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. G. Manjunath Gowda | Sudeena. V. | Kavana. E |
| Designation | Senate Member | Principal | Asst. Professor |
| Address | #912 1th Main, Kamakshipalya Rajajinagar | G. Ramakrishna C.O.N. Old NCME – Kavathi. C.O.N Kalaburagi | Mangalore |
| Mobile No | 9066679444 | 8310127854 | 8123496890 |
| Email ID | manjunathgowda3141@gmail.com | sudeenavijaykumar@gmail.com | kavanakishore@gmail.com |

*Inspection For the Academic Year : 2025-26* *Date of Inspection: 20-08-2025*

*(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 | Sri Nanak Jhira Saheb Foundation<br>Sri Nanak Zeera Saheb College of Nursing, Bidar<br>#8-9-143(New) Near Gurdwara Sri Nanak Jhira Gate,Bidar-585402 | 2 | Year of Establishment<br>2011 |
| 2 | Status of the course conducting body | Trust | | |
| 3 | (a). Name of the Trust/Society & complete postal address & Phone number | Sri Nanak Jhira Saheb Foundations,<br>G.N.D. Engg. College Campus, Mailoor Road,<br>Bidar-585403 (KS)<br>(Enclose copy of Registration documents of Society/Trust) **Annexure – 1** | | |
| | | Email: snjscollegeofnursingbdr@gmail.com | Website: www.snzscn.in | |
| | | Office No: | Mobile No: 9972562900 | |

20/8/25
Signature of Chairman
(Dr. G. Manjunath Gowda)

20/8/25
Signature of Member (1)
[Mrs. Sudeena. V]

20/08/2025
Signature of Member (2)

| | | | |
|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No | Name: Dr. S Balbir Singh<br>Phone No: 9972562900 | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 05<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2** | |
| 5 | a) Details of Principal/Head of the institution ( After M.Sc) | Name: Mr. Chandrakanth<br>Qualification: MSc Nursing<br>Experience after MSc: 15 Years<br>Email:snjscollegeofnursingbdr@gmail.com | Mobile No: 9972562900<br>Office No:<br>Fax No:<br>Residential phone No: |
| | b) Drawing authority of the college | President | |

| | | | | |
|---|---|---|---|---|
| 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 | CoA | 156050 | | | | 156050 |
| Post Basic B.Sc. Nursing | | — | N/A | — | — | — |
| | | | | | Total (A) | 156050 |

| 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: ZBBIL57091AA03 dated ON 23/12/2024.

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 20/03/25

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 | Annexure – 5 RGU/AFF/F/NS-355/2011-12 Date:07.09.2010 | Annexure – 6 RGU/AFF/NSG/CoA/01/2024-25 Date:20.09.2024 | Annexure – 7 Date:05.11.2024 | Annexure – 8 Date: 21.11.2024 | Verified |
| | Affiliation Sanctioned Intake | 40 | 40 | 40 | 40 | |
| | Admissions Made for the Current Academic Year | 40 | 40 | 40 | 40 | |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | Not Applicable | | | | |
| | Admissions Made for the Current Academic Year | - | - N/A | - | - | |
| 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 | Not Applicable | | | | |
| | Admissions Made for the Current Academic Year | - | N/A | - | - | |

20/8/25
(Academic Council)

20/08/2025
(Subject Expert)

| | | | | | | |
|---|---|---|---|---|---|---|
| M.Sc. NPCC | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | Not Applicable | | | | |
| | Admissions Made for the Current Academic Year | - | - 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.Sc Nursing | Male | 14 | 09 | 16 | 14 | 53 |
| | Female | 26 | 31 | 24 | 26 | 107 |
| Post Basic B.Sc Nursing | Male | Not Applicable | | | | |
| | Female | | | | | |
| M.Sc Nursing | Male | Not Applicable | | | | |
| | Female | | | | | |
| M.Sc NPCC | Male | Not Applicable | | | | |
| | 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---------- |
|---|---|---|---|---|---|---|
| | | — | 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---------- |
|---|---|---|---|---|---|---|
| | | — | N/A | — | | |

Signature of Chairman

Signature of Member (1)

20/08/25

Signature of Member (2)

**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:**

## 12. Teaching Faculty Requirements for all Nursing Programs: ENCLOSED.

| 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 | Associate Professor | 2 | 2-4 | | | | | 1* | | 1 | | | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | 3 | | | | | | | |
| 6 | Tutor | 8-16 | 16-24 | | | | 2-10 | -- | | 11 | | | | | | | |
| | **Total** | **16-24** | **24-40** | | | | **4-12** | | | 17 | | | | | | | |

**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 Specialty 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**<br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors | **Total 8 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 16 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors | **Total 18 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors | **Total 24 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors |

**Signature of Chairman** **Signature of Member (1)** 20/08/2025 **Signature of Member (2)**

| 100 Students Intake | Total 10 Faculty<br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | Total 20 Faculty<br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | Total 30 Faculty<br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | Total 40 Faculty<br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
|---|---|---|---|---|
| 150 students intake | | | | |
| **200 students intake** | | N/A | | |
| **250 students** | | | | |
| * **Aadhar based biometric attendance for students** | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

## 12.1. Teaching Faculty details: – Details should be written in format only.

| Sl. No | Name of the teaching Faculty | Designation | Qualification along with specialty | Year of passing | KSNC Reg. Number | Teaching experience | | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | After UG | After PG | | | |
| 1. | MR. CHANDRAKANTH | PRINCIPAL | MSC NURSING (Medical Surgical Nursing) | 2011 | 9512 | 2 Years | 13 Years | 07-10-2021 | YES | |
| 2. | MRS. JAYASHREE. S | VICE-PRINCIPAL | MSC NURSING (Medical Surgical Nursing) | 2019 | 23954 | 7 Years | 5 Years 7 months | 01-06-2024 | YES | |
| 3. | MR. RAJENDRAKUMAR | Assistant Professor | MSC NURSING (Psychiatric Nursing) | 2021 | 143962 | 2 Years | 4 Years | 07-10-2021 | YES | 20/08/2025 |
| 4. | MRS. PRIYA CHILLALSHE TTY | Assistant Professor | MSC NURSING (Obstetrics & Gynecological Nursing) | 2023 | 86559 | 2 Years | 2 Years | 01-12-2023 | | |
| 5. | MR. MAHADEVAPPA | Associate Professor | MSC NURSING (Pediatrics Nursing) | 2017 | 30835 | 2 Years | 8 Years | 1-07-2025 | | |
| 6. | MR.THYAGARAJ .R | Assistant professor | MSC NURSING (Community health nursing ) | 2020 | 65406 | 2 Years | 2 Years | 16-5-2023 | | ON LEAVE |
| 7. | MS. PAVITRA | Tutor | PBBSC NURSING (Post Basic) | 2022 | 178877 | 3 Years | - | 13-09-2023 | YES | |
| 8. | MR. PETER | Tutor | BSC NURSING | 2022 | 144620 | 2 Years 9 Months | - | 14-02-2024 | | |
| 9. | MR. SANTOSH | Tutor | BSC NURSING | 2022 | 132828 | 2 Years 7 Months | - | 18-06-2024 | | ON LEAVE |
| 10. | MR. AJAY MANE | Tutor | BSC NURSING | 2021 | 121814 | 3 Years | - | 04-07-2022 | YES | |

Signature of Chairman

Signature of Member (1) 20/8/25

Signature of Member (2) 20/08/2025

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 11. | MR. PRASHANTH S/O RAJENDRA | Tutor | PBBSC NURSING (Post Basic) | 2022 | 185004 | 2 Years 9 Months | - | 06-10-2022 | | |
| 12. | MR. RANJEET KUMAR | Tutor | PBBSC NURSING (Post Basic) | 2021 | 99081 | 3 Years | - | 01-07-2023 | | |
| 13. | MR. EMMANUEL | Tutor | PBBSC NURSING (Post Basic) | 2019 | 158324 | 3 Years 9 Months | - | 07-10-2021 | YES | |
| 14. | MS. SNEHALATHA | Tutor | BSC NURSING | 2022 | 140677 | - | - | 01-08-2025 | | |
| 15. | MR. PRASHANTH S | Tutor | BSC NURSING | 2024 | 172604 | - | - | 1-07-2025 | | |
| 16. | MR. JAGADISH | Tutor | BSC NURSING | 2024 | 176221 | - | - | 1-07-2025 | | |
| 17. | MR. RAVIKANTH | Tutor | BSC NURSING | 2022 | 133985 | - | - | 23-10-2024 | | |

- **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)**

20/03/2025

**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 |
|---|---|---|---|---|---|
| 01 | Dr.Syed Asim | M.B.B.S | Applied Anatomy | 60 | Verified & Enclosed. |
| 02 | Dr.Deepika | M.B.B.S | Biochemistry | 40 | |
| 03 | Dr.Siddarth | M.B.B.S | Applied Physiology | 60 | |
| 04 | Mr.Patel Harishwar reddy | M.Pharm | Pharmacology | 80 | |
| 05 | Mr.Rajendra Narsing Rao | M.A,B.ed | Sociology | 60 | |
| 06 | Mr.Vilas Kulkarni | M.A,M.ed | English | 40 | |
| 07 | Mr. Laxmikant | M.P.ed | Physical education | | |

**14. Physical Facilities :**

**Annexure - 12**

**14.1. College Building:**

| 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 ) | **23240 Sq.ft** | Available |
| | **Note:** The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July. 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy | | | |
| 2 | **CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft | **4 Class rooms** 900sq ft Each | **920*4=3680 Sq.ft** | Available |
| | P.B.B.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | | |
| | M.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | **340 Sq.ft** | |
| | 2. Vice-Principal Chamber | 200 | **220 Sq.ft** | |
| | 3. HOD | 5 x 200 = 1000 | **1040 Sq.ft** | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | **3340 Sq.ft** | Available |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | **600** | **640 Sq.ft** | |
| | 7. Accountants Office | **100** | **120 Sq.ft** | |
| | 8. Store Room | **100** | **180 Sq.ft** | |

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

| | | | | |
|---|---|---|---|---|
| | 9. Record room | 100 | 140 Sq.ft | Available |
| | 10. Room for maintenance staff | 100 | 160 Sq.ft | |
| | 11. Xeroxing room | 100 | 120 Sq.ft | |
| | 12. common room ( Girls & Boys) | 600+400= 1000 | 1060 Sq.ft | |
| | 13. Multipurpose hall / Seminar hall/ examination hall | 3000 | 3020 Sq.ft | |
| | 14. Toilets | 1000 | 1040 Sq.ft | |
| | 15. A.V/Aids room | 600 | 920 Sq.ft | |

| S. No | Details | Required | Existing | Verified by LIC team |
|---|---|---|---|---|
| 4 | **LABORATORIES** | **( 40-60 intake)** | | Available |
| | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | **1620 Sq.ft** | |
| | Nutrition & Community Health Nursing | 1200sq.ft | **1260 Sq.ft** | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | **920 Sq.ft** | |
| | Pediatrics Nursing Laboratory | 900sq.ft | **940 Sq.ft** | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | **920 Sq.ft** | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | **1560 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:**

| SL NO | Particulars | Verified by the LIC team |
|---|---|---|
| 1 | **Registered documents in sub registrar office** | Verified |
| 2 | **Is the college building own or leased ?** | Verified |
| 3 | **Blue print of the building plan approved and attested by competent authority.** | Verified |
| 4 | **Building construction license from competent authority** | Verified |
| 5 | **Tax paid receipt (Latest / current year)** | Verified |

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 20/08/2025

| | | |
|---|---|---|
| 6 | Occupancy certificate. | verified |
| 7 | Sale deed / Lease deed of the building / Land. | verified |
| 8 | Land Conversion order from DC | verified |
| 9 | Town planning/Authorities approval order | verified |

**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.

**Annexure – 13**

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

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licience |
|---|---|---|---|---|---|
| 01 | KA38A0668 | 51 | Yes | Yes | Yes |
| 02 | KA38A3957 | 36 | Yes | Yes | Yes |

**Annexure - 14**

**16. Library facility :** Enclose list of library books

| Library Facilities | Existing Size in Sq ft | Separate Library | Ventilation | Lighting | Verified by LIC team |
|---|---|---|---|---|---|
| Required 2300 Sq.Ft | 17308.37 | YES [√] No [ ] | GOOD | GOOD | verified |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 3310 | **No. of Nursing Journals subscribed** | 15 |
| **No. of Thesis/Research titles available** | 18000 | **Is internet facility available for Students?** | YES |
| **No of e-books** | 21500 | **How many books were purchased in last financial year?** | 110 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01 | Mr. Khymalinga | MLISc (Ph.D) | 16 | verified. |
| 02 | Mrs. Malashree | MLISc | 04 | |

**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 will increase/decrease according to the number of seats approved.

**Annexure - 15**

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

10/08/2025

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

| Academic activities | Particulars | Remarks |
|---|---|---|
| Research Projects | NA | — |
| Conferences conducted | NA | — |
| Conferences attended | NA | — |
| * Colleges should declare & attest tobacco free/drugs free campus ( self declaration from to be submitted) | | |

Annexure - 16

**18. Details of Clinical / Hospital Facilities :**

| | | | |
|---|---|---|---|
| 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** | ☑ |

| 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<br>**Guru Nanak Hospital,**<br>**Near Gurudwara Sri Nanak Jhira Saheb Gate,**<br>**Bidar**<br><br>MOU( Registered parent hospital MOU) | 100 | 3 K.M | | Verified |
| NAME OF THE TRUST/ Person owning The Hospital<br>**President,**<br>**Sri Nanak Jhira Saheb Foundations**<br>**Bidar** | - | - | | |
| Name Of The Owner Of The Trust of Hospital<br><br>**Dr.S Balbir Singh** | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| Affiliated hospitals- Full Name & Address of the Parent Hospital | 1.Manasa Trust hospital Shivamogga | 100 | 645 K.M | | verified |
| | 2 Shree hospital Bidar | 100 | 2 K.M | | |
| | 3 Kripamayee Institute for Mental Health & Neurosciences,Miraj,Sangli-416414<br><br>( MOU/Clinical permission letter) | 150 | 385 K.M | | |

(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)** 30/08/2025 **Signature of Member (2)**

**18.1. Distribution of Beds**

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical | 10 | 85% | | |
| Surgery including OT | 10 | 90% | | |
| Obstetrics & Gynecology | 10 | 85% | | |
| Pediatrics, | 05 | 90% | | |
| Emergency Medicine | 04 | 90% | | |
| Psychiatry | 03 | 80% | | |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | | | | |
| Minor OT | | | | |
| Dental, Otorhinolaryngology, Ophthalmology | 05 | 80% | | |
| Burns and Plastic | 02 | 90% | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

| | | | | |
|---|---|---|---|---|
| Neonatology care unit | 05 | 85/- | | |
| Communicable disease/Respiratory medicine/TB & chest diseases | | | | |
| Dermatology | | | | |
| Cardiology | 02 | 80/- | | |
| Oncology | | | | |
| Neurology/Neuro-surgery | 03 | 80/- | | |
| Nephrology/Urology | 04 | 80/- | | |
| ICU/ICCU | 20 | 85/- | | |
| Geriatric Medicine | | | | |
| Any other | 07 | 80/- | | |

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

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 |
|---|---|
| **RURAL FIELD** | |
| **a. Name of CHC / PHC / SC** | **Primary Health Center Janwada** |
| Adopted / Affiliated | **Affiliated** |
| Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| Distance from the Nursing Institute | **15 K.M** |
| **b.** Services Rendered by Health & Family Welfare Programmes | **ANC,PNC,Immunization,Nutritional programme** |
| **URBAN FIELD :** | |
| **a. Name of CHC / PHC / SC** | **Primary Health Center Bidri colony,Bidar** |
| Adopted / Affiliated | **Affiliated** |
| Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| Distance from the Nursing Institute | **3 K.M** |
| **b.** Services Rendered by Health & Family Welfare Programmes | **ANC,PNC,Immunization, Nutritional programme** |

*N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.*

| 20 | Master Rotation Plan : Annexure - 18 | | |
|---|---|---|---|
| a. | Basic B.Sc. Nursing | **YES** ☑ | **NO** ☐ |
| b. | Post Basic B.Sc. Nursing | **YES** ☐ | **NO** ☑ |

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

| | | | |
|---|---|---|---|
| c. | M.Sc. Nursing | YES ☐ | NO ☑ |
| **21** | **Time Table available for all Nursing Programmes** | | |
| a. | Basic B.Sc. Nursing | YES ☑ | NO ☐ |
| b. | Post Basic B.Sc. Nursing | YES ☐ | NO ☑ |
| c. | M.Sc. Nursing | YES ☐ | NO ☑ |

| | | | |
|---|---|---|---|
| **22** | **Records of Students :** Are the following students records are maintained well? | | |
| **a.** | Admission record | YES ☑ | NO ☐ |
| **b.** | Daily Attendance Registers | YES ☑ | NO ☐ |
| **c.** | Health Records | YES ☑ | NO ☐ |
| **d.** | Clinical and field experience record | YES ☑ | NO ☐ |
| **e.** | Practical record books - procedure record | YES ☑ | NO ☐ |
| **f.** | Practical record books - Midwifery case book | YES ☑ | NO ☐ |
| **g.** | Leave record | YES ☑ | NO ☐ |
| **h.** | Extracurricular activities of students | YES ☑ | NO ☐ |
| **i.** | Cumulative record of each | YES ☑ | NO ☐ |
| **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** |

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 20/03/2025

| | | | |
|---|---|---|---|
| a. | Whether the college is having a separate Hostel? | YES ☑ | NO ☐ |
| b. | Built-up area of the Hostel | Sq.ft: | |
| c. | Is the Hostel Owned or Rented/Leased? | Own ☑ | Rented/Leased ☐ |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES ☑ | NO ☐ |
| e. | Total No. of students in the hostel | Girls : 08 | Boys : 03 |
| f. | Total No. of rooms | Girls : | Boys : |
| g. | Water Supply | YES ☑ | NO ☐ |
| h. | Electricity Supply | YES ☑ | NO ☐ |
| i. | Is Facilities available for outdoor games and indoor games? | YES ☑ | NO ☐ |
| j. | Is Sick room available? | YES ☑ | NO ☐ |
| k. | Whether the hostel mess is available with | YES ☑ | NO ☐ |
| l. | Safe drinking water facilities | YES ☑ | NO ☐ |

**List of Annexures:**

| Annexure Numbers | Details | Verified as per originals documents | | Signature |
|---|---|---|---|---|
| | | Yes | NO | |
| Annexure - 1 | Details of Trust/ Society related documents | ✓ | | |
| Annexure - 2 | Details of Governing Council, its meetings & Audit report of Trust | ✓ | | |
| Annexure - 3 | Details of any other Nursing Institution under the same Trust | | ✓ | |
| Annexure - 4 | Details of Affiliated fees paid receipts | ✓ | | |
| Annexure - 5 | Approval Status : GOK Order | ✓ | | |
| Annexure - 6 | Approval Status : RGUHS Notification (Last 3 Years) Approval | ✓ | | |
| Annexure - 7 | Approval Status : KNC Notification | ✓ | | |
| Annexure - 8 | Status : INC Notification | ✓ | | |
| Annexure - 9 | List of Post Basic B.Sc. Nursing Students as per format | | ✓ | |

Signature of Chairman

Signature of Member (1)

20/08/2025

Signature of Member (2)

| | | | | |
|---|---|---|---|---|
| **Annexure - 10** | List of M.Sc. Nursing Students as per format | | ✓ | |
| **Annexure - 11** | Details of External /Part time Teachers | ✓ | | |
| **Annexure - 12** | Physical Facilities :<br>1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Ramp in working condition,<br>2. Laboratories<br>3. Building related documents<br>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 | ✓ | | |
| **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:** – On the day of the inspection, as per the documents provided, the observation of the LIC is as follows

i) Infrastructure – As per norms.
ii) Equipments – As per norms
iii) Staff – As per norms
iv) Clinical load – As per norms

Can be considered for – Continuation of Affiliation – BSc Nursing – no seat

Signature of Chairman

Signature of Member (1)

10/08/2025
Signature of Member (2)

# UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sri. Nanak Zeera Saheb C.O. N Bidar which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20/8/24 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

| | | |
|---|---|---|
| Senate Member (Chairman) | A C Member (Member) 20/8/25 | Subject Expert (Member) 10/03/2025 |
| Signature of Chairman | Signature of Member (1) | Signature of Member (2) 10/03/2025 |

## Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

**INDIA NON JUDICIAL**

**Government of Karnataka**

Rs. 100

**e-Stamp**

| | | |
|---|---|---|
| Certificate No. | : | IN-KA19027796061338X |
| Certificate Issued Date | : | 16-Aug-2025 01:42 PM |
| Account Reference | : | NONACC (FI)/ kaksfcl08/ BIDAR3/ KA-BD |
| Unique Doc. Reference | : | SUBIN-KAKAKSFCL0852720243004877X |
| Purchased by | : | SRI NANAK JHIRA SAHEB FOUNDATION BIDAR |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | UNDERTAKING |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | SRI NANAK JHIRA SAHEB FOUNDATION BIDAR |
| Second Party | : | RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES |
| Stamp Duty Paid By | : | SRI NANAK JHIRA SAHEB FOUNDATION BIDAR |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

सत्यमेव जयते

Authorised signatory
For K.P.S.N. Court Campus
Branch, Bidar

IN-KA19027796061338X
RS. 100
16-AUG-2025 01:42 PM

NOTARY
Venkatrayanrao
Solapur
B.A.LL.B.(Spl.)
ADVOCATE BIDAR
Reg. No. 20497
Exp.Date:06-03-2030
GOVT. OF INDIA

Please write or type below this line

## UNDERTAKING

I, **DR. S BALBIR SINGH, CHAIRMAN, SRI NANAK JHIRA SAHEB FOUNDATION, BIDAR** submitting the affidavit to Rajiv Gandhi University of Health Sciences, Bangalore.

The. **SRI NANAK JHIRA SAHEB FOUNDATION, BIDAR, KARNATAKA** is running / managing the College **SRI NANAK ZEERA SAHEB COLLEGE OF NURSING, BIDAR, KARNATAKA** since **15** Years.

**Statutory Alert:**
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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

We confirm that the faculty in the college is 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.

NOTARY
Manik Narayanrao Shahapur
B.A.LL.B.(Spl.)
ADVOCATE BIDAR
Reg. No. 20497
Exp.Date:06-03-2030
GOVT. OF INDIA

**Deponent**

PRESIDENT
SRI NANAK JHIRA SAHEB
FOUNDATIONS, BIDAR-585402

ATTESTED BY ME
19/8/2025
Manik Narayanrao Shahapur
B.A.LL.B.(Spl.)
ADVOCATE & NOTARY
GOVT. OF INDIA
R/o. H.No. 19-4-673/1, KSRTC Lay out,
NAUBAD, BIDAR-585 402.

सत्यमेव जयते

**INDIA NON JUDICIAL**

**Government of Karnataka**

Rs. 100

**e-Stamp**

| | | |
|---|---|---|
| Certificate No. | : | IN-KA19029817315487X |
| Certificate Issued Date | : | 16-Aug-2025 01:43 PM |
| Account Reference | : | NONACC (FI)/ kaksfcl08/ BIDAR3/ KA-BD |
| Unique Doc. Reference | : | SUBIN-KAKAKSFCL0852722404240618X |
| Purchased by | : | SRI NANAK JHIRA SAHEB FOUNDATION BIDAR |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | UNDERTAKING |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | SRI NANAK JHIRA SAHEB FOUNDATION BIDAR |
| Second Party | : | RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES |
| Stamp Duty Paid By | : | SRI NANAK JHIRA SAHEB FOUNDATION BIDAR |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

Authorised signatory for K.P.S.S.N. Court Campus Branch, BIDAR

NOTARY Mark Narayanrao Shahapur B.A.LL.B.(Spl.) ADVOCATE BIDAR Reg. No. 20497 Exp.Date:06-03-2030 GOVT. OF INDIA

Please write or type below this line

## UNDERTAKING

I, **DR S BALBIR SINGH** owner of the **GURU NANAK HOSPITAL, BIDAR, KARNATAKA** situated at NEAR GURUDWARA SRI NAANK JHIRA SAHEB.

This is to confirm that our **GURU NANAK HOSPITAL, BIDAR** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

**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 the **GURU NANAK HOSPITAL, BIDAR** is functioning as a parent/own hospital for **SRI NAANK ZEERA SAHEB COLLEGE OF NURSING, BIDAR**.

We also confirm that our hospital is solely affiliated to **SRI NANAK ZEERA SAHEB COLLEGE OF NURSING, BIDAR** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NOTARY
Manik Narayanrao Shahapur
B.A.LL.B.(Spl.)
ADVOCATE BIDAR
Reg. No. 20497
Exp.Date:06-03-2030
GOVT. OF INDIA

Deponent

**PRESIDENT**
**SRI NANAK JHIRA SAHEB FOUNDATIONS, BIDAR-585402**

ATTESTED BY ME
19/8/2025
Manik Narayanrao Shahapur
B.A.LL.B.(Spl.)
ADVOCATE & NOTARY
GOVT. OF INDIA
R/o. H.No. 19-4-673/1, KSRTC Lay out,
NAUBAD, BIDAR-585 402.