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 Anoop Nair	Dr. Basavaraj Nadagouda.	mala.m.g
Designation	Associate Professor	Dean & Professor	Asssociate Professor
Address	Coorg Dental College Bangalore	Rajarajeshwari Ayurvedic medical college, Hemmabad	Vidhwat College of Nursing Banglor
Mobile No	9886459375	9845975191	9739985247
Email ID	dranoopnair@yahoo.com	drbasunadagouda@gmail.com.	malang2602@mal.com.

Inspection For the Academic Year : *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	Sri Guru Raghavendra college of Nursing. Fort Road, KB Extension Chitradurga. 577501	2	Year of Establishment: 2011-12
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	SEED(R) Society for Education and Environmental Development (R) Fort Road, KB Extension Chitradurga. 577501 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Srigururaghavendra1@gmail.com	Website: Sriraghavendra/Sriguru raghavendra.com	
		Office No: 08194-234944.	Mobile No: 9448137253.	

Signature of Chairman 13/8/25

Signature of Member (1) 13/8/25

Signature of Member (2) mala.m.g 13/8/25.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	H. Sreenivasa. 9448137853		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : —copy Enclosed— (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Jayalakshmi. M Qualification: MSC [N] Experience after MSc: Email:		Mobile No: 9900232695 Office No: 08194 - 234944. Fax No: Residential phone No:
	b) Drawing authority of the college			

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **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	—	2,00,000/-	9,500/-	25,000/-	2,34,500/-
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation ✓	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical	5	
	2. OBG	5	
	3. community health Nursing	5	
	4. Paediatric	5	
	5. Psychiatric	5	
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: BD000000007598339 , BD000000037933.

Signature of Chairman 13/8/15 **Signature of Member (1)** **Signature of Member (2)**

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	continuation of Affiliation.
	Affiliation Sanctioned Intake	MED778 MPS2024 D:-10/12/24	RGUHS/AFF/ NSG/361/ 2024-25	2357: 2024-25	2357 2024-25	
	Admissions Made for the Current Academic Year	60	60	60	60.	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	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	continuation of Affiliation.
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			

13/8/25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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.ScNursing	Male	17	17	16	12	62
	Female	23	23	24	28	98
Post Basic B.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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: _____

13/8/25

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01		01					
2	Vice-Principal	1	1							01		01					
3	Professor	1	1-2					1*		01		01					
4	Associate Professor	2	2-4					1*		04		04					
5	Assistant Professor	3	3-8				2	3*		02		01					
6	Tutor	8-16	16-24				2-10	--		19		01					
	Total	**16-24**	**24-40**				**4-12**			28		09					

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

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

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

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

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

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

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

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

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

250 students				

* Aadhar based biometric attendance for students

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

SRI GURU RAGHAVENDRA COLLEGE OF NURSING

TEACHING FACULTIES 2025- 26

SL NO	NAME	DESIGNATION	QUALIFICATION	NAME OF THE UNIVESITY & SPECILITY	YEAROF PASSING		R.N AND R.M NO.	TEACHING EXP.		DATE OF JOINING	SIGN
					UG	PG		UG	PG		
1.	JAYALAKSHMI M	PRINCIPAL	MSC (N)	RGUHS MEDICAL SURGICAL	2010	2015	7776	15	10	25/01/2023	
2.	SURESHA B M	VICE PRINCIPAL	MSC (N)	RGUHS PEDIATRIC	2008	2012	13365	17	13	29/10/2022	
3.	AJAY KUMAR .R	ASSOCIATE PROFESSOR	MSC (N)	RGUHS PSYCHIATRY	2013	2016	58723	12	9	26/04/2025	
4.	KAVYA SHREE H. V	ASSOCIATE PROFESSOR	MSC (N)	RGUHS OBG	2010	2016	33574	15	9	06/04/2024	
5.	LAKASHMI. M	ASSOCIATE PROFESSOR	MSC (N)	RGUHS COMMUNITY HEALTH NURSING	2009	2017	24949	16	8	22/12/2022	
6.	VANI B	ASSOCIATE PROFESSOR	MSC (N)	RGUHS PEDIATIRC	2014	2018	66112	11	7	04/03/2023	
7.	SHILPANANDA. A	ASSOCIATE PROFESSOR	MSC (N)	RGUHS PSYCHIATRY	2014	2018	65012	11	7	20/02/2023	
8.	CHAYA DEVI H R	ASSISTANT PROFESSOR	MSC (N)	RGUHS OBG	2015	2020	73880	10	5	09/10/2023	
9.	MADHU .M.P	ASSISTANT PROFESSOR	MSC (N)	RGUHS PEDIATIRC	2016	2019	135433	9	6	04/05/2022	
10.	PREMA	TUTOR	BSC (N)	RGUHS	2007		6129	17	-	06/06/2019	Leave.

11	UMRAAJ PARVEEN	TUTOR	BSC (N)	RGUHS	2012		87177	14	-	06/07/2023	
12.	PAVITRA. C	TUTOR	BSC (N)	RGUHS	2015		130160	10	-	08/04/2018	
13	AJJAIAH. C. V	TUTOR	BSC (N)	RGUHS	2017		154278	8	-	13/10/2022	
14.	RAVI. H	TUTOR	BSC (N)	RGUHS	2021		177589	4	-	29/03/2023	
15.	VASEEMA. R	TUTOR	BSC (N)	RGUHS	2021		121589	4	-	06/06/2022	
16.	MONIKA S	TUITOR	BSC (N)	RGUHS	2021		126497	4	-	01/06/2022	
17.	THRIVENI T	TUITOR	BSC (N)	RGUHS	2021		121265	4	-	02/07/2023	
18.	JAMUNA BAI K S	TUITOR	BSC (N)	RGUHS	2021			4	-	08/07/2023	
19	NAGENDRAPPA	TUITOR	BSC (N)	RGUHS	2020		149730	4	-	22/02/2024	
20	MAHAVEERA BUDDHA NAYAK . N	TUITOR	BSC (N)	RGUHS	2023		145824	2	-	15/03/2024	
21	SINDHU SHREE R C	TUITOR	BSC (N)	RGUHS	2023		214437	2	-	6/07/2023	
22	KAVITHA .S	TUITOR	BSC (N)	RGUHS	2024		215924	1	-	14/01/2024	
23.	PRATHIBHA	TUITOR	BSC (N)	RGUHS	2024		189377	1	-	06/01/2024	
24	MARIA SALOMI BHOOMIKA N	TUITOR	BSC (N)	RGUHS	2024		-	0.5	-	01/03/2025	

25	POOJA K	TUITOR	BSC (N)	RGUHS	2019		104071	4	-	15/03/2024	
26	ARTHI	TUITOR	BSC (N)	RGUHS	2020		88886	3	-	04/07/2024	
27	ROOPA B	TUITOR	BSC (N)	RGUHS	2021		121280	2	-	02/07/2023	
28	RAMESH G L	TUITOR	BSC (N)	RGUHS	2020		107237	4	-	15/03/2024	

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
	Radhika. M.D	MBBS MD pathology	Pathology	150 hrs	——

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	34,120 Sqft	
	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	1200X8 9600 Sqft	
	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	600X6=3600 Sqft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	480 Sqft	
	2. Vice-Principal Chamber	200	250 Sqft	
	3. HOD	5 x 200 = 1000	1000 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	4800 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	1200 Sqft	
	7. Accountants Office	**100**	400 Sqft	
	8. Store Room	**100**	900 Sqft	
	9. Record room	**100**	900 Sqft	
	10. Room for maintenance staff	**100**	600 Sqft	
	11. Xeroxing room	**100**	180 Sqft	
	12. common room (Girls & Boys)	600+400= 1000	2000 Sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4000 Sqft	
	14. Toilets	1000	1500 Sqft	

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

	15. A.V/Aids room	600	800 Sqft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sqft	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Yes
2	**Is the college building own or leased ?**	Own
3	**Blue print of the building plan approved and attested by competent authority.**	Yes.
4	**Building construction license from competent authority**	Yes.
5	**Tax paid receipt (Latest / current year)**	Submitted.
6	**Occupancy certificate.**	Submitted.
7	**Sale deed / Lease deed of the building / Land.**	Submitted.
8	**Land Conversion order from DC**	Enclosed
9	**Town planning/Authorities approval order**	Enclosed

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

13/8/15

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
-	KA16AA2667	40	~~Yes~~ / No	~~Yes~~ / No	~~Yes~~ / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2350 Sqft	YES ☑ No ☐	yes	yes	

Total No. of Nursing Books available	2354	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	✓
No of e-books	on connect to RGUHS Digital Lib	**How many books were purchased in last financial year?**	155

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Sunil. J.B	M.Lib	13 years.	

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

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

Academic activities	Particulars	Remarks
Research Projects	Nil	

13/8/25

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

Conferences conducted	05	
Conferences attended	Teaching Staff have Deputed to Attend the Conferences.	

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☑	
		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 Krishna Hospital Lakshmi Bazar Chitradurga. MOU(Registered parent hospital MOU)		100	01 km.	98%.	
NAME OF THE TRUST/ Person owning The Hospital Dr II Prabhakar Hanchate					
Name Of The Owner Of The Trust of Hospital Dr II Prabhakar Hanchate.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Government Dist Hospital Chitradurga.	900	01 km.	99%.	
	2 Basaveshwara Hospital Chitradurga.	750	3km	90%.	
	3				

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

	(MOU/Clinical permission letter)		Enclosed		

(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:

Verified & copy enclosed.

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated			
	No. of Beds	Bed Occupancy	No. of Beds		Bed Occupancy	
Medical	20	85%	150	80%	120	89%
Surgery including OT	20	80%	250	85%	200	92%
Obstetrics & Gynecology	20	85%	100	85%	50	92%
Pediatrics,	20	85%	80	85%	100	95%
Emergency Medicine	10	75%	60	80%	40	89%
Psychiatry	10	75%	60	80%	10	88%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated			
	No. of Beds	Bed Occupancy	No. of Beds		Bed Occupancy	
Major OT	05	90%	10	88%	15	88%
Minor OT	05	90%	12	85%	20	91%
Dental, Otorhinolaryngology, Ophthalmology	—		02	90%	05	92%
Burns and Plastic	05	95%	05	88%	02	90%
Neonatology care unit	05	92%	10	90%	05	100%
Communicable disease/Respiratory medicine/TB & chest diseases	—	—	30	95%	15	93%
Dermatology	—	—	30	85%	—	—
Cardiology	05	90%	10	85%	10	92%
Oncology	05	90%	—	—	—	—
Neurology/Neuro-surgery	—	—	10	90%	—	—
Nephrology/Urology	—	—	10	90%	—	—
ICU/ICCU	05	90%	30	88%	15	92%
Geriatric Medicine	05	85%	—	—	—	—

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

Any other			—	—

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	PHC
	Adopted / Affiliated	Pandrahalli PHC
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	10 km
b.	Services Rendered by Health & Family Welfare Programmes	—
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	PHC
	Adopted / Affiliated	Budha nagar PHC
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	01 km
b.	Services Rendered by Health & Family Welfare Programmes	—
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

13/8/25

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 11.661 Sqft	
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 : 40	Boys : 40
f.	Total No. of rooms	Girls : 12	Boys : 12
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	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		X	
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		X	
Annexure - 10	List of M.Sc. Nursing Students as per format		X	
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 LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

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

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

LIC Team Observations:

For continuous appliation LIC inspection as on date of inspection 13.8.25 total of 28 faculty available along with 5 MSc Staff who have applied for guideship. Own building as per trust documents. Own hospital owned part of trust Krishna hospital with 100 bed hospital. Affiliated to the goverment hospital. as per KCB/Kpme certificate Total number of classrooms with audiovisual aids. library with more than 2300 books, 12 Journals, 1 Units of digital library units with helinet acces & Librarian available. Infrastructure facilities, with laboratory equipments available as per RGUHS norms. Hostel facilities available Transport facilities 1 Bus & 1 TT available as per documents. All relevant documents, answer, photographs along with pendrive here by enclosed.

13/8/25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sri Guru Raghavendra College of Nursing, Chitradurga which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 13.8.25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

Affidavit enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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

Affidavit Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA16872908786227X
Certificate Issued Date	:	13-Aug-2025 03:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0848637874643728X
Purchased by	:	SRI GURU RAGHAVENDRA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI GURU RAGHAVENDRA COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	SRI GURU RAGHAVENDRA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

UNDERTAKING

I Secretary SRI GURU RAGHAVENDRA COLLEGE OF NURSING , Chitradurga is the Board Members of the Krishna hospital situated at Lakshmi bazara chitradurga.

This is to confirm that our Krishna Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

NO OF CORRECTION

This is to confirm that the hospital Krishna Hospital is functioning as parent hospital for SRI GURU RAGHAVENDRA COLLEGE OF NURSING .

We also confirm that our hospital is solely affiliated to SRI GURU RAGHAVENDRA COLLEGE OF NURSING and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Krishna Hospital
Pravasi Nilaya Building
Lakshmi Bazar
Chitradurga-577501.

NOTARY
GOVT OF KARNATAKA

SWORN BEFORE ME
13 AUG 2025
Advocate & Notary
NO OF CORRECTION

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA16872304434293X
Certificate Issued Date	:	13-Aug-2025 03:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0848634335022399X
Purchased by	:	SRI GURU RAGHAVENDRA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI GURU RAGHAVENDRA COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	SRI GURU RAGHAVENDRA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

KARNATAKA SHREE SOUHARDA CRE-CO-OP LTD Chitradurga

GOVT OF KARNATAKA

UNDERTAKING by Trust Management

We the Secretary **SOCIETY OF EDUCATION AND ENVERONMENTAL DEVELOPMENT ®** are submitting the affidavit to University.

The trust **SOCIETY OF EDUCATION AND ENVERONMENTAL DEVELOPMENT ®** is running/managing the college namely **SRI GURU RAGHAVENDRA COLLEGE OF NURSING** since 7 years.

NO OF CORRECTION

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at [illegible] 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 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.

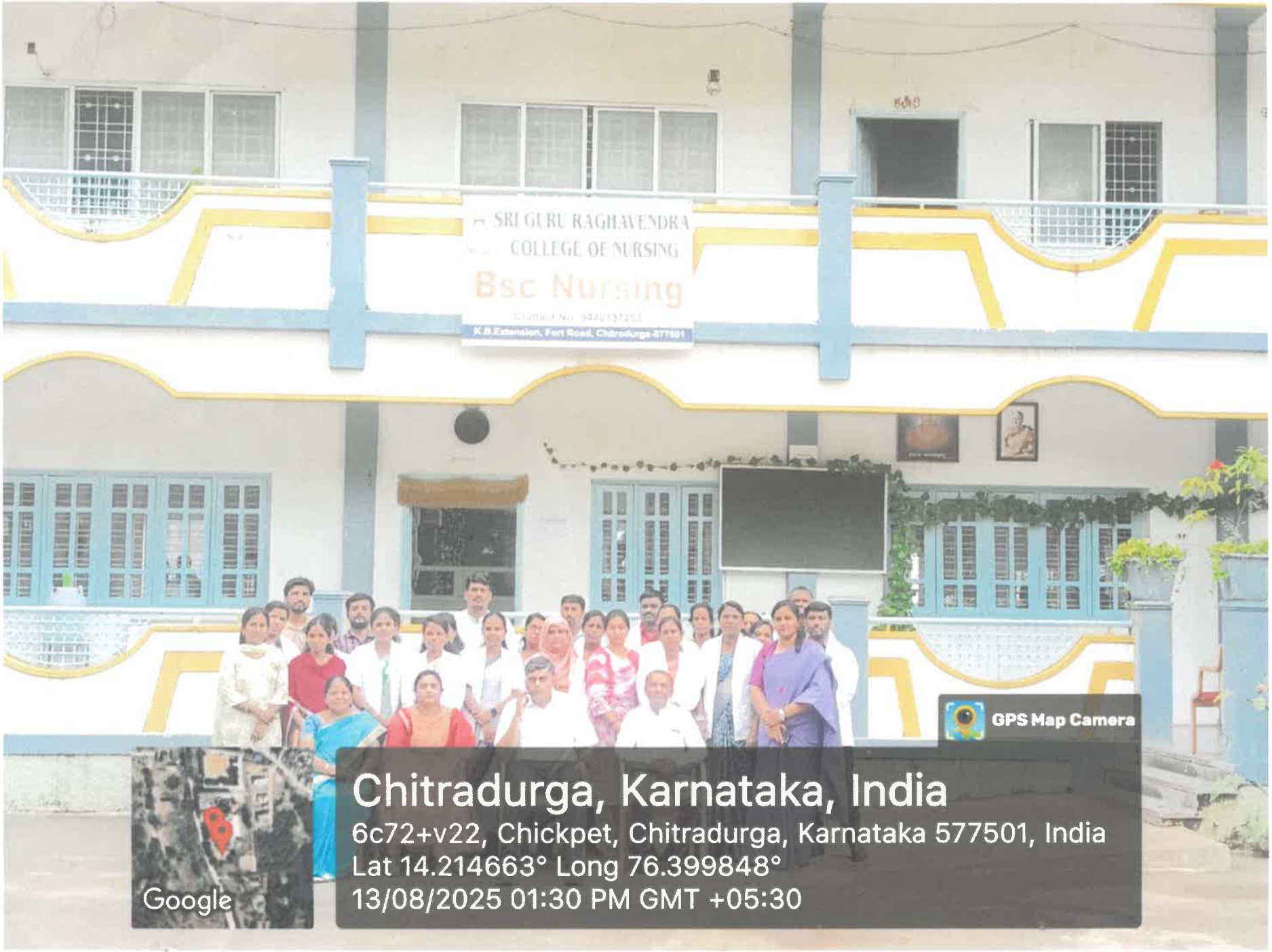
If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

Date : 13/08/2025

Place : Chitradurga

Secretary
Sri Guru Raghavendra College of Nursing -
K.B. Extension, Fort Road
Chitradurga

SWORN BEFORE ME
13 AUG 2025
NINGAPPA G
Advocate & Notary
NO OF CORRECTION


SRI GURU RAGHAVENDRA
COLLEGE OF NURSING
Bsc Nursing
K.B.Extension, Fort Road, Chitradurga-577501
GPS Map Camera
Chitradurga, Karnataka, India
6c72+v22, Chickpet, Chitradurga, Karnataka 577501, India
Lat 14.214663° Long 76.399848°
13/08/2025 01:30 PM GMT +05:30
Google