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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. G. Manjunath Gowda	Dr S. Srinivasulu Naidu	Mr. Rachoti Veerad
Designation	Senate Member	Principal AC member	Professor.
Address	#41/2, 17th Main, Kamakshipalya, Bangalore-79	Shri Atal Bihari Vajpayee Medical, Bangalore.	RGONS, Govt. College of Nsg-Raichur
Mobile No	9066679444	9880656516	9611828932
Email ID	Manjunathgowda…@yahoo…	Ssrinivasnaidu…@…	…rachoti…@gmail.com

Inspection For the Academic Year : 2025-26 Academic Year *Date of Inspection:* 23.08.2025

(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**	SHREE SHIVAM COLLEGE OF NURSING, ABOVE RAICHUR BLOOD BANK, GOSHALA ROAD, SIYATALAB, RAICHUR 584102	2 **Year of Establishment**	2020-21
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** (✓ Trust)		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	AMMA CHARITABLE TRUST (R) – ENCLOSED (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: ssnc2021@gmail.com	**Website:** –	
		Office No: –	**Mobile No:** 9739621999	

Signature of Chairman 23/8/25 (Dr. G. Manjunath Gowda)

Signature of Member (1) (Dr S. Srinivasulu Naidu AC member)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. SIDDALINGA REDDY, SECRETARY 9448362100		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** SUNIL KUMARI KALAGATA **Qualification:** M-Sc NURSING **Experience after MSc:** 17 YEARS **Email:** ssnc2021@gmail.com		**Mobile No:** **Office No:** **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	Dr. Siddalinga Reddy		U. Venkata Ramana Reddy
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 Affiliation		130500.00		25,000.00	155050.00
Post Basic B.Sc. Nursing						
					Total (A)	

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

Online Transaction Number or Details: BD000000075680 33

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	MED 31 KUM 2021 11/02/2021 Annexure - 5	RGU/AFF/FR/N461/2020-21 Annexure - 6	KNC 1806 2020-21 Annexure - 7	– Annexure - 8	✓
	Affiliation Sanctioned Intake	40	40	40	–	
	Admissions Made for the Current Academic Year	25	25	25	–	
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

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	07	15	08	11	41
	Female	18	24	32	29	103
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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		01							
4	Associate Professor	2	2-4					1*		02							
5	Assistant Professor	3	3-8				2	3*		03					/		
6	Tutor	8-16	16-24				2-10	--		10							
	Total	**16-24**	**24-40**				**4-12**			18							

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

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

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)	26599 Sq.ft	26000 Sqft
	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	4200 Sq.ft	4200 Sqft
	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	440 Sq.ft	400 Sqft
	2. Vice-Principal Chamber	200	300 Sq.ft	300 Sqft
	3. HOD	5 x 200 = 1000	1500 Sq.ft	1500 Sqft
	4. Professor/Assoc. Prof	800+2400=3200	3545 Sq.ft	3545 Sqft
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	700 Sq.ft	600 Sqft
	7. Accountants Office	**100**	110 Sq.ft	100 Sqft
	8. Store Room	**100**	130 Sq.ft	100 Sqft
	9. Record room	**100**	110 Sq.ft	100 Sqft
	10. Room for maintenance staff	**100**	135 Sq.ft	100 Sqft
	11. Xeroxing room	**100**	110 Sq.ft	100 Sqft
	12. common room (Girls & Boys)	600+400= 1000	1300 Sq.ft	1000 Sqft
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3019 Sq.ft	3000 Sqft
	14. Toilets	1000	1050 Sq.ft	1000 Sqft

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

	15. A.V/Aids room	600	750 Sq.ft	600 Sqft

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	40 intake	✓
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1750 Sq.ft	1700 Sqft
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq.ft	1200 Sqft
	Obstetrics and Gynecology Laboratory	900sq.ft	1130 Sq.ft	1130 Sq ft
	Pediatrics Nursing Laboratory	900sq.ft	1520 Sq.ft	900 Sq ft
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sq.ft	1000 Sqft
	Computer Lab (1: 5 computer :student)	1500sq.ft	1800 Sq.ft	1800 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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	✓
2	**Is the college building own or leased ?**	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
	ENCLOSED		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	2500Sq.ft	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	3600	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	YES
No of e-books	20	**How many books were purchased in last financial year?**	700

S. No.	Name of the Librarian	Qualification	Experience	Remarks
		ENCLOSED		

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	ENCLOSED	

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)	YES

Annexure - 16

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 ☑	

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 SHREE SHIVAM HOSPITAL SIYATA LAB, RAICHUR MOU(Registered parent hospital MOU)		100 BEDS	500 mtr	85 %	✓
NAME OF THE TRUST/ Person owning The Hospital AMMA CHARITABLE TRUST, RAICHUR					
Name Of The Owner Of The Trust of Hospital 1- DR. SIDDALINGA REDDY					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	19		
Surgery including OT	20	14		
Obstetrics & Gynecology	20	13		
Pediatrics,	20	19		
Emergency Medicine	15	14		
Psychiatry	05	04		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01	01		
Minor OT	01	01		
Dental, Otorhinolaryngology, Ophthalmology	07	06		
Burns and Plastic	05	04		
Neonatology care unit	05	05		
Communicable disease/Respiratory medicine/TB & chest diseases	05	05		
Dermatology	05	04		
Cardiology	05	04		
Oncology	05	04		
Neurology/Neuro-surgery	05	04		
Nephrology/Urology	05	05		
ICU/ICCU	31	28		
Geriatric Medicine	05	04		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other	15	13		

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**	PHC- CHANDRABANDA SC- MARCHED CHC - J. MALLAPUR
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	04 KMS
b.	Services Rendered by Health & Family Welfare Programmes	ALL NATIONAL HEALTH PROGRAMMES
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	CHC- J. MALLAPUR PHC - SIYATALAB
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	02 KMS
b.	Services Rendered by Health & Family Welfare Programmes	ALL NATIONAL HEALTH PROGRAMMES
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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 : 35	Boys : 20
f.	Total No. of rooms	Girls : 15	Boys : 15
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 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	✓		

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:

On the day of inspection, as per the documents provided, the observation of the LIC is as follows is as follows ⇒.

a) Infrastructure – Adequate as per norms
b) Staff – Adequate as per norms
c) Clinical load – Adequate as per norms
d) Equipments – Adequate as per norms

⇒ Can be continued for
i) Continuation of affiliation – BSc Nursing – 40 seats.

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 Shivam 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 _____ 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 G. Manjunatha Gowda)		
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)

SL.NO	NAME OF THE TEACHING FACULTY	DESIGNATION	QUALIFICATION WITH SPECIALITY	YEAR OF PASSING	KSNC Reg.NUMBER	TEACHIG EXPERIENCE		DATE OF JOINING	FORM-16 SUBMITTED (YES/NO)	SIGNATURE OF FACULTY
						UG	PG			
1	MRS.SUNILKUMARI KALAGATA	PRINCIPAL	M.SC NURSING (PEDIATRIC NURSING)	Jun-08	854	5.5 Years	17 Years	1/4/2021	Bank statemnt attached	
2	MR.SHARANA BASAVA	VICE-PRINCIPAL	M.SC NURSING (PEDIATRIC NURSING)	May-13	27308	1.7 Years	13 Years	27/07/2022	Bank Statemnt attached	
3	MRS.SAVITRI.R. HIREMATH	ASSO. PROFESSOR	M.SC NURSING (OBSTETRICS & GYNECOLOGY NURSING)	Feb-15	35918	1.5 Years	10 Years	27/07/2022	Bank Statemnt attached	
4	MR.MALLAYYA	ASSO. PROFESSOR	M.SC NURSING (MEDICAL SURGICAL	Apr-17	24189	1 Year	8.5 Years	27/7/2022	Bank statemnt attached	
5	MRS.DEEPTI DIVAKAR	ASST. PROFESSOR	M.SC NURSING (MEDICAL SURGICAL NURSING)	Oct-20	44138	5 Years	4.9 Years	2/1/2023	Bank statemnt attached	
6	MR.UDAY KUMAR N	ASST. PROFESSOR	M.SC NURSING (PSYCHIATRY NURSING)	Oct-20	136784		4 years	3/10/2022	Bank Statemnt attached	

23/8/25

PRINCIPAL
SHREE SHIVAM COLLEGE OF NURSING
RAICHUR.

Subject Expert

7	MS.SINDHU. S	ASST. PROFESSOR	M.SC NURSING (COMMUNITY HEALTH NURSING)	May-21	87070	1.5 Year	3.6 Years	3/6/2023	Bank statemt attached	
8	MR.SHANTH KUMAR	TUTOR	B.SC NURSING	Dec-10	49739	15 Years		3/3/2024	Bank statemt attached	
9	MR.RAGHAVENDRA	TUTOR	PB.BSC NURSING	Feb-14	136487	10 Years		4/3/2024	Bank statemt attached	
10	MR.MOUNESH	TUTOR	B.SC NURSING	Nov-23	150193	1.7 Years		1/2/2024	Bank statemt attached	
11	MS.PALLAVI	TUTOR	B.SC NURSING	Nov-23	154389	1.6 Years		4/3/2024	Bank statemt attached	
12	MR.VINAYA KUMAR	TUTOR	B.SC NURSING	Jul-24	162975	1.1 Year		5/8/2024	Bank statemt attached	
13	MS.SHWETHA	TUTOR	PB.B.SC NURSING	Jan-24	211428	1.6 Years		1/1/2025		
14	MS.SHWETHA.A	TUTOR	PB.B.SC NURSING	May-23	228171	07 Months		1/1/2025		

(Accounts)

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SHREE SHIVAM COLLEGE OF NURSING
RAICHUR.

Services Expert

15	MS.SHINTAMANOL KIRAN NARSIM	TUTOR	B.SC NURSING	Feb-19	99352	06 Years		2/8/2025		
16	MS.YASHODHA	TUTOR	B.SC NURSING	Mar-25	170683	05 Months		3/3/2025		
17	MS.MEGHA	TUTOR	B.SC NURSING	Mar-25	170657	05 Months		3/3/2025		
18	MR.AMARESH ILKAL	TUTOR	B.SC NURSING	Mar-25	168259	01 Month		2/7/2025		

PRINCIPAL
SHREE SHIVAM COLLEGE OF NURSING
RAICHUR.