Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933 08

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish. M.K	Mohammad Sohail	Charan P.M.
Designation	Dean & Director	Principal.	Principal
Address	Chikkanagalurea Institute of Medical Sciences. Chikkanagalur.	Kanachur College of PT, Mangalore.	SCS Inst. of Nursing sciences Harapanahalli
Mobile No	9448323157	9663407439	9727309484
Email ID	dermaharish@yahoo.com	MSuhail@kanachur.edu.in	charanpm76@gmail.com

For the Academic Year : 2025-26			*Date of Inspection:* 17/05/2025	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats	✓	6. Change of Name/Address	

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	Shri guru institute of Nursing Belagavi.	2	Year of Establishment: 2021
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society ✓ /Company		
3	Name of the Trust & complete postal address (if private)	Vijaylaxmi Education society and Research centre 1st main, 1st cross Sadashivnagar Belagavi - 590001 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: shriguruinstitutions@gmail.com	Website: www.medicalshreeguru.com	

Dr. Harish. M.K 17/05/25
Signature of Chairman
Dr. Harish. M.K
Dean & Director
CIMS Chikkamagalur.

Signature of Member (1)
17/5/25
AC Member

Charan P.M.
Signature of Member (2)
17/5/2025

4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 7 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:** Mrs. Vaddavalli Renuka **Qualification:** M.SC (N) **Experience:** 18 **Email:** shriguruinstitutions@gmail.com	**Mobile No:** 9844022004 **Office No:** **Fax No:** **Residential phone No:**	
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 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				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 ✓		151.035 1- 3.56.050 1-	— Enclosed ←			151.035 1- 3.56.050 1-
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:

Remarks:

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
		Chairman P.M

4	Governing Body of Audit Report of Trust	Total Number of Members in Governing Council : [ ]
5	Details of Principal Head of the Institution	Name: [ ] Qualification: [ ] Experience: [ ] Email: [ ] Mobile No: [ ] Office No: [ ] Fax No: [ ] Residential phone No: [ ]
6	Do you have any other nursing Institution other than the current Institution mentioned above under the same trust?	YES [ ] NO [ ] If Yes, Specify (Attach a copy of the receipt issued by the Director) Annexure - 3

7. Affiliation Fee Paid Details

Annexure - 4

	Particulars of Fee (paid for)					
		Annual Fees	Renewal Fees	Admission Fee & Stamps	Diploma Fee & Degree Certificate Fee & SNC	Amount
Type of Affiliation Applied (i.e. New / Renewal / Additional Course)						
B.Sc. Nursing						
Post Basic B.Sc. Nursing						
	Total (A)					
If Course(s) Applied for	P.G. Course/Specialty Affiliation		No of Seats (X Times/Batch Time of each Intake)			
	1.					
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NECC						
			Total (C)			
	Grand Total (A+B+C)					

Online Transaction Number or Details:

Remarks:

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

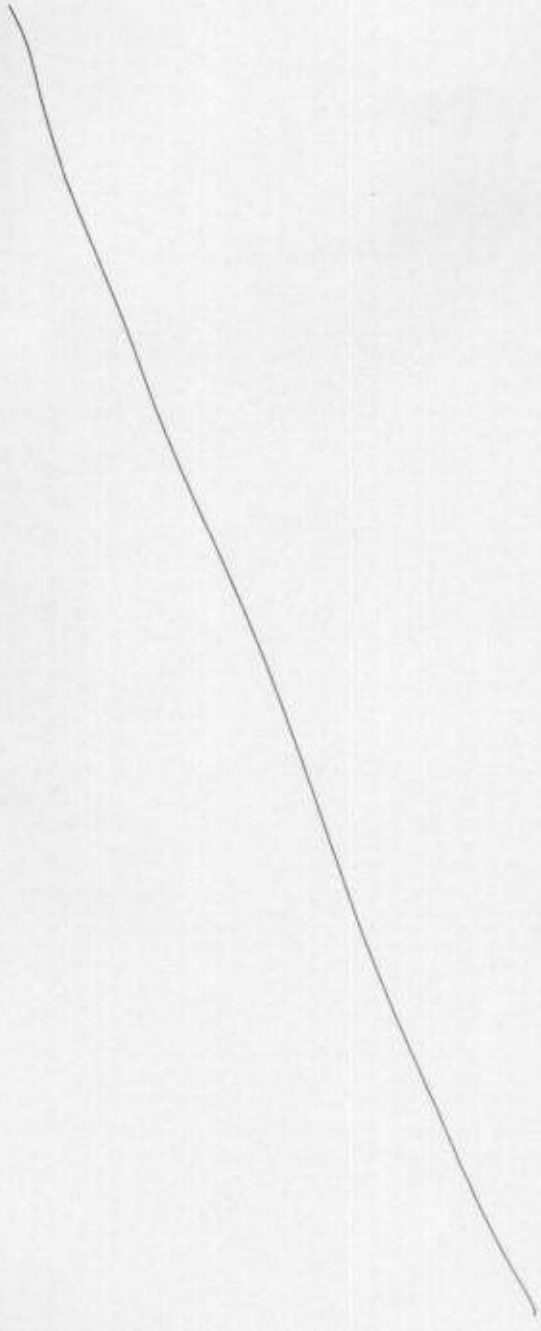
Verify &Enclose copy of Affiliation fee paid documents

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	MED 98 MPS 2021 11/02/2021 Annexure - 5	RGU/AFF/ NSG/COA/01/ 2024-25 Annexure - 6	KSNC/1157/ 2024-25 Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	2024-25 (39)				
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	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					



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	06	04	12	10	32
	Female	93	14	24	27	98
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) - NA -

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: Nil

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.Sc Nursing	Male					
	Female					
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc MRCC	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	Name & address of the previous institution where studied	Name of the Parent/ Guardian

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	Name & address of the previous institution where studied	Name of the Parent/ Guardian

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

Signature of the Person | Signature of Member (2) | Signature of Member (1)

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
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	--	16										
	Total	**16-24**	**24-40**	**4-12**		24										

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) —NA—

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

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
	—	copy	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	23.900 Sq.ft	Available
	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 Sq.ft	Available
	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 Sq.ft	Available
	2. Vice-Principal Chamber	200	200 Sq.ft	Available
	3. HOD	5 x 200 = 1000	600 Sq.ft	Available
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq.ft	Available
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	Yes	300 Sq.ft	Available
	7. Accountants Office	Yes	200 Sq.ft	Available
	8. Store Room	Yes	400 Sq.ft	Available
	9. Record room	Yes	300 Sq.ft	Available
	10. Room for maintenance staff	Yes	400 Sq.ft	Available.
	11. Xeroxing room	Yes	300 Sqft	Available
	12. common room	1000	800 Sq.ft	Available
	13. Seminar hall	3000	2850 Sq.ft	Available
	14. Toilets	1000	550 Sq.ft	Available

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

Sr. No.	Name	Qualification	Status	Number of Hours per Week	Remarks

14. Physical Facilities :

14.1. College Building :

Sr. No.	Details	Required	Existing	Remarks
1				
2	CLASSROOMS Size of each classroom (in ft) for 40 to 60 Intake (Sq. ft per unit)	4 Class rooms 900sq ft each		
	PHARMACY (300 sqft	2 Class rooms 900sq ft each		
		2 Class rooms 900sq ft each		
		2 Class rooms 900sq ft each		
	Administrative Facilities			
	Office			
	1. Principal Chamber	200		
	2. Vice-Principal Chamber	200		
	3. Office	5 x 200 = 1000		
	4. Professors Room/ Prof.	400+2100=2500		
	5. Lecturers' Room			
	Institution office (Others 6. Officers' Administrative Cabinet with PA (2)			
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Waiting Area			
	11. Reception Desk			
	12. Committee room			
	13. Seminar Hall			
	14. Toilets			

-	15. A.V/Aids room	600	600 sq.ft	Available

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

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**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned		Rent /Lease	✓
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES		NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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**

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA29B0809	30	~~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	Remarks
Required 2300 Sq.Ft	2300sq.ft	YES ☑ No ☐	✓	✓	✓

Total No. of Nursing Books available	2280	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	07	**Is internet facility available for Students?**	Yes
No of e-books	40	**How many books were purchased in last financial year?**	78

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs. Zarina Desai	M. Lib	8	Nil

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	Copy Enclosed	Nil
Conferences conducted	—	

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

Conferences attended	copy Enclosed	Nil.

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%)	Remarks
Full Name & Address of the Parent Hospital Vijayal Hospital		100	500 mtrs	80%.	Checked & found correct
NAME OF THE TRUST/ Person owning The Hospital Vijaylaxmi Education Society and Researchcentre					
Name Of The Owner Of The Trust Dr. Prakash G Patil					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Vishwakarma Hospital	30	100mts.	78%.	Checked
	2 Begaum Children Hospital	50	200 mts.	81%.	Checked

(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).

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).

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

- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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	30	25		
Surgery including OT	20	17		
Obstetrics & Gynecology	10	08		
Pediatrics,	05	04		
Emergency Medicine	05	04		
Psychiatry	–			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	04		
Minor OT	10	08		
Dental, Otorhinolaryngology, Ophthalmology	–	–		
Burns and Plastic	–	–		
Neonatology care unit	05	04		
Communicable disease/ Respiratory medicine/TB & chest diseases	–	–		
Dermatology	–	–		
Cardiology	–	–		
Oncology	05	02		
Neurology/Neuro-surgery	–			

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

Nephrology/Urology	—	—		
ICU/ICCU	05	02		
Geriatric Medicine	—	—		
Any other	—	—		

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**	Vantmury, Belagavi
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☐ Municipal Corporation ☒ Private ☐
	Distance from the Nursing Institute	3Kms.
b.	Services Rendered by Health & Family Welfare Programmes	Immunization, Materniky services, First aid etc.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Vantamury, Belagavi
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	03 Kms
b.	Services Rendered by Health & Family Welfare Programmes	Maternity services, Immunization,
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?

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

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 5700	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : –	Boys : –
f.	Total No. of rooms	Girls : 20	Boys : 20
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

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

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 : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of LibraryBooks & others	✓	

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

	[illegible]	YES	☐	NO	☐
k.	Whether the hostel mess is available with	YES	☐	NO	☐
l.	State drinking water facilities	YES	☐	NO	☐

Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
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	✓	

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:

- We have Conducted LIC Inspection at Shree Guru College of Nursing at Belagavi on 17/05/25 for Continuation of affiliation to 40 Seats and Enhancement of Seats from 40 to 60.
- Faculties, Infrastructure and clinical material is available as per the apex body norms and RGUHS norms.

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

Annexure - 15	Academic Activities		
Annexure - 16	Statement Clinical/Hospital Facilities		
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 as necessary documents		

UNDERTAKING

I/We, DR. PRAKASH. G. PATIL.

_ is/are the Owners/MD/CEO/Board Members of the VIJAYA HOSPITAL hospital situated at BELAGAVI.

This is to confirm that our hospital VIJAYA HOSPITAL is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital SHRI GURU COLLEGE OF NURSING, BELAGAVI is functioning as affiliated/parent/own hospital for SHRI GURU COLLEGE OF NURSING. college.

We also confirm that our hospital is solely affiliated to SHRI GURU COLLEGE OF NURSING, BELAGAVI college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

VIJAYA HOSPITAL
Civil Hospital Road, Ayodhya Nagar,
Behind B.D. Jatti College, Belagavi

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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 (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust VIJAYALAXMI EDUCATION SOCIETY AND RESEARCH CENTRE. are submitting the affidavit to University.

The trust VIJAYALAXMI EDUCATION SOCIETY AND RESEARCH CENTRE. is running/managing the colleges 1. SHRI GURU COLLEGE OF NURSING BELAGAVI

2._____

3._____ since _____ 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.

PRESIDENT
VIJAYLAXMI EDUCATION SOCIETY
AND RESEARCH CENTRE
BELAGAVI

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

PRESIDENT
VIJAYLAXMI EDUCATION SOCIETY
AND RESEARCH CENTRE
BELAGAVI

12.1 Teaching Faculty Details :- Details should be written in format only

S.No	Name of Teaching Faculty	Designation	Qualification	Year of passing	KSNC Reg No.	Teaching Experience		Total Teaching Exp	Date of Joining	Signature of Faculty
						UG	PG			
01	Mrs. Vaddavalli Renuka	Principal	MSc Nursing	2009	RRANP2009 1444KAR	02 years	16 years	18 years	02/12/2024	V. Renuka
02	Dr.Girish Degavi	Vice Principal	PhD Nursing	2013	72716	-	13 years	13 years	16/08/2022	
03.	Mr.Raghu DM	Professor	MSC Nursing	2014	22052		11 years	11 years	17/02/2025	
04	Mr.Suresh D M	Asso Professor	MSC Nursing	2012	13365	-	13years	13 years	01/03/2021	
05	Mr.Hemanth H S	Asso Professor	MSC Nursing	2015	36100	-	8 years	8 years	01/07/2021	
06	Mrs. Jayashree M C	Asst Professor	MSC Nursing	2020	71806		5 years	5 years	01/07/2021	
07	Mrs. Soumya Ghorpade	Asst Professor	MSC Nursing	2022	58389	5 years	2 years	7 years	01/09/2022	
08	Ms.Annapurna Bagi	Asst Professor	MSC Nursing	2022	86552	-	3 years	3 years	01/04/2022	
09	Mr.Ashok Madar	Tutor	BSc Nursing	2019	62533	3 years	-	3 years	01/01/2021	
10	Mrs. Priya Godi	Tutor	BSc Nursing	2021	155646	2 years	-	2 years	01/07/2021	
11	Mr.Dattatreya Mutalik	Tutor	BSc Nursing	2019	156834	2 years	-	2 years	01/07/2021	
12	Ms. Daneshwari M	Tutor	BSc Nursing	2021	110555	2 years	-	2 years	01/01/2023	D. S. Mutalik
13	Ms. Amruta D	Tutor	BSc Nursing	2018	217574	1 year	-	1 year	01/01/2024	
14	Ms. Ambika Palekar	Tutor	BSc Nursing	2023	134678	1 year	-	1 year	01/11/2024	Ambika
15	Ms Priyanka Walikar	Tutor	BSc Nursing	2020	232908	1 year	-	1 year	01/11/2024	P. S. Walikar
16	Mr.Ravi Dharnatti	Tutor	BSc Nursing	2023	136008	1 year	-	1 year	01/08/2024	
17	Mr. Gangadhar Kumbar	Tutor	BSc Nursing	2023	136010	1 year	-	1 year	01/08/2024	Gangadhar
18	Ms. Shweta Harapanahalli	Tutor	BSc Nursing	2022	122222	1 year	-	1 year	01/01/2025	
19	Mr.Vinod	Tutor	BSc Nursing	2023	135114	1 year	-	1 year	01/01/2025	
20	Mr.Vishal Y. Malenmani	Tutor	BSc Nursing	2025	168822	-	-	-	01/01/2025	
21	Ms.Savitha H. Nagardinni	Tutor	BSc Nursing	2025	168916	-	-	-	01/01/2025	
22	Mr. Husensab P. Nadaf	Tutor	BSc Nursing	2025	168947	-	-	-	01/01/2025	H. P. Nadaf
23	Mr. Pradeep Hugar	Tutor	BSc Nursing	2025	168812	-	-	-	01/01/2025	P. P. Hugar
24	Mr. Keshav R. Kamkar	Tutor	BSc Nursing	2025	202472796	-	-	-	01/03/2025	Kamkar. K.R.

Signature of Chairman

Signature of Member(1)

Signature of Member (2)