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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Bharath Anche	Dr. Saleemulla Khan	Mrs. Anu. C.M
Designation	SENATE MEMBER	Principal (AC Member)	Professor
Address	RGUHS. Bangalore	P.A. College of Pharmacy Mangalore.	Sri Lakshmi College of Nursing. B'lore
Mobile No	8892746994	9916877900	9449726316.
Email ID	bharath.de12@gmail.com	saleemulla@pacp.edu.in	anucmmsc@gmail.com

For the Academic Year :	2025-26		*Date of Inspection:*		
(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	SDS, TRC & RGICD College of Nursing Someshwaranagar, 1st Main Road, Dharmaram college Post (Near NIMHANS) Bengaluru-29.	2	Year of Establishment: 2013
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	SDS, TRC & RGICD Someshwaranagar 1st Main Rd, Dharmaram college Post Near NIMHANS, Bengaluru (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: sdstbrgicd@gmail.com	Website: www.rgicd.karnataka.gov.in	

Signature of Chairman

Signature of Member (1)
Dr. Saleemulla Khan
AC Member
6/8/2025

Signature of Member (2)
Mrs. Anu. C.M.
Subject Expert
16/8/25

	(b). Name of the Owner of Trust/Society			
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	Details of Principal/Head of the institution	**Name:** Mrs. Bhagyavathi **Qualification:** M.Sc(N) **Experience:** 13yrs **Email:** principalsrgicalcon@gmail.com	**Mobile No:** 7975815680 **Office No:** **Fax No:** **Residential phone No:**	
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** —	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation Affiliation					
Post Basic B.Sc. Nursing	—	—	10000/-	—	—	10000/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nsg	5	
	2. Child Health Nsg	5	
	3. OBG Nsg	5	
	4. Mental Health Nsg	5	
	5. Community Health Nsg	5	
		Total (B)	10000/-
NPCC		10	
		Total (C)	10000/-
		Grand Total (A+B+C)	30000/-

Online Transaction Number or Details: ZSB18VL08VJCES, ZSB15C108VK7P1, ZSBH6P08VJWR1

20/12/2024

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

	Admissions Made for the Current Academic Year	3				

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	33	34	28	14	109
	Female	69	66	57	51	243
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male	04	-	-	-	4
	Female	10	-	-	-	10
M.Sc NPCC	Male	03	01	-	-	4
	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——
			—			

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——
		Annexure Enclosed				

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

Remarks:_____

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 16/8/25

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	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	100	100	100	100	
	Admissions Made for the Current Academic Year	105				
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	
	Sanctioned Intake	25				
	Admissions Made for the Current Academic Year	14				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	10				

Signature of Chairman

Signature of Member (1)

16/8/25

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					1		1	1					
2	Vice-Principal	1	1					1		1	1					
3	Professor	1	1-2		1*			2		2	2					
4	Associate Professor	2	2-4		1*			2		2	2					
5	Assistant Professor	3	3-8	2	3*			6		6	6					
6	Tutor	8-16	16-24	2-10	--			21								
	Total	**16-24**	**24-40**	**4-12**				33		12	12					

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

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

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

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

16/8/25

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.	Mrs. Bhagyavathi	Principal	M.Sc(N) MSN	2010	9416	20	12yr	2/5/2013	—	
2.	Dr. Anuchithra.S	Vice-Principal	MSCN-OBG PhD(N)	2001 2011	1556 KAR	2 yrs	25yrs	27/3/2019	—	S. Anuchithra
3.	Mrs. Shanthakka.N.C	Professor	M.Sc(N)	2004	000085 70	:	21yr	21/1/21	—	
4.	Mrs. Bhavani.C	Asst. Prof	M.Sc(N) CHN	2016	3-1026	1yr 5M	9yr	18/2/2022	-	
5.	Mrs. Malathi.V	Asst. Prof	M.Sc(N) OBG	2019	10-12	10yr	6yr	18/9/2021	—	
6.	Dr. Ananda.A	RGSO Prof	Ph.D.	2018	12194	8yr	6yr	19/2/2019		
7.	Mrs. Lokanayaki	Asst. Prof	M.Sc(N)	2019	13NM364	8yr	6yr	1/8/2024		
8.	Mrs. Krishnamaal.T.	Lecturer	M.Sc(N) MSN	2024	1331	6yrs	1yr	03/08/24	—	
9.	Mrs. Soumya.S.N	Asst. Prof	MSc(N) MSN	2016	171414	6yrs 6months	9yrs		-	
10.	Mr. Charles.P	Lecturer	M.Sc(N) MSN	2023	85857	-	1yr	22/5/24	-	
11.	Mrs. Tangashubha	Lecturer	M.Sc(N) MSN	2024	85860	-	1yr	22/5/24	-	
12.	Mr. Thippeswamy	Lecturer	M.Sc(N) MSN	2024	85856	-	1yr	22/5/24	-	
13.	Mr. Anand Hiremath	Nsg Tutor	PB.B.Sc(N)	2014	012149	-	1yr	22/5/24	-	
14.	Mr. Prakash.P	Nsg Tutor	PB.B.Sc(N)	2017	020594	-	1yr	22/5/24	-	
15.	Mr. Sharath T S	Nsg Tutor	PB.B.Sc(N)	2017	85846	-	1yr	22/5/24	-	
16.	Mr. Manjunath BK	Nsg Tutor	B.Sc(N)	2018	92144	-	1yr	22/5/24		
17.	Mr. Manjunatha G.	Nsg Tutor	PB.B.Sc(N)	2021	187227	-	1yr	22/5/24	-	
18.	Mrs Chethana, T	Nsg Tutor	PB.B.Sc(N)	2021	-	-	1yr	22/5/24	-	
19.	Mrs. Manjula.K C R	Nsg Tutor.	PB.B.Sc(N)	2021	164002	-	1yr	22/5/24	-	
20.	Ms. Shivakallava	Nsg Tutor	PB.B.Sc(N)	2022	210623	-	1yr	22/5/24	-	
21.	Ms. Savitha.S	Nsg Tutor	PB.B.Sc(N)	20						
22.	Ms. Divya.A.S	Nsg Tutor	PB.B.Sc(N)	2022	409569	1yr	-	22/5/24	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 10/8/25

23.	Ms. Nagamani. N	Nsg Tutor	B.Sc(N)	2022	131854	1yr	-	22/5/24	-	N/o Nagamani.N
24.	Mrs. Renuka	Nsg Tutor	PB.B.Sc(N)	2022	91932	1yr	-	22/5/24	-	N/o Renuka
25.	Ms. Vanajakshi	Nsg Tutor	PB.B.Sc(N)	2023	156601	1yr	-	22/5/24	-	N/o
26.	Ms. Gundamma	Nsg Tutor	PB.B.Sc(N)	2023	-	1yr	-	22/5/24	-	
27.	Ms. Leelavathi	Nsg Tutor	PB.B.Sc(N)	2023	-	1yr	-	22/5/24	-	N/O
28.	Ms. Chandrakala	Nsg Tutor	PB.B.Sc(N)	2024	164506	1yr	-	22/5/24	-	N/o. Chandrakala
29.	Mr. Yamunarappa.	Nsg Tutor	PB.B.Sc(N)	2022	223744	1yr	-	22/5/24	-	N/O
30.	Mr. Prashanth	Nsg Tutor	PB.B.Sc(N)	2020	213156	1yr	-	22/5/24	-	
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Signature of Chairman

Signature of Member (1)

16/8/24

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

- **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.

16/8/21

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
			Annexure 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	23,449	
	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	1050	
	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	1200	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	1250	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1050	
	4. Professor/Assoc. Prof	800+2400=3200	5000.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		760	
	7. Accountants Office		400	
	8. Store Room		300	
	9. Record room		300	
	10. Room for maintenance staff		350	
	11. Xeroxing room		-	
	12. common room	1000	1200	
	13. Seminar hall	3000	3200	
	14. Toilets	1000	1500	
	15. A.V/Aids room	600	600	

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 16/8/25

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1650	
	Nutrition & Community Health Nursing	1200sq.ft	1250	
	Obstetrics and Gynecology Laboratory	900sq.ft	950	
	Pediatrics Nursing Laboratory	900sq.ft	950	
	Pre-Clinical Sciences Laboratory	900sq.ft	950	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1700	

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**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
NOT AVAILABLE		—	Yes / No	Yes / No	Yes / No

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital SDS, TRC & RHCD Someshwaranagar, 1st MR Dharmaram College Post, Near NIMHANS, B'lore-29		440	100mt	80 %	
NAME OF THE TRUST/ Person owning The Hospital Govt of Karnataka					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Indira Gandhi Institute of Child Health	490	100mt	90 %	
	2 Sanjay Gandhi Institute of trauma & Orthopedics	250	500mt	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, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

16/2/23

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

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2500	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	1205	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	54	**Is internet facility available for Students?**	Yes
No of e-books	-	**How many books were purchased in last financial year?**	430

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Shobhavathi.k	Diploma Lib informatim science	6yr 6 months	

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

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

Academic activities	Particulars	Remarks
Research Projects	5	
Conferences conducted	20	
Conferences attended	20	

16/8/25

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

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)**

16/12/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	370	318	600	600
Surgery including OT	100	83	50	40
Obstetrics & Gynecology	–	–	700	650
Pediatrics,	–	–	300	250
Emergency Medicine	–	–	40	30
Psychiatry	–	–	50	35

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	1	1	2	1
Minor OT	1	–	2	1
Dental, Otorhinolaryngology, Ophthalmology	–	–	15	13
Burns and Plastic	–	–	35	30
Neonatology care unit	–	–	70	55
Communicable disease/ Respiratory medicine/TB & chest diseases	–	–	50	33
Dermatology	–	–	10	7
Cardiology	–	–	15	7
Oncology	–	–	10	7
Neurology/Neuro-surgery	–	–	08	5
Nephrology/Urology	–	–	50	32
ICU/ICCU	–	–	23	20
Geriatric Medicine	–	–	10	8
Any other	–	–	–	–

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Jigani
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	18 kms
b.	Services Rendered by Health & Family Welfare Programmes	MCH Services
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Siddapur PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	3
b.	Services Rendered by Health & Family Welfare Programmes	MCH Services
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 16/8/25

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft** 10000	
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 :** 88	**Boys :** 45
f.	Total No. of rooms	**Girls :** 25	**Boys :** 20
g.	Water Supply	**YES** ☑	**NO** ☐
h.	Electricity Supply	**YES** ☑	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	**NO** ☐
j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☐	**NO** ☑
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

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

List of Annexures:

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

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 16/8/25

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:

It has been observed that on day of Inspection SDS, TRC & RGICD College of Nursing, Bangalore - 28
Nursing Infrastructure → 23449 sq ft
Including → Nursing fundamental Lab, OBG, Paediatric Lab, Library facility

→ All faculty were present at the time of Inspection
- College attached to 420 bed Hospital
- Running under Govt of Karnataka.

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 16/8/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SDS, TRC & RGNIFD College of Nsg. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 16/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

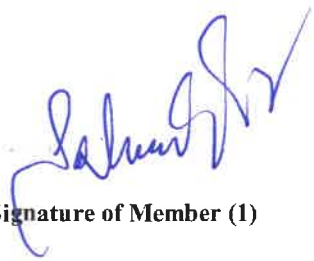
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

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

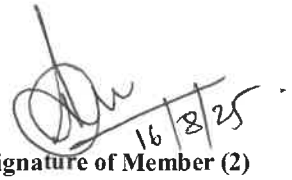
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

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

Signature of Chairman



Signature of Member (1)



Signature of Member (2)

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

UNDERTAKING by Trust Management

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

The trust _____ is running/managing the colleges 1. _____
2._____
3._____ since _____ years.

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

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

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

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

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

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

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.