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

Details of LIC Inspectors :	Subject Expert	Subject Expert
Name	MR. NANDISH. S	DR. HARISH KUMAR. HG
Designation	Associate Professor	PROFESSOR
Address	Mandya Institute of Nursing Science, B.M. Road, Mandya.	PRAGATHI COLLEGE OF NURSING BANGALORE-77
Mobile No	9844596776	9739657607
Email ID	nandish1985@gmail.com	harishkumarhg03@gmail.com

For the Academic Year : 2023-24 ***Date of Inspection:*** 02/09/24

(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**	Shubham college of Nursing #6, Aishwarya complex, Bilishivale, Doddagubbi, Bangalore – 560077	2	**Year of Establishmer** 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**	Shubham charitable trust, #15.4.343, Ganesh Nagar, Near Siddharoodh math, Bidar. – Enclosed – (Enclose copy of Registration documents of Society/Trust) **Annexure –**		
		Email: shubhambng0606@gmail.com	**Website:** –	

Signature of Chairman 3/9/24 **Signature of Member (1)** **Signature of Member (2)**

	(b). Name of the Owner of Trust/Society	Sri. Chandrashekar S/o. Shanappa.	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 08. List of GC members & Audit report enclosed. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	**Details of Principal/Head of the institution**	**Name:** Mr. Megavarnan. **Qualification:** M. Sc Nursing **Experience:** 15 years **Email:** shubhambog0606@gmail.com	**Mobile No:** 9035469896 **Office No:** 080 - 28467681 **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**				
		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	1,000/-	20,000/-	25,000/-	30,000/-	25,000/-	1,01,000/-
Post Basic B.Sc. Nursing						
					Total (A)	1,01,000/-

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZHDF16234444257.
Enclosed fees paid recieptz.

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

Remarks:

Fees paid receipts enclosed.

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 404 mmc 2019 Bengaluru Annexure - 5	RGUHS/Aff/ CoA-01-16/ 2022-23 Annexure - 6	1486-2019-2020 dated 21/11/19 Annexure - 7	Applied Annexure - 8	
	Affiliation Sanctioned Intake	dated 15/10/19 40	40	40		
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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	19	09	07	07	42
	Female	21	28	33	07	89
Post Basic B.Sc Nursing	Male					131
	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----------
			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: Governing body Papers verified and enclosed.

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*		01									
4	Associate Professor	2	2-4		1*		02									
5	Assistant Professor	3	3-8	2	3*		03									
6	Tutor	8-16	16-24	2-10	--		12									
	Total	**16-24**	**24-40**	**4-12**			20									

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.	PROF. S. MEGAVARNAN. S	PRINCIPAL	M.Sc(N) MED SURG	2010	PRJMN 2008KMR 825	8	15	08.2.23		
2.	PROF. MRS. S. GEETHA	VICE PRINCIPAL	MSC(N) CHILD HEALTH	2011	TMN2024 109478	1	13	08.07.24		
3.	MRS. ELIZABETH	PROFESSOR	MSC(N) OBG	2016	82888	2	8	01.03.23		
4.	MRS. SHWETHA	ASSO PROFESSOR	MSC(N) CHILD HEALTH	2018	58951	2	6	11.09.22		
5.	MRS. NAGAVENI - G. A	ASSO. PROFESSOR	MSC(N) COMMUNITY	2018	62270	3	6	01.04.23		
6.	MR. SHESHADRI. K.S	ASST LECTURER	MSC(N) Psychiatric	2020	80362	02	1	01.10.23		
7.	MR. KAMBLE KAPILALIA	ASST PROFESSOR	MSC PSYCHIATRIC	2023	70090	04	1.1	10.11.23		
8.	MRS. KOWSALYA	ASSO PROFESSOR	MSC(N) MED SURG	2012	004933	01	11	01.03.24		
9.	MRS. RESHMA MALINI CARLO	ASST LECTURER	BSC(N)	2010	038733	11	–	11.09.22		
10.	MRS. NEENU TOMY	ASST LECTURER	BSC(N)	2018	98762	5.3	–	01.02.23		
11.	MR. MALLAPPA. ISHWARAPPAKOL	ASST LECTURER	PBBSC(N)	2021	159874	2	–	02.05.23		
12.	MR. HANMANTAPPA	ASST LECTURER	PBBSC(N)	2022	178776	2.2	–	15.07.24		
13.	MRS. ANGEL KOMAL	ASST LECTURER	B.SC(N)	2021	117841	3	–	15.07.23		
14.	MS. NEETHU RAMAKRISHNAN	ASST LECTURER	B.SC(N)	2023	153175	7 mon	–	08.11.23		
15.	MR. KARTHIK	ASST LECTURER	BSC(N)	2023	155411	9mon	–	01.05.24		
16.	MRS. SHARANGOWDA	ASST LECTURER	BSC(N)	2023	214166	9mon	–	01.07.24		
17.	MRS. SHIVARANJINI	ASST LECTURER	BSC(N)	2019	106292	5	–	11.09.22		
18.	MR. VIJAY KUMAR LAKKUNDI	ASST LECTURER	PBBSC(N)	2019	58768	–	–	01.09.24		
19.	MR. SATISH DANAPPA HADAPAD	ASST LECTURER	B.SC(N)	2022	129706	–	–	01.09.24		
20.	MR. DEVAPPA	ASST LECTURER	PB.BSC(N)	2019	164838	–	–	01.09.24		
21.										
22.										

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			
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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
	—	List	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	36,200 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	4 x 1650 Sq ft = 6,600 Sq ft.	Verified and details enclosed.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	450 Sq. ft	
	2. Vice-Principal Chamber	200	300 Sq. ft	
	3. HOD	5 x 200 = 1000	900 Sq. ft	
	4. Professor/Assoc. Prof	800+2400=3200	3,275 Sq. ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		671 Sq. ft	
	7. Accountants Office		300 Sq. ft	
	8. Store Room		1300 Sq. ft	
	9. Record room		350 Sq. ft	
	10. Room for maintenance staff		1,000 Sq. ft	
	11. Xeroxing room		—	
	12. common room	1000	1714 Sq. ft	
	13. Seminar hall	3000	3000 Sq. ft	
	14. Toilets	1000	1000 Sq. ft	
	15. A.V/Aids room	600	600 Sq. ft	

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	Verified & enclosed.
	Nutrition & Community Health Nursing	1200sq.ft	1400 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1,050 Sq. ft	
	Pediatrics Nursing Laboratory	900sq.ft	755 Sq. ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1,500 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	2400 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?** – on lease.
2. **Blue print of the building attested by competent authority.** – present and enclosed.
3. **Tax paid receipt (Latest / current year)** – enclosed.
4. **Occupancy certificate.** – enclosed
5. **Sale deed / Lease deed of the building / Land.** – enclosed.

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**

Verified and enclosed

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience

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

01	KA53A - 6016	32	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	Remarks
Required 2300 Sq.Ft	2400 sq.ft	YES ☑ No ☐	Sufficient	Sufficient	-

Total No. of Nursing Books available	1525	**No. of Nursing Journals subscribed**	16
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?**	217

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Vijayalakshmi	M.Sc. Lib.	15 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 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		
Conferences conducted		

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

Conferences attended	Nil	

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 Mythri Smart Hospitals, # 3/4 & 3/2, MRCR Layout Bengaluru.		30	17 km	80%	—
NAME OF THE TRUST/ Person owning The Hospital Dr. Vinutha. M. Yadav.					
Name Of The Owner Of The Trust of Hospital Dr. Vinutha. M. Yadav					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 [redacted] Hospitals Cadabams Kanakapura road, Bengaluru.	100	20 km	80%	—
	2 Tribhe Hospitals, Kalyan Nagar, Bengaluru.	120	6 km	75%	—

(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

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

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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: physically verified the hospital and attached permission letters with fees paid reciepts.

Kyathsandra Smart hospitals :ⓐ KPME status - 30 bed capacity
ⓑ PCB certificate - 101 bed capacity.

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	0545	50		
Surgery including OT	03	05		

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

Obstetrics & Gynecology	03	08		
Pediatrics,	02	05		
Emergency Medicine	03	06		
Psychiatry	02	05		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	10		
Minor OT	02	15		
Dental, Otorhinolaryngology, Ophthalmology	–	–		
Burns and Plastic	–	–		
Neonatology care unit	–	–		
Communicable disease/Respiratory medicine/TB & chest diseases	–	–		
Dermatology	–	–		
Cardiology	–	–		
Oncology	–	–		
Neurology/Neuro-surgery	–	–		
Nephrology/Urology	02	10		
ICU/ICCU	04	20		
Geriatric Medicine	–	–		
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		K. Narayanapura PHC.
Adopted / Affiliated		
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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

h.	Extracurricular activities of students	**YES** ✓	**NO** ☐
i.	Cumulative record of each	**YES** ☐	**NO** ✓
j.	Course planning of each subject	**YES** ✓	**NO** ☐

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

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** 19,000 Sqr.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 :** 89	**Boys :** 42
f.	Total No. of rooms	**Girls :** 20	**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	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification		✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Buildingrelated documents, 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	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessarydocuments	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty eachspeciality wise		✓

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

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

We the LIC team, conducted Surprise Inspection on 02/09/24 in Shubham college of Nursing, Bengaluru.

On thorough inspection, following observations are made.

* Total 20 teachers are shown, out of 20 staffs, 18 are present in college. One staff is in maternity leave and one staff on clinical posting.
* They have own vehicle, bearing the Number KA 53 - A - 6016.
* All Labs are present with required articles.
* In Library, 1525 text books are present with helinet facility. New editions of books needed to be added.
* Ho community bags are present with necessary equipments.
* College building is separate and on lease for 30 years, Copy verified and enclosed.
* Separate buildings for boys hostel and Girls hostel present.
* They have their own parent hospital and affiliated hospitals which are within 15km of radius.

On Verification in KPME website, parent hospital (mythri smart hospitals) has 30 bed capacity with PCB certificate for 101 Beds.

* For enhancement in KPME from 30 beds to 101 beds required fees is paid and all relevant documents applied are verified and enclosed.

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