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. Dr Manjunath Gowda	MRS. Sucleena. V.	BASAVA RAJA. N.
Designation	Senate Member	principal/AC member	PROFESSOR
Address	#a/2, 11th main Kamakshipalya / Bangalore	G. Ramakrishna C.O.N. Cold-Kenthi Prashanth nagar-B KLB	SJM INSTITUTE OF NSG. SCIENCES, NH4, CHITRADURGA-577502
Mobile No	9066794449	8310127854	9886082955
Email ID	Manjunathgowda3@rguhs.com	Sucleenavijaykumar @gmail.com	basu786@gmail.com

Inspection For the Academic Year : 2025-26	*Date of Inspection:* 20/08/2025

(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**	SHREE SHARADA COLLEGE OF NURSING, # 67&68 M.S CORELES BUILDING, BIDAR-585401	2	**Year of Establishment** 2018-19
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**	SHREE SHARADA CHARITABLE TRUST BIDAR-585401 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: shreesharadaconbdr@gmail.com	**Website:**	
		Office No: 8123036331	**Mobile No:** 9739156046	

20/8/25
Signature of Chairman
(Dr Dr Manjunath Gowda)

20/8/25
Signature of Member (1)
(MRS. Sucleena. V)

Signature of Member (2)
BASAVARAJA. N.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mrs. SUREKHA		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 02 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mrs. Baby Rani Qualification: M.Sc Nsg (CMSN) Experience after MSc: 15 yrs. Email: shreesharadyconbdr@gmail.com	Mobile No: 9739156046 Office No: 8123036331 Fax No: Residential phone No: 9739156046	
	b) Drawing authority of the college	SECRETORY.		
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				
		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	40,000/-		15000/-	20,000/-	25000/-	1,01,050=00
Post Basic B.Sc. Nursing						
					Total (A)	1,01,050=00

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)	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: ZBBRJ050904DGA

Remarks: Transaction ID, BD00000007595093

Verify & Enclosed Copy

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	HFW283 KVM: 2018 Dt 24/11/18 Annexure - 5	RGU/FE/ SSB/FR/ 2018-19 14/1/2019 Annexure - 6	KNC:1010: 2018-19 13/02/2019 Annexure - 7	— Annexure - 8	Verified
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	2024-25 34				
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	

Signature of Chairman

Signature of Member (1)

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:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	20	24	24	16	84
	Female	14	15	16	24	69
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: ENCLOSED

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

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

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

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.	Mrs. Baby Rani	Principal	M.Sc(N) Med-Surg	2010	2005	1 yrs	15 yrs	01/05/2024	yes	
2.	Mrs. T. Sukasini	V-Principal	M.Sc(N) OBG	2011	002318	24 yrs	14 yrs	29/05/2018	yes	
3.	Mercy Sampoorna	Professor	M.Sc(N) Psy NSG	2015	007550	–	10 yrs	29/11/2018	yes	
4.	Mr. Ravikumar	Ass + Prof	M.Sc(N) Peds NSG	2015	007561	–	09 yrs	31/08/2008	yes	
5.	J L Glory	Asst-Prof	M.Sc(N) OBG NSG	2022	RR ANP 2009 2220 KAK	–	04 yrs	21/03/2022	yes	
6.	Johnvesly	Asst-Prof	M.Sc(N) CHN	2023	23553	18 yrs	02 yrs	04/03/2023	yes	
7.	Smt Surekha	Asst-Prof	M.Sc(N) Pae NSG	2023	196629	–	02 yrs	05/03/2023	yes	
8.	Mr. Vijaykumar	Asst-Prof	M.Sc(N) Psy-NSG	2024	112312	03 yrs	01 yrs	25/03/2024	yes	
9.	Rita Roseline	Tutor	PB B.Sc(N)	2013	015972	10 yrs	–	01/3/2021	yes	
10.	Satish Kumar	"	"	2021	221128	4 yrs	–	22/2/2022	yes	
11.	Neha	"	B.Sc(N)	2020	102869	3 yrs	–	13/1/2025	yes	
12.	Ronald Raj Malge	"	"	2022	137751	3 yrs	–	01/01/2023	yes	
13.	Florance	"	"	2023	148657	2 yrs	–	7/11/2023	yes	
14.	Neha Toupti	"	"	2025	176585	8 mths	–	01/01/25		
15.	Roshan	"	"	2025	182729	8 mths	–	01/01/25		
16.	Kalpana	"	"	"	188831	"	–	01/01/25		
17.										
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

N/A

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										
66.										
67.										
68.										
69.										

Nil

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

70.										
71.										
72.										
73.										
74.										
75.										
76.										
77.										
78.										
79.										
80.										
81.										
82.										
83.										
84.										
85.										
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										
95.										

Nil

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

96.										
97.										
98.										
99.										
100.										
101.										
102.										
103.										
104.										
105.										
106.										
107.										
108.										
109.										
110.										
111.										
112.										
113.										
114.										
115.										
116.										

NIL

- **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
		List Enclosed			Verified.

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)	26410 sq.ft	Verified (26410 Sqft)
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	1200 Sq ft Each	Available
	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	300 Sq.ft	
	2. Vice-Principal Chamber	200	200 Sq ft	
	3. HOD	5 x 200 = 1000	1000 Sq. ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	1200 Sq ft	Available
	7. Accountants Office	**100**	500 Sq ft	
	8. Store Room	**100**	500 Sq ft	
	9. Record room	**100**	500 Sq ft	
	10. Room for maintenance staff	**100**	500 Sq ft	
	11. Xeroxing room	**100**	500 Sq ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sq ft	
	14. Toilets	1000	600 Sq ft	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600 Sq ft	600 Sq ft

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	1600 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1900 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq ft	

required

Note:

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

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	yes
2	**Is the college building own or leased ?**	yes
3	**Blue print of the building plan approved and attested by competent authority.**	yes
4	**Building construction license from competent authority**	yes
5	**Tax paid receipt (Latest / current year)**	yes
6	**Occupancy certificate.**	yes
7	**Sale deed / Lease deed of the building / Land.**	yes
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	KA38 A1624	52	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	2300 Sqft	YES ☑ No ☐	Yes	Yes	verified

Total No. of Nursing Books available	3264	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	01	**Is internet facility available for Students?**	YES
No of e-books	03	**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mr. Rachappa	M.Lib	10 yrs	verified

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	—	—

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 MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 VASU MULTISPE -CIALITY HOSPITAL BIDAR	100	2KM	85%	received
	2 DIMHANS DHARWAD	225	450Km	80%	
	3				

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

	(MOU/Clinical permission letter)		— ENCLOSED —		

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

NOTE:

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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			40	85%
Surgery including OT			30	80%
Obstetrics & Gynecology			20	85%
Pediatrics,			06	80%
Emergency Medicine			04	87%
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			01	01
Minor OT			01	01
Dental, Otorhinolaryngology, Ophthalmology			03	02
Burns and Plastic			04	03
Neonatology care unit			05	04
Communicable disease/Respiratory medicine/TB & chest diseases			02	02
Dermatology			02	02
Cardiology			02	02
Oncology			02	01
Neurology/Neuro-surgery			02	01
Nephrology/Urology			02	01
ICU/ICCU			05	04

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

Geriatric Medicine	03	03		
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		ANADUR
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		15 KM
b. Services Rendered by Health & Family Welfare Programmes		Yes
URBAN FEILD :		
a. Name of CHC / PHC / SC		KUNBARWADA
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		05 KM
b. Services Rendered by Health & Family Welfare Programmes		Yes
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** ☐

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

d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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 18050 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 : 15	Boys : 20
f.	Total No. of rooms	Girls : 10	Boys : 15
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☑	**NO** ☐
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

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	✓		

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

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	✓		
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:

on the day of inspection, the observation of the LIC is as follows -

i) Infrastructure : Adequate as per norms

ii) Equipments : Adequate as per norms

iii) Staff : Adequate as per norms

iv) clinical load : as per norms

⇒ Can be considered for.

a) Continuation of affiliation - BSc Nursing - no staff

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 SHREE SHARADHA COLLEGE OF NURSING, BIDAR which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
(Dr. Manjunath Baradi)	20/8/25 (MRS. Sudeena).	

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
	20/8/25	

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

Certificate No.	:	**IN-KA20431747092374X**
Certificate Issued Date	:	18-Aug-2025 04:32 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ BIDAR11/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKACRSFL08554291 20282523X
Purchased by	:	OWNER VASU MULTI SPECIALTY HOSPITAL BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	OWNER VASU MULTI SPECIALTY HOSPITAL BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	OWNER VASU MULTI SPECIALTY HOSPITAL BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

GOVT. OF KARNATAKA ★ NOTARY ★ SIKEMPURE MARUTI ADVOCATE & NOTARY BIDAR REPUBLIC

Sahyog Nijaguni Datta Gamata SC/ST Credit Co-op. Society ★ Bidar ★ Regd. No. 52532-CR-08 /2019-20

Please write or type below this line

UNDERTAKING

I, Mr. **Santosh Rejantal S/o Ashok Rejantal,** is the Managing Director of the **Vasu Multi Specialty Hospital, Gumpa Road, Bidar.**

Cont........2

This is to confirm that our hospital namely Vasu Multi Specialty Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the Vasu Multi Specialty Hospital is functioning as parent own hospital for Shree Sharada College of Nursing, # 67/68, Corlas Building, Bidar.

We also confirm that our hospital is solely affiliated to Shree Sharada College of Nursing, # 67/68, Corlas Building, Bidar and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Managing Director
Vasu Multi Specialty Hospital,
Bidar
Mr. Santosh Rejantal S/o Ashok
Rejantal

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18 AUG 2025
ATTESTED BY ME

SIKENPURE MARUTI
B.A.LL.B. (Sol.)
ADVOCATE & NOTARY
KAPLAPUR (A) 585403 Tq. Dist. B

NOTARY ★ GOVT. OF KARNATAKA ★
SIKENPURE MARUTI
ADVOCATE & NOTARY
BIDAR REGNO. KA/BI/

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA20427713613885X**
Certificate Issued Date	:	18-Aug-2025 04:30 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ BIDAR11/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0855420613189897X
Purchased by	:	PRESIDENT SHREE SHARADA CHARITABLE TRUST BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT SHREE SHARADA CHARITABLE TRUST BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	PRESIDENT SHREE SHARADA CHARITABLE TRUST BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY GOVT SIKKEPURE MARUTI ADVOCATE & NOTARY BIDAR REGD. NO.

Regd. No. 52532-CR-06 /2019-20 BIDAR

Please write or type below this line

UNDERTAKING

I, am Mrs. **Surekha W/o Rajkumar**, President, of the **Shree Sharada Charitable Trust (R), Bidar** hereby submitting the affidavit to the university.

The Shree Sharada Charitable Trust (R), Bidar is managing the **Shree Sharada College of Nursing, # 67/68, Corlas Building, Bidar** since 2020.

Cont.....2

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, the Principal and trust management can be held responsible and suitable action can be initiated by the University.

President
Shree Sharada Charitable Trust
(R), Bidar

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

18 AUG 2025.
ATTESTED BY ME
SIKENPURE MARUTI
B.A.LL.B. (Spl.)
ADVOCATE & NOTARY
KAPLAPUR (A) 585403 Tq. Dist. Bidar

NOTARY OF KARNATAKA
SIKENPURE MARUTI
ADVOCATE & NOTARY
BIDAR REVENUE TALUKA
Reg. Law No. KA/1354/2021