



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 :	Chairman	Academic Council Member	Subject Expert
Name	<i>Dr. Sankaragoud Patil</i>	<i>Dr. Gurubasavaradasa</i>	<i>Mahesh M</i>
Designation	<i>Principal</i>	<i>professor</i>	<i>Asst professor</i>
Address	<i>RIAMSH Solur Ramangola bisi-</i>	<i>Acharya E B Reddy College of Pharmacy Bangalore</i>	<i>Lawry College Nursing, Mysore</i>
Mobile No	<i>9019587969</i>	<i>9886001140</i>	<i>9964341408</i>
Email ID	<i>syersankar@gmail.com</i>	<i>gurubasavaradasa@acharya.ac.in</i>	<i>Mahesh.Mysore22@gmail.com</i>

For the Academic Year :

Date of Inspection:

(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	HPR College of Nursing Sy. No. 142/1 Chidri to Mailoor Ring Road, Bidar-585403	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	HARIPRASAD RAI FOUNDATION R/o #Matanhabettu House. Kodimbady P.O. Puttur Tq; and Dist D.K (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: hprcollegeofnursing@gmail.com	Website: www.hprcolleges.org	

Signature of Chairman

(Dr. Sankaragoud Patil)

Signature of Member (1)

(Gurubasavaradasa)

Signature of Member (2)

(Mahesh M)

	(b). Name of the Owner of Trust/Society	HARIPRASAD RAI		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council :4 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: AJAY S J Qualification: M. Sc. Nursing Experience: 15 Years Email:hprcollegeofnursing@gmail.com	Mobile No: 9980551669 Office No: 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 address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	2025-26 Z162BPZ09P9Y5Y	--	1,30,000.00	1,000.00	25,000.00	1,56,050.00
Increase Intake B. Sc. Nursing	2025-26 BHDFXCB0R8DJMQ BHDFPAK0R8D2EC	--	--	25000.00 151050.00	--	1,76,050.00
Total (A)						3,32,100.00

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	Amount
	1. Medical Surgical Nursing	5	50,000.00
	2. OBG Nursing	5	50,000.00
	3. Community Health Nursing	5	50,000.00
	4. Paediatric Nursing	5	50,000.00
	5. Psychiatric Nursing	5	50,000.00
		Total (B)	2,50,000.00
NPCC			
		Total (C)	26,050.00
Grand Total (A+B+C)			6,08,150.00

Online Transaction Number or Details: Transaction ID: BD00000008620462

Payment Ref No: BHDF91D0R8BMDW

Mode of Payment: Online,

Date: 23-07-2025.

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 157 KVM 2019 Date: 15-10-2019 Annexure - 5	RGU/AFF/Fr./N424/ 2019-20 Date: 05-11-2019 Annexure - 6	KNC/1632/2019-20 Date: 05-02-2020 Annexure - 7	N/A Annexure - 8	Verified
	Affiliation Sanctioned Intake					
	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	Verified
	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	Verified
	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	Verified
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					
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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	14	24	11	11	60
	Female	26	16	29	23	94
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-----

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-----

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

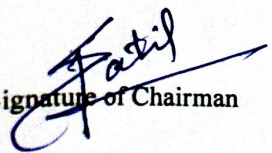
Remarks:

Verified all necessary documents & found correct-

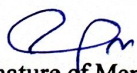
Signature of Chairman

Signature of Member (1)

Signature of Member (2)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

2. Teaching Faculty Requirements for all Nursing Programs:

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

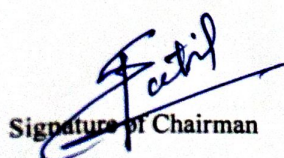
For Example: For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

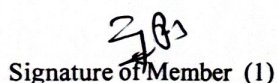
(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e., 1:10 if they offer B.Sc Nursing Programme)

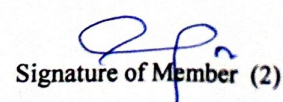
Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1 st Year	2 nd Year	3 rd Year	4 th 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	Mr. AJAY S J	PRINCIPAL	M.Sc. NURSING (Psych. Nur)	MAY-2009	8548	--	15 YEARS	06-01-2022		<i>Ajay</i>
2	Mrs. JOY PRISCILLA	VICE-PRINCIPAL	M.Sc. NURSING (Paed. Nur)	MAY-2013	22911	--	12 YEARS	18-10-2023		<i>Jayprisha</i>
3	Mr. U ASHISH JAYAWANTH	PROFESSOR	M.Sc. NURSING (MSN)	MAY-2014	008692	--	11 YEARS	05-04-2022		<i>Ashish</i>
4	Mrs. J L GLORY	ASST. PROFESSOR	M.Sc. NURSING (OBG)	NOV-2021	RR ANP 2009 2220	8 YEARS	3 YEARS	16-07-2023		<i>Glory</i>
5	Mrs. PRATHIMA	ASSOC. PROFESSOR	M.Sc. NURSING (COMMUNITY HN)	MAY-2014	22527	1 YEARS	10 YEARS	01-11-2024		<i>Prathima</i>
6	Mrs. NAZIA SULTANA SHAIK	LECTURER	M.Sc. NURSING (PAEDIATRIC)	DEC-2024	RR ANP 2022 9617	9 YEARS	FRESHER	05-02-2025		<i>Nazia</i>
7	Mrs. DENISHIA	LECTURER	M.Sc. NURSING (COMMUNITY HN)	DEC-2024	61642	7 YEARS	FRESHER	05-02-2025		<i>Denishia</i>
8	Mr. SHAIK ASLAM SHAH	LECTURER	M.Sc. NURSING (MSN)	DEC-2024	118527	1 YEAR	FRESHER	05-02-2025		<i>Aslam</i>
9	Mr. SHAIK TAHA	TUTOR	B.Sc. NURSING	DEC-2024	179274	FRESHER	--	01-05-2025		<i>Tahars</i>
10	MD ABDUL RAHMAN	TUTOR	B.Sc. NURSING	APR-2024	182931	FRESHER	--	01-05-2025		<i>Abd</i>
11	Mr. MD SHOEB	TUTOR	B.Sc. NURSING	DEC-2024	182743	FRESHER	--	10-05-2025		<i>Shoeb</i>
12	Mr. AWES QUADRI	TUTOR	B.Sc. NURSING	JUN-2023	166837	2 YEARS	--	01-08-2023		<i>Awes Q</i>
13	Mr. ROHIT SURYAWANSHI	TUTOR	B.Sc. NURSING	DEC-2024	179293	FRESHER	--	01-03-2025		<i>Rohit</i>
14	Mr. MOHAMMED HAADY KHALEEL AHMED	TUTOR	B.Sc. NURSING	DEC-2024	182733	FRESHER	--	01-04-2025		<i>Haady.k</i>
15	Mr. MOHAMMED MUBEEN KHAN	TUTOR	B.Sc. NURSING	DEC-2024	179270	FRESHER	--	01-02-2025		<i>M. mubeen.k</i>
16	Mr. SHAIK MUSTAQEEM	TUTOR	B.Sc. NURSING	DEC-2024	182742	FRESHER	--	01-02-2025		<i>Mu</i>
17	Mr. SHAIK MUNEER	TUTOR	B.Sc. NURSING	DEC-2024	182735	FRESHER	--	10-02-2025		<i>Muneer</i>
18	Ms. SUMAIYA SADAF	TUTOR	B.Sc. NURSING	DEC-2024	176172	FRESHER	--	10-02-2025		<i>Sadaf</i>
19	Ms. MEHRAJ JABEEN	TUTOR	B.Sc. NURSING	DEC-2024	176177	FRESHER	--	20-02-2025		<i>Mehra</i>
21	Mr. ABDUL VIQAR AHMED	TUTOR	B.Sc. NURSING	DEC-2024	179276	FRESHER	--	01-02-2025		<i>Viqar</i>
22	Ms. ASHA	TUTOR	B.Sc. NURSING	APR-2024	162325	1 YEAR	--	01-06-2024		<i>Asha</i>
23	Ms. BHOO MIKA BHAVANI	TUTOR	B.Sc. NURSING	APR-2024	162322	1 YEAR	--	10-06-2024		<i>Bhoomika</i>

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Signature of Chairman

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Signature of Member (1)

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Signature of Member (2)

24	Mr. GIRAM SANDIP BABURAO	TUTOR	B.Sc. NURSING	APR-2024	166557	1 YEAR	-	01-07-2024		
25	MR. MOHAMMED MUDASIR	TUTOR	B.Sc. NURSING	APR-2024	162514	1 YEAR	-	01-07-2024		
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45.										

Sandip B. Mudal

Signature of Chairman
[Signature]

Signature of Member (1)
[Signature]

Signature of Member (2)
[Signature]

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	23,800Sq. ft.	
	<u>Note:</u> 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	3600 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	1200 sq.ft	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	1200 sq.ft	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	600 sq.ft	
3	Administrative Facilities			Sufficient found verified
	Office		300	
	1. Principal's Chamber	300		
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others		500	
	6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office		400	
	8. Store Room		400	
	9. Record room		450	
	10. Room for maintenance staff		450	
	11. Xeroxing room		400	
	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

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			Verified as found adequate
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1500 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.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 Lience
01	KA 38 A 2471	55	Yes	Yes	Yes

Signature of Chairman
(2)

Signature of Member (1)

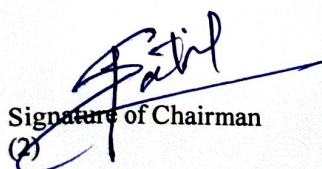
Signature of Member

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 Sq.Ft	YES ☒ No ☐	AVAILABLE	AVAILABLE	
Total No. of Nursing Books available	3036	No. of Nursing Journals subscribed			12
No. of Thesis/Research titles available	N/A	Is internet facility available for Students?			YES
No of e-books	N/A	How many books were purchased in last financial year?			810

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	NAAZ TARANNUM	M. Lib	6 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.

Academic activities	Particulars	Remarks
Research Projects	N/A	
Conferences conducted	N/A	
Conferences attended	N/A	


Signature of Chairman


Signature of Member (1)


Signature of Member

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		100	2 KM	81%	Sevaise Hospital Verified	
NAME OF THE TRUST/ Person owning The Hospital						
Name Of The Owner Of The Trust of Hospital						
Affiliated hospitals- Full Name & Address of the Parent Hospital	1	Arogya Hospital Bideah	100	3km	85%	Verified.
	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) parenthospital 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
(2)

Signature of Member (1)

Signature of Member

specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/CCU. (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 colleges should have 100 bedded Unitary/Single allopathic parent/own hospital except for Bangalore Urban and Mangalore city which 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 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, 2021 F.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, 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.

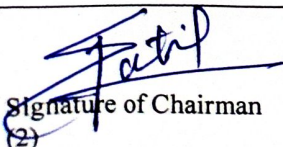
Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:

KPMEA PCB of parent & affiliated hospital.
are verified & found correct

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	22		
Surgery including OT	20	15		


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

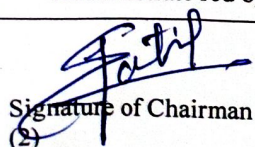
Obstetrics & Gynecology	20	17		
Pediatrics,	20	18		
Emergency Medicine	10	9		
Psychiatry	05	0		

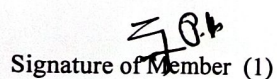
Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	10		
Minor OT	10	09		
Dental, Otorhinolaryngology, Ophthalmology	00	00		
Burns and Plastic	10	07		
Neonatology care unit	00	00		
Communicable disease/Respiratory medicine/TB & chest diseases	10	08		
Dermatology	00	00		
Cardiology	10	09		
Oncology	10	08		
Neurology/Neuro-surgery	10	08		
Nephrology/Urology	10	08		
ICU/ICCU	10	07		
Geriatric Medicine	10	07		
Any other	00	00		

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	BAGDAL PRIMARY HEALTH CENTER
Adopted / Affiliated	AFFILIATED
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐


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Distance from the Nursing Institute	20KM
b. Services Rendered by Health & Family Welfare Programmes	YES
URBAN FEILD :	
a. Name of CHC / PHC / SC	KUMBARWADA PRIMARY HEALTH CENTER
Adopted / Affiliated	AFFILIATED
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	5 KM
b. Services Rendered by Health & Family Welfare Programmes	YES
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 <i>fresh</i>	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 ☐

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Signature of Chairman

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Signature of Member

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. 26000	
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 : 32	Boys : 18
f.	Total No. of rooms	Girls : 6	Boys : 6
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 ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	Enclosed	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Enclosed	


Signature of Chairman

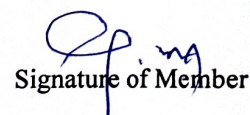

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Annexure - 3	Details of any other Nursing Institution under the same Trust	N/A	
Annexure - 4	Details of Affiliated fees paid receipts	Enclosed	
Annexure - 5	Approval Status : GOK Order	Enclosed	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Enclosed	
Annexure - 7	Approval Status : KNC Notification	Enclosed	
Annexure - 8	Status : INC Notification	N/A	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	N/A	
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A	
Annexure - 11	Details of External /Part time Teachers	Enclosed	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	Enclosed	
Annexure - 13	Vehicle Details : Bus	Enclosed	
Annexure - 14	Details of List of LibraryBooks & others	Enclosed	
Annexure - 15	Academic Activities	Enclosed	
Annexure - 16	Details of Clinical/Hospital Facilities	Enclosed	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Enclosed	
Annexure - 18	Master Rotation plans and Time tables	Enclosed	


 Signature of Chairman
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 Signature of Member

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Enclosed	
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	Enclosed	

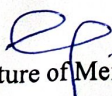
Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations: On the day of inspection LIC committee observations as follows.

- 24 teaching staff are appointed along with PG (5 speciality) & UG (40-60 seats) course in were present.
- 5 teaching staff are eligible to be guide
- Institution having 24000 Sq ft build up area & including of 6 labs, 4 class rooms, 5 PG depts, Admin block & Library with proper seating arrangements
- Parent hospital - Suneise Hospital Bidar 100 bed capacity & Affiliated hospital - Arogya Hospital Bidar 100 bed capacity KPMF & PCB are verified & found correct.
- Kumbharwada PHC Bidar is affiliated hospital for community nursing postings.
- Separate Boys & girls hostel made available
- Vehicle facility made available.
- Library contains 2683 books


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING

We the Chairman and members of local inspection committee appointed by
RGUHS for conduct of LIC inspection at
HPR COLLEGE OF NURSING, BIDAR which has applied for continuation of
affiliation for the academic year ~~2024-25~~ - 2025-26.

We have conducted LIC inspection of this college on 26-07-2025 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)

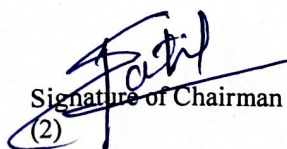

Signature of Chairman
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Signature of Member (1)

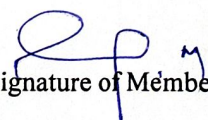

Signature of Member

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 26-07-2025
 - 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 the 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
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING

 $I/W_e,$

MOHAMMED OMAR SHAIK

is/are the Owners/MD/CEO/Board Members of the
SUNRISE Hospital hospital situated
at

Chidri, BIDAR - 585403, Karnataka

This is to confirm that our hospital Sunrise Hospital BIDAR is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

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

We also confirm that our hospital is solely affiliated to HPR College of Nursing, BIDAR college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

[Signature]

PRINCIPAL
MPR College of Nursing
BIDAR-585 403

Signature of Chairman
(2)

Signature of Member (1)


Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust are
MOHD OMAR SHAIK

submitting the affidavit to University.

The trust Hariprasad Rai Foundation (R) is
running/managing the colleges 1.

HPR College of Nursing, BIDAR

2. _____ since

3. _____

15th years.

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

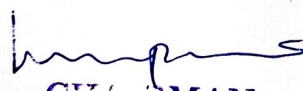
We confirm that the faculty in the college are employed for full time in the college.

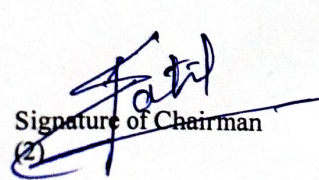
We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

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

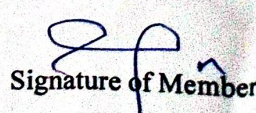
As prescribed from time to time.

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.


CHAIRMAN
Hariprasad Rai Foundation (R)
BIDAR-585403


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member