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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mahendra	Dr. Basayya U. H	Dr. Dinesh
Designation	Reader.	Principal.	Vice-principal.
Address	KLDS	RMSS Institute of Nursing Sciences Halkoli	Smt. M.C. Vasantha College of Nursing, Bidar
Mobile No	9845563431	8618339469	9980777090
Email ID	mahendraortho gmail.com	basayya85@gmail.com	djoy143@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	ESIC COLLEGE OF NURSING, ESIC MEDICAL COLLEGE CAMPUS, SEDAM ROAD, KALABURGI	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 address & Phone number	EMPLOYEES STATE INSURANCE CORPORATION UNDER MINISTRY OF HEALTH AND FAMILY WELFARE (Enclose copy of Registration documents of Society/Trust)Annexure – I Email: Website: ESIC.ORG		

Signature of Chairman (2)

Signature of Member (1)
(Dr Basayya.U.H)

Signature of Member

		Office No:	Mobile No:
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 18 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. P.M. PRATHIBA Qualification: M.Sc(N), PhD. Experience after MSc: 14y 3 months Email: principalesicconge@gmail	Mobile No: 9885085075 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	Dr. SV KSHIRASAGAR, DEAN, ESIC MCH	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☑	NO ☐	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing		—	—	—	—	1050/-
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.		
	2. NIL		
	3.		
	4.		
	5.		
NPCC		Total (B)	NA —

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

		Total (C)	NA
		Grand Total (A+B+C)	1050/-

Online Transaction Number or Details: ZSBI-160750949

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	RGU/AFF/FNS/2013-14/293/15/12/12 Annexure - 5	RGU/AFF/NSG/CoA/01/2019/24 2024-25 Annexure - 6	1154/25-26 29/03/25 Annexure - 7	18-15/11364 14/10/24 Annexure - 8	NIL
	Affiliation Sanctioned Intake	100	100	100	100	
	Admissions Made for the Current Academic Year	64	64	64	64	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	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	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	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	33	31	23	20	~~107~~
	Female	31	23	23	25	102
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)

- 9 **Annexure**

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)

–10 **Annexure**

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----------

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

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: _____

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							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		–							
4	Associate Professor	2	2-4					1*		–							
5	Assistant Professor	3	3-8				2	3*		03							
6	Tutor	8-16	16-24				2-10	--		19							
	Total	**16-24**	**24-40**				**4-12**			24							

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

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

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** YES				

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

	15. A.V/Aids room	600	YES	

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	1765.28	
	Nutrition & Community Health Nursing	1200sq.ft	1243.23+ 1544.62	
	Obstetrics and Gynecology Laboratory	900sq.ft	1544.62	
	Pediatrics Nursing Laboratory	900sq.ft		
	Pre-Clinical Sciences Laboratory	900sq.ft	56295	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1506.95	

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 ?**	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)**	NA
6	**Occupancy certificate.**	NA
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

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
01	KA-51-AF-7385	48	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		YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	595	No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	21	Is internet facility available for Students?	NO
No of e-books	25	How many books were purchased in last financial year?	175

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.				
2.	Mallikarjun		6yrs	

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	Annual report	

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

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 - 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 ESIC MEDICAL COLLEGE & HOSPITAL, SEDAM ROAD, KALABURAGI MOU(Registered parent hospital MOU)	630	200 mtrs	80%.	
NAME OF THE TRUST/ Person owning The Hospital ESIC CORPORATION	—	—	—	—
Name Of The Owner Of The Trust of Hospital				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 NIMHANS BANGALORE	1084	out station stay	90%.	—
2				
3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Teaching Faculty Details

Sl.No.	Name	DOB	Designation	Qualification & Specilaity	Passing year	KSNC Registration No.	Teaching Experience		Date of Joinning	Form 16 Submitted (Yes/No)	Signature of the faculty
							After UG	After PG			
1.	Dr. P M Pratibha	01/08/1985	Principal I/c	M.Sc. (N) Med Surg Nursing	2010	8402	14Y	13Y 11M	26.02.2022	YES	
2.	Mrs.Deepa N R	25/05/1984	Associate Professor	M.Sc. (N) OBG	2010	2255	1Y	13Y 3M	26.02.2022	YES	
3.	Mrs.Bemina J A	12/05/1980	Assistant Professor	M.Sc. (N) Mental Health Nurisng	2008	353	2Y 6M	17Y	28.06.2013	YES	
4	Mr.Bheemashankar	31/07/1984	Assistant Professor	M.Sc. (N) Med surg Nursing	2010	4379	1Y	15Y	19.03.2014	YES	
5.	Mr.Divyananda PRr	12/04/1983	Tutor	M.Sc. (N) Mental Health Nurisng	2011	3308	3Y 8M	10Y	06.05.2022	YES	

(Dr Basavya. V. H)

(Mr. Dinesh)

6.	Mr.Ravisharan	02/02/1986	Tutor	M.Sc. (N) Mental Health Nurisng	2014	22351	NIL	10Y5M	01.03.2019	YES	
7.	Mrs.Rita rani	07/05/1986	Tutor	M.Sc. (N) Med surg Nursing	2010	8034	NIL	10Y11 M	06.05.2022	YES	
8.	Mr.Kumar harsha S S	13/08/1986	Tutor	M.Sc. (N) Community Helath Nursing	2012	576	1Y4M	10Y3M	05.05.2022	YES	
9.	Mr.Sateesh kumar shatagar	15/01/1984	Tutor	M.Sc. (N) Mental Health Nurisng	2010	5664	1Y4M	6Y10M	01.09.2022	YES	
10.	Mr.Rudresh Mogli	09/03/1986	Tutor	M.Sc. (N) Community Helath Nursing	2011	7074	1Y4M	2Y10M	06.07.2024	YES	
11.	Mrs. Thilagavathy	23/12/1987	Tutor	M.Sc. (N) Med surg Nursing	2016	8702	NIL	1Y4M	23.07.2024	YES	
12.	Mrs.Shari	21/12/1988	Tutor	M.Sc. (N) Mental Health Nurisng	2012	11209	NIL	2Y10M	23.07.2024	YES	
13.	Mr. Mallikarjuna V	13/08/1984	Tutor	M.Sc. (N) Med surg Nursing	2011	5393	NIL	NIL	11.08.2025	YES	

(Mr. Dinesh)

14.	Mr. Kareppa Naik	09/06/1993	Tutor	B.Sc. (N)	2016	073420	NIL	NIL	11.08.2025	YES	
15.	Mr. Mahendra Kumar Suthar	12/07/1994	Tutor	Post Basic B.Sc. (N)	2018	90992, 81780	NIL	NIL	11.08.2025	YES	
16.	Mr. Vighnesh V S	22/08/1995	Tutor	B.Sc. (N)	2018	194440	NIL	NIL	11.08.2025	YES	
17.	Mrs. Kadiyal Kavitha	25/08/1988	Tutor	M.Sc. (N) Mental Health Nurisng	2010	92037	NIL	NIL	11.08.2025	YES	
18.	Mrs. Anandhi R	21/05/1985	Tutor	B.Sc. (N)	2007	9037	NIL	NIL	11.08.2025	YES	
19.	Mrs. Nagajothi S	25/05/1987	Tutor	B.Sc. (N)	2008	98878	NIL	NIL	11.08.2025	YES	
20.	Mrs. Livya Antony	16/11/1987	Tutor	Post Basic B.Sc. (N)	2014	67099	NIL	NIL	11.08.2025	YES	
21.	Mrs. Rajisree keyan	07/02/1992	Tutor	M.Sc. (N) Community Helath Nursing	2020	032015	6M	NIL	11.08.2025	YES	
22.	Mrs. Stephy peter	20/08/1994	Tutor	M.Sc. (N) OBG	2019	9392	NIL	NIL	11.08.2025	YES	
23.	Mrs. Sowmya V N	25/07/1986	Tutor	M.Sc. (N) Community Helath Nursing	2014	15793	NIL	3Y5M	11.08.2025	YES	
24.	Mrs. Anupama	08/02/1993	Tutor	B.Sc. (N)	2014	03201500444	NIL	NIL	11.08.2025	YES	

(Mr. Dinesh)

	(MOU/Clinical permission letter)				

(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	140	80		
Surgery including OT	140	80		
Obstetrics & Gynecology	60	85		
Pediatrics,	60	90		
Emergency Medicine	23+20	90		
Psychiatry	10	~~75~~		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	100		
Minor OT	02	100		
Dental, Otorhinolaryngology, Ophthalmology	~~40~~	90		
Burns and Plastic	—	—		
Neonatology care unit	10	100		
Communicable disease/Respiratory medicine/TB & chest diseases	10	~~80~~		
Dermatology	10	~~80~~		
Cardiology	05	85		
Oncology	05	75		
Neurology/Neuro-surgery	06	90		
Nephrology/Urology	06	80		
ICU/ICCU	23	100		
Geriatric Medicine	—	—		

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		
Adopted / Affiliated		
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes	ANNEX :	
URBAN FEILD :		
a. Name of CHC / PHC / SC / UHC		
Adopted / Affiliated		
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes	ANNEX:	
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** ☐

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	
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 : 74	Boys : 80
f.	Total No. of rooms	Girls : 25	Boys : 54(1), 10(3)=64
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	✓		

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	NA		

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 Team visited to the ~~to~~ Esic college & verified all the Physical facilities, & verified staff documents found all correct. As the college has own Esic Hospital the Physical Infrastructe. like Comp lab, class Rooms, labs, & libraries are adequate.
- Teaching faculty who are present on the day of Inspection with there due Signature has been attached
- Paediatric Nsg Speciality, Teaching faculty is not available.

All the required documents & Annexures are 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 ---ESIC College of Nursing--- which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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**

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**

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

OBG –
LAN –
MSN –
MHN –
CHHN –