Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mahendra . S	Dr. Basayya. V.H.	Dr. Ramesh. Kamalapanavar
Designation	Professor	Principal	Asso. Professor
Address	Krishnadevaraya College of Dental Sciences Bengaluru -562157	RMS Institute of Nsg sciences. Hulkoti Gadag - 582205	GIMS Govt College of Nursing Gadag
Mobile No	9845563431	8618339489	9448540241
Email ID	mahendraortho@gmail.com	basayya88@gmail.com	ramesh3735@gmail.com

Inspection For the Academic Year :	2025-26	*Date of Inspection:*	11/08/2025

(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**	AL-QAMAR COLLEGE OF NURSING. Hagarga Cross, Near Sonia Gandhi Colony. Malgatti Road. Kalaburagi - 585104	2	**Year of Establishment** 2002
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	Al-Qamar Educational & Charitable trust's Kalaburagi. Copy Enclosed (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: alqumarcollege2002@gmail.com	**Website:** www.alqamartrust.org.	
		Office No: 08472-257132	**Mobile No:** 9886210932	

Signature of Chairman

Signature of Member (1)
Dr. Basayya.V.H

Signature of Member (2)
Dr. Ramesh. K
Subject Expert
LIC Team RGUHS

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	ARIF AHEMD KHAN. 9886010932		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 15 Enclosed (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: Mrs ESTHER RANI Qualification: M.Sc. Nursing. Experience after MSc: 17 years Email: esther.rani591@gmail.com.	Mobile No: 9880040591 Office No: 08472-257132 Fax No: 08472-257132 Residential phone No:	
	b) Drawing authority of the college	Arif Ahemd khan. & M.M Baig Al Qamar educational charitable(T)		
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				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing		45000/-	90,000/-	60.000/-	25,000/-	2.20.050/-
Post Basic B.Sc. Nursing		30,000/-	60,000/-	40.000/-	25,000/-	1.55050/-
					Total (A)	375100/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. M.Sc.(N) in Medical Surgi (N)	5 stu X 2000/-	10,000/-
	2. M.Sc.(N) in Child Health (N)	5 " X 2000/-	10,000/-
	3. M.Sc.(N) in Community Health (N)	5 " X 2000/-	10,000/-
	4. M.Sc(N) in OBG (N)	5 " X 2000/-	10,000/-
	5. —		
		Total (B)	40,050/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	4,15,150/-

Online Transaction Number or Details: BD000000075618O6
Pay Ref NO: ZSBIF2B091IVOW Date: 23/12/2024

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	G.O.B. 373 MPS 2003 Date 12/12/2003 Annexure - 5	ACN/NS-203/ 0-179/2004 05/10/2004 Annexure - 6	KNC: 1157 E-V-111: 2003-24 27/01/2024 Annexure - 7	02/SEP/ 2004-INC 13/09/2004 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	60	60	60	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	G.O.B. 380 MPS 2010 Date 4/12/2010 Annexure - 5	RGU/AFF/FNS -17/2011-12 23/07/2012 Annexure - 6	KNC: 230: 2011-12 09/02/2011 Annexure - 7	172/02/ APR/2011 15/09/2011 Annexure - 8	
	Sanctioned Intake	30	30	30	30	
	Admissions Made for the Current Academic Year	22	22	22	30	
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☐ Each speciality 5 students.	Approval Letter No. and Date	MED 400 MPS 2020 Date 17/02/2021 Annexure - 5	RGU/AFF/N179/ Fr.Nsc/2020-21 Date: 23/02/2021 Annexure - 6	KSNC: 1825: 2020-21 02/03/2021 Annexure - 7	— Annexure - 8	
	Sanctioned Intake	20	20	20	—	
	Admissions Made for the Current Academic Year	20	20.	20	—	
M.Sc. NPCC	Approval Letter No. and Date	N/A Annexure - 5	N/A Annexure - 6	N/A Annexure - 7	— Annexure - 8	
	Sanctioned Intake					

Copy Enclosed

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	47	47	34	36	164
	Female	13	13	26	24	76
Post Basic B.Sc Nursing	Male	09	13	–	–	22
	Female	13	09	–	–	22
M.Sc Nursing	Male	07	08	–	–	20
	Female	13	12	–	–	20
M.Sc NPCC	Male	N/A				
	Female	N/A				

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----------
	Copy Enclosed					

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----------
	Copy Enclosed					

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							1							
3	Professor	1	1-2					1*		3							
4	Associate Professor	2	2-4					1*		3							
5	Assistant Professor	3	3-8				2	3*		6							
6	Tutor	8-16	16-24				2-10	--		19							
	Total	**16-24**	**24-40**				**4-12**			33							

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.	List Enclosed									
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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)**

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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)**

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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
	Copy	Eclosed			

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)	33900 Sq ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	1080 Sq ft each X 4 = 4320 sq ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1080 Sq ft Each X2 = 2160 Sq ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1080 Sq ft Each X2 = 2160 Sq ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	N/A.	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq ft	
	2. Vice-Principal Chamber	200	200 Sq ft.	
	3. HOD	5 x 200 = 1000	5X200 = 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**	800 Sq ft	
	7. Accountants Office	**100**	200 Sq ft	
	8. Store Room	**100**	300 Sq ft	
	9. Record room	**100**	300 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	2000 Sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	30,000 Sq ft	
	14. Toilets	1000	1000 Sq ft	

PhotoCopy Enclosed

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

	15. A.V/Aids room	600	1600 Sq ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq ft	Photo Copy Enclosed
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1200 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq ft	

Note:

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

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

Annexure – 12

Building Documents:

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

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 — Enclosed — **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA32 AA4074 KA32 B 6659	32 42	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	2500 Sqft	YES ☑ No ☐	Good	Adequate.	

Total No. of Nursing Books available	4550	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	60	**Is internet facility available for Students?**	yes
No of e-books	—	**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1>	Yahiya	B.Lib	5years.	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	Enclosed	

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

Conferences conducted	NO	—
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 Al-noor Speciality Hospital Kalaburagi. MOU(Registered parent hospital MOU)		100	3kms	81%.	
NAME OF THE TRUST/ Person owning The Hospital Dr. Shakeel Khan.		—	—	—	
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Khaja Bandanwaz Teaching & General Hospital Gulbarga	1000	5kms.	—	
	2 Manasa Education Foundation	500	300kms	—	
	3				

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

	(MOU/Clinical permission letter)				

(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	30	27	200	170
Surgery including OT	10	7	170	-
Obstetrics & Gynecology	10	7	160	-
Pediatrics,	35	30	150	-
Emergency Medicine	15	12	50	-
Psychiatry	-		30	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	1	9	6
Minor OT	1	1	3	2
Dental, Otorhinolaryngology, Ophthalmology	-	-	30	-
Burns and Plastic	-	-	30	-
Neonatology care unit	02	1	20	-
Communicable disease/Respiratory medicine/TB & chest diseases	08	6	30	-
Dermatology	-	-	30	-
Cardiology	10	8	15	-
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	-	-
Nephrology/Urology	-	-	10	-
ICU/ICCU	10	08	15	-
Geriatric Medicine	5	3	10	-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other ENT & Dialysis		30+10	

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**	St Luke Health Centre Aurad. B.
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☑
	Distance from the Nursing Institute	15 kms
b.	Services Rendered by Health & Family Welfare Programmes	All health & family welfare programmes.
URBAN FEILD :	Nil	
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
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 22000 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 : 25	Boys : — NO.
f.	Total No. of rooms	Girls : 25	Boys : 15
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	yes		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	yes		
Annexure - 3	Details of any other Nursing Institution under the same Trust		NO	
Annexure - 4	Details of Affiliated fees paid receipts	yes		
Annexure - 5	Approval Status : GOK Order	yes		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	yes		
Annexure - 7	Approval Status : KNC Notification	yes		
Annexure - 8	Status : INC Notification	yes		only for B.Sc(N) & M.Sc (N)
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	yes		
Annexure - 10	List of M.Sc. Nursing Students as per format	yes		
Annexure - 11	Details of External /Part time Teachers	yes		
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	yes		
Annexure - 13	Vehicle Details : Bus	yes		
Annexure - 14	Details of List of Library Books & others	yes		
Annexure - 15	Academic Activities	yes		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	yes		

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

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

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 team visited to Al-Qamar College of Nursing Kalaburagi and the following observation were done on the day of inspection i.e. on 11/08/2025. Continue affiliation for the academic year 2025-26.

Infrastructure :-> College have 33200 sqft building including 8 classrooms and 6 laboratories like Fundamental of nursing. Nutrition, Community health nursing, OBG nursing Child health nursing & pre clinical labs with equipments, instruments, models are observed the on the day of inspection.

Library :-> Library have 4550 books, with seating capacity of 60 students.

Teaching staff :-> Total 33 faculties with it includes 1 principal, 1 vice principal, 1 Professor. 4 Associate Professor, 7 Assistant Professor and 19 tutors. in this 3 faculties are taken leave on the day of inspection.

Hospital :- 100 Bedded Parent hospital Al-noor Speciality hospital Kalaburagi and clinical facilities are observed and documents verified like KPME, PCB. and affiliated hospital ① Khaja Bandanwaz teaching & general hospital Kalburagi ② Manasa education foundation Shivamogga.

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 Al-Qamar College of Nursing Kalaburagi which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/2025 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**

Copy 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**

Copy Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Teaching Faculty details: – AL-QAMAR COLLEGE OF NURSING, KALABURAGI (AY: 2025-26)

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	ESTHER RANI	PRINCIPAL	B.Sc. (N) M.Sc. (N) MSN	1994 2008	1030 14335	12 YRS	17	21/11/2008	Yes	
2	ABDUL RAZAK	V.PRINCIPAL	B.Sc. (N) M.Sc. (N) PED	2008 2012	8058 4550	04 YRS	13	04/01/2015	Yes	
3	MAHABOOB SAHEB GANJAL	PROFESSOR	B.Sc. (N) M.Sc. (N) MSN	2010 2015	34006 7796	05 YRS	10	01/01/2018	Yes	
4	MD SAMEER IQBAL	ASSO. PROF	B.Sc. (N) M.Sc. (N) PED	2009 2013	22339	03 YRS	12	01/12/2013	Yes	
5	BASAREDDY	ASSO. PROF	B.Sc. (N) M.Sc. (N) CHN	2008 2013	11437 5722	03 YRS	12	01/06/2013	Yes	
6	SHOBHA RANI	ASSO.PROF	B.Sc. (N) M.Sc. (N) OBG	2009 2014	25593 26693	03 YRS	11	01/01/2010	Yes	
7	DEEPAK VASTRARD	ASSO. PROF	B.Sc. (N) M.Sc. (N) PSY	2015 2019	76461	04 YRS	06	01/07/2015	Yes	
8	SUHASINI HIREPATTA	ASST. PROF.	B.Sc. (N) M.Sc. (N) OBG	2015 2020	76762	04 YRS	05	01/07/2015	Yes	
9	MD SIRAJUDDIN	ASST. PROF	B.Sc. (N) M.Sc. (N) MSN	2012 2023	49807 49807	10 YRS	02	15/07/2018	Yes	
10	OVAYS PASHA	ASST. PROF	B.Sc. (N) M.Sc. (N) MSN	2010 2023	32209 32209	12 YRS	02	01/06/2015	Yes	
11	TABASSUM	ASST. PROF	B.Sc. (N) M.Sc. (N) OBG	2014 2023	15194 162631	10 YRS	02	15/12/2014	Yes	Leave
12	SHAIKH FARHANABANU NURUDDIN	ASST. PROF	B.Sc. (N) M.Sc. (N) PED	2010 2024	39066	11 YRS	02	13/02/2020	Yes	

13	SAVITHA PATIL	ASST. PROF	PB.B.Sc. (N) M.Sc. (N) MSN	2020 2024	187434	01 YRS	02	01/02/2024	**Yes**	
14	DANIYA SHAMOYEL	ASST. PROF	B.Sc. (N) M.Sc. (N) OBG	2020 2024	110900	01 YRS	02	01/02/2024	**Yes**	
15	SHAIK SHAHEEN AG	LECTURER	B.Sc. (N) M.Sc. (N) OBG	2012 2024	046289	09 YRS	5 MTS	01/02/2019	**Yes**	
16	QHURATH E SHAHEEN	LECTURER	B.Sc. (N) M.Sc. (N) PED	2017 2024	91443	08 YRS	7 MTS	01/01/2025	**Yes**	
17	SYED KASHIF MUDDASSIRUDDIN	LECTURER	B.Sc. (N)	2006	805	19 YRS	-	15/12/2016	**Yes**	Leave
18	SHABBIR AHMED	LECTURER	B.Sc.(N)	2006	4385	19 YRS	-	01/01/2015	**Yes**	
19	ZAKEER AHMED	LECTURER	B.Sc. (N)	2010	31560	15 YRS	--	01/01/2015	**Yes**	
20	ARUNA DEVI	LECTURER	B.Sc. (N)	2012	3060	13 YRS	--	01/01/2022	**Yes**	
21	RAJINI P JADAV	LECTURER	B.Sc. (N)	2012	64569	13 YRS	--	01/012022	**Yes**	
22	MD. FASHIODDIN	LECTURER	B.Sc. (N)	2012	64569	13 YRS	--	01/10/2017	**Yes**	
23	MOHAMMED SULEMAN ZAKIUDDIN	TUTOR	B.Sc. (N)	2021	124528	04 YRS	--	01/01/2022	**Yes**	Leave
24	MUJAHID ALI	TUTOR	PB. B.Sc.(N)	2020	141583	03 YRS	--	01/08/2022	**Yes**	
25	ARIF AHMED	TUTOR	B.Sc. (N)	2021	124183	03 YRS 06 MTS	--	1/02/2022	**Yes**	
26	KRISHNA	TUTOR	PB.B.Sc. (N)	2021	131916	03 YRS 06 MTS	--	01/01/2022	**Yes**	
27	MOULALI GOLA	TUTOR	PB.B.Sc. (N)	2021	197161	03 YRS 06 MTS	--	01/01/2022	**Yes**	
28	SURESH	TUTOR	B.Sc. (N)	2022	129577	03 YRS 05 MTS	--	01/02/2022	**Yes**	
29	MD YAMAN	TUTOR	B.Sc.(N)	2021	124522	03 YRS 05 MTS	--	01/02/2022	**Yes**	
30	MOHAMMED HANEEF	TUTOR	B.Sc. (N)	2022	140919	02 YRS 08 MTS	--	01/12/2022	**Yes**	

31	LASHKARY MOHD IMTIAZ ALI	TUTOR	B.Sc. (N)	2024	161224	01 YRS	--	01/09/2024	**Yes**	
32	VIDYA	TUTOR	PB.B.Sc. (N)	2023	229551	02 YRS	--	02/12/2024	**Yes**	
33	PRASHANTHA VITTALA GHATE	TUTOR	B.Sc. (N)	2017	87427	05 YRS	--	04/11/2024	**Yes**	

- **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.

PRINCIPAL
Al-Qamar College of Nursing
GULBARGA

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

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CSC SEVA KENDRA GULBARGA BRANCH Authorised Signatory

Please write or type below this line

AFFIDAVIT
(By Trust Management)

We/I the Chairman/President/Secretary/Member of the trust **AL-QAMAR EDUCATIUONAL& CHARITABLE TRUST ®, KALABURAGI** are submitting the affidavit to University.

The trust **AL-QAMAR EDUCATIUONAL& CHARITABLE TRUST ®, KALABURAGI** is running/managing the colleges 1. **AL-QAMAR COLLEGE OF NURSING, KALBURAGI**. Since **23** years.P

SWORN BEFORE ME

BABUMIYAN. C.N. B.A., LL.B., (Spl.) ADVOCATE & NOTARY PUBLIC GOVT. OF INDIA, DIST. KALABURAGI

- 9 AUG 2025

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3. In case of any discrepancy please inform the Competent Authority.

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

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

We/I 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 /I 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.

SECRETARY
Al-Qamar Educational &
Charitable Trust (Regd.)
GULBARGA

GOVT. OF INDIA NOTARY
BABUMIYAN. C.N.
Dist. Kalaburagi
Reg. No. 10125
Expiry Date:
24-09-2028

SWORN BEFORE ME

BABUMIYAN. C.N.
B.A., LL.B., (Spl.)
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

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CSC E-SEVA KENDRA GULBARGA BRANCH Authorised Signatory

Please write or type below this line

AFFIDAVIT

I **DR. SHAKEEL AHMED KHAN** is the Owners/MD/CEO/Board Members of the **AL-NOOR SPECIALITY HOSPITAL** situated at **MUSLIM CHOWK , MOMINPURA, KALABURAGI.**

SWORN BEFORE ME

BABUMIYAN. C.N.
B.A., LL.B., (Spl.)
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

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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.

This is to confirm that our **AL-NOOR SPECIALTY HOSPTIAL, KALABURAGI** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the **AL-NOOR SPECIALTY HOSPITAL, KALBURAGI** is functioning as parent hospital for **AL-QAMAR COLLEGE OF NURSING, KALABURAGI**

We also confirm that our hospital is solely affiliated to **AL-QAMAR COLLEGE OF NURSING, KALABURAGI** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Shakeel Ahmed Khan
CONSULTANT PEDIATRICIAN
Director Al-Noor Speciality Hospital
KALABURAGI.

SWORN BEFORE ME

BABUMIYAN. C. N.
B.A., LL.B., (Spl.)
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

- 9 AUG 2025

GOVT. OF INDIA NOTARY
BABUMIYAN C.N.
Dist. Kalaburagi
Reg. No. 1125
Expiry Date: 24-06-2028