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.Veeresha Hanchinal	Dr.Thippeswamy TMJ	Dr. Ramu
Designation	Sennet member,RGUHS	Chairmon, BOS Nursing UG RGUHS Bengaluru	Principal RR College of Nursing, Bangalore
Address	Gadag Institute of Medical Sciences, Gadag, Malsamudra, Gadag - 582103	Sri Nirvana Swamy College of Nursing, Sri degula mutt campus, Kanakpura.	RR College of Nursing Chikkabanavara, Bengaluru.
Mobile No	9620151813	9964186525	9448175850
Email ID	veereshblue@gmail.com	thippesh.togalerimutt@gmail.com	Ramu5janu@gmail.com

Inspection For the Academic Year : ***2025-26*** ***Date of Inspection: 25/08/2025***

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	**Yes √**	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	**YES √**	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

Signature of Chairman Dr. Veeresha K. Hanchinal

Signature of Member (1) Dr. Thippeswamy TMJ

Signature of Member (2) Dr. K. Ramu

1	**Name of the Institution with Full Address**	BSR COLLEGE OF NURSING, B Siddaramanna hospital complex, opposite I B, Railway station road Tumakuru – 572102	2	**Year of Establishment** 2010-11
2	**Status of the course conducting body**	**TRUST**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	BSR EDUCATION TRUST B Siddaramanna hospital complex, opposite I B, Railway station road Tumakuru – 572102 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: gopalrao385@gmail.com	**Website:**	
		Office No: 9591308020	**Mobile No: 9663073978**	
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr.K S Rajashekar, BSR Education Trust, Tumakuru. Ph: 9538657736		
4	**Governing Council & Audit Report of Trust**	**Total Number of Members in Governing Council :** 01 (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:** Dr.ROOPA G B **Qualification:**M.Sc Nursing, Ph.D **Experience after MSc: 17** **Email:**roopagb17@gmail.com	**Mobile No:** 9739530226 **Office No:** 9591308020 **Fax No:** **Residential phone No:** 9591308020	
	b) Drawing authority of the college	TRUSTIEE Dr. K S Rajashekar		
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**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	Continuation	2023-24 -30,000 2024-25-30,000 2025-25 -30,000	2023-24 -60,000 2024-25-60,000 2025-25 -60,000	2023-24 -40,000 2024-25-40,000 2025-25 -40,000	2023-24 - 25,000+150RS 2024-25- 25,000+150RS 2025-25 - 25,000+26,050RS	**4,93,150 RS**
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:

1) BSBI4NGOGFDDFG
2) BSBIO6YOGFE8FU
3) BSBI8000GFEN2P

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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	40	40	40	NA	
	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	NO	NO	NO	NO	
	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	NO	NO	NO	NON	
	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	NO	NO	NO	NO	
	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.ScNursing	Male					
	Female					
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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---------
	NO		NO			

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		2							
6	Tutor	8-16	16-24				2-10	--		10							
	Total	**16-24**	**24-40**				**4-12**			16							

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

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

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

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

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

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

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

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

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.	Dr.ROOPA G B	Principal	M.Sc Nursing	2009	3954	05	17	21/08/2025		
2.	Mrs.PRIYADARSHINI S	Vice-Principal	M.Sc Nursing	2018	144901	-	05	1/07/2025		
3.	Mrs.BHAGYALAKSHMI	Assistant Professor	M.Sc Nurisng	2017	106450	-	08	2/07/2020		
4.	Ms. VENILLA DEEKSHITH S T	Tutor	B.Sc Nursing	2024	181767			01/07/2025		
5.	Mr.PUNEETH H K	Tutor	B.Sc Nursing	2018	93255			01/07/2025		
6.	Ms. S ASHA SUBANI	Tutor	B.Sc Nursing	2018	95209			01/07/2025		
7.	Mrs. MURALIDHARA M M	Tutor	B.Sc Nursing	2018	97240			01/07/2025		
8.	Mr. DEEPAK KUMAR M N	Tutor	B.Sc Nursing	2022	12789			01/07/2025		
9.	Ms. POOJA TURBIN	Tutor	B.Sc Nursing	2018	96305			01/07/2025		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

10.	Mr.GANESH D S	Tutor	PBBSc	2016	170892			02/07/2025		
11.	Mr. OBBALAPATHI	Tutor	PBBSc	2021	299659			02/07/2025		
12.	Ms. SHIVAPRIYA S	Tutor	PBBSc	2024	216674			02/07/2025		
13.	Ms.PRIYA G	Tutor	PBBSc	2019	169440			01/07/2025		
14.	Mr.MANJUNATH H B	Tutor	PBBSC	2014	103163			02/07/2025		
15.	Ms. Hamsaveni C G	ASS. PROF.	MSC NURSING	2003	104628			12/05/2008		
16.	SMT. LAKSHMI CHNADRA	ASS. PROF.	MSC NURSING	2014	39671			26/03/2014		
17.										
18.										

- **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
1.	Dr.ESHWAR M K	M.ScPh.D	PSYCHOLOGY & SOCIOLOGY	60	
2.	Mr.CHITHAIAH	M.A ENGLISH	ENGLISH	40	
3.	Dr. MALLIKARJUNAIAH M T	M.A. Ph.D KANNADA	KANNADA	40	
4.	Mrs.SOWMYA	M.Sc COMPUTER SCIENCE	COMPUTER	40	
5.	Mrs. DIVYA C P	M.Sc	BIOCHEMISTRY	60	
6.	Mrs.SHILPA K M	M.Sc	MICROBIOLOGY	40	
7.	DR.GANGADHAR G	MBBS,MD	ANATOMY & PHYSIOLOGY	60	

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)	**24,000 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 (sqft) for 40 to 60 intakeB.Sc (N): 900 sqft	**4 Class rooms** 900sq ft Each	900 X 4= 3600 sq.ft	
	P.B.B.Sc (N) : 600 sqft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sqft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
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		
	4. Professor/Assoc. Prof	800+2400=3200	1500 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq.ft	
	7. Accountants Office	**100**	100 sq.ft	

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	8. Store Room	**100**	100 sq.ft	
	9. Record room	**100**	100 sq.ft	
	10. Room for maintenance staff	**100**	100 sq.ft	
	11. Xeroxing room	**100**	100 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sqft	
	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	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	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**	

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

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
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program. regulations. 2020] 5th July. 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA06N3337	18	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	2000 Sq.ft	**YES**	Good	Good	

Total No. of Nursing Books available	4000	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available		**Is internet facility available for Students?**	yes
No of e-books		**How many books were purchased in last financial year?**	100

Sl. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Ku. APOORVA	M.Lisc	2 YEARS	
2	VIJAYALAKSHMI	M.Lisc	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.

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

17. **Academic activities :**Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	**UNDER PROCESS**	
Conferences conducted		
Conferences attended		

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

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** ☐	
		ii.Trust member with MOU - yes	

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 B Siddaramanna Hospital, opposite IB, Railway station road , Gandhinagar,Tumakuru-576102 MOU(Registered parent hospital MOU)	100	Less than 1 KM	85%	
NAME OF THE TRUST BSR EDUCATION TRUST				

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

Name Of The Owner Of The Trust of Hospital Siddagangamma					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. M C Hospital, SS Puram TUMAKURU	20	1 Km	70%	
	2. M C Orthopedic Hospital, Ashok Nagar	15	2 Km	80%	
	(MOU/Clinical permission letter)				

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

NOTE:

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

Note

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

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	18	15-16	10	08
Surgery including OT	18	15-16	10	08
Obstetrics & Gynecology	09	08		
Pediatrics,	08	07		
Emergency Medicine			05	04
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	04	05	04
Minor OT	05	04		
Dental, Otorhinolaryngology, Ophthalmology	12	10		
Burns and Plastic				
Neonatology care unit	08	07		
Communicable disease/Respiratory medicine/TB & chest diseases	05	04		
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology	05	04		
ICU/ICCU	08	07		
Geriatric Medicine				

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Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	
	Administratered by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Kyathasandra PHC, Tumakuru
	Adopted / Affiliate	**Government of Karnataka**
	Administrate red by	**State Govt** √ **ipal Corporation** **P** ☐ **te** ☐
	Distance from the Nursing Institute	**5 kms**
b.	Services Rendered by Health & Family Welfare Programmes	**NO**
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** ☐

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

e.	Practical record books - procedure record	YES √	NO ☐
f.	Practical record books - Midwifery case book	YES √	NO ☐
g.	Leave record	YES √	NO ☐

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES √ ☐	NO ☐
b.	Built-up area of the Hostel	3800 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 :**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

	2. Laboratories 3. Building related documents 4. Hostel			
Annexure - 13	Vehicle Details : Bus	**YES**		
Annexure - 14	Details of List of LibraryBooks & others	**YES**		
Annexure - 15	Academic Activities		**NO**	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	**YES**		
Annexure - 17	Details of Community Health Nursing Posting Facilities		**NO**	
Annexure - 18	Master Rotation plans and Time tables	**YES**		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**YES**		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		**NO**	

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:

LEC team from visited college for physical verification on as/s/does
The following Observations made on the day of Inspection
① the college was Established in the year 2010 - 11
② Infrastructure : The built up area of building is 24 Sq ft includes Lab, library and class rooms etc
③ They are having Separate Hostel for boys and girls
④ Transportation facilities available for Students
⑤ parent Hospital by name B. Siddaramaiah Hospital with 100 beds
⑥ Total 16 faculty were present on the day of inspection

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

Submitted as affidavit and attached the necessary documents

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

Submitted as affidavit and attached the necessary documents

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA14546440111666X**
Certificate Issued Date	:	11-Aug-2025 03:07 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ TUMKUR3/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKACRSFL0844204866200732X
Purchased by	:	B S R EDUCATION TRUST TUMKUR
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	M O U
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	B S R EDUCATION TRUST TUMKUR
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	B S R EDUCATION TRUST TUMKUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

for Govt. Employees Multipurpose Co-operative Society Ltd., Tumkur

Authorised Signatory

NOTARY
P.T. THIPPANNA
TUMKUR
Reg.No.10598
Exp. On: 04-11-2028
GOVT. OF INDIA

Please write or type below this line

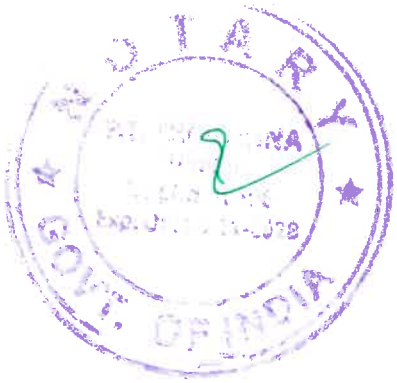
MEMORANDUM OF UNDERSTANDING (MOU)

We the Chairman/President/Secretary/Member of the trust **BSR EDUCATION TRUST** are submitting the affidavit to University.

The trust **DR .K.S.RAJASHEKAR** is running/managing the colleges 1. **BSR EDUCATION TRUST**

NO OF CORRECTIONS nil

2.**RGUHS BENGALORE** . since **15** 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.



NO OF CORRECTIONS nil

P.T. THIPPANNA. B.A., L.L.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Siri Hospital,
Sira N.H-4 Road, Tiptagura,
TUMKUR-572106. Karnataka

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA14551207298756X**
Certificate Issued Date	:	11-Aug-2025 03:10 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ TUMKUR3/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKACRSFL0844207925395637X
Purchased by	:	B SIDDARAMANNA HOSPITAL
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	M O U
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	B SIDDARAMANNA HOSPITAL
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	B SIDDARAMANNA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

For Govt. Employees Multipurpose Co-operative Society Ltd., Tumkur

Authorised Signatory

Please write or type below this line

NOTARY
P.T. THIPPANNA
TUMKUR
Reg.No. 10506
Exp. On: 04-11-2028
GOVT. OF INDIA

UNDERTAKING

I/We , RGUHS BENGALORE is/are the Owners/MD/CEO/Board Members of the **SIDDAGANGAMMA** hospital situated at **B.SIDDARAMANANNA HOSPITAL TUMKUR**

NO OF CORRECTIONS NIL

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.

This is to confirm that our hospital **B.SIDDARAMANANNA HOSPITAL TUMKUR is** registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **B.SIDDARAMANANNA HOSPITAL** is functioning as affiliated/parent/own hospital for **B.S.R COLLEGE OF NURING college.** We also confirm that our hospital is solely affiliated to **RGUHS** college and is not affiliated to any other nursing college.

NOTARY
P.T. THIPPANNA
TUMKUR
Reg.No. 10506
Exp. On: 04-11-2028
GOVT. OF INDIA

NO OF CORRECTIONS nil

11/08/25
P.T. THIPPANNA, B.A., LL.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Rim Hospital,
Sira N.H-4 Road, Lingapura,
TUMKUR-572101 (Karnataka)