



**Rajiv Gandhi University of Health Sciences, Karnataka**

**4<sup>th</sup> '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                        | Dr. Veeresh. K. Hanthinal | Dr. Thapresh. T. M. J                                   | Dr. Mohamud Shaikh Ismail            |
| Designation                 | Associate Professor       | Principal                                               | Principal                            |
| Address                     | KHIPMS Gadag              | Sri Nimmagundi LN<br>Sri Degula Neta Capu<br>Bembehupna | Hitech City and<br>Kadabwagi         |
| Mobile No                   | 9620151813                | 9964186585                                              | 8050872232                           |
| Email ID                    | veereshb1@<br>gmail.com   | thapresh.tjgellimutt@<br>gmail.com                      | shaikh.ismail,<br>shaikh28@gmail.com |

**Inspection For the Academic Year : 2025-26**

**Date of Inspection: 09/08/2025**

**(Please Tick the Appropriate Boxes Below)**

|                            |                                           |   |                           |  |
|----------------------------|-------------------------------------------|---|---------------------------|--|
| <b>Type of Inspection:</b> | 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. |   |                           |  |

|                                            |                        |   |                             |  |
|--------------------------------------------|------------------------|---|-----------------------------|--|
| <b>Nursing Programme Under Inspection:</b> | 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                               | INDIRA PRIYADARSHINI COLLEGE OF NURSING,<br>No.13, Ratnagiri Building, Basavanagar<br>BIDAR-585403                                                                                | 2 | Year of Establishment | 2020-21 |
| 2 | Status of the course conducting body                                    | Government / University / Autonomous / Municipal Corporation /<br>Missionary / Trust / Society / Company                                                                          |   |                       |         |
| 3 | (a). Name of the Trust/Society & complete postal address & Phone number | JNANA GANGA VIDYA PEETHA (R)<br>* 9-12-566, Raj Rajeshwari Nilaya Vidyanagar colony<br>BIDAR-585403 (Enclose copy of Registration documents of Society/Trust) <b>Annexure – 1</b> |   |                       |         |
|   | Email:                                                                  | Website:                                                                                                                                                                          |   |                       |         |
|   | Office No: 08482-220485                                                 | Mobile No: 9448467800                                                                                                                                                             |   |                       |         |

Signature of Chairman

Dr. Veeresh  
K. Hanthinal

Signature of Member (1)

Dr. Thapresh  
T. M. J

Signature of Member (2)

Dr. Mohamud  
Shaikh Ismail

|   |                                                                                                                    |                                                                                                                                                               |                                                                                      |                                                                                                                                                                                                           |
|---|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | (b). Name of the president/Secretary/Chairman of Trust/Society & Phone No                                          | Mr. Basavaraj Hede<br>9448467800                                                                                                                              |                                                                                      |                                                                                                                                                                                                           |
| 4 | Governing Council & Audit Report of Trust                                                                          | Total Number of Members in Governing Council : 09 Members.<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) <b>Annexure - 2</b> |                                                                                      |                                                                                                                                                                                                           |
| 5 | a) Details of Principal/Head of the institution (After MSc)                                                        | Name: Dr. Ashwini Patil<br>Qualification: MSc, Ph.D<br>Experience after MSc: 11 years<br>Email: ipconbidar@gmail.com                                          | Mobile No: 9535622445<br>Office No: 08482-220485<br>Fax No:<br>Residential phone No: |                                                                                                                                                                                                           |
|   | b) Drawing authority of the college                                                                                | Secretary / Principal                                                                                                                                         |                                                                                      |                                                                                                                                                                                                           |
| 6 | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | YES<br><input type="checkbox"/>                                                                                                                               | NO<br><input checked="" type="checkbox"/>                                            | If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.<br>(Verify & enclose a copy of the registered trust Documents)<br><b>Annexure - 3</b> |

#### 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<br>a) only for UG or<br>b) for UG and PG courses<br>c) NPCC |                |
| B.Sc. Nursing                         | ✓                                  | Rs. 40,000/-                                  | Rs. 15,000/-<br><del>Rs. 25,000/-</del> | Rs. 20,000/-           | Rs. 25,000/-                                                                 | Rs. 1,25,000/- |
| Post Basic B.Sc. Nursing              |                                    |                                               |                                         |                        |                                                                              |                |
| <b>Total (A)</b>                      |                                    |                                               |                                         |                        |                                                                              |                |
| PG Course:- (M.Sc. Nursing)           | P G Continuation/Fresh Affiliation | No of Seats X Prescribed fees of each faculty |                                         |                        |                                                                              |                |
|                                       | 1.                                 |                                               |                                         |                        |                                                                              |                |
|                                       | 2.                                 |                                               |                                         |                        |                                                                              |                |
|                                       | 3.                                 |                                               |                                         |                        |                                                                              |                |
|                                       | 4.                                 |                                               |                                         |                        |                                                                              |                |
|                                       | 5.                                 |                                               |                                         |                        |                                                                              |                |
| <b>Total (B)</b>                      |                                    |                                               |                                         |                        |                                                                              |                |
| NPCC                                  |                                    |                                               |                                         |                        |                                                                              |                |
| <b>Total (C)</b>                      |                                    |                                               |                                         |                        |                                                                              |                |
| <b>Grand Total (A+B+C)</b>            |                                    |                                               |                                         |                        |                                                                              |                |
| Online Transaction Number or Details: |                                    |                                               |                                         |                        |                                                                              |                |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

**8. Approval Status of the Institution & Sanctioned Intake:**

| Name of the Course                                                                                                                                                                                                                      | Intake Approved and Admitted                  | GOK                                                      | RGUHS                                                | KSNC                                                 | INC          | Remarks |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--------------|---------|
| Basic B.Sc. Nursing                                                                                                                                                                                                                     | Approval Letter No. and Date                  | MED 64 MSF 2021 Bangalore Dt. 17-02-2021<br>Annexure - 5 | RGUHS/APP/1826/2020-21 Dt. 23/2/2021<br>Annexure - 6 | KSNC/KMC: 1826/2020-21 Dt. 10-3-2021<br>Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                                                                         | Affiliation Sanctioned Intake                 | 40                                                       | 40                                                   | 40                                                   |              |         |
|                                                                                                                                                                                                                                         | Admissions Made for the Current Academic Year | Admission under process.                                 |                                                      |                                                      |              |         |
| 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<br>a. Community Health <input type="checkbox"/><br>b. Medical Surgical <input type="checkbox"/><br>c. OBG <input type="checkbox"/><br>d. Paediatric <input type="checkbox"/><br>e. Psychiatry <input type="checkbox"/> | 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<br>for the Current<br>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   | 10     | 21      | 13       | 22      | 66    |
|                            | Female | 30     | 19      | 12       | 17      | 78    |
| Post Basic B.Sc<br>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<br>Registration<br>Number | Residence Address | Place & Address of work<br>at the time of admission<br>(verify with experience<br>certificate and relieving<br>order) | Board /<br>University<br>from where<br>last exam was<br>qualified | Duration of<br>Course with<br>dates<br>From-----<br>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<br>Registration<br>Number | Residence Address | Place & Address of work<br>at the time of admission<br>(verify with experience<br>certificate and relieving<br>order) | Board /<br>University<br>from where<br>last exam was<br>qualified | Duration of<br>Course with<br>dates<br>From-----<br>To----- |
|--------|---------------------|-------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|
|        |                     |                                           |                   |                                                                                                                       |                                                                   |                                                             |

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

**Remarks:**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

| Sl. No | Designation         | Required |           |            |            |            |               |           | Existing / Available |          |               |          | Deficit |          |               |          |           |  |
|--------|---------------------|----------|-----------|------------|------------|------------|---------------|-----------|----------------------|----------|---------------|----------|---------|----------|---------------|----------|-----------|--|
|        |                     | B.Sc (N) |           |            |            |            | P.B. B.Sc (N) | M.Sc (N)* | M.Sc NPCC            | B.Sc (N) | P.B. B.Sc (N) | M.Sc (N) | NPCC    | B.Sc (N) | P.B. B.Sc (N) | M.Sc (N) | M.Sc NPCC |  |
|        |                     | 40 to 60 | 61 to 100 | 101 to 150 | 151 to 200 | 201 to 250 | 20 to 60      |           |                      |          |               |          |         |          |               |          |           |  |
| 1      | Principal           | 1        | 1         |            |            |            |               |           |                      |          |               |          |         |          |               |          |           |  |
| 2      | Vice-Principal      | 1        | 1         |            |            |            |               |           |                      |          |               |          |         |          |               |          |           |  |
| 3      | Professor           | 1        | 1-2       |            |            |            |               | 1*        |                      |          |               |          |         |          |               |          |           |  |
| 4      | Associate Professor | 2        | 2-4       |            |            |            |               | 1*        |                      |          |               |          |         |          |               |          |           |  |
| 5      | Assistant Professor | 3        | 3-8       |            |            |            | 2             | 3*        |                      |          |               |          |         |          |               |          |           |  |
| 6      | Tutor               | 8-16     | 16-24     |            |            |            | 2-10          | --        |                      |          |               |          |         |          |               |          |           |  |
|        | Total               | 16-24    | 24-40     |            |            |            | 4-12          |           |                      |          |               |          |         |          |               |          |           |  |

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

**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 1<sup>st</sup> Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

| Intake                     | 1 <sup>st</sup> Year                                                         | 2 <sup>nd</sup> Year                                                          | 3 <sup>rd</sup> Year                                                           | 4 <sup>th</sup> Year                                                           |
|----------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>40 Students Intake</b>  | <b>Total 5 Faculty</b><br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors  | <b>Total 8 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors   | <b>Total 12 Faculty</b><br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors   | <b>Total 16 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors   |
| <b>60 Students Intake</b>  | <b>Total 6 Faculty</b><br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors  | <b>Total 12 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors  | <b>Total 18 Faculty</b><br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors  | <b>Total 24 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors  |
| <b>100 Students Intake</b> | <b>Total 10 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | <b>Total 20 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | <b>Total 30 Faculty</b><br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | <b>Total 40 Faculty</b><br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 150 students intake        |                                                                              |                                                                               |                                                                                |                                                                                |
| 200 students intake        |                                                                              |                                                                               |                                                                                |                                                                                |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|                                                  |  |  |  |  |
|--------------------------------------------------|--|--|--|--|
| 250 students                                     |  |  |  |  |
| * Aadhar based biometric attendance for students |  |  |  |  |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

| Sl. No | Name of the teaching Faculty | Designation     | Qualification along with specialty | Year of passing | KSNC Reg. Number | Teaching experience | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|--------|------------------------------|-----------------|------------------------------------|-----------------|------------------|---------------------|-----------------|-----------------------------|----------------------|
|        |                              |                 |                                    |                 |                  | After UG            | After PG        |                             |                      |
| 1.     | Dr. Ashwini Patil            | Principal       | MSc (Engg) Phd                     | 2014            | 0029931          | 12 yrs              | 15 yrs          |                             |                      |
| 2.     | Ms. Prabhudena S.K           | Vice-Principal  | MSc (Engg)                         | 2011            | 0015862          | 13 yrs              | 10 yrs          |                             |                      |
| 3.     | Mrs. Sartaj S.               | Professor       | MSc (Engg)                         | 2019            | 0733231          | 05 yrs              | 04 yrs          |                             |                      |
| 4.     | Mr. Anand Pujari             | Asst. Professor | "                                  | 2017            | 0038433          | 07 yrs              | 05 yrs          |                             |                      |
| 5.     | Mrs. Palwade Ashwini         | "               | "                                  | 2020            | XVI 21258 24462  | 04 yrs              | 03 yrs          |                             |                      |
| 6.     | Mrs. Sabale Priyanka         | "               | "                                  | 2020            | XVI 2158 24462   | 04 yrs              | 03 yrs          |                             |                      |
| 7.     | Mrs. Seema Jandhy            | "               | "                                  | 2019            | 0111919          | 05 yrs              | 04 yrs          |                             |                      |
| 8.     | Mr. Mahamallappa             | "               | "                                  | 2020            | 0021409          | 06 yrs              | 05 yrs          |                             |                      |
| 9.     | Mrs. J.L. Glory              | Tutor           | "                                  | 2021            | RR 113P 2009220  | 04 yrs              | 03 yrs          |                             |                      |
| 10.    | Mrs. Chaitra K.B.            | "               | "                                  | 2021            | 0064664          | 04 yrs              | 03 yrs          |                             |                      |
| 11.    | Mr. Gurusaj Kumbhar          | "               | BSc (Engg)                         | 2010            | 0029394          | 04 yrs              | -               |                             |                      |
| 12.    | Mr. Pralad Bhole             | "               | "                                  | 2010            | 0032486          | 06 yrs              | -               |                             |                      |
| 13.    | Mr. Santoshkumar             | "               | "                                  | 2019            | 009208           | 05 yrs              | -               |                             |                      |
| 14.    | Mr. Abhishek Luktay          | "               | "                                  | 2022            | 133528           | 03 yrs              | -               |                             |                      |
| 15.    | Mr. Prashanth.               | "               | "                                  | 2022            | 185004           | 03 yrs              | -               |                             |                      |
| 16.    | Mrs. Anitabai                | "               | "                                  | 2022            | 180331           | 03 yrs              | -               |                             |                      |
| 17.    |                              |                 |                                    |                 |                  |                     |                 |                             |                      |
| 18.    |                              |                 |                                    |                 |                  |                     |                 |                             |                      |
| 19.    |                              |                 |                                    |                 |                  |                     |                 |                             |                      |
| 20.    |                              |                 |                                    |                 |                  |                     |                 |                             |                      |
| 21.    |                              |                 |                                    |                 |                  |                     |                 |                             |                      |
| 22.    |                              |                 |                                    |                 |                  |                     |                 |                             |                      |

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             | Verified by LIC team |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|----------------------|
| 1     | Built – up area of the building (in Sq. Ft)                                                                                                                                                                                                                                                                                                              | 23,200sq.ft ( 40 – 60 intake ) | 23,925 sq.ft         |                      |
|       | <b>Note:</b> 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     | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft                                                                                                                                                                                                                                                              | 4 Class rooms<br>900sq ft Each | 1200 sq.ft each      | Photo Copy Enclosed  |
|       | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                 | 2 Class rooms<br>600sq ft Each |                      |                      |
|       | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                     | 2 Class rooms<br>600sq ft Each |                      |                      |
|       | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                          | 2 Class rooms<br>600sq ft Each |                      |                      |
| 3     | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                         |                                |                      |                      |
|       | <b>Office</b>                                                                                                                                                                                                                                                                                                                                            |                                |                      |                      |
|       | 1. Principal's Chamber                                                                                                                                                                                                                                                                                                                                   | 300                            | 300 sq.ft            |                      |
|       | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                                | 200                            | 225 sq.ft            |                      |
|       | 3. HOD                                                                                                                                                                                                                                                                                                                                                   | 5 x 200 = 1000                 | 5 x 200 = 1000 sq.ft |                      |
|       | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                 | 800+2400=3200                  | 800+2400 = 3200      |                      |
|       | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                      |                                |                      |                      |
|       | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                        |                                |                      |                      |
|       | 6. Office of Administrative, clerical staff and PA (s)                                                                                                                                                                                                                                                                                                   | 600                            | 600 sq.ft            |                      |
|       | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                    | 100                            | 120 sq.ft            |                      |
|       | 8. Store Room                                                                                                                                                                                                                                                                                                                                            | 100                            | 120 sq.ft            |                      |
|       | 9. Record room                                                                                                                                                                                                                                                                                                                                           | 100                            | 100 sq.ft            |                      |
|       | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                           | 100                            |                      |                      |
|       | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                        | 100                            | 120 sq.ft            |                      |
|       | 12. common room ( Girls & Boys)                                                                                                                                                                                                                                                                                                                          | 600+400= 1000                  | 1200 sq.ft           |                      |
|       | 13. Multipurpose hall / Seminar hall/ examination hall                                                                                                                                                                                                                                                                                                   | 3000                           | 3000 sq.ft           |                      |
|       | 14. Toilets                                                                                                                                                                                                                                                                                                                                              | 1000                           | 600+600 = 1200 sq.ft |                      |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|                   |     |  |  |
|-------------------|-----|--|--|
| 15. A.V/Aids room | 600 |  |  |
|-------------------|-----|--|--|

| S. No | Details                                                                  | Required          | Existing   | Verified by LIC team       |
|-------|--------------------------------------------------------------------------|-------------------|------------|----------------------------|
| 4     | <b>LABORATORIES</b>                                                      | ( 40-60 intake) . |            |                            |
|       | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft        | 1600 sq.ft | verified and found correct |
|       | Nutrition & Community Health Nursing                                     | 1200sq.ft         | 1200 sq.ft |                            |
|       | Obstetrics and Gynecology Laboratory                                     | 900sq.ft          | 1000 sq.ft |                            |
|       | Pediatrics Nursing Laboratory                                            | 900sq.ft          | 900 sq.ft  |                            |
|       | Pre-Clinical Sciences Laboratory                                         | 900sq.ft          | 900 sq.ft  |                            |
|       | Computer Lab<br>(1: 5 computer :student)                                 | 1500sq.ft         | 1200 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                                  | verified Doc             |
| 2     | Is the college building own or leased ?                                       | - " -                    |
| 3     | Blue print of the building plan approved and attested by competent authority. | - " -                    |
| 4     | Building construction license from competent authority                        | - " -                    |
| 5     | Tax paid receipt (Latest / current year)                                      | - " -                    |
| 6     | Occupancy certificate.                                                        | - " -                    |
| 7     | Sale deed / Lease deed of the building / Land.                                | - " -                    |
| 8     | Land Conversion order from DC                                                 | - " -                    |
| 9     | Town planning/Authorities approval order                                      | - " -                    |

**It is mandatory to enclose all the documents mentioned above.**

**Note:**

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

Signature of Chair man

Signature of Member (1)

Signature of Member (2)

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.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                       | KA38 4512                   | 40               | ✓ Yes / No | ✓ Yes / No | ✓ Yes / No       |

**16. Library facility :** Enclose list of library books

**Annexure - 14**

| Library Facilities     | Existing Size in Sq ft | Separate Library                                                    | Ventilation | Lighting | Verified by LIC team |
|------------------------|------------------------|---------------------------------------------------------------------|-------------|----------|----------------------|
| Required<br>2300 Sq.Ft | 2300 Sq.ft             | YES <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes         | Yes      |                      |

|                                         |      |                                                       |      |
|-----------------------------------------|------|-------------------------------------------------------|------|
| Total No. of Nursing Books available    | 2800 | No. of Nursing Journals subscribed                    | 3    |
| No. of Thesis/Research titles available |      | Is internet facility available for Students?          | yes. |
| No of e-books                           | 3    | How many books were purchased in last financial year? | 480  |

| S. No. | Name of the Librarian | Qualification       | Experience | Remarks |
|--------|-----------------------|---------------------|------------|---------|
| 01     | Mr. Eshwar            | B.L.I Sc.(M.L.I Sc) | 10 years   |         |
| 02     | Mr. Madhukar          | B.Lib.              | 06 years   |         |
|        |                       |                     |            |         |

**Note :** A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/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   | — o —       | —       |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|                       |                                                                                   |                                                                                     |
|-----------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Conferences conducted |  |  |
| Conferences attended  |  |  |

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

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

Annexure - 16

|   |                                     |                                                                                                            |                                        |
|---|-------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 | Do you have parent Medical College? | YES <input type="checkbox"/>                                                                               | NO <input checked="" type="checkbox"/> |
| 2 | Do you have parent hospital?        | YES <input checked="" type="checkbox"/>                                                                    | NO <input type="checkbox"/>            |
|   | If Yes, Hospital Owned by           | i. Trust/Society/Missionary <input type="checkbox"/><br>ii. Trust member with MOU <input type="checkbox"/> |                                        |

| 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<br><i>Janani Hospital</i> | <i>100</i>                                              | <i>02 kms</i>                        |                                              | <i>yes</i>           |
| MOU( Registered parent hospital MOU)                                 |                                                         |                                      |                                              |                      |
| NAME OF THE TRUST/ Person owning The Hospital                        | <i>Dr. Poorvima Hede</i>                                | <i>JNANA GANGA VIDYA PREETHA (R)</i> |                                              | <i>yes</i>           |
| Name Of The Owner Of The Trust of Hospital                           | <i>Dr. Poorvima. Hede</i>                               |                                      |                                              | <i>yes</i>           |
| Affiliated hospitals- Full Name & Address of the Parent Hospital     | 1 <i>Gout. Hospital BRIMS, BIDAR</i>                    | <i>800</i>                           | <i>02 KM.</i>                                | <i>yes</i>           |
|                                                                      | 2 <i>Dr. Vishwas Memorial Hospital Gurunagar, Bidar</i> | <i>100</i>                           | <i>02 KM.</i>                                | <i>yes</i>           |
|                                                                      | 3                                                       |                                      |                                              |                      |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|  |                                  |  |  |  |  |
|--|----------------------------------|--|--|--|--|
|  | (MOU/Clinical permission letter) |  |  |  |  |
|--|----------------------------------|--|--|--|--|

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

**NOTE:**

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore 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} 5<sup>th</sup> July, 2021 F.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} 5<sup>th</sup> 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:**

*noted & attached copies*

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                                            |             |               |             |               |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|           |  |  |  |  |
|-----------|--|--|--|--|
| Any other |  |  |  |  |
|-----------|--|--|--|--|

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

|                                                                                                  |                                                |                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| <b>19</b>                                                                                        | <b>COMMUNITY HEALTH NURSING :Annexure - 17</b> |                                                                                                                                 |  |
| <b>RURAL FILELD</b>                                                                              |                                                |                                                                                                                                 |  |
| <b>a. Name of CHC / PHC / SC</b>                                                                 |                                                | Primary Health centre Jamwadga                                                                                                  |  |
| Adopted / Affiliated                                                                             |                                                |                                                                                                                                 |  |
| Administrate red by                                                                              |                                                | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                              |                                                | 10 KM.                                                                                                                          |  |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                            |                                                | All Govt. Programmes                                                                                                            |  |
| <b>URBAN FEILD :</b>                                                                             |                                                |                                                                                                                                 |  |
| <b>a. Name of CHC / PHC / SC</b>                                                                 |                                                | Urban Primary Health centre Bidri colony Bidar                                                                                  |  |
| Adopted / Affiliated                                                                             |                                                |                                                                                                                                 |  |
| Administrate red by                                                                              |                                                | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                              |                                                | 02 KM.                                                                                                                          |  |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                            |                                                |                                                                                                                                 |  |
| N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached. |                                                |                                                                                                                                 |  |

|           |                                                        |                                         |                                        |  |
|-----------|--------------------------------------------------------|-----------------------------------------|----------------------------------------|--|
| <b>20</b> | <b>Master Rotation Plan : Annexure - 18</b>            |                                         |                                        |  |
| a.        | Basic B.Sc. Nursing                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |  |
| b.        | Post Basic B.Sc. Nursing                               | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |  |
| c.        | M.Sc. Nursing                                          | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |  |
| <b>21</b> | <b>Time Table available for all Nursing Programmes</b> |                                         |                                        |  |
| a.        | Basic B.Sc. Nursing                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |  |
| b.        | Post Basic B.Sc. Nursing                               | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |  |
| c.        | M.Sc. Nursing                                          | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |  |

|           |                                                                                      |                                         |                             |  |
|-----------|--------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|--|
| <b>22</b> | <b>Records of Students : Are the following students records are maintained well?</b> |                                         |                             |  |
| a.        | Admission record                                                                     | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| b.        | Daily Attendance Registers                                                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| c.        | Health Records                                                                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| d.        | Clinical and field experience record                                                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| e.        | Practical record books - procedure record                                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |

Signature of Chair man

Signature of Member (1)

Signature of Member (2)

|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| f. | Practical record books - Midwifery case book | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| g. | Leave record                                 | YES <input type="checkbox"/>            | NO <input type="checkbox"/> |

|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| h. | Extracurricular activities of students       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| i. | Cumulative record of each                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j. | Course planning of each subject              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| k. | Rotation plans                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l. | Committee Meetings                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m. | Affiliation records                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| n. | Records of Stock                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| o. | Annual report of activities and achievements | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| p. | Staff development programmes                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| q. | Anti ragging committee                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| r. | Student welfare committee                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| s. | POSHE Committee                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| t. | Prevention of Gender harassment committee    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                                                     |                                         |                                                   |
|----|---------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| 23 | <b>Hostel Facilities :Annexure - 12</b>                             |                                         |                                                   |
| a. | Whether the college is having a separate Hostel?                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| b. | Built-up area of the Hostel                                         | Sq.ft                                   |                                                   |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own <input type="checkbox"/>            | Rented/Leased <input checked="" type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| e. | Total No. of students in the hostel                                 | Girls :                                 | Boys :                                            |
| f. | Total No. of rooms                                                  | Girls :                                 | Boys :                                            |
| g. | Water Supply                                                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| h. | Electricity Supply                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| i. | Is Facilities available for outdoor games and indoor games?         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| j. | Is Sick room available?                                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| k. | Whether the hostel mess is available with                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| l. | Safe drinking water facilities                                      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|               |                                                                               |     |   |  |
|---------------|-------------------------------------------------------------------------------|-----|---|--|
|               | affiliated hospitals.                                                         | yes | - |  |
| Annexure - 17 | Details of Community Health Nursing Posting Facilities                        | yes | - |  |
| Annexure - 18 | Master Rotation plans and Time tables                                         | yes | - |  |
| Annexure - 19 | List of Teachers with their Declaration forms & necessary documents           | yes | - |  |
| Annexure -20  | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise | yes | - |  |

**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:**

Continuation of Affiliation for A.Y. 2025-26

REUHS LIC team visited to INDIRA PRIYADARSHINI COLLEGE of NURSING BIDAR. on 09/08/2025 and the following observations were done on the day of inspection.

The college verified in the EPS location app and checked the fee paid details of Continuation of affiliation.

→ The 40 seats sanctioned for RNK, REUHS, & KNC and under the process of admission for current year and 144 students enrolled in the all four years.

— The college having 16 teaching faculties including Principal, Vice principal, Professor 1, & 5 Assistant Professors, 8 tutors. Staff declaration form verified and enclosed the on the day of inspection.

The college having 23.925 sqft building including 4 classrooms and laboratories like F&N, Nutrition, Community health Nsg, ORB Nsg, Child Health Nsg, Pre clinical labs and having instruments, equipments, models and manikins. observed. The college has separate boys & girls hostel. The library having adequate space including books. Clinical facilities having 100 bedded hospital.

verified and enclosed

Bidar. and related documents

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 \_\_\_\_\_ which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

  
Senate Member  
(Chairman)

  
A C Member  
(Member)

  
Subject Expert  
(Member)

  
Signature of Chairman

Signature of Member (1)

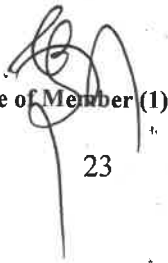
Signature of Member (2)

**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 the 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: Dishank 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)



## UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust are submitting the affidavit to University.

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\***

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU  
4<sup>th</sup> T Block, Jayanagar, Bengaluru – 560 041

## 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.

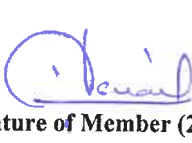
We also confirm that our hospital is solely affiliated to \_\_\_\_\_  
\_\_\_\_\_ college and is not affiliated to any other  
nursing college.

The information provided by us is true and correct.

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

  
Signature of Chairman

  
Signature of Member (1)  
25

  
Signature of Member (2)

*[Large handwritten mark, possibly a stylized 'V' or a large checkmark, spanning across the upper half of the page.]*

*[Handwritten signature in blue ink.]*

Signature of Chairman

*[Handwritten signature in blue ink.]*

Signature of Member (1)

*[Handwritten signature in blue ink.]*

Signature of Member (2)