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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Arvind Katti	Dr. S.A. Nithin.	Pavithra. R
Designation	Senate Member	Principal	Professor
Address	HKE's Dr. MHMCH Kalaburgi.	Rajeev Institute of Ayurvedic Medical Science BM Bypass Road, Hassan	P.G. College of Nursing, Hassan.
Mobile No	9481640062	9845293032	9916853007
Email ID	dr.arvindkatti@gmail.com	nithinashokkumar@gmail.com	pavithra0822@gmail.com

For the Academic Year : 2025-26 *Date of Inspection:* 09-05-2025

(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	

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	OP Jindal College of Nursing. Opp. Govt Model High School OPJ Centre, Sandur (T), Bellary (D) Toranagallu – 583123	2	Year of Establishment: 2012
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	Name of the Trust & complete postal address (if private)	JSW FOUNDATION BANDRA KURLA COMPLEX, MMRD GROUNDS, BANDRA EAST MUMBAI – 400051 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Contact@jsw.in	Website: www.jsw.in	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 6 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the	Name: Prof. REGINA SHOBA DASS Qualification: M.Sc.(N) M.Phil(	Mobile No: 9686020612 Office No: 08395242211	

Signature of Chairman

Signature of Member (1) 9/5/25 Dr. S.A. Nithin

Signature of Member (2) Pavithra R PAVITHRA. R

	institution	Experience: UG - 04 yr, PG - 22 yr 8 months Email: reginathobadass@gmail.com		Fax No: Residential phone No: 9686020612
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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	1050	30,000	60,000	40,000	25,000	1,56,050
Post Basic B.Sc. Nursing	–	–	–	–	–	–
					Total (A)	1,56,050

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation ✓	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	5 x 2000	10.000
	2. OBG Nursing	5 x 2000	10.000
	3. Pediatric Nursing	5 x 2000	10.000
	4. Mental Health Nursing	5 x 2000	10.000
	5. Community Health Nursing	5 x 2000	10,000
	Course identification fee + Application fee	50 + 1000 Total (B)	51,050.00
NPCC			
		~~Total (C)~~	
		Grand Total (A+B+C)	2,07,100-00

Online Transaction Number or Details:
UG - ZICOADF094IB2Z dated - 23-12-2024
PG -

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the	Intake Approved	GOK	RGUHS	KSNC	INC	Remarks

Signature of Chairman | Signature of Member (1) DR. S-A. Nishin | Signature of Member (2) PAVITHRA.R

Course	and Admitted	GOK	RGUHS	KSNC	INC	
Basic B.Sc. Nursing	Approval Letter No. and Date	HFW:54 mps 2011, BANGLORE dt. 12-1-2012 Annexure - 5	RGU/AFF/FNS 357/2011-12 dt. 8/2/2012 Annexure - 6	KNC:478: 2012-13. dt. 21-12-2012 Annexure - 7	18-15/6603 INC 22/09/14 169/2/9/2012 Annexure - 8	
	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	–	–	–	–	
	Admissions Made for the Current Academic Year	–	–	–	–	
M.Sc. Nursing	Approval Letter No. and Date	MED 443 MPS 2023. dt. 6/10/2023 Annexure - 5	RGU/AFF/ N357/2023-24 dt. 12/10/23 Annexure - 6	KSNC:2220: 2023-24 dt. 20/1/24 Annexure - 7	FileNo 18-15/ 16616-INC dt. 22/9/24 Annexure - 8	
	Sanctioned Intake	25	25	25	15	
	Admissions Made for the Current Academic Year	18				
M.Sc. NPCC	Approval Letter No. and Date	– Annexure - 5	– Annexure - 6	– Annexure - 7	– Annexure - 8	
	Sanctioned Intake	–	–	–	–	
	Admissions Made for the Current Academic Year	–	–	–	–	

Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) 9/5/25

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	8	7	4	3	22
	Female	32	15	35	37	119
Post Basic B.Sc Nursing	Male	-	-	-	-	141
	Female	-	-	-	-	
M.Sc Nursing	Male	1	1			2
	Female	17	11			28
M.Sc NPCC	Male	-	-	-	-	30
	Female	-	-	-	-	Total - 171

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

Annexure - 9

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

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

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

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

Remarks: _____

_____

_____

Signature of Chairman

9/5/25
Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01					00				
2	Vice-Principal	1	1				01					00				
3	Professor	1	1-2		1*		01					00				
4	Associate Professor	2	2-4		1*		00					02				
5	Assistant Professor	3	3-8	2	3*		05					02				
6	Tutor	8-16	16-24	2-10	--		15					00				
	Total	**16-24**	**24-40**	**4-12**			23					04				

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

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

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

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

Signature of Chairman

9/5/25
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.	Prof. Regina Shoba Dass	Principal	M.Sc(N) Psychiatric Nsg	2002	20357	4	22	14/9/2021	Yes	Present
2.	Prof. Rajeswari. P	Professor	M.Sc(N) Paediatric Nsg	2012	RR TMN2011 2079 KAR	4	12	4/5/2012	Yes	Present
3.	Prof. Shivaraj Annigeri	Professor	M.Sc(N) Medical Surgical Nsg	2014	169654	1.6	10	29/11/2023	Yes	Present
4.	Mrs. Sandhya Priyadarsini	Asso. Professor	M.Sc(N) OBG Nsg	2014	RR ANP 20229993 KAR	8	10	15/03/2023	Yes	Resigned & Absent
5.	Mrs. Vindhya. M.K	Ass. Professor	M.Sc(N) Community H.Nsg	2015	21487	2	9	5/12/2022	Yes	Present
6.	Mrs. Vinjayalakshmi. M	Ass. Professor	M.Sc(N) Community H.Nsg	2016	RR ANP 2017 ST42 KAR	8	8	4/5/2012	yes	Resigned & Absent
7.	Mrs. Pramila. B.R	Ass. Professor	M.Sc(N) Psychiatric Nsg	2018	27364	4	6	2/8/2021	Yes	Present
8.	Mr. Gowtham. P.K	Ass. Professor	M.Sc(N) Paediatric Nsg	2018	T2932	1	6	7/10/2024	Yes	Present
9.	Mrs. Darla Snehabindu	Ass. Professor	M.Sc(N) [illegible]	2018	ANP2024 10760 KAR	2	4	28/12/2023	Yes	Resigned & Absent
10.	Mrs. Sigamala. S.V. Rani	Ass. Professor	M.Sc(N) Medical Surgical Nursing	2019	ANP 2024 10765 KAR	2	4	28/12/2023	yes	Present
11.	Mr. Prabhakara. R	Ass. Professor	M.Sc(N) Community H.Nsg	2021	92852	1	3	7/4/2024		Present
12.	Mrs. Kirthi Bilikikar	Lecturer	M.Sc(N) Medical Surgical Nsg	2023	543T2	0	2	3/5/2023	Yes	Present
13.	Ms. P. Sunitha	Lecturer	M.Sc(N) OBG Nsg	2024	121955	0	0.1	24/03/2025	•	Present
14.	Mrs. Archana K M	Tutor	B.Sc.(N)	2018	892416	2	NA	1/2/2023	Yes	Present
15.	Ms. Asha. B	Clinical instructor	B.Sc(N)	2023	1502405	1.5	NA	11/12/2023	Yes	Present
16.	Ms. Bharathi.B	Tutor	B.Sc(N)	2020	116908	3	NA	16/1/2021	1'	Present
17.	Mrs. Suja Narayanan	Tutor	B.Sc(N) Pediatric	2020	35214	2	NA	3/4/2023		Present
18.	Mrs. Kavya. N	Tutor	B.Sc(N) Pediatric	2021	174714	2	NA	15/02/2023		Present
19.	Mrs. Priyanka. Kumari	Tutor	B.Sc(N)	2021	126454	2	NA	1/6/2023		Present
20.	Ms. Chandralatha. N	clinical instructor	B.Sc(N)	2022	136295	2	NA	16/11/2023		Present
21.	Mr. Kashinath	clinical instructor	B.Sc(N)	2022	136729	2	NA	16/11/2023		Leave
22.	Ms. M. Tejashwini	Tutor	B.Sc(N)	2022	137497	0.9	NA	4/9/2024		Present

List of Signature Enclosed

Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) Pavithra.R 9/5/25

23.	Mr. Naveenkumar. B.O	Clinical instructor	B.Sc.(N)	2022	133554	2	NA	16/11/2023		Leave.
24.	Mrs. Vishalakshi. B	Tutor	B.Sc(N) post Basic	2023	196992	0.6	NA	4/7/2024		Present
25.	Ms. pooja. D	Tutor	B.Sc(N)	2023	158677	0.5	NA	12/12/2024		Present
26.	Mrs. Jyothi. S.H	Tutor	B.Sc(N) post Basic	2024	205903	0.5	NA	16/12/2024		Present.
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Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) Parvathavarthini.R 9/5/25

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.
-

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. **Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

- Enclosed -

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	28,600 Sq.ft.	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 class rooms 900 Sq.ft. Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	– NA –	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	10 class room 600 Sq.ft Each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	– NA –	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	5 X 200 = 1000	
	4. Professor/Assoc. Prof	800+2400=3200	600 + 2400 = 3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		200	
	7. Accountants Office		200	
	8. Store Room		100	
	9. Record room		100	
	10. Room for maintenance staff		00	
	11. Xeroxing room		–	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) 9/5/25

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

Note:

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

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

Annexure - 12

Building Documents:

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Annexure - 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA35D1319 KA35D1320	52 52	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books – Enclosed.

Annexure - 14

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3000	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	2958	**No. of Nursing Journals subscribed**	11
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	Yes
No of e-books	100	**How many books were purchased in last financial year?**	230

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Narayana Reddy. H	B.Lib.Sc	10 yrs	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		- Enclosed -
Conferences attended		

18. Details of Clinical / Hospital Facilities : - Enclosed -

Annexure - 16

Signature of Chairman **Signature of Member (1)** 9/5/25 **Signature of Member (2)** 9/5/25

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☑	
		ii.Trust member with MOU ☐	

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital JINDAL SANJEEVINI MULTISPECIALITY HOSPITAL VV NAGAR, TORANAGALLU		180	2kms	75%	
NAME OF THE TRUST/ Person owning The Hospital JSW FOUNDATION Mrs SANGITA JINDAL					
Name Of The Owner Of The Trust Mrs. SANGITA JINDAL					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 VIMS Hospital Bellary	1500	24kms	99%	
	2 SRI SAI Hospital Bellary	50	28kms	90%	

(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).

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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.)

Signature of Chairman | **Signature of Member (1)** 9/5/25 | **Signature of Member (2)** Panithran.R 9/5/25

Note ;

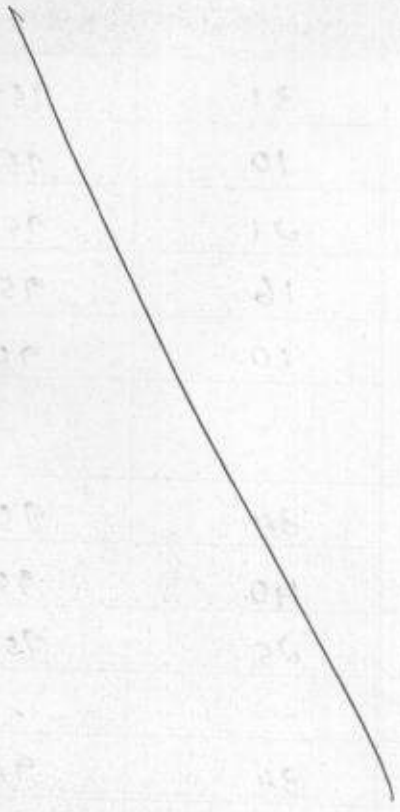
- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:



18.1. Distribution of Beds - Enclosed -

Clinical Areas	Parent	Affiliated

Signature of Chairman **Signature of Member (1)** 9/5/25 **Signature of Member (2)** 9/5/25

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	28	75%	210	99%
Surgery including OT	39	75%	290	99%
Obstetrics & Gynecology	12	85%	135	100%
Pediatrics,	14	75%	208	99%
Emergency Medicine	09	80%	74	99%
Psychiatry	Nil	—	20	95%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	75%	31	95%
Minor OT	01	75%	10	95%
Dental, Otorhinolaryngology, Ophthalmology	20	80%	21	95%
Burns and Plastic	02	75%	16	95%
Neonatology care unit	08	80%	60	95%
Communicable disease/ Respiratory medicine/TB & chest diseases	02	80%	—	—
Dermatology	02	75%	34	95%
Cardiology	05	75%	40	95%
Oncology	—	—	25	95%
Neurology/Neuro-surgery	02	75%	—	—
Nephrology/Urology	04	80%	34	98%
ICU/ICCU	20	80%	40	99%
Geriatric Medicine	—		—	—
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	CHC Tovarangallu

Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) 9/5/25

Adopted / Affiliated ✓	Affiliated
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	1km
b. Services Rendered by Health & Family Welfare Programmes	MCH Services, IP & OP Services, 24 hrs Emergency Service, Reference Service, National Health Programm Services, Immunisation.
URBAN FEILD :	
a. **Name of CHC / PHC / SC**	SANDUR PHC
Adopted / Affiliated	AFFILIATED
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	30kms
b. Services Rendered by Health & Family Welfare Programmes	MCH, IP & OP, Emergency, Referred, ATTP Immunization, HE & FEC.
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	Enclosed.

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

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

Signature of Chairman **Signature of Member (1)** 9/5/25 **Signature of Member (2)** 9/5/25

	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 15900	
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 : 78	Boys : 6
f.	Total No. of rooms	Girls : 54	Boys : 1
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	Submitted (Tick Mark)	
		Yes	NO

Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) 9/5/25

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format	✓	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman 9/5/25 **Signature of Member (1)** 9/5/25 **Signature of Member (2)**

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓	

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

Observations:

- College was visited by LIC for continuation of affiliation & enhancement of seats from 40 to 60 for BSc Nursing course on 9/5/25.
- Jindal South west foundation Trust was registered on 23/2/2007 & established OP Jindal college of Nursing in the year 2012.
- The college land with six years of Lease has expired. No renewal done. This is not according to the norms.
- The college has building with Infrastructure according to the norms. established with 4 class rooms, 5 Labs, HOD rooms, faculty rooms, office with adequate space & equipments.
- The college has full time Principal, Vice Principal, one professor, 05 Assistant professors. There is deficiency of Two Associate Professors & Two assistant Professors.
- The college has 09 external visiting faculty & 10 Non Teaching faculty. BAMS graduate is appointed as visiting faculty to teach Anatomy.
- The college has adequate space & seating arrangements in the library. Library has only 2988 books.
- The college has Parental Hospital situated at a distance of two kms from college. The bed strength is not matching with the PCB certificate / BMW management / MOU with hospital.
- The hospital has good infrastructure with clinical material. Students are posted at VIMS, Ballari & CHC's for clinical experience.
- The college has two buses with 52 seating capacity each for students transportation.
- The college has seperate hostels for boys & girls in a rented building managed by JSW.

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 9/5/25 Pavithra. R PAVITHRA R

9/5/25 DR.S.A.Vidhya.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at O P Jindal College of Nursing, Ballari which has applied for continuation of affiliation for the academic year 2024-25. & enhancement of seat for BSc Nursing from 40 to 60.

We have conducted LIC inspection of this college on 09/05/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust O.P. Jindal College of Nursing, Ballari are submitting the affidavit toUniversity.

The trust JSW Foundation is running/managing the colleges 1. O.P. Jindal College of Nursing, Ballari.

2. —

3. — since 2012 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.

Regina
9/5/2025
Principal
OP Jindal College of Nursing
V.V. Nagar, Toranagallu-583123.
Sandur(Tq.), Bellary(Dt.), Karnataka.

Signature of Chairman

9/5/25
Signature of Member (1)

Pavithra. R 9/5/25
Signature of Member (2)

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

Signature of Chairman

Signature of Member (1) 9/5/25

Signature of Member (2) 9/5/25