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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Mr. Srinivasan Velu	Dr. Leeladhar DV	Ms. ANNAPURNA. D
Designation	Senate Member	BOS Chairman UG (Ayu)	Principal
Address	No 790, 1st Cross, 2nd Main K Kusangala 8th Block Bangalore - 95	VG Ayu-Medical college Sullia.	Bellary Institute of Nursing Kappagal Road. Ballari-
Mobile No	9448060250	9449717171	9972479581
Email ID	drseena4379@Yahoo.com	drleeladhar_dv@rediffmail.com	principalbionbly@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 12-08-2025

(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	✓ 40 seat	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	HALAMMA COLLEGE OF NURSING,ILKAL OPPOSITE IB ,JOSHI GALLI,ILKAL-587125 DIST:BAGALKOT	2	Year of Establishment: 2020-21
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / ✓ Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	V C AKKI SMARAKA SANGHA OPPOSITE IB JOSHI GALLI ILKAL-587125		
		(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:halammacollegeofnursing21@gmail.com	Website: www.v.c.akki.institute.org	
		Office No:9663202439	Mobile No:9008179727	

12/8/25
Signature of Chairman
Mr. Srinivasan Velu
Senate Member

Signature of Member (1)

12/08/25
Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR.KOTTURA BASAPPA AKKI PH-9008179727		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name:MRS SHRIDEVI M BYALYAL Qualification:M.Sc Nursing(OBG) Experience after MSc: 12YEARS Email:shridevisgunjalli@gmail.com		Mobile No:7760165400 Office No:9663202439 Fax No:08354 Residential phone No:
	b) Drawing authority of the college	TRUST		V C AKKI SMARAKA SANGHA OPPOSITE IB JOSHI GALLI ILKAL-587125
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				
		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	1,30,000	1000	-	50	25,000	1,56,086.40/-
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. NA		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 12/08/25

Online Transaction Number or Details: TRANSACTION ID-BD00000007574130

Remarks:
CONTINUATION AFFILIATION FEE PAID –ONE LAKH FIFTY SIX THOUSAND EIGHTY FIVE RUPEES AND FORTY PAISA

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	40	40	40	-	
	Admissions Made for the Current Academic Year	40	40	40	-	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	- NA	-	-	
	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	-	- NA	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

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	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	11	17	15	18	61
	Female	26	22	22	20	90
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male		NA			
	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----------
			NA			

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----------
			NA			

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)** 12/08/25

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									1					
2	Vice-Principal	1	1									1					
3	Professor	1	1-2					1*				-					
4	Associate Professor	2	2-4					1*				1					
5	Assistant Professor	3	3-8				2	3*				5					
6	Tutor	8-16	16-24				2-10	--		00	04	06					
	Total	**16-24**	**24-40**				**4-12**					18					

verified.

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				

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12/08/25

intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MRS.SHRIDEVI.M.BYALYAL	PRINCIPAL	M.Sc.NURSING(OBG)	2008	12348	3 YEARS	12 YEARS	02/01/2024		
2.	MR.PRAKASH RATHO	VICE PRINCIPAL	M.Sc.NURSING(COMMUNITY HEALTH NURSING)	2016	29762	5 YEARS	9 YEARS 3 MONTHS	11/06/2023		
3.	MRS.ESTHER EIKOS	LECTURER	M.Sc.NURSING(MSN)	2021	87350	3 YEARS	3 YEARS 6 MONTHS	05/06/2024		
4.	MRS.SUJATHA JADHAV	ASSOCIATE PROFESSOR	M.Sc NURSING(OBG)	2015	39889	2 YEARS	9 YEARS 10 MONTHS	04/08/2024		
5.	MR.PRASHANTAKUMAR BADIGER	ASSISTANT PROFESSOR	M.Sc NURSING(MHN)	2020	80515	1 YEAR	4 YEARS 8 MONTHS	18/01/2021		
6.	MR.DANESH NAGARAL	ASSISTANT PROFESSOR	M.Sc NURSING(MSN)	2020	176470	1 YEAR	4 YEARS 8 MONTHS	01/04/2025		
7.	MR.TUKARAM LAMANI	ASSISTANT PROFESSOR	M.Sc NURSING(CHN)	2020	79456	1 YEAR	4 YEARS 8 MONTHS	06/05/2022		
8.	MRS.RANJITHA J S	ASSISTANT PROFESSOR	M.Sc NURSING(MHN)	2020	72832	1 YEAR	4 YEARS 8 MONTHS	01/01/2022		
9.	MRS.SHAMBHAVI KORISHETTI	LECTURER	M.Sc NURSING(OBG)	2023	99752	2 YEAR	2 YEAR 5 MONTHS	21/06/2023		
10.	MRS.TEJASHWINI S T	TUTOR	M.Sc NURSING(OBG)	2024	213098	2 YEAR	1 YEAR 6 MONTHS	30/05/2024		TST
11.	MRS.SAVITA B VANDAL	TUTOR	M.Sc NURSING(OBG)	2024	20300	12 YEARS	1 YEAR	04/08/2025		
12.	MRS.MADHUSHREE PATTAR	TUTOR	M.Sc NURSING(CHN)	2024	108785	2 YEAR	1 YEAR	01/08/2025		
13.	MRS.SHARANAMMA GANJIHAL	TUTOR	M.Sc NURSING(CHN)	2024	122483	1 YEAR	7 MONTHS	01/08/2025		
14.	MS. APSARA KANGALL	TUTOR	M.Sc NURSING(MSN	2024	108780	2 YEAR	7 MONTHS	01/08/2025		
15.	MR. MANJUNATH DODAMANI	TUTOR	P.B.BSc NURSING	2021	212314	3 YEAR 8 MONTHS	-	26/06/2023		

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16.	MRS JAYASHREE MADAR	TUTOR	P.B.BSc NURSING	2021	213471	3 YEARS 8 MONTHS	-	01/08/2022		
17.	MRS VEENA NANDA	TUTOR	P.B.BSc NURSING	2020	197789	4 YEAR 8 MONTHS	-	25/06/2023		
18.	MRS SANJEEVINI KALLIGUDDA	TUTOR	P.B.BSc NURSING	2021	217547	3 YEAR 8 MONTHS	-	12/08/2024		
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

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114.			**NA**							
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116.										

- **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.

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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
1	DR MAHANTESH K AKKI	MBBS,MS(ORTHO)	MICROBIOLOGY	90 HOURS	PART TIME
2	DR ARUNA K AKKI	MBBS,DGO	SOCIOLOGY	80 HOURS	PART TIME
3	DR ANITHA M AKKI	MBBS,DGO	PSYCHOLOGY	80 HOURS	PART TIME
4	DR MOHAN KAMBAD	MBBS ,DCH	NUTRITION	80 HOURS	PART TIME
5	DR SANGANNA CHITAWADGI	MSC (MEDICAL BIOCHEMISTRY)	BIOCHEMISTRY	80 HOURS	PART TIME
6	MR HANAMANTH KANDAGALL	MA BED	ENGALISH	60 HOURS	PART TIME
7	MR.HUCHCHESH M N	MA BED	KANNADA	60 HOURS	PART TIME
8	MS LAXMI P	DIPLOMA COMPUTER SCIENCE	COMPUTOR	30 HOURS	PART TIME

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)	**23,406sq ft**	23406 Sq ft verified
	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	**900sq ft X 4** 3600.	verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300**	
	2. Vice-Principal Chamber	200	**200**	
	3. HOD	5 x 200 = 1000	**1000**	verified
	4. Professor/Assoc. Prof	800+2400=3200	**3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative,	**600**	**600**	

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	clerical staff and PA (s)			
	7. Accountants Office	**100**	**100**	
	8. Store Room	**100**	**100**	
	9. Record room	**100**	**100**	
	10. Room for maintenance staff	**100**	**100**	
	11. Xeroxing room	**100**	**100**	
	12. common room (Girls & Boys)	600+400= 1000	**1000**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000**	
	14. Toilets	1000	**1000**	
	15. A.V/Aids room	600	**600**	

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

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	ZD30103289	40	Yes	Yes	Yes

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300 sq ft	YES ☑ No ☐	ADEQUATE	ADEQUATE	

Total No. of Nursing Books available	**2500**	**No. of Nursing Journals subscribed**	**20**
No. of Thesis/Research titles available	NA	**Is internet facility available for Students?**	**YES**
No of e-books	NA	**How many books were purchased in last financial year?**	**500**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	IRANNA	BSc Lib	5 YEARS	REGULAR
02	SHARANAPPA SHARANAVAR	BSc Lib	7 YEARS	REGULAR

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

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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	**A STUDY TO EVALUATE THE EFFECTIVENESS OF KNOWLEDGE REGARDING BREAST FEEDING AMONG ANTENATAL AND POSTNATAL MOTHERS AT MAHANTESH MULTY SPECIALITY HOSPITAL ILKAL**	Verified
Conferences conducted	-	-
Conferences attended	**LEADING THE WAY:"EMPOWERING NURSES IN DELIVERING COMPREHENSIVE QUALITY PATIENT CARE" ATGOVERNMENT COLLEGE OF NURSING KMCRI,HUBBALLI**	- Verified

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Mis sionary** ☐	
		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: MAHANTESH MULTI SPECIALITY HOSPITAL ILKAL MOU(Registered parent hospital MOU)	100	2KM	82%	Verified
NAME OF THE TRUST/ Person owning The Hospital: V C AKKI SMARAKA SANGHA ILKAL	100	2KM		Verified

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Name Of The Owner Of The Trust of Hospital :DR ARUNA K AKKI		100	2KM		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 SHRI BASAWESHARA CHILDREN HOSPITAL & RESEARCH CENTER NEAR GORBAL NAKA ILKAL-587125	20	3KM	80%	verified
	2	-	-	-	-
	3 (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

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

trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	17	08	06
Surgery including OT	20	18	08	06
Obstetrics & Gynecology	20	18	-	-
Pediatrics,	10	08	04	03
Emergency Medicine	16	14	-	
Psychiatry	-	-	-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy

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18

Major OT	06	05	-	-
Minor OT	06	05	-	-
Dental, Otorhinolaryngology, Ophthalmology	-	-	-	-
Burns and Plastic	-	-	-	-
Neonatology care unit	-	-	-	-
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	-	-
Dermatology	-	-	-	-
Cardiology	02	00	-	-
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	-	-
Nephrology/Urology	-	-	-	-
ICU/ICCU	06	04	-	-
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**	**PRIMARY HEALTH CARE KANDGALL**
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Taluka Hospital ICCU.
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☑ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

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

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

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

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 : 25**	**Boys :**
f.	Total No. of rooms	**Girls : 25**	**Boys :**
g.	Water Supply	**YES** √	**NO**
h.	Electricity Supply	**YES** √	**NO**
i.	Is Facilities available for outdoor games and indoor games?	**YES** √	**NO**
j.	Is Sick room available?	**YES** √	**NO**
k.	Whether the hostel mess is available with	**YES** √	**NO**
l.	Safe drinking water facilities	**YES** √	**NO**

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	✓		

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	-		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	**NA**		
Annexure - 10	List of M.Sc. Nursing Students as per format	**NA**		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	**NA**		

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:

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

UNDERTAKING

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

We have conducted LIC inspection of this college on 12/8/25 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) 12/8/25

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)**

12/8/25

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

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.

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

Affidavit Enclosed

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 12/8/25

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

Affidavit enclosed

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

12/8/25.

LIC observation:

Continuation Affiliation of HALANNA College of Nursing Ilkal (Bagalkot) for BSc 40 seats 2025-26.

Trust: V.C. AKKI Smaraka Sangha
Chairman: Dr. K.V. AKKI with 7 members.

College: Building belongs to Trust.
Built up area 23406 Sq ft (4-class room, 5-Labs, 1-Comp lab
4-V Arc available.

Library - 2500 books, 20 Journals available
2-Librarian available

Hospital: Parent: Mahanteesh Multispeciality Hospital @ 11km
owned by Dr. K.V. Aruna AKKI (Trust Secretary)
ICU - 100 beds, KPME - Level-2.

Affiliated Hospital: Basaveshwara Children Hospital & Research
with 20 beds @ 2km.
PHC - Kandagal (Rural), Taluk Hospital Ilkal (Children)

Vehicle: 1 40 seats bus available

Hostel: Separate for boys & girls @ 1km.

Faculty: Total 18 available
1 - Principal (12yrs Experience)
1 - Vice Principal (10 yrs Experience)
1 - Associate prof
5 - Asst profs
6 - Tutor

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 12/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13913326567222X**
Certificate Issued Date	:	11-Aug-2025 11:32 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ ILKAL5/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842941421789739X
Purchased by	:	Dr ARUNA K AKKI
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr ARUNA K AKKI
Second Party	:	THE PRINCIPAL HALAMMA COLLEGE OF NURSING ILKAL
Stamp Duty Paid By	:	Dr ARUNA K AKKI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

For KARNATAKA STATE CO-OP SOCI
ASSON (R) BANGALURU, Br. ILKAL-5

Authorised Signatory

Area : ... Regd : LICL/156/2012 E.D:28-02-2030 GOVT. OF KARNATAK

Please write or type below this line

UNDERTAKING

I, **Dr. ARUNA .K. AKKI**, is the Owners of the **MAHANTESH MULTI SPECIALITY HOSPITAL** situated at **Opp: I.B. Joshi Galli, Ilkal-587125,** Dt: **Bagalkot.** This is to confirm that our hospital **MAHANTESH MULTI SPECIALITY HOSPITAL** is registered under KPMEA and PCB with **100 beds** and the bonafide certificate has been attached.

..2.

No. of Corrections
Notary

That is to confirm that the hospital **MAHANTESH MULTI SPECIALITY HOSPITAL** is functioning as parent hospital for **HALAMMA COLLEGE OF NURSING.**

We also confirm that our hospital is solely affiliated to **HALAMMA COLLEGE OF NURSING** and **HALAMMA SCHOOL OF NURSING** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

ILKAL.
Dt: 11-08-2025

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

No. of Corrections
Notary

Sworn/Executed before me
N. J. Ramawadagi
Advocate & Notary
Hungund.

NOTARY
N.J. Ramawadgi
Area : Hungund
Regd : LICL/156/2024
E.D:28-02-2030
GOVT. OF KARNATAK

Secretary
V. C. Akki Smarak Sangha's
ILKAL-587125 Dist Bagalkot

Principal
Halamma College of Nursing
ILKAL-587125

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13915623322938X**
Certificate Issued Date	:	11-Aug-2025 11:32 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ ILKAL5/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08429469499933376X
Purchased by	:	Mr AVINASH K AKKI
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Mr AVINASH K AKKI
Second Party	:	THE REGISTER RGUHS BANGALURU
Stamp Duty Paid By	:	Mr AVINASH K AKKI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

For KARNATAKA STATE CO-OP SOCI. ASSON (R) BANGALURU, Br. ILKAL-5

Authorised Signatory

Please write or type below this line

UNDERTAKING by Trust Management

We the Member of the trust *Mr.* **AVINASH .K. AKKI** are submitting the affidavit to University.

The trust **V.C. AKKI SMARAKA SANGHA's** is running / managing the college **HALAMMA COLLEGE OF NURSING, ILKAL** since **5 yrs**, and **HALAMMA SCHOOL OF NURSING** since **20** yrs. ...2

No. of Corrections Nil

Notary

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.

ILKAL.
Dt: 11-08-2025

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

No. of Corrections
Notary

Sworn / Executed before me
N. J. Ramawadagi
Advocate & Notary
Hungund.

NOTARY
N.J. Ramawadagi
Area : Hungund
Regd : LICL/136/2024
E.D:28-02-2030
GOVT. OF KARNATAK

Chairman
V. C. Akki Sevarak Sangha's
ILKAL-587125 Dist: Bagalkot

Principal
Halamma College of Nursing
ILKAL-587125