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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 BHARATH ANCHE	V.R AYYAPPAN	DR. M. Bhaarthi
Designation	SENATE MEMBER	PROFESSOR	Principal
Address	RGUHS	Sanjay gandhi Institute of trauma & orthopedics Bangalore	Karnataka College of nursing
Mobile No	8892746924	9886291335	9886590478
Email ID	bharath.dr12@gmail.com	[illegible]@gmail.com	bharathiramesh20k@gmail.com

For the Academic Year : 2025-26 *Date of Inspection:* 14/05/25

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	SRS COLLEGE OF NURSING #8, Hillside Meadows Chikkabettahalli, Harragghatta Road, M.S. PALYA Vidyaranyapura (PO) 560097	2 Year of Establishment	2011
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	SRI RANGANATHASWAMY VIDYA SANSTHE (R), Pillekerenahalli Extension, N.H. 13. CHITRADURGA (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: srscollege2019@gmail.com	Website: –	

Signature of Chairman
SENATE MEMBER
Dr BHARATH ANCHE

Signature of Member (1)
V.R AYYAPPAN

Signature of Member (2)
M. Bhaarthi

	(b). Name of the Owner of Trust/Society	NIJAS. A, RAJENDRAN A.R, NISHAD U MUHAMMED NASIM A.U.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: GAYATHRI DEVI .M Qualification: M.Sc (N) Experience: 14 YEARS Email: sssCollege2019@gmail.com.	Mobile No: 8123406423 Office No: Fax No: Residential phone No:	
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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation of Affiliation	–	–	–	–	1,55,050
~~Post Basic~~ B.Sc. Nursing	Increase (BSc) Intake	–	–	–	–	150,000
					Total (A)	305,050
						1,000
						306,050

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. OBG Nursing	05	
	3. Paediatric Nursing	05	
	4. Community Health Nursing	05	
	5. Psychiatric Nursing	05	
		Total (B)	2,50,050
NPCC		Appli fee	2100
		Total (C)	
		Grand Total (A+B+C)	5,58,200

Online Transaction Number or Details: ZFBKLZT09N7JU2, ZHDF2900910ROF, ZFBKFR900QJE, BFBKIC30I2M6BS, BFBK@YBOIY5SEX

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	MED 196 LAMC 2022 07/04/2022 Annexure - 5	RGU/AFF/KNC/ ENS-NF123/2007 129/CR Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	2017-18 13/02/2019 40	40		
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	NA	—		
	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	New Applied
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	NA Annexure - 6	— Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	12	08	14	13	47
	Female	28	32	26	27	113
Post Basic B.Sc Nursing	Male					
	Female	—	—	—	-	
M.Sc Nursing	Male			—	-	
	Female	—	—	-	—	
M.Sc NPCC	Male	—	—	-	—	
	Female	-	-	—	—	160

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——
		—	N/A	—		

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To——

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

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

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

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

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

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

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 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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	27,000 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	1200 x 04 5800 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600 x 02	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
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	5 x 200 = 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)		200 sq.ft	
	7. Accountants Office		200 sq.ft	
	8. Store Room		300 Sq.ft	
	9. Record room		100 Sq.ft	
	10. Room for maintenance staff		200 Sq.ft	
	11. Xeroxing room		In office.	
	12. common room	1000	1000 Sq.ft	
	13. Seminar hall	3000	3000 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	600 Sq.ft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.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)

Annexure – 12

Building Documents:

1. **Is the college building own or leased / rented?** Lease copy
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.** ENCLOSED.
5. **Sale deed / Lease deed of the building / Land.**

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA41C4839	40	Yes / No	Yes / No	Yes / No

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

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	2300 sqft	YES ☑ No ☐	Adequate	GOOD	-

Total No. of Nursing Books available	2300	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	150	**Is internet facility available for Students?**	Yes
No of e-books	250	**How many books were purchased in last financial year?**	400

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MRS. YASODHA G.	M. LIB	12 YEARS	

Note : A minimum of 500 of 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 Attended	International conference "Transforming Global nursing	8th March 2025
Conferences attended	International conference. Advancing Research Methodologies"	27th July 2024

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 AAROHI HOSPITAL VASTU TRANQUIL, 81/2, Uttarahalli Main Rd. Kogar. Bang. 60	100	8 km		
NAME OF THE TRUST/ Person owning The Hospital GOWTHAM. R.				
Name Of The Owner Of The Trust of Hospital ?				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 LEELAVATHI MULTI SPECIALITY	100	6 km		
2 BMCRI. SPANDANA	750 150	8 km 5 km.		

(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 **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

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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:

It has been observed that on LIC Inspection of SRS college of Nursing has under TRUST SRL Ranganathaswamy Vidya Samsthe (R). @ chikkabettahalli, Hirisaighatta. Road M.S Palya,

SRS college Building :- Have 4 class Rooms > 900 sq ft Each
2 class Rm > 1200 sq ft Each

Laboratory :- Nutrition & community Health Nurs > 1400 sq ft
Nursing foundation > 1600 sq ft
OBG > 900 sq ft
Paedi Nurs > 900 sq ft

All teaching faculty were present at the time of Inspection

SRS college attached to Aarohi Hospital. have 100 bed KPMO, PCB, within 20 km from SRS college

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18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	18	25	24
Surgery including OT	10	8	8	7
Obstetrics & Gynecology	10	9	30	30
Pediatrics,	05	4	5	5
Emergency Medicine	10	7	5	4
Psychiatry	05	3	—	—

Additional/Other Specialties/Facilities for clinical experience:

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

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		UEGHNAHALLI
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		3 km.
b. Services Rendered by Health & Family Welfare Programmes		Immunization, MCH Services, AN Checkup
URBAN FEILD :		
a. Name of CHC / PHC / SC		MACHOHALLI
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2 km.
b. Services Rendered by Health & Family Welfare Programmes		MCH Services. AN Check-up. Immunization.
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** ☐

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

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 ☐

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 23000 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 : 20
f.	Total No. of rooms	Girls : 25	Boys : 20.
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	Submitted (Tick Mark)	
		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 Library Books & 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	✓	

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

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.

Observations:

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 _____ which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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)**

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

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.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

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.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
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UNDERTAKING

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

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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)

SRS COLLEGE OF NURSING
FACULTY DETAILS

Sl.no.	Name of the Teaching faculty	Designation	Qualification along with Specialty	Year of Passing	R.N & R.M. No. (renewal to be verified with original document)	Teaching Experience		Date of joinging	Form - 16 Submitted	Signature of Faculty
						After UG	After PG		(Yes/No)	
1	GAYATHRI DEVI. M	PRINCIPAL	MSC	2012	RRTMN2008633 KAR	10	13	1-10-2022	YES	
2	PAVITHRA H. S	VICE PRINICPAL / PROFESSOR	MSC	2013	79248	2	12	15-10-2024	YES	ON Duty.
3	GOOLI GOWDA	PROFESSOR	MSC	2015	14273	5	10	30-11-2024	YES	
4	GOPINATH	PROFESSOR	MSC	2014	29656	2	11	10-06-2024	YES	LEAVE
5	RAGHU	ASSOCIATE PROFESSOR	MSC	2013	22052	3	11	15-10-2024	YES	LEAVE
6	NIJAS. A	ASSISTANT PROFESSOR	MSC	2017	99411	3	8	01-01-2025	YES	
7	HARSHITA M.N	ASSISTANT PROFESSOR	MSC	2017	71309	2	8	1-10-2024	YES	
8	DASARI KAVITHAMMA	ASSISTANT PROF	MSC	2021	RRANP202310 277KAR	4	6	25-02-2025	YES	LEAVE
9	PERSIS JAYAPRAKASH. K	ASSISTANT LECTURER	BSC	2022	121837	3		17-03-2022		
10	CHYTHRA H. G	ASSISTANT LECTURER	PBBSC	2019	189786	6		07-03-2024	YES	
11	SUSHMA KUMARI	ASSISTANT LECTURER	BSC	2018	96867	7		24-02-2024		
12	AISHWARYA. P	ASSISTANT LECTURER	BSC	2022	121020	3		07-06-2024		
13	RAKSHA. K	ASSISTANT LECTURER	BSC	2022	120939	3		09-03-2022		
14	ESHARATHUNNISA. B	ASSISTANT LECTURER	PBBSC	2019	141869	6		21-02-2025		
15	MEGHA. L	ASSISTANT LECTURER	BSC	2022	123452	3		27-02-2025		
16	VIDYA. C	ASSISTANT LECTURER	PBBSC	2011	39879	14		26-02-2021		
17	LEELAVATHI C. R	ASSISTANT LECTURER	BSC	2022	120485	3		05-06-2023		

PRINCIPAL
SRS COLLEGE OF NURSING
#9, Hillside Meadows, Sahakaranagar,
Nagarabhavi Road, TRC Palya,
Vidyaranyapura Post, Bangalore - 560 097.

SRS COLLEGE OF NURSING
FACULTY DETAILS

Sl.no.	Name of the Teaching faculty	Designation	Qualification along with Specialty	Year of Passing	R.N & R.M. No. (renewal to be verified with original document)	Teaching Experience		Date of joinging	Form - 16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
18	NETRAVATHI S. D	NURSING TUTOR	PBBSC	2023	153922	2		11-05-2023		Net
19	RAJESHWARI H. M	NURSING TUTOR	BSC	2023	134491	2		04-01-2023		Raj
20	SAHANA. H	NURSING TUTOR	BSC	2022	134658	3		13-01-2023		[illegible]
21	MISSA ISSAC	NURSING TUTOR	BSC	2024	170600	1		08-05-2025		[illegible]
22	BHAGYASHREE GOTUR	NURSING TUTOR	BSC	2023	131188	2		21-10-2024		Bhagyashree
23	MAMATHA. N	NURSING TUTOR	PBBSC	2024	252865	1		04-04-2024		Mamatha
24	SUMALATHA. K	NURSING TUTOR	PBBSC	2022	205876	3		12-08-2022		[illegible]
25	JASIN. ABRAHAM	NURSING TUTOR	BSC	2023	156551	2		27-01-2024		OOD.
26	RADHA C. M	NURSING TUTOR	BSC	2022	131405	2		07-01-2023		Radha
27	ANIE C U	NURSING TUTOR	PBBSC	2021	211252	4		21-06-2024		Anie C.U
28	ROOPA C. S	NURSING TUTOR	BSC	2022	134683			02-04-2025		LEAVE
29	SONIKA C. J	NURSING TUTOR	BSC	2022	143505			01-03-2025		LEAVE
30	SHASHI K. N	NURSING TUTOR	BSC	2021	121025			02-12-2024		Shashi

(SENATE - MEMBER)

PRINCIPAL
S R S COLLEGE OF NURSING
#8, Hillside Meadows, Chikkabettahalli,
Hesaraghatta Road, Vidyaranyapura Post, Bangalore - 560 097.