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 Bharath Anche	Gurubasaraj Sy	Dr. Nelson. V
Designation	Senate (RGUHS)	BC Member	Subject Expert
Address	RGUHS Bangalore	Bidaya & BM Reddy College of Pharmacy	Tulsa Bhavani College of Nsg, Vijayanagar
Mobile No	8892746974	9886001140	9972405852
Email ID	bharath.dr12@gmail.com	gurubasavi@adyar	nelsonvijaykumar@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection:*	
(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	BLDEA's College of Nursing, Jamkhandi BLDEA's Campus, Giriish Nagar – Jamkhandi – 587301	2	Year of Establishment: 2021
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	BLDEA (Bharatiya Lingayats District Educational Association) (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: principal.conj@bldea.org	Website: bldeaconjamkhandi.ac.in	
		Office No: 08353-200135	Mobile No: 8237614097	

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

	(b). Name of the President/Secretary/ Chairman of Trust/Society & Phone No	Shri M. B. Patil President BLDE Association, Vijayapura.		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 15 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Dr. Veerabhadrappa S M **Qualification:** PhD. M.Sc(N), B.Sc(N) **Experience after MSc:** 17 Yrs. 6 months **Email:** veerabhadrappa.bijapur@gmail.com	**Mobile No:** 8237614097 **Office No:** 08353 - 200235 **Fax No:** **Residential phone No:** 8237614097	
	b) Drawing authority of the college	Principal.		
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	Continuation of affiliation	Rs. 30,000/-	Rs. 60.000/-	Rs. 40.000/-	Rs. 25.000/-	Rs. 1,56050/-
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. — Not applicable —		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	Rs. 1,56050/-

Online Transaction Number or Details: Ref. No. ZSBI65096 9JXA

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	—	40 (Seats)	—	—	
	Admissions Made for the Current Academic Year	—	40 (Seats)	—	—	
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	— Not Applicable —				
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	— Not applicable				
	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	— Not Application —				

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	12	12	18	17	59
	Female	28	16	18	21	83
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--------
	—	Not Applicable		—		

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--------
	—	Not Applicable		—		

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

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

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** – Yes, Present & verified.				

8 MSc → Faculty
8 BSc → Faculty

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Dr. Veerabhadrappa G Mendagudli	Principal	M.Sc (N) Ph.D CHN	2021	1899	2 Years 6 Months	15 Years	24-04-2022	Yes	
2.	Ms. Shivaleela S Sarawad	Vice Principal	M.Sc (N) OBG	2014	87780	2 Year 8 Months	7 Years 6 Months	16-08-2022	Yes	
3.	Mrs. Rajeshwari S Kambi	Assist Prof	M.Sc (N) OBG	2021	27387	5 Years	4 Years 9 Months	12-03-2022	Yes	
4.	Mr. Savita N Ainapur	PG Tutor	M.Sc (N) MSN	2022	94301	-	2 Years 10 Months	12-03-2024	No	
5.	Mr Anil Mane	PG Tutor	M.Sc (N) MSN	2025	121839	-	6 Months	17-02-2025	Yes	
6.	Mr. Sachin Janna	PG Tutor	M.Sc (N) Padiatric	2024	119949	-	20 Days	01-08-2025	N0	
7.	Ms. Dyamavva Bandaragall	PG Tutor	M.Sc(N) OBG	2023	211940	-	20 Days	01-08-2025	No	
8.	Mr Mahendrakumar C N	PG Tutor	M.Sc(N) MHN	2025	6300	14 Year 8 Months	21 Days	11-08-2025	No	
9.	Ms.Samarin J Awati	Tutor	B.Sc(N)	2021	120788	3 Year 5 Months	-	10-03-2022	Yes	
10.	Mrs Pooja Karalatti	Tutor	B.Sc(N	2018	92538	5 Year 2 Months	-	16-08-2022	No	
11.	Ms Jyoti Mareguddi	Tutor	B.Sc(N)	2021	120430	1 Year 11 Months	-	06-09-2023	Yes	
12.	Ms Kamala A Dotaraganvi	Tutor	B.Sc(N)	2022	256096	9 Months	-	08-11-2024	No	
13.	Ms Akshata Aralimatti	Tutor	B.Sc(N)	2021	120674	6 Months	-	17-02-2025	Yes	
14.	Ms Pooja Hosakoti	Tutor	B.Sc(N)	2023	231493	6 Months	-	17-02-2025	Yes	
15.	Ms Savitri jambi	Tutor	B.Sc(N)	2023	148990	6 Months	-	03-03-2025	No	
16.	Ms Shashikala S M	Tutor	B.Sc(N)	2025	169065	21 Days	-	11-08-2025	Yes	

- **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)

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
-		— Copy	Enclosed	—	

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	32,318 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	Each classroom has 1080 sq.ft 1080x04 = 3230	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 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**	Adequate & available	
	7. Accountants Office	**100**	Adequate	
	8. Store Room	**100**	Adequate & available	
	9. Record room	**100**	available	
	10. Room for maintenance staff	**100**	available	
	11. Xeroxing room	**100**	Available	
	12. common room (Girls & Boys)	600+400= 1000	1300 sq.ft.	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft.	

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

	15. A.V/Aids room	600	600 sq. feet	

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	1500 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 ?**	Own ✓
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)**	Yes, Available
6	**Occupancy certificate.**	Yes. Available
7	**Sale deed / Lease deed of the building / Land.**	Yes. Available.
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA 48 5957	45	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	Available	YES ☑ No ☐	Adequate	✓	

Total No. of Nursing Books available	2551	**No. of Nursing Journals subscribed**	02
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?**	288

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. Lakshamma Y.	MLISc.	4 Years	

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

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

Academic activities	Particulars	Remarks
Research Projects	Enclosed copy with Annexure-15	

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

Conferences conducted	Enclosed copy with Annexure-15	
Conferences attended	Enclosed copy with Annexure-15	

* 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**	yes		
		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 Dhanvantari Multispeciality Hospital, Jamkhandi MOU(Registered parent hospital MOU)		100	2 km	80-90%.	
NAME OF THE TRUST/ Person owning The Hospital		–	–	–	
Name Of The Owner Of The Trust of Hospital Dr. M. B. Patil		–	–	–	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Dr. H. G. Dadi Hospital, Jamkhandi 2. Tungal Nursing home.	25 30	1 km 1 km	80-85%.	
	3. Sanadi orthopedic Hospital, Jamkhandi	25	1 km	80-85%.	
	4. Dhanvantari Multi-speciality Hospital,	100	3 km	80-85	

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

	(MOU/Clinical permission letter)	Sanctioned			

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

NOTE:

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

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	32	30	19	12
Surgery including OT	04	04	04	04
Obstetrics & Gynecology	10	05	10	04
Pediatrics,	11	10	08	06
Emergency Medicine	07	05	06	04
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	08	12	11
Minor OT	10	08	18	16
Dental, Otorhinolaryngology, Ophthalmology	05	03	06	04
Burns and Plastic	04	04	05	03
Neonatology care unit	—	—	—	—
Communicable disease/Respiratory medicine/TB & chest diseases	02	02	08	07
Dermatology	02	02	08	05
Cardiology	10	08	10	08
Oncology				
Neurology/Neuro-surgery	04	01	03	01
Nephrology/Urology	02	01	04	01
ICU/ICCU	12	08	10	08
Geriatric Medicine	—	—	—	—

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

Another	02	01		

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 – Konnur
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	07 km
b. Services Rendered by Health & Family Welfare Programmes	MCH & family planning etc...
URBAN FEILD :	
a. Name of CHC / PHC / SC	CHC- Jamkhandi
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	4 km.
b. Services Rendered by Health & Family Welfare Programmes	MCH Services etc...
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** ☐

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

	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 ☐
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 30.365	
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 : 10	Boys : 06
f.	Total No. of rooms	Girls : 15	Boys : 05
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 ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	Yes	–	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes	–	
Annexure - 3	Details of any other Nursing Institution under the same Trust	Yes	–	
Annexure - 4	Details of Affiliated fees paid receipts	Yes	–	
Annexure - 5	Approval Status : GOK Order	Yes	–	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes	–	
Annexure - 7	Approval Status : KNC Notification	Yes	–	
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	Yes	–	
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	Yes	–	
Annexure - 13	Vehicle Details : Bus	Yes	–	
Annexure - 14	Details of List of LibraryBooks & others	Yes	–	
Annexure - 15	Academic Activities	Yes	–	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	Yes	–	

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

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

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:

It has been observed on day 1 LIC → of

⇒ BLDEA'S COLLEGE OF NURSING, JAMKHANDI.

Est – 2022 having 4 batch students.

⇒ Running under → Bharatiya Lingayati District Educational Association.

⇒ Having Building Infrastructure = 32,318 sq ft

4 Class Room > 1080 sq ft Each

Nursing Foundation > 1600 sq ft

Nutrition & community > 1500 sq ft

OBG & Peds > 900 sq ft

Library > 2300 sq ft

⇒ Having All faculty at the time of LIC Except one Faculty Maternity Leave

⇒ Attached to DHANWANTARI Multispeciality Hospital Jamkhandi. have 100 beds.

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

UNDERTAKING

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

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

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

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

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

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

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from 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 to University.

The trust _____ is running/managing the colleges

1._____

2._____

3._____ since _____ years.

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

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

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

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

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

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

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

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18624885854336X**
Certificate Issued Date	:	16-Aug-2025 10:49 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ JAMAKHANDI5/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKACRSFL0851954545217634X
Purchased by	:	VICE PRESIDENT BLDE ASSOCIATION VIJAYAPURA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VICE PRESIDENT BLDE ASSOCIATION VIJAYAPURA
Second Party	:	THE REGISTER RGUHS BANGALORE
Stamp Duty Paid By	:	VICE PRESIDENT BLDE ASSOCIATION VIJAYAPURA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

NOTARY LAW 92 LCL 2020 S G BHUMAR JAMKHANDI REVENUE TALUKA Exp Dt 01-06-2025 GOVERNMENT OF KARNATAKA

UNDERTAKING by Trust Management

I, **Shri G. K. Patil**, the Vice President of the trust **BLDE Association's, Vijayapura**, am submitting the affidavit to University.

No of Corrections

Notary

20 AUG 2025

Vice President
B.L.D.E. Association,
Vijayapura.

The trust **BLDE Association's, Vijayapura**, is running/managing the colleges **BLDEA'S College of Nursing, Jamkhandi**, since 2022 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.

Deponent

Vice President
B.L.D.E. Association,
Vijayapura.

NOTARY
LAW 92
LCL 2020
S G BHUMAR
JAMKHANDI
REVENUE TALUKA
Exp Dt 01-06-2025
GOVERNMENT OF KARNATAKA

No of Corrections
Notary
20 AUG 2025

NOTARY STAMPS NOT SUPPLIED HENCE NOT AFFIXED

SWORN BEFORE ME
S G BHUMAR
Notary Public Govt. of Karnataka
JAMKHANDI-587301.
20 AUG 2025

Vice President
B.L.D.E. Association,
Vijayapura.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA18623810349035X
Certificate Issued Date	:	16-Aug-2025 10:48 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ JAMAKHANDI5/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKACRSFL0851955240966129X
Purchased by	:	CHAIRMAN DHANVANTARI MULTISPECILTY HOSPITAL JKD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN DHANVANTARI MULTISPECILTY HOSPITAL JKD
Second Party	:	THE REGISTER RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN DHANVANTARI MULTISPECILTY HOSPITAL JKD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

R. No. 29041

NOTARY LAW 92 LCL 2020 S G SHUMAR JAMKHANDI REVENUE TALUKA Exp Dt 01-06-2025 GOVERNMENT OF KARNATAKA

Please write or type below this line

UNDERTAKING

I/We, Dr. Mahesh G. Patil

is/are the Owners/MD/CEO/Board Members of the Dhanvantri - Multi-speciality Hospital hospital situated at LIC colony, Jamkhandi.

No of Corrections

Notary

20 AUG 2025

Dr. Mahesh G. Patil
Reg.No.47047 M.B.B.S.,D.C.H.
CONSULTING PEDIATRICIAN

This is to confirm that our hospital Dhanvantri Multi-Speciality Hospital is registered under KPMEA and PCB with As per norms beds and the bonafide certificate has been attached.

This is to confirm that the hospital Dhanvantri Multi-Speciality Hospital is functioning as affiliated/parent/own hospital for BLDEA's College of Nursing, Jkd. college.

We also confirm that our hospital is solely affiliated to BLDEA's College of Nursing, Jamkhandi college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NOTARY
LAW 92
LCL 2020
S G BHUMAR
JAMKHANDI
REVENUE TALUKA
Exp Dt 01-06-2021
GOVERNMENT OF KARNATAKA

Dr. Mahesh G. Patil
Reg.No.47047 M.B.B.S.,D.C.H.
CONSULTING PEDIATRICIAN

No of corrections
Notary
20 AUG 2025

NOTARY STAMPS NOT SUPPLIED HENCE NOT AFFIXED

SWORN BEFORE ME
S G BHUMAR
Notary Public Govt. of Karnataka
JAMKHANDI-587301
20 AUG 2025