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. NAVEEN S	Dr. KIRAN KUMAR REDDY B	Mrs. SUDHA PRABHU
Designation	Professor	Principal	Professor
Address	Sri Chamundeshwari Medical College Hospital and research Institute, Bengaluru	Rajashekaraiah institute of Naturopathy and Yogic sciences, Solur, Ramanagara	Spurthi College of Nursing, Bangalore
Mobile No	9886634171	9880764634	9886666296
Email ID	nvin72@gmail.com	kkreddybnys@gmail.com	sudhaprabhu123@gmail.com

Inspection For the Academic Year : 2025-26 ***Date of Inspection: 15/08/2025***

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	√	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	√	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	**SRI SUBHADRA COLLEGE OF NURSING SUBBAIAH COMPLEX, S. R. ROAD, SHIMOGA-577201**	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 & Phone number**	**SUBBAIAH TRUST, SUBBAIAH HOSPITAL COMPLEX, JAIL ROAD, SHIMOGA -577201** (Enclose copy of Registration documents of Society/Trust) **Enclosed Annexure – 1**		
		Email: subhadracon@gmail.com	**Website:**	**www.subhadracon.com**

Signature of Chairman Dr. Naveen S 15/8/25

Signature of Member (1) Dr. Kiran Kumar Reddy B 15/8/25

Signature of Member (2) Mr. Sudha Prabhu 15/8/25

		Office No: 08182277506	**Mobile No: 9844077203**	
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	**Dr. S Nagendra**		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 05** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name: Prof. SUDHAKAR B C** **Qualification: M. Sc NURSING.** **Experience: PG- 14.5 YEARS.** **UG-** **Email: : subhadracon@gmail.com**	**Mobile No: 9448401585** **Office No: 08182 277506** **Fax No: 08182 277505** **Residential phone No:-**	
	b) Drawing authority of the college	**Dr. S Nagendra** **Managing Director**		
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**

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Rs. 1,000/- Application	Rs. 75,000/-	Rs. 1,50,000/-	Rs. 1,00,000/-	For UG Course Rs. 25,000 COURSE IDENTIFICATION FEE – RS 50/-	Rs. 3,26,000/- Rs. 25,000/- RS 50/-
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	RS 3,51,050/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	RS 3,51,050/-

Online Transaction Number or Details:

	Rs.1000/-	BD00000007584567	DATE; 28/12/2024
	Rs. 3,25,000/-	BD00000007584567	DATE; 28/12/2024
Helinet Fee (UG)	Rs. 25,000/-	BD00000007584567	DATE; 28/12/2024
Course identification fee	Rs 50/-	BD00000007584567	DATE; 28/12/2024

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	GOK NO. MED 772 MPS -2024. DATE 10.12.2024 Annexure - 5	RGUHS/AFF/NSG/ N365/2024-25 DATE.26.12.2024 Annexure - 6	KSNC/2383: 2024-25. DATE. 26/03/2025 Annexure - 7	FILE NO 18-15/14325-INC/15504. DATE. 12/08/2021 Annexure - 8	
	Affiliation Sanctioned Intake	100	100	100	60	
	Admissions Made for the Current Academic Year	57	57	57	57	
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	-	-	-	-	
	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	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	12	12	01	40	65
	Female	45	47	47	18	157
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----------
-	-	-	-	-	-	-

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:_____

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							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		3							
4	Associate Professor	2	2-4					1*		5							
5	Assistant Professor	3	3-8				2	3*		5							
6	Tutor	8-16	16-24				2-10	--		22							
	Total	**16-24**	**24-40**				**4-12**			**37**							

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				
250 students				

* **Aadhar based biometric attendance for students**

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prf SUDHAKAR B C	Prinicipal	Msc(N) Community Health Nursing	2011	7262	-	14 years 5 months	17-Mar-2025	YES	
2.	Prf . DEENA MOHAN ENAYI	VICE PRINCIPAL	Msc(N) Obstretics & Gynecologial Nursing	2013	RRANP 20229872 KAR	-	10 years 11 months	11-Dec-2024	YES	
3.	Prf DEEPTHI N	Professor	Msc(N) Psychiatric Nursing	2013	005883		11 years 10 months	20-May-2024	YES	Personal Leave
4.	PRF GAYATHRIDEVI	Professor	M.Sc(N) Medical surgical nursing	2012	13057	1 year 3 months	13 years 3 months	2-May-2023	YES	
5.	Prf JAYASHREE D R	Professor	M.Sc(N) Obstretics and gynaecology	2014	39874	1 year	11 years 3 months	17-Feb-2025	YES	
6.	MR THIPPESWAMY H	Associate Professor	M.Sc(N) Pediatrics	2016	56338	-	9 years 2 months	11-Feb-2022	YES	
7.	Mr MALLESHAPPA TOTAD	Associate Professor	M.Sc (N) Psychiatric NURSING	2017	68144	1 years	7 years 4 months	2-Apr-2024	YES	
8.	MR MAHENDRA B	Associate Professor	M.Sc(N) Medical surgical nursing	2019	74409	2 years	6 years	6-Sep-2024	YES	
9.	MR AJAY KUMAR R	Associate Professor	M.Sc (N) Psychiatric NURSING	2016	58723	11 months	8 years 5 months	17-Feb-2025	YES	
10.	MRS MANGALA G N	Assistant Professor	M.Sc(N) Community	2019	158515		3 years 1 month	25-Jun-2022	YES	

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

11.	Mrs LOVELY	Assistant Professor	M.Sc (N) Pediatric NURSING	2023	73019	3 years 8 months	1 year 3 months	3-May-2024	YES	Lovely S
12.	MR VINOD KUMAR	Assistant Professor	M.Sc(N) Medical surgical nursing	2019	84821	1 year	5 years 9 months	5-Dec-2022	YES	Vinod Kumar
13.	MRS AYESHA A NADAF	Assistant Professor	M.Sc(N) Medical surgical nursing	2019	76033	1 year 7 months	6 years 6 months	1-Apr-2025	YES	Ayesha A.N
14.	MS MYAGI S	Assistant Professor	M.Sc(N) Obstretics and gynaecology	2023	57150	2 years 5 months	1 year 9 months	1-Mar-2025	YES	Myagi
15.	MR DINESH SR	Associate Professor	M.Sc(N) Medical surgical nursing	2016	26243	4 years 2 months	7 years 8 months	2-Nov-2024	YES	Dinesh.S.V
16.	MS RASHMI CS	Nursing Tutor/ clinical instructor	BSC (N)	2012	084376	3 years 2 months	-	6-Jan-2022	YES	Maternity Leave
17.	MR HAREESHA P B	Nursing Tutor/ clinical instructor	PBB.Sc (N)	2021	124733	3 yeara 7 months	-	3-Jan-2022	YES	Hareesha P B
18.	MR MANJUNTHA S	Nursing Tutor/ clinical instructor	PBB.Sc (N)	2021	204989	3 Years 2 months	-	15/6/2022	YES	manjunatha s
19.	MS AKSHATHA M	Nursing Tutor/ clinical instructor	B.SC (N)	2014	72187	3 years 2months	-	13/6/2022	YES	Akshatha M
20.	MR MARUTHI H D	Nursing Tutor/ clinical instructor	PBB.Sc (N)	2021	124624	3 years 1 month	-	15/6/2022	YES	Medical Leave
21.	MS SHARVIKA T	Nursing Tutor/ clinical instructor	B.Sc (N)	2023	147413	1 year 8 months	-	1-Dec-2023	YES	Sharvika.
22.	MS DEEPIKA E	Nursing Tutor/ clinical instructor	B.Sc (N)	2022	131957	1 years 6 months	-	1-Feb-2024	YES	

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

23.	MS AFRIN TAJ	Nursing Tutor/ clinical instructor	B.Sc (N)	2022	143512	1 year 4 months	-	9-Apr-2024	YES	
24.	MS SHANKRAMMA	Nursing Tutor/ clinical instructor	B.Sc (N)	2024	201994	10 months	-	26-Sep-2024	YES	
25.	MS ASHWINI B A	Nursing Tutor/ clinical instructor	B.Sc (N)	2024	249735	1 year 4 months	-	4-Apr-2024	YES	Ashwini.BA
26.	MR THIPPESWAMY A	Nursing Tutor/ clinical instructor	B.Sc (N)	2024	200799	1 year 4 months	-	8-Apr-2024	YES	ThippeSwamy A
27.	MR SIDDHARTHA VANAKUDARI	Nursing Tutor/ clinical instructor	B.Sc (N)	2022	129615	10 months	-	25-Sep-2024	YES	
28.	MR MARUTHI FAKIRAPPA ALADKATTI	Nursing Tutor/ clinical instructor	B.Sc (N)	2023	159423	10 months	-	25-Sep-2024	YES	
29.	MRS SUMA P K	Nursing Tutor/ clinical instructor	PB B.SC (N)	2023	195803	10 months	-	4-Oct-2024	YES	Suma
30.	Mrs SANDHYA S	Nursing Tutor/ clinical instructor	Bsc(N)	2022	140143	1 year 4 months	-	18-Apr-2024	YES	Sandhya S.
31.	MRS SOWMYA MANJUNATH NAIK	Nursing Tutor/ clinical instructor	PB B.SC (N)	2023	232928	10 months	-	4-Oct-2024	YES	
32.	Ms TEJASWINI A S	Nursing Tutor/ clinical instructor	B.Sc (N)	2023	158469	1 year 9 months	-	1-Feb-2025	YES	Tejaswini A.S
33.	MS KAVYA	Nursing Tutor/ clinical instructor	B.Sc (N)	2022	143376	5 months	-	25-Feb-2025	YES	Kavya
34.	MS NAMANA D	Nursing Tutor/ clinical instructor	B.Sc (N)	2022	141868	6 months	-	10-Feb-2025	YES	Namana.

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

35.	Mr PRATHAP KUMAR M	Nursing Tutor/ clinical instructor	B.Sc (N)	2024	178848	4 months	-	2-Apr-2025	YES	
36.	MR SRUJAN CHAKRAVARTHI	Nursing Tutor/ clinical instructor	B.Sc (N)	2024	175394	4 months	-	26-Mar-2025	YES	
37.	MS SANJEEDA JAMALSAB BILALLI	Nursing Tutor/ clinical instructor	B.Sc (N)	2024	171870	4 months	-	2-Apr-2025	YES	

- **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	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	56,900sq.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 X 3000= 12000sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**800sq.ft**	
	2. Vice-Principal Chamber	200	**800sq.ft**	
	3. HOD	5 x 200 = 1000	**4800sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**4800sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600sq.ft**	
	7. Accountants Office	**100**	**100sq.ft**	
	8. Store Room	**100**	**100sq.ft**	
	9. Record room	**100**	**200sq.ft**	
	10. Room for maintenance staff	**100**	**100sq.ft**	
	11. Xeroxing room	**100**	**100sq.ft**	
	12. common room (Girls & Boys)	600+400= 1000	**2000sq.ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**5000sq.ft**	
	14. Toilets	1000	**3000sq.ft**	
	15. A.V/Aids room	600	**600sq.ft**	

Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	**3500 sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1200sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1200sq.ft** **1800sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**1800sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**2700sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**3000sq.ft**	

Note:

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

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

Building Documents:

Annexure – 12

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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 Licence
03	-ENCLOSED-	41+1	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	6000 sq ft	YES [√] No [ ]			

Total No. of Nursing Books available	4761	No. of Nursing Journals subscribed	24
No. of Thesis/Research titles available	10	Is internet facility available for Students?	YES
No of e-books	150	How many books were purchased in last financial year?	528

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. SHILPA	M LIB	7 Years	Verified
2	Mr. KARTHIK	B LIB	3 Years	
3	Ms. PRIYANKA	B LIB	1 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	10	Verified
Conferences conducted	4	
Conferences attended	6	

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

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%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital **1. maAx Hospital, RMR road, Shimoga** MOU(Registered parent hospital MOU)		**300**	**0.5 KMS**	**95%**	
2. maAx HOSPITAL, CAPITAL TOWER, NEAR KAMATH PETROL PUMP, N.T. ROAD,, SHIMOGA-577202		**150**	**4 KMS**	**90%**	
3. SUBBAIAH HOSPITAL, S. R, ROAD SHIMOGA- 577201		**150**	**WITHIN CAMPUS**	**90%**	
NAME OF THE TRUST/ Person owning The Hospital. **SUBBAIAH TRUST.** **DR NAGENDRA AND** **DR LATHA NAGENDRA**					Verified
Name Of The Owner Of The Trust **DR NAGENDRA AND** **DR LATHA NAGENDRA**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	**1 Manasa Nursing Home, JPN road, 1st Cross, Shimoga-577201**	**100**	**1 KM**	**100%**	
	2. Angel's Mother and Child Hospital, Shimoga	**100**	**.5 KMS**	**95%**	

(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

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)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	120	95%	-	-
Surgery including OT	90	95%	-	-
Obstetrics & Gynecology	70	95%	80	95%
Pediatrics,	35	95%	20	95%
Emergency Medicine	35	100%	-	-
Psychiatry	20	80%	100	100%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	19	95% 25 Surgeries	03	100%
Minor OT	14	95% 32 Surgeries	04	100%
Dental, Otorhinolaryngology, Ophthalmology	35	90%	-	-
Burns and Plastic	10	85%	-	-
Neonatology care unit	15	95%	-	-
Communicable disease/Respiratory medicine/TB & chest diseases	10	95%	-	-
Dermatology	5	95%	-	-
Cardiology	30	95%	-	-
Oncology	20	90%	-	-
Neurology/Neuro-surgery	30	95%	-	-
Nephrology/Urology	30	95%	-	-
ICU/ICCU	10	95%	-	-
Geriatric Medicine	5	95%	-	-
Any other	30	95%	-	-

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	**PHC-KUMSI**
Adopted / Affiliated	**AFFILIATED**
Administrate red by	**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**25 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**Antenatal, Intranatal, postnatal, neonatal care, Insertion of copper-T, MTP, Health Advice, Family Planning Camps.**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**PHC –TUNGANAGARA**
Adopted / Affiliated	**AFFILIATED**
Administrate red by	**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**5 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**Antenatal, Intranatal, postnatal, neonatal care, Insertion of copper-T, MTP, Health Advice, Family Planning Camps.**
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** ☐

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

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	59,700 Sq. ft	
c.	Is the Hostel Owned or Rented/Leased?	Own √	Rented/Leased
d.	Is there separate provision of Hostel for Male and Female Students?	YES √	NO
e.	Total No. of students in the hostel	Girls : 154	Boys : 63
f.	Total No. of rooms	Girls : 80	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	Verified as per originals documents		
		Yes	NO	Signature
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 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 affiliated hospitals.	√		
Annexure - 17	Details of Community Health Nursing Posting Facilities	√		

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

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:

Sri Subhadra College of Nursing Meets the requirement prescribed for Continuation of affiliation (100 Seats) for the year 2025-2026 in terms of faculty, equipment, infrastructure and clinical Material in the associated hospital.

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 Subhadra College of Nursing** which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on **15/08/2025** 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.

As per report

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 **Dr. S Nagendra and Dr. Latha Nagendra** Managing Trustees are submitting the affidavit toUniversity.

The trust **Subbaiah Trust**is running/managing the colleges

1. Sri Subhadra College of Nursing since **2020** 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**

Enclosed.

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

UNDERTAKING

I/We, **Dr. S Nagendra**is/are the **Owners/MD**/CEO/Board Members of the **maAx Hospital**situated at N T Road, Shimoga

This is to confirm that our hospital **maAx Hospital** is registered under KPMEA and PCB with **150** beds and the bonafide certificate has been attached.

This is to confirm that the hospital**maAx Hospital** is functioning as affiliated/parent/**own** hospital for **Sri Subhadracollege of Nursing**.

We also confirm that our hospital is solely affiliated to **Sri Subhadra College of Nursing**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**

Enclosed.

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

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Enclosed.

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

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NOTARY
Bhavani Rao.S.
B.A.,LL.B.,
SHIVAMOGGA.
Reg. No.21591
Expiry: 9-3-2030
GOVT. OF INDIA

SWORN TO BEFORE ME

Bhavani Rao, B.A.,LL.B.,
NOTARY
GOVT. OF INDIA
SHIVAMOGGA - 577 201
Date 14.6.2025

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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, **Dr. S Nagendra** is/are the **Owners/MD**/CEO/Board Members of the **Subbaiah Hospital** situated at S R Road, Shimoga

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The information provided by us is true and correct.

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

NOTARY
Bhavani Rao.S.
B.A.,LL.B.,
SHIVAMOGGA.
Reg. No.21591
Expiry: 9-3-2030
GOVT. OF INDIA

SWORN TO BEFORE ME

Bhavani Rao.S. B.A.,LL.B.,
NOTARY
GOVT. OF INDIA
SHIVAMOGGA - 577 201.
Date 10.8.2025

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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

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

NOTARY GOVT. OF INDIA Bhavani Rao.S. B.A.,LL.B., SHIVAMOGGA. Reg. No.21591 Expiry: 9-3-2030

SWORN TO BEFORE ME

Bhavani Rao, B.A.,LL.B.,
NOTARY
GOVT. OF INDIA
SHIVAMOGGA - 577 201

Date: 12/8/2025

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UNDERTAKING

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

NOTARY
Bhavani Rao.S.
B.A.,LL.B.,
SHIVAMOGGA.
Reg. No.21591
Expiry: 9-3-2030

SWORN TO BEFORE ME
Bhavani [illegible], B.A.,LL.B.,
NOTARY,
GOVT. OF INDIA
SHIVAMOGGA - 577 201.
Date.....