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. Srinivas L.D.	Dr. Geeta Dolli	Chethan Patali
Designation	Professor	Professor and HOD	Principal
Address	J J M Medical college, Davanagere	Basavaraj Patil Memorial Ayurvedic Medical College and Hospital Bidar	Tatwadarsha Nursing Hubli
Mobile No	7259920520	9886431714	9845732545
Email ID	srinildpharma@gmail.com	drgeetamailare@gmail.com	chetan1309@gmail.com

For the Academic Year : 2025-26			*Date of Inspection: 11/08/2025*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		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	SHRI SHIVAYOGESHWAR COLLEGE OF NURSING. Jnana Jyoti Residential School NH-13 Solapur Road Arkeri Vijayapura 586104	2	Year of Establishment 2019
2	Status of the course conducting body	Education Society		
3	(a). Name of the Trust/Society & complete postal address	SHRI SHIVAYOGESHWAR SHIKSHAN SAMSTHE (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: 2020nsgcol@gmail.com	Website: www.loniedu.in	

Signature of Chairman (Dr. Srinivas L.D.)

Signature of Member (1) Dr. Geeta Dolli AC Member RGUHS

Signature of Member (2) C. Patali Principal Tatwadarsha CON Hubballi

	(b). Name of the Owner of Trust/Society	SURESH M. LONI			
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council: 06 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2			
5	Details of Principal/Head of the institution	Name: Aarati Qualification: M.Sc. Nursing Obstetrics And Gynecology Experience: 15 Years Email: 2020nsgcol@gmail.com		Mobile No: +91 7625022101 Office No: Fax No: – Residential phone No: +91 7625022101	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ✓	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3	

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		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 Affiliation	₹ 30,000/-	₹ 60,000/-	₹ 40,000/-	₹ 25,000/-	₹ 1,56,050/-
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	
PG Course: - (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	NA			NA		NA
					Total (B)	--
NPCC	NA			NA		NA
					Total (C)	--
					Grand Total (A+B+C)	₹ 1,56,050/-
Online Transaction Number or Details: Continuation Affiliation: - ZKBLF5V098L0ID						

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 293 MPS 2019 08/11/2019 Annexure - 5	RGUHS/AFF/ Fr./N437/2019-20 Annexure - 6	KSNC/1152/2019-20 29/11/20219 Annexure - 7	NA Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	--	
	Admissions Made for the Current Academic Year	24	24	24		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	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	NA	NA	NA	NA	
	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	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	13	25	10	37	85
	Female	11	12	21	03	47
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female					
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female					
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	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	NA	NA	NA	NA	NA	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	NA	NA	NA	NA	NA	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) | 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*		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	--		9									
	Total	**16-24**	**24-40**	4-12			17									

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** Nursing qualified • 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.	Aarati. V	Principal	M.Sc. Nursing OBG Nursing	2011	5851	03	14	02/03/2025	YES	
2.	Padmavathi Bandargalla	Vice-Principal	M.Sc. Nursing Community Health Nursing	2010	04174	05	15	02/01/2019	YES	
3.	Suvarna Jitturi	Professor	M.Sc. Nursing Medical Surgical Nursing	2006	6610	12	19	02/032025	YES	
4.	Pralhada Moodagi	Associate Professor	M.Sc. Nursing Pediatrics Nursing	2021	112505	03	05	02/03/2025	YES	
5.	Suresh Loni	Associate Professor	M.Sc. Nursing Pediatrics Nursing	2023	29778	11	03	03/04/2023	YES	
6.	Ansuya Dandar	Assistant Professor	M.Sc. Nursing Psychiatry Nursing	2024	177553	06	02	02/02/2024	YES	
7.	Ravi Dumagond	Assistant Professor	M.Sc. Nursing Community Health Nursing	2023	111920	08	02	02/07/2023	YES	
8.	Siddappa Teggihal	Assistant Professor	M.Sc. Nursing (MSN)	2024	114972	04	02	05/01/2024	YES	
9.	Sujatha	Nursing Tutor	B.Sc.Nursing	2008	10937	17	--	02/01/2023	YES	
10.	Akshata Jende	Nursing Tutor	B.Sc.Nursing	2021	118055	04	--	02/01/2022	YES	
11.	Mumtaj Ganjihal	Nursing Tutor	B.Sc.Nursing	2020	108600	05	--	02/11/2021	YES	
12.	Sonali Jamadar	Nursing Tutor	B.Sc.Nursing	2022	135221	03	--	02/03/2023	YES	
13.	Ibrahim Mulla	Nursing Tutor	B.Sc.Nursing	2022	132733	03	--	02/01/2023	YES	
14.	Maya Bhusari	Nursing Tutor	B.Sc.Nursing	2023	156291	02	--	02/11/2023	YES	
15.	Anita Rathod	Nursing Tutor	B.Sc.Nursing	2023	158924	02	--	02/01/2024	YES	
16.	Kavitha Belgalla	Nursing Tutor	B.Sc.Nursing	2021	211152	04	--	02/01/2022	YES	
17.	Priya Loni	Clinical Instructor	B.Sc.Nursing	2024	170777	01	--	02/02/2025	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
1.	Dr Ishwar Bagoji	MD	Anatamoy	120	
2.	Dr Aarathi Roza	Pharma-D	Pharmacology	60	
3.	Dr Ashwini Hosamni	MD Ayurvedic	OBG	120	
4.	Dr Afreen	Pharma D	Microbiology	60	
5.	Dr Sanjay Wavare	MD- Pathologist	Pathology	60	

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	62965.1 sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3,600 Sq.ft	
	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	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	306.77 sq.ft	
	2. Vice-Principal Chamber	200	306.77 sq.ft	
	3. HOD	5 x 200 = 1000	1200.25 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3327.02 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		405.32sq.ft	
	7. Accountants Office		300.32 sq.ft	
	8. Store Room		200.10 sq.ft	
	9. Record room		105. sq.ft	
	10. Room for maintenance staff		105.22sq.ft	
	11. Xeroxing room		50.22 sq.ft	

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

	12. common room	1000	1000. sq.ft	
	13. Seminar hall	3000	3600.22 sq.ft	
	14. Toilets	1000	2013.21 sq.ft	
	15. A.V/Aids room	600	900.22 sq.ft	

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

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
01	KA 28 D 8130	36+1	Yes	Yes	Yes

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	2469.22 133.5	✓ YES	ADEQUATE	ADEQUATE	

Total No. of Nursing Books available	**3500**	**No. of Nursing Journals subscribed**	**05**
No. of Thesis/Research titles available	**02**	**Is internet facility available for Students?**	**YES**
No of e-books	**500**	**How many books were purchased in last financial year?**	**500**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	UDAYSINGH RAJPUT	M.Lib	15 Years	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended	1) **Artificial Intelligence: Applications and implications on public health** 2) **Current Trends in Nursing (Topic: Telenursing: A Current Trend in Mental Health Practice)** 3) **Advancements in Nursing Research Publications: A Journey Through Scholarly Galaxy**	

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. Society 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 **DR NAGUR ALLOPATHIC MULTISPECILAITY HOSPITA VIJAYAPURA**		**100**	**4 Km**	**85%**	
VEDANTA MULTISPECIALITY HOSPITAL		**50**	**3.5 Km**	**87%**	
NAME OF THE TRUST/ Person owning The Hospital		**DR. BASAVARAJ K. NAGUR & DR SIDARAYA HANJAGI**			
Name Of The Owner Of The Trust of Hospital		**DR. BASAVARAJ K. NAGUR & DR SIDARAYA HANJAGI**			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. **District Hospital, Vijayapura**	**626**	**6 Km**	**97%**	
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013-14) parent hospital rule is not applicable (F.NO.1-5/2014-INC)

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

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

  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	40	33	165	160
Surgery including OT	35	28	145	141
Obstetrics & Gynecology	30	25	125	123
Pediatrics,	20	16	90	86
Emergency Medicine	15	12	55	53
Psychiatry	10	08	40	39

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	09	40	39
Minor OT	06	07	25	24
Dental, Otorhinolaryngology, Ophthalmology	11	10	45	44
Burns and Plastic	07	06	30	29
Neonatology care unit	15	12	60	59
Communicable disease/ Respiratory medicine/TB & chest diseases	12	10	50	49
Dermatology	07	06	30	29
Cardiology	13	11	55	53
Oncology	11	10	45	44
Neurology/Neuro-surgery	12	10	50	49
Nephrology/Urology	11	10	45	44
ICU/ICCU	15	13	60	59
Geriatric Medicine	08	07	35	34
Any other	12	11	50	49

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	**PRIMARY HEALTH CENTER HORTI**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	12 Km
b. Services Rendered by Health & Family Welfare Programmes	NHM, MCH,AYUSHMAN,RCH,
URBAN FEILD :	
a. Name of CHC / PHC / SC	**AGASNAL SUB CENTER**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	12 Km
b. Services Rendered by Health & Family Welfare Programmes	NHM, MCH,AYUSHMAN,RCH,
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	**23,526.26Sq.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 : 20**	**Boys : 20**
f.	Total No. of rooms	**Girls : 08**	**Boys : 08**
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 Library Books & 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	✓	
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		✓

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

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:

Shri Shivapragnuwala College of Nursing, Vijaypura applied for continuation of affiliation for the year 2025-26 for BSc Nursing 40 seats. We the team of LIC conducted inspection on 11/8/25 with the following observations

- Affiliation fee paid
- Registered trust as per norms
- KPME - Nogue multispeciality hospital with 100 beds
- Class rooms, labs, library facility is adequate
- Faculty are adequate as per norms
- Clinical facility is adequate

Infrastructure, faculty, and clinical facility is in place for BSc Nursing 40 seats admission, for the academic year 2025-26, on the day of inspection.

Signature of Chairman

Signature of Member (1)

Dr. Geeta Doddi
ACM RGUHS

Signature of Member (2)

chetan1209@gmail.com

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.	Aarati. V	Principal	M.Sc. Nursing OBG Nursing	2011	5851	03	14	02/03/2025	YES	
2.	Padmavathi Bandargalla	Vice-Principal	M.Sc. Nursing Community Health Nursing	2010	04174	05	15	02/01/2019	YES	
3.	Suvarna Jitturi	Professor	M.Sc. Nursing Medical Surgical Nursing	2006	6610	12	19	02/032025	YES	
4.	Pralhada Moodagi	Associate Professor	M.Sc. Nursing Pediatrics Nursing	2021	112505	03	05	02/03/2025	YES	
5.	Suresh Loni	Associate Professor	M.Sc. Nursing Pediatrics Nursing	2023	29778	11	03	03/04/2023	YES	
6.	Ansuya Dandar	Assistant Professor	M.Sc. Nursing Psychiatry Nursing	2024	177553	06	02	02/02/2024	YES	
7.	Ravi Dumagond	Assistant Professor	M.Sc. Nursing Community Health Nursing	2023	111920	08	02	02/07/2023	YES	
8.	Siddappa Teggihal	Assistant Professor	M.Sc. Nursing (MSN)	2024	114972	04	02	05/01/2024	YES	
9.	Sujatha	Nursing Tutor	B.Sc.Nursing	2008	10937	17	--	02/01/2023	YES	
10.	Akshata Jende	Nursing Tutor	B.Sc.Nursing	2021	118055	04	--	02/01/2022	YES	
11.	Mumtaj Ganjihal	Nursing Tutor	B.Sc.Nursing	2020	108600	05	--	02/11/2021	YES	
12.	Sonali Jamadar	Nursing Tutor	B.Sc.Nursing	2022	135221	03	--	02/03/2023	YES	
13.	Ibrahim Mulla	Nursing Tutor	B.Sc.Nursing	2022	132733	03	--	02/01/2023	YES	
14.	Maya Bhusari	Nursing Tutor	B.Sc.Nursing	2023	156291	02	--	02/11/2023	YES	
15.	Anita Rathod	Nursing Tutor	B.Sc.Nursing	2023	158924	02	--	02/01/2024	YES	
16.	Kavitha Belgalla	Nursing Tutor	B.Sc.Nursing	2021	211152	04	--	02/01/2022	YES	
17.	Priya Loni	Clinical Instructor	B.Sc.Nursing	2024	170777	01	--	02/02/2025	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)**

11/8/25 11/8/25

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Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842097691903593X
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Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	BOND
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR NAGUR ALLOPATHIC MULTISPECIALITY HOSPITAL VJP
Second Party	:	SHRI SHIVAYOGESHWAR COLLEGE OF NURSING VIJAYAPURA
Stamp Duty Paid By	:	DR NAGUR ALLOPATHIC MULTISPECIALITY HOSPITAL VJP
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt.01-01-2022 Exp.Dt.26-3-2026 GOVT. OF KARNATAKA, INDIA

Karnataka State Co-operative Societies Association (R) Sign:..... Branch VIJAYAPUR

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NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt.01-01-2022 Exp.Dt.26-3-2026 GOVT. OF KARNATAKA, INDIA

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UNDERTAKING

I **Dr. BASAV ARAJ K. NAGUR** is the **Owner** /MD/CEO/Board Members of the **DR. NAGUR ALLOPATHIC MULTISPECIALITY HOSPITAL, VIJAYAPURA. Hospital** situated at **NAGUR CAMPUS SMT.SUSHILADEVI COLONY S.S ROAD.VIJAYAPURA 586101**

This is to confirm that our hospital **DR. NAGUR ALLOPATHIC MULTISPECIALITY HOSPITAL** is registered under KPMEA and PCB with **100** beds and the Bonafide certificate has been attached.

This is to confirm that the hospital **DR. NAGUR ALLOPATHIC MULTISPECIALITY HOSPITAL, VIJAYAPURA** is functioning as **parent** hospital for **SHRI SHIVAYOGESHWAR COLLEGE OF NURSING,** college.

We also confirm that our hospital is solely affiliated to is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Nagur Allopathic
Multispeciality Hospital,
Vijayapur-586101.

NOTARY
CORRECTIONS

NOTARY
L.P. LAMANI
ADVOCATE VIJAYAPUR
VIJAYAPUR REVENUE TALUK
LAW/LCU/72/2021
Dt 01-01-2021
Exp Dt 26-3-2026
GOVT. OF KARNATAKA, INDIA

EXECUTNTS DEPONENTS ADMITTING
CONTENTS SUPRA SIGNED SWORN
BEFORE ME HENCE ATTESTED.
L.P.LAMANI, B.A.,LL.B.(SPL)
ADVOCATE & NOTARY
VIJAYAPUR, KARNATAKA

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Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842102981541620X
Purchased by	:	VEDANTA MULTISPECIALITY HOSPITAL
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	BOND
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VEDANTA MULTISPECIALITY HOSPITAL
Second Party	:	SHRI SHIVAYOGESHWAR COLLEGE OF NURSING VIJAYAPURA
Stamp Duty Paid By	:	VEDANTA MULTISPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY
L. P. LAMANI, ADVOCATE
REG.NO. LAW/LCL/72/2021
MY COMMISSION EXPIRE DATE :26-3-2026

Karnataka State Co-operative Societies Association (M)
Sign.....
Branch
VIJAYAPUR

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UNDERTAKING

I **Dr. SIDDRAY HANJAGI** is the **Owner** /**MD**/CEO/Board Members of the **VEDANTA MULTISPECIALITY HOSPITAL, VIJAYAPURA. Hospital** situated at **NEAR ITAGI PETROL PUMP, ATHANI ROAD VIJAYAPUA. 586101**

This is to confirm that our hospital **VEDANTA MULTISPECIALITY HOSPITAL, VIJAYAPURA** is registered under KPMEA and PCB with **50** beds and the Bonafide certificate has been attached.

This is to confirm that the hospital **VEDANTA MULTISPECIALITY HOSPITAL, VIJAYAPURA** is functioning as **parent** hospital for **SHRI SHIVAYOGESHWAR COLLEGE OF NURSING,** college.

We also confirm that our hospital is solely affiliated to is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Siddray Hanjagi

NOTARY
L.P. LAMANI
ADVOCATE VIJAYAPUR.
VIJYAPUR REVENUE TALUK
LAW/LCL/72/2021
DL 01-01-2022
Exp DL 26-3-2026
GOVT. OF KARNATAKA, INDIA

EXECUTNTS DEPONENTS ADMITTING CONTENTS SUPRA SIGNED SWORN BEFORE ME HENCE ATTESTED
L.P. LAMANI, B.A.LL.B.
ADVOCATE & NOTARY
VIJAYAPUR (KARNATAKA)

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Second Party	:	REGISTRAR RGUHS BENGALURU
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Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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UNDERTAKING by Trust Management

I the Chairman of **SHRI SHIVAYOGESHWAR EDUCATION SOCIETY** **Mr. Suresh M. Loni,** hereby submit this affidavit to the University The trust **SHRI SHIVAYOGESHWAR EDUCATION SOCIETY** is running/managing the colleges 1. **SHRI SHIVAYOGESHWAR COLLEGE OF NURSING,VIJAYAPURA** since **07** 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.

NOTARY CORRECTIONS

NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR. VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt.01-01-2022 Exp Dt.06-3-2026 GOVT OF KARNATAKA, INDIA

President, Shri Shivayogeshwar Education Society, VIJAYAPUR.

EXAMINTS DEPONENTS ADMITTING CONTENTS SUPRA SIGNED SWORN BEFORE ME HENCE ATTESTED.

L.P.LAMANI B.A.LL.B. ADVOCATE & NOTARY VIJAYAPUR, KARNATAKA

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Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842106747978268X
Purchased by	:	DR SRINIVAS
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	BOND
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SRINIVAS
Second Party	:	REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	DR SRINIVAS
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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Sign:.....
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UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at ***SHRI SHIVAYOGESHWAR 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 ***11/08/2025*** *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	***A C Member***	***Subject Expert***
(Chairman)	***(Member)***	***(Member)***

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