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 Inspector's :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shiva Shastri	Dr. LINGARAJ.S.DANKI	Dr. CLEMENT. L.L.
Designation	Senate Member	Prof, VP & HOD	Principal / Prof.
Address		HKES's MTRIPS Sedam Road Kalaburagi – 585105	Mandya Institute of Nursing Sciences Mandya.
Mobile No	94481 44399	9590054297	9886718027
Email ID	shivashastri@hotmail.com	lsdanki@gmail.com	clement678 @gmail.com.

Inspection For the Academic Year : *Date of Inspection:* 07/08/2025

(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	Premier College of Nursing BRS Campus, Bypass Road Gowribidnur – 561208	2	Year of Establishment
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	(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:	Website:	
		Office No:	Mobile No:	
	(b). Name of the president/Secretary/			

Signature of Chairman — Dr. Shiva Shastri 07/08/25

Signature of Member (1) — Dr. Lingaraj.S.Danki

Signature of Member (2) — Dr. Clement L.L.

	Chairman of Trust/Society & Phone No			
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (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: Qualification: Experience after MSc: Email:		Mobile No: 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				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing						
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details:

Remarks:

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

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					
	Admissions Made for the Current Academic Year					
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					
a. ☐ b. M.Sc. Nursing in ☐ c. Community Health ☐ d. Medical Surg ☐ OBG e. Paediatric ☐ Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

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.Sc Nursing	Male					
	Female					
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

10. If the college has P.B.B.Sc(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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 25.03.2017

Remarks:_____

_____

_____

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No.	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

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

							B.Sc (N)	(N)*	NPC C	(N)	B.Sc (N)	c (N)	C	(N)	B.Sc (N)	c (N)	NPC C
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1	1	1	1											
2	Vice-Principal	1	1	1	1	1											
3	Professor	1	1-2	2-3	3-5	5-6		1*									
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*									
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*									
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--									
	Total	16-24	24-40	36-60	48-80	60-100	4-12										

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

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

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

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

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per INC letter: F.NO.1-6/LT/2023-INC dated: 06.03.2024

(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	**Total 15 Faculty** * 7 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty *18 Tutors	**Total 45 Faculty** * 18 M.Sc. Nursing qualified faculty *27Tutors	**Total 60 Faculty** * 24 M.Sc. Nursing qualified faculty *36 Tutors
200 Students Intake	**Total 20 Faculty**	**Total 40 Faculty**	**Total 60 Faculty**	**Total 80 Faculty**

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

	* 10 M.Sc. Nursing qualified faculty * 10 Tutors	* 17 M.Sc. Nursing qualified faculty *23Tutors	* 25 M.Sc. Nursing qualified faculty *35 Tutors	* 32 M.Sc. Nursing qualified faculty *48 Tutors
250 students	**Total 25 Faculty** * 12 M.Sc. Nursing qualified faculty * 13 Tutors	**Total 50 Faculty** * 20 M.Sc. Nursing qualified faculty *30 Tutors	**Total 75 Faculty** * 30 M.Sc. Nursing qualified faculty * 45Tutors	**Total 100 Faculty** * 40 M.Sc. Nursing qualified faculty *60Tutors
* **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			
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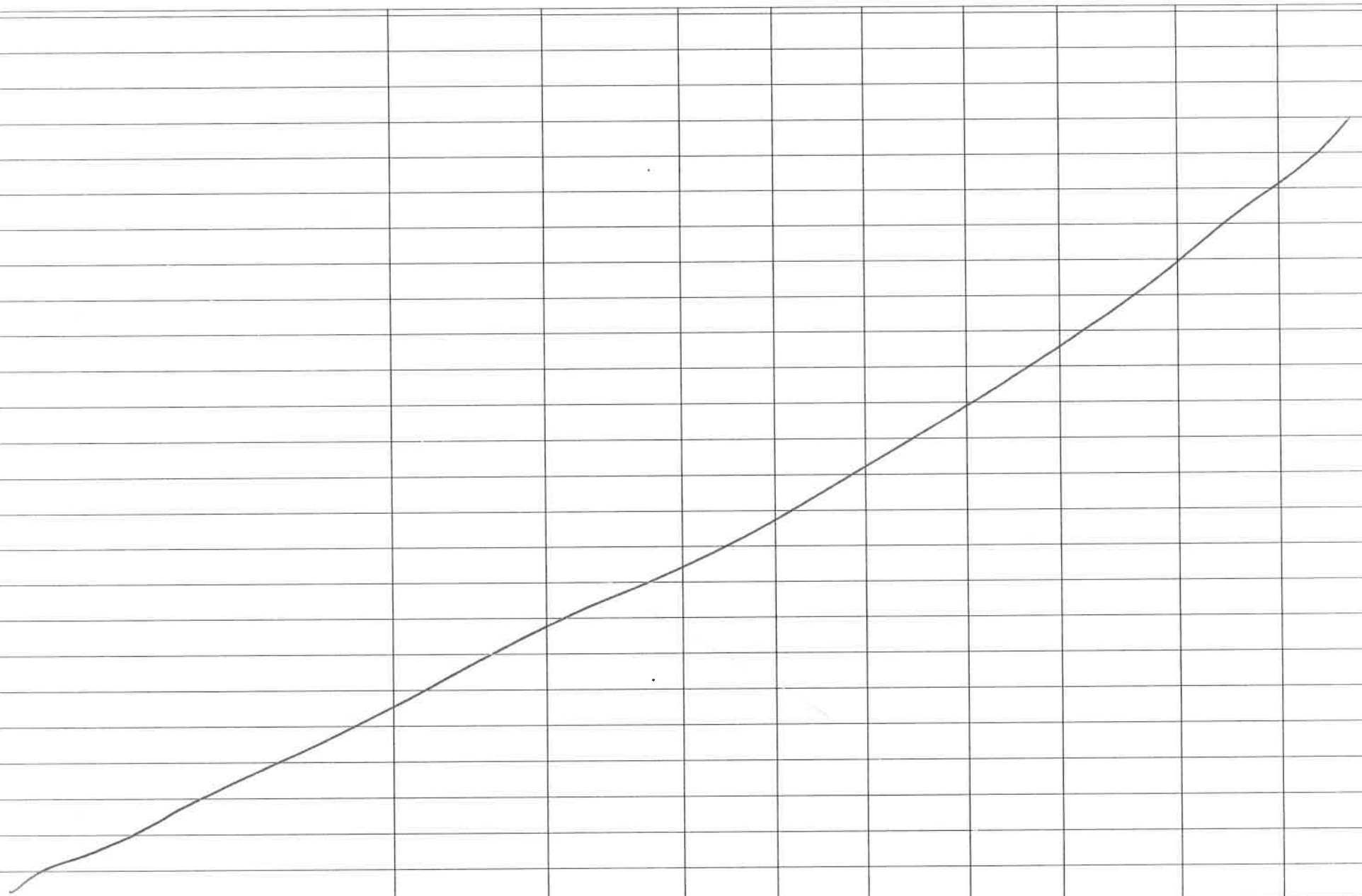

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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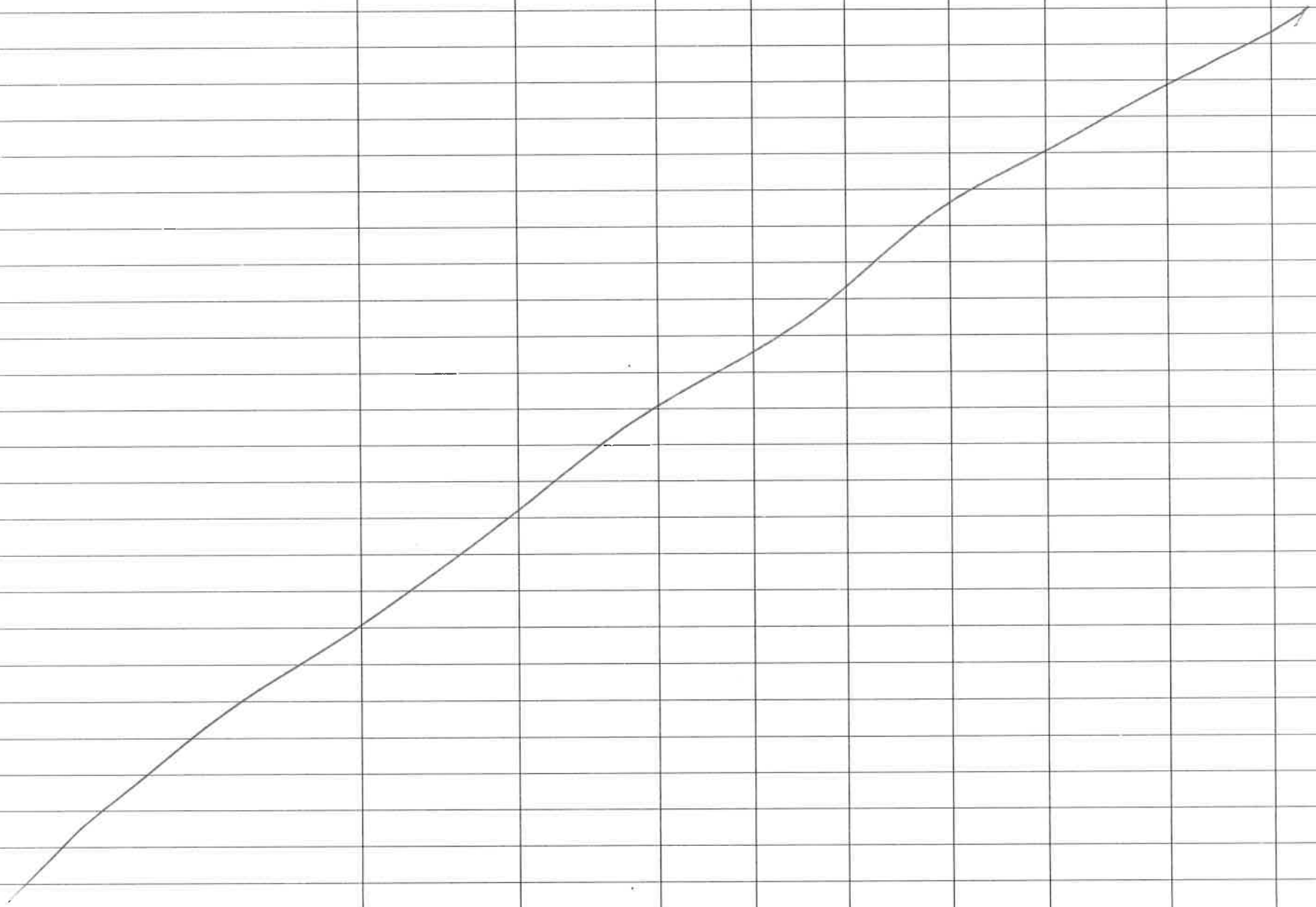

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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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 M.Sc 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

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each		
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300		
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**		
	7. Accountants Office	**100**		
	8. Store Room	**100**		
	9. Record room	**100**		
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**		
	12. common room (Girls & Boys)	600+400= 1000		
	13. Multipurpose hall / Seminar hall/ examination hall	3000		
	14. Toilets	1000		
	15. A.V/Aids room	600		

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

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

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office?**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy Certificate**	
7	**Sale deed / Registered 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 dated 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- 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.

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

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
			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	Remarks
Required 2300 Sq.Ft		YES ☐ No ☐			

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

S. No.	Name of the Librarian	Qualification	Experience	Remarks

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		
Conferences conducted		
Conferences attended		

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

* 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%)**	**Remarks**
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				
	2				
	3 (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:

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

- 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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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:

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

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

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FIELD	
a. Name of CHC / PHC / SC	

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

Adopted / Affiliated	
Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FIELD:	
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** ☐
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** ☐

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☐	NO ☐
h.	Electricity Supply	YES ☐	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☐	NO ☐
j.	Is Sick room available?	YES ☐	NO ☐
k.	Whether the hostel mess is available with	YES ☐	NO ☐
l.	Safe drinking water facilities	YES ☐	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature

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

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/ Ramp in working condition. 2. Laboratories 3. Building related documents 4. Hostel			
Annexure - 13	Vehicle Details : Bus			
Annexure - 14	Details of List of LibraryB ooks & 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			

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

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:

None of us could get in touch with anybody connected to the college except Dr Lokesh at 9916553999. The phone number given to us of Mr Sunil K (8296534339) was not responding.

Dr. Lokesh informed us that the college is closed from the last 5 years due to internal feud between the Trustees and that inspection has not taken place for the last 5 years.

The Chairman of the ~~x~~ committee remembered visiting this premises in September 2024 as the Chairman of the LIC for fresh affiliation of Nursing College by the name "Manasa Rajeswari College of Nursing".

Dr. Lokesh also informed us that the College has applied for change of address.

Signature of Chairman
Dr. Shiva Shankar
02/08/25

Signature of Member (1)
Dr. Lingaraj S. Danki

Signature of Member (2)
Dr. Chandrashekhar

UNDERTAKING

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

We have conducted LIC inspection of this college on 07/8/24 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

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 Notarized affidavit**

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