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

221

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shiva Sharan.	Prof Mohd Sulaiman	DR Umesh Kundaragi.
Designation	Senate Member.	AC Member.	Vice Principal
Address		Karnataka College of Physiotherapy	Karnataka Health Institute College of Nursing Bhatopa
Mobile No		9663407439	9620142120
Email ID		MSUHAIL@KANACHOR.EDU.IN	umeshkundaragi@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 11/8/25

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	Mahagonapati College of Nursing Dharawad, Hoysal Nagar, Hudiyal Road. Dharawad - 580003	2	Year of Establishment: 2004
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. Guru Education Trust (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: mahaganapatimncd@gmail.com	Website:	
		Office No:	Mobile No: 7411122191	

Signature of Chairman
Dr. Shiva Sharan
11/08/25

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Ashok V. Bangalashetkar. 7411122191		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mrs. Vijaylaxmi. K. Shindhe Qualification: Experience after MSc: 17 years Email: mahaganapatimncd@gmail.com	Mobile No: 7411122191 Office No: 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) 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	194050.00				25,000.00	221050.00
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)	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: Transaction ID: BD0000000756 1507

Remarks: Date: 23/12/2024.

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	50	50	50	—	
	Admissions Made for the Current Academic Year	50	50	50	—	
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	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	11	08	07	14	40
	Female	39	11	08	30	88
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							1							
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		5+1							
6	Tutor	8-16	16-24				2-10	--		9							
	Total	**16-24**	**24-40**				**4-12**			16							

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

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

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	— Copy	Enclosed	—		

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	4 X 1080 = 4320 sq ft	YES
	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	330 sq ft	YES
	2. Vice-Principal Chamber	200	250 sq ft	YES
	3. HOD	5 x 200 = 1000	800 sq ft	YES
	4. Professor/Assoc. Prof	800+2400=3200	2600 sq ft	YES
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	540 sq. ft	YES
	7. Accountants Office	**100**	100 sq ft	YES
	8. Store Room	**100**	100 sq. ft	YES
	9. Record room	**100**	100 sq. ft	YES
	10. Room for maintenance staff	**100**	100 sq. ft	YES
	11. Xeroxing room	**100**	100 sq. ft	YES
	12. common room (Girls & Boys)	600+400= 1000	600 sq. ft	YES
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2200 sq ft	YES
	14. Toilets	1000	850 sq ft	YES

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	560 sq.ft	YES

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	1850 sq.ft	YES
	Nutrition & Community Health Nursing	1200sq.ft	1150 sq ft	YES
	Obstetrics and Gynecology Laboratory	900sq.ft	1030 sq ft	YES
	Pediatrics Nursing Laboratory	900sq.ft	940 sq ft	YES
	Pre-Clinical Sciences Laboratory	900sq.ft	850 sq ft	YES
	Computer Lab (1: 5 computer :student)	1500sq.ft	1320 sq ft	YES

Note:

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

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	YES
2	**Is the college building own or leased ?**	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.**	YES
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	KA63 1611	14	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	2250 sq ft	YES ☑ No ☐	Good	Good	YES

Total No. of Nursing Books available	3700	**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?**	265

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Ms. Mahadevi	M LIB	04	Enclosed

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	—	—

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 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 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 Mahagaonpathi Multi Speciality Hospital Dharwad	30	2 Km	56%	YES
	2 Ashoka Hospital Hubballi	100	18 Km	79%	YES
	3 Sarvodaya Hospital	25	5 Km	40%	YES

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)	— Copy enclosed —			

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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			20	18
Surgery including OT			02	01
Obstetrics & Gynecology			08	06
Pediatrics,			10	05
Emergency Medicine			10	10
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			01	01
Minor OT			02	01
Dental, Otorhinolaryngology, Ophthalmology			05	05
Burns and Plastic			02	—
Neonatology care unit			05	03
Communicable disease/Respiratory medicine/TB & chest diseases			05	03
Dermatology			—	—
Cardiology			10	10
Oncology			—	—
Neurology/Neuro-surgery			05	04
Nephrology/Urology			05	04
ICU/ICCU			10	08

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Geriatric Medicine				
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	Mugad
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	11Km
b. Services Rendered by Health & Family Welfare Programmes	YES
URBAN FEILD :	Neharu Nagar. Dharwad
a. Name of CHC / PHC / SC	
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	1.5 Km
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 - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐

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

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

h.	Extracurricular activities of students	YES ✓	NO ☐
i.	Cumulative record of each	YES ✓	NO ☐
j.	Course planning of each subject	YES ✓	NO ☐
k.	Rotation plans	YES ✓	NO ☐
l.	Committee Meetings	YES ✓	NO ☐
m.	Affiliation records	YES ✓	NO ☐
n.	Records of Stock	YES ✓	NO ☐
o.	Annual report of activities and achievements	YES ✓	NO ☐
p.	Staff development programmes	YES ✓	NO ☐
q.	Anti ragging committee	YES ✓	NO ☐
r.	Student welfare committee	YES ✓	NO ☐
s.	POSHE Committee	YES ✓	NO ☐
t.	Prevention of Gender harassment committee	YES ✓	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	Sq.ft 24,000 sqft	
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 : 40	Boys : 22
f.	Total No. of rooms	Girls : 20	Boys : 20
g.	Water Supply	YES ✓	NO ☐
h.	Electricity Supply	YES ✓	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

List of Annexures:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	—	✓	

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

LIC Team Observations:

→ As RGUHS assigned LIC Inspection Committe visited college on 11/8/25

→ All the College physical + Laboratory facilities available

→ Digital library + Library facility adequate

→ As per the nursing teaching faculty also available.

Signature of Chairman
Dr Shiva Sharma
11/08/25

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA14093953865099X**
Certificate Issued Date	:	11-Aug-2025 12:27 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ SAPTAPUR/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0843341983122112X
Purchased by	:	PRINCIPAL MAHAGANAPATI COLLEGE OF NURSING DHARWAD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRINCIPAL MAHAGANAPATI COLLEGE OF NURSING DHARWAD
Second Party	:	RAGISTER RGUHS
Stamp Duty Paid By	:	PRINCIPAL MAHAGANAPATI COLLEGE OF NURSING DHARWAD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ST. MILAGRES CREDIT SOUHARDHA CO-OP SOCIETY LTD. BRANCH: SAPTAPUR DHARWAD

Please write or type below this line

UNDERTAKING

We, **Shri Guru Educational Trust, Dharwad** are the Owners/Board Members of the **SGET's Mahaganapati Multispecialty Hospital** situated at **Hoysal Nagar, Haliyal Road, Dharwad, Ashok Hospital, Hubballi,** Situated at **Vidyanagar, Hubballi and Sarvadoya Women's Hosptial, Girinagar, Dharwad**

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING

We, **Shri Guru Educational Trust, Dharwad** are the Owners/Board Members of the **SGET's Mahaganapati Multispecialty Hospital** situated at **Hoysal Nagar, Haliyal Road, Dharwad, Ashok Hospital, Hubballi,** Situated at **Vidyanagar, Hubballi and Sarvadoya Women's Hospital, Girinagar, Dharwad**

This is to confirm that our Hospital **SGET's Mahaganapati Multispecialty Hospital, Ashoka Hospital, Hubbali & Sarvodaya Women's Hospital & Fertility Centre, Dharwad** is registered under KPMEA and PCB with **respective beds**

1. Mahaganapati Multispecialty Hospital, Dharwad: **30**
2. Ashoka Hospital, Hubballi : **100**
3. Sarvadoya Women's Hospital & fertility Centre, Dharwad : **25**

and the bonafide certificate has been attached.

This is to confirm that the hospital is functioning as affiliated/parent/own hospital for **Mahaganapati College of Nursing**.

We also conform that our hospital is solely affiliated to **Mahaganapati College of Nursing** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Principal
Mahaganapati College of Nursing
Dharwad

SGET's
Mahaganapati College ofNursing Dharwad.

LIST OF TEACHING STAFF

Sl.No	Name of Teaching Faculty	Designation	Qualification Along with Specialty	Year of Passing	R.N. & R.M No.	Experience		Date of Joining	Sign
						UG	PG		
1.	Mrs. Vijayalaxmi K Shindhe	Principal	M.Sc (N) In OBG	May 2013	005755	5 Yrs	12 Yrs	01-08-2025	
2.	Mrs. Swati Kalasappanavar	Assistant professor	M.Sc (N) In Medical Surgical Nursing	May 2020	175971	1 Yr	4 Yr, 0 months	01-01-2021	
3.	Mr. Sachin Kalpal	Assistant professor	M.Sc (N) In Medical Surgical Nursing	May 2020	92188	1 Yr, 6 months	3 Yr, 0 months	03-01-2022	
4.	Mrs. Aasma A Hunkunti	Assistant professor	M.Sc (N) In Community Health Nursing	Feb 2021	111239	1 yr	3 Yr, 0 months	01-07-2022	
5.	Ms. Saba Nadaf	Assistant professor	M.Sc (N) In Pediatric Nursing	Nov 2021	90224	1 Yr	3 Yr, 0 months	01-08-2022	Leave
6.	Mrs. Vani Kulkarni	Assistant professor	M.Sc (N) In OBG	Nov 2020	17293	8 yr	4 Yr, 0 months	30-12-2024	
7.	Ms. Spoorthi P Navi	Lecturer	M.Sc (N) In Mental Health Nursing	Feb 2024	110522	1 yr 6 months	1 Yr, 0 months	22-05-2025	SP

8.	Ms. Vijayalaxmi	Nursing Tutor	B.Sc Nursing	June-2023	13373	1 Yr, 1 month	-	03-02-2025	
9.	Ms. Kasturi	Nursing Tutor	B.Sc Nursing	June 2023	142794	2 year	-	03-04-2025	
10.	Ms. Ruksana Manik	Nursing Tutor	B.Sc Nursing	June 2023	136145	2 year	-	01-08-2025	
11.	Ms. Triveni	Nursing Tutor	B.Sc Nursing	June 2023	134221	1 year	-	21-04-2025	
12.	Mr. Basavaraj Chittaragi	Nursing Tutor	B.Sc Nursing	June 2023	132678	1 year	-	01-04-2025	
13.	Mr. Somanna Karajagi	Nursing Tutor	B.Sc Nursing	June 2023	131289	1 year	-	01-04-2025	
14.	Mr. Hemanthraddi Hasaraddi	Nursing Tutor	B.Sc Nursing	June 2023	133099	1 year	-	21-06-2025	
15.	Ms. Jayashree N T	Nursing Tutor	B.Sc Nursing	June 2023	133377	1 year	-	01-02-2025	
16.	Ms. Madhavi	Nursing Tutor	B.Sc Nursing	Dec-2024	167727	08 Months	-	12-05-2025	

Principal
Mahaganapati College of Nursing
Dharwad