. ft	✓
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600 Sq. ft	✓
	7. Accountants Office	100	600 Sq. ft	✓
	8. Store Room	100	600 Sq. ft	✓
	9. Record room	100	100 Sq. ft	✓
	10. Room for maintenance staff	100	100 Sq. ft	✓
	11. Xeroxing room	100	100 Sq. ft	✓
	12. common room (Girls & Boys)	600+400= 1000	1200 Sq. ft	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2600 Sq. ft	✓
	14. Toilets	1000	1200 Sq. ft	✓

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

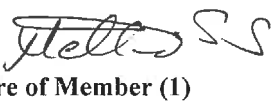
SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	✓
2	Is the college building own or leased ?	✓
3	Blue print of the building plan approved and attested by competent authority.	✓
4	Building construction license from competent authority	✓
5	Tax paid receipt (Latest / 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	✓

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, 2021 F.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	KA16 B2232	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	1200 Sq.Ft	YES ☒ No ☐	Good	Good	✓

Total No. of Nursing Books available	4010	No. of Nursing Journals subscribed	02
No. of Thesis/Research titles available	-	Is internet facility available for Students?	YES
No of e-books	-	How many books were purchased in last financial year?	-

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Thippeswamy.	M.Lib		✓

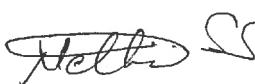
Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available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


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Conferences conducted		
Conferences attended		

* Colleges should declare & attest tobacco free/drugs free campus (self declaration form 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					
MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 GOVT DISTRICT HOSPITAL, CHITRADURGA	650	1km	90%	✓
	2				
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				✓
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(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/CCU. (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 for **Bangalore 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, 2021 F.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

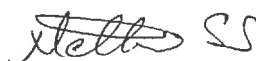
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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			60	80%.
Surgery including OT			100	85%.
Obstetrics & Gynecology			100	87%.
Pediatrics,			20	92%.
Emergency Medicine			20	95%.
Psychiatry			10	70%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			05	75%.
Minor OT			02	80%.
Dental, Otorhinolaryngology, Ophthalmology			05	75%.
Burns and Plastic			05	85%.
Neonatology care unit			06	90%.
Communicable disease/Respiratory medicine/TB & chest diseases			10	92%.
Dermatology			06	93%.
Cardiology			08	92%.
Oncology			—	—
Neurology/Neuro-surgery			—	—
Nephrology/Urology			10	88%.
ICU/ICCU			08	82%.
Geriatric Medicine			05	85%.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		Pandarahally PHE	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		10 km	
b. Services Rendered by Health & Family Welfare Programmes		Preventive and Promotive Services.	
URBAN FEILD :			
a. Name of CHC / PHC / SC		Buddha Nagar	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		1 km	
b. Services Rendered by Health & Family Welfare Programmes		Preventive and Promotive Services.	
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	
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 :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☐	NO ☐
h.	Electricity Supply	YES ☐	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☐	NO ☐
j.	Is Sick room available?	YES ☐	NO ☐
k.	Whether the hostel mess is available with	YES ☐	NO ☐
l.	Safe drinking water facilities	YES ☐	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

Signature of Chairman

Signature of Member (1)

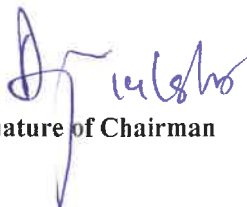
Signature of Member (2)

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

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

For continuous affiliation 25-26 as on date of LIC inspection 14.8.25 16 faculty were present. Building is on lease for 30 years from the trust. Now with Grant hospital chitradurga with 650 beds. Established in year 2003. Total there are 24 classrooms, Library facilities with librarian total more than 3000 books, 20 digital library e-read units available. Skill lab available. Own transport bus available. Infrastructure facilities, lab facilities as per RGUHS norms. All annexures, photographs in pendrive are here by enclosed.


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 Venkateshwara 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 14/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

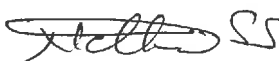
The LIC inspection report along with documents and soft copy is submitted to RGUHS.


Senate Member
(Chairman)


A C Member
(Member)
DR. NETHRA SS
14/8/25


Subject Expert
(Member)

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 the 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)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru - 560 041

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.

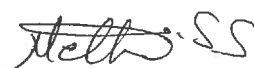
We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

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)


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.

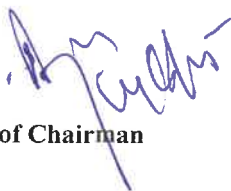
***Note Undertaking should be given in affidavit**

Enclosed

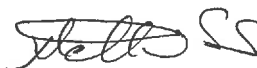

Signature of Chairman


Signature of Member (1)


Signature of Member (2)

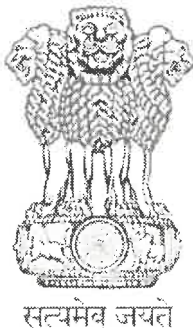


Signature of Chairman



Signature of Member (1)

Signature of Member (2)

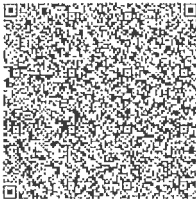


INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No. : IN-KA17103027927030X
Certificate Issued Date : 13-Aug-2025 04:35 PM
Account Reference : NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference : SUBIN-KAKAKSFCL0849067859799170X
Purchased by : CHAIRMAN VENKATESHWARA COLLEGE OF NURSING CTA
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
(Zero)
First Party : CHAIRMAN VENKATESHWARA COLLEGE OF NURSING CTA
Second Party : RGUHS BANGALORE
Stamp Duty Paid By : CHAIRMAN VENKATESHWARA COLLEGE OF NURSING CTA
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



UNDERTAKING by Trust Management

We the Chairmen of the **CSA EDUCATIONAL MEMORIALTRUST** are submitting the affidavit to University.

The trust **CSA Educational Memorialtrust** is running/managing the colleges Namely **Venkateshwara College of Nursing** since **21** years.

Subscribing Agent,

1. I, the undersigned, do hereby declare that the above information is true and correct.

2. This affidavit is made in the presence of the undersigned.

3. In case of any dispute, the undersigned shall be liable to the undersigned.

M. NAGENDRAIAH
Advocate & Notary
CHITRADURGA

SECRETARY
Venkateshwara College of Nursing
Chitradurga- 577501

NO. OF CORRECTIONS

SWORN TO BEFORE ME

NOTARY

13/8/25

CHITRADURGA

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.

Date : 14/08/2025

Place : Chitradurga


SECRETARY
Sri. Jyoti College of Nursing
Chitradurga- 577501

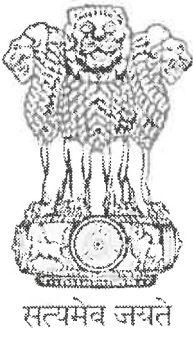



TO. OF CORRECTIONS

SWORN TO BEFORE ME

NOTARY 13/8/25
CHITRADURGA.


M. NAGENDRAIAH
Advocate & Notary
CHITRADURGA.

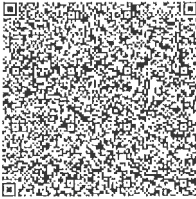


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Government of Karnataka

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Unique Doc. Reference : SUBIN-KAKAKSFCL0849062151878253X
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(Zero)
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Second Party : RGUHS BANGALORE
Stamp Duty Paid By : DISTRICT SURGEON DISTRICT HOSPITAL CHITRADURGA
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



UNDERTAKING

I/We, Dr. Ravindra S P District Surgeon of the Government District Hospital situated at B D Road Chitradurga. This is to confirm that our Government District hospital is registered under KPMEA and PCB with 650 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Government District Hospital is functioning as affiliated hospital for Venkateshwara college of Nursing Chitradurga.

We also confirm that our hospital is solely affiliated to Venkateshwara college of Nursing Chitradurga and is not affiliated to any other nursing college.

The information provided by us is true and correct.

OF CORRECTIONS

M. NAGENDRAIAH
Advocate & Notary
CHITRADURGA

SWORN TO BEFORE ME

of *Nagendraiah*
NOTARY
CHITRADURGA.

[Signature]

SECRETARY

Venkateshwara College of Nursing
Chitradurga - 577521

13/8/25

