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. Kiran Kumar.K	Dr.Roopa K T	Mrs. Bharati Baliger
Designation		Professor	HOD, Community health Nursing.
Address	Sri Kalabyraveshwara Ayurevdic Medical Collge, Bangalore.	College of Dental sciences, Davanagere	Tatwadarsha Institute of Nursing Sciences, Hubballi.
Mobile No	9481965646	9880380503	6360472375
Email ID	dr.kiran.ayur@gmail.com	roopakt25@gmail.com.	bharatibaliger6@gmail.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**	**Dharwad Institute of mental health and Neuro sciences, College of Nursing, Dharwad-580008**	2	**Year of Establishment**
				2015
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**	**Dharwad Institute of mental health and neuro sciences, (DIMHANS), Belagavi Road, Dharwad** (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		

Signature of Chairman

Signature of Member (1)

B.v. Belagere.
Signature of Member (2)
11/8/25.

	address & Phone number	Email: dimhanscon@gmail.com		Website: https://dimhans.karnataka.gov.in/en
		Office No: 0836-2440202		Mobile No: 9880778933
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Arunkumar. C		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 09 (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: R Sreevani Qualification: M.Sc (N) Ph. D Nursing Experience after MSc: 27 Years Email: dimhanscon@gmail.com		Mobile No: 9880778933 Office No: 0836-2448055 Residential phone No: 9449942020
	b) Drawing authority of the college	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)

7. Affiliation Fee Paid Details:

Annexure - 3

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	-	-	-	-	-	-
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. Psychiatric Nursing			6		Rs.1000/-
					Total (B)	Rs. 1000/- Rs.50/-
NPCC	-			-		-
					Total (C)	-
					Grand Total (A+B+C)	Rs. 1050/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: ZSBI81170923YXJ & ZHMP3IA0EHAVFN (application fees only)

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					
	Affiliation Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
Post Basic B.Sc. Nursing	Approval Letter No. and Date					
	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 – 4 AKUKA13MSF 2015 dated 30/07/2015	Annexure – 5 RGU/CONT-AFF/ NSG/N374/23-24 dated 14-02-2024	Annexure – 6 KSNC/1157/24-25 dated 19/12/24	Annexure – 7 File No. 02/06/2015 Dated 4/06/2015	
	Sanctioned Intake	6	6	6	6	
	Admissions Made for the Current Academic Year	6				
M.Sc. NPCC	Approval Letter No. and Date					

Signature of Chairman

Signature of Member (1)

B.v. Beligere

Signature of Member (2)

	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

9. Total No. of Students under Training in each of the Nursing Education Programme: 06

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	03	01	-	-	-
	Female	03	05	-	-	-
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) --NA -

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

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

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

Enclosed Annexure –8

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----------
01						

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)**

B.V. Baligere.

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														
2	Vice-Principal	1	1														
3	**Professor**	1	1-2					1*				1				0	
4	**Associate Professor**	2	2-4					1*				0				1	
5	**Assistant Professor**	3	3-8				2	3*				1				1	
	Lecturer											1				0	
6	Tutor	8-16	16-24				2-10	--									
	Total	**16-24**	**24-40**				**4-12**					**03**				**02**	

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	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty

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	* 5 Tutors	* 12 Tutors	* 18 Tutors	* 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.	Dr. R.Sreevani	Nursing professor and Head	M.Sc(N) Ph.D in psychiatric nursing	2000 2014	37358	3 years	25 years	10-02-2014	Yes	
2.	Dr.Sunanda GT	Assistant professor	M.Sc (N) Psychiatric Nursing Ph.D in Nursing	2006 2016	29564	4 years	19 years	11-08-2011	yes	
3.	Dr.Susheel Kumar V. Ronad	Lecturer	M.Sc (N) Psychiatric Nursing Ph.D in Nursing	2010 2019	3679	2 years	15 years	11-08-2011	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.

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1.	Dr. Srinivas K.	MD Psychiatry	Psychiatry	10	
2.	Dr. Raghavendra Nayak	MD Psychiatry	Psychiatry	10	
3.	Dr. Ranganath Kulkarni	MD Psychiatry	Psychiatry	10	Verified
4.	Dr. Gayatri Hegade	Ph.D. in Clinical Psychology	ANP	10	
5.	Mr. Anantharamu B.G.	M.Phil. Psychiatric Social Work	Epidemiology	10	
6.	Mrs. Megha	M. Sc statistics	Bio-Statistics	50	

14. Physical Facilities :

14.1. College Building: **Annexure - 09**

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)	1986.80 Sq. (21377.96 Sq.ft)	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	-	
	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	**02** (600 Sq.ft)	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**01** (500 Sq.ft)	
	2. Vice-Principal Chamber	200	-	
	3. HOD	5 x 200 = 1000	-	
	4. Professor/Assoc. Prof	800+2400=3200	**02** (400 Sq.ft)	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**01** (1500 Sq.ft)	

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	7. Accountants Office	**100**	**01** (200 Sq.ft	
	8. Store Room	**100**	**01** (500 Sq.ft	
	9. Record room	**100**	**01** (500 Sq.ft	
	10. Room for maintenance staff	**100**	**01** (300 Sq.ft	
	11. Xeroxing room	**100**	**01** (200 Sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	**02** (1000 Sq.ft)	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**01** (3000 Sq.ft	
	14. Toilets	1000	**02**(1050 Sq.ft	
	15. A.V/Aids room	600´	—	

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	-	
	Nutrition & Community Health Nursing	1200sq.ft	-	
	Obstetrics and Gynecology Laboratory	900sq.ft	-	
	Pediatrics Nursing Laboratory	900sq.ft	-	
	Pre-Clinical Sciences Laboratory **Psychometry lab**	900sq.ft	**01** (1000 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**01** (1500 Sq.ft	

Note:

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

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

Building Documents:

Annexure – 09

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	**yes**
2	**Is the college building own or leased ?**	**yes**
3	**Blue print of the building plan approved and attested by**	**yes**

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

	competent authority.	
4	Building construction license from competent authority	yes
5	Tax paid receipt (Latest / current year)	yes
6	Occupancy certificate.	yes
7	Sale deed / Lease deed of the building / Land.	yes
8	Land Conversion order from DC	yes
9	Town planning/Authorities approval order	yes

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.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 10**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA25G0571	8	Yes	Yes / No	Yes

16. Library facility : Enclose list of library books **Annexure - 11**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300 Sq.Ft **Centralized Library**	**YES** ☐ **No** ☑	Good	Good	Good.

Total No. of Nursing Books available	450	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	45	**Is internet facility available for Students?**	yes
No of e-books	50	**How many books were purchased in last financial year?**	66

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	CHETAN MATADE	MLISC UGCNET KSET	11 yrs	

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.

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 12**

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		

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

18. Details of Clinical / Hospital Facilities : **Annexure - 13**

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 **Dharwad Institute of Mental Health and Neuro sciences. Dharwad**	212	Within the campus	90%	
NAME OF THE TRUST/ Person owning The Hospital **Dharwad Institute of Mental Health and Neuro sciences.**	-	-	-	
Name Of The Owner Of The Trust of Hospital **Dr. Arunkumar C Director Dharwad Institute of Mental Health**	-	-	-	

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

and Neuro sciences.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 District hospital, Dharwad.	350	2 kms	100%	
	3 (MOU/Clinical permission letter) **Enclosed Annexure-13**				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	-	-	100	100%
Surgery including OT	-	-	50	100%
Obstetrics & Gynecology	-	-	100	100%
Pediatrics,	-	-	50	100%
Emergency Medicine	-	-	50	100%
Psychiatry	212	190	10	60%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	-	-	5	5
Minor OT	-	-	2	2
Dental, Otorhinolaryngology, Ophthalmology	-	-	-	-
Burns and Plastic	-	-	-	-
Neonatology care unit	-	-	10	6
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	-	-
Dermatology	-	-	-	-
Cardiology	-	-	-	-
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	-	-
Nephrology/Urology	-	-	10	10
ICU/ICCU	-	-	10	10
Geriatric Medicine	-	-	-	-
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 - 14	
RURAL FILELD		
a. Name of CHC / PHC / SC		**Amminabavi PHC.**
Adopted / Affiliated		
Administrate red by		**State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ]
Distance from the Nursing Institute		**15 km**
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		-
Adopted / Affiliated		-
Administrate red by		**State Govt.** [ ] **Municipal Corporation** [ ] **Private** [ ]
Distance from the Nursing Institute		-
b. Services Rendered by Health & Family Welfare Programmes		MCH, Immunization, communicable diseases survey, Mental health services, Etc.
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 15**		
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** [✓]

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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 - 16**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	**2180 sq. mts.**	
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 : 7**	**Boys : 3**
f.	Total No. of rooms	**Girls : 7**	**Boys : 3**
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)

B.V. Baligere
Signature of Member (2)

Annexure - 17	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

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

LIC Team Observations:

On the day of Inspection LIC committe observation as follows at- DIMHNS-college of Nursing Sciences

→ Infra Structure built in 1986-87 Sqr feet. which has 02 class rooms 2 labs, Library and other facilities required nursing curriculum (psychiatric Nursing)

→ 03 teaching faculty apparted including principal in which 01 staff on leave (OD) and 2 deficit (1 tutor cum 01 Assistant) to be apparted by govt.

→ Library having 450 books in which 66 books were added in last financial year

→ All other documents verified and enclosed

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 Psychiatric Nursing Department, Dharwad Institute of Mental health and neurosciences, Dharwad, which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 11-08-25 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.

Mrs. BHARATI. BALIGER
HoD Dept of Community
Taluvadarsha Institute
of Nursing Sciences
Hubli

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)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

NOTARY ★ GOVT. OF KARNATAKA ★
ESTHER RANI
B.A.,LL.B.(Spl.)
DHARWAD
REVENUE TALUKA
R. No: Law-LCL/02-2024
Expiry Date: 26-05-2029

Certificate No.	:	**IN-KA13070083597175X**
Certificate Issued Date	:	08-Aug-2025 02:38 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ DHARWAD18/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAGCSL0841406416748179X
Purchased by	:	DIRECTOR DIMHANS DHARWAD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DIRECTOR DIMHANS DHARWAD
Second Party	:	R G U H S BENGALURU
Stamp Duty Paid By	:	DIRECTOR DIMHANS DHARWAD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

0 8 AUG 2025

SEVA KENDRA DHARWAD BRANCH Authorized Signatory

Please write or type below this line

UNDERTAKING by Trust Management

I Dr. Arunkumar C. Director of the Institute are submitting the affidavit to University.

The trust Dharwad Institute of mental Health and Neurosciences, Dharwad is running/ managing the College of Nursing under the department of Psychiatric Nursing with M.Sc. Nursing course since 2015 for 10 years.

NO OF CORRECTIONS
NOTARY

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

- We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.
- We confirm that the faculty in the college are employed for full time in the college.
- We also confirm that the college is solely managed by the Government of Karnataka, Medical education Department 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/Director and the Trust management can be held responsible and suitable action can be initiated by the University.

Deponent

Dr. Arunkumar C.

Date: 08/08/2025
Place: Dharwad

Witness

1) Dr. R. Sreevani

2) Dr. Sumanda. G. T

08 AUG 2025

NOTARY
ESTHER RANI
B.A.,LL.B.(Spl.)
DHARWAD
REVENUE TALUKA
R. No: Law-LCL/02-2024
Expiry Date: 26-05-2029
GOVT. OF KARNATAKA

NO OF CORRECTIONS
NOTARY

SWORN BEFORE ME
NOTARY
ESTHER RANI
B.A.,LL.B.(Spl.)
Advocate & Notry
7th Cross, Maratha Colony,
Dharwad

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	List of Trust Members	✓		
Annexure - 3	Details of Affiliated fees paid receipts	✓		
Annexure - 4	Approval Status : GOK Order	✓		
Annexure - 5	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 6	Approval Status : KNC Notification	✓		
Annexure - 7	Status : INC Notification	✓		
Annexure - 8	List of M.Sc. Nursing Students as per format	✓		
Annexure - 9	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 - 10	Vehicle Details	✓		
Annexure - 11	Details of List of LibraryBooks & others	✓		
Annexure - 12	Academic Activities	✓		
Annexure - 13	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 14	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 15	Master Rotation plans and Time tables	✓		
Annexure - 16	List of Teachers with their Declaration forms & necessary documents	✓		

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

B.V. Baligere