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. Veeresh K. Hanchinal	DR. Sudeenar V	SANTHOSH KUMAR
Designation	Associate Professor	Professor	PRINCIPAL
Address	GIMS Gadag.	Dr. Renukrishen C.O.N Kalaburgi	SANCTA MATHA COLLEGE OF NURSING GUNDLUPET
Mobile No	9620151813	8310127854	9844463923
Email ID	Veeresholue1@gmail.com	Sudeenavijaykumar@gmail.com.	Sandyreddy84@gmail.com

Inspection For the Academic Year : 2025-2026 *Date of Inspection: 08-08-2025*

(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	HKDET's UMADEVI PATIL COLLEGE OF NURSING NH-65, VEERABHADRAGIRI, SINDANKERA CROSS HUMNABAD 585330	2	Year of Establishment: 2019-20
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address & Phone number	(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:hkdetudpnc@gmail.com		Website: www.rramc.org.com
		Office No:		Mobile No: 9019078988

Signature of Chairman
Dr. Veeresh. K. H

Signature of Member (1)
(DR-Sudeenar V)

Signature of Member (2)
SANTHOSH KUMAR R.L

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr Chandrashekhar B Patil – Chairman 934366666	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 4 (Enclose copy of Governing Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof Basayya H Qualification: M.Sc Nursing Experience after MSc: 13 Years Email:drsada77@gmail.com	Mobile No: 9019078988 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	PRINCIPAL	

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	Continuation Affiliation	1,30,000	65000	1000	25000	2,21,000.00
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.	NA	
	2.	NA	
	3.	NA	
	4.	NA	
	5.	NA	
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	2,21,000.00

Online Transaction Number or Details:BD00000007547061(19-12-2024),BD00000007595045(31-12-2024) BD00000007584811(28-12-2024),BD00000008685735(31-07-2025)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
SANTHOSH KUMAR RL

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	GOK.no. MED 245 RGU2024 10-12-2024 Annexure - 5	RGUHS/AFF/NS/ 10/385/2024-25 26-12-2024 Annexure - 6	Annexure - 7	— Annexure - 8	Attached
	Affiliation Sanctioned Intake	60	60	60	—	
	Admissions Made for the Current Academic Year	35			—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	~~Attached~~ 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	~~Attached~~ NA
	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	NA
	Sanctioned Intake	—	—	—	—	

Signature of Chairman
Dr. Veeresh. P.H

Signature of Member (1)

Signature of Member (2)
SANTHOSH KUMAR R L

	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	10	18	13	15	54
	Female	30	16	23	20	89
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female		N.A.			
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----------
		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)

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----------
		NA				

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
Dr. Veeresh. K-H

Signature of Member (1)

Signature of Member (2)
SANTHOSH KUMAR PL

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1														
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*									
6	Tutor	8-16	16-24				2-10	--									
	Total	16-24	24-40				4-12										

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

Signature of Chairman Dr. Veerendra. B.A

Signature of Member (1)

Signature of Member (2) Santhosh Kumar RL

250 students				

* Aadhar based biometric attendance for students

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

SANTHOSH KUMAR RL

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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.		List Enclosed								
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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	—	—	Annexure-11

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

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

SANTHOSH KUMAR RL

	15. A.V/Aids room	600		

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	Available	
	Nutrition & Community Health Nursing	1200sq.ft	Available	
	Obstetrics and Gynecology Laboratory	900sq.ft	Available	
	Pediatrics Nursing Laboratory	900sq.ft	Available	
	Pre-Clinical Sciences Laboratory	900sq.ft	Available	
	Computer Lab (1: 5 computer :student)	1500sq.ft	Available	

VERIFIED

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**	Yes
9	**Town planning/Authorities approval order**	Yes

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

SANTHOSH KUMAR RL

- 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
1	KA 34 A 2821	73	~~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 Sq ft	YES ☑ No ☐	yes	yes	VERIFIED

Total No. of Nursing Books available	1200	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	yes
No of e-books	—	**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	pramila.	M.Sc Lib	5 years	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	Enclosed	

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

SANTHOSH KUMAR RL

Conferences conducted	– List enclosed	
Conferences attended	– List enclosed	

* 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 HKDET's Rajgeerwar Hospital, Hubli. MOU(Registered parent hospital MOU)	100	within campus	80%	VERIFIED
NAME OF THE TRUST/ Person owning The Hospital HKDET's				
Name Of The Owner Of The Trust of Hospital Dr. Chandrashekhar B. Patil – Chairman.				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 Hitech Hospital Gulbarga Road Humnabad	50	2 kms	85%	VERIFIED
2				
3				

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

SANTHOSH KUMAR D L

	(MOU/Clinical permission letter)	Attached			

(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)**

SANTHOSH KUMAR RL

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	80%	20	90%
Surgery including OT	20	85%	10	85%
Obstetrics & Gynecology	30	90%	5	90%
Pediatrics,	20	90%	5	80%
Emergency Medicine	10	80%	10	85%
Psychiatry	—			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	5	3	2	2
Minor OT	3	2	1	1
Dental, Otorhinolaryngology, Ophthalmology	5	4	2	1
Burns and Plastic	4	2	3	2
Neonatology care unit	2	1	1	1
Communicable disease/Respiratory medicine/TB & chest diseases	2	1	3	2
Dermatology	3	2	4	3
Cardiology	5	4	3	2
Oncology	1	1	1	1
Neurology/Neuro-surgery	3	3	3	2
Nephrology/Urology	2	2	2	1
ICU/ICCU	2	2	2	2
Geriatric Medicine	5	4	3	2

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

SANTHOSH KUMAR RL

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**	Govt. P.H.C Irudayi
	Adopted / Affiliated	Affiliated.
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	5 kms
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Govt. CH.C Hallicheed
	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	

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)**

SANTHOSH KUMAR.RL

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 : 30	Boys : 20
f.	Total No. of rooms	Girls :	Boys :
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)

SANTHOSH KUMAR RL

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	Yes		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes		
Annexure - 3	Details of any other Nursing Institution under the same Trust	Yes		
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	Yes		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA		
Annexure - 10	List of M.Sc. Nursing Students as per format	NA		
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	Yes		
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	Yes		

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

SANTHOSH KUMAR BL

	affiliated hospitals.	yes		
Annexure - 17	Details of Community Health Nursing Posting Facilities	yes		
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	yes		

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:

The LIC Team inspection to HKDET's Umadevi Patil College of Nursing Humnabad- 585330. and the following observations were done on the of inspection ie. on 08/08/2025 Continuation of Affiliation for the A.Y. 2025-26.
The college having Parent hospital for 100 beded Rajarajeshwa hospital Humanabad. The hospital in within the campus. and related documents verified and enclosed like KPMEA Pape
The college having infrastructure 23.200 sq ft building it inclu all classrooms and laboratories. The laboratories observed Its having instruments, equipments, models, manikins etc.
The library having capacity of 60 seats and also having 1200 books, 10 research titles available
Teaching staff :-> Total 18 faculties with includes 1 principa having 13 years experinces (including UG&PG), 1 vice principal 2 associates, 2 assistant professors and 12 tutors

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
LAKSHMAN KUMAR RL

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at H.K.D.E.T's Umadevi Patil College of NSG which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 08/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A/C Member (Member)	Subject Expert (Member)
	(Dr. Sudeep V) Academic Council	Santhosh Kumar RL

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

Santhosh Kumar RL

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)

SANTHOSH KUMAR RL

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Dr. Chandrashekar patil, chairman - HKDET's HBD are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. Umadevi Patil College of Nursing.

2. _____

3. _____ since 2019.

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**

Affidavit enclosed.

CHIEF TRUSTEE
H.K.D.E. TRUST
HUMNABAD

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

UNDERTAKING

I/We, HKDET's Raj Rajeshwari Hospital is/are the Owners/MD/CEO/Board Members of the RR Hospital Hunasbal hospital situated at HKDET Campus - NH 65 - Veerabhadra Gm', Hunasbal:
This is to confirm that our hospital Raj Rajeshwari Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for Umadevi Patil College of Nsg college.
We also confirm that our hospital is solely affiliated to
Umadevi Patil College of Nursing. college and is not affiliated to any other nursing college.
The information provided by us is true and correct.
***Note Undertaking should be given in affidavit**

Affidavit enclosed -

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA90375793264191X
Certificate Issued Date	:	25-Mar-2025 03:29 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ HUMNABAD5/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL08083378308182 27X
Purchased by	:	SRI UMADEVI PATIL COLLEGE OF NURSING HUMNABAD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI UMADEVI PATIL COLLEGE OF NURSING HUMNABAD
Second Party	:	KARNATAKA NURSING COUNCIL BANGALORE
Stamp Duty Paid By	:	SRI UMADEVI PATIL COLLEGE OF NURSING HUMNABAD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY

Authorized Signatory

Please write or type below this line

AFFIDAVIT

I Prof Snehalatha P Principal of HKDET'S Umadevi Patil College of Nursing Sciences, Humnabad, Bidar. Do hereby solemnly affirm and state as under.

PRINCIPAL
H.K.D.E.T'S
UMADEVI PATIL
College of Nursing Sciences

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

1. That I am Prof Snehalatha P Principal of SVET'S Sri Veerabhdreshwara School of Nursing, Science, Humnabad Bidar. having its administrative office at near Sindenkera Cross Humnabad-585330 Dist Bidar. With Phone no. 08482-230191 Mobile no. 8317424067
2. That the SVET'S Sri Veerabhdreshwara School of Nursing, Science, Bidar is managed by Sri Veerabhdreshwara Education Trust having its office at near Sindhankera cross, NH-65, Humnabad Bidar.
3. That, the deponent being the general Secretary of Nursing School has preferred and application to Karnataka State Nursing Council, Nightingale towers, NO 71 A street,6th cross, Anand Rao Extension Gandhi Nagar Bangalore 560009, for approval of continuation of Nursing program namely GNM course in Sri Veerabhdreshwara School of Nursing, Science, Humnabad Bidar Institution.
4. That in the application for renewal submitted to the Karnataka state Nursing Council the deponent has declared that the Nursing School has all the facilities submitted in affidavit dully notarized dated.....
5. The deponent declares that the above stated information would be maintained at all the times and that in case of any deviation from the above position the same would be communicated to the Karnataka State Nursing Council. The deponent further declare that in the even in any of the above information is found to be incorrect or false or misleading at a later stage obtained either through a source information or surprise inspection by Karnataka State Nursing Council, than in case the permission / approval accorded would be liable to be withdrawn in terms as of the provisions of Karnataka state nursing council act and rules there under.
6. That the deponent hereby declares that the above information is true and correct as per official records and that no information has been suppressed herewith.

I the above names deponent de here by verify that facts mentioned in the affidavit or true and correct to the best of my knowledge and belief and that I had not suppressed any material fact.

Verified on This 27th day of March 2025 at HUMNABAD

Solemnly affirmed/sworn before me
on this....27.... day of...03 2025.....

PRABHAKAR .B. NAGARALE
Advocate & Notary
Humnabad Dist: Bidar

PRINCIPAL
H.K.D.E.T'S
UMADEVI PATIL
College of Nursing Sciences
Humnabad Dist:Bidar-585330

1. That I am Prof Snehalatha P Principal of SVET'S Sri Veerabhdreshwara School of Nursing, Science, Humnabad Bidar. having its administrative office at near Sindenkera Cross Humnabad-585330 Dist Bidar. With Phone no. 08482-230191 Mobile no. 8317424067
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6. That the deponent hereby declares that the above information is true and correct as per official records and that no information has been suppressed herewith.

I the above names deponent de here by verify that facts mentioned in the affidavit or true and correct to the best of my knowledge and belief and that I had not suppressed any material fact.

Verified on This 27th day of March 2025 at HUMNABAD

NOTARY Prabhakar B. Nagarale Advocate & Notary Humnabad-585330 Regd. No. KN03/564/2018-19 GOVT. OF INDIA

Solemnly affirmed/sworn before me on this 27 day of 03 2025

PRABHAKAR .B. NAGARALE
Advocate & Notary
Humnabad Dist: Bidar

PRINCIPAL
H.K.D.E.T'S
UMADEVI PATIL
College of Nursing Sciences
Humnabad Dist:Bidar-585330

H.K.D.E TRUST'S s

UMADEVI PATIL COLLEGE OF NURSING HUMNABAD

NEAR SINDENKERA CROSS HUMNABAD 585330

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
						UG	PG			
1	Prof Basayya H	Principal	M.Sc Pediatric	2012	05408	10 years	3 years	01-01-1999	Yes	
2	Ms.Sulavathi	Vice Principal	M.Sc Pediatric	2016	68784	10 Years		01-07-24	Yes	
3	Ms.Susan	Assistant Prof	M.Sc Pediatric	2020	82413	2 Years	4 years	13-08-24	Yes	
4	Mr.Mahmmadshareef	Assistant Prof	sM.Sc Cardiology	2024	19394	1 Years		22-09-24	Yes	
5	Ms. Joysheetal	Associate Prof	M.Sc (Nsg)CHN	2015	73235	2 Years	2 Years	02-11-24	Yes	
6	Ms. Shilpa	Associate Prof	M.Sc(Nsg)CHN	2018	86794	7 Year		02-11-24	Yes	
7	Ms.Sapna	Tutor	B.Bsc Nrg	2022	133397	3 Years		13-08-24	Yes	
8	Ms.Deepika	Tutor	B.Bsc Nrg	2022	140687	1 Years		10-05-22	Yes	
9	Ms.Shobha	Tutor	B.Bsc Nrg	2021	123701	1 Years		01-07-24	Yes	
10	Mr.Mallikarjun	Tutor	B.Bsc Nrg	2017	147963	4 Years		01-07-23	Yes	
11	Ms.Ambika	Tutor	B.Bsc Nrg	2021	124688	2 Years		25-08-23	Yes	
12	Mr.Ashirwad	Tutor	B.Bsc Nrg	2021	121818	2 Years		03-06-23	Yes	
13	Mr.Michel	Tutor	B.Bsc Nrg	2021	127788	2 Years		02-05-22	Yes	
14	Mr Premkumar	Tutor	B.Bsc Nrg	2022	129966			01-02-25	Yes	
15	Mr.Nitish Kumar	Tutor	B.Bsc Nrg	2024	215017	2month		01-09-24	Yes	
16	Mr Chandpasha	Tutor	B.Bsc Nrg	2019	100690			01-02-25	Yes	
17	Mr.Sunil Rathod	Tutor	B.Bsc Nrg	2021	121717	2 Years		02-11-22	Yes	
18	Ms Subhashita	Tutor	B.Bsc Nrg	2025		Fresher		01-08-25	Yes	

Received

PRINCIPAL

PRINCIPAL
H.K.D.E.T'S
UMADEVI PATIL
College of Nursing Sciences
Humnabad Dist:Bidar-585330

8/8/25