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. K. C. Shashidara	Dr. B.M. Shanthala	Narayanaswamy H
Designation	Professor; Dept of Medicine	Prof. of Paedodontics	Professor of CHN
Address	JSS Medical College Mysore.	Coorg Institute of Dental Sciences; Virajpet. Kodagu.	Shridevi college of Nursing Tumkur.
Mobile No	9448064613	9901452918	9480232285
Email ID	Keshashidhara@gmail.com.	shanthalapedo@cids.edu	

For the Academic Year : 2025 – 2026 *Date of Inspection:* 06.05.2025

(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	250	6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.	25		

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 Siddhartha Institute of Nursing Sciences & Research Centre	2	Year of Establishment: 2019
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 13/5/H	Sri Siddhartha Education Society Siddharthanagara; Tumkur-Taluk; Tumkur district. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: ssins.rc2019@gmail.com	Website: ssinsnc.in	

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

	(b). Name of the Owner of Trust/Society	Dr. G. Parameshwara		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Copy Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Mr. Chandrashekhara N Y Qualification: M.Sc (Nursing) Experience: 18 Email:ndagattechandru@gmail.com	Mobile No: 9916833170 Office No: 6366656602 Fax No: Residential phone No:	
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 addressVerify 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			Copy	Enclosed		
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. Copy Enclosed		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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

	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	02	Nil	04	03	9
	Female	87	97	87	97	368
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
			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----------
			N A			

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)

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake		– Copy Enclosed –			
	Admissions Made for the Current Academic Year					
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 ☐	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. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1					01								
2	Vice-Principal	1	1					01								
3	Professor	1	1-2		1*			00								
4	Associate Professor	2	2-4		1*			02								
5	Assistant Professor	3	3-8	2	3*			11								
6	Tutor	8-16	16-24	2-10	--			28								
	Total	**16-24**	**24-40**	**4-12**				43								

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

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

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

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

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

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.	Copy Enclosed									
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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 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
		Copy	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		
	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	06. 6000sqft	
	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	02. 1200sq.ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400Sq.ft	
	2. Vice-Principal Chamber	200	300Sqft	
	3. HOD	5 x 200 = 1000	1200Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3400Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		Available 300Sqft	
	7. Accountants Office		Available(300)	
	8. Store Room		Available(300)	
	9. Record room		Available(300)	
	10. Room for maintenance staff		Available(300)	
	11. Xeroxing room		Available(300)	
	12. common room	1000	1200 Sq.ft	
	13. Seminar hall	3000	3200 Sqft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	800 Sq.ft	

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 Sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1500 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 Sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1200 Sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1200 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	2000 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: **Annexure – 12**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

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
Copy	Enclosed	50.	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	2500	YES ☑ No ☐			

Total No. of Nursing Books available	3436	**No. of Nursing Journals subscribed**	21
No. of Thesis/Research titles available		**Is internet facility available for Students?**	Yes
No of e-books	12	**How many books were purchased in last financial year?**	800

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. Kiran Kumar	M.Sc (Library Science)	1 year	

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 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	NA	
Conferences conducted	02	
Conferences attended	05	

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%)	Remarks
Full Name & Address of the Parent Hospital Sri Siddhartha Institute of Medical Sciences & RC		—	copy enclosed —		
NAME OF THE TRUST/ Person owning The Hospital Sri Siddhartha Education Society		— Copy Enclosed —			
Name Of The Owner Of The Trust of Hospital Dr. G. Parameshwara G.		—	copy enclosed —		
Affiliated hospitals-Full Name & Address of the Parent Hospital	1				
	2				

(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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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

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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:

Nil

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				
Surgery including OT				
Obstetrics & Gynecology	—	Copy Enclosed	—	
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

Copy Enclosed

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	Thyragondalu
	Adopted / Affiliated	Adopted
	Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☑
	Distance from the Nursing Institute	7 km
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	Name of CHC / PHC / SC	Makali
	Adopted / Affiliated	Adopted
	Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☑
	Distance from the Nursing Institute	20 km
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 ☐
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 ☐

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 24,000	
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 : 368	Boys : 09
f.	Total No. of rooms	Girls : 70	Boys : 03
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	Submitted (Tick Mark)	
		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		NO
Annexure - 10	List of M.Sc. Nursing Students as per format		NO
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 Library Books & 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	
Annexure - 18	Master Rotation plans and Time tables	Yes	

Kallmeshwara
Signature of Chairman

Shantala
Signature of Member (1)

Signature of Member (2)

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		NO

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.

Observations:

- LIC Inspection Conducted at Siddartha Inst. of Nursing sciences & research Centre, Nelamangala T. began on 6/5/2025. for Continuation of affiliation additional courses for PBCHN, PBMSN, PDN. PCN. PBOBSN, for the year 25-26.
- Infrastructure, Clinical facilities, and Library facilities & Transportation facilities are sufficient.
- Teaching faculties are sufficient as per the norm of INC.
- Hostel facilities are available for the girls and boys Separately.

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 Sri Siddhartha Institute of Nursing Sciences & Research which has applied for continuation of affiliation for the academic year 2024-25. ; 2025-26.

We have conducted LIC inspection of this college on 06/05/2025 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 h... 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

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Shri Siddartha Institute of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 6/5/25 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)

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

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MR. CHANDRASHEKHARA NV	PRINCIPAL	M.Sc COMMUNITY HEALTH NURSING	B.Sc 2002 M.Sc 2008	49087	4 Y	18YEAR	02-12-2019	YES	
2.	Mrs. CHERYL LOBO	VICE PRINCIPAL	M.Sc COMMUNITY HEALTH NURSING	B.Sc 2008 M.Sc 2012	15769	1Y	13YEAR	17.07.2023	-	
3.	Mrs. JYOTHI	ASSOCIATE PROFESSOR	M.Sc PEDIATRIC NURSING	B.Sc 2010 M.sc 2015	35406	4 Y	9YEARS	10.07.2023	-	
4.	MR. PRADEEP KALE	ASSOCIATE PROFESSOR	M.Sc MEDICAL SURGICAL NURSING	B.Sc 201 1M.Sc 2018	44480	5Y	7 YEARS	02.07.2021	-	
5.	Mrs. BINDUSREE N N	ASSISTANT PROFESSOR	M.Sc PSYCHIATRIC NUSRING	B.Sc 2011 M.Sc 2019	40528	5 Y	5 YEARS	18.08.2021	-	
6.	Mrs. VARALAKSHMI	ASSISTANT PROFESSOR	M.Sc PEDIATRIC NURSING	PB.B.Sc 2013 M.Sc 2020	55556	10 Y	4 YEARS	06.09.2021	-	
7.	Mrs. BHARATI V	ASSISTANT PROFESSOR	M.Sc	B.Sc 2012	54559	7 Y	4 YEARS	03.09.2021	-	

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

PRINCIPAL
Sri Siddhartha Institute of Nursing Sciences and Research Centre
T.Begur, Nelamangala Taluk,
Bangaluru Rural Dist-562...

			OBG	M.SC 2020						
8.	MS. MANJULA T	ASSISTANT PROFESSOR	M.Sc MEDICAL SURGICAL NURSING	B.Sc 2015 M.Sc 2020	69589	4Y	4 YEARS	18.09.2021	-	
9.	Mrs. NANDINI R	ASSISTANT PROFESSOR	M.Sc MEDICAL SURGICAL NURSING	B.Sc 2014 M.Sc 2020	65162	4Y	4 YEARS	01.06.2023	-	
10.	Mrs. RATHNAMMA AG	ASSISTANT PROFESSOR	M.Sc MEDICAL SURGICAL NURSING	B.Sc 2014 M.Sc 2018	65165	3Y	5 YEARS	10.01.2025	-	
11.	MS D KARISHMA	ASSISTANT PROFESSOR	M.Sc OBG	B.Sc 2011 M.Sc 2019	RRANP2 0219148 KAR	3 Y	5 YEARS	02.02.2025	-	
12.	MS. NIRANJANI K	ASSISTANT PROFESSOR	M.Sc PEDIATRIC NURSING	B.Sc 2011 M.Sc 2019	46209	2Y .3 M	5 YEARS	01.11.2024	-	
13.	MS. DASARI KAVITHAMMA	ASSISTANT PROFESSOR	M.Sc PEDIATRIC NURSING	B.Sc 2013 M.Sc 2019	RRANP2 02310277 KAR	-	5 YEARS	01.12.2024	-	
14.	MUVVALA CHANDINI	ASSISTANT PROFESSOR	M.Sc PEDIATRIC NURSING	B.Sc 2016 M.Sc 2021	RRANP2 02298562 KAR	-	3 YEARS	01.12.2024	-	

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

PRINCIPAL
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Bengaluru Rural Dist-562 123

15.	SUDHA R	ASSISTANT PROFESSOR	M.Sc MEDICAL SURGICAL NURSING	B.Sc 2012 M.Sc 2018	132168	-	6 YEARS	02.07.2024	-	
16.	MOHAN M D	ASSISTANT LECTURER	M.Sc COMMUNITY HEALTH NURSING	B.Sc 2009 M.Sc 2023	19926	-	1YEAR	03.03.2023	-	
17.	CHETHANA T	ASSISTANT LECTURER	M.Sc MENTAL HEALTH NURSING	B.Sc 2016 M.Sc 2023	196593	-	1 YEAR	02.07.2024	-	
18.	MRS. KAVYA O	ASSISTANT LECTURER	M.Sc PSYCHIATRIC NUSRING	B.Sc 2020 M.Sc 2023	107119	1YEAR	1YEAR	26.02.2024		
19.	MS PALLAVI GH	ASSISTANT LECTURER	B.Sc	B.Sc 2022	135916	2Y.4M	-	02.01.2023	-	
20.	SHIVAPPA	ASSISTANT LECTURER	B.Sc	B.Sc 2022	136983	2Y .4M	-	10.01.2023	-	
21.	SHAMITHA H	ASSISTANT LECTURER	B.Sc	B.Sc 2022	135936	2Y .4M	-	10.01.2023	-	
22.	MADHU B	ASSISTANT LECTURER	B.Sc	B.Sc 2022	135937	2Y .3M	-	02.01.2023	-	
23.	MANJUNATH WADDAR	ASSISTANT LECTURER	B.Sc	B.Sc 2024	135916	2M	-	02.06.2024	-	
24.	NAGAMMA D	ASSISTANT LECTURER	B.Sc	B.Sc 2023	155177	1Y	-	02.06.2024	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Principal
Sri Siddhartha Institute of Nursing Sciences and Research Centre
T.Begur, Nelamangala Taluk,
Bengaluru Rural Dist-562 123

25.	D HADASSAN SHARON	ASSISTANT LECTURER	B.Sc	B.Sc 2021	RRANP2 01813628	3 Y	-	02.06.2024	-		
26.	SRIDHARA P	ASSISTANT LECTURER	B.Sc	B.Sc 2022	139648	2 Y. 6 M	-	02.06.2023	-		
27.	RAGHUNATHA R	ASSISTANT LECTURER	B.Sc	B.Sc 2011	43072	13Y .2 M	-	12.02.2024	-		
28.	SHRUTI M S	ASSISTANT LECTURER	B.Sc	B.Sc 2022	133954	2 Y. 6 M	-	02.06.2023	-		
29.	AKASH MADAPUR	ASSISTANT LECTURER	B.Sc	B.Sc 2022	139246	2Y. 5 M	-	02.07.2023	-		
30.	Mr. MADHUSUDAN H MOOKANAGOUDAR	ASSISTANT LECTURER	B.Sc	B.Sc 2022	141213	2Y. 6 M	-	02.06.2023	-		
31.	DINESHA C	ASSISTANT LECTURER	B.Sc	B.Sc 2018	140219	6 Y	-	02.08.2024	-		
32.	SANDESH S	ASSISTANT LECTURER	B.Sc	B.Sc 2020	114684	4 Y	-	02.08.2023	-		
33.	MS. CHANDINI CHANDRAN	ASSISTANT LECTURER	B.Sc	B.Sc 2019	99919	5 Y	-	03.03.2023	-		
34.	MRS. RAMYA M	ASSISTANT LECTURER	B.Sc	B.Sc 2021	125954	3 Y	-	20.06.2022	-		
35.	MS. TEJASWINI K R	ASSISTANT LECTURER	B.Sc	B.Sc 2022	140933	2 Y. 1M	-	18.03.2024	-		
36.	Ms. BEENETA P B	ASSISTANT LECTURER	B.Sc	B.Sc 2023	151021	1Y	-	01.11.2023	-		

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

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37.	MS. ANEETA P B	ASSISTANT LECTURER	B.Sc	B.Sc 2023	150888	1Y	-	01.11.2023	-	
38.	MRS. LAKSHMI	TUTOR	B.Sc	B.Sc 2023	155501	5M	-	09.12.2024	-	
39.	Mr. MENDIGERI SHIVANAND SURESH	TUTOR	B.Sc	B.Sc 2023	147617	1Y	-	01.02.2025	-	
40.	Mr. LAKSHMIKANTHA S P	TUTOR	B.Sc	B.Sc 2023	150650	1Y	-	01.02.2025	-	
41.	MS. AISHWARYA G P	TUTOR	B.Sc	B.Sc 2024	163989	2M	-	01.02.2025	-	
42.	Mr. LAKSHMISHA R R	TUTOR	B.Sc	B.Sc 2022	133414	2Y	-	02.05.2025	-	
43.	Mr. NARASIMHAMURTHY K H	TUTOR	B.Sc	B.Sc 2023	163760	1Y	-	02.05.2025	-	
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)