# 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 SRINIVAS L D | Dr. GEETA DOLLI | Dr KOTIVRESHA.B.M |
| Designation | Professor | Professor | PRINCIPAL |
| Address | J.J.M. Medical college Davanagere | Basavaraj Patil Memorial AMC Hunnabad Bidar | Medical College of Nursing T.I.P.T |
| Mobile No | 7259920520 | 9886431714. | 9448913062 |
| Email ID | Srinildhalma@jjmmed.com | drgeetamailare@gmail.com | sanvinsand@gmail.com |

*Inspection For the Academic Year: 2025-26* *Date of Inspection: 13/08/2025*

*(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 | SHREE BHAGYAVANTI COLLEGE OF NURSING, TALIKOTI KODAGANUR ROAD,TALIKOTI-586214 | 2 | Year of Establishment: 25/01/2022 |
| 2 | Status of the course conducting body | Trust/Society | | |
| 3 | (a). Name of the Trust/Society & complete postal address & Phone number | SHREE BHAGYAVANTI SAMSTHE ( R ) Kodaganur Road, Talikoti - 586214 (Enclose copy of Registration documents of Society/Trust) Annexure – 1 | | |
| | | Email:drsavitapatil9@gmail.com | Website: https://sbs.1ngo.in/ | |
| | | Office No:7795452115 | Mobile No:9916671124 | |

Signature of Chairman

Signature of Member (1)
Dr. Geeta Dolli

Signature of Member (2)
Dr Kotivresha

| | | | | |
|---|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No | Dr.Savita Tallolli<br><br>9916671124 | | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 7<br><br>(Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2 | | |
| 5 | a) Details of Principal/Head of the institution ( After MSc) | Name:ANIL PATRIMATH<br>Qualification:MSc<br>Experience after MSc: 11yrs<br>Email:sbconprincipal@gmail.com | Mobile No:7975644386<br>Office No: 7795452115<br>Fax No:<br>Residential phone No: | |
| | b) Drawing authority of the college | Management | | |
| 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.<br>(Verify& enclose a copy of the registered trust Documents)<br>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 | 1000 | 130000 | 50 | 25000 | 156050 |
| Post Basic B.Sc. Nursing | | | | | | Verified |
| | | | | | Total (A) | |

| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation | No of Seats X Prescribed fees of each faculty | |
|---|---|---|---|
| | 1. | | |
| | 2. | | NA |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | | Total (B) | |
| NPCC | | | |
| | | Total (C) | |
| | | Grand Total (A+B+C) | |

Online Transaction Number or Details:ZSBI59Z095VYTS

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 | MED:144:MSF:2021 25/1/2022 Annexure - 5 | RGU/AFF/Fr/N522/2021-22 15/2/2022 Annexure - 6 | KNC:2053:2022-23 17/2/2022 Annexure - 7 | Annexure - 8 | |
| | Affiliation Sanctioned Intake | 40 | 40 | 40 | | |
| | Admissions Made for the Current Academic Year | 38 | 38 | 38 | | |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | | | | NA | NA |
| | 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 | | | | NA | NA |
| | Admissions Made for the Current Academic Year | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

| | | | | | | |
|---|---|---|---|---|---|---|
| M.Sc. NPCC | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | NA |
| | Sanctioned Intake | | | | | |
| | 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 | 15 | 23 | 13 | 23 | 74 |
| | Female | 23 | 17 | 27 | 16 | 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------- |
|---|---|---|---|---|---|---|
| | | | | | | NA |

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

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

**Annexure –10**

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

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

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

**Remarks:** _____

_____

_____

## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. No | Designation | Required | | | | | | | | Existing / Available | | | | Deficit | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | B.Sc (N) | | | | | P.B. 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 | | | | | | | | | | | | | | |
| 3 | Professor | 1 | 1-2 | | | | | 1* | | | | | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | | | | 1* | | | | | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | 7 | | | | | | | |
| 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**<br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors | **Total 8 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 16 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors | **Total 18 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors | **Total 24 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors |

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

| | | | | |
|---|---|---|---|---|
| **100 Students Intake** | **Total 10 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 20 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | **Total 30 Faculty**<br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | **Total 40 Faculty**<br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 150 students intake | | | | |
| **200 students intake** | | | | |
| **250 students** | | | | |
| * **Aadhar based biometric attendance for students** | | | | |

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

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

| Sl. No | Name of the teaching Faculty | Designation | Qualification along with specialty | Year of passing | KSNC Reg. Number | Teaching experience | | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | After UG | After PG | | | |
| 1. | Mr. Anil Patrimath | Principal | MSc Nursing Psychiatric | 2014 | 27069 | 2 Year | 11 years | 08/06/2023 | Yes | |
| 2. | Ms. Myagi | Assistant Professor | MSc Nursing OBG Nursing | 2023 | 57150 | 2 year 4 months | 1 year 4 months | 16/06/2025 | - | |
| 3. | Mr. Eranna | Lecturer | MSc Nursing Pediatric Nursing | 2021 | 125447 | | 1 month | 14/06/2025 | - | |
| 4. | Mr.Naveen Awati | Lecturer | MSc Nursing Medical Surgical Nursing | 2024 | 119964 | | 1 month | 10/07/2025 | - | |
| 5. | Ms.Gouramma | Lecturer | MSc Nursing Community health Nursing | 2024 | 220980 | 3Years 3 Months | 8 months | 01/01/2025 | - | |
| 6. | Mr.Shankar Nagare | Lecturer | MSc Nursing Medical Surgical Nursing | 2024 | 108319 | | 1 month | 10/07/2025 | - | |
| 7. | Mr.Ravikumar Vastar | Lecturer | MSc Nursing OBG Nursing | 2024 | 99763 | | 1 month | 12/07/2025 | - | |
| 8. | Ms.Neelamma Yatnatti | Lecturer | MSc Nursing OBG Nursing | 2020 | 146540 | | 1 month | 11/07/2025 | - | |
| 9. | Ms.NagavvaPatil | Tutor | BSc Nursing | 2022 | 135082 | 1 Year 8 months | | 01/12/2023 | - | |
| 10. | Mr.Bamdenamadu Amin Allahbakhsh | Tutor | BSc Nursing | 2019 | 100413 | 6 months | | 01/02/2025 | - | |
| 11. | Mr.Ravikumar | Tutor | BSc Nursing | 2021 | 121917 | 6 months | | 04/02/2025 | - | |
| 12. | Mr.Mohammad Wasiuddin Barsi | Tutor | BSc Nursing | 2024 | 162603 | 6 months | | 04/02/2025 | - | |
| 13. | Ms.Pooja | Tutor | BSc Nursing | 2021 | 256337 | 6 months | | 05/02/2025 | - | |
| 14. | Mr.Mohammed Sohail Kerur | Tutor | BSc Nursing | 2024 | 170008 | 3 months | | 02/05/2025 | - | |
| 15. | Mr.Basagonda Patil | Tutor | BSc Nursing | 2024 | 257909 | 6 months | | 01/04/2025 | - | |
| 16. | Mr.Ayyub Naikodi | Tutor | BSc Nursing | 2024 | 167714 | 1 month | | 14/07/2025 | - | |
| 17. | | | | | | | | | | |
| 18. | | | | | | | | | | |
| 19. | | | | | | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

PRINCIPAL
Shree Bhagyavanti College of Nursing
TALIKOTI-586214, Dist-Vijayapu

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

| Sl.No. | Name | Qualification | Subject | Number of Hours per Year | Remarks |
|---|---|---|---|---|---|
| | | | | | ENCLOSED |

**14. Physical Facilities :**

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

| S. No | Details | Required | Existing | Verified by LIC team |
|---|---|---|---|---|
| 1 | Built – up area of the building (in Sq. Ft) | 23200sq.ft | **25176 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 | **3600sq ft** | |
| | P.B.B.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | | |
| | M.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | 350sq ft | |
| | 2. Vice-Principal Chamber | 200 | 250sq ft | |
| | 3. HOD | 5 x 200 = 1000 | 2000 sq ft | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | 3200sq ft | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | **600** | 600sq ft | |
| | 7. Accountants Office | **100** | 200 sq ft | |
| | 8. Store Room | **100** | 150 sq ft | |
| | 9. Record room | **100** | 150 sq ft | |
| | 10. Room for maintenance staff | **100** | 150 sq ft | |
| | 11. Xeroxing room | **100** | 150 sq ft | |
| | 12. common room ( Girls & Boys) | 600+400= 1000 | 1000sq ft | |
| | 13. Multipurpose hall / Seminar hall/ examination hall | 3000 | 3000sq ft | |
| | 14. Toilets | 1000 | 1000sq ft | |

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

| | | | | |
|---|---|---|---|---|
| | 15. A.V/Aids room | 600 | 600 sq ft | |

| 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 | 1800 sq ft | |
| | Nutrition & Community Health Nursing | 1200sq.ft | 1200 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 | 1000sq ft | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | 1600sq 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** | Verified |
| 2 | **Is the college building own or leased ?** | |
| 3 | **Blue print of the building plan approved and attested by competent authority.** | Verified |
| 4 | **Building construction license from competent authority** | Verified |
| 5 | **Tax paid receipt (Latest / current year)** | |
| 6 | **Occupancy certificate.** | |
| 7 | **Sale deed / Lease deed of the building / Land.** | |
| 8 | **Land Conversion order from DC** | Verified |
| 9 | **Town planning/Authorities approval order** | |

**It is mandatory to enclose all the documents mentioned above.**

**Note:**

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

**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 License |
|---|---|---|---|---|---|
| 1 | KA424307 | 42 | Yes | Yes | Yes |

**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 | 2500sq ft | YES [√] No [ ] | √ | √ | |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 3010 | **No. of Nursing Journals subscribed** | 6 |
| **No. of Thesis/Research titles available** | 2 | **Is internet facility available for Students?** | YES |
| **No of e-books** | | **How many books were purchased in last financial year?** | 500 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 1 | Vijayalaxmi Sanganna Basarakod | BA.Lib.Sciences | 12 | |
| | | | | |
| | | | | |

**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 | — | — |

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

| | | |
|---|---|---|
| Conferences conducted | 4 | |
| Conferences attended | 10 | |

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

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

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

| **Parent Hospital.** | **Total No. Beds** | **Distance from the college** | **Occupancy on the day of inspection (min 75%)** | **Verified by LIC team** |
|---|---|---|---|---|
| Full Name & Address of the Parent Hospital **SHREE BHAGYAVANTI HOSPITAL,AMBEDKAR CIRCLE HUNASAGI ROAD ,TALIKOTI 586214**<br><br>MOU( Registered parent hospital MOU) | 100 | 3.76KM | | |
| NAME OF THE TRUST/ Person owning The Hospital<br><br>**SHREE BHAGYAVANTI SAMSTHE( R )** | | | | |
| Name Of The Owner Of The Trust of Hospital<br><br>**DR. SAVITA TALLOLLI** | | | | |
| Affiliated hospitals- Full Name & Address of the<br>1 Kripamayee Institute of Mental health and Neuroscience, Miraj | 150 | 219.8KM | | |

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

| | | | | | |
|---|---|---|---|---|---|
| | 2 | | | | |
| | 3<br><br>( MOU/Clinical permission letter) | | | | |

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

**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:** Verified and Attached & Enclosure

**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 | 10 | 08 | | |
| Surgery including OT | 10 | 08 | | |
| Obstetrics & Gynecology | 10 | 08 | | |
| Pediatrics, | 30 | 22 | | |
| Emergency Medicine | 05 | 02 | | |
| Psychiatry | 10 | 07 | 150 | 120 |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | 05 | | | |
| Minor OT | 05 | | | |
| Dental, Otorhinolaryngology, Ophthalmology | | | | |
| Burns and Plastic | | | | |
| Neonatology care unit | | | | |
| Communicable disease/Respiratory medicine/TB & chest diseases | | | | |
| Dermatology | | | | |
| Cardiology | | | | |
| Oncology | | | | |
| Neurology/Neuro-surgery | | | | |

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

| | | | | |
|---|---|---|---|---|
| Nephrology/Urology | | | | |
| ICU/ICCU | 10 | | | |
| Geriatric Medicine | | | | |
| Any other | 05 | | | |

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

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 | |
|---|---|---|
| **RURAL FILELD** | | |
| **a. Name of CHC / PHC / SC** | | Primary Health Center, Tamadaddi |
| Adopted / Affiliated | | |
| Administrate red by | | **State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ] |
| Distance from the Nursing Institute | | 11km |
| **b.** Services Rendered by Health & Family Welfare Programmes | | Family welfare and National health programs |
| **URBAN FEILD :** | | |
| **a. Name of CHC / PHC / SC** | | Community Health Center Talikoti |
| Adopted / Affiliated | | |
| Administrate red by | | **State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ] |
| Distance from the Nursing Institute | | 5km |
| **b.** Services Rendered by Health & Family Welfare Programmes | | Family welfare and National health programs |
| *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** [ ] |

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

| | | | |
|---|---|---|---|
| **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** |
| **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 | **25000 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 : 10** | **Boys : 13** |
| **f.** | Total No. of rooms | **Girls : 14** | **Boys : 06** |
| **g.** | Water Supply | **YES** √ | **NO** |
| **h.** | Electricity Supply | **YES** √ | **NO** |

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

| | | | |
|---|---|---|---|
| i. | Is Facilities available for outdoor games and indoor games? | YES √ | NO |
| j. | Is Sick room available? | YES √ | NO |
| k. | Whether the hostel mess is available with | YES √ | NO |
| l. | Safe drinking water facilities | YES √ | NO |

**List of Annexures:**

| Annexure Numbers | Details | Verified as per originals documents | | Signature |
|---|---|---|---|---|
| | | 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 :<br>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,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | √ | | |
| **Annexure - 13** | Vehicle Details : Bus | √ | | |

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

| | | | | |
|---|---|---|---|---|
| **Annexure - 14** | Details of List of LibraryBooks & others | √ | | |
| **Annexure - 15** | Academic Activities | √ | | |
| **Annexure - 16** | Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals. | √ | | |
| **Annexure - 17** | Details of Community Health Nursing Posting Facilities | √ | | |
| **Annexure - 18** | Master Rotation plans and Time tables | √ | | |
| **Annexure - 19** | List of Teachers with their Declaration forms & necessary documents | √ | | |
| **Annexure –20** | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise | | ✓ | |

**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:**

Shree Bhagyvanthi College of Nursing, Talikote applied for continuation of affiliation for the year 2025-26 - B.Sc Nursing 40 seats, we the team of LIC conducted inspection on 13/8/25 with the following observations

- Affiliation fee paid
- Registered Trust as per norms.
- KPCB approved KPME with 100 beds
- Class rooms, Labs, Library adequate as per norms
- Faculty adequate for the given seats,
- Clinical facility is adequate with good Patient occupancy and out Patients,

So, infrastructure, faculty, clinical facility is adequate for 2025-26 BSN Nursing - 40 seats admission on the day of Inspection.

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 Shree Bhagavathi College of Nursing Talikote, which has applied for continuation of affiliation for the academic year 2025-26.

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)**

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

**e-Stamp**

| | | |
|---|---|---|
| **Certificate No.** | : | **IN-KA11548010452192X** |
| Certificate Issued Date | : | 07-Aug-2025 10:23 AM |
| Account Reference | : | NONACC (FI)/ kagcsl08/ MUDDEBIHAL2/ KA-BJ |
| Unique Doc. Reference | : | SUBIN-KAKAGCSL0838502793923514X |
| Purchased by | : | OWNER SHREE BHAGYAVANTI HOSPITAL TALIKOTI |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | OWNER SHREE BHAGYAVANTI HOSPITAL TALIKOTI |
| Second Party | : | REGISTRAR RGUHS BANGALORE |
| Stamp Duty Paid By | : | OWNER SHREE BHAGYAVANTI HOSPITAL TALIKOTI |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

G SEVA KENDRA MUDDEBIHAL Authorized Signatory

Please write or type below this line

NOTARY B.A. NADAGOUDAR MUDDEBIHAL VIJAYAPUR DISTRICT KARNATAKA Reg. No: 12419 5-1-2022 Exp. Dt: 4-1-2027 GOVT. OF INDIA

# UNDERTAKING

I/We, Dr. Savita Patil is the Owners/MD/CEO/Board Members of the Shree Bhagyavanti Hospital

NO. OF CORRECTIONS

NOTARY MUDDEBIHAL DIST. VIJAYAPUR 07 AUG 2025

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

hospital situated at NEAR BCM LADIES HOSTEL AMBEDEKAR CIRCLE, HUNASAGI ROAD TALIKOTI. This is to confirm that our hospital Shree Bhagyavanti Hospital Talikoti is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Shree Bhagyavanti hospital is functioning as parent hospital for Shree Bhagyava College Of Nursing , Talikoti.

We also confirm that our hospital is solely affiliated To Shree Bhagyavanti College Of Nursing college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NO. OF CORRECTIONS

NOTARY
MUDDEBIHAL. DIST: VIJAYAPUR

NOTARY
B. A. NADAGOUDAR
MUDDEBIHAL
VIJAYAPUR DISTRICT
KARNATAKA
Reg. No: 12419
5-1-2022
Exp. Dt: 4-1-2027
GOVT. OF INDIA

DEPONENTS ADMITTING CONTENTS SUPRA SIGNED SWORN BEFORE ME SERVICE ATTESTED

B. A. NADAGOUDAR B.Com,LL.B.(Spl)
ADVOCATE & NOTARY GOVT. OF INDIA
MUDDEBIHAL. DIST: VIJAYAPUR

07 AUG 2025

PRESIDENT
SHREE BHAGYAVANTI SAMSTHE (R)
TALIKOTI-586214, Dist-Vijayapur

सत्यमेव जयते

**INDIA NON JUDICIAL**

**Government of Karnataka**

**e-Stamp**

| | | |
|---|---|---|
| **Certificate No.** | : | **IN-KA11548687754095X** |
| Certificate Issued Date | : | 07-Aug-2025 10:24 AM |
| Account Reference | : | NONACC (FI)/ kagcsl08/ MUDDEBIHAL2/ KA-BJ |
| Unique Doc. Reference | : | SUBIN-KAKAGCSL08385000185380 57X |
| Purchased by | : | CHAIRMAN SHREE BHAGYAVANTI COLLEGE OF NURSING TLK |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | CHAIRMAN SHREE BHAGYAVANTI COLLEGE OF NURSING TLK |
| Second Party | : | REGISTRAR RGUHS BANGALORE |
| Stamp Duty Paid By | : | CHAIRMAN SHREE BHAGYAVANTI COLLEGE OF NURSING TLK |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

SEVA KENDRA MUDDEBIHAL Authorized Signatory

Please write or type below this line

NOTARY B. A. NADAGOUDAR MUDDEBIHAL VIJAYAPUR DISTRICT KARNATAKA Reg. No: 12419 5-1-2022 Exp. Dt: 4-1-2027 GOVT. OF INDIA

# UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Dr. Savita Tallolli are submitting the affidavit to University.

NO. OF CORRECTIONS

NOTARY MUDDEBIHAL. DIST: VIJAYAPUR 07 AUG 2025

The trust Shree Bhagyavanti Samsthe ® is running/managing the colleges Shree Bhagyavanti College of nursing talikoti since 4 years.

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

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

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

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

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

NO. OF CORRECTIONS

NOTARY
MUDDEBIHAL. DIST: VIJAYAPUR

NOTARY
R.A. NADAGOUDAR
MUDDEBIHAL
VIJAYAPUR DISTRICT
KARNATAKA
Reg. No: 12419
5-1-2022
Exp. Dt: 4-1-2027
GOVT. OF IND

EXECUTANTS/ DEPONENTS ADMITTING CONTENTS SUPRA SIGNED SWORN BEFORE ME HENCE ATTESTED

B. A. NADAGOUDAR B.Com,LL.B (Spl)
ADVOCATE & NOTARY GOVT OF INDIA
MUDDEBIHAL. DIST: VIJAYAPURA
KARNATAKA INDIA

07 AUG 2025

PRESIDENT
SHREE BHAGYAVANTI SAMSTHE (R)
TALIKOTI-586214, Dist-Vijayapur