Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

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OR

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Srinivasan Velu	Dr. Jyothi Ramegowda	Rashmi Kharvi
Designation	Chairman	Associate Professor and Research Assistant pharmacovigilance	Professor
Address	No.709,1st Cross,2nd main Koramangala, 8th Block Bengaluru	Akash Institute of Medical Sciences Devanahalli, Bengaluru	Affinity College of Nursing, Ramanagar
Mobile No	9448060250	9740361867	8904609430
Email ID	Drseena4333@yahoo.com	joe6gowda@gmail.com	

Inspection For the Academic Year : 2025-26 *Date of Inspection: 16/08/2025*

(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	60 ✔	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, BH ROAD TUMKUR-572101	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 & Phone number**	ZILLA AROGYA RAKSHA SAMITHI , DISTRICT HOSPITAL, BH ROAD TUMKUR		
		Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: dstumkur@gmail.com	**Website:** http://ehospital.nic.in	

Signature of Chairman

Signature of Member (1)

16/8/25

Signature of Member (2)

Subject Expert
Dr. Rashma Khaan

		Office No: 0816-2251250	**Mobile No:** 9880342309
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. ASGHAR BAIG C I Member of Secretory Zilla Arogya Raksha Samithi , Tumkur Mob:9880342309	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 15 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** Dr. Paramesha A E **Qualification:** MSc (N) Phd **Experience after MSc:** 19 years **Email:**arjunahalli.paramesha@gmail.com	**Mobile No:** 9964480620 **Office No:** 0816-2251642 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	Dr. ASGHAR BAIG C I DISTRICT SURGEON	

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	✔					**Rs. 1050.00**
Post Basic B.Sc. Nursing						
					Total (A)	**Rs. 1050.00**

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

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

16/8/25
subject Expert
Dr Roshma Khan

Online Transaction Number or Details:
Transaction ID.: BD00000007554564 dated:21/12/2024

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	Verified
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
✖ Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
✖ M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Pediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	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	NA

Signature of Chairman

Signature of Member (1)

16/8/25
Signature of Member (2)
Dr Reshma Ichaen
Subject Expert

	Sanctioned Intake					
	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.Sc Nursing	Male	07	11	11	13	42
	Female	51	46	48	42	187
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

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) N/A

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)** 16/8/24 Subject Expert Dr Ras

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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		0							
4	Associate Professor	2	2-4					1*		02							
5	Assistant Professor	3	3-8				2	3*		03							
6	Tutor	8-16	16-24				2-10	--		09							
	Total	**16-24**	**24-40**				**4-12**			**16**							

verified

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 Specialty 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				

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

intake				
200 students intake				
250 students				
* **Andhra 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.	Dr. Paramesha A E	Principal	MSc(N),PhD, Community Health Nursing	MSc=2006 PhD=2022	19583	1.5 years	19 years	28/07/2025	Yes	
2.	Mrs. Dhanalakshmamma. B	Vice Principal	MSc(N) Mental Health Nursing	MSc=2010	54894	nil	04 years	07/08/2021	Yes	
3.	Mrs. Vinutha B	Associate professor	MSc(N) Obstetrics and Gynecology Nursing	MSc=2018	16001	nil	6.8 years	01/06/2019	Yes	
4.	Mrs. Asharani N	Assistant professor	MSc(N) Obstetrics and Gynecology Nursing	MSc=2010	54893	nil	04 years	07/08/2021	Yes	
5.	Mrs. Ramya P	Assistant professor	MSc(N) Obstetrics and Gynecology Nursing	MSc=2020	111281	nil	3.8 years	01/11/2021	Yes	
6.	Mrs. Roopa P M	Assistant professor	MSc(N) Mental Health Nursing	MSc =2010	4210	nil	3.4 years	01/04/2022	Yes	
7.	Mr. Siddveeraiah P S	Assistant professor	MSc(N), Community Health Nursing	MSc=2010	40907	nil	3.1 years	01/07/2022	Yes	
8.	Mr. Ragunandan R	Nursing tutor	BSc(N)	BSc=2019	92495	nil	1.6 years	19/02/2024	Yes	
9.	Mrs. Roopadevi A S	Nursing tutor	BSc(N)	BSc=2023	67223	nil	1.7 Years	02/01/2024	Yes	
10.	Mrs. Sunitha S G	Nursing tutor	BSc(N)	BSc=2011	51066	nil	____	14/08/2025	Yes	
11.	Mrs. Shobha J	Nursing tutor	BSc(N)	BSc=2013	39945	nil	___	14/08/2025	Yes	
12.	Mrs. Sujatha G T	Nursing tutor	BSc(N)	BSc=2025	71775	nil	___	14/08/2025	Yes	

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

Principal
Government College of Nursing
District Hospital
Tumkur-572101, Karnataka

13.	Mrs. Suvarna M E	Nursing tutor	BSc(N)	BSc=2025	71342	nil	___	14/08/2025	Yes	
14.	Mrs. Soubhaghya K	Nursing tutor	BSc(N)	BSc=2021	61009	nil	___	14/08/2025	Yes	Leave
15.	Mrs. Anitha R	Nursing tutor	BSc(N)	BSc=2024	71513	nil	___	14/08/2025	Yes	
16.	Mrs. Kalavathi . K. L.	Nursing tutor	BSc(N)	BSc=2013				14/08/2025	Yes	
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Principal
Government College of Nursing
District Hospital
Tumkur-572101, Karnataka

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

Subject Expert
Dr Keshava Kharvi

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

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving License). 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 Guide ship 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)**

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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 16/8/25

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

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

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	35252 Sq.ft	verified
	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 intake B.Sc. (N): 900 sq. ft.	**4 Class rooms** 900sq ft Each	4 Class rooms 1036 sq ft each	verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 Class rooms 800 sq ft each	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 Class rooms 600 sq.ft each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	2 Class rooms 600 sq ft each	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	360 sq ft	
	2. Vice-Principal Chamber	200	200 sq ft	
	3. HOD	5 x 200 = 1000	1000 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq ft	verified
	7. Accountants Office	**100**	100 sq ft	
	8. Store Room	**100**	100 sq ft	
	9. Record room	**100**	100 sq ft	
	10. Room for maintenance staff	**100**	100 sq ft	
	11. Xeroxing room	**100**	100 sq ft	
	12. common room (Girls & Boys)	600+400= 1000	1200 sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq ft	
	14. Toilets	1000	1900 sq ft	
	15. A.V/Aids room	600	600 sq ft	

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 16/8/25

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2072 sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1200 sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1200 sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq ft	

verified

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: **N/A** **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 ?**	
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)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

verified
Enclosed

It is mandatory to enclose all the documents mentioned above.

Note:

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

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
ONE	KA06G0782	42	✔Yes / ~~No~~	✔Yes / ~~No~~	✔Yes /~~No~~

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2573 sq ft	YES ✔ No ☐	✔	✔	verified

Total No. of Nursing Books available	1186	**No. of Nursing Journals subscribed**	14
No. of Thesis/Research titles available		**Is internet facility available for Students?**	
No of e-books		**How many books were purchased in last financial year?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		Nil
Conferences conducted		Nil

Signature of Chairman

Signature of Member (1)

16/8/25

Signature of Member (2)

Conferences attended		Nil

* 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** ☐ **Government**	
		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 : DISSTRICT HOSPITAL TUMKUR MOU(Registered parent hospital MOU)		500	With in the campus	> 90 %	verified
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 NIMHANS Bangalore	925	82 kms	>90 %	verified
	2				
	3 (MOU/Clinical permission letter)				

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 16/8/25

'(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)** **Signature of Member (2)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	75	>90 %		
Surgery including OT	75	>90 %		
Obstetrics & Gynecology	75	>90 %		
Pediatrics,	40	>90 %		
Emergency Medicine	40	>90 %		
Psychiatry	10	>90 %		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	>90 %		
Minor OT	10	>90 %		
Dental, Otorhinolaryngology, Ophthalmology	20	>90 %		
Burns and Plastic	15	>90 %		
Neonatology care unit	10	>90 %		
Communicable disease/Respiratory medicine/TB & chest diseases	20	>90 %		
Dermatology	10	>90 %		
Cardiology	10	>90 %		
Oncology	20	>90 %		
Neurology/Neuro-surgery	20	>90 %		
Nephrology/Urology	10	>90 %		
ICU/ICCU	20	>90 %		
Geriatric Medicine	10	>90 %		
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 FILELD	
a. Name of CHC / PHC / SC	Primary Health Center , Mallasandra
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	13 kms
b. Services Rendered by Health & Family Welfare Programmes	NHM Services
URBAN FEILD :	
a. Name of CHC / PHC / SC	Urban Health Center, Kuripalya
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	03 kms
b. Services Rendered by Health & Family Welfare Programmes	NHM 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)** 16/8/25

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 16361	
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 :** 160	**Boys :** 36
f.	Total No. of rooms	**Girls :** 48	**Boys :** 30
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)** 16/8/25

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	✖	✔	Enclosed.
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	✔		

Signature of Chairman **Signature of Member (1)** 16/8/25 **Signature of Member (2)**

Annexure - 18	Master Rotation plans and Time tables	✔		Valid enclosed
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✔		
Annexure –20	RGUHS approved guide ship letters of M.Sc. Nursing faculty each specialty 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:

Govt College of Nursing - Tumkur started 2019.
Continuation Application for 60 seats BSc nursing

Trust: Govt of Karnataka.

College Building: Govt of Karnataka owned

Infrastructure: Building Area - 35252 Sq ft.

Hospital: District Govt Hospital 500 beds
PCB - 400 beds

Affiliated Hospital: NIMHANS, Bengaluru

Hostel: Same campus for girls, boys outside the campus

Vehicle: 42 seats bus available

Faculty: Total 16 Available.

1-Principal
1-V.Principal (has 4yr Experience after PG).
ordered by Assistant Surgeon after Govt experience.
Associate - 1
Asst prof - 5
Tutors - 9

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 16/6/25

UNDERTAKING

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

We have conducted LIC inspection of this college on 16/8/25 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. Jyothi Ramegowda	

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 16/8/25

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)** **Signature of Member (2)**

UNDERTAKING by Trust Management

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

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ 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.

***Note Undertaking should be given in affidavit**

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____

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

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

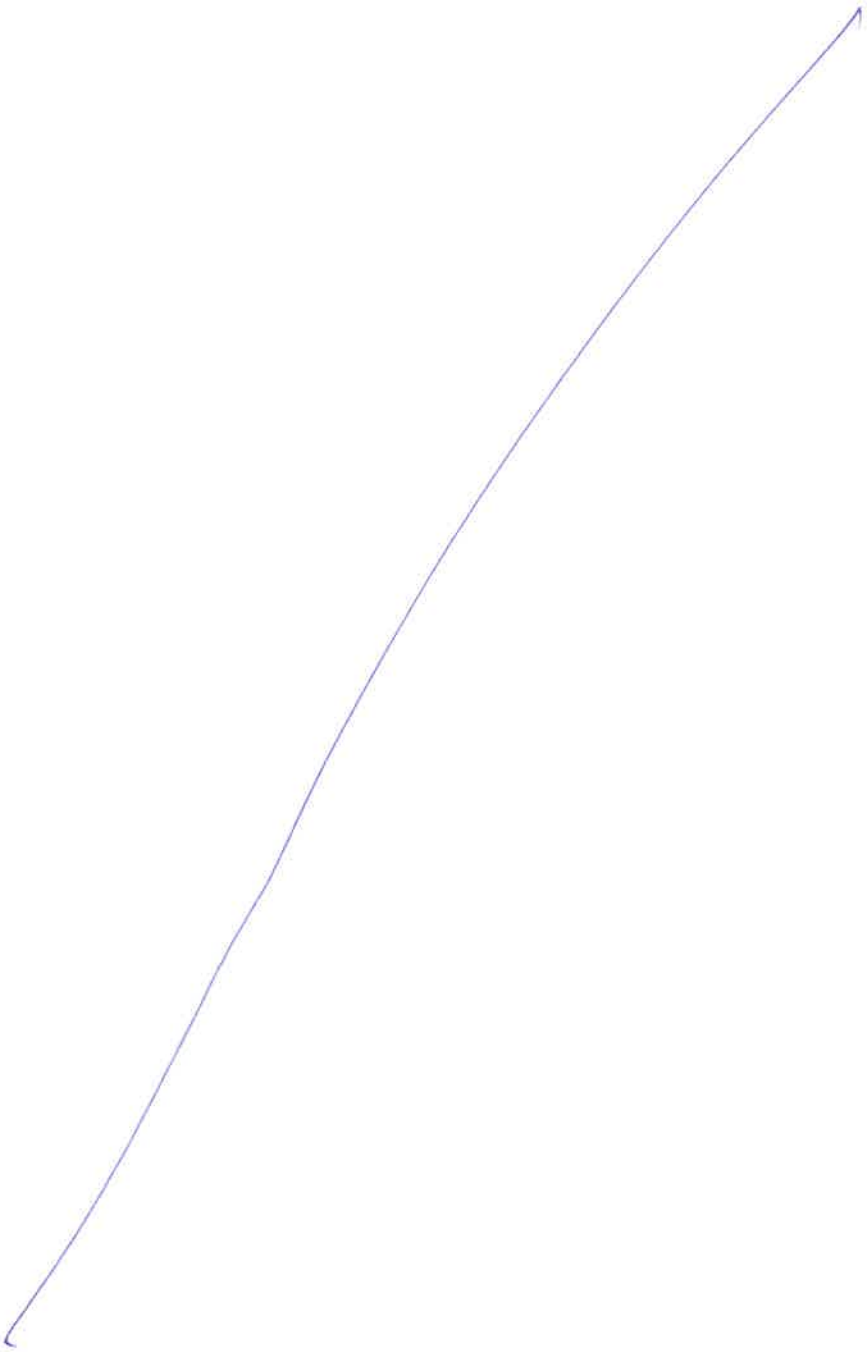
We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

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

16/8/25



Signature of Chairman

Signature of Member (1)

Signature of Member (2)