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 G. Manjunath Gowda	DR. ZAKIR HUSSAIN.V	DR. SNEHA PRAVEEN
Designation	Senate Member	PRINCIPAL	PRINCIPAL
Address	11a/2, 11th Main Kamakshipalya, Bangalore	HMS UNANI MEDICAL COLLEGE TUMKUR	SV COLLEGE OF NURSING BANGALORE
Mobile No	9066679444	9342123016	9986771753
Email ID	manjunathgowdarsingh@gmail.com	vshumc@gmail.com	Snehapraveen1985@gmail.com

Inspection For the Academic Year : 2025 -2026 *Date of Inspection:* 19/8/25

(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**	NEW ROOHI COLLEGE OF NURSING VETERNARY COLLEGE ROAD CHIDRI BIDAR - 585401	2	**Year of Establishment** 2019-20
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 & Phone number**	Deccan education Society Copy Enclosed (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: newroohicollege@gmail.com	**Website:**	
		Office No: 08482-236615	**Mobile No:** 9986112728	

19/8/25
Signature of Chairman
(Dr. G. Manjunath Gowda)

19/8/25
Signature of Member (1)
Dr. ZAKIR HUSSAIN.V

19/8/25
Signature of Member (2)
Dr. Sneha Praveen
Subject Expert, RGUHS

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. Shaikh Shaheed Ali S/o Osman Ali R/o Qamar Colony Kalaburgi. ph- 7795700573		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Copy enclosed. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mrs. Komala. N Qualification: MSc (N) Experience after MSc: 15+ Email: Newrooliicollegebidar@gmail.com	Mobile No: 9986114728 Office No: — Fax No: — Residential phone No: 9986114728	
	b) Drawing authority of the college			

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details: Copy enclosed. 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						
Post Basic B.Sc. Nursing	—	NA	—	—	—	
					Total (A)	

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

Online Transaction Number or Details:

Signature of Chairman | Signature of Member (1) 19/8/25 | Signature of Member (2) 19/8/25

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	HFW204 KVM2019 Annexure - 5	RGU/AFR/PR/N434/2019-2020 Annexure - 6	1587-2019-20 Annexure - 7	✓ Annexure - 8	✓
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			✓	✓	—
	Admissions Made for the Current Academic Year	✓	NA			
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		NA			
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) 19/8/25

Signature of Member (2) 19/8/25

	Admissions Made for the Current Academic Year		NA			

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	8	37	34	27	106
	Female	12	03	06	13	34
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female			NA		
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Annexure –10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

Signature of Chairman **Signature of Member (1)** 19/8/25 **Signature of Member (2)** 19/8/25

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							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	--		8							
	Total	**16-24**	**24-40**				**4-12**			16.							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

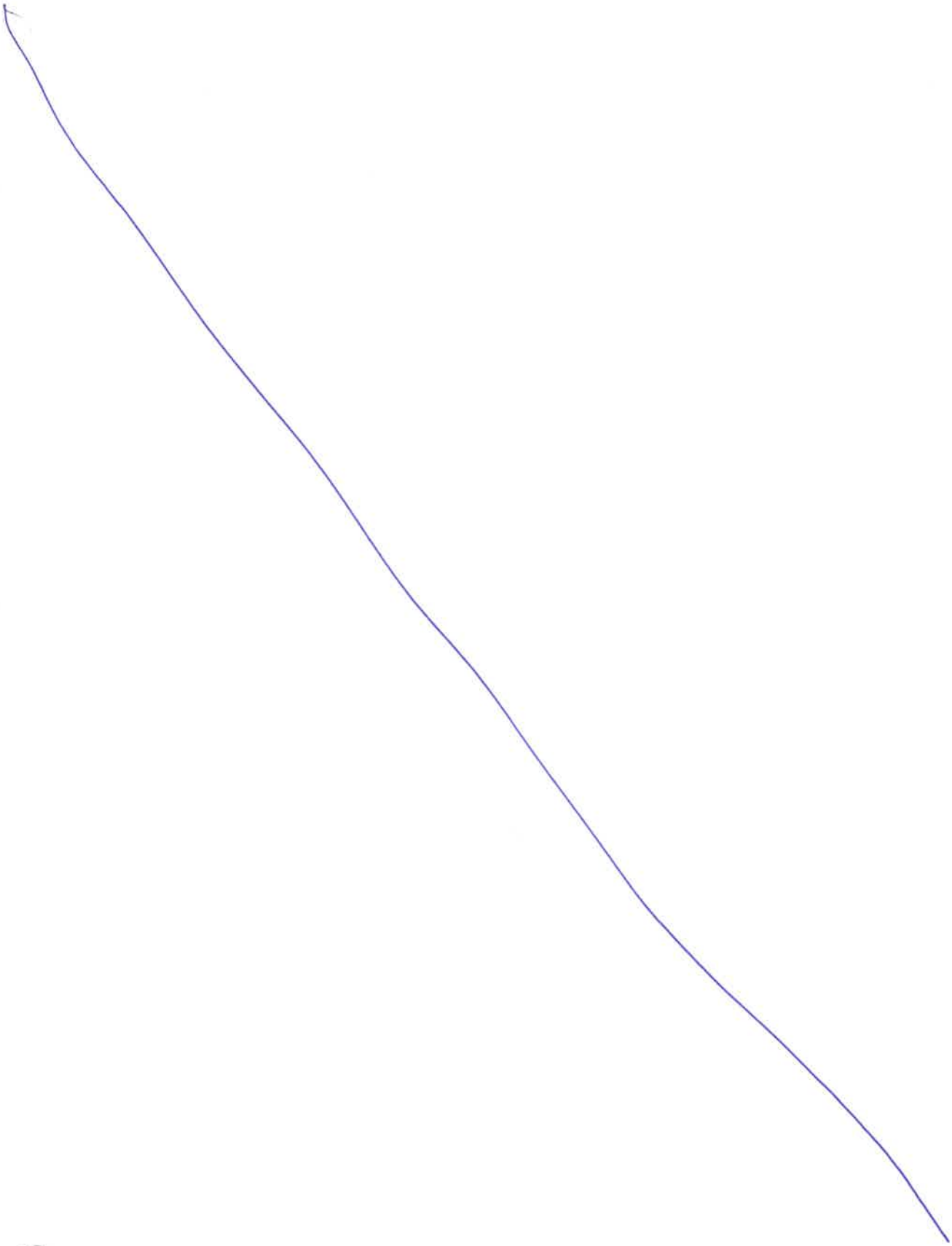
Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

250 students				

* Aadhar based biometric attendance for students



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	KOMALA. N	PRINCIPAL	MSC (OBG)	2012	9285	07	13 Yrs	10-06-25		
2.	FRANKLEY CAMBEL	VICE PRINCIPAL	MSC COMMUNITY	2018	40965	05	07	03-11-2020		
3.	PRASAD. K.V	Associate prof	MSC PAEDIATRIC	2015	40086	02	09	10-06-2025	NO	
4.	PRAVEEN DENRY	Associate professor	MSC (MS)	2022	80035	00	01	13-06-2025		
5.	GUMMAIAH SMAMTHA	Assistant professor	MSC PAEDIATRIC	2022	101544	00	02	01-01-2023		
6.	GANGAVVA	Assistant professor	MSC (PSY)	2023	72979	00	02	07-02-25	NO	
7.	KIRAN	Assistant professor	MSC in (MS)	2019	13734	00	05	03-11-2019		
8.	MERCY SAMPOORNA	Asst. Professor	MSC (PAE)	2013	49224	00	08	02-01-2023		
9.	MIS PRIYA	Tutor	BSC (N)	2017	90424	00	00	15-01-2023		
10.	ASHIRWAD	Tutor	BSC (N)	2021	121818	03	00	20-01-2022		
11.	PRAVEEN JADHAV	Tutor	BSC (N)	2021	120124	01	00	01/01/2025		
12.	SUSHEEL KUMAR	Tutor	BSC (N)	2022	130352	01	00	01/07/2025		
13.	ARUN KUMAR	TUTOR	BSC (N)	2023	170040	01	00	01/07/2025		
14.	ROBINSON	TUTOR	BSC (N)	2024	179678	01	00	01/07/2025		
15.	AMAR	TUTOR	BSC (N)	2024	176566	00	00	06/05/2025		
16.	AKASH	TUTOR	BSC	2024	176455	00	00	01/07/2025		
17.										
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

PRINCIPAL
New Roohi College of Nursing
Veterinary College Road
Chidri BIDAR-585 403

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Building: 28,800 **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	28,800	
	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	1000x4 = 4000	1000x4 4000
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	600	600
	2. Vice-Principal Chamber	200	500	500
	3. HOD	5 x 200 = 1000	1200	1200
	4. Professor/Assoc. Prof	800+2400=3200	3500	3500
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	1000	1000
	7. Accountants Office	**100**	800	800
	8. Store Room	**100**	200	200
	9. Record room	**100**	200	200
	10. Room for maintenance staff	**100**	200	200
	11. Xeroxing room	**100**	100	100
	12. common room (Girls & Boys)	600+400= 1000	1100	1100
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3200	3200
	14. Toilets	1000	1500	1500

Signature of Chairman | Signature of Member (1) 19/8/25 | Signature of Member (2) 19/8/25

	15. A.V/Aids room	600	1000	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	1600
	Nutrition & Community Health Nursing	1200sq.ft	1500	1500
	Obstetrics and Gynecology Laboratory	900sq.ft	900	900
	Pediatrics Nursing Laboratory	900sq.ft	900	900
	Pre-Clinical Sciences Laboratory	900sq.ft	900	900
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	1500

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**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

Signature of Chairman **Signature of Member (1)** 19/8/25 **Signature of Member (2)** 19/8/25

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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
-			Yes / No	Yes / No	Yes / No

— copy enclosed

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400	YES ☐ No ☐			

Copy enclosed

Total No. of Nursing Books available	2458	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	—	**Is internet facility available for Students?**	YES
No of e-books	—	**How many books were purchased in last financial year?**	670.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Azmad.	misc.	10 yrs	IInd B.

Note : A minimum of 500 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 — Copy enclosed **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	—	—

Signature of Chairman **Signature of Member (1)** 19/8/25 **Signature of Member (2)** 19/8/25

Conferences conducted	06	✓
Conferences attended	05	✓

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ✓
2	**Do you have parent hospital?**	**YES** ✓	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☐	
		ii.Trust member with MOU ✓	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital SAFA HOSPITAL BIDAR MOU(Registered parent hospital MOU) YES		100	4 km	81%.	✓
NAME OF THE TRUST/ Person owning The Hospital Dr. Sohail Hussaini					
Name Of The Owner Of The Trust of Hospital Dr. Sohail Hussaini					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Velamagna Hospital	50	6 km	82%.	✓
	2 Sai Ganesh Hospital	30	1 km	85%.	✓
	3				

Signature of Chairman — Signature of Member (1) 9/8/25 — Signature of Member (2) 9/8/25

	(MOU/Clinical permission letter)				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**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 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)** 19/8/25 **Signature of Member (2)** 19/8/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	1		10	09
Surgery including OT			02	02
Obstetrics & Gynecology			10	09
Pediatrics,			9	08
Emergency Medicine			10	08
Psychiatry			3	02

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02		
Minor OT	04	04		
Dental, Otorhinolaryngology, Ophthalmology	02	02		
Burns and Plastic	02	01		
Neonatology care unit	10	10		
Communicable disease/Respiratory medicine/TB & chest diseases	05	03		
Dermatology	05	02		
Cardiology	05	04		
Oncology	05	01		
Neurology/Neuro-surgery	05	04		
Nephrology/Urology	03	08		
ICU/ICCU	5	02		
Geriatric Medicine	0	0		

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Kamthana PHC. BIDAR.
Adopted / Affiliated	✓	Affiliated Chidri BIDAR
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		1-2 km
b. Services Rendered by Health & Family Welfare Programmes		maternal child health service. etc
URBAN FEILD : ✓		
a. Name of CHC / PHC / SC		BIDARI Colony Bidar - Affiliated.
Adopted / Affiliated		
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		4-1c m
b. Services Rendered by Health & Family Welfare Programmes		maternal child health service etc

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

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

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

Signature of Chairman | Signature of Member (1) 19/8/15 | Signature of Member (2) 19/8/15

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

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment 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	
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 :	Boys :
f.	Total No. of rooms	Girls :	Boys :
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) 19/8/25

Signature of Member (2) 19/8/25

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		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	✓		

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

	affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

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

LIC Team Observations:

On the day of inspection, as per the documents provided, the observation of the LIC is as follows:

a) Infrastructure - Adequate as per norms
b) Staff - Adequate as per norms
c) clinical load - Adequate as per norms
d) Equipments - Adequate as per norms

=> Can be considered for
i) Continuation of Affiliation - BSc (N) - 40 seats

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

UNDERTAKING

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

We have conducted LIC inspection of this college on 19/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
(Dr. G. Mahinath Reddy)	19/8/25 DR. ZAKIR HUSSAIN.V	19/8/25 Dr. SNEHA PRAVEEN

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA19920430592608X
Certificate Issued Date	:	16-Aug-2025 01:03 PM
Account Reference	:	NONACC (FI)/ kaorsfi08/ BIDAR10/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAORSFI0854448367713692X
Purchased by	:	SAFA HOSPITAL BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SAFA HOSPITAL BIDAR
Second Party	:	THE REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	SAFA HOSPITAL BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

SAHAKARA SANGH N. ★ BIDAR ★ NOORI PATTNA ★ Near Tahsil Office

Please write or type below this line

UNDERTAKING

I Dr. Mohd. Sohil Hussain is the owner of the **SAFA HOSPITAL** Situated at **Hussain Manzil, near DCC Bank Road, Imam Baada, Old City Fort area, Bidar, Karnataka, 585401.**

14/8/25

PRINCIPAL
New Roshi College of Nursing
Veterinary College Road
Chidri BIDAR-585 401

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at www.shcilestamp.com or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that our hospital **SAFA HOSPITAL** is registered under KPMEA and PCB with **100 beds** and the bonafide certificate has been attached.

This is to confirm that our **SAFA HOSPITAL** is functioning as Parent hospital for **NEW ROOHI COLLEGE OF NURSING.**

We also confirm that our hospital is solely Parent to **NEW ROOHI COLLEGE OF NURSING** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Mohd. Sohil Hussain
CHAIRMAN SAFA HOSPITAL

Signature of Chairman

Signature of Member – 1
19/8/25
ZAKIR HUSSAIN. V

Signature of Member- 2
19/8/25
Subject Expert, RGUHS

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA19917694427300X
Certificate Issued Date	:	18-Aug-2025 01:02 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ BIDAR10/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0854440954087111X
Purchased by	:	CHAIRMAN NEW ROOHI COLLEGE OF NURSING BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN NEW ROOHI COLLEGE OF NURSING BIDAR
Second Party	:	THE REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	CHAIRMAN NEW ROOHI COLLEGE OF NURSING BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SHAHAKARA SANGH N. ★ BIDAR Office ★ NOORI PATTNA ★ Near Tahsil

Please write or type below this line

UNDERTAKING

I Mr. Shaikh Shaheed Ali, Chairman of the Deccan Education Society (R) hereby submitting the affidavit to university.

19/8/25

PRINCIPAL
New Roohi College of Nursing
Veterinary College Road
Chidri BIDAR-585 403

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at "www.shcilestamp.com" or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

The Society Deccan Education Society (R) is managing New Roohi College of Nursing since 2019.

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

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

We also confirm that the college is solely managed by the Society and is not leased /sub leased to any other Society / 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 declaration is found to be false/misleading, Principal and the Society management can be held responsible and suitable action can be initiated by the University.

Chairman
Deccan Education Society (R)

Deccan Education Society
Veterinary College Road,
BIDAR-585 401

Signature of Chairman

Signature of Member – 1
DR-2 ATHIB HUSSAIN-V

Signature of Member- 2
19/8/25
Subject Expert, RGUHS