Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Veeresh. K. Hanchinal	DR. Sudeena. V.	Prof. Manju Thomas
Designation	Associate Professor,	principal	Principal.
Address	KHPIoN. Gadag	G. Ramalaiah(nai.con RCB	Indoglobe College of Nsg
Mobile No	9620151813	8310127854	8722555531
Email ID	veereshblue4@gmail.com.	sudeenavijaykumar@gmail.com.	manjuojike@gmail.c

For the Academic Year :	*2025-26*	*Date of Inspection:*	08/08/25.

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	Yes	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	Yes	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	SRI S S SAINATH COLLEGE OF NURSING OPPOSITE CHURCH CHITTA, BIDAR-585403.	2	Year of Establishment: 2019-20
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	Name of the Trust & complete postal address (if private)	Sri Sadguru Sachidanand Sainath Charitable & Educational Trust, Sridevi Towers Khadhi Bhandar Area Bidar - 585401 (Enclose copy of Registration documents of Society/Trust) Annexure – 1 Email: sssainathbscnursing@gmail.com Website: www.sssainathnursingbidar.com		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		

Signature of Chairman | Signature of Member (1) (Academic council) | Signature of Member (2) 08/08/25

5	Details of Principal/Head of the institution	Name: Mrs SHIREEN ADIYAMMA Qualification: M.Sc in OBG Nursing Experience: 15.5 years Email: sssainathbscnursing@gmail.com		Mobile No: 8970852245 Office No: 9480391911 Fax No: - Residential phone No:08482227766
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	129000/-	-	-	-	26050/-	155050/-
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	

PG Course:- (M.Sc. Nursing)	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)	

Online Transaction Number or Details:

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	MED225 KVM2019 13.12.2019	RGUHS/AFF/COA - 01-25/III/2022-23 18.05.2023	1157/FILE NO N441/2021-22	-	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	2025-26	2025-26	2025-26	-	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

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	03	25	20	19	67
	Female	07	15	20	21	63
Grand Total		10	40	40	40	130
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc NPCC	Male	-	-	-	-	-
	Female	-	-	-	-	-

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks: _____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8	16-24	2-10	--		5									
	Total	**16-24**	**24-40**	**4-12**			13									

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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs Shireen Adiyama	Principal Cum Professor	M.Sc Nursing in OBG	2012	8548	5	15	05.12.2020	Yes	
2.	Mrs. Mercy Sampoorna P	Vice Principal Professor	M.Sc Nursing in Pyschiatric	2014	RR ANP 2015 4922 KAR	2	10	01.11.2021	Yes	
3.	Mrs. J L Glory	Assistant Professor	M.Sc Nursing in OBG	2021	RR ANP 2009 2220 KAR	2	3	01.12.2022	Yes	
4.	Miss. Gummaiah S Mamtha	Assistant Professor	M.Sc Nursing in Paediatric	2022	RR ANP 2022 10154 KAR	15	2	01.06.2022	Yes	
5.	Miss. Hajira Majeen	Assistant Professor	M.Sc Nursing in MSN	2024	RR ANP 2022 455 KAR	3	8 M	01.01.2025	Yes	
6.	Mr. Naveen Kumar	Assistant Professor	M.Sc Nursing in MSN	2024	130346	3	8 M	01.012025	Yes	
7.	Mrs. Monika	Assistant Professor	M.Sc Nursing in OBG	2024	86396	3	8 m	01.01.2025	Yes	
8.	Mr. Akash	Tutor	B.Sc in Nursing	2022	132834	2 ½	-	01.11.2022	Yes	
9.	Mr. Shanthveerappa	Tutor	B.Sc in Nursing	2010	30052	3	-	01.07.2021	Yes	
10.	Mr. Srikanth	Tutor	B.Sc in Nursing	2021	121734	3 ½	-	01.12.2021	Yes	
11.	Miss. Snehalatha	Tutor	B.Sc in Nursing	2022	140677	2 ½	-	01.11.2022	Yes	
12.	Mr. Arun	Tutor	B.Sc in Nursing	2023	146240	2	-	01.07.2023	Yes	
13.	Miss. Komol	Tutor	B.Sc in Nursing	2023	160600	1 ½	-	01.11.2023	Yes	
14.	Mr. Suhail Ali	Tutor	B.Sc in Nursing	2024	164042	1	-	01.05.2024	Yes	
15.	Miss. Swapna	Tutor	B.Sc in Nursing	2024	162403	1	-	01.05.2024	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 / 6 months	Remarks
1	Dr Monika Vaidya	BDS	Applied Anatomy & Applied Physiology	50+50 = 100	
2	Mrs Ruksana Begum	M A in Psychology	Applied Psychology	50	
3	Mrs Suhasini	M A in Sociology	Applied Sociology	50	
4	Mrs Meenakshi	M.Sc in Nutrition	Nutrition & Dietetics	40	
5	Dr Sindhu Rani	Pathologist	Pathology	40	
6	Miss Samreen Fathima	M.sc in Biochemistry	Applied Biochemistry	20	
7	Dr Sandeep Gada	MBBS	Genetics	20	
8	Mr Ahmed Ali	M Pharma	Pharmaceutics	10	
9	Syed Abdul Ruman	M Pharma	Pharmacology	10	
10	Mr Ratika	M A in English	Communicative English	40	
11	Miss Samreen Fathima	M.sc in Biochemistry	General Science	80	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

14. Physical Facilities:

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**23,720**	
	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	**3600 Sq Ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300**	
	2. Vice-Principal Chamber	200	**200**	
	3. HOD	5 x 200 = 1000	**1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**800+2400=3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**1500**	
	7. Accountants Office		**900**	
	8. Store Room		**800**	
	9. Record room		**1000**	
	10. Room for Maintenance staff		**900**	
	11. Xeroxing room		**500**	
	12. common room	1000	**600**	
	13. Seminar hall	3000	**3000**	
	14. Toilets	1000	**1080**	
	15. A.V/Aids room	600	**600**	

Photocopy Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**05**	**05**	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1600**	Photo Copy Enclosed
	Nutrition & Community Health Nursing	1200sq.ft	**1300**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900**	
	Pediatrics Nursing Laboratory	900sq.ft	**900**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**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

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	YES	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	YES	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	YES	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES		NO	
5.	Whether Safe drinking water supply in available	YES	YES	NO	

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
1	KA38A 1537	31	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	2400 Sq Ft	YES ☐ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	2350	**No. of Nursing Journals subscribed**	
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
1	WALKE SONALI NARAYANRAO	M Phil LIBRARY	15	

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		

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

Conferences attended		

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital **TALWADE HOSPITAL BIDAR**		100	7 KM		
NAME OF THE TRUST/ Person owning The Hospital **DR SAILAJA TALWADE**					
Name Of The Owner Of The Trust **SHATALING S/o CHANNAMALLAPPA SAWALGI**					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 **TALWADE HOSPITAL OPP. HEERALAL PANNALAL HIGH SCHOOL BIDAR 585401.**				
	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).

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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	20	15	20	15
Surgery including OT	20	15	20	15
Obstetrics & Gynecology	20	15	20	15
Pediatrics,	15	10	15	10
Emergency Medicine	10	10	10	10
Psychiatry	15	10	15	10

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	04	04	04
Minor OT	02	02	02	02
Dental, Otorhinolaryngology, Ophthalmology	05	05	05	05
Burns and Plastic	05	05	05	05
Neonatology care unit	10	10	10	10
Communicable disease/ Respiratory medicine/TB & chest diseases	10	10	10	10
Dermatology	05	05	05	05
Cardiology	05	05	05	05
Oncology	05	05	05	05
Neurology/Neuro-surgery	05	05	05	05
Nephrology/Urology	05	05	05	05
ICU/ICCU	10	10	10	10
Geriatric Medicine	10	10	10	10
Any other	00	00	00	00

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	**PHC Chitta Bidar**
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	**PHC Police Bidar**
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
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** ☐

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

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 ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	12000 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 : 26	Boys : 15
f.	Total No. of rooms	Girls : 10	Boys : 10
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)

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

Observations:

LIC team visited to S.S. Sainath College of Nursing Bidar & the following observation were done on the day of inspection i.e on 08/08/2025. Continue affiliation for the academic yea 2025-26.

① College :→ College have 23.720 sqft building including 4 Classes and 5 laboratories like fundamental of Nursing, Nutrition, Community health Nursing, OBG Nursing & Pre Clinical labs. with equipments & instruments, models are observed the on the day of inspection.

② Library :→ Library have 2350 books with seating capacity of 40 students are observed

③ Teaching staff :→ Total 15 faculties, with including 1 Principal, 1 vice principal, 5 Asst professor and 8 tutors. are the present on the day of inspection.

④ Hospital :→ 100 Beded Parent hospital Talwade hospital Bidar and all clinical facilities are observed and KPME, PCB documents verified.

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	Yes	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes	
Annexure - 3	Details of any other Nursing Institution under the same Trust	Yes	
Annexure - 4	Details of Affiliated fees paid receipts	Yes	
Annexure - 5	Approval Status : GOK Order	Yes	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes	
Annexure - 7	Approval Status : KNC Notification	Yes	
Annexure - 8	Status : INC Notification		No
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		No
Annexure - 10	List of M.Sc. Nursing Students as per format		No
Annexure - 11	Details of External /Part time Teachers	Yes	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	Yes	
Annexure - 13	Vehicle Details : Bus	Yes	
Annexure - 14	Details of List of LibraryBooks & others	Yes	
Annexure - 15	Academic Activities	Yes	
Annexure - 16	Details of Clinical/Hospital Facilities	Yes	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes	
Annexure - 18	Master Rotation plans and Time tables	Yes	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	

Signature of Chairman

Dr. Veeresh. D. Hanchinal

Signature of Member (1)

8/8/25

(Academic Council)

Signature of Member (2)

(Subject Expert)