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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sankanagoud Patil	Dr. Thippeswamy T M J	Ms. Sudhir Bali
Designation	Principal.	Principal	Asst. Professor
Address	RIAMSH Solnur	Sri Nijalingaswamy College of Nursing Sri Dingaleshwar Karnataka	BLDE Shri B.M Patil INS. Vijayapura
Mobile No	9019587969	9964186545	7795126912
Email ID	ayurvsank@gmail.com	thippesh togalelimath@g...	sudhibali@gmail.com

For the Academic Year :			Date of Inspection: 17.08.2025
(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	
	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	Gnyana Ganga College of Nursing Bidar Plot No 2 H.No 17-4-47/1 NGO Layout Vivekanand Nagar Mailoor Bidar 585403	2 Year of Establishment	07-12-2020
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	SHARADA CHARITABLE AND EDUCATION TRUST Vivekanand Nagar Mailoor BIDAR - 585403 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: gnyanagangacbidar@gmail.com	Website: www.ggcn.in	

Signature of Chairman — Dr. Sankanagoud Patil

Signature of Member (1) — Dr. Thippeswamy T M J

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	RGUHFC/GGBdr/2020 21 07/12/2020 Annexure - 5	RGUHFC NSG1ROA 01/2024-25 3/12/2024 Annexure - 6	1157/Fin. 2024-25 1815/2025 Annexure - 7	Annexure - 8	Verified.
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	—	—	—		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	-	24	32	20	76
	Female	-	16	08	18	42
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks: Verified & necessary documents

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

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*		-									
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	--		10									
	Total	**16-24**	**24-40**	**4-12**			16									

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

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

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** • 8 M.Sc. Nursing qualified faculty • 16 Tutors
100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
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Signature of Chairman

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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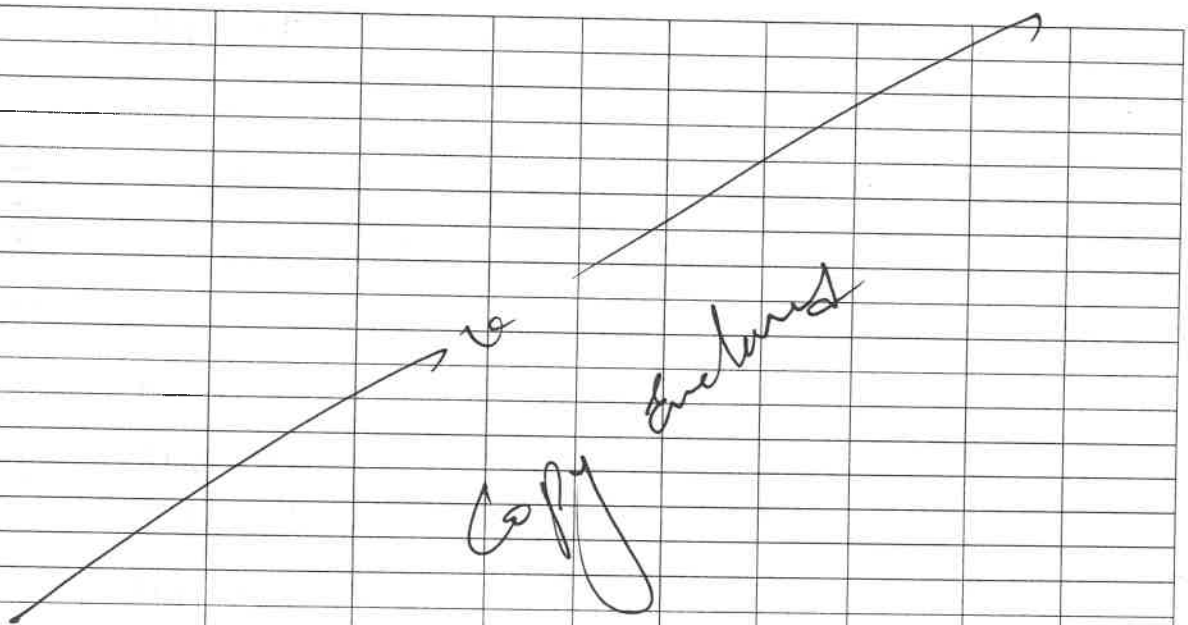

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years 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
	—	Copy Attached	—	—	—

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	24100 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	4000 Sqft	
	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	500 Sq ft	
	2. Vice-Principal Chamber	200	300 Sq Ft	
	3. HOD	5 x 200 = 1000	1000 Sq Ft	
	4. Professor/Assoc. Prof	800+2400=3200	3500 Sq Ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		400 Sq Ft	
	7. Accountants Office		200 Sq Ft	
	8. Store Room		500 Sq Ft	
	9. Record room		—	
	10. Room for maintenance staff		1000 Sq Ft	
	11. Xeroxing room		100 Sq Ft	
	12. common room	1000	1000 Sq Ft	
	13. Seminar hall	3000	3000 Sq Ft	
	14. Toilets	1000	1000 Sq Ft	
	15. A.V/Aids room	600	600 Sq Ft	

Verified & Found Adequate

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1000 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1000 Sq ft	

Adequate

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

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

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

KA 38 A 2471		40	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300sq ft	YES ☑ No ☐	Available	Available	Available

Total No. of Nursing Books available	3020	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	10
No of e-books	02	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Sri Kadam Rajkumar	M.Lib	10 year	—

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

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

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		

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

Conferences attended	—	—

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%)**	**Remarks**
Full Name & Address of the Parent Hospital APEX HOSPITAL		100	4 KM.		Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. SNEHA YEMME.					
Name Of The Owner Of The Trust of Hospital Dr. SNEHA YEMME					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other

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

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 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: Verified KPME & PCB found correct

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	85 %		
Surgery including OT	20	95 %.		

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

Obstetrics & Gynecology	05	65%.		
Pediatrics,	15	70%.		
Emergency Medicine	07	80%.		
Psychiatry	15	70%.		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	70%.		
Minor OT	10	75%.		
Dental, Otorhinolaryngology, Ophthalmology	00	—		
Burns and Plastic	10	80%.		
Neonatology care unit	15	80%.		
Communicable disease/Respiratory medicine/TB & chest diseases	04	80%.		
Dermatology	00	—		
Cardiology	10	75%.		
Oncology	05	75%.		
Neurology/Neuro-surgery	05	75%.		
Nephrology/Urology	05	80%.		
ICU/ICCU	10	80%.		
Geriatric Medicine	06	85%.		
Any other	10	80%.		

NA

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		PHC Bidori colony Bidar
Adopted / Affiliated		Adopted
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	6. Km.
b. Services Rendered by Health & Family Welfare Programmes	Yes.
URBAN FEILD :	
a. Name of CHC / PHC / SC	VASU HOSPITAL
Adopted / Affiliated	
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	01 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** ☐	**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** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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 2800	
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 : 40	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)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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 : 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	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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		✓

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

Observations: On the day of inspection LIC committe observations as follows.

→ Infrastructure built up area of 24000 Sqft- devided into 6 labs, 4 classrooms, library & proper seating arrangements made available.

→ 16 teaching staff are appointed along & principal & were present.

→ Parent Hospital Apex Hospital Bidar & 100 bed capacity KPME & PCB are verified & found correct-

→ Seperate boys & girls hostel made available

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Gouna Ganga college of Nursing Bidar which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/8/25 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 (2)	Signature of Member (1)	Signature of Member

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.

copy enclosed

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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.

Copy Enclosed

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

Copy Enclosed

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

NOTARY BASWA... B.A.LL.B.(Spl.) Advocate, Bidar. Reg. No.22386 Ex. Dt. 07-03-2030 GOVT. OF INDIA

Certificate No.	:	IN-KA17859820597903X
Certificate Issued Date	:	14-Aug-2025 01:29 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BIDAR12/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0850451666995953X
Purchased by	:	PRESIDENT APEX HOSPITAL BIDAR
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	AGREEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT APEX HOSPITAL BIDAR
Second Party	:	PRINCIPAL GNYANA GANGA COLLEGE OF NURSING BIDAR
Stamp Duty Paid By	:	PRINCIPAL GNYANA GANGA COLLEGE OF NURSING BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

585403

Please write or type below this line

UNDERTAKING

I, **DR. SNEHA YEMME, Chairman of Apex Hospital**, and H.No.8-11-58/1, beside Sai pushpanjali function hall, new housing colony, Bidar 585401

Srinivas

APEX HOSPITAL

NO.OF CORRN (Nil)

NOTARY
BASWARAJ
B.A.LL.B.(Spl.)
Advocate, Bidar.
Reg. No.22386
Ex. Dt. 07-03-2030
GOVT. OF INDIA

This is to confirm that, our hospital **APEX HOSPITAL,** situated at, beside Sai pushpanjali function hall, new housing colony, Bidar 585401 is registered under KPMEA and PCB with **100 beds** and the bonafide certificate has been attached.

This is to confirm that the hospital Apex Hospital is functioning as parent hospital for **Gnyana Ganga college of Nursing Bidar**.

We also confirm that our hospital is solely affiliated to **Gnyana Ganga college of Nursing Bidar** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

APEX HOSPITAL BIDAR

Solemnly Affirmed/Sworn Before me
on this 17th Day of 20

BASWARAJ
B.A.LL.B.(Spl.)
ADVOCATE & NOTARY
GOVT. OF INDIA
R/o. 16-1-80, Sai Krupa Allam
Prabhu Nagar, Gumpa,
BIDAR-585 403. (K.S.)

NO.OF CORRN

INDIA NON JUDICIAL

Government of Karnataka

सत्यमेव जयते

e-Stamp

NOTARY
BASWARAJ
B.A.LL.B.(Spl.)
Advocate, Bidar.
Reg. No.22386
Ex. Dt. 07-03-2030
GOVT. OF INDIA

Certificate No.	:	IN-KA17856902266657X
Certificate Issued Date	:	14-Aug-2025 01:28 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BIDAR12/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0850489003556261X
Purchased by	:	PRESIDENT GNYANA GANGA COLLGE OF NURSING BIDAR
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	AGREEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT GNYANA GANGA COLLGE OF NURSING BIDAR
Second Party	:	REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	REGISTRAR RGUHS BENGALURU
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, Mr. Subash Hulsure, the President of the trust of **Gnyana Ganga college of Nursing Bidar** is submitting the affidavit to University.

NO.OF CORRN (Nil)

CHAIRMAN
Sharada Charitable And Educational Trust, Bidar
Plot No. 2, H.No. 17-4-476/H, NGO, Layout Vivekanand Colony, BIDAR

NOTARY
BASWARAJ
B.A.LL.B.(Sol.)
Advocate, Bidar.
Reg. No.22386
Ex. Dt. 07-03-2030
GOVT. OF INDIA

The trust, Sharade charitable and educational trust is Running/managing the for **Gnyana Ganga college of Nursing Bidar** Since **four 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 is 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.

Solemnly Affirmed/Sworn Before me
on this 14th Day of Aug 20 25

BASWARAJ
B.A.LL.B.(Sol.)
ADVOCATE & NOTARY
GOVT. OF INDIA
R/o. 16-1-80, Sai Krupa Allam
Prabhu Nagar, Gumpa,
BIDAR-585 403. (K.S.)

CHAIRMAN
Sharade Charigable And
Educational Trust, Bidar
Plot No. 2, H.No. 17-4-478/1,
NGO, Layout Vivekanand Colony
Bidar, BIDAR

NO.OF CORRN. 1

Sharade Charitable and Educational Trust's

GNYANA GANGA COLLEGE OF NURSING

TEACHING FACULTY DETAILS

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)	Sign char.
						After UG	After PG			
1.	**Mrs. Bindu Mathew**	Principal / Professor	M.Sc. Psychiatric Nursing	May-2009	35540	9 Yrs	15Yrs	02/05/2022	Yes	
2.	**Mrs. Vijayalakshmi M.**	Vice-Principal / Asso. Professor	M.Sc. Nursing, Com. Health Nursing	Sept--2007	28266	08 Yrs	10 Yrs	06/10/2020	Yes	
3.	**Mrs. Tushara G.S**	Asso. Professor	M.Sc Pediatric Nursing	May-2014	66289	07 Yrs	5 Yrs	01/06/2022	Yes	
4.	**Mr. Prashanth**	Asso. Professor	M.Sc. Psychiatric Nursing	Nov-2013	51209	07 Yrs	5 Yrs	02/06/2022	Yes	
5.	**Mrs. Asha .T**	Assi Professor	M.Sc. Psychiatric Nursing	Oct-2016	49708	06 Yrs	5 Yrs	10/08/2000	Yes	
6.	**Mr. Naveen Kumar**	Assi Professor	M.Sc. OBG Nursing	April-2023	172261	3 Yrs	2 Yr	23/01/2023	Yes	
7.	**Mr. Arvind**	Nursing Tutor	B.Sc. Nursing	April-2019	98477	2 Year	-	01/07/2022	Yes	
8.	**Mr. Sunilkmar**	Nursing Tutor	B.Sc. Nursing	Nov-2021	187184	2 Year		01/01/2023	Yes	
9.	**Mrs Shweta**	Nursing Tutor	B.Sc. Nursing	Nov-2021	127076	2 Year	-	01/01/2023	Yes	
10.	**Mrs.Sitara**	Nursing Tutor	B.Sc. Nursing	Sep-2019	102942	2 Year	-	01/01/2023	Yes	

Sl. No.	Name of the teaching Faculty	Designation	Qualification along with	Year of passing	KSNC Reg.	Teaching experience		Date of joining	Form -16 Submitted	Sign char
~~11.~~	**Mrs.Manjula**	Nursing Tutor	B.Sc. Nursing	Sep-2019	107209	2 Year	-	01/01/2023	Yes	
12.	**Mrs Meerabai**	Nursing Tutor	B.Sc. Nursing	Sep-2019	105196	2 Year	-	01/07/2024	Yes	
13.	**Mr Gulashant**	Nursing Tutor	B.Sc. Nursing	Sep-2020	107114	2 Year	-	01/07/2024	Yes	
14.	**Mr Chandrashekar**	Nursing Tutor	B.Sc. Nursing	April-2020	185107	2 Year	-	01/07/2024	Yes	
~~15.~~	**Mr.Vinodkumar**	Nursing Tutor	B.Sc. Nursing	Oct-2014	134996	-	-	01/07/2024	Yes	
~~16.~~	**Mr Abraar Khan**	Nursing Tutor	B.Sc. Nursing	Mrc 2024	53296	-	-	01/07/2024	Yes	

PRINCIPAL
Gnyana Ganga College of Nursing
Vivekanand Nagar Mailoor, Bidar