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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Santosh Indi	Dr. Anu Thomas	Mr. Joseph George
Designation	Associate Professor	Principal.	Professor.
Address	Department of Community Hlt Nsg, BLDEA's College of Nsg Tikota, Vijapura Dist	Nalapad College of Nsg 104/2, Kolgilu Layout Extension, Bellahalli Junction, Yalahanka.	Govt college of Nsg Kalaburgi
Mobile No	8123374800	9880471831	9900778872
Email ID	mr.santoshindi16@gmail.com	anuthom5477@gmail.com	

Inspection For the Academic Year : ~~6/8/2025~~ 2025-26 ***Date of Inspection:*** 6/2/2026

(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**	SHREE GAVISIDDHESHWAR COLLEGE OF NURSING, GAVIMATH CAMPUS KOPPAL	2	**Year of Establishment** 2020
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**	SHREE GAVISIDDESHWAR VIDAYA VARDAKA TRUST KOPPAL (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: sgvvtrust@gmail.com	**Website:** www.sgsi gavimath koppal/ gavimath koppal.org	
		Office No: 08539220212	**Mobile No:** 9448456070	
	(b). Name of the president/Secretary/	DR. R. MAREGOUDAR		

Signature of Chairman Senate member

Signature of Member (1) A.C. Member

Signature of Member (2) Subject Expert

	Chairman of Trust/Society & Phone No	ABHINAV SHREE GAVISIDDESHWAR SWAMIJI		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** ENCLOSED (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** DR. MARCIL. S. H **Qualification:** PHD NURSING **Experience after MSc:** 15 yrs **Email:** nissigdg@gmail.com	**Mobile No:** 9964943365 **Office No:** — **Fax No:** — **Residential phone No:** —	
	b) Drawing authority of the college	PRINCIPAL		

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 UGor b) for UG and PG courses c) NPCC**	
B.Sc. Nursing	Continuation of Affiliation	—	1,30,000.00	1050/—	25000/—	156,050.00
Post Basic B.Sc. Nursing		NOT	APPLICABLE			
					Total (A)	

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3. NOT	APPLICABLE	
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZSBIAB1095Z3AF Dated 24.12.2024
Transaction ID: BD000000075668B9

Remarks: Fees Reciept Enclosed

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

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	RGU/AFF/GS-KPL/Fol/2020-21 Annexure - 5	RGU/AFF/Fr/N459/2020-21 Annexure - 6	1802:2020-21 12-2-2021 Annexure - 7	Annexure - 8	Enclosed
	Affiliation Sanctioned Intake	07.12.2020 40	12.2.2021 40	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	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year					
a. b. M.Sc. Nursing in c. Community Health d. Medical Surg e. OBG Paediatric Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year					

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	11	10	10	13	44
	Female	28	23	28	23	102
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——
		NOT APPLICABLE				

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——
		NOT APPLICABLE				

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: _____

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc (N)	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

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

							B.Sc (N)	(N)*	NPCC		B.Sc (N)	c (N)	C	(N)	B.Sc (N)	c (N)	NPC C
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1								1						
2	Vice-Principal	1	1								1						
3	Professor	1	1-2					1*			1						
4	Associate Professor	2	2-4					1*			2						
5	Assistant Professor	3	3-8				2	3*			3						
6	Tutor	8-16	16-24				2-10	--			8						
	Total	**16-24**	**24-40**				**4-12**				16						

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

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

250 students				

* **Aadhar based biometric attendance for students**

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Dr. Marcil. S.H	Principal	PhD Community	2003	64	5	15	25.5.2024		
2.	Mr Raghu D.M	Vice Principal	Msc(N) Psychiatry	2009	22052	2	11	5.5.2024		
3.	Mr. Paravathgouda	Asso Prof	MSc MSN	2010	36406	5	8	5.8.2024		
4.	Mrs Sunitha .D	Associate Prof	Msc Paediatric	2015	70687	15	6	25.11.2024		
5.	Ms Laxmi M	Associate Prof	Msc Community	2010	24949	5	6	5.6.2024		
6.	Mr. Maruthi U	Assistant Prof	MSc (N) MSN	2017	90049	2	4	20.9.2024		
7.	Mrs Pramila Kosti	Assistant Prof	Msc (N) OBG	2016	74699	3	4	10.4.2021		
8.	Ms. M Maggi Solomon	Assistant Prof	MSc (N) OBG	2017	57150	4	1	7.4.2025		
9.	Mrs Geetha	Nsg Tutor	BSc (N)	2016	177048	8	—	5.3.2024		
10.	Ms Sumalatha	Nsg Tutor	BSc (N)	2022	134695	2	—	09.12.2022		
11.	Mrs. Sweetha Kukanoor	Nsg Tutor	BSc (N)	2023	148307	1	—	7.3.2024		
12.	Mrs. Annapoorna	Nsg Tutor	BSc (N)	2022	131893	2	—	20.5.2024		
13.	Ms Akshata	Nsg Tutor	BSC(N)	2024	156806	1	—	19.4.2024		
14.	Ms Sudha.	Nsg Tutor	BSc (N)	2025	178455	Fresher	—	9.4.2025		
15.	Mr Veeresh	Nsg Tutor	BSc (N)	2025	172392	Fresher	—	13.4.2025		
16.	Mr Sashi Kumar	Nsg Tutor	BSc(N)	2025	180800	Fresher	—	12.4.2025		
17.	Ms K Swathi	Nsg Tutor	BSc (N)	2025	167141	Fresher	—	8 4 2025		
18.	Mrs Madhushree	Nsg Tutor	BSc(N)	2025	Not available of Slot	Fresher	—	8.04.2025		
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.
-

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

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

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

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)	25178.00sqft	
	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	1302 ft Each	✓
	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	3200	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	✓
	7. Accountants Office	**100**	100	✓
	8. Store Room	**100**	100	✓
	9. Record room	**100**	100	✓
	10. Room for maintenance staff	**100**	100	✓
	11. Xeroxing room	**100**	100	✓
	12. common room (Girls & Boys)	600+400= 1000	1000	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	✓
	14. Toilets	1000	1000	✓
	15. A.V/Aids room	600	600	✓

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

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	1600 Sq.ft	✓
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq.ft	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq.ft	✓
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq.ft	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq.ft	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq.ft	✓

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Yes
2	**Is the college building own or leased ?**	Own
3	**Blue print of the building plan approved and attested by competent authority.**	Yes
4	**Building construction license from competent authority**	Yes
5	**Tax paid receipt (Latest / current year)**	Yes
6	**Occupancy certificate.**	Yes
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
- 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.

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

- 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
1	38	5	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	2300 Sqft	YES ☑ No ☐	yes	yes	

Total No. of Nursing Books available	2123	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	—	**Is internet facility available for Students?**	yes
No of e-books	Helinet	**How many books were purchased in last financial year?**	506

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Manjunath	M. Lib	4 yrs	

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	—	
Conferences conducted	—	
Conferences attended	Unboxing AI & Health Care = 19/7/24 Athena Coll Mangalore	

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

	Research Publication and citation Shri Gavisiddeshwar College of Edn Kpl dated 2/6/25	
* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)		Enclosed

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 Gavisiddeshwar multispeciality Hospital MOU(Registered parent hospital MOU)		100	9. kms	75%	
NAME OF THE TRUST/ Person owning The Hospital SGVVT's Abhinav shree Gavisiddeshwar Swamiji					
Name Of The Owner Of The Trust of Hospital Abhinav Shree Gavisiddeshwar Swamiji					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 GSR Multi Speciality hospital	50	0.5 kms	75%	
	2 K.S Hospital	100	9 kms	75%	
	3 Govt District Hospital (MOU/Clinical permission letter)	100	9 kms	75%	

(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).

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

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

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20			
Surgery including OT	10			
Obstetrics & Gynecology	10			
Pediatrics,	10			
Emergency Medicine	5			
Psychiatry	—			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	1			
Minor OT	1			
Dental, Otorhinolaryngology, Ophthalmology	—			
Burns and Plastic	—			
Neonatology care unit	—			
Communicable disease/Respiratory medicine/TB & chest diseases	10			
Dermatology	—			
Cardiology	5			
Oncology	—			
Neurology/Neuro-surgery	2			
Nephrology/Urology	2			
ICU/ICCU	4			
Geriatric Medicine	10			
Any other	10			

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	HIRESINDOGI

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

Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	0.7 kms
b. Services Rendered by Health & Family Welfare Programmes	National health programme.
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	0.5 kms
b. Services Rendered by Health & Family Welfare Programmes	National health programme.
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐
h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐

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

	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 : 20	Boys : 20
f.	Total No. of rooms	Girls : 26	Boys : 40
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 —

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature

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

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 LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

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

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

LIC Team Observations:

On the day of Inspection this Institute meeting the following requirement allording to norms.

- Physical :- This Institute having the infrastruc like classrooms, labs, library, staffroom, allording to norms. all the original document verified & found Correct,
- Clinical facility :- This Institute having the 100beds. within 1.5 km. from the college RPMFA & PCB Certificate Verified & found, Correct.
- Teachy facilities :- On the day of inspection principal, staff. & not teachy staff were present & all the document verified & found Correct

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 Shree Gavisiddeshwar College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 6/2/2024 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)

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 he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Dr. R. Mareegouda Secretary are submitting the affidavit toUniversity. Shree Gavisiddeshwara vidyavardka Trust

The trust _____ is running/managing the colleges 1. Shree Gavisiddeshwar College of Nursing

2. —

3. — since 5 yr years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

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

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

UNDERTAKING

I/We, Dr. R. Moregouda Secretary is/are the Owners/MD/CEO/Board Members of the Gavisiddeshwar multispeciality hospital situated at Koppal.
This is to confirm that our hospital Gavisiddeshwar is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
This is to confirm that the hospital Gavisiddeshwar multispeciality hospital is functioning as affiliated/~~parent~~/own hospital for Shree Gavisiddeshwar college.
We also confirm that our hospital is solely affiliated to Shree Gavisiddeshwar college and is not affiliated to any other nursing college.
The information provided by us is true and correct.

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

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

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

सत्यमेव जयते

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Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA10258681948941X**
Certificate Issued Date	:	05-Aug-2025 06:31 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ KOPPAL21/ KA-KP
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836064187949975X
Purchased by	:	SHREE GAVISIDDESHWAR V V TRUST KOPPAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHREE GAVISIDDESHWAR V V TRUST KOPPAL
Second Party	:	RGUHS KARNATAKA BENGALURU
Stamp Duty Paid By	:	SHREE GAVISIDDESHWAR V V TRUST KOPPAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SUKANYA.S.NAYAK
Kalpana Nagar
Koppal
RegNo.19942
Exp Dt.8/3/2030
GOVT OF INDIA

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NOTARY GOVT OF INDIA
SUKANYA.S.NAYAK
Kalyana Nagar
Koppal
Regd No.19342
Exp Dt.6/3/2030

UNDERTAKING by Trust Management

I, **Dr. R Maregouda** is the **Secretary** of the **Shree Gavisiddeshwar Vidyavardaka** Trust is submitting the affidavit to University.

The **Shree Gavisiddeshwar Vidyavardaka** Trust is running / managing the college **Shree Gavisiddeshwar College of Nursing** since **05** years.

I confirm that all the information provided by me to the LIC team is true and correct to the best of my knowledge.

I confirm that the faculty in the college is employed for full time in the college.

I 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.

I also confirm that the college is abiding 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.

Place: Koppal
Date: 05/08/2025

DEPONENT

SECRETARY
BOARD OF MANAGEMENT
S.G.V.V.TRUST, GAVIMATH CAMPUS
KOPPAL-583231. DIST : KOPPAL

Dr. R Maregouda
Gavisiddeshwar Multi Specialty Hospital Koppal

No. of Correction (00)

SUKANYA .S. NAYAK
B.A.LL.B.(Spl)
NOTARY PUBLIC GOVT OF INDIA
Kalyana Nagar, KOPPAL-583231

SWORN TO BEFORE ME 5/8/25

SUKANYA .S. NAYAK
B.A.LL.B.(Spl)
NOTARY PUBLIC GOVT.OF INDIA
Kalyana Nagar, KOPPAL-583231

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Unique Doc. Reference	:	SUBIN-KAKAGCSL0836063639539475X
Purchased by	:	SHREE GAVISIDDESHWAR V V TRUST KOPPAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHREE GAVISIDDESHWAR V V TRUST KOPPAL
Second Party	:	RGUHS KARNATAKA BENGALURU
Stamp Duty Paid By	:	SHREE GAVISIDDESHWAR V V TRUST KOPPAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY
SUKANYA.S.NAYAK
Kalyana Nagar
Koppal
Regn.No.199-12
Expn.8/3/2030
GOVT OF INDIA

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NOTARY GOVT OF INDIA
SUKANYA.S.NAYAK
Kalyana Nagar
Koppal
Regno.19/47
Exp Dt.8/3/2030

UNDERTAKING

I, **Dr. R Maregouda** is the **Secretary** of the **Gavisiddeshwar Multi Specialty** hospital situated at **Koppal.** This is to confirm that our hospital **Gavisiddeshwar Multi Specialty Hospital** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Gavisiddeshwar Multi Specialty Hospital** is functioning as own hospital for **Shree Gavisiddeshwar Nursing** College.

We also confirm that our hospital is solely affiliated to **Shree Gavisiddeshwar Nursing** College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Place: Koppal
Date: 05/08/2025

DEPONENT

SECRETARY
BOARD OF MANAGEMENT
S.G.V.V.TRUST, GAVIMATH CAMPUS
KOPPAL-583231. DIST : KOPPAL

Dr. R Maregouda
Gavisiddeshwar Multi Specialty Hospital Koppal

No. of Correction (0)

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Kalyana Nagar, KOPPAL-583231

SWORN TO BEFORE ME 5/8/25

SUKANYA .S. NAYAK
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