NP

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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Basavaraj S Savadi	Dr. Bhagyalakshmi K	Dr KOTTURESHA K M
Designation	Principal	Principal	PRINCIPAL
Address	SPoorthy Ayurvedic Medical College Gangavathi	Sri Lakshmi College of Nursing Sunkadakatte Bangalore - 560091	MUDRA COLLEGE OF NURSING TIPTUR
Mobile No	9845646885	9738465046	9448913062
Email ID	Drsavadi.drbssavadi12@gmail.com	sportygoutham1@gmail.com	Principalmudr@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 08/08/25

(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	Sri Jnanodaya College of Nursing SY25/4 Kyalasanahalli K.R. Puram, Kothanur. Bloor-560077	2	Year of Establishment: 2008
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Sri Siddarameshwara Educational Trust 1/81, Lingarajapura. Bengaloor - 560084 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: tietbangalore@gmail.com	Website:	
		Office No: 08029727747	Mobile No: 8951740081	
	(b). Name of the president/Secretary/	S. Raghu		

Signature of Chairman — Dr Savadi.

Signature of Member (1) — Dr. Bhagyalakshmi

Signature of Member (2) — Dr Koturesha.km

	Chairman of Trust/Society & Phone No	S. Raghu 9480885702.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05+01 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Qualification: Experience after MSc: Email:	Mobile No: Office No: 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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓		1.26.000/- 30.050	–	–	1,56,050/-
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)	1,56,050/-

Online Transaction Number or Details: Rs. 1.26.000/- ZHDF7F00963FLV - 24/12/24

Remarks: Rs 30050/- BHDFM4HOH6AS56

Signature of Chairman

Signature of Member (1)

Dr. BHAVABASHINI

Signature of Member (2)

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake: Copy Enclosed

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	40	40	40	—	
NA Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	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	NA
	Sanctioned Intake	/	/	/	/	
	Admissions Made for the Current Academic Year	/	/	/	/	
M.Sc. NPCC NA	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	/	/	/	/	
	Admissions Made for the Current Academic Year	/	/	/	/	

Signature of Chairman

Signature of Member (1)

Dr. Bhaggabathula

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	12	14	22	15	verified
	Female	28	26	18	25	verified
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) NA

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) NA

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: Institute running only Basic BSc Programme. Verified.

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)

Dr BHAGYALAKSHMI.

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								1						
2	Vice-Principal	1	1								1						
3	Professor	1	1-2					1*			1						
4	Associate Professor	2	2-4					1*			2						
5	Assistant Professor	3	3-8				2	3*			2						
6	Tutor	8-16	16-24				2-10	--			13						
	Total	**16-24**	**24-40**				**4-12**				20						

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)**

Dr. B MAHALAKSHMI

250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

Dr. Bhaggalakshmi

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	—	ANNEXURE-11 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)	23720/-	
	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	1100 x 4	verified
	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	
	2. Vice-Principal Chamber	200	200	Verified
	3. HOD	5 x 200 = 1000	1100	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	Verified
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	120	
	9. Record room	**100**	150	
	10. Room for maintenance staff	**100**	120	verified
	11. Xeroxing room	**100**	110	
	12. common room (Girls & Boys)	600+400= 1000	1100	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3200	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	800	

Signature of Chairman

Signature of Member (1)

Dr. Bhaggiaraj

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	
	Nutrition & Community Health Nursing	1200sq.ft	1200	verified
	Obstetrics and Gynecology Laboratory	900sq.ft	1100	
	Pediatrics Nursing Laboratory	900sq.ft	1100	
	Pre-Clinical Sciences Laboratory	900sq.ft	1100	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600	

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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Verified
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	verified
4	**Building construction license from competent authority**	verified
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	verified
7	**Sale deed / Lease deed of the building / Land.**	verified
8	**Land Conversion order from DC**	verified
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 Copy Enclosed **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA53 A2919	33	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500	YES ☑ No ☐	Yes	Yes	Verified

Total No. of Nursing Books available	2500	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	05	**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)	Mr. prashanth	M. Lib	15 yrs	Verified
	—	—	—	—
	—	—	—	—

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 NA **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	NA	—
Conferences conducted	NA	—
Conferences attended	NA	—

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

Dr. B Lagaleen.

—	NA	—

* 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 MOU(Registered parent hospital MOU)		—	NA	—	—
NAME OF THE TRUST/ Person owning The Hospital		—	NA	—	—
Name Of The Owner Of The Trust of Hospital		—	NA	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Aster White Field Hospital Whitefield. Bengaluru	100	10km	80%.	verified
	2 —	—	—	—	—
	3 — (MOU/Clinical permission letter)	Enclosed		—	—

(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)

Dr. Bhagyalakshmi

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:

Institute using Aster Hospital for their Clinical Experience

- Community clinical Experience rural and urban at Kannur Dist & Yalahanka

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Bhagyalakshmi

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	NA	NA	30	50%.
Surgery including OT	NA	NA	04	60%.
Obstetrics & Gynecology	NA	NA	04	75%.
Pediatrics,	NA	NA	04	75%.
Emergency Medicine	NA	NA	04	70%.
Psychiatry	NA	NA	04	60%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	NA	NA	03	60%.
Minor OT	NA	NA	02	50%.
Dental, Otorhinolaryngology, Ophthalmology	NA	NA	02	75%.
Burns and Plastic	NA	NA	02	75%.
Neonatology care unit	NA	NA	04	70%.
Communicable disease/Respiratory medicine/TB & chest diseases	NA	NA	05	75%.
Dermatology	NA	NA	02	70%.
Cardiology	NA	NA	05	70%.
Oncology	NA	NA	06	50%.
Neurology/Neuro-surgery	NA	NA	02	60%.
Nephrology/Urology	NA	NA	02	75%.
ICU/ICCU	NA	NA	10	75%.
Geriatric Medicine	NA	NA	05	75%.
Any other	NA	NA	10.	75%.

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	Primary Health Center Kannur

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Bhagyalekshmi

Adopted / Affiliated	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	PHC - Velahanra
Adopted / Affiliated	
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	08 km
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)**

Dr. Bhagabati

	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 32.000/-	
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 : 97	Boys : 63
f.	Total No. of rooms	Girls : 24	Boys : 15
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: LIC Inspection Committee Conducted Insp -Clin at Sri Jnanodaya College of Nursing Banglore for cate ution of affiliation.

* College:- The college was established in the year 2008. Colleg total area is 23720 SQFT, including 04 classrooms, 05 Labor tories like Nutrition, foundation, Pre-clinical, Community, OBG & Pediatric with minimum Equipments, Instruments, charts, Models are observed on the day of Inspection.
* Teaching Staff:- Full time Principal is present on the day of Inspection 01 Vice-Principal, 01 Professor, 01 Asso. Professor, 02 Asst. Professor, 13 Tutors are shown, out of which 02 Teachers are on leave on the day of Inspection.
* Library:- Library have 2500 Books with a Seating Capacity of 40 Students are observed on the day of Inspection.
* Hospital:- The college was established in the year 2008. This institute affiliated to Aster Hospital, White field with 100 bedded hospital with required clinical facilities are observed The college authorities shown only Pollution Board Certificate with 100 bed.
* Transportation:- The college have transportation facility of 33 Seating Capacity. Vehicle Registration NO:- KA53A 2219. with all Necessary documents shown during the day of Inspecti

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 SRI JNANODAYA COLLEGE OF NURSING which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 8/08/2024 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)

Dr. Bhagyalakshmi

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 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)

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.

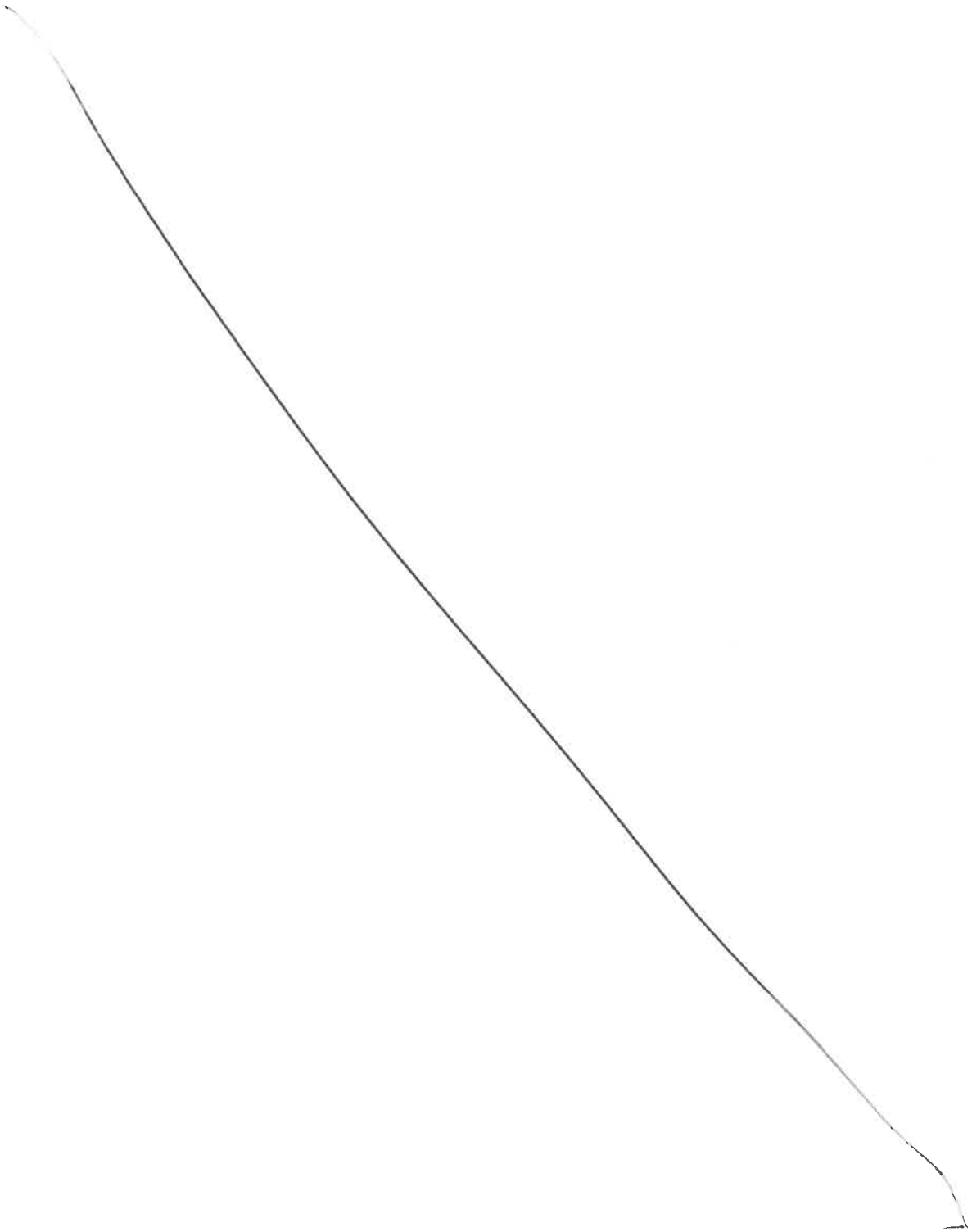
The information provided by us is true and correct.

***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

SWMCS LTD., (R) EAST #14, Hoodle Nagar, Bangalore-11 Authorised Signatory Head Office : 080-25293330 98801 27711

Certificate No.	:	IN-KA12905806148582X
Certificate Issued Date	:	08-Aug-2025 12:57 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ BANGALORE11/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKACRSFL084108570549172 9X
Purchased by	:	CHAIRMAN SRI JNANODAYA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SRI JNANODAYA COLLEGE OF NURSING
Second Party	:	REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	CHAIRMAN SRI JNANODAYA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

WE THE TRUST MEMBER MR, SOMSHEKAR.S OF THE SRI SIDDARAMESHWARA EDUCATIONAL TRUST ARE SUBMITTING THE AFFIDAVIT TO UNIVERSITY.

THE TRUST SRI SIDDARAMESHWARA EDUCATIONAL TRUST IS RUNNING THE COLLEGE SRI JNANODAYA COLLEGE OF NURSING SINCE 2008.

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 RESP[ONSIBLE AND SUITABLE ACTION BE INITIATED BY THE UNIVERSITY.

SIDDARAMESHWA
EDUCATIONAL TRUST

PRINCIPAL

SRI JNANODAYA COLLEGE OF NURSING

SECRETARY

SRI SIDDARAMESHWARA EDUCATIONAL TRUST

PRINCIPAL
Sri Jnanodaya College of Nursing
No. 25/4, Kyatasanahalli,
Bangalore - 560 077