OD Scan

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. Vinutha Rao	Maheshkumar. G. Loni	G. Punithamani
Designation	Principal	Principal	Principal
Address	MVM CNYS Yelahanka Bangalore - 64	Smt. Padma G madegowda CON. Bharathinagara-571422	St. Mary's college of Nursing, Post Road & B. Extn, Chitradurga
Mobile No	9880181331	9740395203	9986468260
Email ID	drvinuthamvm@gmail.com	maheshgloni@gmail.com	gpunithamani@gmail.com

For the Academic Year : 2025-26 *Date of Inspection: 12/06/2025*

(Please Tick the Appropriate Boxes Below)

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

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	ATLAS COLLEGE OF NURSING 1-1-171 Rao Taleem, Inside Naikaman, Bidar – 585401	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	AL AZIZ WELFARE AND CHARITABLE TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1 Enclosed.		
		Email: atlascollege of Nursing @gmail.com Website: www. Atlascollegebidar.com.		

12/6/25

Signature of Chairman
Dr. Vinutha Rao.

Signature of Member (1)
Prof. Maheshkumar. G. Loni
AC. Member.

Signature of Member (2)
G. Punithamani.
Subject expert

	(b). Name of the Owner of Trust/Society	NISAR AHMED (President)		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 3 3 Years Audit Report (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)		Enclosed Annexure - 2
5	Details of Principal/Head of the institution	Name: U Ashish Qualification: M.Sc Nursing Experience: 12 Email: principal.altascon@gmail.com	Mobile No: 9513707007 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:

Enclosed
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 Affiliation		130,050.00		26,000.00	156,050.00
Post Basic B.Sc. Nursing	—	—	-	—	—	—
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
				Grand Total (A+B+C)		

Online Transaction Number or Details: BD00000007597034 & Ref No: ZCPNQYH09P5T89

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Enclosed Annexure - 5	Enclosed Annexure - 6	Enclosed Annexure - 7	No — Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	0	0	0		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	—

	Sanctioned Intake	—	—	—	—	
	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	0	22	22	16	60
	Female	0	18	18	24	60
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
—	—	—	—	—	—	—

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

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
—	—	—	—	—	—	—

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

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

12. Teaching Faculty Requirements for all Nursing Programs: Enclosed.

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	--		8									
	Total	**16-24**	**24-40**	**4-12**			16									

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

(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
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

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.	U ASHISH	PRINCIPAL	MSC MEDICAL SURGICAL	2014	26347	02	11	04/07/2022	YES	
2.	RAJESHWARI	VICE-PRINCIPAL	MSC PSYCHIATRIC NURSING	2019	49259	05	06	01/11/2022	YES	
3.	J L GLORY	PROFESSOR	MSC OBG NURSING	2021	RR ANP 2009 2220 KAR	10	03	03/02/2025	YES	
4.	MOHAN	TUTOR	MSC MEDICAL SURGICAL NURSING	2019	105689	05	06	03/01/2025	YES	
5.	KOUSHIKA	TUTOR	MSC MEDICAL SURGICAL NURSING	2021	78671	02	04	01/05/2023	YES	
6.	PRADEEP BS	TUTOR	MSC PAEDIATRIC NURSING	2015	40051	03	09	01/06/2023	YES	
7.	SHARANABASAVA	TUTOR	MSC PAEDIATRIC NURSING	2013	5492	03	10	01/07/2022	YES	Leave
8.	KETHIREDDI	TUTOR	MSC OBG	2021	ANP 2024 10899	06	04	15/02/2024	YES	
9.	DONALD	TUTOR	BSC NURSING	2011	044291	14		05/05/2022	YES	
10.	RACHEL RANI	TUTOR	BSC NURSING	2014	69607	11		05/09/2022	YES	
11.	MUDRUS KHAN	TUTOR	PBBSC NURSING	2015	130513	09		01/06/2022	YES	
12.	BHAGYESHWARI	TUTOR	PBBSC NURSING	2020	143020	04		01/02/2022	YES	
13.	MD IRSHAD QUADRI	TUTOR	PBBSC NURSING	2014	112424	08		05/01/2025	YES	

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

PRINCIPAL
Atlas College of Nursing
BIDAR-585 401

14.	SRIKANT	TUTOR	BSC NURSING	2010	31663	12		05/01/2025	YES	
15.	SUMAIYA SADAF	TUTOR	BSC NURSING	2025	176172	0.5		05/01/2025	YES	Leave.
16.	KALAVATHI	TUTOR	BSC NURSING	2013	58387	11		01/04/2024	YES	
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

PRINCIPAL
Atlas College of Nursing
BIDAR-585 401

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

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

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

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

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

14. Physical Facilities : Available

Enclosed

14.1. College Building: Available

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.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	**Available**	Enclosed.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**N/A**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**N/A**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**N/A**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**Available**	Enclosed
	2. Vice-Principal Chamber	200	**Available**	Enclosed
	3. HOD	5 x 200 = 1000	**Available**	Enclosed
	4. Professor/Assoc. Prof	800+2400=3200	**Available**	Enclosed
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**Available**	Enclosed
	7. Accountants Office		**Available**	Enclosed
	8. Store Room		**Available**	Enclosed
	9. Record room		**Available**	Enclosed
	10. Room for maintenance staff		-	
	11. Xeroxing room		-	
	12. common room	1000	**Available**	Enclosed
	13. Seminar hall	3000	**Available**	Enclosed
	14. Toilets	1000	**Available**	Enclosed
	15. A.V/Aids room	600	**Available**	Enclosed

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

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)

Enclosed
Annexure – 12

Building Documents:

1. **Is the college building own or leased / rented?** own
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

Enclosed
Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	KA-38-A-2471 KA-38-A-6443	32 07	Yes	Yes	Yes

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

16. Library facility : Enclose list of library books

Enclosed
Annexure - 14

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

Total No. of Nursing Books available	2000	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available		**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	400

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Sadullah Khan	M.Lib	12	Enclosed

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		
Conferences conducted		
Conferences attended		

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

18. **Details of Clinical / Hospital Facilities :**

Enclosed
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**	**On Trust Available**
		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 A N Hospital Fort Road Bidar - 585401		100	2KM	85%	
NAME OF THE TRUST/ Person owning The Hospital		Nisar Ahamed			
Name Of The Owner Of The Trust of Hospital		Nisar Ahmed			
Affiliated hospitals- Full Name & Address of the Parent	1				
	2				

(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

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

be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

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

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17 Enclosed	
RURAL FILELD		
a. Name of CHC / PHC / SC	**Kumbarwada PHC**	
Adopted / Affiliated	**Affiliated**	
Administrate red by	✓ **State Govt.** **Municipal Corporation** **Private**	
Distance from the Nursing Institute	**3 KM**	
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC	**Bidri Colony**	
Adopted / Affiliated	**Affiliated**	
Administrate red by	✓ **State Govt.** **Municipal Corporation** **Private**	
Distance from the Nursing Institute	**3KM**	
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 18** Enclosed		
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** Enclosed		
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** ☐

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

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** Enclosed		
a.	Whether the college is having a separate Hostel?	✓ YES	NO ☐
b.	Built-up area of the Hostel	Sq.ft: 20982/-	
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 : 0	Boys : 0
f.	Total No. of rooms	Girls : 10	Boys : 10
g.	Water Supply	✓ YES	NO ☐
h.	Electricity Supply	✓ YES	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	✓ YES	NO ☐
j.	Is Sick room available?	✓ YES	NO ☐
k.	Whether the hostel mess is available with	✓ YES	NO ☐
l.	Safe drinking water facilities	✓ YES	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	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	N/A	
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	N/A	
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A	
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 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	✓	

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

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	**N/A**	

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 at Atlas College of Nursing on 12/6/25 following observations were made.

Infrastructure

- Building documents were varified and found correct
- Classrooms were well ventilated and sufficient in numbers

Academic

- Labs were well equipped.
- Library has sufficient books.

Clinical.

- College has a parent hospital named by AN Hospital and KPME & PCB is enclosed.
- All other necessary documents are enclosed for your persual.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at **Atlas College of Nursing, Bidar** *which has applied for continuation of affiliation for the academic year 2025-26.*

We have conducted LIC inspection of this college on **12-06-2025** *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/2025-26, dated:* **12/06/2025,** *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	***A C Member***	***Subject Expert***
(Chairman)	***(Member)***	***(Member)***
Signature of Chairman	**Signature of Member (1)**	**Signature of Member (2)**

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

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

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

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

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

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

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

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

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

FACULTY LEAVE APPLICATION FORM

To,
The Principal
Atlas College of Nursing

Subject: Application for Leave

Respected Sir/Madam,

I, Mr./Ms. Kalavati, working as Faculty in the Nursing Department, request leave for 02 day(s) from 12/05/2025 to 13/05/2025 due to Personal reason.

I kindly request you to grant me leave for the mentioned period.

Thanking you,
Yours sincerely,

Signature: Kalavati

Date: 11/05/2025

Approved

PRINCIPAL
Atlas College of Nursing
BIDAR-585 401

FACULTY LEAVE APPLICATION FORM

To,
The Principal
Atlas College of Nursing

Subject: Application for Leave

Respected Sir/Madam,

I, Mr./Ms. Sharanabasava, working as Faculty in the Nursing Department, request leave for 03 day(s) from 12/05/2025 to 14/05/2025 due to Personal Reason.

I kindly request you to grant me leave for the mentioned period.

Thanking you,
Yours sincerely,

Signature:

Date: 11/05/2025

Approved

PRINCIPAL
Atlas College of Nursing
BIDAR-585 401