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

OB

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr.Basavraj Savadi	Dr.Rajasekaran S	Mrs.Jayashree Itti
Designation	Principal	Principal	Professor
Address	Spoorthi Ayurveda Medical College Gangavati	Ikon Pharmacy College, Bidadi Bangalore	Sri BVVS's Sangh INS, Bagalkot
Mobile No	9845646885	9241033201	9448187697
Email ID	drssavadi123@gmail.com	rajasekaranpharm@gmail.com	

For the Academic Year : 2025-2026 *Date of Inspection:* 13.08.2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	√	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

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	Vinay Hubballi College of Nursing, Near 3rd Railway Gate, Khanapur Road, Belagavi-590006	2	Year of Establishment: 2020
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / √ Missionary /Trust/Society /Company		
3	Name of the Trust & complete postal address (if private)	Jana Seva Samiti ® Nandishwar Nagar, Kalasapur Road, Gadag-5821010 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: vcon.bgm@gmail.com	Website: NIL	

Signature of Chairman — Dr B S Savadi 13/8/25

Signature of Member (1) — 13/8/25 Dr S Rajasekaran

Signature of Member (2) — 13/8/25 Prof. Jayashri A. Itti

5	**Details of Principal/Head of the institution**	**Name: R.Senthamarai Rani** **Qualification: M.sc Nursing** **Experience:** **Email: senthamsc@gmail.com**		**Mobile No: 7415609776** **Office No:** **Fax No:** **Residential phone No:7483588865**
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

Kuramma College of Nursing Gadag - Enclosed -

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	Continuation affiliation 1,30000=00	**Affilation processing fess 50=00**	**application fess 1000=00**		**25,000=00**	**1,56050=00**
Post Basic B.Sc. Nursing		NA				
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.	—		—		
	2.	—		—		
	3.	NA				
	4.	—		—		
	5.	—		—		
		—		**Total (B)**		
NPCC						
				Total (C)		
					Grand Total (A+B+C)	1,56050

Online Transaction Number or Details:ZSBITNH093P8TA-1,56050=00

Remarks: verified ENCLOSED

Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman 13/8

Signature of Member (1) 13/8/25

Signature of Member (2) 13/8/25

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 105 MPS 2021	RGU/AFF/Fr/N497/2020-2021	KNC:1849:2020-21	INPROCESS	
	Affiliation Sanctioned Intake	40	40	40	INPROCESS	
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	11	5	3	12	31
	Female	29	35	15	28	107
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks: ENCLOSED

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		1									
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**			12									

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

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

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** • 8 M.Sc. Nursing qualified faculty • 16 Tutors
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.	R. Senthamarai Rani	Principal	M.Sc (N) OBG	2009	RR TMN 2006 257 KAR	2 Years 9 months	15 years	02-12-2024		
2.	Mera Kolkar	Asst. Professor	M.Sc (N) Community Health Nursing	2021	77609	1 Year	4 Years	05-07-2021		
3.	Veerkumar Navalagatti	Asst. Professor	M.Sc (N) Child Health Nursing	2021	78285	2 Years	2 Years	01-06-2023		
4.	Basavaraj Navi	Asst. Professor	M.Sc (N) Medical Surgical Nursing	2023	90247	NIL	2 years	01-07-2025		
5.	Spoorti Prabhakar Navi	Asst Professor	M.Sc (N) Psychiatric Nursing	2024	110522	NIL	Fresher	01/07/2025		
6.	Kiran Patil	Lecturer	M.Sc (N) Child Health Nursing	2025	107705	1 Year	Fresher	01-08-2025		
7.	Kavita Naik	Tutor	PC B.Sc (N)	2012	114176	4 Years	NIL	12-09-2022		
8.	Utkarsha Pathade	Tutor	B.Sc (N)	2023	145998	1 year	NIL	06-06-2024		
9.	Sarika Patil	Tutor	PC B.Sc (N)	2021	114217	NIL	1 year	01-06-2024		
10.	Santosh Patil	Tutor	PC B.Sc (N)	2008	0425231	NIL	Fresher	01-08-2025		
11.	Siddharoodha Tigadi	Tutor	B.Sc (N)	2017	86480	NIL	NIL	01-08-2025		
12.	Anuradha Pujari	Tutor	PC B.Sc (N)	2023	144885	2 Years	Fresher	10-02-2025		
13.	Priya L Chattrannavar	Tutor	PC B.Sc (N)	2025	244518	Fresher	NIL	17-03-2025		
14.	Vaishanavi Sattigeri	Tutor	B.Sc (N)	2023	146005	1 year 10 Months	NIL	08-10-2023		
15.	Roopa Hadimani	Tutor	PC B.Sc (N)	2012	90383	1 year	NIL	10-06-2024		

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

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Signature of Chairman 13/8/25

Signature of Member (1)

Signature of Member (2) 13/8/25

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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
	DETAILS ENCLOSED				

14. Physical Facilities:

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	24748 Sqft	Verified
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**4 Class rooms** 900sq ft Each	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300** sq ft	
	2. Vice-Principal Chamber	200	**200** sq ft	
	3. HOD	5 x 200 = 1000	**1000** sq ft	Verified.
	4. Professor/Assoc. Prof	800+2400=3200	**3200** sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**300** sq ft	
	7. Accountants Office		**200** sq ft	Verified
	8. Store Room		**200** sq ft	
	9. Record room		**100** sq ft	
	10. Room for maintenance staff		**200** sq ft	
	11. Xeroxing room		**NA**	
	12. common room	1000	**1000** sq ft	Verified.
	13. Seminar hall	3000	**3000** sq ft	
	14. Toilets	1000	**1000** sq ft	

Signature of Chairman 13/8/25 **Signature of Member (1)** **Signature of Member (2)** 13/8/25

	15. A.V/Aids room	600	**600** sq ft	

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

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

Note:

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience

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

1	KA26A7919	51	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300	YES [√] No [ ]	Yes	Yes	GOOD

Total No. of Nursing Books available	3100	**No. of Nursing Journals subscribed**	4
No. of Thesis/Research titles available	13	**Is internet facility available for Students?**	YES
No of e-books	10	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	ARCHANA SAJAN	MLISC	6	GOOD

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	- Enclosed - NIL -	
Conferences conducted	**RESEARCH METHODOLOGY** **BREAST FEEDING** **NURSES ROLE IN FORENSIC**	**GOOD** certified
Conferences attended	- Enclosed 1	

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

Signature of Chairman 13/8/25

Signature of Member (1)

Signature of Member (2) 13/8/25

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital SHRI SAI HOSPITAL 40/2 laxmi nagar main road Vadagon Belagavi - 05		100	3km	80 %	Good Documents Enclosed
NAME OF THE TRUST/ Person owning The Hospital Dr S M Dodamani		-	-	-	---
Name Of The Owner Of The Trust Dr S M Dodamani		-	-	-	-
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Shri Sai Multispeciality Hospital, Near 4th Railway Gate, Angol Belagavi-590006	28	1 km	80%	Good
	2. Suraksha Hospital	30	2 km	>90 %	Documents Enclosed
	3 JIMHANS, Dharwad	1000	76 km	>90 %	Verified
	4. BIMS, Belagavi	1000	5 km	>90	-

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital.** This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The

Signature of Chairman Dr Sonadi

Signature of Member (1)

Signature of Member (2) 13/8/25

gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

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

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

1. Shree Sai Multi Speciality Hospital (Angol)
2. Suraksha Hospital
3. BIMS Hospital, Belagavi
4. DIMHANS, Dharwad

} Enclosed

18.1. Distribution of Beds

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

Signature of Chairman 13/8/25 | Signature of Member (1) | Signature of Member (2) 13/8/25

Medical	30	30	125	125
Surgery including OT	10	10	50	50
Obstetrics & Gynecology	20	20	50	50
Pediatrics,	10	10	60	60
Emergency Medicine	20	20	40	40
Psychiatry	10	10	25	25

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	15	15	30	30
Minor OT	20	20	20	20
Dental, Otorhinolaryngology, Ophthalmology	**DETAILS ENCLOSED**	25	30	30
Burns and Plastic	10	10	20	20
Neonatology care unit	10	10	30	30
Communicable disease/ Respiratory medicine/TB & chest diseases	15	15	25	25
Dermatology	5	5	15	13
Cardiology	5	5	25	25
Oncology	3	3	10	10
Neurology/Neuro-surgery	10	10	20	20
Nephrology/Urology	10	10	20	20
ICU/ICCU	20	20	30	30
Geriatric Medicine	10	10	25	25
Any other	Nil	Nil	Nil	Nil

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

19	**COMMUNITY HEALTH NURSING :Annexure - 17**
RURAL FILELD	
a. Name of CHC / PHC / SC	**DETAILS ENCLOSED**

Signature of Chairman 13/8/25

Signature of Member (1)

Signature of Member (2) 13/8/25

Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	19 km
b. Services Rendered by Health & Family Welfare Programmes	YES
URBAN FEILD :	
a. Name of CHC / PHC / SC	**DETAILS ENCLOSED**
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	4 km
b. Services Rendered by Health & Family Welfare Programmes	YES
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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

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

Signature of Chairman 13/8/25 **Signature of Member (1)** **Signature of Member (2)** 13/8/25

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft** 2100	
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 :** 35	**Boys :** –
f.	Total No. of rooms	**Girls :** 10	**Boys :** –
g.	Water Supply	**YES** ☑	**NO** ☐
h.	Electricity Supply	**YES** ☑	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	**NO** ☐
j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☑	**NO** ☐
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)

Signature of Chairman 13/8/25

Signature of Member (1)

Signature of Member (2) 13/8/25

		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	✓	✓
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of LibraryBooks & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Signature of Chairman 13/8/25

Signature of Member (1)

Signature of Member (2) 13/8/25

Observations: The LIC Inspection committee conducted inspection at Vinay Hubballi College of Nursing, Belagavi for continuation of Affiliation on 13/08/2025, observation on the day of inspection.

1. COLLEGE: College was established in the year of 2020, the area Statement shows that 24748 sq.ft including 05 Laboratories like Nursing foundation Lab, pre clinical Lab, Nutrition & community OBG, Child health Nursing, 04 class rooms including Instruments/ Equipments/Charts/Models, AV Aids room are also observed on the day of inspection.

2. TEACHING STAFF: Full time principal present on the day of inspection including, 01 Vice principal, 01 professor, 01 Associate professor, 03 Assistant professor, 08 tutors, Total 15 Staff shown in statement out of which 12 teaching Staff present are 03 are on leave.

3. LIBRARY: Library have 2252 books are avicleble, Sitting Capacity of 25 Students are observed.

4. HOSPITAL: parent hospital Name Shri Sai Hospital Belagavi with 100 beded mentained in the pollution certificate, Bio waste management / Noc Fire, / & Management says that is level 2 hospital in the online vle observed that, the mention beds are 50 on the day of inspection.

5. TRANSPORT: Transport facility is avicleble with sitting capacity of 50 Students are observed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification		✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers		✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

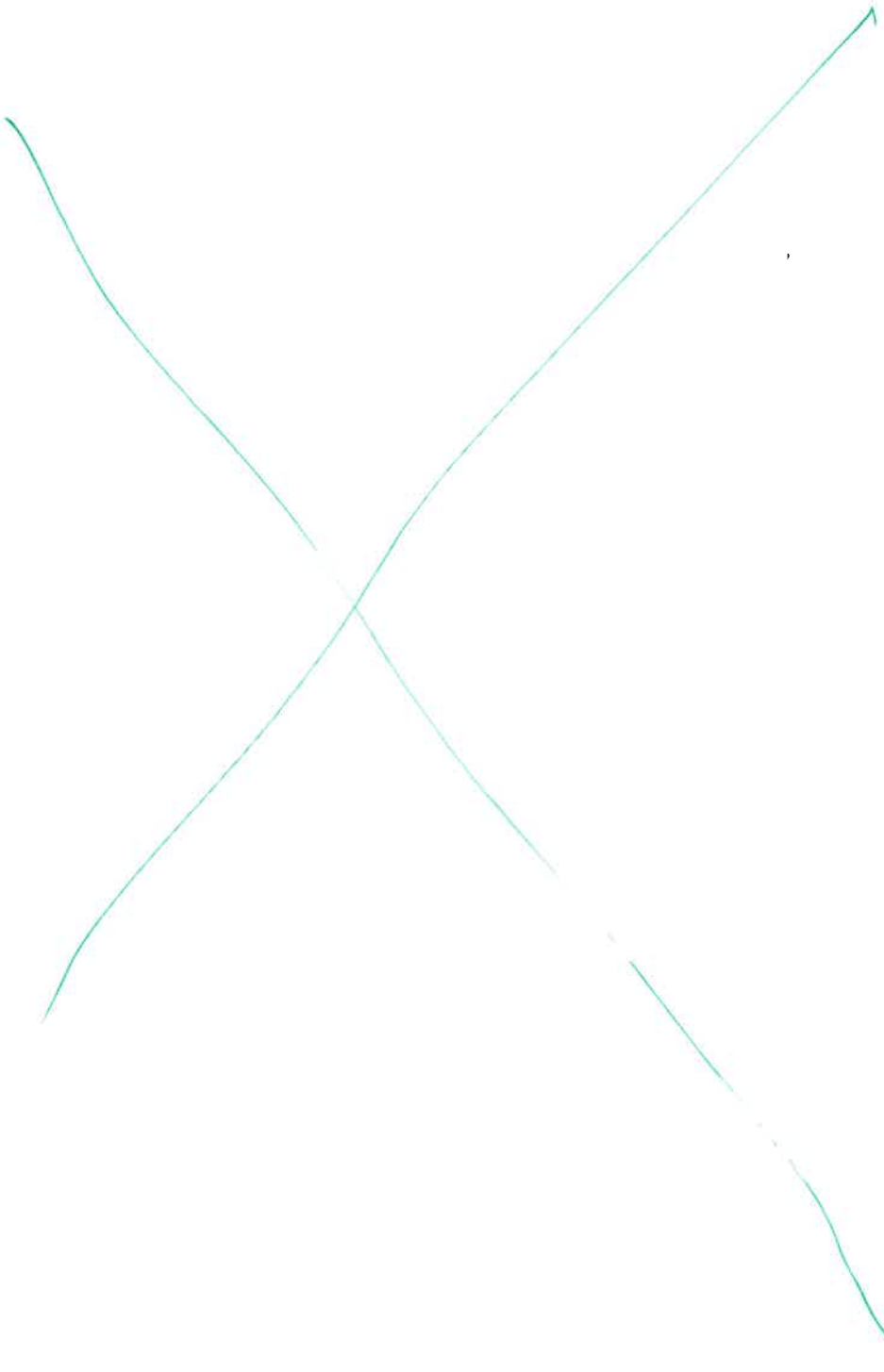
Signature of Chairman 13/8

Signature of Member (1)

Signature of Member (2) 13/8/25

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:



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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Vinay Hubballi College of Nursing which has applied for continuation of affiliation for the academic year ~~2024-25~~. 2025-26

We have conducted LIC inspection of this college on 13/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

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

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.

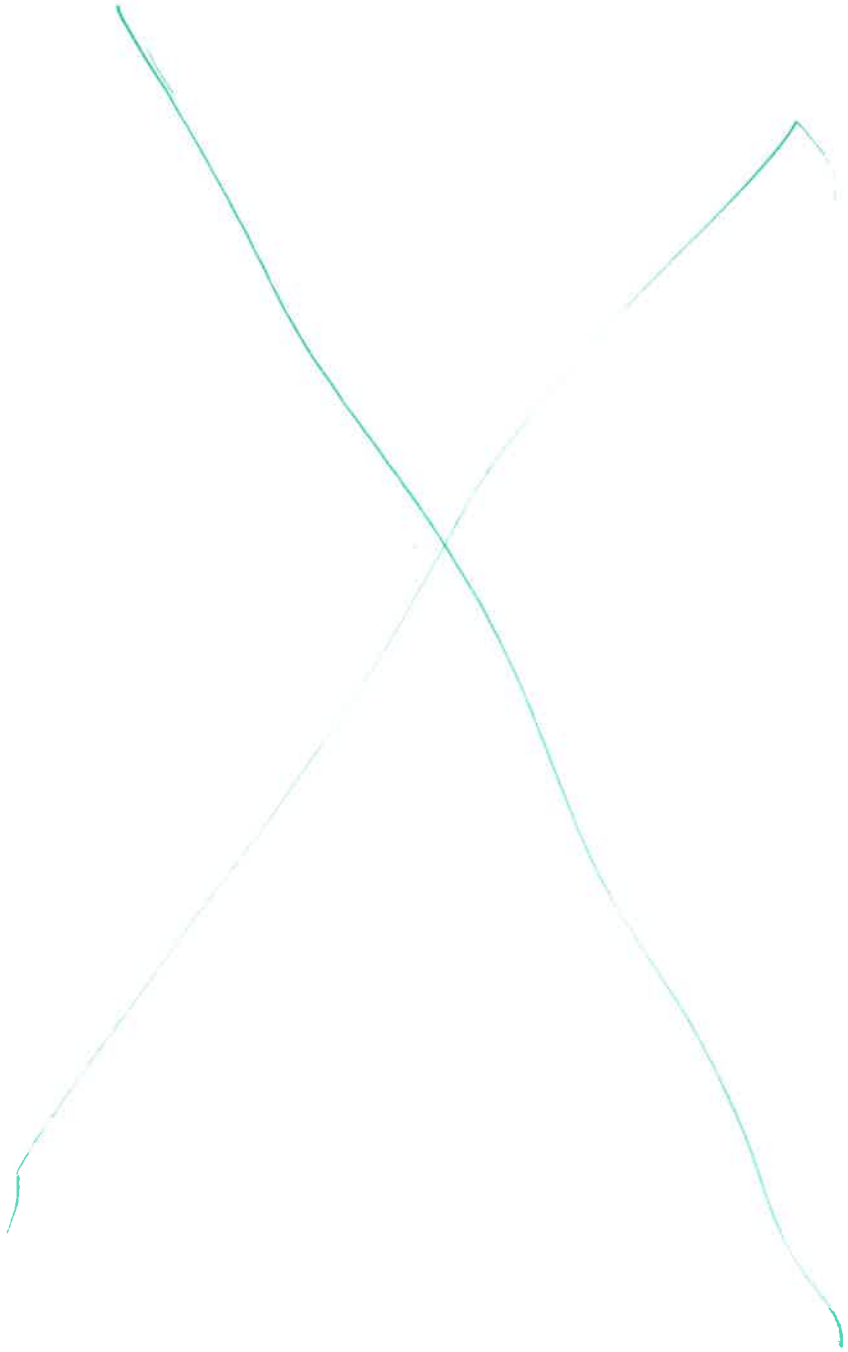
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

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)



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 toUniversity.

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

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

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

— Affidavit enclosed —

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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

— Affidavit enclosed —

Signature of Chairman

13/8/24

Signature of Member (1)

Signature of Member (2)

13/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA16753129558119X**
Certificate Issued Date	:	13-Aug-2025 02:00 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ TILAKWADI1/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKACRSFL0848397927421535X
Purchased by	:	JANA SEVA SAMITI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	JANA SEVA SAMITI
Second Party	:	RGUHS BANGLORE
Stamp Duty Paid By	:	JANA SEVA SAMITI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
The Adarsh Multi-Purpose
Co-op. Society Ltd. Belgaum
Angol Cross, Belgaum

Please write or type below this line

UNDERTAKING by Trust Management

I, **V B Hubballi** the Chairman of the Trust **Jana Seva Samiti®** is submitting the Affidavit to University.

NOTARY
M. H. MEHRWADE
R.NO. LAW/288
LCI/2001
BELAG.
GOVT. OF KARNATAKA

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA16758501002162X**
Certificate Issued Date	:	13-Aug-2025 02:02 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ TILAKWADI1/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKACRSFL0848414028115365X
Purchased by	:	CHAIRMAN SHRI SAI HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SHRI SAI HOSPITAL
Second Party	:	RGUHS BANGLORE
Stamp Duty Paid By	:	CHAIRMAN SHRI SAI HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
The Adarsh Multi-Purpose
Co-op. Society Ltd. Belgaum
Angol Cross, Belgaum

Please write or type below this line

UNDERTAKING

I **Dr. S M Dodamani** is the Owner of the **Shri Sai Hospital** situated at 40/2 Laxmi Nagar Vadagaon, Belagavi.

NOTARY
M.H. MEHRWADE
R.No. LAW 288
LCL/2001
GOVT. OF KARNATAKA

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2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.