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

OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Basavaraj. S. Savadi	Dr. Basavaraj. D. Nadagouda	Dr. Shivaraj. Annigeri
Designation	Principal	Dean & Professor.	Professor. HOD.
Address	Sposorthi Ayurvedic Medical College & Dr. Saidi Ayurvedic Hospital. Gangavathi, -583227	Ayurvedic Medical College & Research Centre, Humnabad Bidar.	OP Jindal College of Nursing V.V. Nagar. Sandur (Tq) Ballari (Dist). Toranagallu
Mobile No	9845646858	9845975191	7795229662
Email ID	drbssavadi123@gmail.com.	drbasunadagouda@gmail.com	Sannigeri85@gmail.com

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 08/11/2025

(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**	GIMS Government College of Nursing Mallasamudra, Gadag - 582103	2	**Year of Establishment** 2018
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**	Gadag Institute of Medical Sciences, Gadag. 582103 Enclosed. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: gimsnursingcollege@gmail.com	**Website:** gimsgadag.org	
		Office No: –	**Mobile No:** 9964287187	

Signature of Chairman
Dr Savadi 8/11/25

Signature of Member (1)

Signature of Member (2)
8/11/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	① Minister for Medical Education, Chairman ② Director GIMS Gadag Secretary	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 11 (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:** Dr. Shivanagouda.V.M **Qualification:** M.Sc(N) Ph.D(N) **Experience after MSc:** 15years 6months **Email:** Smiagb@gmail.com	**Mobile No:** 9964287187 **Office No:** **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	GIMS Gadag	

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/-					1050/-
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	1050/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. M.Sc Nursing in Medical Surgical Nursing	05	
	2. M.Sc (N) in Community Health Nursing	05	
	3. M.Sc (N) in Child Health Nursing	05	
	4. M.Sc(N) in OBG Nursing	05	
	5. M.Sc (N) in Mental Health Nursing	05	
		Total (B)	1050/-
NPCC	M.Sc (N) in NPCC	05	
		Total (C)	
		Grand Total (A+B+C)	2100/-

Online Transaction Number or Details: BD000000075657795
Payment Ref.No: ZUB26EU095LX5L Date: 24/12/2024

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	ಶಿಶಿಇ 588 ಎಂಎಂಬಿ 2018 | 17/12/2018 Annexure - 5	RGU/AFF/Fresh 2018 - 2019 26/12/2018 Annexure - 6	KNC: 890 2018-19 26/12/2018 Annexure - 7	N/A Annexure - 8	
	Affiliation Sanctioned Intake	100	100	100		
	Admissions Made for the Current Academic Year	100	100	100		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ✓ b. Medical Surgical ✓ c. OBG ✓ d. Paediatric ✓ e. Psychiatry ✓ Each speciality - 5	Approval Letter No. and Date	MED 259 RGU 2024 Date: 10/12/2024 Annexure - 5	RGUHS/AFF/NSG N382/2024-25 24/12/2024 Annexure - 6	NSNC 2344/2024-25 31/12/2024 Annexure - 7	N/A Annexure - 8	
	Sanctioned Intake	25	25	25	—	
	Admissions Made for the Current Academic Year	23	23	23	—	
M.Sc. NPCC	Approval Letter No. and Date	MED 259 RGU 2024 Date: 10/12/2024 Annexure - 5	RGUHS/AFF/NSG N382/2024-25 24/12/2024 Annexure - 6	NSNC 2344/2024-25 31/12/2024 Annexure - 7	N/A Annexure - 8	
	Sanctioned Intake	05	05	05	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	04	04	04	–	

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	26	15	23	19	83
	Female	74	81	77	77	309
Post Basic B.Sc Nursing	Male	–	–	–	–	–
	Female	–	–	–	–	–
M.Sc Nursing	Male	06	–	–	–	06
	Female	17	–	–	–	17
M.Sc NPCC	Male	02	–	–	–	02
	Female	02	–	–	–	02

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----------
	N/A	–	–	–	–	–

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 –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----------
	Details Enclosed.					

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 — Enclosed

Remarks: Biometric attendance available.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1					1		1			--			
2	Vice-Principal	1	1					1		1			--			
3	Professor	1	1-2		1*			1		2			--			
4	Associate Professor	2	2-4		1*			4		6			--			
5	Assistant Professor	3	3-8	2	3*			7		4			--			
6	Tutor	8-16	16-24	2-10	--			24					--			
	Total	**16-24**	**24-40**	**4-12**				**38**		14			--			

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

(TheFacultyandStudentRatiois**1:10**and***For M.Sc. Nursing**: Depends on Specialty offered and ratio remains same i.e., **1:10** if they offer B.Sc Nursing Programme)

Signature of Chairman 8/11/25 **Signature of Member (1)** 8/11/25 **Signature of Member (2)**

PG Teaching Faculty details

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number and its expiry	Teaching experience		Date of joining	Date of relieving from previous institute	Signature of Faculty
						After UG	After PG			
1.	Dr. Shivanagouda V Malagoudar	**Principal & Professor**	Ph.D Nursing M.Sc Nursing	2010	4632 18/11/25	1 Year, 6 month	15 yr, 6 month	01/06/2017	15/12/2016	
2.	Mrs. Usha H T	**Professor**	Ph.D Nursing (In Pursuing) Msc Nursing (OBG Nursing)	2010	002518 06/02/29	1 yr 6 month	15yrs 01 month	01/06/2017	20/12/2016	
3.	Mr.Dasharathsingh Rajaput	**Professor**	Msc Nursing (Paediatric Nursing)	2009	49086 22/12/28	3yrs 3months	16yr	01/06/2017	23/07/2016	
4.	Mr Pradeep Kadiwal	**Associate Professor**	Ph.D Nursing (In Pursuing) Msc Nursing (Psychitric Nursing)	2013	0021426 30/11/28	1yr, 9 months	12yrs 3 months	01/06/2017	20/12/2016	
5.	Mr.Stephen John	**Associate Professor**	M.Phil (Nursing) Ph.D Nursing (In Pursuing) Msc Nursing (Community Health Nursing)	2013	22577 04/03/27	1yr, 7 months	12 yrs	01/06/2017	01/08/2016	
6.	Mr. Shivaraj Kumbar	**Associate Professor**	Ph.D Nursing (In Pursuing) Msc Nursing (Community Health Nursing)	2014	32735 12/12/28	1yr, 8 months	10 yr 4 months	01/06/2017	23/12/2016	

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number and its expiry	Teaching experience		Date of joining	Date of relieving from previous institute	Signature of Faculty
						After UG	After PG			
7.	Mrs. Rekha K B	**Associate Professor**	Ph.D (In Pursuing) M.sc Nsg (Medical Surgical Nursing)	2014	035992 10/12/28	1 yr 1 month	8 yrs 11 month	01/06/2017	30/12/2016	
8.	Mrs. Sharada S Halli	**Asso. Professor**	Msc Nursing (Paediatric Nursing)	2015	007514 31/10/28	Nil	9 yr 6 months	01/06/2017	28/02/2017	
9.	Dr.Sanjiv Haralayya	**Asso. professor**	Ph.D Nursing Msc Nursing (Psychitric Nursing)	2016	006397 31/08/25	2 yrs	8 yr 1month	01/06/2017	--	
10.	Dr.Ramesh Kamalapanawar	**Asso professor**	Ph.D Nursing Msc Nursing (Paediatric Nursing)	2017	008705 25/01/26	1 yr 4 month	8 yr 1month	01/06/2017	--	
11.	Ms.Sunitha Hiremath	**Assistant professor**	Msc Nursing (Paediatric Nursing)	2016	11011 18/12/25	Nil	8 yr 1month	01/06/2017	--	
12.	Mrs. Shobha Gondiyavar	**Assistant professor**	Msc Nursing (OBG Nursing)	2010	4489 06/02/29	1yr, 5 months	8 yr	01/06/2017	11/05/2016	Maternity Leave.
13.	Mr.Arunkumar dashavanth	**Assistant professor**	Msc Nursing (Medical Surgical Nursing)	2015	34758 30/11/28	Nil	5 year 6 month	24/02/2022	--	
14.	Mr.Padmaraj walikar	**Assistant professor**	M.sc Nursing (Community Health Nursing)	2018	146951 31/01/28	Nil	5 year 6 month	24/02/2022	--	

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

UG Teaching Faculty details

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number and its expiry	Teaching experience		Date of joining	Date of relieving from previous institute	Signature of Faculty
						After UG	After PG			
1	Mr. Kutubuddin Burali	Clinical Instructor	B.sc Nursing	2010	UG:-033431	8Year 9 months	--	01/06/2019	--	On Hospital Duty
2	Mr.Vishwanath Hosamani	Clinical Instructor	P. B.B.sc Nursing	2011	UG:87760 26/06/28	3 Year 10month	--	01/05/2019	--	
3	Ms.Chhaya Honakeri	Clinical Instructor	B.sc Nursing	2013	UG:-050096 06/09/26	5 Year 2 months	--	01/05/2019	--	
4	Mr.Ravi. Guddad	Clinical Instructor	B.sc Nursing	2009	UG:-021781 21/02/27	3 Year 1 months	--	01/06/2019	--	
5	Mr. Kumar	Clinical Instructor	P. B.B.sc Nursing	2014	UG:-146525 20/12/28	5 Year 2 months	--	01/05/2019	--	On Hospital Duty
6	Mr.Pavankumar Koralli	Clinical Instructor	P. B.B.sc Nursing	2015	UG:-158406 21/02/27	5 Year 8 months	--	01/06/2019	--	
7	Mr. Uday Kumar B M	Clinical Instructor	P.B.B.sc Nursing	2009	UG:-59600 10/12/28	3 Year 1 months	--	01/06/2019	--	
8	Mr. Vasanthakumar D C	Clinical Instructor	P. B.B.sc Nursing	2012	UG:-136195 10/12/28	3 Year 1 months	--	01/05/2019	--	
9	Mr. Bhaskar Nidagundi	Clinical Instructor	P. B.B.sc Nursing	2013	UG:-52141	2 yr	--	01/06/2020	--	
10	Ms. Durgavva Myageri	Clinical Instructor	P. B.B.sc Nursing	2014	UG:-158256 06/04/26	3Year 2months	--	02/05/2019	--	
11	Ms. Renuka Karade	Clinical Instructor	B.sc Nursing	2015	UG 69807 31/01/29	2 yr		01/06/2020	--	

Signature of Chairman

Signature of Member (1) 8/11/23

Signature of Member (2)

12	Ms. Tejasvini V Tuppadamath	Clinical Instructor	P.B.B.sc Nursing	2015	UG:-166378 25/06/29	3Year 2months	--	01/05/2019	--	
13	Mr. Kalappa Badiger	Clinical Instructor	P. B.B.sc Nursing	2016	UG:-17351 24/05/29	3 Year 1 months	--	01/06/2019	--	
14	Ms. Sheela Kurahatti	Clinical Instructor	P. B.B.sc Nursing	2016	UG:-129742 31/12/28	3 Year 1 months	--	01/06/2019	--	
15	Mr.Ganesh Jadav	Clinical Instructor	P. B.B.sc Nursing	2013	UG:-148969 21/02/27	3 yr 2 month	--	01/05/2019	--	
16	Mrs.Lakshmi Doddavada	Clinical Instructor	B.sc Nursing	2009	UG:-18932 03/03/28	11yr 1 month	--	01/06/2020	--	
17	Mrs.Manjula Madar	Clinical Instructor	P. B.B.sc Nursing	2016	UG:-166830 15/07/26	1 yr 1 month	--	01/06/2021	--	
18	Mr. Shreekant Indi	Clinical Instructor	B.sc Nursing	2009	UG:-14425	11yr 1 month	--	01/06/2020	--	On Hospital Duty
19	Mr. Chandrashekar K	Clinical Instructor	B.sc Nursing	2010	UG:-28738	1 years	--	01/03/2024		
20	Mr. Hanamantappa M S	Clinical Instructor	B.sc Nursing	2012	UG:-95723	1 years	--	01/03/2024		
21	Mr. Veerappa Kotabal	Clinical Instructor	B.sc Nursing	2024	UG:-128562	1 years	--	01/03/2024		
22	Mr. Shreeshail Sulikeri	Clinical Instructor	B.sc Nursing	2015	UG:-128711	1 years	--	01/03/2024		
23	Mr. Prajwal D	Clinical Instructor	B.sc Nursing	2024	UG:-175339	2 Months	--	01/06/2025		
24	Mr. Praveen D H	Clinical Instructor	B.sc Nursing	2016	UG:-175338	2 Months	--	01/06/2025		

- **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) isdesirableForMsc NursingandNPCC programmethere shouldbe fulltime ResearchGuidesavailable whichneedstobe verifiedwiththe originalGuideshipletters.(StudentGuide ratiotobe verified aspernormsofRGUHS)
- If required attachs ame extrapage

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.										

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

BSc – 100 seats MSc(N) – 25 (5 each)

Online Entry done

Verification Report

NRCC – 05 seats.

Name of college	GIMS Government College of Nursing.		
College address	Mallasomudra, Gadag – 582103		
Date of establishment	2018-19		
Purpose of Inspection	Continuation of Affiliation		
Affiliation fees paid	Paid		
Trust details	Gadag Institute of Medical Sciences, Gadag.		
Trust existing since	GOVT		
Date of inspection	08/11/2025		
Ownership	GOVT.		
Details of inspectors	Chairman: Dr. Basavaraj. S. Savadi	AC member: Dr. Basavaraj. Dyadegowda	Subject Expert: Dr. Shivaraj Amrageri.
Particulars	**As per inspection report**	**Observation done as per documents**	**Remark**
Total build-up area	52 Acre	– Blueprint enclosed not legible	
Class rooms with area	04+2+2=8		
	1800 sqft each +		
	600+600 sqft each		
Lab details	06		
NF	1600		
Nutrition and com	1200		
OBG	900		
PEDIATRIC	900		
PRECLINICAL	900		
COMP	1500		
AV AIDS	600.		
Library with area and number of books	2300 sq ft 3200 Books	✓	✓
Hostel: area, separate for boys and girls and ownership	Own 50,000 sq ft Girls + Boys separate		
Details of principal Name Qualification Experience	Dr. Shivanagouda. V.M. MSc(N) Ph.D(N) 15yr 6months	– Experience letter enclosed	

MOBILE NUMBER EMAILID KNC Form 16	9964287187 smiagb@gmail.com.	← TDS + KNC enclosed	
Experience of teachers, KNC renewal and form 16	Total = 38 UG 24 PG = 14		
PG teacher details (Guideship letter)	MS/MD - 3 Pedi - 1 OBG - 1 PHM - 2 Community - 2.		
Parent hospital details Weather the owner of hospital member of trust/society? KPMEA KSPCB Number of beds Distance from hospital IPD statistics OPD statistics	GIMS Teaching Hospital, Gadag 850 Beds Within Campus	KSPCB → 850 Beds	
Affiliated hospitals D with bed strength, distance, permission, fees paid receipt	DIMHANS Dharwad : - 200 Beds - 80 KM	→ Permission letter enclosed	
Community details: distance, permission, fees paid receipt Rural: Urban:	Rural - Hulkoti (PHC) - 10km Urban - Gadag (UHC) 7km	Permission letter enclosed.	
Transportation details Vehicle number Owner name Registration certificate Seating capacity Insurance Driver licence	2 - Buses - 37+56 seater	✓	✓

Signature:

Name:

Date:

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

- **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
	Details Enclosed.			—	Enclosed.

14. Physical Facilities :

14.1. College Building: – Enclosed

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)	52 Acre	
	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	1800 Sq ft Each Classroom	
	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	600 Sq ft Each Classroom	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	600 Sq ft Each class room	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 Sq-ft	
	2. Vice-Principal Chamber	200	300 Sq ft	
	3. HOD	5 x 200 = 1000	5X200 = 1000Sq.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**	700 Sq ft	
	7. Accountants Office	**100**	400 Sq ft	
	8. Store Room	**100**	600 Sq ft	
	9. Record room	**100**	600 Sq ft	
	10. Room for maintenance staff	**100**	200 Sq ft	
	11. Xeroxing room	**100**	200 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	1000 Sq ft	

Signature of Chairman 8/11

Signature of Member (1) 8/11/25

Signature of Member (2) 8/11/25

	15. A.V/Aids room	600	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	1200 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	

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: -Enclosed-

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	RTC
2	**Is the college building own or leased?**	own Goverment.
3	**Blue print of the building plan approved and attested by competent authority.**	Yes
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	Goverment.
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 — Enclosed. **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA26 A6031	37	Yes / No	Yes / No	Yes / No
	KA26 B5964	56	Yes	Yes	Yes

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 ☐	well ventilated	Adequate Lighting.	

Total No. of Nursing Books available	3200	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	23	**Is internet facility available for Students?**	Yes
No of e-books	Nil	**How many books were purchased in last financial year?**	1100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1)	Ms. Shaila Maruti Nerti	M.Sc Library Scienc	5 Years	M.Lib.
—	—	—	—	—
—	—	—	—	—

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 — Enclosed **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Details Enclosed	

Signature of Chairman 8/11

Signature of Member (1) 8/11/25

Signature of Member (2) 8/11/25

Conferences conducted	Research methodology for PG students	
Conferences attended	Attended	

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	- drug free & Organ donation Mahotsav program conducted on 10/10/25 & Community VC.

18. Details of Clinical / Hospital Facilities : - Enclosed -

Annexure - 16

1	**Do you have parent Medical College?**	**YES** ☑	**NO** ☐
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by GOK	**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 GIMS Teaching Hospital Gadag MOU(Registered parent hospital MOU)	850	within Campus	80%.	Govt.
NAME OF THE TRUST/ Person owning The Hospital GIMS Gadag (Govt)				
Name Of The Owner Of The Trust of Hospital Director GIMS (Dr. Basavaraj Bommanahalli)				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 DIMHANS Dharawad	200	80 kms	80%	
2 —	—	—	—	—
3 —	—	—	—	—

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(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	145	131	–	–
Surgery including OT	155	135	–	–
Obstetrics & Gynecology	100	98	–	–
Pediatrics,	100	85	–	–
Emergency Medicine	25	23	–	
Psychiatry	13	11	200 (DIMHANS)	170

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	09	05	–	–
Minor OT	05	20	–	–
Dental, Otorhinolaryngology, Ophthalmology	60	25	–	–
Burns and Plastic	10	02	–	–
Neonatology care unit	30	29	–	–
Communicable disease/Respiratory medicine/TB & chest diseases	20	12	–	–
Dermatology	30	12	–	–
Cardiology	10	05	–	–
Oncology	05	02	–	–
Neurology/Neuro-surgery	05	–	–	–
Nephrology/Urology	10	03	–	–
ICU/ICCU	25	20	–	–
Geriatric Medicine	10	05	–	–
Any other	83	70	–	–

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17 – Enclosed.	
RURAL FILELD		
a. Name of CHC / PHC / SC		Primary Health Centre Hulkoti
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		10 kms
b. Services Rendered by Health & Family Welfare Programmes		All Health & Family welfare Programmes
URBAN FEILD :		
a. Name of CHC / PHC / SC		Urban Health Centre Gadag
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		7 kms
b. Services Rendered by Health & Family Welfare Programmes		All health & family welfare Programmes
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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 50,000	
c.	Is the Hostel Owned or Rented/Leased?	Own ☑	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 40	Boys : 20
f.	Total No. of rooms	Girls : 166	Boys : 214
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents		✓	GOVT
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust		✓	GOVT
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	GOVT
Annexure - 4	Details of Affiliated fees paid receipts	Yes		
Annexure - 5	Approval Status : GOK Order	Yes		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes		
Annexure - 7	Approval Status : KNC Notification	Yes		
Annexure - 8	Status : INC Notification	-	No	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	-	No	
Annexure - 10	List of M.Sc. Nursing Students as per format	Yes		
Annexure - 11	Details of External /Part time Teachers	Yes		
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	NO	NO	GOVT
Annexure - 13	Vehicle Details : Bus	Yes		
Annexure - 14	Details of List of LibraryBooks & others	Yes		
Annexure - 15	Academic Activities	Yes		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	Yes		
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 18	Master Rotation plans and Time tables	Yes		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes		
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: LIC Inspection committee was conducted inspection GIMS Government college of Nursing Mallasamudra, Gadag 582103. for continuation of affiliation UG, PG course 2025-26. As per the director letter admin block has been alloated for independent civil of Nursing college. they recommended infrastructure as per INC Norms inclusive of Faculty requirement has been furnished letter date 18/11/2017.

COLLEGE: Area of the college 23,200 sq.ft including 06 class room, 05 Laboratories like Nursing foundation, Nutrition & community Health Nursing, Obstetrics & Gynecology lab, pediatrics Nursing Lab, pre-clinical Sciences Lab, & computule Lab, AVS Room, Examination hall & PG classrooms & PG Staff Sitting arrangement are observed.

LIBRARY: Library is having 2300 sq.ft are well ventilated & Adequate lighting, total number of books 12406 books in accession register & 390 donated books are observed & Sitting capacity of 100 students & digital library, E Library, computer printer are available.

TEACHING STAFF: Eligible principal is present on the day of inspection including, 01 Vice principal, 02 professor, 06 Associate professor, 04 Assistant professor total 14 Staff are observed

HOSPITAL: Government District hospital & Super Speciality hospital for smooth Conducting of Clinical facilities.

HOSTEL & TRANSPORT FACILITY: Girls & Boys hosted facility are available and observed, Bus facility for transport for student & teachers are available & observed.

Signature of Chairman 8/1/25

Signature of Member (1) 8/1/25

Signature of Member (2) 8/1/25

UNDERTAKING

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

We have conducted LIC inspection of this college on 08/11/2024 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 GIMS, Govt. college & Nursing Godaf are submitting the affidavit to University.

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**

N A

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

I/We, GIMS, Govt, college of nursing Gadag ~~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.

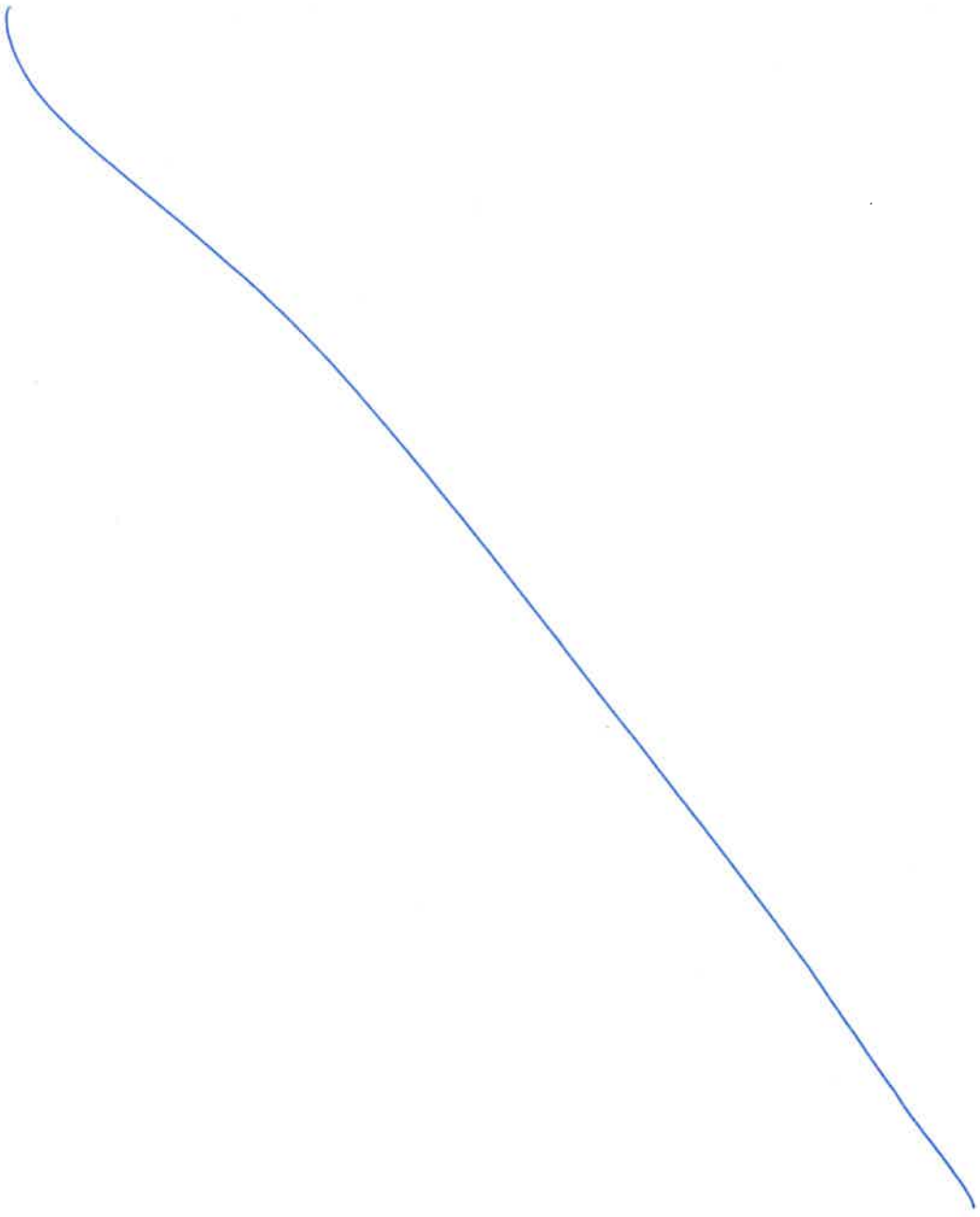
***Note Undertaking should be given in affidavit**

NA

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Government of Karnataka
GADAG INSTITUTE OF MEDICAL SCIENCES, GADAG
Mallasamudra, Gadag - 582103
e-mail : gimsgadag@gmail.com contact no:- 08372297224 website : www.karnataka.gov.in/gimsgadag

GADAG INSTITUTE OF MEDICAL SCIENCES GADAG 582103

To,
The Registrar,
RGUHS - Bangalore.

Subject: Application for affiliation of fresh B.Sc Nursing programme A.Y. 2019-20.

Dear Sir,

In context to the above cited subject, Gadag Institute of Medical Sciences an autonomous institute under Government of Karnataka intends to incept a Government College of Nursing offering B.Sc Nursing programme to serve needs of the GIMS Teaching Hospital.

In this regard, Admin block has been allotted for the indispensible functioning of Nursing College. The recommended infrastructure as per INC norms inclusive of faculty requirement has been furnished.

Herewith, the filled application form as per the prescribed format by RGUHS Bengaluru, accompanied with supportive documents and receipt of online payment are furnished. Kindly accept our application for affiliation for fresh nursing programme for the year 2019-20 and do the needful.

Thanking you

Date: 18/11/2017
Place: Gadag

Yours faithfully

1) Dr. P S Bhusaraddi
Director
GIMS, Gadag

Director,
Gadag Institute of Medical Sciences
GADAG-582103

2) Dr. Srinivas R Deshpande
Principal
GIMS, Gadag

PRINCIPAL
Gadag Institute of Medical
Sciences, GADAG -582 103

PRINCIPAL
Gadag Institute of Medical
Science, GADAG-582 103

P.S: Kindly contact Mr. Stephen John for the any clarification in this regard. Contact no: 9673632174

Government of Karnataka
GIMS GOVT. COLLEGE OF NURSING, GADAG
Mallasamudra, Gadag – 582103
E-mail : gimsnursingcollege@gmail.com Website :gimsgadag.org

UNDERTAKING

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

This is to confirm that our hospital K.H. Patil Institute of Medical Sciences Gadag. is registered under KPMEA and PCB with 1000 beds and the bonafide certificate has been attached.

This is to confirm that the hospital K.H.PIMS Teaching Hospital is functioning as affiliated/parent/own hospital for GIMS Govt College of Nsg. college.

We also confirm that our hospital is solely affiliated to RGUHS 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**

PRINCIPAL
GIMS' Govt. College of Nursing
GADAG.

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

Government of Karnataka

GIMS GOVT. COLLEGE OF NURSING, GADAG

Mallasamudra, Gadag – 582103

E-mail : gimsnursingcollege@gmail.com Website :gimsgadag.org

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust KHGIMS Goverment College of Nursing are submitting the affidavit to University.

The trust 'K.H. Patil Institute of medical sciences. Gadag is running/managing the colleges 1. GIMS Govt College of Nursing Gadag Under "B" Block

2.

3. since 2017

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**

PRINCIPAL
GIMS' Govt. College of Nursing
GADAG.

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

To
The Registrar
Rajiv Gandhi University of health Sciences
Jayanagar 4th T Block
Bengaluru

Sub : Submission of LIC inspection report of GIMS Govt. College of Nursing, Gadag

With the above mentioned subject I, undersigned Dr Basavaraj S Savadi Chairman of LIC Inspection committee bring to infrom you that I am sending LIC inspection report of GIMS Govt. College of Nursing, Gadag fro your kind reference. Acknowledge the same and do the needful.

Thanking you

Sd/-
Dr Basavaraj S Savadi
Chairman of LIC Team
RGUHS, Bengaluru