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. DILIP KUMAR N.R	Prof Mohammad Suhail	Dr Sudha.
Designation	SENATE MEMBER	BOS-Chairman Physiotherapy PG	PROFESSOR.
Address	SABVMCRI Bangalore.	Principal Kanachur College of Physiotherapy	NOOR COLLEGE OF NURSING. BANGALORE.
Mobile No	9844288283	9663407439.	9945549076.
Email ID	DRDILIP57@GMAIL.COM	MSUHAIL@KANACHUR.EDU.IN	sudhasaros@gmail.com

For the Academic Year : 2025 - 2026 *Date of Inspection:* 11/09/25

(Please Tick the Appropriate Boxes Below)

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

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	SANJAY DANGE COLLEGE OF NURSING SCIENCE. ASHWINI NAGARA 2ND CROSS HAVERI	2	Year of Establishment: 2020
2	Status of the course conducting body	SOCIETY		
3	(a). Name of the Trust/Society & complete postal address	DANGE EDUCATION SOCEITY ASHWINI NAGARA 2ND COSS HAVERI Annexure – 1		
		Email:dr.sanjaydangeinstitutions@gmail.com	Website: sanjaydangecollegeofnursing.com	
	(b). Name of the Owner of Trust/Society	SANJAY KUMAR DANGE		

Signature of Chairman
Dr DILIP KUMAR N.R
(Senate Member)

Signature of Member (1)
Mohd Suhail
AC Member

Signature of Member (2)

4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 7 ENCLOSED (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)		**Annexure - 2**
5	Details of Principal/Head of the institution	**Name:SANJAY KUMAR DAGE** (Chairman) **Qualification:MBBS DVD Experience: 25 Email:SANJAYDANGE@GMAIL.COM**	**Mobile No:9448109960 Office No: Fax No: Residential phone No:**	
6	PRINCIPAL – BHEEMANA GOUDA PATIL MSc(N) **Do you have any other nursing institution other than the current institution mentioned above under the same trust?**		**NO** ☑	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation of affiliation	60000	40000	30000	25000	156050
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.community health nursing	5	
	2.child health nursing	5	
	3.mental health nursing	5	
	4.sociology	5	
	5.obg	5	
		25	
NPCC			
		0	
		Grand Total (A+B+C)	25

Online Transaction Number or Details:
ZSBIRYI0BHLQV9
RS : 2,75,050

Remarks:

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/SD-HVR/FR/2020-21	RGU/AFF/NSG/COA/01/2024/25	1157/2024/25	Annexure - 8	
	Affiliation Sanctioned Intake	40				
	Admissions Made for the Current Academic Year	38				
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					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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	4	4	7	13	28
	Female	34	23	21	22	100
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----------
	Applied for fresh MSc Cou)					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Approval Letter No. and Date	Annexure-5	Annexure-6	Annexure-7	Annexure-8
M.Sc. NTCC	Sanctioned Intake				
	Admission Made for the Current Academic Year				

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

Programme		I Year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	4	4	2	13	23
	Female	24	23	24	29	100
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NTCC	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	Qualifying Examination	Marks Obtained	Percentage of Marks	Name of the Institution last studied

Note: Separate list to be enclosed and Director 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	Qualifying Examination	Marks Obtained	Percentage of Marks	Name of the Institution last studied

Signature of Chairman

Signature of Director(s)

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: Copy Enclosed.

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1													
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

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

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

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

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

100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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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Enclosed

List

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Endorsed.

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Enclosed

List

- **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)**

Endorsed

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Endorsed

First

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
	—	List - Enclosed		—	

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**24000**	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**3600**	
	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	**1400**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**400**	
	2. Vice-Principal Chamber	200	**200**	
	3. HOD	5 x 200 = 1000	**1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**3500**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**200**	
	7. Accountants Office		**500**	
	8. Store Room		**500**	
	9. Record room		**400**	
	10. Room for maintenance staff		**500**	
	11. Xeroxing room		**300**	
	12. common room	1000	**1000**	
	13. Seminar hall	3000	**3000**	
	14. Toilets	1000	**2000**	
	15. A.V/Aids room	600	**800**	

Verified

Verified

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1600**	Verified
	Nutrition & Community Health Nursing	1200sq.ft	**1200**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900**	
	Pediatrics Nursing Laboratory	900sq.ft	**950**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500**	

Note:

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

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

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?** ✓
2. **Blue print of the building attested by competent authority.** Enclosed
3. **Tax paid receipt (Latest / current year)** Enclosed
4. **Occupancy certificate.** Enclosed
5. **Sale deed / Lease deed of the building / Land.**

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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
	KA14/B2468	**41**	**Yes**	**Yes**	**Yes**

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

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300	**YES**	YES	YES	

Total No. of Nursing Books available	2500	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	2	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	NAGARAJ	BSC LIB	5	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	**ENCLOSED**	
Conferences conducted	**ENCLOSED**	
Conferences attended	**ENCLOSED**	

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital DANGE NURSING HOME ASHWINI NAGARA 2ND CROSS HAVERI		100	100METER	85%	
NAME OF THE TRUST/ Person owning The Hospital SANJAY KUMAR DANGE					
Name Of The Owner Of The Trust of Hospital SANJAY KUMAR DANGE					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 HAVERI MULTISPECILITY HOSPITAL HANGAL ROAD HAVERI	30	500 METER	100%	
	2 DR LODAY HOSPITAL HOSPITAL ASHWINI NAGARA 1ST CROSS	30	300 METER	100%	
	3 HAVANUR MULISPECIALITY HOSPITAL	30	800 METER	100%	

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

	HEGERI MULTISPECILITY HOSPITAL SHIVAJINAGARA HAVERI	30	800 METER	100%	

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will 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:

Dange Nursing Home 100 bedded Verified.
Affiliated hospital Verified.

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

[illegible]	20	300 MEDIUM	100%	

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	15	6	5
Surgery including OT	20	16	5	4
Obstetrics & Gynecology	20	18	5	4
Pediatrics,	20	18	5	4
Emergency Medicine	10	05	3	2
Psychiatry	10	04	1	0

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				

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Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		**KABBUR, KATENAHALLI,AGADI**
Adopted / Affiliated		~~**ADOPTED**~~ Affiliated
Administrate red by		**State Govt.** ☑
Distance from the Nursing Institute		**15**
b. Services Rendered by Health & Family Welfare Programmes		**YES**
URBAN FEILD :		
a. Name of CHC / PHC / SC		**NAGENDRAMATTI**
Adopted / Affiliated		~~**ADOPTED**~~ Affiliated
Administrate red by		**State Govt,** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		**YES**
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** ☐

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

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 ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	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 : 70	Boys : 15
f.	Total No. of rooms	Girls :	Boys :

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

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	Submitted (Tick Mark)	
		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	✓	

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

k.	Water Supply		YES	☐	NO ☐
l.	Electricity Supply		YES	☐	NO ☐
m.	Is facilities available for outdoor games and hobby classes?		YES	☐	NO ☐
n.	Is Sick room is available?		YES	☐	NO ☐
o.	Whether the hostel mess is available with		YES	☐	NO ☐
p.	Safe drinking water facilities		YES	☐	NO ☐

List of Annexures:

Annexure No.	Details	Submitted (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 : INC Order	
Annexure - 6	Approval Status : ROC/IRS Meetings in (Last 3 Years) Approval	
Annexure - 7	Approval Status : SNC 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 College Building- Own /rent /lease /MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building	

Signature of Chairman | Signature of Director (s) | Signature of Secretary

	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 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.

Observations:

On the day of inspection following observations were made,

- Sanjay Dange college of Nursing Science is under the registered society Dange education society, Society Renewal Receipts enclosed.

- RGUHS fees paid receipts enclosed for continuation affiliation, enhancement of seats BSc (N) 40-60; & MSc (N) 9 U Specialities.

- Physical infrastructure - 4 classrooms for BSc (N) & 5+1 Laboratories 2 classrooms for (MSC) (N) available as per rooms

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

- Principal, eligible PG teachers available for staffing & MSc(CA) Course, Teaching faculty available as per norms.
- Library - 2400 Sqft with 2500 books available
- Co-State - 1 bus available, DL, insurance & Re. Book enclosed.
- Dange nursing home - Patient (Parent hospital with 100 beds as per KPME Verified.
- Community area Rural & urban letters enclosed.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sanjay Dange College of Nursing Sedam which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/5/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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

TEACHING FACULTY DETAILS

Sl No	Name of the teaching faculty	Designation	Qualification along with speciality	Year of passing	KSNC Reg number	Teaching experience		Date of joining	Form-16 submitted (yes)	Signature of faculty
						After UG	After PG			
1	SUNIL KUMAR K	Principal	MSC MEDICAL SURGICAL NURSING	2011	9064	02	12	03/04/2023		
		I								
2	SHRUTHI A	Professor	CHILD HEALTH NURSING	20						
3	AYESHA NADAF	Professor	MEDICAL SURGICAL NURSING	2019	76033	00	05	04/03/2024		Aymadaf
4	PARVATH GOWDA	Professor	PARVATH GOWDA	2017	36406	00	5	06/05/2024		
5		~~Associate professor~~	~~MSC MEDICAL SURGICAL~~ NURSING							
6	RAKSHITHA D	Assistant lecturer	MSC CHILD HEALTH NURSING	2024	11498			04/03/2024		
7	SANGEETHA	Tutor	BSC NURSING	2022	131915	02		08/09/2024		
8	NANDITA	Tutor	BSC NURSING	2024	~~Not Avail~~ Applied			20/02/2025		
9	VIDYA	Tutor	BSC NURSING	2024	Applied			20/02/2025		
10	MEGHA	Tutor	BSC NURSING	2024	Applied			20/02/2025		
11	MALATI	Tutor	BSC NURSING	2024	Not Avail.			20/02/2025		
12	PAVANKUMAR	Tutor	BSC NURSING	2024	Applied			20/02/2025		G.M.Shamalwale
13	GULNAZ BANU	Tutor	BSC NURSING	2024	Applied			20/02/2025		
		Tutor								

Fresher

SUDHA

15	YASHODA	Tutor	BSC NURSING	2024	Not Available			20/02/2025		
16	POOJA	Tutor	BSC NURSING	2024	Not Available			20/02/2025		
17	SHAMBHULINGA	Tutor	BSC NURSING	2024	Staff Document Pending			20/02/2025		
18	VINAYAK	Tutor	BSC NURSING	2024	Applied			20/02/2025		
19	SOUMYA	Tutor	BSC NURSING	2024	Applied			20/02/2025		
20	RADHA	Tutor	BSC NURSING	2024				20/02/2025		
21	MANTESH	Tutor	BSC NURSING	2024	Applied			20/02/2025		
22	SIDDU	Tutor	BSC NURSING	2024	Not Available			20/02/2025		
23	RADHA	Tutor	BSC NURSING	2024				20/02/2025		
24		Tutor	BSC NURSING							
25		Tutor								
26		Tutor								
27		Tutor								
28		Tutor								
29		Tutor								
30		Tutor								

Dilip

SUDHA.

Dange Education Society (R)
SANJAY DANGE COLLEGE OF NURSING SCIENCES
P.B. Road, Aswini Nagar, 2nd Cross, Haveri - 581 110.
Mobile: 08375236777, 9448109960
Email: dr.sanjaydangeinstitutions@gmail.com

Ref. No. SDNC/23/2025-2026

Date: 11/05/26

We Sanjay Kumar Dange the chairman of the **Dange Education Soceity** are submiitin the affidavit

The trust Danjay Education Soceiety is running /manging the college **Sanjay Dange College Of Nursing Sceince Haveri** since 4 years

We confirm that all the information provide by us to the lic team is true and correct to the best our knowledge

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

We also confirm that the college is solely managed by the trust and is leased/ sub leased to any other trust/agency to manage the college

We also confirm that the college is abiding to the corms of apex body /RGUHS as prescribed form 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

Signature of chairman signatureof member signature of member