



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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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shashi Kumar	Dr. Jyothi Ramagouda	Mrs. Asha. K
Designation	Professor	Associate Professor	Asst Professor
Address	RROC- Bangalore	Aksh Institute of Medical Sciences Bangalore	BLDEA'S Shri. B M Patil INS vijayapur
Mobile No	980230481	9740361867	8792183612
Email ID	drshashikr@rediffmail.com	jyothi.gowda@gmail.com	ashakannur@gmail.com

Inspection For the Academic Year : 2025-26.

Date of Inspection: 14/08/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation		4. Re-Inspection	
	2. Continuation of Affiliation	✓	5. Surprise Inspection	
	3. Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	Name of the Institution with Full Address	DECCAN COLLEGE OF NURSING GULBARGA MALGATTI CROSS RING ROAD GULBARGA	2	Year of Establishment	2020-2021
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company			
3	(a). Name of the Trust/Society & complete postal address & Phone number	DECCAN EDUCATION AND CHARITABLE TRUST AT NOORANI MOHALLA NEAR PEER BANGALI DARGA RING ROAD GULBARGA (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
		Email: deccancollege44@gmail.com	Website:		
		Office No:	Mobile No:		

Dr. Shashi Kumar
Signature of Chairman

Jyothi R
Signature of Member (1)

Signature of Member (2)

14/08/2025

	(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No	MD. ALL KHAN		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: MOHD SAMEER IOBAL Qualification: MSc.(CN) Experience after MSc: 12.YEAR Email: DECCAN college U4@gmail.com	Mobile No: Office No: - Fax No: - Residential phone No: -	
	b) Drawing authority of the college			
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation				25000/-	1,56,050
Post Basic B.Sc. Nursing						
Total (A)						1,56,050
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: BD00000007567020-24-12-2024						

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AAKUKA20 2KUM2020 17/03/2021 Annexure - 5	RGUHS/AFF /COA-01- 435 Annexure - 6	KNC/1856 Annexure - 7	INC 5162 Annexure - 8	Enclosed
	Affiliation Sanctioned Intake	40	-	-	-	
	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	
	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	- 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	-	-	-	-	

Signature of Chairman

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Signature of Member (2)

	Admissions Made for the Current Academic Year					
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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	02	20	31	31	84
	Female	06	20	09	09	44
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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1														
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*									
6	Tutor	8-16	16-24				2-10	--									
	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

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

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

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

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	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
150 students intake				
200 students intake				

Signature of Chairman

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250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

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12.1.1. 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.	MOHD SAMEER IQBAL	PRINCIPAL	MSc	2023	2239	04	21/1/2024		
2.	MD ISTIYAQ AHMED	S.NURSING TUTOR	BSc		28828	10	15/4/2020		
3.	SHABBIR AHMED INAMDAR	S.NURSING TUTOR	BSc	2007	4385	13	5/2/2021		
4.	MD ZAKEER AHMED	CLINICAL INSTRUCTOR	BSc	2011	31560	11	5/3/2021		
5.	SYED SUFIYAN	S.NURSING TUTOR	BSc	2022	134152	02	17/1/2023		
6.	MD AFROZ	S.NURSING TUTOR	BSc	2011	40923	10	28/1/2021		
7.	MANJULA	S.NURSING TUTOR	PB BSc	2020	172569	09	10/3/2021		
8.	AKHTER KHANUM	NURSING TUTOR	BSc	2018	92306	04	5/1/2021		
9.	MANISH PATIL	CLINICAL INSTRUCTOR	BSc	2012	053328	01	13/2/2020		
10.	FIRDOUS BEGUM	CLINICAL INSTRUCTOR	BSc	2023	137538	06	18/1/2023		
11.	SHIVASHARANAPPA	CLINICAL INSTRUCTOR	BSc	2018	92314	12	5/1/2022		
12.	SANTOSH	NURSING TUTOR	BSc	2010	099029	04	25/4/2021		
13.	POOJA	NURSING TUTOR	BSc	2019	100699	02	13/1/2020		
14.	SMATI VILAS	S.NURSING TUTOR	BSc	2022	134591	02	10/1/2023		
15.	PRIYANKA	NURSING TUTOR	BSc	2022	134567	02	08/01/2023		
16.	SUMITRA	CLINICAL INSTRUCTOR	BSc	2022	134585	02	10/1/2023		
17.	ROOPA	S.NURSING TUTOR	BSc	2021	121203	02	17/1/2022		
18.									
19.									
20.									
21.									
22.									

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	23961 Sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4000 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	400	Adequate
	2. Vice-Principal Chamber	200	220	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		}
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	700	Adequate
	7. Accountants Office	100	120	
	8. Store Room	100	110	}
	9. Record room	100	110	
	10. Room for maintenance staff	100	120	
	11. Xeroxing room	100		
	12. common room (Girls & Boys)	600+400= 1000	1200	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3500	
	14. Toilets	1000	1100	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	650	
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S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1700	} Verified
	Nutrition & Community Health Nursing	1200sq.ft	1400	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000	
	Pediatrics Nursing Laboratory	900sq.ft	1000	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1700	

Note:

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

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	} Verified
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	

It is mandatory to enclose all the documents mentioned above.

Note:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA-03-4547	65	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	Verified by LIC team
Required 2300 Sq.Ft		YES ☐ No ☐			

Total No. of Nursing Books available	1900	No. of Nursing Journals subscribed	08
No. of Thesis/Research titles available	04	Is internet facility available for Students?	YES
No of e-books	03	How many books were purchased in last financial year?	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MAHESH SHINASHARAW.	M.LIB	6-YEAR.	-
				Arundesh k

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		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted		
Conferences attended		

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital ANAND HOSPITAL SANTOSH colony NEW JEWARU Road KOLHAPUR MOU(Registered parent hospital MOU)	100	10 km	80%	VenHear
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 UNITED HOSPITAL OPP SIDDHARTH LAW college. COURT. ROAD KALABURGI	100	3.km.	85%	VenHear
2				
3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				
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(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/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, 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 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	25	20	30	25
Surgery including OT	25	20	30	25
Obstetrics & Gynecology	25	20	15	13
Pediatrics,	10	08	15	13
Emergency Medicine	05	03	05	03
Psychiatry	10	08	05	03

Additional/Other Specialties/Facilities for clinical experience:

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

Signature of Chairman



Signature of Member (1)



Signature of Member (2)



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

49	COMMUNITY HEALTH NURSING :Annexure - 17
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RURAL FILELD

a. Name of CHC / PHC / SC	
Adopted / Affiliated	KALAHNCIARA
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	18. km
b. Services Rendered by Health & Family Welfare Programmes	YES

URBAN FEILD :

a. Name of CHC / PHC / SC	
Adopted / Affiliated	
Administrated 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			
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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			
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a.	Basic B.Sc. Nursing	YES	☒	NO	☐
b.	Post Basic B.Sc. Nursing	YES	☐	NO	☐
c.	M.Sc. Nursing	YES	☐	NO	☐

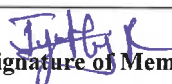
22	Records of Students : Are the following students records are maintained well?			
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a.	Admission record	YES	☒	NO	☐
b.	Daily Attendance Registers	YES	☒	NO	☐
c.	Health Records	YES	☒	NO	☐
d.	Clinical and field experience record	YES	☒	NO	☐
e.	Practical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

Signature of Chairman



Signature of Member (1)



Signature of Member (2)



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

h.	Extracurricular activities of students	YES ☐	NO ☒
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of Stock	YES ☒	NO ☐
o.	Annual report of activities and achievements	YES ☐	NO ☐
p.	Staff development programmes	YES ☐	NO ☐
q.	Anti ragging committee	YES ☒	NO ☐
r.	Student welfare committee	YES ☒	NO ☐
s.	POSHE Committee	YES ☐	NO ☐
t.	Prevention of Gender harassment committee	YES ☐	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☒	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☐	NO ☒
l.	Safe drinking water facilities	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

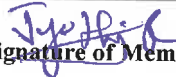
List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of 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	✓		

Signature of Chairman



Signature of Member (1)



Signature of Member (2)



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

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

LIC Team Observations:

- Infra structure and teaching - faculty found to be adequate at the time of inspection.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

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

We have conducted LIC inspection of this college on 14/08/25 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. Jyoti Kannegarde

Mrs. Asha K

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the 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)

14/08/25



सत्यमेव जयते

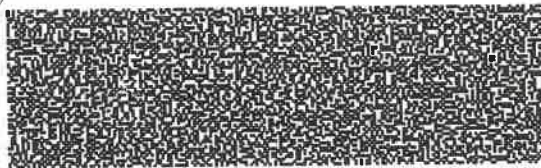
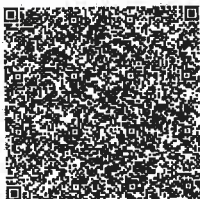
INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA16937039690844X
Certificate Issued Date : 13-Aug-2025 03:29 PM
Account Reference : NONACC (FI)/ kagcs108/ GULBARGA/ KA-GU
Unique Doc. Reference : SUBIN-KAKAGCSL0848765464725355X
Purchased by : DECCAN COLLEGE OF NURSING KALABURAGI
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
(Zero)
First Party : REGISTRAR RGUHS BENGALURU
Second Party : DECCAN COLLEGE OF NURSING KALABURAGI
Stamp Duty Paid By : DECCAN COLLEGE OF NURSING KALABURAGI
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



Please write or type below this line



11 3 AUG 2025

Statutory Alert:

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

UNDERTAKING by Trust Management

We the Chairman/**President**/Secretary/Member of the trust MD ALI KHAN are submitting the affidavit to University

The trust DECCAN EDUCATION AND CHARITABLE TRUST KALABURAGI is running/managing the college 1. DECCAN COLLEGE OF NURSING KALABURAGI

2. _____

3. _____ Since 05 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 is 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.



SWORN BEFORE ME
Babumiyani C.N.
BABUMIYAN. C. N.
B.A., LL.B., (Spl.)
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

No of Corrections 02

13 AUG 2025