



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 DOLH	DR. KOTIVRESHA. D.
Designation	Professor	Professor	Principal
Address	J.S.M. Medical College Davanagere	Basavasey Talit Memorial AMC Hunnabadi Biddar	Medica College of Nursing T.18th
Mobile No	7259920520	9886431714	9448913062
Email ID	drsrinivasl@med. com	drgeetamailare@ gmail.com	sanvinsaw@ 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 of Society. To (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)

Signature of Member (2)

(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No	Dr.Savita Tallolli 9916671124		
4 Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 7 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5 a) Details of Principal/Head of the institution (After MSc)	Name: ANIL PATRIMATH Qualification: MSc Experience after MSc: 11yrs Email: sbconprincipal@gmail.com		Mobile No: 7975644386 Office No: 7795452115 Fax No: 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. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Helinet Inst Fee a) only for UG or Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
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	NA NA
	Sanctioned Intake				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	NA
	Sanctioned Intake				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)

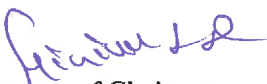
Year Wise Distribution of Faculty for B.Sc Nursing :				
(Start the Program i.e, for 1 st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)				
Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty	Total 8 Faculty	Total 12 Faculty	Total 16 Faculty
	* 3 M.Sc. Nursing qualified faculty * 2 Tutors	* 5 M.Sc. Nursing qualified faculty * 3 Tutors	* 7 M.Sc. Nursing qualified faculty * 5 Tutors	* 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	Total 6 Faculty	Total 12 Faculty	Total 18 Faculty	Total 24 Faculty
	* 3 M.Sc. Nursing qualified faculty * 3 Tutors	* 5 M.Sc. Nursing qualified faculty * 7 Tutors	* 7 M.Sc. Nursing qualified faculty * 11 Tutors	* 8 M.Sc. Nursing qualified faculty * 16 Tutors


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

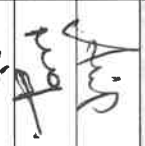
100 Students Intake	Total 10 Faculty * 5 M.Sc. Nursing qualified faculty * 5 Tutors	Total 20 Faculty * 8 M.Sc. Nursing qualified faculty * 12 Tutors	Total 30 Faculty * 12 M.Sc. Nursing qualified faculty * 18 Tutors	Total 40 Faculty * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				
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 Yamarti	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)

THE UNIVERSITY OF CHICAGO
LIBRARY
5408 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

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) 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	23200sq.ft	25176 sq.ft	
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.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	
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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 ? ✓	verified
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

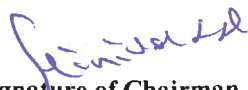
S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Vijayalaxmi Sanganna Basarakod	BA.Lib.Sciences	12	

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 will increase/decrease according to the number of seats approved.

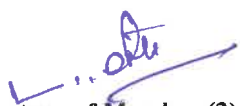
17. Academic activities : Enclose the details of past 3 years

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	100	3.76KM		
MOU(Registered parent hospital MOU)				
NAME OF THE TRUST/ Person owning The Hospital SHREE BHAGYAVANTI SAMSTHE(R)				
Name Of The Owner Of The Trust of Hospital DR. SAVITA TALLOLI				
Affiliated hospitals- Full Name & Address of the 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 (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 for **Bangalore 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, 2021 F.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)

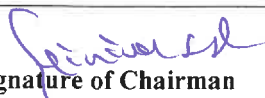

Signature of Member (2)

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/CCU	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			
Administrated 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			
Administrated 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	
<i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i>			

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

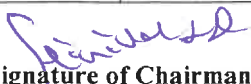

Signature of Member (1)


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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	√		
Annexure - 13	Vehicle Details : Bus	√		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Annexure - 14	Details of List of Library Books & 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:

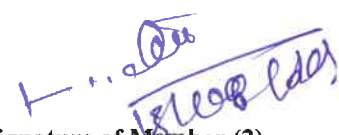
Shree Bhagyawathi College of Nursing, Talikote applied for continuation of affiliation for the year 2025-26. Being newly 40 seats, we the team of LIC conducted inspection on 13/8/25 with the following observations

- Affiliation fee paid
- Registered student as per norms.
- KPCB approved KPME with 100 beds
- class room, lab, library adequate as per norms
- Faculty adequate for the given seats.
- Clinical facility is adequate with good

Patient occupancy and out patient, so, infrastructure, faculty, clinical facility is adequate for 2025-26 BSc 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 Bhagawathi College of Nursing which has applied for continuation of affiliation for the academic year 2025-26. Talikota

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)

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 the 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: Dishank 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)



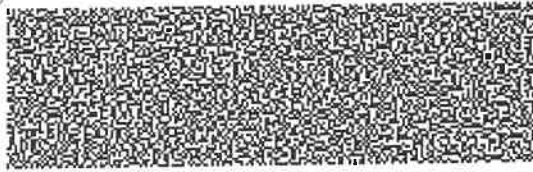
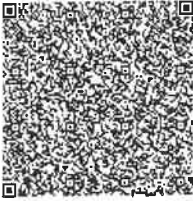
सत्यमेव जयते

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)/ kagcsI08/ MUDDDEBIHAL2/ 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)



Please write or type below this line

UNDERTAKING

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

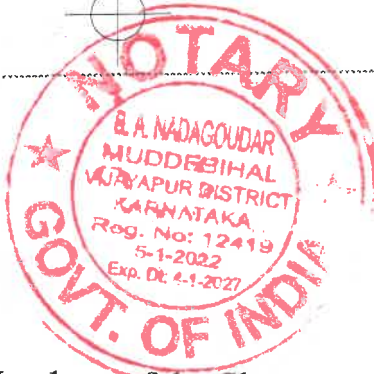
NO. OF CORRECTIONS

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shoelstamp.com' or using e-Stamp Mobile App of Stock Holding Corporation of India Ltd. 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 Concerned Authority.

NOTARY

07 AUG 2025



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.



I, DEPOSENT, DEPOSENT'S ADMITTING
CONTENTS SUPRA SIGNED SWORN
BEFORE ME & WITNESSES ATTESTED

B. A. NADAGUDAR B.Com, LL.B. (Sp)
ADVOCATE & NOTARY GOVT. OF INDIA
MUDDEBIHAL. DIST: VIJAYAPUR
KARNATAKA


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

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



07 AUG-2025

DECLUTEN'S DEPONENTS ADMITTING
CONTENTS SUPRA SIGNED SWORN
BEFORE ME WE HAVE ATTESTED

B. A. NADAGOUNDAR B.Com, LL.B (Sp)
ADVOCATE & NOTARY GOVT OF INDIA
MUDDEBIHAL, DIST: VIJAYAPUR
KARNATAKA INDIA

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