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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Kiran Kumar	V.R. AYYAPPAN	SONAL BHAVANE
Designation	Senate member RGUHS Associate professor	PROFESSOR	ASSO. PROF
Address	SCAMC&RC Belgaum-104	Sanjay gandhi Institute of trauma and orthopaedics	VIJAYA COLLEGE, HONAGA, BELAGAVI
Mobile No	9448196546	9886291375	7829229562
Email ID	dr.kirandupur@gmail.com	[illegible]@gmail.com	sonalb223@gmail.com

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

(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	SHREEYA COLLEGE OF NURSING C/O SHEEYA MULTI SPECILAITY HOSPITAL PB. ROAD, OPP DIST COURT DHARWAD 580008	2	Year of Establishment 2009-2010
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company **Trust**		
3	(a). Name of the Trust/Society &complete postal address& Phone number	DR. Y N IRKAL EDUCATIONAL AND CHARITALBE TRUST (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: shreeyanursing@gmail.com	Website: shreeya.co	
		Office No:0836-2748515,2959295	Mobile No:9900041681	

Signature of Chairman

Signature of Member (1) V.R. AYYAPPAN

Signature of Member (2) SONAL BHAVANE 7829229562

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR.Y.N.IRKAL	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 3 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: DR.RHODA JESURAJ Qualification:Phd, M.SC NURSING (OBG) Experience after MSc: 19 years Email: rhodajesuraj@gmail.com	Mobile No: 8105212154 Office No: 0836-2748515/9900041681 Fax No: Residential phone No: 8105212154
	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				
		Annual Fees	Renewal Fees	Administrative Charges	HelinetInst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	√	1,000/-	1,95,050/-		25,000/-	2,21,050/-
M.Sc. Nursing	√	1,000/-	50,050/-		7,500/-	58,550/-
					Total (A)	2,79,600/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING	05	
	2. OBSTETRICS & GYNAECOLOGY	05	
	3. COMMUNITY HEALTH NURSING	05	
	4. PSYCHIATRY NURSING	05	
	5. PAEDIATRIC NURSING	05	
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	2,79,600/-

Online Transaction Number or Details:

1. B.SC NURSING: ZIDC9A309610XG
2. M.SC NURSING: ZIDC50JO9612QG

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

Remarks: Endorsed

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	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NOT APPLICABLE			
	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	25	25	25	25	
	Admissions Made for the Current Academic Year	12	11			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NOT APPLICABLE			

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	11	12	15	18	**56**
	Female	49	30	45	42	**166**
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male	03	04			**07**
	Female	09	07			**16**
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--------
NOT APPLICABLE						

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--------
	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

ENCLOSED

Remarks:_____

_____

_____

12. Teaching Faculty Requirements for all Nursing Programs:

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

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			40 to 60							
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1		1					
4	Associate Professor	2	2-4					1*		2		1					
5	Assistant Professor	3	3-8				2	3*		3		3					
6	Tutor	8-16	16-24				2-10	--		17							
	Total	**16-24**	**24-40**				**4-12**			**25**		**5**					

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				
250 students				

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

* 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.	Prof.RhodaJesuraj	Principal	M.Sc (N) OBG	2006	20936	9 Years	19 Years	11/05/2015	Yes	
2.	Mrs.AwathareSwathi S	Professor	M.Sc (N) Medical Surgical Nursing	2013	RRMAH20155082 KAR	3 Years	11 Years	2/09/2013	Yes	
3.	Mrs.Rajashri Aladakatti	Professor	M.Sc (N) Psychiatry	2014	97585	2 Years	11 Years	1/12/2014	Yes	
4.	Mrs.ShwetaPotnis (Purohit)	Asso.Professor	M.Sc (N) OBG	2016	111872	2 Years	8 Years	5/05/2017	Yes	
5.	Ms.NeetaKichadi	Asso.Professor	M.Sc (N) Paediatric Nursing	2016	009131	2 Years	7 Years	30/05/2022	Yes	
6.	Mr.Manjunath Jabin	Asst.Professor	M.Sc (N) Psychiatry	2020	166228	3 Years	4 years	20/02/2021	Yes	
7.	Miss.Kavita Shinde	Asst.Professor	M.Sc(N) Community Health Nursing	2021	48476	8 Years	4 years	20/12/2021	Yes	
8.	Mrs.Pallavin Naik	Asst.Professor	M.Sc (N) Medical Surgical Nursing	2021	64845	5 Years	4 years	20/12/2021	Yes	
9.	Mrs.Spruthi Pujari	Asst.Professor	M.Sc (N) Medical Surgical Nursing	2023	143192	3 Years	2 years 4 months	25/04/2023	Yes	
10.	Mr.Ramesh Navalagund	Asst.Professor	M.Sc (N) Medical Surgical Nursing	2021	95400	1 Year	4 years	03/03/2025	Yes	
11.	Mr.Shivashankar Hampasagar	Lecturer	M.Sc(N) Paediatric Nursing	2023	100592	1 Year	1 Year 8 months	01/12/2023	YES	
12.	Ms.Suvarna BasappaTalawar	Lecturer	M.Sc (N) OBG	2023	96721	1 Year 7 months	2 years	03/07/2023	YES	
13.	Ms.Chaitra Chalawadi S	Lecturer	M.Sc(N) Paediatric Nursing	2024	108326	1 Year	1 Year	01/06/2025		
14.	Mr.Sutar Rahul Shrikant	Lecturer	M.Sc(N) Community Health Nursing	2019	100199	1 Year	Fresh	01/06/2025		

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

15.	Mr. Dondiba Hangarki	Senior.Tutor	P.B.B.Sc(N)	2018	151208	5 Years	NIL	3/02/2020		
16.	Mr.MallappaKempur	Senior.Tutor	B.Sc (N)	2016	80492	9 Years	NIL	1/11/2016		
17.	Mrs. PriyankaKurdekar	Senior.Tutor	B.Sc (N)	2017	85542	3 Years	NIL	30/05/2022		
18.	Mr.DadafeerAbdulsabMunavalli	Tutor	B.Sc (N)	2020	112941	4 Years	NIL	08/02/2021		
19.	Ms. Jyoti P Chivate	Tutor	B.Sc (N)	2021	123022	3 Years	NIL	04/08/2022		
20.	Ms. Shalini Joseph	Tutor/ clinical instructor	B.Sc (N)	2022	136090	2 years	NIL	02/12/2022		
21.	Mrs. ShaheenbanuBukettagar	Senior.Tutor	B.Sc (N)	2020	100587	6 years	NIL	02/12/2019		
22.	Ms.SumanTukaramDoddagouda	Tutor/ clinical instructor	B.Sc (N)	2021	123016	3 years	NIL	05/08/2022		
23.	Mrs. AnjumBarchiwale	Tutor	B.Sc (N)	2019	100586	3 Years	NIL	21/09/2022		
24.	Mr.RakeshRathod	Tutor/ clinical instructor	B.Sc (N)	2022	136176	2 Year 6 months	NIL	03/02/2023		
25.	Ms.Yalnaty Rachel Joseph	Tutor/ clinical instructor	B.Sc (N)	2022	136125	2 Year 6 months	NIL	03/02/2023		
26.	Mrs. GeetaBangari	Tutor/ clinical instructor	B.Sc (N)	2014	64846	2 Years	NIL	03/07/2023		
27.	Mr.SiddarajAngadi	Tutor/ clinical instructor	PBB.Sc (N)	2020	111513	I YEAR	NIL	04/03/2025		
28.	Mr.MaheshShinde	Tutor/ clinical instructor	PBB.Sc (N)	2013	007922	6 YEARS	NIL	05/03/2025		
29.	Mrs.Manasa M D	Tutor/ clinical instructor	B.Sc (N)	2022	144711	3 Years (Clinical)	NIL	01/05/2025		
30.	Ms.Ashwini Jadhav	Tutor/ clinical instructor	B.Sc (N)	2021	120772	1 Years (Clinical)	NIL	03/05/2025		
31.										
32.										
33.										
34.										
35.										

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

- **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
	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)	**32520 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 (sqft) for 40 to 60 intakeB.Sc (N): 900 sqft	**4 Class rooms** 900sq ft Each	**1080X4=4320SQ.FT**	
	P.B.B.Sc (N) : 600 sqft	**2 Class rooms** 600sq ft Each	**NOT APPLICABLE**	
	M.Sc (N) : 600 sqft	**2 Class rooms** 600sq ft Each	**900X 2=1800SQ.FT 400X5=2000SQ.FT 1080X3 =3240 SQ.FT**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NOT APPLICABLE**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**400 SQ.FT**	
	2. Vice-Principal Chamber	200	**300 SQ.FT**	
	3. HOD	5 x 200 = 1000	**4400 SQ.FT**	
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**760 SQ.FT**	
	7. Accountants Office	**100**	**600 SQ.FT**	
	8. Store Room	**100**	**600 SQ.FT**	
	9. Record room	**100**	**600 SQ.FT**	
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**	**300 SQ.FT**	
	12. common room (Girls & Boys)	600+400= 1000	**1200SQ.FT**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 SQ,FT**	
	14. Toilets	1000	**1000 SQ.FT**	

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

	15. A.V/Aids room	600	**600 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	**1500 SQ.FT**	
	Nutrition & Community Health Nursing	1200sq.ft	**900X2 = 1800SQ.FT**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900 SQ.FT**	
	Pediatrics Nursing Laboratory	900sq.ft	**900 SQ.FT**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900 SQ.FT**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500 SQ.FT**	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the buildingplan 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
03	KA- 25C7122 KA- 25AA2103 KA-25AA4005	42 38 2+2	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sqft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500 SQ.FT	YES [√] No [ ]	GOOD	GOOD	

Total No. of Nursing Books available	**3950**	**No. of Nursing Journals subscribed**	**20**
No. of Thesis/Research titles available	18	**Is internet facility available for Students?**	**YES**
No of e-books	**350 + HELINET**	**How many books were purchased in last financial year?**	160

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. JAYALAXMI Y KAMATI	MLISC LIBRARIAN	15 YEARS	
02	MR. JYOTI SHANWAD	BLISC ASST. LIBRARIAN	7 YEARS	
03	MR. SUBHASH BADE	S.S.L.C LIBRARY ATTENDENT	1 YEAR	

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	CONDUCTED 16 PROJECTS	ENCLOSED

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

Conferences conducted	CONDUCTED CNE PROGRAMMES	ENCLOSED
Conferences attended	CONDUCTED 05 CONFERENCES	ENCLOSED

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

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**	**TRUST**
		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 **SHREEYA MULTI SPECIALITY HOSPITAL , OPP DIST COURT, P.B ROAD DHARWAD** MOU(Registered parent hospital MOU)		100	WITHIN THE CAMPUS	90%	
NAME OF THE TRUST/ Person owning The Hospital **Dr. Y N IRKAL EDUCATIONAL & CHARITABLE TRUST**					
Name Of The Owner Of The Trust of Hospital **DR. Y N IRKAL**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. DISTRICT HOPITAL	375	2 KM	90%	
	2. DIMHANS	250	2 KM	90%	
	3.VITTHAL INSTITUTE OF CHILD HEALD	100	SAME PREMESES	90%	
	4. CANCER HOSPITAL	100	15 KM	80%	
	5. SUCHIRAYU HOSPITAL	100	18 KM	90%	
	6. CHITAGUPPI	80	18 KM	95%	
	7. KIMS HOSPITAL	2004	15 KM	95%	

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

(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).

ENCLOSED

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	90%	222	92%
Surgery including OT	20	98%	148	95%
Obstetrics & Gynecology	15	85%	128	97%
Pediatrics,	10	80%	82	90%
Emergency Medicine	04	90%	67	97%
Psychiatry	03	80%	375	97%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90%	18	90%
Minor OT	02	92%	14	95%
Dental, Otorhinolaryngology, Ophthalmology	03	90%	15	97%
Burns and Plastic	08	80%	18	90%
Neonatology care unit	--	--	15	95%
Communicable disease/Respiratory medicine/TB & chest diseases	05	85%	10	85%
Dermatology	--	--	10	85%
Cardiology	02	90%	32	95%
Oncology	—	—	19	90%
Neurology/Neuro-surgery	02	85%	32	95%
Nephrology/Urology	04	90%	21	95%
ICU/ICCU	02	90%	32	90%
Geriatric Medicine	—	—	10	90%
Any other	—	—	—	—

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

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		**GARAG**
Adopted / Affiliated		
Administrate red by		**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**20 KMS**
b. Services Rendered by Health & Family Welfare Programmes		**MCH PROGRAMME, RCH SCHOOL HELATH PROGRAMME IMMUNIZATION, SCHOOL HELATH PROGRAMME**
URBAN FEILD :		
a. Name of CHC / PHC / SC		**KAMANAKATTI**
Adopted / Affiliated		
Administrate red by		**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**05 KMS**
b. Services Rendered by Health & Family Welfare Programmes		**MCH, RCH, SCHOOL HELATH ,IMMUNIZATION, NUTRIATION HEALTH ASSESSMENT, MALARIA ERADICATION, LEPROSY PROGRAMME**
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 36180**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☐	**Rented/Leased** √
d.	Is there separate provision of Hostel for Male and Female Students?	YES √	NO ☐
e.	Total No. of students in the hostel	**Girls :**	**Boys :**
f.	Total No. of rooms	**Girls :**	**Boys :**
g.	Water Supply	YES √	NO ☐
h.	Electricity Supply	YES √	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES √	NO ☐
j.	Is Sick room available?	YES √	NO ☐
k.	Whether the hostel mess is available with	YES √	NO ☐
l.	Safe drinking water facilities	YES √	NO ☐

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

List of Annexures:

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

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

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

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

LIC TeamObservations:

On the day of Inspection, LIC committe observations are as follows.

→ Infrastructure built in 32520 Sqft. area contains 6 labs, 6 classrooms, Library and other facilities required for Nursing curriculum

→ 30 teaching faculty including principal were appointed and were present on the day of Inspection.

→ Library having 3950 books, 20 journal subscribed. 350+ e books & 160 newly added books in last financial year, & Spacious reading area for students.

→ Institution having parent "Shreya Multy Speciality Hospital" with in the campus & 100 beds, which have good number of patient flow in opp & OPD.

→ Vehicle facility, hostel for Girls and boys available (leased)

→ All documents verified and enclosed

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

SONAL BHAVANI

UNDERTAKING

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

We have conducted LIC inspection of this college on 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)
		SONAL BHAVANE

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA12292870392995X**
Certificate Issued Date	:	07-Aug-2025 03:43 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ DHARWAD13/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0839935909970413X
Purchased by	:	DR Y N IRKAL EDUCATIONAL AND CHARITABLE TRUST DWD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR Y N IRKAL EDUCATIONAL AND CHARITABLE TRUST DWD
Second Party	:	REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	DR Y N IRKAL EDUCATIONAL AND CHARITABLE TRUST DWD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY ESTHER RANI B.A.,LL.B.(Spl.) DHARWAD REVENUE TALUKA

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NO OF NOTARY

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman and Secretary of the trust Dr.Y.N.Irkal Educational & Charitable trust are submitting the affidavit to University.

The Trust Dr.Y.N.Irkal Educational & Charitable trust is managing the colleges.

1. SHREEYA COLLEGE OF NURSING, DHARWAD. Since 17 (Seventeen) years.

08 AUG 2025

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.

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.

Chairman
(Dr. Y N Irkal)
CHAIRMAN
DR. Y. N. IRKAL EDUCATIONAL & CHARITABLE TRUST
DHARWAD.

Secretary
(Dr. Satish Irkal)
Secretary
For Dr. Y. N. IRKAL
Educational & Charitable Trust

NOTARY
ESTHER RANI
DHARWAD
Expiry Date: 26-05-2029
GOVT. OF KARNATAKA

SWORN BEFORE ME
NOTARY
ESTHER RANI
B.A.,LL.B.(Spl.)
Advocate & Notry
7th Cross, Maratha Colony,
Dharwad

NO OF CORRECTIONS
NOTARY

08 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA12832701572476X**
Certificate Issued Date	:	08-Aug-2025 12:24 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ DHARWAD4/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAGCSL0840945473416606X
Purchased by	:	SHREEYA MULTI SPECIALTY HOSPITAL DHARWAD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHREEYA MULTI SPECIALTY HOSPITAL DHARWAD
Second Party	:	REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	SHREEYA MULTI SPECIALTY HOSPITAL DHARWAD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA DHARWAD BRANCH Authorized Signatory

NOTARY ESTHER RANI B.A.,LL.B.(Spl.) DHARWAD REVENUE TALUKA Law-LCL/02-2024 Date: 26-05-2029 GOVT. OF KARNATAKA

NO OF CORRECTIONS

NOTARY

Please write or type below this line

UNDERTAKING

We DR.Y.N.IRKAL and DR.SATISH Y IRKAL are the Owners of the SHREEYA MULTISPECIALTY hospital situated at OPP.DIST.COURT, P.B.ROAD, DHARWAD-08. This is to confirm that our hospital "SHREEYA MULTISPECIALTY" is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

08 AUG 2025

This is to confirm that the hospital "SHREEYA MULTISPECIALTY" is functioning as parent hospital for SHREEYA COLLEGE OF NURSING.

We also confirm that our hospital is solely affiliated to SHREEYA COLLEGE OF NURSING and is not affiliated to any other Nursing college. The information provided by us is true and correct.

Chairman

(Dr.Y.N Irkal)

CHAIRMAN
DR. Y. N. IRKAL EDUCATIONAL &
CHARITABLE TRUST
DHARWAD.

Managing Director

(Dr.Satish Y Irkal)

SHREEYA HOSPITAL
Opp: Dist. Court P. B. Road,
DHARWAD-580 008.
Ph. No: 2443515, 2448515

NOTARY
GOVT. OF KARNATAKA
ESTHER RANI
B.A.,LL.B.(Spl.)
DHARWAD
REVENUE TALUKA
R. No: KLW-LCL/102-2024
Expiry Date: 26-05-2029

SWORN BEFORE ME

NOTARY

NO OF CORRECTIONS

NOTARY

ESTHER RANI
B.A.,LL.B.(Spl.)
Advocate & Notry
7th Cross, Maratha Colony,
Dharwad

08 AUG 2025