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. Basavaraj S Savadi	Dr. Gurubasavaraja Sy	Dr. Harsh Kumar G
Designation	Principal	professor	Principal
Address	Sposrmi Ayurveda Medical College & Hospital	Acharya & BM Reddy colle of pharmacy Bangalore	ETCM College a Nursing. Kolar
Mobile No	9845646885	9886001140	9986084710
Email ID	drbssavadi72@gmail.com	gurubasavaraja@reddycoll	Kumar123hsg@gmail

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 09-08-2

(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	VIDYAKIRANA INSTITUTE OF NURSING SCIENCES #7, T-th CROSS VENKATESHWARA LAYOUT, JAMBOOSAVA RI DINNE, 8th PHASE, J. P. NAGAR, BANGALORE - 560076.	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	SRI HALADAMMA DEVI EDUCATIONAL TRUST, #17, 1st CROSS, 8th MAIN, SAPTHAGIRI LAYOUT, VIDYARANYAPURA, BANGALORE - 560097 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Vinsbangalore@yahoo.com	Website: www.vidyakirana.com	
		Office No: 080-26850755	Mobile No: 09731008645	

Signature of Chairman

Signature of Member (1)

Signature

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	K. NAGARAJ		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 4 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: SHANI.S Qualification: MSc NURSING Experience after MSc: 13YRS Email: Shanilennie@gmail.com	Mobile No: 09731008645 Office No: Fax No: Residential phone No: 09731008645	
	b) Drawing authority of the college	SHANI.S		
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	CONTINUATION OF AFFILIATION	—	—	—	—	—
Post Basic B.Sc. Nursing	CONTINUATION OF AFFILIATION	—	—	—	—	—
					Total (A)	2,87,100RS

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3. NIL	NIL	
	4.		
	5.	Total (B)	
NPCC		Total (C)	
		Grand Total (A+B+C)	2,87,100/-

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks: Verified

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	ACA:F:NS:72/2003-2004 Annexure - 5	20/9/24 Annexure - 6	29/04/24 Annexure - 7	31/12/24 Annexure - 8	— Applied —
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40.	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	RGU/AFF/FNS-300/2011-12 18/06/11 Annexure - 5	RGU/AFF/NSG COA/01/2024-25 20/09/24 Annexure - 6	HFW2012 RDU 2016 29/04/24 Annexure - 7	31/12/24. Annexure - 8	— Applied —
	Sanctioned Intake	30	30	30	30	
	Admissions Made for the Current Academic Year	30	30	30	30	
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	— NA —
	Sanctioned Intake	—	NIL	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	NIL Annexure - 6	— Annexure - 7	— Annexure - 8	— NA —
	Sanctioned Intake	—	—	—	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	—	—	—	—	—

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	5	12	3	7	27
	Female	25	28	37	33	123
Post Basic B.Sc Nursing	Male	1	2	—	—	3
	Female	29	28	—	—	57
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--------
—	—	Annexure - 9	—	—	—	—

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--------
—	—	—	NIL	—	—	—

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: — Verified —

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		3	1						
6	Tutor	8-16	16-24				2-10	--		9	5						
	Total	**16-24**	**24-40**				**4-12**			17	6						

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)

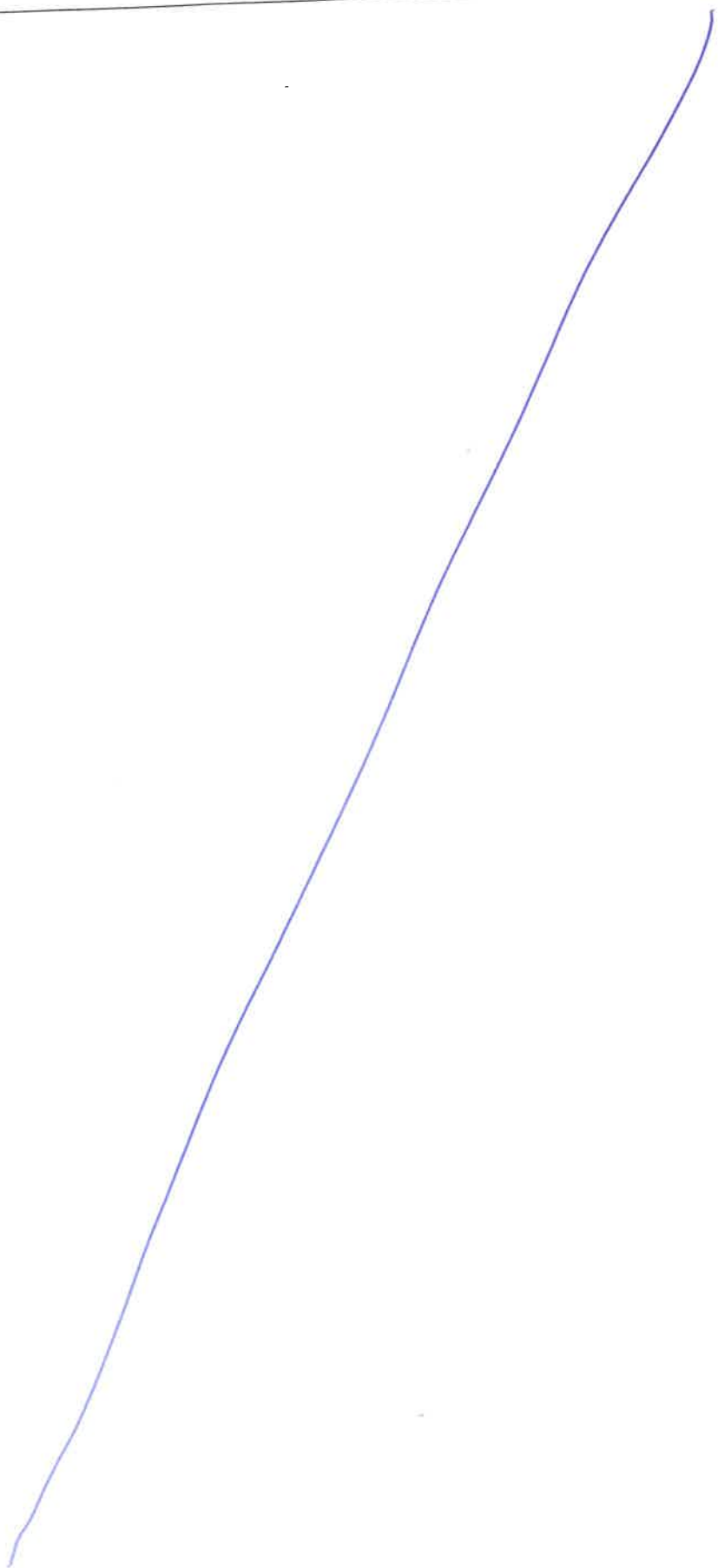
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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
150 students intake	—	—	—	—
200 students intake	—	—	—	—

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

250 students	—	—	—	—

* Aadhar based biometric attendance for students



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MRS. SHANI. S	PRINCIPAL	MSc NURSING	2011	13822	9 YRS	13 YRS	15/01/22	✓	
2.	MR. ANJITH. S. THANKAPPAN	VICE PRINCIPAL	MSc NURSING	2019	29499	2 YRS	6 YRS	07/12/25		
3.	MRS. LEENA ABRAHAM	ASSO. PROFESSOR	MSc NURSING	2008	38195	12 YRS	17 YRS	10/04/25		
4.	MRS. ASHA THOMAS	ASSO. PROFESSOR	MSc NURSING	2011	42991	1 YRS	14 YRS	11/03/24		
5.	MRS MANJU MOHANAN. V	LECTURER	MSc NURSING	2020	36590	2 YRS	2 YRS	11/09/22		
6.	MRS. RESHMA. R. NAIR	LECTURER	MSc NURSING	2020	KL0421B1 00716	2 YRS	2 YRS	15/07/22		
7.	MS. GOPIKA. G. K	ASST. LECTURER	BSc NURSING	2019	HX7205	6 MONTHS		21/08/24		
8.	MS. NIMISHA BINOY	ASST. LECTURER	BSc NURSING	2022	1219	3 YRS		15/01/22		
9.	MRS. ANNU SEBASTIAN	ASST. LECTURER	BSc NURSING	2012	096737	4 YRS		20/07/21		
10.	MS AISHWARYA. K. GEORGE	ASST. LECTURER	BSc NURSING	2021	21320	1 YEAR		01/03/24		
11.	MS. ANGEL MARIA MATHEW	ASST. LECTURER	BSc NURSING	2021	121352	1 YEAR		01/03/24		
12.	MS. BINU BABY	ASST. LECTURER	BSc NURSING	2021	12875	3 YRS		15/01/22		
13.	MS. DISHA MAJUMDER	ASST. LECTURER	BSc NURSING	2023	145504	1 MONTH		01/07/25		
14.	MR. MOHAMMAD RAFI. B	ASST. LECTURER	BSc NURSING	2024	17908	1 MONTH		02/07/25		
15.	MR. NOUFAL. N	ASST. LECTURER	BSc NURSING	2024	180030	2 MONTH		02/06/25		
16.	MS. SHERIN JOHN	ASST. LECTURER	BSc NURSING	2021	12152	2 YRS		15/01/23		
17.	MS. SAHELI BAGCHI	ASST. LECTURER	BSc NURSING	2023	157260	1 MONTH		20/07/24		
18.	MR. RAMKUMAR. G	ASST. LECTURER	BSc NURSING	2021	28525	2 YRS		02/07/23		
19.	MRS BHARATH	ASST. LECTURER	BSc NURSING	2023	159459	1 YEAR		15/08/24		
20.	MR. MAHESH. K	ASST. LECTURER	BSc NURSING	2022	137714	1 YEAR		28/08/24		
21.	MR. LIKHO MANI	ASST. LECTURER	BSc NURSING	2022	255330	2 YRS		02/05/23		
22.	MRS. KRIPA MARIA MATHEW	ASST. LECTURER	BSc NURSING	2023	148057	1 YEAR		10/07/24		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	MR. TAMIL SELVAN	LECTURER	MSc NURSING	2023	106879	4 YRS		05/02/21		
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
			Annexure – 11		– Verified –

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)	20,000 Sq. ft	– Verified –
	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	3600 Sq. ft	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 Sq. ft	
	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	300 Sq. ft	Verified
	2. Vice-Principal Chamber	200	200 Sq. ft	
	3. HOD	5 x 200 = 1000	1000 Sq. ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq. ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 Sq. ft	Verified
	7. Accountants Office	**100**	100 Sq. ft	
	8. Store Room	**100**	100 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	Verified
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq. ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sq. ft	
	14. Toilets	1000	1000 Sq. ft	

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Signature of Member (1)

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	15. A.V/Aids room	600	600 sqft	verified

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	40 intake	verified
	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	1000 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**	verified
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, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA-07-1378	50	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

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

Total No. of Nursing Books available	3444	**No. of Nursing Journals subscribed**	100
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	✓
No of e-books	100	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	SHEGA. B	BSc	34RS	Verified
—	—	—	—	—
—	—	—	—	—

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	Annexure - 15	Verified

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

Conferences conducted	Annexure-15	verified
Conferences attended	Annexure-15	verified

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☐	
		ii.Trust member with MOU ☑	

Parent Hospital.	**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital T.R MULTI SPECIALITY HOSPITAL MOU(Registered parent hospital MOU)	200	0.5Km	80%	verified
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 MATHRU HOSPITAL	100	5Km	75%	verified
2 DEEPASRI MULTISPECIALITY HOSPITAL.	100	200 M	75%	verified
3 —	—	—	—	—

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	—	—	150	130
Surgery including OT	—	—	10	5
Obstetrics & Gynecology	—	—	30	25
Pediatrics,	—	—	30	25
Emergency Medicine	—	—	10	5
Psychiatry	—	—	20	15

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	—	—	5	3
Minor OT	—	—	5	3
Dental, Otorhinolaryngology, Ophthalmology	—	—	30	25
Burns and Plastic	—	—	20	26
Neonatology care unit	—	—	20	25
Communicable disease/Respiratory medicine/TB & chest diseases	—	—	20	25
Dermatology	—	—	20	25
Cardiology	—	—	20	25
Oncology	—	—	20	25
Neurology/Neuro-surgery	—	—	20	25
Nephrology/Urology	—	—	30	25
ICU/ICCU	—	—	20	15
Geriatric Medicine	—	—	20	15

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other	–	–		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	AFFILIATED
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	1KM
b. Services Rendered by Health & Family Welfare Programmes	MCH, RCH
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	AFFILIATED
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	3kM
b. Services Rendered by Health & Family Welfare Programmes	MCH, RCH
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 5000 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 : 180	Boys : 30.
f.	Total No. of rooms	Girls : 50 ROOMS	Boys : 13 ROOMS
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: The LIC Inspection committee carried out Inspection at Vidyatirtha Institution of Nursing Sciences Banglore on 09-08-2025. The following observations on the day of observations

1. College: The college was established in the year 2003. Total areas of the college is 20,000 sqft, including 6 classrooms, 6 Laboratory like Nutrition, Fundamental, Pre clinical Lab, community, OBG, & Padiatric with instrumen equipments, charts & models are observed on the day of Inspection Including 6 classrooms. examination hall, computer lab are observed.
2. Teaching: Full time principal present on the day of Inspectio Including, 1. Vice principal, 01 professor, 02 - Associate professor. 04 Assistant professor & 14 tutors are shown on the day of last and also present in photo session.
3. Hospital: Institution established in the year 2003, Institution has MOU with affiliating TR Multispeciality Hospital Banglore providing all clinical facilites for the students
4. Library: Library has 3,444 books Including sitting arrangeme for 60 students are observed
5. Transfoort facilitses: Own 2 Buses are observed.
6. LIC Inspection photo with Pendrive are 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 VIDYAKIRANA INSTITUTE OF NURSING SCIENCES which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 09/08/24 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)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

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

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

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

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

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

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10732468266373X**
Certificate Issued Date	:	06-Aug-2025 12:54 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ J P NAGAR3/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0836957605831960X
Purchased by	:	CHAIRMAN SRI HALADAMMADEVI EDUCATIONAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SRI HALADAMMADEVI EDUCATIONAL TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	CHAIRMAN SRI HALADAMMADEVI EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

AFFIDAVIT

I the Chairman of the trust Sri Haladammadevi Educational trust(R) are submitting the affidavit to University. The trust Sri Haladammadevi Educational trust(R) is running/managing the college, Vidyakirana institute of nursing sciences since 2003.
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.

Managing Director

UNDERTAKING

I/We, K. NAGARAJ is/are the Owners/MD/CEO/Board Members of the T. R MULTISPECIALITY. hospital situated at _____.

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

This is to confirm that the hospital T.R MULTISPECIALITY is functioning as affiliated/parent/own hospital for VIDYAKIRANA NURSING college.

We also confirm that our hospital is solely affiliated to VIDYAKIRANA INSTITUTE OF NURSING SCIENCE 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**

Managing Director

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

VIDYAKIRANA INSTITUTE OF NURSING SCIENCES

To,

The PRINCIPAL,
VIDYAKIRANA INSTITUTE OF NURSING SCIENCES
Bangalore.

Through,

Sir,

Sub: Casual Leave/Spl. Leave/Duty Leave/Comp. Leave

Please permit me to avail Casual Leave/Spl. Leave/Duty Leave/Comp. Leave, for which I am giving following particulars.

Name: Binu Baby Designation: Assist. Lecturer

Department: Nursing

No. of Days Required: 05 From 05/08/25 To 09/08/25

No. of Days: Availed 10 Balance 05

Reason for this leave: Personal Reason

Address while on Leave: _____

_____ Ph No: _____

Signature of Applicant

Signature of PRINCIPAL

VIDYAKIRANA INSTITUTE OF NURSING SCIENCES

To,

The PRINCIPAL,
VIDYAKIRANA INSTITUTE OF NURSING SCIENCES
Bangalore.

Through,

Sir,

Sub: Casual Leave/Spl. Leave/Duty Leave/Comp. Leave

Please permit me to avail Casual Leave/Spl. Leave/Duty Leave/Comp. Leave, for which I am giving following particulars.

Name: Reshma R Nair Designation: Lecturer

Department: Nursing

No. of Days Required: 10 From 29/07/25 To 09/08/25

No. of Days: Availed 0 Balance 0

Reason for this leave: Sick Leave

Address while on Leave: _____

_____ Ph No: _____

Signature of Applicant

Signature of PRINCIPAL

VIDYAKIRANA INSTITUTE OF NURSING SCIENCES

To,

The PRINCIPAL,
VIDYAKIRANA INSTITUTE OF NURSING SCIENCES
Bangalore.

Through,

Sir,

Sub: Casual Leave/Spl. Leave/Duty Leave/Comp. Leave

Please permit me to avail Casual Leave/Spl. Leave/Duty Leave/Comp. Leave, for which I am giving following particulars.

Name: Asha Thomas Designation: Assist. Professor

Department: Nursing

No. of Days Required: 10 From 29/07/25 To 09/08/25

No. of Days: Availed 0 Balance 0

Reason for this leave: Sick Reason.

Address while on Leave: _____

_____ Ph No: _____

Signature of Applicant

Signature of PRINCIPAL

VIDYAKIRANA INSTITUTE OF NURSING SCIENCES

To,

The PRINCIPAL,
VIDYAKIRANA INSTITUTE OF NURSING SCIENCES
Bangalore.

Through,

Sir,

Sub: Casual Leave/Spl. Leave/Duty Leave/Comp. Leave

Please permit me to avail Casual Leave/Spl. Leave/Duty Leave/Comp. Leave, for which I am giving following particulars.

Name: Leena Abraham Designation: Assistant Professor

Department: Nursing

No. of Days Required: 10 From 29/07/25 To 09/08/25

No. of Days: Availed _____ Balance _____

Reason for this leave: Personal Reason

Address while on Leave: _____

_____ Ph No: _____

Signature of Applicant

Signature of PRINCIPAL

VIDYAKIRANA INSTITUTE OF NURSING SCIENCES

To,

The PRINCIPAL,
VIDYAKIRANA INSTITUTE OF NURSING SCIENCES
Bangalore.

Through,

Sir,

Sub: Casual Leave/Spl. Leave/Duty Leave/Comp. Leave

Please permit me to avail Casual Leave/Spl. Leave/Duty Leave/Comp. Leave, for which I am giving following particulars.

Name: Aiswarya George Designation: Assist. Lecturer

Department: Nursing.

No. of Days Required: 05 From 05/08/25 To 09/08/25

No. of Days: Availed 09 Balance 04

Reason for this leave: Personal Reason.

Address while on Leave: _____

_____ Ph No: _____

Signature of Applicant

Signature of PRINCIPAL

VIDYAKIRANA INSTITUTE OF NURSING SCIENCES

To,

The PRINCIPAL,
VIDYAKIRANA INSTITUTE OF NURSING SCIENCES
Bangalore.

Through,

Sir,

Sub: Casual Leave/Spl. Leave/Duty Leave/Comp. Leave

Please permit me to avail Casual Leave/Spl. Leave/Duty Leave/Comp. Leave, for which I am giving following particulars.

Name: Angel Maria Mathew Designation: _____

Department: _____

No. of Days Required: 05 From 05/08/25 To 09/08/25

No. of Days: Availed 09 Balance ~~05~~ 04

Reason for this leave: Personal Reason

Address while on Leave: _____

_____ Ph No: _____

Signature of Applicant

Signature of PRINCIPAL