online done

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

OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shrinivasa L. D	Dr. Geeta Dolli	Ms. Manjula. K
Designation	Professor	Prof & HOD, R.S Dpt	Asso. Prof.
Address	JJM Medical College Davangere	Basavaraj Patil Memorial Medical College & Hospital- Bidar	Spurthy college of Nursing, B.lore
Mobile No	7259920520	9886431714	9480456459
Email ID	[illegible]@gmail.com.	drgeetamailare@gmail.com	mbsachitha@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection:* 10/08/25
(Please Tick the Appropriate Boxes Below)			
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	**Name of the Institution with Full Address**	Dr. S.V. Totagantimath College of Nursing, Sambapur Road, Gadag	2	**Year of Establishment** 2020-2021
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** (Society ✓)		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	Dr. S.V.T Rural Development & education Society (R) (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** **Email:** svtedu@gmail.com **Website:** www.svtfoundation.com **Office No:** 7899927036 **Mobile No:** 9916267077		
	(b). Name of the president/Secretary/	Smt. Vanajami Totagantimath, President.		

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

Dr. Geeta Dolli
AC Member

Manjula. Kesarapendi 10/08/25

	Chairman of Trust/Society & Phone No	Smt. Vanajaxi Totagantimath		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** Rajendra. D **Qualification:** M.Sc (N) **Experience after MSc:** 11 years **Email:**	**Mobile No:** 9742277820 **Office No:** 7899927036 **Fax No:** **Residential phone No:**	
	b) Drawing authority of the college			
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing		Enclosed				156,050/-
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	
Online Transaction Number or Details:						

Remarks:

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 10/08/23

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

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

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~~ 2 Sem	~~II Year~~ 4 Sem	~~III Year~~ 6 Sem	IV Year	Total
B.ScNursing	Male	11	18	10	14	53
	Female	29	32	08	25	94
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks: _____

_____

_____

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc (N)	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

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

							B.Sc (N)	(N)*	NPCC		B.Sc (N)	c (N)	C	(N)	B.Sc (N)	c (N)	NPC C
		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 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students 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.	Rajendra D	Principal	M.Sc(N)	2013	21975	34	11Y	1/1/23		
2.	Shivakumar Kalaraki	V. Principal	M.Sc(N)	2021	31757	11Y	34	15/3/22		
3.	Ambika Manik Balagar	NIT	B.Sc(N)	2020	108814	034	–	18/1/21		
4.	Manjula shirur	NIT	"	2010	31797	054	–	8/11/20		
5.	Tejaswini. S	NIT	"	2021	120672	024	–	15/1/22		
6.	Reema Lamani	NIT	"	2022	137053	014	–	1/1/23		
7.	Chaitra Mandar	NIT	"	2023	154823	014	–	10/2/25		
8.	Anita B	NIT	"	2023	139562	014	–	18/2/25		
9.	Savitri Madiwalar	NIT	"	2024	708436	05m	–	7/3/25		
10.	Pooja Gadiyaar	NIT	"	2024	703305	05m	–	10/3/25		
11.	Pooja	NIT	"	2024	178446	05m	–	15/3/25		
12.	Himambi K Rathod	NIT	"	2024	178458	05m	–	20/3/25		
13.	Deepa Y	NIT	"	2024	178453	05m	–	25/3/25		
14.	Rajabbi Nisha	NIT	"	2018	290599	06m	–	19/2/25		
15.	Neelamma H. Patil	NIT	"	2023	136464	14	–	29/1/25		
16.	Shilpa	NIT	"	2024	150165	14	–	12/12/23		
17.	Sudha K	NIT	"	2024	181249	05m	–	15/3/25		
18.	Pavitra Myageri	NIT	"	2024	178435	05m	–	08/3/25		
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

10/08/25

Signature of Member (2)

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

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

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

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

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

14. Physical Facilities :

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)	23,200 Sq ft-	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900sq ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq ft-	
	2. Vice-Principal Chamber	200	200 Sq ft-	
	3. HOD	5 x 200 = 1000	1000 Sq ft-	
	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)	**600**	600 Sq	
	7. Accountants Office	**100**	100 Sq	
	8. Store Room	**100**	100 Sq	
	9. Record room	**100**	100 Sq	
	10. Room for maintenance staff	**100**	100 Sq	
	11. Xeroxing room	**100**	100 Sq	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sq ft-	
	14. Toilets	1000	1000 Sq ft-	
	15. A.V/Aids room	600	600 Sq.	

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

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

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
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
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

- 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	KA26B0594	43	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 2300 Sq.Ft	2300sqft-	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	1800	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available		**Is internet facility available for Students?**	
No of e-books		**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. Mahesh. B	B. Lib	10yrs	Nil
02	Mrs. Radha	Asst. Librarian	05yrs	Nil.

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 willincrease/decrease according to the number of seats approved.

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

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

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

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital Aasharaya Hospital MOU(Registered parent hospital MOU)		51-100	1.5 Km		
NAME OF THE TRUST/ Person owning The Hospital Dr. Shridhar. V. Kuradagi					
Name Of The Owner Of The Trust of Hospital Dr. Shridhar. V. Kuradagi					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Shirol Nursing Home	1-30	1.5 Km		
	2 KHPIMS	1000	08 Km		
	3 (MOU/Clinical permission letter)				

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

Signature of Chairman **Signature of Member (1)** 10/02/23 **Signature of Member (2)**

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	28		
Surgery including OT	10	05		
Obstetrics & Gynecology	10	08		
Pediatrics,	10	06		
Emergency Medicine	05	01		
Psychiatry	—			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02			
Minor OT	05			
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic	05			
Neonatology care unit	02	01		
Communicable disease/Respiratory medicine/TB & chest diseases	05	03		
Dermatology				
Cardiology	05			
Oncology				
Neurology/Neuro-surgery	02			
Nephrology/Urology	02			
ICU/ICCU	05	04		
Geriatric Medicine				
Any other	02			

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	

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

Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	05 Km
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	Hwilgol
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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

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

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐

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

	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 ☐
s.	POSHE Committee	YES ☐	NO ☐
t.	Prevention of Gender harassment committee	YES ☐	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature

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

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:

Dr. S.V.T Nursing College, Gadag applied for continuation of Affiliation for BSc Nursing 120 seat for the academic year 2025-26. The the team of LIC conducted inspection on 10/8/25 with the following observations.

- Affiliation fee Paid
- Class rooms, labs, library Plant
- Faculty adequate for the plant Intake
- Clinical facility is adequate

So infrastructure, faculty, clinical facility is adequate for 120 BSc nursing admission on the day of Inspection.

Signature of Chairman

Signature of Member (1)

Dr. Geeta Dalli
AC Member
RGUHS

Signature of Member (2)

10/08/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at DR. S.V.I.T College of Nursing which has applied for continuation of affiliation for the academic year 2024-25. Gadag.

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)
		10/02/23

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
		10/02/23

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**

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)**

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)** **Signature of Member (2)**

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13919834527095X**
Certificate Issued Date	:	11-Aug-2025 11:34 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ GADAG21/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0843012543360593X
Purchased by	:	DR SHRIDHAR KURADAGI AASHRAYA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SHRIDHAR KURADAGI AASHRAYA HOSPITAL
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	DR SHRIDHAR KURADAGI AASHRAYA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, **Dr.Shreedhar V Kuradagi** is the Owner of the **Aashraya Hospital** Situated at Gadag.

....2

Number of Corrections: Nil

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.

This is to confirm that our Aashraya Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the Aashraya Hospital is functioning as own hospital for Dr.S.V.Totagantimath College of Nursing, Gadag

We also confirm that our hospital is solely affiliated to Dr.S.V.Totagantimath College of Nursing, Gadag and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Number of Copies

NOTARY

NOTARY GOVT. OF INDIA
S.M.MARIGOUDRA
B.A.,LL.M.
Dist. GADAG
Reg.No:12429
Exp Date: 01-2027
भारत सरकार नोटरी

SWORN TO BEFORE ME

(S.M.Marigoudra)
NOTARY

12/8/23

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA13921095930822X
Certificate Issued Date	:	11-Aug-2025 11:34 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ GADAG21/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0843007534466083X
Purchased by	:	VANAJAXI TOTAGANTIMATH CHAIRMAN
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VANAJAXI TOTAGANTIMATH CHAIRMAN
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	VANAJAXI TOTAGANTIMATH CHAIRMAN
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Exp.Date:08-01-2027

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the trust Dr.S.V.T Rural Development & Education Society ® , Gadag are submitting the affidavit to University.

... 2

01
Number of Corrections

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.

The trust Dr.S.V.T Rural Development & Education Society ® , Gadag is running/managing the college.

1) Dr.S.V.Totagantimath College of Nursing, Gadag since 4 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.

For, Dr. SVT RURAL DEVELOPMENT AND EDUCATION SOCIETY

Authorised Signature

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

Number of Corre...

NOTARY

NOTARY GOVT. OF INDIA
S.M.MARIGOUDRA
B.A.,LL.M.
Dist. GADAG
Reg.No:12429
Exp.Dto:06-01-2027
भारत सरकार नोटरी

SWORN TO BEFORE ME

12/08/25

ಕರ್ನಾಟಕ ಸರಕಾರ

ಜಿಲ್ಲಾ ಪಂಚಾಯತ, ಗದಗ

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳ ಕಾರ್ಯಾಲಯ, ಗದಗ

ದೂರವಾಣಿ ಸಂ: 08372-233996, 231744, ಇಮೇಲ್:dhogadag@gmail.com

ಕ್ರ.ಸಂ:ಜಿಆಕುಕಗ/ಕೆ.ಪಿ.ಎಮ್.ಇ/09/2025-26 ದಿನಾಂಕ: 13-08-2025

ಗೆ,

ಆಶ್ರಯ ಹಾಸ್ಪಿಟಲ್
ಟ್ಯಾಗೋರ ರೋಡ, 1 ನೇ ಕ್ರಾಸ್
ಗದಗ-582101

ವಿಷಯ :- ಆಶ್ರಯ ಹಾಸ್ಪಿಟಲ್ ಕೆ.ಪಿ.ಎಮ್.ಇ ಕಾಯ್ದೆಯಡಿ ನೊಂದಾಯಿಸಿ ಸಲ್ಲಿಸುವ ಕುರಿತು.
ಉಲ್ಲೇಖ:- ತಮ್ಮ ಪತ್ರದ ದಿನಾಂಕ : 12-08-2025.

****

ಮೇಲ್ಕಂಡ ವಿಷಯ ಹಾಗೂ ಉಲ್ಲೇಖಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಗದಗ ನಗರದಲ್ಲಿರುವ ಆಶ್ರಯ ಹಾಸ್ಪಿಟಲ್ (GDG00416ALHL2) ಈಗಾಗಲೇ 50 ಹಾಸಿಗೆವುಳ್ಳ ಆಸ್ಪತ್ರೆಯಾಗಿದ್ದು, ಆನ್‌ಲೈನ್ ಮುಖಾಂತರ ಕೆ.ಪಿ.ಎಮ್.ಇ ಕಾಯ್ದೆ ನಿಯಮಾನುಸಾರ ನೊಂದಾಯಿಸಿದ ನಂತರ ಸ್ಥಳಿಯ ಪರಿಶೀಲನಾ ಪ್ರಾಧಿಕೃತ ಅಧಿಕಾರಿಗಳು ಕೆ.ಪಿ.ಎಮ್.ಇ ಪರವಾನಿಗೆಯನ್ನು ನೀಡಲಾಗುವುದು ಹಾಗೂ KPME Website ಮುಖಾಂತರ ಸಲ್ಲಿಸಲು ಈ ಮೂಲಕ ಸೂಚಿಸಲಾಗಿದೆ

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ
ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳು, ಮತ್ತು
ಸದಸ್ಯ ಕಾರ್ಯದರ್ಶಿಗಳು, ಕೆ.ಪಿ.ಎಮ್.ಇ, ಗದಗ