Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

OB.

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Basavaraj. Savadi	Dr. Rajasekaran. S	Ms Saraswati
Designation	Principal.	Principal.	Principal
Address	Spoorthi Ayurveda Medical College & Hospital Gangavati	Ikon pharmacy College Bhemanahalli Bidadi Bangalore	Govt, college of Nursing Haveri
Mobile No	9845646885	9241033201	9844360524
Email ID	drbsavadi123@gmail.com	rajasekaranpharm@gmail.com	sajjan807@gmail.com

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 13/8/25

(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**	Belagavi Institute of Medical sciences College of Nursing Belagavi	2	**Year of Establishment** 2010
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**	State Government (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Nursingcollegebims@gmail.com	**Website:** www.bims-belgaum-karnataka.gov.in	
		Office No:	**Mobile No:**	

Signature of Chairman Dr 13/8

Signature of Member (1) 13/8/25 Dr.S.Rajasekaran.

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	— State Government —		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** Dr. Namdev Malegi **Qualification:** MSc. PhD **Experience after MSc:** 5 years. **Email:** nanu1441@gmail.com.	**Mobile No:** 9844015445 **Office No:** 0831-2491071 **Fax No:** 0831-2403126 **Residential phone No:** 9844015445	
	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	2025-26	—	2100	—	—	2100
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. Medical Surgical	05	
	2. OBG	05	—
	3. Child Health	05	—
	4. Community	05	—
	5. Mental Health	05	—
		Total (B)	—
NPCC			—
		Total (C)	—
		Grand Total (A+B+C)	2100.00

Online Transaction Number or Details: Verified

Signature of Chairman 13/8

Signature of Member (1)

Signature of Member (2)

Remarks: Verified

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	100	100	100	60	
	Admissions Made for the Current Academic Year	106	106	106	60	
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	—	—	—	—	
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	Verified
	Sanctioned Intake	25	25	25	—	
	Admissions Made for the Current Academic Year	24	24	24	—	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	—	—	—	

Signature of Chairman 13/8

Signature of Member (1)

Signature of Member (2)

NA	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	25	25	27	21	98
	Female	81	74	71	74	300
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	10	06	-	-	16
	Female	14	15	-	-	29
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——
			NA			

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——
		-	List enclosed	-		verified

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: verified -

Signature of Chairman 13

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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		03							
4	Associate Professor	2	2-4					1*		04							
5	Assistant Professor	3	3-8				2	3*		23							
6	Tutor	8-16	16-24				2-10	--		—							
	Total	**16-24**	**24-40**				**4-12**			32							

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

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

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

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

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

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

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

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

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

250 students				

* **Aadhar based biometric attendance for students**

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

12.1. Teaching Faculty details: –

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 Namadev Malagi	Principal	Msc(N) PhD MSN	2017 2024	71882	02	08	16/08/2008	Yes	
2	Mr Bhimappa Koni	Vice Principal	MSc (N) CHN	2014	38014	06	11	08/10/2008	Yes	
3	Mr Shashipal Shinge	Asso,Prof	MSc (N) MSN	2018	60134	03	07	16/08/2008	Yes	
4	Mr Sacnin Parmashetti	Asst , Prof	Msc(N) MSN	2018	13115	14	07	10/01/2012	Yes	
5	Dr Valmiki Pattenavar	Asst,Prof	Msc(N) PhD MSN	2013	19917	08	11	09/01/2017	Yes	
6	Dr Govind Lamani	Asst prof	Msc(N) PhD MSN	2015	112247	01	09	09/01/2017	Yes	
7	Mr. Sangameshwara	Asst prof	MSc (N) MSN	2016	40484	01	04	18/02/2017	Yes	
8	Mr. Sudhir Ingale	Asst prof	MSc (N) MSN	2014	8428	03	07	18/10/2021	Yes	
9	Mr. Rajesh. K.	Asst prof	MSc (N) MSN	2009	2923	10	08	10/11/2017	Yes	
10	Dr. Prakash Kodli	Asso,Prof	MSc (N) PhD MHN	2017	71332	08	08	16/09/2008	Yes	
11	Mr. Kiran Naik	Asst prof	MSc (N) MHN	2017	71420	03	07	16/09/2008	Yes	
12	Dr. Shivanand Gejji	Asst prof	MSc (N) PhD MHN	2018	69210	03	07	16/09/2008	Yes	Leave
13	Dr. Suresh Patil	Professor	MSc (N) PhD MHN	2010	4633	01	15	10/06/2017	Yes	
14	Mr.Sidaveerappa Tuppad	Professor	MSc (N) MHN	2008	34408	01	15	24/10/2019	Yes	
15	Dr. Tanveer Gundagi	Asst prof	MSc (N) MHN	2014	19834	01	10	10/07/2017	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16	Mr. Huchcheshwar Jadhav	Asst prof	MSc (N) MHN	2020	124786	01	05	18/10/2021	Yes	
17	Mr. Khadirsab Mudhol	Asst prof	MSc (N) MHN	2012	13775	02	09	18/10/2021	Yes	
18	Mr. Abhijit . Bhatkhande	Asst prof	MSc (N) MHN	2011	8604	01	11	25/03/2021	Yes	
19	Dr. Roopa Kale	Professor	MSc (N) PhD CHN	2010	5364	01	14	10/06/2017	Yes	
20	Mr. Shreeshail Gouri	Asst prof	MSc (N) CHN	2009	2230	02	11	18/10/2021	Yes	
21	Mrs. Ayesha Begam	Asst prof	MSc (N) CHN	2015	43611	02	05	18/10/2021	Yes	
22	Dr. Ravi Ajur	Asso,Prof	MSc (N) Paed PhD	2015	32754	02	09	29/08/2018	Yes	
23	Mr. Girigouda Patil	Asst , Prof	MSc (N) Paed	2016	42358	15	08	12/01/2011	Yes	
24	Mr. Raju Byati	Asst,Prof	MSc (N) Paed	2018	13582	14	6	10/01/2012	Yes	
25	Mrs. Bharati Kamarekar	Asst prof	MSc (N) Paed	2018	52012	03	07	11/11/2010	Yes	
26	Mrs. Savita Kadam	Asst prof	MSc (N) Paed	2018	72013	02	07	16/09/2008	Yes	
27	Mr. Praveen Parit	Asst prof	MSc (N) Paed	2011	7480	01	05	01/11/2019	Yes	
28	Mr. Shivakumar Kambi	Asst prof	MSc (N) Paed	2012	13495	02	07	18/10/2021	Yes	
29	Mr. Mallappa Arabhavi	Asst prof	MSc (N) Paed	2014	16043	03	07	18/10/2021	Yes	
30	Mr. Deepak. K	Asst prof	MSc (N) Paed	2018	112949	02	05	23/01/2018	Yes	
31	Mrs. Renuka Naikar	Asso,Prof	MSc (N) OBG	2018	71322	02	07	16/09/2008	Yes	
32	Mrs. Chandrakala Biradar	Asst , Prof	MSc (N) OBG	2021	62701	04	03	16/09/2008	Yes	

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
			NA		

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)	25000 Sq.ft	verified
	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	4100 Sq.ft	verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2800 Sq.ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2800 Sq.ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**		—	
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	verified
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	550	
	7. Accountants Office	**100**	90	
	8. Store Room	**100**	95	
	9. Record room	**100**	90	
	10. Room for maintenance staff	**100**	90	
	11. Xeroxing room	**100**	90	verified.
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	

Signature of Chairman 15/2/25 Signature of Member (1) Signature of Member (2)

	15. A.V/Aids room	600		

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	100 intake.	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 Sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1800 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1500 Sq.ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	1600 SqFt	
	Pre-Clinical Sciences Laboratory	900sq.ft	2400 Sq.ft.	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq.ft	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Stable Court in stable Firm
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 / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

Signature of Chairman 13/12/23 **Signature of Member (1)** **Signature of Member (2)**

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA-22 Q4105	50	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	4000 Sq.ft	YES ☑ No ☐	✓	✓	verified

Total No. of Nursing Books available	1441	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	25	**Is internet facility available for Students?**	yes
No of e-books	—	**How many books were purchased in last financial year?**	NO

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mahadevi Mitti	MLISc	18 years	verified.
02	Sanjeev Mitti	DLISc	18 years	
03	Geeta	Less 10th	Attendee.	

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	NIL	verified.

Signature of Chairman 23/8 **Signature of Member (1)** **Signature of Member (2)**

Conferences conducted	—NIL—	} verified.
Conferences attended	—NIL—	

* 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**		State Govt Hospital BIMS	
		ii.Trust member with MOU			

Parent Hospital.	**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital BIMS Belgaum MOU(Registered parent hospital MOU)	981	Attached.	85%.	Verified.
NAME OF THE TRUST/ Person owning The Hospital —	—	—	—	—
Name Of The Owner Of The Trust of Hospital —	—	— State Govt.	—	Hospital —
Affiliated hospitals- Full Name & Address of the Parent Hospital — 1	—	—	—	—
2	—	—	—	—
3	—	—	—	—

Signature of Chairman 13/3/15 **Signature of Member (1)** SRpoom **Signature of Member (2)**

	(MOU/Clinical permission letter)				

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

NOTE:

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds State Govt. Hospital BIMS

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	217	85%.	NA	
Surgery including OT	163	83%.		
Obstetrics & Gynecology	222	85%.		
Pediatrics,	105	81%.		NA.
Emergency Medicine	40	80%.		
Psychiatry	50	83%.		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	53	80%.		
Minor OT	15	81%.		
Dental, Otorhinolaryngology, Ophthalmology	Eye 75	83%.		
Burns and Plastic	25	80%.		
Neonatology care unit	50	84%.		
Communicable disease/Respiratory medicine/TB & chest diseases	30	85%.	NA	
Dermatology	25	80%.		
Cardiology	35	82%.		
Oncology	—	—		
Neurology/Neuro-surgery	30	83%.		
Nephrology/Urology	30	81%.		
ICU/ICCU	40	82%.		
Geriatric Medicine	50	80%.		

Signature of Chairman 13/12

Signature of Member (1)

Signature of Member (2)

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		kadoli
Adopted / Affiliated		—
Administrate red 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		—
Adopted / Affiliated		—
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		—
b. Services Rendered by Health & Family Welfare Programmes		—
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐

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

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ☑
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☐ NA
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	NO ☑
e.	Total No. of students in the hostel	Girls : NIL	Boys : NIL
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	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 13/8/25 | Signature of Member (1) | Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents BIMS		✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust BIMS		✓	
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	✓ only for 60 intake.		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA ✓		
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	State Govt. Belgaum Medical College Attached.		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

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

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

LIC Team Observations: LIC Inspection committee was conducted Inspection of Belagavi Institute of Medical Sciences. Nursing college, Belagavi. for continue affiliation of UG & PG courses

1) College was established in year 2010. have 30,000 sq.ft building including 6 classrooms, 5 labs like nursing foundation, community health, nutrition OBG, Child health & pre clinical with the equipments. Models charts are observed. computer lab. AV aids room. principal room staff room all are very facility are observed.

2) Teaching: The total 30 teachings are shown including principal - 1 vice principal - 1. 3 professors 03 assistant professors out of which 3 teachers on leave. on the day of inspection

3) Library - library have 1411 books 5 journals 3 Magazines seating capacity of 100 students

4) Hospital. Belagavi institute of medical sciences attached to district hospital with bed of 951 bed are observed. all the allowed facility OPD. IPD with all modern equipments are observed 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 Belgaum Institute of Nursing Sciences which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 13/8/25 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)
	Dr. S. Rajasekaran	

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 STATE GOVT Belgaum Institute of Nursing Sciences. are submitting the affidavit toUniversity.

The trust BIMS Nursing Scienes. 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**

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

UNDERTAKING

I/We, STATE GOVT. BIMS College & Nursing 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**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

22

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Suresh S Kanakannavar	Dr. S.R Jaganatha	Mrs. Lakshmi B.V
Designation	Professor	Professor	Asso. Professor
Address	Bangalore Medical College Research Institute, Bengaluru	Chairman of BOS Para clinical Kempegowda Institute of Medical science, Bangalore	Nanjappa Institute of Nursing Science, Shimoga
Mobile No	9448033228	9886334494	9742186435
Email ID	kanakanna var@gmai1.com	driagannathasr(«lgmail.corn	

Inspection For the Academic Year : 2025-26 ***Date of Inspection:18.08.2025***

(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**	ALVA'S COLLEGE OF NURSING,MOODBIDRI ALVA'S HEALTH CENTRE,COMPLEX, NEAR NEW BUS STAND MOODBIDRI D.K KARNATAKA -574227	2	**Year of Establishment** 1996
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**	ALVA'S EDUCATION FOUNDATION® ALVA'S HEALTH CENTRE, MOODBIDRI D.K KARNATAKA -574227 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: info@alvas.org		**Website: www.alvas.org**
		Office No:08258238104		**Mobile No:**8147760380/9845317343

Signature of Chairman 18/8/25
Dr. SURESH S. KANAKANNAVAR

Signature of Member (1) 18/8/25
Dr SR Jaganatha

Signature of Member (2) 18/8/25
LAXMI .B.V

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. M MOHAN ALVA 9845303031		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust)		Copy enclosed Annexure - 2
5	a) Details of Principal/Head of the institution (After MSc)	Name: DR. B.A YATHI KUMARA SWAMY GOWDA Qualification: P.hD in Nursing Experience after MSc: 33 years Email: yathikumar1967@yahoo.com		Mobile No: 9845317343 Office No: 08258238104 Fax No:08258236731 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) NA Annexure – 3

7. Affiliation Fee Paid Details:

Copy enclosed Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation	75000	150000	100000	32500	357500.00
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	357500.00

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.Medical-Surgical Nursing	10x2000	20000
	2. Community Health Nursing	5x2000	10000
	3.Pediatric Nursing	10x2000	20000
	4.OBG Nursing	10x2000	20000
	5.Psychiatric Nursing	10x2000	20000
		Total (B)	90000.00
NPCC			
		Total (C)	
		Grand Total (A+B+C)	447500.00

Online Transaction Number or Details: ZICO357091VVRS DATED :23.12.2024

Signature of Chairman

Signature of Member (1)

18/8/25
Signature of Member (2)

Scan 22

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

22

INSPECTION PROFORMA FOR NURSING 2025-26 AY

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Designation	Professor	Professor	Asso. Professor
Address	Bangalore Medical College Research Institute, Bengaluru	Chairman of BOS Para clinical Kempegowda Institute of Medical science, Bangalore	Nanjappa Institute of Nursing Science, Shimoga
Mobile No	9448033228	9886334494	9742186435
Email ID	kanakanna var@gmai1.com	driagannathasr(«!gmail.corn	

Inspection For the Academic Year : 2025-26 *Date of Inspection:18.08.2025*

(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	ALVA'S COLLEGE OF NURSING,MOODBIDRI ALVA'S HEALTH CENTRE,COMPLEX, NEAR NEW BUS STAND MOODBIDRI D.K KARNATAKA -574227	2	Year of Establishment 1996
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
	(a). Name of the Trust/Society & complete postal address & Phone number	ALVA'S EDUCATION FOUNDATION® ALVA'S HEALTH CENTRE, MOODBIDRI D.K KARNATAKA -574227 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: info@alvas.org		Website: www.alvas.org
		Office No:08258238104		Mobile No:8147760380/9845317343

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. M MOHAN ALVA 9845303031	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust)	COPY Enclosed Annexure - 2
5	a) Details of Principal/Head of the institution (After MSc)	Name: DR. B.A YATHI KUMARA SWAMY GOWDA Qualification: P.hD in Nursing Experience after MSc: 33 years Email: yathikumar1967@yahoo.com	Mobile No: 9845317343 Office No: 08258238104 Fax No:08258236731 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) NA Annexure – 3

7. Affiliation Fee Paid Details:

COPY enclosed Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation	75000	150000	100000	32500	357500.00
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	357500.00

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.Medical-Surgical Nursing	10x2000	20000
	2. Community Health Nursing	5x2000	10000
	3.Pediatric Nursing	10x2000	20000
	4.OBG Nursing	10x2000	20000
	5.Psychiatric Nursing	10x2000	20000
		Total (B)	90000.00
NPCC			
		Total (C)	
		Grand Total (A+B+C)	447500.00

Online Transaction Number or Details: ZICO357091VVRS DATED :23.12.2024

Signature of Chairman

Signature of Member (1)

18/8/25
Signature of Member (2)

Remarks: CE - Copy enclosed

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	GOK NO. HFW/05 MME 1996 14/10/1996 Annexure - 5	RGU/AEF/NSG /COA/01/24-25 DATED 20/09/24 Annexure - 6	KNC/1199/2003 17/04/2003 Annexure - 7	11/36/2000 28/10/2024 Annexure - 8	CE
	Affiliation Sanctioned Intake	100	100	100	60	
	Admissions Made for the Current Academic Year	99				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	N/A
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	GOK NO. HFW/106 MME/2001 03/09/2001 Annexure - 5 CE	RGU/AEF/NSG /COA/01/24-25 DATED 20/09/24 Annexure – 6 CE	KNC/1157/2/4 07/02/2005 Annexure – 7 CE	11/36/2000 /INC 28/10/2024 Annexure – 8 CE.	
	Sanctioned Intake	45	45	45	25	
	Admissions Made for the Current Academic Year	4				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	NA

Signature of Chairman 18/8/25

Signature of Member (1)

Signature of Member (2) 18/8/25

	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

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	25	9	0	04	38
	Female	74	91	95	91	351
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	Male	0	1	NA	NA	1
	Female	4	6	NA	NA	10
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA

10. If the college has PB.B.Sc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) NA Copy enclosed

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---------
	NA	NA	NA	NA	NA	NA

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) Enclosed

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To---------
	Enclosed Annexure –10					

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: Teachers Biometry copy enclosed

Signature of Chairman 18/8/25 **Signature of Member (1)** **Signature of Member (2)** 18/8/25

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*		4				—			
4	Associate Professor	2	2-4					1*		5				—	(2 absent)		
5	Assistant Professor	3	3-8				2	3*		8				—			
6	Tutor	8-16	16-24				2-10	--		20 + 10 Fresher				10			
	Total	**16-24**	**24-40**				**4-12**			39				10			

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. Total No. of STAFF - 49

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

Signature of Chairman 18/8/25 **Signature of Member (1)** 18/8/25 **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. B.A Yathi Kumara Swamy Gowda	Principal Cum Professor	Ph.D, M.Sc(N)-Speciality-Medical-Surgical Nsg	1994	11132	33 yrs.	31 yrs	15.01.1997	Yes	
2.	Mrs.Renuka	Professor	M.Sc(N)-Speciality – Medical-Surgical Nsg	2011	39565	16 Yrs.	14 yrs.	04.06.2011	Yes	
3.	Mrs.Jenviv Kavitha D'silva	Professor	M.Sc(N) Specilaity – OBG Nsg	2011	37516	19 Yrs.	14 yrs.	02.06.2011	Yes	
4.	Mrs.Punarva M.H.	Professor	M.Sc(N) Specilaity – Child Health Nsg	2011	6052	15 Yrs.10 month	14 Yrs	16.06.2011	Yes	
5.	Mr.Dheerendra	Professor	M.Sc(N) Speciality Mental Health Nsg	2011	7706	17 Yr.	14 yrs.	22.05.2011	Yes FOR.	
6.	Mrs.Wilfreena Lovelyn Pinto	Asso. Professor	M.Sc(N) Specilaity – Child Health Nsg	2011	7451	15 Yrs 7 month	14 yrs.	11.06.2011	Yes	
7.	Mrs.Victoria Martia Salis	Asso. Professor	M.Sc(N)-Speciality – Medical-Surgical Nsg	2011	32527	16 Yrs.	14 Yr.	25.05.2011	Yes	
8.	Mrs.Shanthi Anitha Luvis	Asso. Professor	M.Sc(N) Speciality Community Health Nursing	2014	7452	14 Yrs. 8 month	11 yr.	15.12.2014	Yes	
9.	Mrs. Nikcy N.M	Professor	M.Sc(N) Specilaity – Community Health Nsg	2014	009553	12 yrs 11 month	11 yrs	30.10.2023	Yes	

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

10.	Mrs. Hezil Asha Sequeria	Asst. Professor	M.Sc(N) Speciality Community Health Nursing	2014	32659	11 yrs 11 month	10 yrs	23.03.2021	Yes	
11.	Mrs.Raina Mary Crasta	Asst. Professor	M.Sc(N) Speciality OBG Nursing	2018	34045	6 yrs 7 month	6 yrs 7 month	10.01.2019	Yes	
12.	Mrs.Manisha S Poojari	Asst. Professor	M.Sc(N) Specilaity – OBG Nsg	2019	75202	5 yrs 7 month	5 yrs 7 month	01.01.2020	Yes	
13.	Mrs. Akshatha	Asst. Professor	M.Sc(N) Speciality MSN	2024	105263	2 Year 11 Month	11 month	07.08.2024	Yes	
14.	Mrs. Julie K. Joseph	Asso. Professor	M.Sc(N)-Speciality – Medical-Surgical Nsg	2010	2349	16 Yrs. 11 months	15 Yr.	02.06.2010	Yes	
15.	Mrs.Treeja Pascal Dsouza	Asst. Professor	M.Sc(N) Speciality: Community Health Nursing	2025	183250	3 Year 8 month	4 Month	03.03.2025	Yes	
16.	Mr. Sunilkumar	Asst. Professor	M.Sc(N) Speciality Psychiatric Nursing	2025	115622	2 yrs. 10 month	-	22.03.2025	-	
17.	Mr. Parashuram A	Asst. Professor	M.Sc(N) Speciality Medical Surgical Nursing	2025	121729	4 Months	-	22.03.2025	-	
18.	Mrs.Shaila Maria D'souza	Asst. Lecturer	PB B.Sc(N) (MA Psychology 2012)	2007	48043	17 Yrs 8 Months.	-	02.11.2007	Yes	

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

19.	Mrs.Cynthia.J	Asso. Professor	M.Sc(N) Specialty – OBG Nsg	2011	8872	15 Yrs.	14 Yrs.	16.06.2011	Yes	
20.	Mr. Shivanand Irappa Padashetti	Asst. Lecturer	B.Sc(N)	2021	123105	3 years 6 month	-	04.02.2022	Yes	
21.	Mrs.Gracy Veera Castelino	Asst. Lecturer	PB B.Sc(N)	2011	69788	12 yr	-	06.12.2021	Yes	
22.	Mrs..Yochitha D	Asst. Lecturer	PC B.Sc(N)	2014	147259	2 Yrs 8 months	-	20.04.2022	Yes	
23.	Ms.Santhrupthi	Asst. Lecturer	B.Sc(N)	2022	136523	2 yr 4 month	-	5/12/2022	Yes	
24.	Ms.Suraksha	Asst. Lecturer	B.Sc(N)	2022	138484	2 Yr 3 Months	-	26/12/2022	Yes	
25.	Ms.Rashmi	Asst. Lecturer	B.Sc(N)	2022	138487	2 Yr 3 Months	-	26/12/2022	Yes	
26.	Ms.Deekshitha	Asst. Lecturer	B.Sc(N)	2022	138482	2 Yr 3 Months	-	26/12/2022	Yes	
27.	Ms. Pavithra D	Asst. Lecturer	B.Sc(N)	2022	151529	1 yr 6 months	-	22.01.2024	-	

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

28.	Mrs.Elveera Loveleena D'mello	Asst. Professor Assistant	M.Sc(N) Specilaity – Child Health Nsg	2011	7445	16 Yrs.	14 yrs.	30.05.2011	Yes	
29.	Ms.Shobha Bhadrappanavar	Asst. Lecturer Tutor	B.Sc(N)	2022	136943	2 Year 2 Mnth	-	21.01.2023	Yes	
30.	Ms. Vaishma	Asst. Lecturer Tutor	B.Sc(N)	2024	250816	1 Year 4 Month	-	25.03.2024	Yes	Vaishma
31.	Ms. Reshma Banu	Asst. Lecturer Tutor	B.Sc(N)	2022	152292	1 yr 6 months	-	22.01.2024	-	Reshma
32.	Ms.Kavishma	Asst. Lecturer Tutor	B.Sc(N)	2022	B.Sc(N)-138483	2 Yr 8 Mnths	-	26/12/2022	Yes	
33.	Mr.Shivalingappa M Hitnalli	Asst. Lecturer Tutor	B.Sc(N)	2022	B.Sc(N)-135545	2 Year 4 Months	-	13.04.2023	Yes	S.M. Hitnalli
34.	Ms. Aiswarya Sreekumar Freshers	Asst. Lecturer Tutor	B.SC(N)	2025	177679	-	-	21.06.2025	-	
35.	Ms. Prajna Freshers	Asst. Lecturer Tutor	B.Sc(N)	2025	169703	7 Months	-	06.01.2025	Yes	

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36.	Ms. Akshatha R Freshes	Asst. Lecturer Tutor	B.Sc(N)	2025	169705	7 Months	-	06.01.2025	Yes	
37.	Mr. Tittyvijaya Kumar Freshes	Asst. Lecturer Tutor	B.SC(N)	2025	171487	3 Months	-	29.04.2025	-	
38.	Mr. Sachin Rathod Freshes	Asst. Lecturer Tutor	B.Sc(N)	2025	167825	5 Months	-	13.02.2025	Yes	
39.	Ms. Amala Biju Freshes	Asst. Lecturer Tutor	B.SC(N)	2025		3 Month		12.05.2025	-	
40.	Ms. Srusti J.S	Asst. Lecturer Tutor	PB.B.Sc(N)	2025	277752	5 Months	-	01.03.2025	-	
41.	Ms. Swathi Freshes	Asst. Lecturer Tutor	B.SC(N)	2025	172856	4 Months	-	05.04.2025	-	
42.	Ms. Arunajyoti Freshes	Asst. Lecturer Tutor	B.SC(N)	2025	172847	4 Months	-	05.04.2025	-	
43.	Mr. Shivaram Freshes	Asst. Lecturer Tutor	B.SC(N)	2025	172842	4 Months	-	05.04.2025	-	
44.	Ms. Yamuna U Freshes	Asst. Lecturer Tutor	B.SC(N)	2025	177681	-	-	21.06.2025	-	

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45.	Ms. Rosina Mary Joseph	Asst. Lecturer Tutor	B.Sc(N)	2022	138056	1 Yr 7 Mnths	-	29.12.2023	- FW	
46.	Ms. Ashitha Sonia D costa	Asst. Lecturer Tutor	B.Sc(N)	2015	74402	3 Yrs	-	08.08.2022	- FW	
47.	Mrs.Sharmila	Asst. Lecturer Tutor	B.Sc (N)	2010	30244	14 yrs. 11 Months	-	07.09.2010	- FOR	
48.	Mrs. Jeyasudha S.	Asst. Lecturer Tutor	B.Sc (N)	2009	22210	15 yrs. 10 Months	-	16.09.2009	- FOR	
49.	Ms. Aswani M.S	Asst. Lecturer Tutor	B.Sc(N)	2021	126187	2 Yrs 10 months	-	22/09/2022	- FOR	

- **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.

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