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. Sankaranagouda Patil	GURUBASAVARAJA S M Reddy	Mr Vincent PATIL
Designation	Principal.	Professor	Asso e Prof
Address	RIAMS & Solur.	Acharya & BM Reddy College of Nursing	Sankara Institute of Nsg
Mobile No	9019587969	9886001140	8762255551
Email ID	ayursank@gmail.com	gurubasavaraj@acharya.ac.in	Vincent.patil32@gmail.com

For the Academic Year : *2025-26* *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	

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	**Sri Vinayaka College of Nursing** No 81, Machohalli, Adjacent to Sri Vani Vidya Kendra, Magadi Main Road, Bangalore - 560091	2	Year of Establishment 2019
2	Status of the course conducting body	**Trust**		
3	(a). Name of the Trust/Society & complete postal address & Phone number	**Sri Vijaya Ganapathi Nagadevatha Trust** (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:svgndtrust@gmail.com	**Website:** www.srivinayakacollegeofnursing.co.in	
		Office No: 08029770629	**Mobile No:** 9845248183	

Signature of Chairman
(Dr. Sankaranagouda Patil)

Signature of Member (1)
Mr. Gurubasavaraja Reddy

Signature of Member (2)

	b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	SRI. PURUSHOTHAMA		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council:** (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: Mrs. Banu K P** **Qualification: M.Sc. Nursing** **Experience: 15 years** **Email: banu029@gmail.com**	**Mobile No:9538433574** **Office No:** 08029770629 **Fax No:** 08029770629 **Residential phone No: :** 08029770629	
	b) Drawing authority of the college			

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 UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing			1,95,050/-	1,000/-	25,000/-	2,21,050/-
Post Basic B.Sc. Nursing						
					Total (A)	2,21,050/-

PG Course:- (M.Sc. Nursing)	P G Continuation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	5 X 2000	10,000/-
	2. Community Health Nursing	5 X 2000	10,000/-
	3. OBG Nursing	5 X 2000	10,000/-
	4. Pediatric Nursing	5 X 2000	10,000/-
	5. Psychiatric Nursing	5 X 2000	10,000/-
		Total (B)	58,550/-
NPCC			
		Total (C)	NILL
		Grand Total (A+B+C)	2,79,600/-

Online Transaction Number or Details:

BD00000007567106 & BD00000007567124

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	MED 248RGU2024 & 10/12/2024 Annexure - 5	RGU/AFF/NSG/N398/2024-25 & 26/12/2024 Annexure - 6	KSNC/2253:2024-25 & 06/01/2025 Annexure - 7	18-15/14788-INC & 18/11/2024 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60 (2024-25)	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ✓ b. Medical Surgical ✓ c. OBG ✓ d. Paediatric ✓ e. Psychiatry ✓	Approval Letter No. and Date	MED 248RGU2024 & 10/12/2024 Annexure - 5	RGU/AFF/NSG/N398/2024-25 & 26/12/2024 Annexure - 6	KSNC/2253:2024-25 & 06/01/2025 Annexure - 7	18-15/14788-INC & 18/11/2024 Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year (2025-26)	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	NA	NA	NA	NA	NA

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**	15	17	12	15	59
	Female	25	23	25	25	98
Post Basic B.Sc Nursing	**Male**	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	**Male**	07	NO BATCH			07
	Female	15	NO BATCH			15
M.Sc NPCC	**Male**	NA	—	—	—	—
	Female	NA	—	—	—	—

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		NA	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)

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----------
		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

Remarks: _____

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

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)

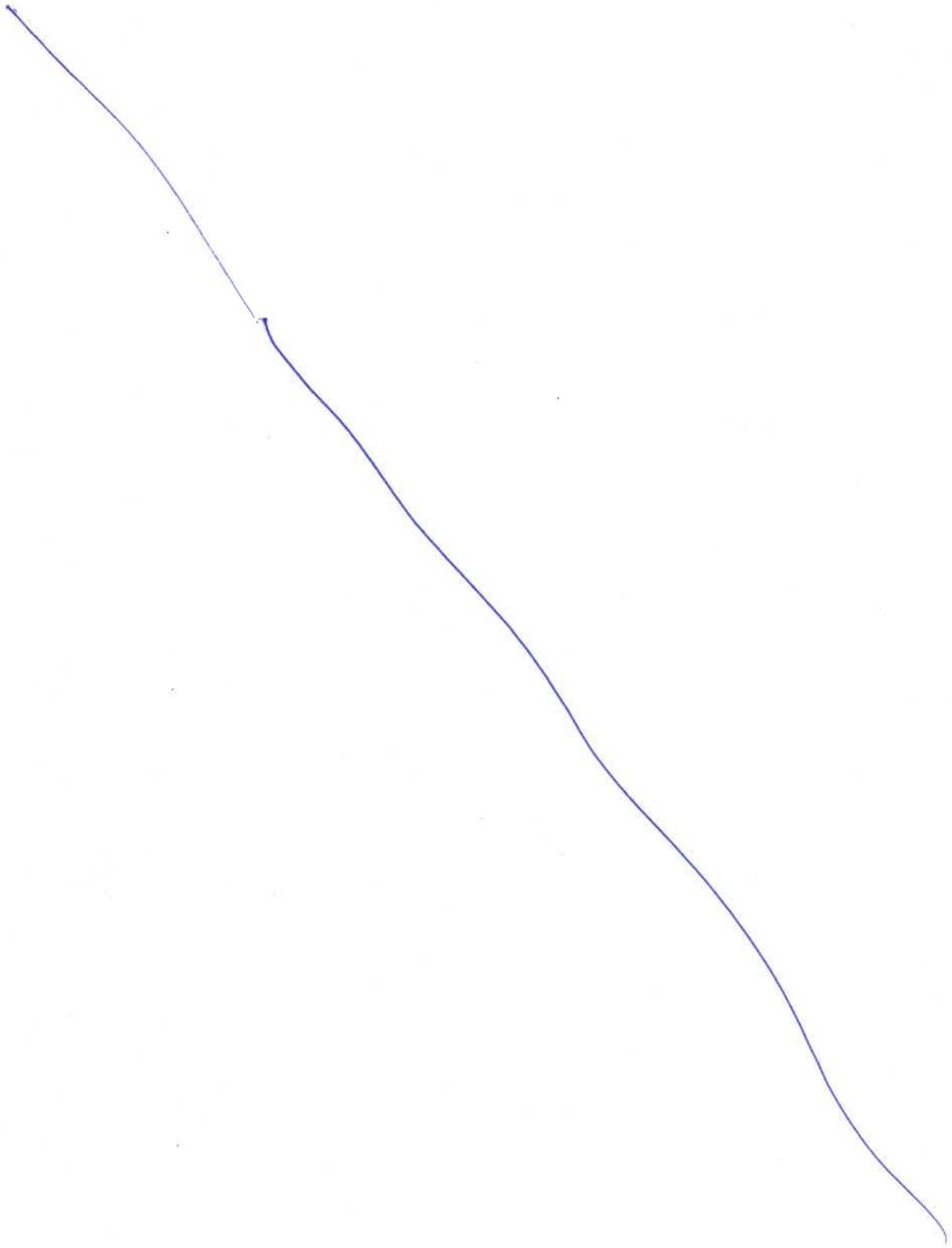
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

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(Years)	After PG(Years)			
1.	Mrs. Banu K P	Principal	M.Sc. Nursing (OBG)	2012	14704	2 years	13 years	18/02/2019		
2.	Ms. Tanu Sagolsem	Vice-Principal	M.Sc. Nursing (Pediatric Nursing)	2017	53130	3 years	8 years	01/02/2021		
3.	Mr. Jagadeesha D S	Asst. Professor	M.Sc. Nursing (Medical Surgical Nursing)	2019	140250	2 years	6 years	01/12/2024		
4.	Ms Nirmala T H	Asst. Professor	M.Sc. Nursing (Community Health Nursing)	2021	171819	1 years	4 years	01/08/2021		
5.	Ms. Harshitha K	Asst. Professor	M.Sc. Nursing (OBG Nursing)	2021	87035	2 years	3 years	01/12/2021		
6.	Ms. Songa Bhairavi	Asst. Professor	M.Sc. Nursing (Psychiatric Nursing)	2021	RRANP 2022 9905 KAR	2 years	3 years	18/02/2025		
7.	Mr. Pabitra Rudra Pal	Asst. Professor	M.Sc. Nursing (Medical Surgical Nursing)	2021	87517	1 year	3 years	18/12/2021		
8.	Ms. Gopika P V	Asst. Professor	M.Sc. Nursing (OBG Nursing)	2022	10300	1 year	3 years	01/07/2022		
9.	Ms. Manti Rani Paul	Asst. Professor	M.Sc. Nursing (OBG Nursing)	2022	90156	2 years	3 years	10/03/2025		
10.	Mrs. Joyce Priscilla	Nursing Tutor	M.Sc. Nursing (Community Health Nursing)	2023	94677	2 years	2 years	03/04/2023		
11.	Mr. Kamar Uddin	Nursing Tutor	M.Sc. Nursing (Pediatric Nursing)	2024	101640	2 years	1 year	01/03/2024		
12.	Ms.Pallavi K G	Nursing Tutor	M.Sc. Nursing (Community Health Nursing)	2025	120133	2 years	6 Months	01/03/2025		
13.	Ms. Malti Mardi	Nursing Tutor	PB B.Sc. Nursing	2016	17449	8 years	-	03/03/2025		
14.	Mr. Littan Ghosh	Nursing Tutor	B.Sc. Nursing	2019	108265	5 years	-	10/12/2019		

Verified.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15.	Mr. Surajit Debnath	Nursing Tutor	B.Sc. Nursing	2019	118883	5 years	-	10/12/2019		
16.	Ms. Pushpa U	Nursing Tutor	B.Sc. Nursing	2019	100687	5 years	-	10/09/2023		
17.	Mr.Sourav Debnath	Nursing Tutor	B.Sc. Nursing	2019	108121	5 years	-	01/12/2019		
18.	Ms. Kesia Anil Kumar	Nursing Tutor	B.Sc. Nursing	2019	99415	5 years	-	10/05/2025		
19.	Ms. Rehana Khatun	Nursing Tutor	B.Sc. Nursing	2022	142706	2 years	-	20/12/2022		
20.	Ms. Sumitra Poudyal	Nursing Tutor	B.Sc. Nursing	2022	132555	2 years	-	20/12/2022		
21.	Ms. Anchana S	Nursing Tutor	B.Sc. Nursing	2022	143651	2 years	-	05/04/2025		
22.	Ms. Sayani Mondal	Nursing Tutor	B.Sc. Nursing	2023	159919	1 year	-	10/12/2023		
23.	Mr. Jayesh	Nursing Tutor	PB B.Sc. Nursing	2024	131858	1 year	—	01/03/2024		
24.	Ms. Esther M	Nursing Tutor	B.Sc. Nursing	2024	163604	1 year	—	01/06/2024		
25.	Mr.Adarsh A P	Nursing Tutor	B.Sc. Nursing	2024	162660	1 year	—	01/06/2024		
26.	Mr. Srirankar Bera	Nursing Tutor	PB B.Sc. Nursing	2024	300793	6 Months	-	08/02/2025		
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Verified

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

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

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Note: Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving License). 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 Guide ship 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
	ENCLOSED				

14. Physical Facilities:

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**32,371sq.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	**4X1000 = 4000sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	N/A	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2X600=1200**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	N/A	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**600**	Verified & Plan. as Ground adequate
	2. Vice-Principal Chamber	200	**200**	
	3. HOD	5 x 200 = 1000	5 x 200 = 1000	
	4. Professor/Assoc. Prof	800+2400=3200	800+2400=3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**800 sq.ft**	
	7. Accountants Office		**300 sq.ft**	
	8. Store Room		**400 sq.ft**	
	9. Record room		**400 sq.ft**	
	10. Room for maintenance staff		1200	
	11. Xeroxing room		500	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	100sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	100sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	

Adequate

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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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	KA41C9937	52	Yes	Yes	Yes

16. Library facility: Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2,500 Sq.Ft	YES [√] No [ ]	Good	Good	

Total No. of Nursing Books available	4091	**No. of Nursing Journals subscribed**	11
No. of Thesis/Research titles available		**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	MRS. CHANDRAKALA N	M.L.I.Sc	5 YEARS	

Note: A minimum of 500 of 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 will increase/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	25	
Conferences conducted		
Conferences attended		

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

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

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: Aryan Multispeciality Hospital 80 Feet Ring Rd,, 4 & 5, Outer Ring Rd, Mariyappana Palya, Jnana Ganga Nagar, Bengaluru, Karnataka 560056 MOU(Registered parent hospital MOU)		100	10km	85%	
NAME OF THE TRUST/ Person owning The Hospital: Krishnamurthy					Verified & found correct
Name of The Owner of the Trust Mr. Purushothama					
Affiliated hospitals- Full Name & Address of the Parent Hospital	**1 INDIRA GANDHI INSTITUTE OF CHILD HEALTH,** 1st Block, Siddapura, Jayanagar, Bengaluru, Karnataka 560029	200	20 km	85%	
	2.SPANDANA HEALTH CARE, No 236/2, 29th Main, 5th Block, Nandini Layout, Near Ring Road Bridge, Bangalore - 560096	100	5 km	85%	
	3. FORTIS HOSPITAL 111, Chord Rd, West of Chord Road 2nd Stage, Nagapura, Bengaluru, Karnataka 560086 (MOU/Clinical permission letter)	100	8 km	80%	

(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).

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

- 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 **for Bangalore 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: Verified & KPME, PCB & MOU. are found correct

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	25	1500	20	1000
Surgery including OT	15	230	15	255
Obstetrics & Gynecology	10	160	10	210
Pediatrics,	10	180	10	180
Emergency Medicine	10	380	10	160
Psychiatry	00	00	03	60

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	180	03	180
Minor OT	03	100	04	120
Dental, Otorhinolaryngology, Ophthalmology	02	36	02	40
Burns and Plastic	02	10	02	12
Neonatology care unit	05	100	02	72
Communicable disease/ Respiratory medicine/TB & chest diseases	04	250	03	185
Dermatology	0	0	0	0
Cardiology	05	140	05	160
Oncology	0	0	0	0
Neurology/Neuro-surgery	0	0	02	50
Nephrology/Urology	02	25	03	45
ICU/ICCU	03	160	04	80
Geriatric Medicine	02	50	02	40
Any other	-	-	-	-

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		**Machohalli**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**1 km**
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		**Gollarahatti**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**2 km**
b. Services Rendered by Health & Family Welfare Programmes		**Antenatal care, delivery, postnatal care, pediatric care, family planning, immunization.**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti-ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

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 33,700 & 23,600	
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 : 98	Boys : 59
f.	Total No. of rooms	Girls : 25	Boys : 15
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓ Nil	✓ Inst. Other	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

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 LIC comite observations as follows.

→ Infrastructure build up in 32,371 Sqft divided in 6 labs, 5 class rooms, Ph dept & library & proper seating arrangements, & Library contains 4071 books.

→ 26 Eligible teaching staff are appointed along with principal for UG & PG courses & were present.

→ Parent hospital by name Aryan Multi speciality Hospital affiliated to fortis hospital & Indiragandhi & Spandana Hospital were verified & KPME & PCB are found correct

→ Separate boys & girls hostel are made available

→ Machohalli PHC adopted for Community ~~Posting~~ Postings

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 _____ which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member) Vincent PATIL

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

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

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

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

I **Mr. Purushothama** the Chairman of the trust **Sri Vijayaganapathi Nagadevatha Trust** are submitting the affidavit toUniversity. The trust **Sri Vijayaganapathi Nagadevatha Trust** is running/managing the college **Sri Vinayaka College of Nursing, Bengaluru** since 6 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.

For SVGN TRUST
TRUSTEE

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

UNDERTAKING

I **Dr. C V Krishnamurthy** is the Owner of the **Aryan Multi Specialty Hospital** situated at No 4 & 5, 80feet road, Jnanaganga Nagar, Mariyappana Palya, Bengaluru 560060.

This is to confirm that our hospital _ **Aryan 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 hospital **Aryan Multi Specialty Hospital** is functioning as parent hospital for **Sri Vinayaka College of Nursing .**

We also confirm that our hospital is solely affiliated to **Sri Vinayaka College of Nursing.** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

04/09/2024
DR. KRISHNAMURTHY

Signature of Chairman

Signature of Member (1)

Signature of Member (2)