



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 2025-26AY

Details of LIC Inspectors:	Chairman	Academic Council Member	Subject Expert
Name	Dr. Bharath Anche	Mahesh Kumar G Loni	Karthikeya Prasath
Designation	RGUHS Senate Member	Principal	Principal
Address	Sri Venkateshwara Nilaya, Kuvempu Nagar Kote	Smt. Padma G Madegowda College of Nursing, Mandya	Sri Sowbhagya Lalitha College of Nursing Bangalore
Mobile No	8892746974	9740395203	9845444470
Email ID	Bharath.dr12@gmail.com	mashegloni@gmail.com	karthikeyaprasath@gmail.com

For the Academic Year: 2025-26

Date of Inspection: 11/05/2025

(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	BANGI INSTITUTE OF NURSING SCIENCES, VIJYAPURA. Dr. Munir Bangi Hospital, Nalband Chowk, Old Indi Road NEAR DOULAT KOTI J.M. ROAD, BIJAPUR	2	Year of Establishment
2	Status of the course conducting body	TRUST		
3	(a). Name of the Trust/Society & complete postal address	BANGI EDUCATIONAL & SOCIAL TRUST'S (Enclose copy of Registration documents of Society/Trust) Annexure-1		
		Email: binsvip@gmail.com	Website:	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Bharath Anche
SENATE MEMBER
2. BHARATH ANCHE

Prof. Mahesh Kumar G. Loni

Dr. P. Karthikeya Prasath



Raja Gandhi University of Health Sciences, Bangalore
 1st Floor, Block A, Bangalore - 560041
 Website: www.rghu.ac.in Phone: 080-26741333

INSPECTION PROFORMA FOR NURSING 2025-26AY

Inspected Institution	Name	Designation	Address	Mobile No.	Signature of Inspected Institution
1. Institution Name	2. Name	3. Designation	4. Address	5. Mobile No.	6. Signature of Inspected Institution
7. Institution Name	8. Name	9. Designation	10. Address	11. Mobile No.	12. Signature of Inspected Institution

Inspected Institution	Name	Designation	Address	Mobile No.	Signature of Inspected Institution
1. Institution Name	2. Name	3. Designation	4. Address	5. Mobile No.	6. Signature of Inspected Institution
7. Institution Name	8. Name	9. Designation	10. Address	11. Mobile No.	12. Signature of Inspected Institution

Inspected Institution	Name	Designation	Address	Mobile No.	Signature of Inspected Institution
1. Institution Name	2. Name	3. Designation	4. Address	5. Mobile No.	6. Signature of Inspected Institution
7. Institution Name	8. Name	9. Designation	10. Address	11. Mobile No.	12. Signature of Inspected Institution

Signature of Inspected Institution
 Signature of Inspected Institution
 Signature of Inspected Institution

(b).Nameofthe Owner of Trust/Society	DR.MUNIR BANGI		
4 Governing Council&Audit Report of Trust	TotalNumberofMembersinGoverningCouncil: 07 (EnclosecopyofGoverningCouncilMembers&AuditreportofSociety/Trust) Annexure-2		
5 Details of Principal/Head of the institution	Name:Mr.Anandkumar Jahagirdar Qualification: M.Sc. Nursing (MHN) Experience: 15 Years Email:binsvjp@gmail.com	MobileNo: +91 9448123558 Office No:08352-251256 FaxNo: -- Residentialphone No: +91 9448123558	
6 Do you have any other nursing institution other than the current institutionmentionedaboveunderthe same trust?	YES ☐	NO ☒	If yes,Specifythefullnameofthenursing institutionwithfulladdress Verifywiththe original TRUST document. (Verify&encloseacopyoftheregistered trust Documents) Annexure-3

7. AffiliationFeePaidDetails:

Annexure-4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particularsoffeespaidfor				Amount
		AnnualFees	Renewal Fees	Administrative Charges	HelinetInstFee a) only forUgor b) forUGandPG courses c) NPCC	
B.Sc. Nursing	Continuation Affiliation	₹ 30,000/-	₹ 60,000/-	₹ 40,000/-	₹ 25,000/-	₹ 1,56,050/-
PostBasic B.Sc. Nursing	--	--	--	--	--	--
Total(A)						₹ 1,56,050/-
PG Course: - (M.Sc. Nursing)	PGContinuation/FreshAffiliation		NoofSeatsXPrescribed fees of each faculty			
	1. FreshAffiliation		₹ 50,000/-		₹ 50,000/-	
	2. FreshAffiliation		₹ 50,000/-		₹ 50,000/-	
	3. FreshAffiliation		₹ 50,000/-		₹ 50,000/-	
	4. FreshAffiliation		₹ 50,000/-		₹ 50,000/-	
	5. FreshAffiliation		₹ 50,000/-		₹ 50,000/-	
			Total(B)		₹ 2,55,050/-	
NPCC	NA		NA		NA	
			Total(C)		NA	
GrandTotal(A+B+C)						₹4,11,100/-
OnlineTransactionNumberorDetails: UG Conitnutaion Affiliation :- ZCNB17R08XFM5F PG Fresh Affiliation: - WIDB0326638935						

SignatureofChairman

SignatureofMember(1)

SignatureofMember(2)

1. Name of the company	DEAR XIN BAKI		
2. Details of the institution	Name: Mr. Anand Kumar, Jalandhar Question: Mr. Anand Kumar Extension: 15 Years Email: anandkumar@gmail.com Registration No: 21 2412/2255 Address: 15, 16/17, 18/19, 20/21, 22/23, 24/25, 26/27, 28/29, 30/31, 32/33, 34/35, 36/37, 38/39, 40/41, 42/43, 44/45, 46/47, 48/49, 50/51, 52/53, 54/55, 56/57, 58/59, 60/61, 62/63, 64/65, 66/67, 68/69, 70/71, 72/73, 74/75, 76/77, 78/79, 80/81, 82/83, 84/85, 86/87, 88/89, 90/91, 92/93, 94/95, 96/97, 98/99, 100/101, 102/103, 104/105, 106/107, 108/109, 110/111, 112/113, 114/115, 116/117, 118/119, 120/121, 122/123, 124/125, 126/127, 128/129, 130/131, 132/133, 134/135, 136/137, 138/139, 140/141, 142/143, 144/145, 146/147, 148/149, 150/151, 152/153, 154/155, 156/157, 158/159, 160/161, 162/163, 164/165, 166/167, 168/169, 170/171, 172/173, 174/175, 176/177, 178/179, 180/181, 182/183, 184/185, 186/187, 188/189, 190/191, 192/193, 194/195, 196/197, 198/199, 200/201, 202/203, 204/205, 206/207, 208/209, 210/211, 212/213, 214/215, 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1994/1995, 1996/1997, 1998/1999, 2000/2001, 2002/2003, 2004/2005, 2006/2007, 2008/2009, 2010/2011, 2012/2013, 2014/2015, 2016/2017, 2018/2019, 2020/2021, 2022/2023, 2024/2025, 2026/2027, 2028/2029, 2030/2031, 2032/2033, 2034/2035, 2036/2037, 2038/2039, 2040/2041, 2042/2043, 2044/2045, 2046/2047, 2048/2049, 2050/2051, 2052/2053, 2054/2055, 2056/2057, 2058/2059, 2060/2061, 2062/2063, 2064/2065, 2066/2067, 2068/2069, 2070/2071, 2072/2073, 2074/2075, 2076/2077, 2078/2079, 2080/2081, 2082/2083, 2084/2085, 2086/2087, 2088/2089, 2090/2091, 2092/2093, 2094/2095, 2096/2097, 2098/2099, 2100/2101, 2102/2103, 2104/2105, 2106/2107, 2108/2109, 2110/2111, 2112/2113, 2114/2115, 2116/2117, 2118/2119, 2120/2121, 2122/2123, 2124/2125, 2126/2127, 2128/2129, 2130/2131, 2132/2133, 2134/2135, 2136/2137, 2138/2139, 2140/2141, 2142/2143, 2144/2145, 2146/2147, 2148/2149, 2150/2151, 2152/2153, 2154/2155, 2156/2157, 2158/2159, 2160/2161, 2162/2163, 2164/2165, 2166/2167, 2168/2169, 2170/2171, 2172/2173, 2174/2175, 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2358/2359, 2360/2361, 2362/2363, 2364/2365, 2366/2367, 2368/2369, 2370/2371, 2372/2373, 2374/2375, 2376/2377, 2378/2379, 2380/2381, 2382/2383, 2384/2385, 2386/2387, 2388/2389, 2390/2391, 2392/2393, 2394/2395, 2396/2397, 2398/2399, 2400/2401, 2402/2403, 2404/2405, 2406/2407, 2408/2409, 2410/2411, 2412/2413, 2414/2415, 2416/2417, 2418/2419, 2420/2421, 2422/2423, 2424/2425, 2426/2427, 2428/2429, 2430/2431, 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 110 MPS 2020 11/01/2021 Annexure-5	RGU/AFF/Fr. N450/2020-21 Annexure-6	KNC:1787- 2020-21 Annexure-7	NA Annexure-8	
	Affiliation Sanctioned Intake	40	40	40	NA	
	Admissions Made for the Current Academic Year	27	27	27	NA	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA Annexure-5	NA Annexure-6	NA Annexure-7	NA Annexure-8	
	Sanctioned Intake	--	--	--	--	
	Admissions Made for the Current Academic Year	--	--	--	--	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA Annexure-5	NA Annexure-6	NA Annexure-7	NA Annexure-8	
	Sanctioned Intake	--	--	--	--	
	Admissions Made for the Current Academic Year	--	--	--	--	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure-5	NA Annexure-6	NA Annexure-7	NA 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		Iyear	IIYear	IIIYear	IVYear	Total
B.ScNursing	Male	13	16	18	18	65
	Female	14	16	15	17	62
PostBasicB.Sc Nursing	Male	--	--	--	--	--
	Female	--	--	--	--	--
M.ScNursing	Male	--	--	--	--	--
	Female	--	--	--	--	--
M.ScNPCC	Male	--	--	--	--	--
	Female	--	--	--	--	--

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) Annexure-9

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

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

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

Annexure-10

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022 & RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

Signature of Chairman

Signature of Member(1)

Signature of Member(2)

Table 2.0. of students under Training each of the Training Education Programmes

Programme	Year	1st year	2nd year	3rd year	4th year	Total
Basic Training	Male	13	16	18	10	57
	Female	14	18	15	17	64
Professional Training	Male	-	-	-	-	-
	Female	-	-	-	-	-
Advanced Training	Male	-	-	-	-	-
	Female	-	-	-	-	-
	Male	-	-	-	-	-
Specialized Training	Male	-	-	-	-	-
	Female	-	-	-	-	-

10. Attached to the above (2) following details of the students who have been identified for verification in the home with original documents (Annex 2)

Sl. No.	Registration Number	Registration Date	Registration Office	Registration Authority	Registration Status	Registration Remarks
1						
2						

Note: Separate list to be provided and submitted to the concerned authorities to be verified and copy to be attached.

11. Following details of the admitted students to be provided for verification to the concerned authorities (Annex 3)

Sl. No.	Registration Number	Registration Date	Registration Office	Registration Authority	Registration Status	Registration Remarks
1						
2						

Note: Separate list to be provided and submitted to the concerned authorities to be verified and copy to be attached.

Remarks

Signature of the Director

Signature of the Director

Signature of the Director

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	61to 100	20to 60			40to 60	61to 100				40to 60	61to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1			1						
4	Associate Professor	2	2-4		1*		2			1						
5	Assistant Professor	3	3-8	2	3*		3			3						
6	Tutor	8-16	16-24	2-10	--		8									
	Total	16-24	24-40	4-12												

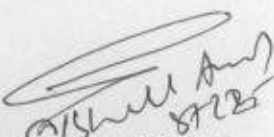
For Example: For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors - 08

(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depend 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	1 st Year	2 nd Year	3 rd Year	4 th 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)

1.2. Teaching/learning materials/activities/program

No.	Description	Region				Learning/Activity				Notes
		Year	Month	Day	Time	Topic	Method	Material	Facilitator	
1	Introduction									
2	...									
3	...									
4	...									
5	...									
6	...									
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For sample 1-10 students take the minutes/notes/activities/learning materials/...
 For sample 11-20 students take the minutes/notes/activities/learning materials/...
 For sample 21-30 students take the minutes/notes/activities/learning materials/...
 For sample 31-40 students take the minutes/notes/activities/learning materials/...
 For sample 41-50 students take the minutes/notes/activities/learning materials/...
 For sample 51-60 students take the minutes/notes/activities/learning materials/...
 For sample 61-70 students take the minutes/notes/activities/learning materials/...
 For sample 71-80 students take the minutes/notes/activities/learning materials/...
 For sample 81-90 students take the minutes/notes/activities/learning materials/...
 For sample 91-100 students take the minutes/notes/activities/learning materials/...

No.	Description	Region				Learning/Activity				Notes
		Year	Month	Day	Time	Topic	Method	Material	Facilitator	
1	...									
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For sample 1-10 students take the minutes/notes/activities/learning materials/...
 For sample 11-20 students take the minutes/notes/activities/learning materials/...
 For sample 21-30 students take the minutes/notes/activities/learning materials/...
 For sample 31-40 students take the minutes/notes/activities/learning materials/...
 For sample 41-50 students take the minutes/notes/activities/learning materials/...
 For sample 51-60 students take the minutes/notes/activities/learning materials/...
 For sample 61-70 students take the minutes/notes/activities/learning materials/...
 For sample 71-80 students take the minutes/notes/activities/learning materials/...
 For sample 81-90 students take the minutes/notes/activities/learning materials/...
 For sample 91-100 students take the minutes/notes/activities/learning materials/...

Bangi Institute of Nursing Sciences, Vijayapura

Teaching Faculty Details

Sl. No.	Name of the teaching faculty	Designation	Qualification along with specialty	Year of passing	KNC Reg. Number	Teaching experience		Date joining	From-16 Submitted	Signature of faculty
						After UG	After PG			
1	Prof. Anand Jaghedar	Principal	M.Sc. Nursing (MHN)	2009	3207	1	10	08/07/2024	Yes	
2	Prof. Rajani Gowda	Vice-Principal	M.Sc. Nursing (OBG)	2013	22538	2	06	02/05/2025	Yes	
3	Prof. Prasad K. V.	Professor	M.Sc. Nursing (Pediatric)	2015	44086	2	10	02/05/2025	Yes	
4	Prof. Prathima. S.	Professor	M.Sc. Nursing (CHN)	2013	22527	2	10	02/05/2025	Yes	
5	Mr. Ajay Kumar .R.	Associate Professor	M.Sc. Nursing (MHN)	2016	58723	1	3	02/05/2025	Yes	
6	Mrs. Harini S.N.	Associate Professor	M.Sc. Nursing (OBG)	2019	28859	8	5	02/05/2025	Yes	
7	Mr. Waseemakram Almel	Associate Professor	M.Sc. Nursing (Pediatric)	2018	166816	1	3	08/07/2024	Yes	
8	Mr. Suresha.S.	Assistant professor	M.Sc. Nursing (Pediatric)	2021	104703	3	3	02/05/2025	Yes	
9	Mrs. Dafiya Aralimatti	Assistant professor	M.Sc. Nursing (OBG)	2019	53449	10	4	03/07/2023	Yes	
10	Mr. Murthy.N	Assistant professor	M.Sc. Nursing (MSN)	2020	125631	9	3	02/05/2025	Yes	
11	Mr. Shivakumar .S	Assistant professor	M.Sc. Nursing (MSN)	2020	123317	2	3	02/05/2025	Yes	
12	Mrs . Myagi Soloman	Assistant professor	M.Sc. Nursing (OBG)	2023	57150	4	0	02/05/2025	Yes	
13	Mr. Mahadev Swamy.M.	Assistant professor	M.Sc. Nursing (CHN)	2023	123317	4	1.5	02/05/2025	Yes	
14	Mrs. Muttamma . S.	Lecturer	M.Sc. Nursing (OBG)	2020	77646	2	3	02/05/2025	Yes	
15	Mr. Husenbadsha Halli	Lecturer	M.Sc. Nursing (CHN)	2023	194263	3	0	03/08/2024	Yes	
16	Mr. Tajuddin Jatkar	Nursing tutor	BSC Nursing	2020	106806	5	-	01/08/2024	Yes	
17	Ms. Muskan Jamadar	Nursing tutor	BSC Nursing	2023	155735	2	-	02/11/2023	Yes	
18	Ms. Zeba Mujawar	Nursing tutor	BSC Nursing	2023	155650	2	-	02/11/2023	Yes	
19	Ms. Shaheen Shaikh	Nursing tutor	BSC Nursing	2023	150706	1.6	-	12/02/2024	Yes	
20	Ms. Asma Ainapura	Nursing tutor	P.B.BSC Nursing	2023	240502	2	-	01/08/2024	Yes	
21	Mr. Irshad Dhalayat	Nursing tutor	BSC Nursing	2023	155735	2	-	02/11/2023	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (1)

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

SL.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
COPY ENCLOSED- Annexure-11					

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) Note: The 23,200 sq. 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./ECC Copy/Rental Agreement registered copy	23,200 sq. ft	30,000 sq. ft	Verified.
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc(N): 900 sq ft P.B.B.Sc(N): 600 sq ft M.Sc(N): 600 sq ft NPCC: 600 sq ft	4 Classrooms 900 sq ft Each 2 Classrooms 600 sq ft Each 2 Classrooms 600 sq ft Each 2 Classrooms 600 sq ft Each	3600 sq. ft NA 1200 sq. ft NA	
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/ Assoc. Prof 5. Lecturer/Tutors Institution office/ Others 6. Office of Administrative, Clerical staff and PA(s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for Maintenance staff 11. Xeroxing room 12. common room 13. Seminar hall 14. Toilets 15. A.V/Aids room	 300 200 5x200=1000 800+2400=3200 1000 3000 1000 600	 300 sq. ft 200 sq. ft 1000 sq. ft 3200 sq. ft 600 sq. ft 400 sq. ft 300 sq. ft 300 sq. ft 500 sq. ft 200 sq. ft 1000 sq. ft 3000 sq. ft 1000 sq. ft 600 sq. ft	Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

COPY ENCLOSED - Annexure-1

1.3. Physical location

1.4. College building

Annexure-1

Sl. No.	Particulars	Particulars	Particulars	Remarks
1	Block - Main building	11, 200 sq. ft.	11, 200 sq. ft.	
2	Block - 2nd floor	11, 200 sq. ft.	11, 200 sq. ft.	
3	Block - 3rd floor	11, 200 sq. ft.	11, 200 sq. ft.	
4	Block - 4th floor	11, 200 sq. ft.	11, 200 sq. ft.	
5	Block - 5th floor	11, 200 sq. ft.	11, 200 sq. ft.	
6	Block - 6th floor	11, 200 sq. ft.	11, 200 sq. ft.	
7	Block - 7th floor	11, 200 sq. ft.	11, 200 sq. ft.	
8	Block - 8th floor	11, 200 sq. ft.	11, 200 sq. ft.	
9	Block - 9th floor	11, 200 sq. ft.	11, 200 sq. ft.	
10	Block - 10th floor	11, 200 sq. ft.	11, 200 sq. ft.	
11	Block - 11th floor	11, 200 sq. ft.	11, 200 sq. ft.	
12	Block - 12th floor	11, 200 sq. ft.	11, 200 sq. ft.	
13	Block - 13th floor	11, 200 sq. ft.	11, 200 sq. ft.	
14	Block - 14th floor	11, 200 sq. ft.	11, 200 sq. ft.	
15	Block - 15th floor	11, 200 sq. ft.	11, 200 sq. ft.	
16	Block - 16th floor	11, 200 sq. ft.	11, 200 sq. ft.	
17	Block - 17th floor	11, 200 sq. ft.	11, 200 sq. ft.	
18	Block - 18th floor	11, 200 sq. ft.	11, 200 sq. ft.	
19	Block - 19th floor	11, 200 sq. ft.	11, 200 sq. ft.	
20	Block - 20th floor	11, 200 sq. ft.	11, 200 sq. ft.	
21	Block - 21st floor	11, 200 sq. ft.	11, 200 sq. ft.	
22	Block - 22nd floor	11, 200 sq. ft.	11, 200 sq. ft.	
23	Block - 23rd floor	11, 200 sq. ft.	11, 200 sq. ft.	
24	Block - 24th floor	11, 200 sq. ft.	11, 200 sq. ft.	
25	Block - 25th floor	11, 200 sq. ft.	11, 200 sq. ft.	
26	Block - 26th floor	11, 200 sq. ft.	11, 200 sq. ft.	
27	Block - 27th floor	11, 200 sq. ft.	11, 200 sq. ft.	
28	Block - 28th floor	11, 200 sq. ft.	11, 200 sq. ft.	
29	Block - 29th floor	11, 200 sq. ft.	11, 200 sq. ft.	
30	Block - 30th floor	11, 200 sq. ft.	11, 200 sq. ft.	
31	Block - 31st floor	11, 200 sq. ft.	11, 200 sq. ft.	
32	Block - 32nd floor	11, 200 sq. ft.	11, 200 sq. ft.	
33	Block - 33rd floor	11, 200 sq. ft.	11, 200 sq. ft.	
34	Block - 34th floor	11, 200 sq. ft.	11, 200 sq. ft.	
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39	Block - 39th floor	11, 200 sq. ft.	11, 200 sq. ft.	
40	Block - 40th floor	11, 200 sq. ft.	11, 200 sq. ft.	
41	Block - 41st floor	11, 200 sq. ft.	11, 200 sq. ft.	
42	Block - 42nd floor	11, 200 sq. ft.	11, 200 sq. ft.	
43	Block - 43rd floor	11, 200 sq. ft.	11, 200 sq. ft.	
44	Block - 44th floor	11, 200 sq. ft.	11, 200 sq. ft.	
45	Block - 45th floor	11, 200 sq. ft.	11, 200 sq. ft.	
46	Block - 46th floor	11, 200 sq. ft.	11, 200 sq. ft.	
47	Block - 47th floor	11, 200 sq. ft.	11, 200 sq. ft.	
48	Block - 48th floor	11, 200 sq. ft.	11, 200 sq. ft.	
49	Block - 49th floor	11, 200 sq. ft.	11, 200 sq. ft.	
50	Block - 50th floor	11, 200 sq. ft.	11, 200 sq. ft.	

Signature of the Officer

Signature of the Officer

Signature of the Officer

S.No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600sq.ft	1600sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	Verified.
	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 lab 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 advanced 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 program there should be a 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)

Annexure-12

Building Documents:

- Is the college building own or leased/ rented?
- Blueprint of the building attested by competent authority.
- Tax paid receipt (Latest/current year)
- Occupancy certificate.
- 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 dttd 29/10/2014).
- It is mandatory that **all nursing institutions** 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, 2021 F.NO. 11-1/2019-INC.]
- Google location of college to be attached by LIC team.

15. Vehicle Details: Enclose a copy of RC Book/Insurance/Driving License

Annexure-13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving License
01	KA 28 C 2560	32	YES	YES	YES

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16. Library facility: Enclose list of library books

Library Facilities	Existing Size in Sq.ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300 Sq.Ft	YES ☒ No ☐	Adequate	Adequate	Adequate

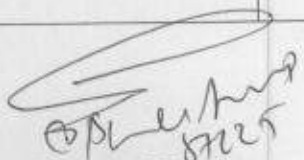
Total No. of Nursing Books available	3250	No. of Nursing Journals subscribed	15
No. of Thesis/Research titles available	--	Is internet facility available for Students?	YES
No of e-books	750	How many books were purchased in last financial year?	250

S.No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Noorunisa	M.Lib	6	
2.	Madhia Mushrif	M.Lis	1	

Note: A minimum of 500 of different subject titled nursing books (all new editions), in the multiple 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 will increase/decrease according to the number of seats approved.

17. Academic activities: Enclose the details of past 3 years

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		


 Signature of Chairman


 Signature of Member (1)


 Signature of Member (2)

18. Details of Clinical/Hospital Facilities:

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	☐

ParentHospital.		TotalNo. Beds	Distance from the college	Occupancyonthe day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital Dr.Munir Bangi Multispeciality Hospital,Vijayapura		100	2.3 Km	86%	
NAME OF THE TRUST /Person owning The Hospital Dr.Munir Bangi					
Name Of The Owner Of The Trust of Hospital+ Dr.Munir Bangi					
Affiliated hospitals- FullName& Address ofthe ParentHospital	1 AKASH NURSING HOME	50	5 Km	82%	
	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).
- 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

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Signature of Member(1)

Signature of Member(2)

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, 2021 F.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.)

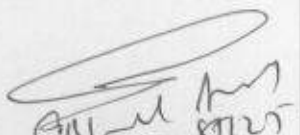
Note

- Verify the original KPME 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:

It has been observed that Bangi Institute of Nursing Sciences, Vijaynagar having Parent Hospital By Dr. Munis Bangi Hospital having >100 beds, with KPME, Pollution control, (KPCB), & Fire Safety & Oxygen Plant 60 LCO. 3 Modular OT, including ophthalmic OT. Urology → Laser lithotripsy, C-arm & Micromanipulation. Hospital having all specialties like Internal medicine, Neurology, OBG, Nephrology & Dialysis unit, ENT, Ophthalmology & Cardiology etc.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18.1.DistributionofBeds

Clinical Areas	Parent		Affiliated	
	No.ofBeds	BedOccupancy	No.ofBeds	BedOccupancy
Medical	25	22	13	13
SurgeryincludingOT	20	18	12	11
Obstetrics&Gynecology	20	19	10	9
Pediatrics,	15	13	8	7
EmergencyMedicine	10	9	8	7
Psychiatry	10	7	2	5
Total	100	88	50	42

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No.ofBeds	BedOccupancy	No.ofBeds	BedOccupancy
MajorOT	6	5	4	3
MinorOT	4	4	2	2
Dental,Otorhinolaryngology, Ophthalmology	6	5	4	3
Burnsand Plastic	5	4	3	2
Neonatologycareunit	8	7	6	5
Communicabledisease/ Respiratorymedicine/TB& chest diseases	10	9	7	6
Dermatology	6	5	4	3
Cardiology	8	7	5	4
Oncology	7	6	4	3
Neurology/Neuro-surgery	7	6	5	4
Nephrology/Urology	8	7	5	4
ICU/ICCU	10	9	6	5
GeriatricMedicine	5	4	5	4
Total	70	83	60	48

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)

Clinical Area	Patient			Admission	
	No. of Patients	No. of Admissions	No. of Discharges	No. of Patients	No. of Admissions
Medical	25	32	13	13	13
Surgery (including OT)	26	18	12	12	12
Obstetrics/Gynecology	24	10	10	10	9
Pediatrics	15	13	8	8	7
Psychiatry/Psychology	10	0	8	8	7
Emergency	10	7	2	2	2
Total	100	80	50	50	43

Additional Other Specialties (Patients for Clinical Services)

Clinical Area	Patient			Admission	
	No. of Patients	No. of Admissions	No. of Discharges	No. of Patients	No. of Admissions
Intensivist	0	2	1	1	1
Intensivist	4	4	2	2	2
Cardiothoracic Surgery	0	2	4	4	3
Cardiothoracic	2	4	2	2	2
Plastic Surgery	8	7	6	6	2
Neurology (adult)	10	9	7	7	6
Neurology (pediatric)	0	0	0	0	0
Neurology (stroke)	5	3	4	4	3
Neurology	5	7	2	2	2
Orthopedics	7	6	4	4	3
Neurology (stroke)	8	7	5	5	4
Neurology (stroke)	10	9	6	6	5
Neurology (stroke)	2	4	2	2	1
Total	70	82	50	50	42

Note: 1. Patients with multiple admissions are counted as multiple admissions.

Signature: (Signature) Date: 1/1/2000
 Signature: (Signature) Date: 1/1/2000
 Signature: (Signature) Date: 1/1/2000

19	COMMUNITY HEALTH NURSING: Annexure-17	
RURAL FIELD		
a. Name of CHC/PHC/SC	HOUNUTAGI CHC	
Adopted/Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	21 Km	
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD:		
a. Name of CHC/PHC/SC	SHANTI NAGAR PHC	
Adopted/Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	4.6 Km	
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Center 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 (I)

Signature of Member (2)

RECEIVED

Name of CHC/HCHC: _____

Address: _____

Telephone: _____

Distance from the nearest justice centre: _____

Distance from the nearest police station: _____

Distance from the nearest health centre: _____

Distance from the nearest court: _____

Distance from the nearest police station: _____

Distance from the nearest health centre: _____

Distance from the nearest court: _____

CHC/HCHC FIELD:

Name of CHC/HCHC: _____

Address: _____

Telephone: _____

Distance from the nearest justice centre: _____

Distance from the nearest police station: _____

Distance from the nearest health centre: _____

Distance from the nearest court: _____

Distance from the nearest police station: _____

Distance from the nearest health centre: _____

Distance from the nearest court: _____

11. Time for the CHC/HCHC to respond to a request for services

Response time	Yes	No
a. Within 24 hours	☒	☐
b. Within 48 hours	☐	☒
c. Within 72 hours	☐	☒
d. Within 96 hours	☐	☒
e. Within 120 hours	☐	☒

12. Response time for the CHC/HCHC to respond to a request for services

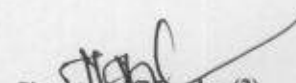
Response time	Yes	No
a. Within 24 hours	☒	☐
b. Within 48 hours	☒	☐
c. Within 72 hours	☒	☐
d. Within 96 hours	☒	☐
e. Within 120 hours	☒	☐

h.	Extracurricularactivitiesofstudents	YES ☒	NO ☐
i.	Cumulativerecordofeach	YES ☒	NO ☐
j.	Courseplanningofeachsubject	YES ☒	NO ☐
k.	Rotationplans	YES ☒	NO ☐
l.	CommitteeMeetings	YES ☒	NO ☐
m.	Affiliationrecords	YES ☒	NO ☐
n.	RecordsofStock	YES ☒	NO ☐
o.	Annualreportofactivitiesand achievements	YES ☒	NO ☐
p.	Staff development programmes	YES ☒	NO ☐
q.	Antiraggingcommittee	YES ☒	NO ☐
r.	Studentwelfarecommittee	YES ☒	NO ☐

23	HostelFacilities:Annexure-12		
a.	Whetherthecollegeishavingaseparate Hostel?	YES ☒	NO ☐
b.	Built-upareaoftheHostel	9056 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☒
d.	Is there separate provision of Hostel for MaleandFemaleStudents?	YES ☒	NO ☐
e.	Total No.of students in the hostel	Girls : 20	Boys:
f.	TotalNo.ofrooms	Girls : 06	Boys:
g.	WaterSupply	YES ☒	NO ☐
h.	ElectricitySupply	YES ☒	NO ☐
i.	IsFacilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	IsSickroomavailable?	YES ☒	NO ☐
k.	Whetherthehostelmessisavailablewith	YES ☒	NO ☐
l.	Safedrinkingwaterfacilities	YES ☒	NO ☐


SignatureofChairman


SignatureofMember(1)


SignatureofMember(2)

1	Staff welfare committee	YES	☒	NO	☐
2	Annual accounts	YES	☒	NO	☐
3	Staff development programme	YES	☒	NO	☐
4	Improvement of staff and achievement	YES	☒	NO	☐
5	Accommodation	YES	☒	NO	☐
6	Accommodation	YES	☒	NO	☐
7	Accommodation	YES	☒	NO	☐
8	Accommodation	YES	☒	NO	☐
9	Accommodation	YES	☒	NO	☐
10	Accommodation	YES	☒	NO	☐

1	Staff welfare committee	YES	☒	NO	☐
2	Annual accounts	YES	☒	NO	☐
3	Staff development programme	YES	☒	NO	☐
4	Improvement of staff and achievement	YES	☒	NO	☐
5	Accommodation	YES	☒	NO	☐
6	Accommodation	YES	☒	NO	☐
7	Accommodation	YES	☒	NO	☐
8	Accommodation	YES	☒	NO	☐
9	Accommodation	YES	☒	NO	☐
10	Accommodation	YES	☒	NO	☐

Signature (Chairman)

Signature (Secretary)

Signature (Member)

List of Annexures:

Annexure Numbers	Details	Submitted (TickMark)	
		Yes	NO
Annexure-1	DetailsofTrust/Societyrelateddocuments	✓	
Annexure-2	DetailsofGoverningCouncil,itsmeetings&AuditreportofTrust	✓	
Annexure-3	Details of anyother Nursing Institution under the same Trust		✓
Annexure-4	Details of Affiliated fees paid receipts	✓	
Annexure-5	ApprovalStatus:GOKOrder	✓	
Annexure-6	ApprovalStatus:RGUHSNotification(Last3Years)Approval	✓	
Annexure-7	ApprovalStatus:KNCNotification	✓	
Annexure-8	Status:INCNotification		✓
Annexure-9	ListofPostBasicB.Sc.NursingStudentsasperformat		✓
Annexure-10	ListofM.Sc.NursingStudentsasperformat		✓
Annexure-11	Details of External/Parttime Teachers	✓	
Annexure-12	PhysicalFacilities: 1. College Building- Own /rent /lease MOU documents, Sale deed, currentyeartaxpaidreceipt,sanctionedbuildingplanby competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Buildingrelateddocuments 4. Hostel	✓	
Annexure-13	VehicleDetails: Bus	✓	
Annexure-14	DetailsofListofLibrary Books&others	✓	
Annexure-15	AcademicActivities	✓	
Annexure-16	Details of Clinical/Hospital Facilities- registeredHospital MOU, latestKSPCB&KPMEcertificate,currentacademicyearclinical feespaidreceiptsfromaffiliatedhospitals.	✓	
Annexure-17	DetailsofCommunityHealthNursingPostingFacilities	✓	
Annexure-18	MasterRotationplans and Timetables	✓	

SignatureofChairman

SignatureofMember(1)

SignatureofMember(2)

Document	Details	Reviewed
Document 1	Document 1: Meeting minutes (revised)	✓
Document 2	Document 2: Meeting minutes (revised)	✓
Document 3	Document 3: Meeting minutes (revised)	✓
Document 4	Document 4: Meeting minutes (revised)	✓
Document 5	Document 5: Meeting minutes (revised)	✓
Document 6	Document 6: Meeting minutes (revised)	✓
Document 7	Document 7: Meeting minutes (revised)	✓
Document 8	Document 8: Meeting minutes (revised)	✓
Document 9	Document 9: Meeting minutes (revised)	✓
Document 10	Document 10: Meeting minutes (revised)	✓
Document 11	Document 11: Meeting minutes (revised)	✓
Document 12	Document 12: Meeting minutes (revised)	✓
Document 13	Document 13: Meeting minutes (revised)	✓
Document 14	Document 14: Meeting minutes (revised)	✓
Document 15	Document 15: Meeting minutes (revised)	✓
Document 16	Document 16: Meeting minutes (revised)	✓
Document 17	Document 17: Meeting minutes (revised)	✓
Document 18	Document 18: Meeting minutes (revised)	✓

Document 1: Meeting minutes (revised)

Document 2: Meeting minutes (revised)

Document 3: Meeting minutes (revised)

Annexure-19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure-20	RGUHS approved guide ship letters of M.Sc Nursing faculty each speciality wise		✓

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

Observations:

It has been observed on the day 1 & 2c Inspects for RGUHS team on 11/5/2025 at Bangor Institute of Nursing Sciences, Vijaypura.. Running under TRUST, Bangor Educational & Social Trust: Vijaypura..

Having Building Infrastructure > 20,000 sq ft

4 class room > 1600 sq ft each

2 MSc class room > 1200 sq ft each

5 laboratory > 1400 sq ft each include (Fundamental

Nursing, Paediatric lab, ORG lab, Nutrition lab & community health lab)

Digital library Hours > 30 computers,

Library / separate section > 2300 sq ft > 3200 books

All teaching Faculty's were Present at the time of inspection

Bangor Institute of Nursing having own Student Hostel > 100 beds..

Signature of Chairman

Dr. B. K. ANAND

Signature of Member (1)

Signature of Member (2)

✓	✓	✓
✓	✓	✓

Notes: 1. The above information is for information only and does not constitute a recommendation. 2. The above information is for information only and does not constitute a recommendation. 3. The above information is for information only and does not constitute a recommendation.

Observations:

The first observation is that the data is not complete. The second observation is that the data is not accurate. The third observation is that the data is not reliable. The fourth observation is that the data is not valid. The fifth observation is that the data is not useful. The sixth observation is that the data is not relevant. The seventh observation is that the data is not timely. The eighth observation is that the data is not consistent. The ninth observation is that the data is not clear. The tenth observation is that the data is not easy to understand. The eleventh observation is that the data is not easy to use. The twelfth observation is that the data is not easy to share. The thirteenth observation is that the data is not easy to store. The fourteenth observation is that the data is not easy to retrieve. The fifteenth observation is that the data is not easy to delete. The sixteenth observation is that the data is not easy to update. The seventeenth observation is that the data is not easy to maintain. The eighteenth observation is that the data is not easy to protect. The nineteenth observation is that the data is not easy to audit. The twentieth observation is that the data is not easy to report. The twenty-first observation is that the data is not easy to analyze. The twenty-second observation is that the data is not easy to interpret. The twenty-third observation is that the data is not easy to communicate. The twenty-fourth observation is that the data is not easy to present. The twenty-fifth observation is that the data is not easy to display. The twenty-sixth observation is that the data is not easy to print. The twenty-seventh observation is that the data is not easy to export. The twenty-eighth observation is that the data is not easy to import. The twenty-ninth observation is that the data is not easy to integrate. The thirtieth observation is that the data is not easy to connect. The thirty-first observation is that the data is not easy to interact. The thirty-second observation is that the data is not easy to collaborate. The thirty-third observation is that the data is not easy to share. The thirty-fourth observation is that the data is not easy to use. The thirty-fifth observation is that the data is not easy to understand. The thirty-sixth observation is that the data is not easy to reliable. The thirty-seventh observation is that the data is not easy to accurate. The thirty-eighth observation is that the data is not easy to complete. The thirty-ninth observation is that the data is not easy to useful. The fortieth observation is that the data is not easy to relevant. The forty-first observation is that the data is not easy to timely. The forty-second observation is that the data is not easy to consistent. The forty-third observation is that the data is not easy to clear. The forty-fourth observation is that the data is not easy to easy to understand. 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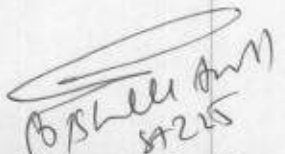
UNDERTAKING

We the Chairman and members of local inspection committee appointed by
RGUHS for conduct of LIC inspection at
Bangi Institute of Nursing Sciences, Bonga which has applied for
continuation of affiliation for the academic year 2024-25.

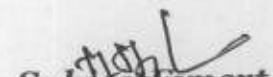
We have conducted LIC inspection of this college on 11/5/25 and verified
the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff
Biometrics, Students attendance and the original documents pertaining to
institution. As per the Latest Minimum Standard Requirements (MSR) stipulated
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)


ACM Member
(Member)


Subject Expert
(Member)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

17
Prof M. G. Loni

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 & PCBC Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of soft copy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The checklist 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/Dimension of classrooms/number of teaching faculty/number of classrooms/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)

Prof. Mahesh Kumar
for LIC

Instructions for reporting of accidents to the RCUK

1. The report should be submitted to the RCUK as soon as possible after the accident has occurred. The report should be submitted to the RCUK as soon as possible after the accident has occurred.
2. The report should be submitted to the RCUK as soon as possible after the accident has occurred. The report should be submitted to the RCUK as soon as possible after the accident has occurred.
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6. The report should be submitted to the RCUK as soon as possible after the accident has occurred. The report should be submitted to the RCUK as soon as possible after the accident has occurred.
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9. The report should be submitted to the RCUK as soon as possible after the accident has occurred. The report should be submitted to the RCUK as soon as possible after the accident has occurred.

Signature (Witness)

Signature (Witness)

Signature (Witness)



UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust
DR. MUNIR BANGI are
submitting the affidavit to University.

The trust BANGI EDUCATIONAL AND SOCIAL TRUST is
running/managing the colleges 1. BANGI INSTITUTE OF NURSING
SCIENCES, VIJAYAR. 2. _____
3. _____ since
1990-21 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/subleased 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.


President,
Bangi Educational
& Social Trust,
Bijapur, Karnataka



UNDERSTANDING Trust Management

We, the _____
 of _____
 are _____
 appointing/identifying to/University
 The trust _____

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 said trust is a genuine trust and is not a sham trust.

We confirm that the said trust is a genuine trust and is not a sham trust.

We also confirm that the college is abiding to the norms of AICTE. 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.



UNDERTAKING

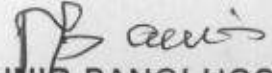
I/We, DR. MUNIR BANGI
is/are the Owners/MD/CEO/Board Members of the
BANGI EDUCATIONAL & SOCIAL TRUST hospitals situated at
VIJAYAPUR

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 DR. MUNIR BANGI MULTISPECIALITY HOSPITAL is
functioning as affiliated/parent/own hospital for BANGI INSTITUTE OF
NURSING SCIENCES, VIJAYAPUR colleg
e.

We also confirm that our hospital is solely affiliated to
BANGI INSTITUTE OF NURSING SCIENCES college and is not
affiliated to any other nursing college.

The information provided by us is true and correct.


DR. MUNIR BANGI HOSPITAL,
20, Doulat Koti Road,
Near Jamiya Masjid,
VIJAYAPUR-586 104.



UNDERTAKING

I/We _____
being the Owner/MD/CEO/Board Member of the
_____ Hospital, located at _____

This is to confirm that our hospital
is registered under KMA and PCI with _____
_____ and the hospital certificate has
been attached.

This is to confirm that the hospital is being run by _____
functioning as an affiliated hospital for _____
_____ College.

We are committed to providing quality healthcare to
_____ and are committed to
_____.

This undertaking is given in full knowledge and consent.

DR. MUNIR BANGI HOSPITAL,
20, Doulat Kott Road,
Near Jamia Masjid,
VIJAYAPUR-586 104.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

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

We have conducted LIC inspection of this college on 11/05/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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


Senate Member
(Chairman)


AC Member
(Member)


Subject Expert
(Member)



UNDERSTANDING

The University and members of local protection committee appointed to RCHHS for
conducting inspection of nursing schools which are
applied for commission of affiliation for the academic year 2024-25

Whereas the RCHHS is a public institution and the members of the local protection committee
appointed to RCHHS for conducting inspection of nursing schools which are
applied for commission of affiliation for the academic year 2024-25
have also visited the attached hospital and
visited the bed strength and clinical facility at the hospital

The information provided is reported as true and correct

This is a public institution and the members of the local protection committee


(Member)


(Member)


(Member)