Additional Course

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. Arvind Katti	Prof Chelusmala	Dr. Dananagowda HY
Designation	Assoc Prof & Senate	Prof & Principal	Professor
Address	HKES Dr. MRHMC Kalburgi	Fr Muller College of Nursing Kankanady Mangalu	Navodaya College of Nursing Raichur
Mobile No	9481640062	9663558311	7204232918
Email ID	drarvindkatti@gmail.com	Cheri8585@gmail.com	danaragowda@gmail

For the Academic Year :2025-26 *Date of Inspection:* 11.05.25

(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	GOVERNMENT COLLEGE OF NURSING , DISTRICT HOSPITAL CAMPUS, ATHANI ROAD VIJAYAPURA	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	GOVERNMENT (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:gconvijayapura@gmail.com	Website:	

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

	(b). Name of the Owner of Trust/Society		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	Details of Principal/Head of the institution	Name: Dr. GEETA A TORAVI Qualification: Ph D Nursing Experience: 16 years Email:	Mobile No:8971988758 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 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	Continuation					1000/-
Post Basic B.Sc. Nursing						
					Total (A)	1000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Community Health Nursing		
	2. Medical Surgical Nursing		
	3. Child Health Nursing		
	4. Mental Health Nursing		
	5. OBG		
		Total (B)	1000/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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	40				
	Admissions Made for the Current Academic Year	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					

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	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	09	13	11	08	
	Female	31	27	28	29	
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: _____

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				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		5									
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		6									
6	Tutor	8-16	16-24	2-10	--											
	Total	**16-24**	**24-40**	**4-12**												

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

(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

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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.	Dr. Geeta A Toravi	Principal	MSc Nsg Ph D Nursing Community Health Nursing	2009	00008462	8	16	28/11/2019	Yes	
2.	Prof. Laxmibhai A Bajantri	Vice Principal	MSc Nsg Pediatric Nursing	2009	00015824	8	16	28/11/2019	Yes	
3.	Dr. Apsar begum Shekh	Assistant Professor	MSc Nsg Ph D Nursing Community Health Nursing	2014	15711	7	10	01/04/2020	Yes	
4.	Dr. Saraswati Sajjan	Assistant Professor	MSc Nsg Ph D Nursing OBG	2018	1811	8	7	28/11/2019	Yes	
5.	Dr. Hanamantappa R Hattarakihal	Assistant Professor	MSc Nsg Ph D Nursing Pediatric Nursing	2015	26292	7	9	28/11/2019	Yes	
6.	Dr. Lalasaheb M Bagalkot	Associate Professor	MSc Nsg Ph D Nursing Pediatric Nursing	2011	6984	2	13	28/11/2019	Yes	
7.	Mr. Tukaram Nadugaddi	Professor	MSc Nsg Psychiatric Nursing	2010	55470	2	14	18/09/2020	Yes	
8.	Mr. Ravi C Kuchabal	Associate Professor	MSc Nsg Pediatric Nursing	2011	7479	2	13	19/09/2020	Yes	

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9.	Mr. SharanabasappaHipparagi	Assistant Professor	MSc Nursing Psychiatric Nursing	2019	13565	5	6	19/09/2020	Yes	
10.	Mr. Shivanand Guled	Assistant Professor	MSc Nursing Community Health Nursing	2019	13159	5	6	19/09/2020	Yes	
11.	Mr. ShanteshAjur	Assistant Professor	MSc Nursing Pediatric Nursing	2019	12437	5	6	19/09/2020	Yes	
12.	Mr. Gopal Zalaki	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	12224	3	5	19/09/2020	Yes	
13.	Mr. Revanasiddappagouda S Patil	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	13404	4	5	19/09/2020	Yes	
14.	Mr. Deepak Ganooravar	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	57565	4	4	25/07/2022	Yes	
15.	Smt. Sannamma H J	Lecturer	MSc Nursing OBG Nursing	2023	62126	0	3	16/06/2023	Yes	
16.	Smt Sayeeda Patel	Lecturer	MSc Nursing Pediatric Nursing	2019	167640	3	1	05/05/2025	Yes	

- **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
	NA				

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	34848sq.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	**8**	
	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	**2**	
	NPCC :600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**600**	
	2. Vice-Principal Chamber	200	**400**	
	3. HOD	5 x 200 = 1000	**200 X5=1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**800=2400=3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**600**	
	7. Accountants Office		**600**	
	8. Store Room		**600**	
	9. Record room		**600**	
	10. Room for maintenance staff		**600**	
	11. Xeroxing room		**600**	
	12. common room	1000	**1200**	
	13. Seminar hall	3000	**3200**	
	14. Toilets	1000	**1000**	
	15. A.V/Aids room	600	**800**	

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1850sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1950sq.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
1	KA28G135	40	Available	Available	Available

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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	YES [√] No [ ]	-Adequate	Adequate	

Total No. of Nursing Books available	4000	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	15	**Is internet facility available for Students?**	YES
No of e-books	500	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Bibiaayesha A Sanadi	Master of library And Information Science	10	

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	**6**	
Conferences conducted	**Workshop details ATTACHED**	
Conferences attended	**30**	

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: District Hospital, Athani Road, Vijayapura 586102		676	130 metre	90%	
NAME OF THE TRUST/ Person owning The Hospital DISTRICT SURGEON, DISTRICT HOSPITAL VIJAYAPUR					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 DIMHANS, DHARWAD	375	200 KM	95%	
	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 thesame).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the

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nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	120	112		
Surgery including OT	90	82		
Obstetrics & Gynecology	200	193		
Pediatrics,	40	37		
Emergency Medicine	20	18		
Psychiatry	10	2	375	295

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	8		
Minor OT	10	7		
Dental, Otorhinolaryngology, Ophthalmology	10	5		
Burns and Plastic	20	15		
Neonatology care unit	30	27		
Communicable disease/Respiratory medicine/TB & chest diseases	10	8		
Dermatology	6	4		
Cardiology	10	5		
Oncology	20	12		
Neurology/Neuro-surgery	10	3		
Nephrology/Urology	10	8		
ICU/ICCU	30	24		
Geriatric Medicine	20	16		
Any other	–	--		

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

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19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FIELD		
a.	**Name of CHC / PHC / SC**	**PHC TIKOTA**
	Adopted / Affiliated	
	Administratered by	State Govt. [√] Municipal Corporation [ ] Private [ ]
	Distance from the Nursing Institute	**20KM**
b.	Services Rendered by Health & Family Welfare Programmes	**OPD, IPD, MCH,Immunization,FP, Geriatric Services**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**DARGA UPHC**
	Adopted / Affiliated	
	Administratered by	State Govt. [√] Municipal Corporation [ ] Private [ ]
	Distance from the Nursing Institute	**8KM**
b.	Services Rendered by Health & Family Welfare Programmes	**OPD, IPD, MCH,Immunization,FP, Geriatric Services**
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 [ ]

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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	600 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own √	Rented/Leased
d.	Is there separate provision of Hostel for Male and Female Students?	YES √	NO
e.	Total No. of students in the hostel	Girls : 0	Boys : 0
f.	Total No. of rooms	Girls : 0	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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	√	
Annexure - 13	Vehicle Details : Bus	√	
Annexure - 14	Details of List of LibraryBooks & others	√	
Annexure - 15	Academic Activities	√	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	√	
Annexure - 17	Details of Community Health Nursing Posting Facilities	√	
Annexure - 18	Master Rotation plans and Time tables	√	

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

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

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 team visited Govt College of Nursing, Uttarakhand on 11.05.25 for start of Msc Nursing.
- faculties specialized in all 5 Core areas of MSc Nursing are available as per the regulation.
- Can be considered.

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

UNDERTAKING by Trust Management

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

The trust GOVERNMENT OF KARNATAKA is running/managing the colleges 1. GOVERNMENT COLLEGE OF NURSING, VIJAYAPURA

2.

3. since 2019-20 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.

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

UNDERTAKING

I/We, Principal, Dr. Geeta A. Toravi. is/are the Owners/MD/CEO/Board Members of the District Hospital, Vijayapura hospital situated at Vijayapura.
This is to confirm that our hospital District Hospital, Vijayapura is registered under KPMEA and PCB with 676 beds and the bonafide certificate has been attached.
This is to confirm that the hospital District Hospital, Vijayapura is functioning as affiliated/parent/own hospital for Government College of Nursing college.
We also confirm that our hospital is solely affiliated to Government College of Nursing, Vijayapura college and is not affiliated to any other nursing college.
The information provided by us is true and correct.

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 Govt College of Nursing Vijayapur which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/5/2025 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)

Enhancement.

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 ARVIND KATTI	Prof Chaitshma	Dr. Danagoud Jy
Designation	Assoc Prof & Scrate	Prof & Principal	Professor
Address	HKES Dr HLHMC Kalburgi	Fr Mulle College of OT, Kankanady, Mangalore	Nayagadagi College of Nursing.
Mobile No	9481640062	9663558311	7204232918
Email ID	dr.arvindkatti@gmail.com	chaits58@gmail.com	danagouda@gmail.com

For the Academic Year :2025-26	*Date of Inspection:* 11.05.25

(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**	**GOVERNMENT COLLEGE OF NURSING , DISTRICT HOSPITAL CAMPUS, ATHANI ROAD VIJAYAPURA**	**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**	GOVERNMENT (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email:gconvijayapura@gmail.com	**Website:**	

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

	(b). Name of the Owner of Trust/Society			
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	Details of Principal/Head of the institution	Name: Dr. GEETA A TORAVI Qualification: Ph D Nursing Experience: 16 years Email:		Mobile No:8971988758 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 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	Continuation					1000/-
Post Basic B.Sc. Nursing						
					Total (A)	1000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Community Health Nursing		
	2. Medical Surgical Nursing		
	3. Child Health Nursing		
	4. Mental Health Nursing		
	5. OBG		
		Total (B)	1000/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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	40				
	Admissions Made for the Current Academic Year	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	09	13	11	08	
	Female	31	27	28	29	
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: _____

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				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		5									
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		6									
6	Tutor	8-16	16-24	2-10	--											
	Total	**16-24**	**24-40**	**4-12**												

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

(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.	Dr. Geeta A Toravi	Principal	MSc Nsg Ph D Nursing Community Health Nursing	2009	00008462	8	16	28/11/2019	Yes	
2.	Prof. Laxmibhai A Bajantri	Vice Principal	MSc Nsg Pediatric Nursing	2009	00015824	8	16	28/11/2019	Yes	
3.	Dr. Apsar begum Shekh	Assistant Professor	MSc Nsg Ph D Nursing Community Health Nursing	2014	15711	7	10	01/04/2020	Yes	
4.	Dr. Saraswati Sajjan	Assistant Professor	MSc Nsg Ph D Nursing OBG	2018	1811	8	7	28/11/2019	Yes	
5.	Dr. Hanamantappa R Hattarakihal	Assistant Professor	MSc Nsg Ph D Nursing Pediatric Nursing	2015	26292	7	9	28/11/2019	Yes	
6.	Dr. Lalasaheb M Bagalkot	Associate Professor	MSc Nsg Ph D Nursing Pediatric Nursing	2011	6984	2	13	28/11/2019	Yes	
7.	Mr. Tukaram Nadugaddi	Professor	MSc Nsg Ph D Nursing Psychiatric Nursing	2010	55470	2	14	18/09/2020	Yes	
8.	Mr. Ravi C Kuchabal	Associate Professor	MSc Nsg Pediatric Nursing	2011	7479	2	13	19/09/2020	Yes	

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

9.	Mr. SharanabasappaHipparagi	Assistant Professor	MSc Nursing Psychiatric Nursing	2019	13565	5	6	19/09/2020	Yes	
10.	Mr. Shivanand Guled	Assistant Professor	MSc Nursing Community Health Nursing	2019	13159	5	6	19/09/2020	Yes	
11.	Mr. ShanteshAjur	Assistant Professor	MSc Nursing Pediatric Nursing	2019	12437	5	6	19/09/2020	Yes	
12.	Mr. Gopal Zalaki	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	12224	3	5	19/09/2020	Yes	
13.	Mr. Revanasiddappagouda S Patil	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	13404	4	5	19/09/2020	Yes	
14.	Mr. Deepak Ganooravar	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	57565	4	4	25/07/2022	Yes	
15.	Smt. Sannamma H J	Lecturer	MSc Nursing OBG Nursing	2023	62126	0	3	16/06/2023	Yes	
16.	Smt Sayeeda Patel	Lecturer	MSc Nursing Pediatric Nursing	2019	167640	3	1	05/05/2025	Yes	

- **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
	NA				

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	34848sq.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	**8**	
	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	**2**	
	NPCC :600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**600**	
	2. Vice-Principal Chamber	200	**400**	
	3. HOD	5 x 200 = 1000	**200 X5=1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**800=2400=3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**600**	
	7. Accountants Office		**600**	
	8. Store Room		**600**	
	9. Record room		**600**	
	10. Room for maintenance staff		**600**	
	11. Xeroxing room		**600**	
	12. common room	1000	**1200**	
	13. Seminar hall	3000	**3200**	
	14. Toilets	1000	**1000**	
	15. A.V/Aids room	600	**800**	

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	1850sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1950sq.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
1	KA28G135	40	Available	Available	Available

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	2400	YES [√] No [ ]	-Adequate	Adequate	

Total No. of Nursing Books available	4000	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	15	**Is internet facility available for Students?**	YES
No of e-books	500	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Bibiaayesha A Sanadi	Master of library And Information Science	10	

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	**6**	
Conferences conducted	**Workshop details ATTACHED**	
Conferences attended	**30**	

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: District Hospital, Athani Road, Vijayapura 586102		676	130 metre	90%	
NAME OF THE TRUST/ Person owning The Hospital DISTRICT SURGEON, DISTRICT HOSPITAL VIJAYAPUR					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 DIMHANS, DHARWAD	375	200 KM	95%	
	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 thesame).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital till the life of the

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

nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	120	112		
Surgery including OT	90	82		
Obstetrics & Gynecology	200	193		
Pediatrics,	40	37		
Emergency Medicine	20	18		
Psychiatry	10	2	375	295

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	8		
Minor OT	10	7		
Dental, Otorhinolaryngology, Ophthalmology	10	5		
Burns and Plastic	20	15		
Neonatology care unit	30	27		
Communicable disease/Respiratory medicine/TB & chest diseases	10	8		
Dermatology	6	4		
Cardiology	10	5		
Oncology	20	12		
Neurology/Neuro-surgery	10	3		
Nephrology/Urology	10	8		
ICU/ICCU	30	24		
Geriatric Medicine	20	16		
Any other	--	--		

Note : 1:3 student patient rationeeded. 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 FIELD		
a.	**Name of CHC / PHC / SC**	**PHC TIKOTA**
	Adopted / Affiliated	
	Administratered by	State Govt. [√] Municipal Corporation [ ] Private [ ]
	Distance from the Nursing Institute	**20KM**
b.	Services Rendered by Health & Family Welfare Programmes	**OPD, IPD, MCH,Immunization,FP, Geriatric Services**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**DARGA UPHC**
	Adopted / Affiliated	
	Administratered by	State Govt. [√] Municipal Corporation [ ] Private [ ]
	Distance from the Nursing Institute	**8KM**
b.	Services Rendered by Health & Family Welfare Programmes	**OPD, IPD, MCH,Immunization,FP, Geriatric Services**
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	600 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own √	Rented/Leased
d.	Is there separate provision of Hostel for Male and Female Students?	YES √	NO
e.	Total No. of students in the hostel	Girls : 0	Boys : 0
f.	Total No. of rooms	Girls : 0	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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	√	
Annexure - 13	Vehicle Details : Bus	√	
Annexure - 14	Details of List of LibraryBooks & others	√	
Annexure - 15	Academic Activities	√	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	√	
Annexure - 17	Details of Community Health Nursing Posting Facilities	√	
Annexure - 18	Master Rotation plans and Time tables	√	

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

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

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:

HC team of RGUHS visited Govt Nurs College Vijayapura on 11.05.25, and have made the following observations.

For seat enhancement from 40-60 required staff are 24, which is presently shown staff here is 16.

Remaing 8 faculty required is requested to District Surgeon, which is under process.

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

UNDERTAKING by Trust Management

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

The trust GOVERNMENT of KARNATAKA is running/managing the colleges 1. GOVERNMENT COLLEGE OF NURSING, VIJAYAPURA

2.

3. since 2019-20 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.

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

UNDERTAKING

I/We, Principal, Dr. Geeta. A. Toravi is/are the Owners/MD/CEO/Board Members of the District Hospital, Vijayapura hospital situated at Vijayapura.

This is to confirm that our hospital District Hospital, Vijayapura is registered under KPMEA and PCB with 676 beds and the bonafide certificate has been attached.

This is to confirm that the hospital District Hospital, Vijayapura is functioning as affiliated/parent/own hospital for Government College of Nursing college.

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

The information provided by us is true and correct.

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

Agreement OB

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. ARVIND KATTI.	Prof Chandru Patil	Dr Danagowda H.Y.
Designation	Assoc Prof & Senate	Prof & Principal	Professor
Address	HKES Dr. HCHMC Kalaburgi	Jawahar College of Physiotherapy - Kalaburgi	Navodaya College of Nursing
Mobile No		9663558311	7204232918
Email ID	dr.arvindkatti@gmail.com	Chiefsrc@gmail.com	danaragouda@gmail.com

For the Academic Year :2025-26 *Date of Inspection:* 11-05-25

(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	GOVERNMENT COLLEGE OF NURSING , DISTRICT HOSPITAL CAMPUS, ATHANI ROAD VIJAYAPURA	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	GOVERNMENT (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:gconvijayapura@gmail.com	Website:	

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

	(b). Name of the Owner of Trust/Society			
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr. GEETA A TORAVI Qualification: Ph D Nursing Experience: 16 years Email:		Mobile No:8971988758 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 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	Continuation					1000/-
Post Basic B.Sc. Nursing						
					Total (A)	1000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Community Health Nursing		
	2. Medical Surgical Nursing		
	3. Child Health Nursing		
	4. Mental Health Nursing		
	5. OBG		
		Total (B)	1000/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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	40				
	Admissions Made for the Current Academic Year	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	09	13	11	08	
	Female	31	27	28	29	
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: _____

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				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		5									
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		6									
6	Tutor	8-16	16-24	2-10	--											
	Total	**16-24**	**24-40**	**4-12**												

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

(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.	Dr. Geeta A Toravi	Principal	MSc Nsg Ph D Nursing Community Health Nursing	2009	00008462	8	16	28/11/2019	Yes	
2.	Prof. Laxmibhai A Bajantri	Vice Principal	MSc Nsg Pediatric Nursing	2009	00015824	8	16	28/11/2019	Yes	
3.	Dr. Apsar begum Shekh	Professor	MSc Nsg Ph D Nursing Community Health Nursing	2014	15711	7	10	01/04/2020	Yes	
4.	Dr. Saraswati Sajjan	Professor	MSc Nsg Ph D Nursing OBG	2018	1811	8	7	28/11/2019	Yes	
5.	Dr. Hanamantappa R Hattarakihal	Professor	MSc Nsg Ph D Nursing Pediatric Nursing	2015	26292	7	9	28/11/2019	Yes	
6.	Dr. Lalasaheb M Bagalkot	Professor	MSc Nsg Ph D Nursing Pediatric Nursing	2011	6984	2	13	28/11/2019	Yes	
7.	Mr. Tukaram Nadugaddi	Professor	MSc Nsg Psychiatric Nursing	2010	55470	2	14	18/09/2020	Yes	
8.	Mr. Ravi C Kuchabal	Professor	MSc Nsg Pediatric Nursing	2011	7479	2	13	19/09/2020	Yes	

Signatu[illegible]f Chairman **Signature of Member (1)** **Signature of Member (2)**

9.	Mr. SharanabasappaHipparagi	Assistant Professor	MSc Nursing Psychiatric Nursing	2019	13565	5	6	19/09/2020	Yes	
10.	Mr. Shivanand Guled	Assistant Professor	MSc Nursing Community Health Nursing	2019	13159	5	6	19/09/2020	Yes	
11.	Mr. ShanteshAjur	Assistant Professor	MSc Nursing Pediatric Nursing	2019	12437	5	6	19/09/2020	Yes	
12.	Mr. Gopal Zalaki	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	12224	3	5	19/09/2020	Yes	
13.	Mr. Revanasiddappagouda S Patil	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	13404	4	5	19/09/2020	Yes	
14.	Mr. Deepak Ganooravar	Assistant Professor	MSc Nursing Medical Surgical Nursing	2020	57565	4	4	25/07/2022	Yes	
15.	Smt. Sannamma H J	Assistant Professor	MSc Nursing OBG Nursing	2023	62126	0	3	16/06/2023	Yes	
16.	Smt Sayeeda Patel	Assistant Professor	MSc Nursing Pediatric Nursing	2019	167640	3	1	05/05/2025	Yes	

- **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**

S. No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	NA				

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	34848sq.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	**8**	
	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	**2**	
	NPCC :600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**600**	
	2. Vice-Principal Chamber	200	**400**	
	3. HOD	5 x 200 = 1000	**200 X5=1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**800=2400=3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**600**	
	7. Accountants Office		**600**	
	8. Store Room		**600**	
	9. Record room		**600**	
	10. Room for maintenance staff		**600**	
	11. Xeroxing room		**600**	
	12. common room	1000	**1200**	
	13. Seminar hall	3000	**3200**	
	14. Toilets	1000	**1000**	
	15. A.V/Aids room	600	**800**	

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	1850sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1950sq.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
1	KA28G135	40	Available	Available	Available

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	2400	YES [√] No [ ]	-Adequate	Adequate	

Total No. of Nursing Books available	4000	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	15	**Is internet facility available for Students?**	YES
No of e-books	500	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Bibiaayesha A Sanadi	Master of library And Information Science	10	

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	**6**	
Conferences conducted	**Workshop details ATTACHED**	
Conferences attended	**30**	

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: District Hospital, Athani Road, Vijayapura 586102		676	130 metre	90%	
NAME OF THE TRUST/ Person owning The Hospital DISTRICT SURGEON, DISTRICT HOSPITAL VIJAYAPUR					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 DIMHANS, DHARWAD	375	200 KM	95%	
	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 thesame).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the

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

nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	120	112		
Surgery including OT	90	82		
Obstetrics & Gynecology	200	193		
Pediatrics,	40	37		
Emergency Medicine	20	18		
Psychiatry	10	2	375	295

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	8		
Minor OT	10	7		
Dental, Otorhinolaryngology, Ophthalmology	10	5		
Burns and Plastic	20	15		
Neonatology care unit	30	27		
Communicable disease/Respiratory medicine/TB & chest diseases	10	8		
Dermatology	6	4		
Cardiology	10	5		
Oncology	20	12		
Neurology/Neuro-surgery	10	3		
Nephrology/Urology	10	8		
ICU/ICCU	30	24		
Geriatric Medicine	20	16		
Any other	–	--		

Note : 1:3 student patient rationeeded. 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 FIELD		
a.	**Name of CHC / PHC / SC**	**PHC TIKOTA**
	Adopted / Affiliated	
	Administratered by	**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**20KM**
b.	Services Rendered by Health & Family Welfare Programmes	**OPD, IPD, MCH,Immunization,FP, Geriatric Services**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**DARGA UPHC**
	Adopted / Affiliated	
	Administratered by	**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**8KM**
b.	Services Rendered by Health & Family Welfare Programmes	**OPD, IPD, MCH,Immunization,FP, Geriatric Services**
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	600 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own √	Rented/Leased
d.	Is there separate provision of Hostel for Male and Female Students?	YES √	NO
e.	Total No. of students in the hostel	Girls : 0	Boys : 0
f.	Total No. of rooms	Girls : 0	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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	√	
Annexure - 13	Vehicle Details : Bus	√	
Annexure - 14	Details of List of LibraryBooks & others	√	
Annexure - 15	Academic Activities	√	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	√	
Annexure - 17	Details of Community Health Nursing Posting Facilities	√	
Annexure - 18	Master Rotation plans and Time tables	√	

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

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

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 team visited Govt. College of Nursing Vijayapura on 11.05.25 for continuous affiliation of BSc Nursing Programme

- Continuous affiliation required :-
- The present college does not have the lab facilities in their 4 core areas. A request has been made to District Surgeon which is under process.
- The Required documents are attached at the annexure.
- The library has only 174 books available. The remaining number of 4,000 books are requested to District Surgeon. which is again under process..

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

UNDERTAKING

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

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

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

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

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

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

UNDERTAKING

I/We, Principal, Dr. Geeta. A. Ravi is/are the Owners/MD/CEO/Board Members of the District Hospital, Vijayapura hospital situated at Vijayapura.

This is to confirm that our hospital District Hospital, Vijayapura is registered under KPMEA and PCB with 676 beds and the bonafide certificate has been attached.

This is to confirm that the hospital District Hospital, Vijayapura is functioning as affiliated/parent/own hospital for GOVERNMENT COLLEGE OF NURSING. college.

We also confirm that our hospital is solely affiliated to GOVERNMENT COLLEGE OF NURSING, VIJAYAPURA college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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 Govt College of Nursing, Vijayapura which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 21.05.24 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)

UNDERTAKING by Trust Management

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

The trust GOVERNMENT of KARNATAKA is running/managing the colleges 1. GOVERNMENT COLLEGE OF NURSING, VIJAYAPURA

2.

3. since 2019-20 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.

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