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.Naveen S	Dr.Kiran Kumar Reddy B	Mr.Guruprasad T R
Designation	Professor & RGUHS Senate Member	Principal	Assistant Professor
Address	Sri Chamundeshwari Medical College Hopital & Research Institute,Banglore	Rajeshekhariah Institute of Naturopathy and Yogic Sciences,Solur,Ramanagar	Sri Ramanamaharshi College of Nursing ,Tumkur
Mobile No	9886634171	9880764634	9880591217
Email ID	navin72@gmail.com	kkreddyboys@gmail.com	

For the Academic Year : 2025-26			*Date of Inspection: 15.08.2025*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

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

1	**Name of the Institution with Full Address**	Shimoga Institute of Medical Sciences,Nursing College, Near KSRTC Bus Stand,SIMS Campus,Shivamogga-577201	2	**Year of Establishment** 2022
2	**Status of the course conducting body**	**Government**		
3	**Name of the Trust & complete postal address (if private)**	Shimoga Institute of Medical Sciences,Shivamogga SIMS campus,Near KSRTC Bus Stand,Shivamogga-577201 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:simsncshivamogga@gmail.com	**Website: sims.kar.nic.gov.in**	

Signature of Chairman

Dr. Naveen S
15/8/25

Signature of Member (1)

15/8/25
Dr. Kiran Kumar Reddy. B

Signature of Member (2)

15/08/25
Guruprasad T R

4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 03** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:Sateesha B** **Qualification:MSc Nursing** **Experience: 17 years** **Email:simsncshivamogga @gmail.com**	**Mobile No:8123928748** **Office No:08182229933** **Fax No:08182264100** **Residential phone No:**	
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☒	**NO** ☐	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	Continuation Affiliation		**1050.00 Date:20.12.24**			**1050.00**
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	
Online Transaction Number or Details: Transaction No:XSBIDQ308VRZQN .Amount Rs.1085.40						

Remarks: Verified

Verify &Enclose copy of Affiliation fee paid documents

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

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	MED519 MPS2021 02.02.2022 Annexure - 5	RGU/AFE/Fr/N520/ 2021-22,08.02.2022 Annexure - 6	KSN:195:2021-22 10.03.2022 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	100	100	100		
	Admissions Made for the Current Academic Year	100	100	100		
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	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	19	14	23	26	82
	Female	76	80	71	66	293
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:_____

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*			3								
4	Associate Professor	2	2-4		1*			5								
5	Assistant Professor	3	3-8	2	3*			7								
6	Tutor	8-16	16-24	2-10	--			22								
	Total	**16-24**	**24-40**	**4-12**				39								

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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Sateesha B	Principal	MSc Nursing Child health Nursing	2009	1317	1year	17 Years	11.02.2022	Yes	
2.	Mary Abraham	Vice principal	MSc Nursing Community Health Nursing	2011	3710	-	13 years	11.02.2022	Yes	
3.	Chandrika C N	Proessor	MSc Nursing OBG Nursing	2012	40943	-	12 years	11.02.2022	Yes	
4.	Ganesh B N	Profeesor	Msc Nursing Med Surg Nursing	2012	15863	1year	13years	10.03.2022	Yes	
5.	Chandru M S	Profeesor	MSc Nursing Psychiatric Nursing	2013	22457	1year	12 years	11.02.2022	Yes	
6.	Sridhar K M	Associate Professor	MSc Nursing Paediatric Nursing	2012	9092	1year	5 years	01.01.2025	Yes	
7.	Mr.Jeethendra Kumar B	Asst Professor	MSc Nursing Med Surg Nursing	2014	91079	-	11 years	01.04.2024	Yes	
8.	Anand S T	Asst.Profeesor	MSc Nursing Psychiatric Nursing	2018	124731	1year	7 years	11.02.2022	Yes	
9.	Anitha G S	Asst.Profeesor	MSc Nursing OBG Nursing	2018	15081	1year	6years	20.05.2022	Yes	
10.	Bhavyarani S	Asst Professor	Msc Nursing Med Surg Nursing	2019	17173	2year	5year	01.10.2023	Yes	
11.	Bharathi D	Asst Professor	Msc Nursing Med Surg Nursing	2018	11290	-	6years	01.10.2023	yes	
12.	Shobha B	Asst.Profeesor	MSc Nursing Community Health Nursing	2020	46195	-	5 years	11.02.2022	Yes	
13.	Shabbir Ahamad	Asst.Profeesor	MSc Nursing Psychiatric Nursing	2021	23887	1year	4years	11.02.2022	Yes	
14.	Sowmya B R	Asst Professor	MSc Nursing Paediatric Nursing	2024	52623	-	1 year	01.01.2025	Yes	
15.	Mrs.Chethana Kumari	Lecturer	MSc Nursing Medical Surgical Nurisng	2024	65615	-	4Months	01.04.2025	yes	
16.	Mr Siddeshi B N	Asst Professor	MSc Nursing Medical Surgical Nursing	2012	13291	--	4 years 7 Months	01.08.2025	Yes	
17.	Mr.Arun Kumar N	Lecturer	MSc Nursing Child Health Nursing	2025	21841	8 Years	-	01.08.2025	Yes	
18.	Sheshamma	Asst. Lecturer	P B BSc Nursing	2007	18100	3 years	-	01.08.2025	Yes	
19.	Prasanna S C	Asst. Lecturer	P B BSc Nursing	2011	45588	3 years	-	11.02.2022	Yes	

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

20.	Vinay Kumar N	Asst. Lecturer	P B BSc Nursing	2011	62138	3 years	-	11.02.2022	Yes	
21.	Shantha B K	Asst. Lecturer	P B BSc Nursing	2015	39650	3 years	-	11.02.2022	Yes	
22.	Vasuki Maddodi	Asst. Lecturer	Basic BSc Nursing	2009	28832	-	-	01.04.2023	Yes	
23.	Tulasidevi T	Asst. Lecturer	Post Basic BSc Nursing	2019	17345	-	-	01.04.2023	Yes	
24.	Amruth Brudikatti	Asst Lecturer	Basic BSc Nursing	2010	29808	-	-	01.01.2025	Yes	
25.	Sindhu M A	Asst Lecturer	Post Basic BSc Nursing	2023	39748	-	-	01.01.2025	Yes	
26.	Virupakshappa H	Asst Lecturer	Post Basic BSc Nursing	2024	70525	-	-	01.01.2025	Yes	
27.	Vijayanaik E	Asst Lecturer	Post Basic BSc Nursing	2012	114376	-	-	01.01.2025	Yes	
28.	Sevanthi Bai	Asst Lecturer	Post Basic BSc Nursing	2024	82268	-	-	01.01.2025	Yes	
29.	Umesh M R	Asst Lecturer	Post Basic BSc Nursing	2016	020980	-	-	01.01.2025	Yes	
30.	Rekha S S	Asst Lecturer	Basic BSc Nursing	2011	41522	-	-	01.01.2025	Yes	
31.	Roy K D	Asst Lecturer	Basic BSc Nursing	2012	050024	-	-	01.01.2025	Yes	
32.	Mariet Lizza Goms	Asst Lecturer	Basic BSc Nursing	2015	72884	-	-	01.01.2025	Yes	
33.	Prakash S	Asst Lecturer	Post Basic BSc Nursing	2016	134606	-	-	01.01.2025	Yes	
34.	Nizamuddin Bannikod	Asst Lecturer	Post Basic BSc Nursing	2012	87824	-	-	01.01.2025	Yes	
35.	Bharath G Rao	Asst Lecturer	Basic BSc Nursing	2012	047879	-	-	01.01.2025	Yes	
36.	Ameeda M	Asst Lecturer	Post Basic BSc Nursing	2025	51377	-	-	01.04.2025	Yes	
37.	Vasanth Kumar Y A	Asst Lecturer	Post Basic BSc Nursing	2022	136293	-	-	01.08.2025	Yes	
38.	Rashmi H B	Asst Lecturer	Basic BSc Nursing	2010	20171	-	-	01.08.2025	Yes	
39.	Jeevitha B M	Asst Lecturer	Basic BSc Nursing	2014	64694	-	-	14.08.2025	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)
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 Enclosed				

14. Physical Facilities:

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft		
	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	5 Class Rooms 1200Sq ft Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	--	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	--	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	--	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq ft	
	2. Vice-Principal Chamber	200	200 Sq ft	
	3. HOD	5 x 200 = 1000	5×200=1000Sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	800+2400=3200Sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		400 Sq ft	
	7. Accountants Office			
	8. Store Room		2×300=600 Sq ft	
	9. Record room		400 Sq ft	
	10. Room for maintenance staff		300 Sq ft	
	11. Xeroxing room		200 Sq ft	

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

	12. common room	1000	1000 Sq ft	
	13. Seminar hall	3000	3000 Sq ft	
	14. Toilets	1000	1500 Sq ft	
	15. A.V/Aids room	600	600 Sq ft	

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

Note:

One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.

At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheotomy, 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 intakes & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

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

Building Documents: **Annexure - 12**

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

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

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
		50	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	2300 Sq ft	YES	Good	Good	

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	119
No. of Thesis/Research titles available		**Is internet facility available for Students?**	Yes
No of e-books		**How many books were purchased in last financial year?**	212

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mr.Lakshan Kumar	Ph D in Library Sciences	18 years	
02	Mr.Santhosh Kumar	MSc in Library Sciences	10 Years	
03	Mrs.Bhgyajyothi	MSc in Library Sciences	10 Years	

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.

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

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

Academic activities	Particulars	Remarks
Research Projects	No	
Conferences conducted	Nil	
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 Mc Gann Teaching District Hospital SIMS,Shivamogga	1144	200meters	96%	
NAME OF THE TRUST/ Person owning The Hospital The Director				
Name Of The Owner Of The Trust The Director				

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

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).

NOTE:

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

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	150	140		
Surgery including OT	150	140		
Obstetrics & Gynecology	290	260		
Pediatrics,	140	130		
Emergency Medicine	40	40		
Psychiatry	26	21		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	15	14		
Minor OT	04	04		
Dental, Otorhinolaryngology, Ophthalmology	32	30		
Burns and Plastic	10	9		
Neonatology care unit	50	46		
Communicable disease/ Respiratory medicine/TB & chest diseases	30	25		
Dermatology	30	21		
Cardiology	28	24		
Oncology	10	8		
Neurology/Neuro-surgery	10	8		
Nephrology/Urology	15	15		
ICU/ICCU	10	70		
Geriatric Medicine	10	10		
Any other	40	30		

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Kumsi, Ayanur,
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ■ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		20 kms
b. Services Rendered by Health & Family Welfare Programmes		All the National Health Programme,Yes
URBAN FEILD :		
a. Name of CHC / PHC / SC		Tunganagr, Sriram Nagar
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ■ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		3 kms
b. Services Rendered by Health & Family Welfare Programmes		**All the National Health programme**
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** ☐

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

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

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

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	✓	
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	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	

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.

Observations:

→ LIC CoA inspection from RGUHS was conducted at SNS Nursing, Nirvega on 15.4.25.

→ The college had sufficient ~~38~~ staff all faculties possess requisite qualifications and are approved by the university. Work distribution is well-balanced & documented.

→ Classrooms are well-ventilated & equipped clean & functional.

→ All the departments/labs are fantastic.

→ IPD & records & treatment charts are maintained.

→ Students are posted regularly for clinical rotations.

→ Campus is clean & Student friendly.

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 SIMS Nursing College *Which has applied for continuation of affiliation for the academic year 2024-25.*

We have conducted LIC inspection of this college on 15/8/25 *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,wehavealsovisitedtheattached hospital and verified the bed strength and clinical facility at thehospital.*

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)**

InstructionsforreportingofLocalinspectionsbyRGUHS

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 48hours 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 the hospital in the prescribed format.

3. Submission of soft copy 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 check list 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 maybe 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 theTrust management can be held responsible and suitable action can be initiated by the University.

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

Govt Nursing College

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 truea nd correct.

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

Government Nursing College.

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)