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. Mahendra	dr. Basayya. V. H	Prof. Pradeep Kadiwal
Designation	Senate Member	Principal	Professor
Address		RMSS Institute of Nursing Sciences Hukkeri	GIMS. Govt college of Nursing. Gadag
Mobile No	9845573431	8618339489	7090070081
Email ID	mahendraaorthoa@gmail.com	basayya850@gmail.com	padalu0306@gmail.com

Inspection For the Academic Year :			*Date of Inspection:*
(Please Tick the Appropriate Boxes Below)			
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	**Name of the Institution with Full Address**	Vimochana college of Nursing opp koralli cross Near RTO check post Aland kalaburgi	2	**Year of Establishment** 2021
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	Samata lok Shikshana Samiti oppo. koralli cross RTO check post kalaburgi Road. (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: Samata, Aland@gmail.com	**Website:**	
		Office No:	**Mobile No:**	

Signature of Chairman | **Signature of Member (1)** dr Basayya.V.H | **Signature of Member (2)** Pradeep Kadiwal

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Ramchandra K Patil Chairman.		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Shashikala M. Gadagimath Qualification: MSc(OBG) Nursing Experience after MSc: 17 years Email: shashikalaGadagimath@gmail.com		Mobile No: 9480263471 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college			
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	✓ Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	continuation Affiliation	39000/-	60,000/-	40,000/-	25,000/-	155950,00/-
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:

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	✓	✓	✓		
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

	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	07	11	16	25	59
	Female	14	14	19	15	62
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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		10							
	Total	**16-24**	**24-40**				**4-12**			18							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

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

250 students				
* Aadhar based biometric attendance for students				

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.	Shanshikal. M.G	Priciple.	MSc OBG	2010						
2.	Sandesh I	Vice Priciple		2010						
3.	Susan	Ast Prof	CHN	2020	82413					
4.	Nagaveena	Asit professor	~~MSN~~CHN	2020	83689					
5.	Pavitra	Asit proffer	OBG	2025	111265	—	1month	1/3/24		
6.	Ashwini	Asit. Proffer	Ped.	~~2024~~	060379		6month			
7.	Sangeeta	Ast. Prof.	MSN	2025	113131	1y 1month	1month	18/07/25		
8.	Darshan.									
9.	Pallavi	Nsg tutor	FON							
10.	Sadiq	Nsg tutor								
11.	Mallikarjun.	Nsg tutor	Anato							
12.	Anil Sirlkar	Nsg tutor								
13.	Triveni	Nsg tutor								
14.	Yallaling.	Tutor								
15.	Bhavana	Nsg tutor								
16.	Soniya	Nsg tutor								
17.	Puspa.	Nsg tutor	Physiology	2020	97925					
18.	Sunilkumar	Nsg tutor								
19.	Bhagyashree.	Nsg tutor	?	2022	138118	8month				
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

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

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										
66.										
67.										
68.										
69.										

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

70.										
71.										
72.										
73.										
74.										
75.										
76.										
77.										
78.										
79.										
80.										
81.										
82.										
83.										
84.										
85.										
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										
95.										

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

96.										
97.										
98.										
99.										
100.										
101.										
102.										
103.										
104.										
105.										
106.										
107.										
108.										
109.										
110.										
111.										
112.										
113.										
114.										
115.										
116.										

- **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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	25,115.31 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	900 sq.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	400 sq.ft	
	2. Vice-Principal Chamber	200	300 sq.ft	
	3. HOD	5 x 200 = 1000	1000 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3500 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	200 sq.ft	
	7. Accountants Office	**100**	200 sq.ft	
	8. Store Room	**100**	200 sq.ft	
	9. Record room	**100**	200 sq.ft	
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**		
	12. common room (Girls & Boys)	600+400= 1000	1000 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	

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

	15. A.V/Aids room	600	600 sq.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	1700 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300 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	1700 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600 sq.ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA32 D7766	54	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400 Sqft	YES ☑ No ☐			

Total No. of Nursing Books available	2500	**No. of Nursing Journals subscribed**	4
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	
No of e-books	200	**How many books were purchased in last financial year?**	495

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Vijendra	MLIB	2	
2.	Mamodra	BLIB	8	

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		
Conferences attended		

* 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 Samata Multispeciality Hospital MOU(Registered parent hospital MOU)		100	500 m	80%	
NAME OF THE TRUST/ Person owning The Hospital Samata lok shikshan samiti					
Name Of The Owner Of The Trust of Hospital Ramchandra K. patil					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Gulbarga Institute of Medical science Aland	750	50 km	80%	
	2 Government hospital Aland	100	5km	80%	
	3				

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

	(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:

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

18.1. Distribution of Beds

Clinical Areas	Parent Samata multispeciality Hospital 100		Affiliated 750 GIMS (750)	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30		120	92
Surgery including OT	20		180	112
Obstetrics & Gynecology	25		90	68
Pediatrics,	10		60	43
Emergency Medicine	10		5	3
Psychiatry	5		10	5

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01	01	10	08
Minor OT	01	01	05	03
Dental, Otorhinolaryngology, Ophthalmology	01	01	30+20	25+18
Burns and Plastic	01	01	06	05
Neonatology care unit	01	01	10	08
Communicable disease/Respiratory medicine/TB & chest diseases	01	01	06	04
Dermatology	01	01	30	28
Cardiology	01	01	20	18
Oncology	01	01	05	03
Neurology/Neuro-surgery	01	01	05	03
Nephrology/Urology	—	—	20	18
ICU/ICCU	01	01	10+10	6+7
Geriatric Medicine	01	01	10	

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

Any other			20	15

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		Jidaga Primary Health centre
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		7 km
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		Aland urban community Health Centre
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		04 km
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	Master Rotation Plan : Annexure - 18		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☐
c.	M.Sc. Nursing	YES ☐	NO ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☐
c.	M.Sc. Nursing	YES ☐	NO ☐

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	YES ☑	NO ☐
b.	Daily Attendance Registers	YES ☑	NO ☐
c.	Health Records	YES ☑	NO ☐
d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐

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

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	Sq.ft 3196	
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	Verified as per originals documents		
		Yes	NO	Signature
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			
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			

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

	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: LIC team visited for the continued affiliation of BSc(40)seats of Vimochana college of nursing. On the day of inspection as per the documents provided and observations made it was found that.

* The college is established in the year 2021 under the trust Samatha Lok Shikshana Samiti. with the permission from the respective competent authority.
* The College building has 25.115 Sq feet, the physical infrastructure like classrooms, library, Laboratory, AV rooms, Hostel facilities are found to be adequate.
* As to clinical facilities College has own hospital Samatha Multispeciality Hospital, KPME and PCR attached. On the day of inspection Both allopathy and ayurveda hospitals are functioning in the same building.
* The list of faculty who were present on the day of inspection with due signature is attached.
* All the required documents, resources, and photos are enclosed for your kind perusal.

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 Vimochana College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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

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

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

copy enclosed

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

Copy enclosed

Signature of ~~Chairman~~

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA16025326211870X**
Certificate Issued Date	:	12-Aug-2025 05:08 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GULBARGA15/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0847013752195387X
Purchased by	:	CHAIRMAN SAMATA MULTI SPECIALITY HOSPITAL ALAND
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SAMATA MULTI SPECIALITY HOSPITAL ALAND
Second Party	:	THE REGISTER RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN SAMATA MULTI SPECIALITY HOSPITAL ALAND
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, **Ramchandra Patil** am the Owner of the **Samata Multi Speciality Hospital Situated At Plot/Phase No.SY.691/1, 691/2, 691/3 And 691/4, Aland, Tq: Aland, Dist: Kalaburagi-585302.**

ADVOCATE & NOTARY PUBLIC
GOVT OF INDIA DIST. KALABURAGI

12 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.

This is to confirm that out hospital **Samata Multi Speciality Hospital** is registered under KPMEA and PCB with 100 beds and bonafide has been attached.

This is to confirm that the **Samata Multi Speciality Hospital** is functioning as parent hospital for **Vimochana College of Nursing Aland, Kalaburagi**.

We also confirm that our hospital is solely affiliate to **Vimochana College of Nursing Aland, Kalaburagi.**

The information provided by us is true and correct.

SECRETARY
SAMATA LOK SHIKSHAN SAMITI's
ALAND-585302. Dist. Kalaburagi.

SWORN BEFORE ME

ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

12 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA16023891686207X
Certificate Issued Date	:	12-Aug-2025 05:08 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GULBARGA15/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0847018668581223X
Purchased by	:	CHAIRMAN SAMATA LOK SHIKSHAN SAMITI ALAND
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SAMATA LOK SHIKSHAN SAMITI ALAND
Second Party	:	THE REGISTER RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN SAMATA LOK SHIKSHAN SAMITI ALAND
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
Jewargi Souharda Pattina Sahakari (R)
Court Campus, KALABURAGI

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I, **Ramchandra Patil** the Secretary of the **Samata Lok Shikshan Samiti Situated At Koralli Cross, Aland, Tq: Aland, Dist: Kalaburagi-585302**. Trust am submitting the affidavit to University.

ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

12 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.

The trust **Samata Lok Shikshan Samiti** is running/managing the Colleges **Vimochana College of Nursing Aland, Kalaburagi**. Since 2021 Years.

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

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

We also confirm that the college is solely managed by the trust and is not lease/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.

SECRETARY
SAMATA LOK SHIKSHAN SAMITI's
ALAND-585302. Dist. Kalaburagi.

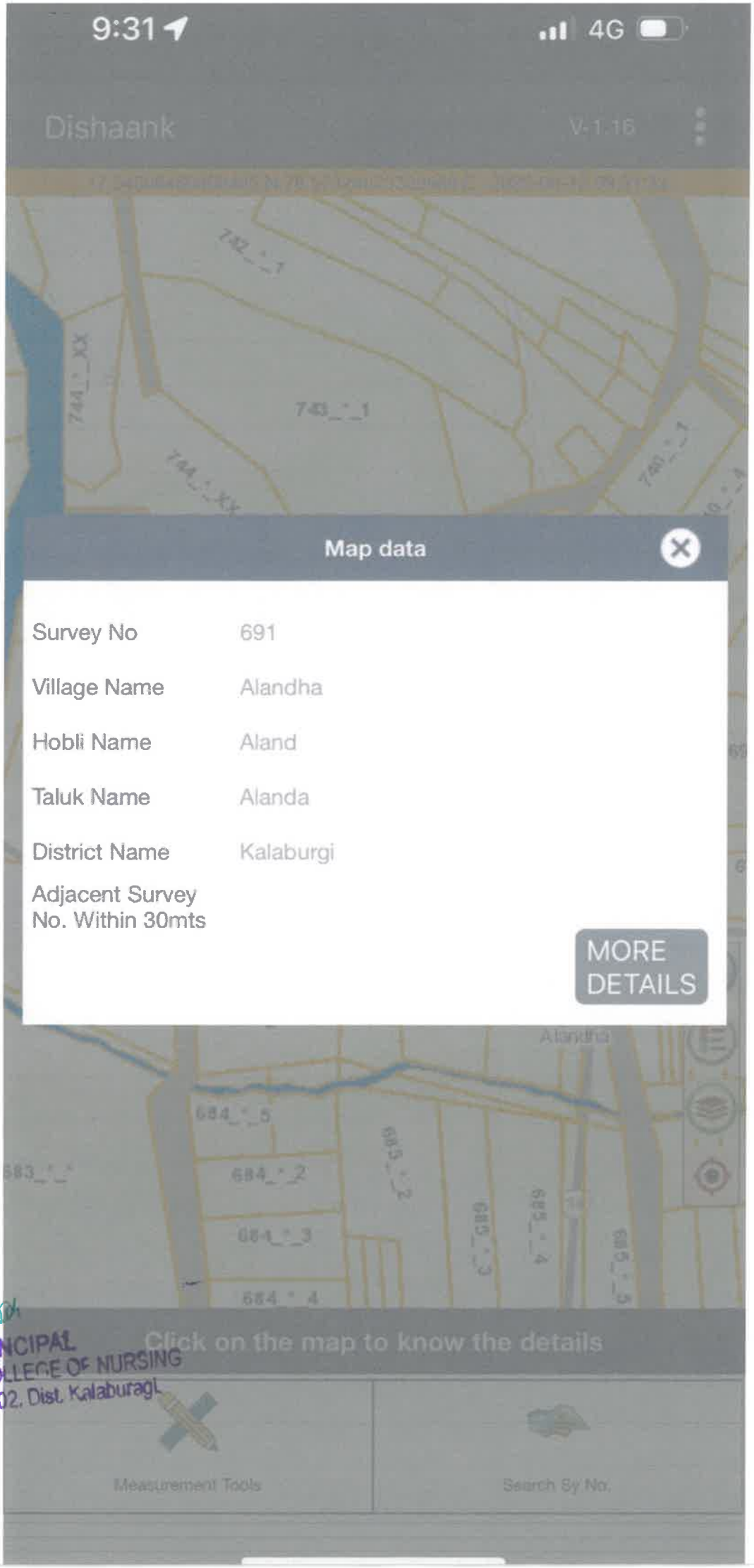
Declaration

SWORN BEFORE ME

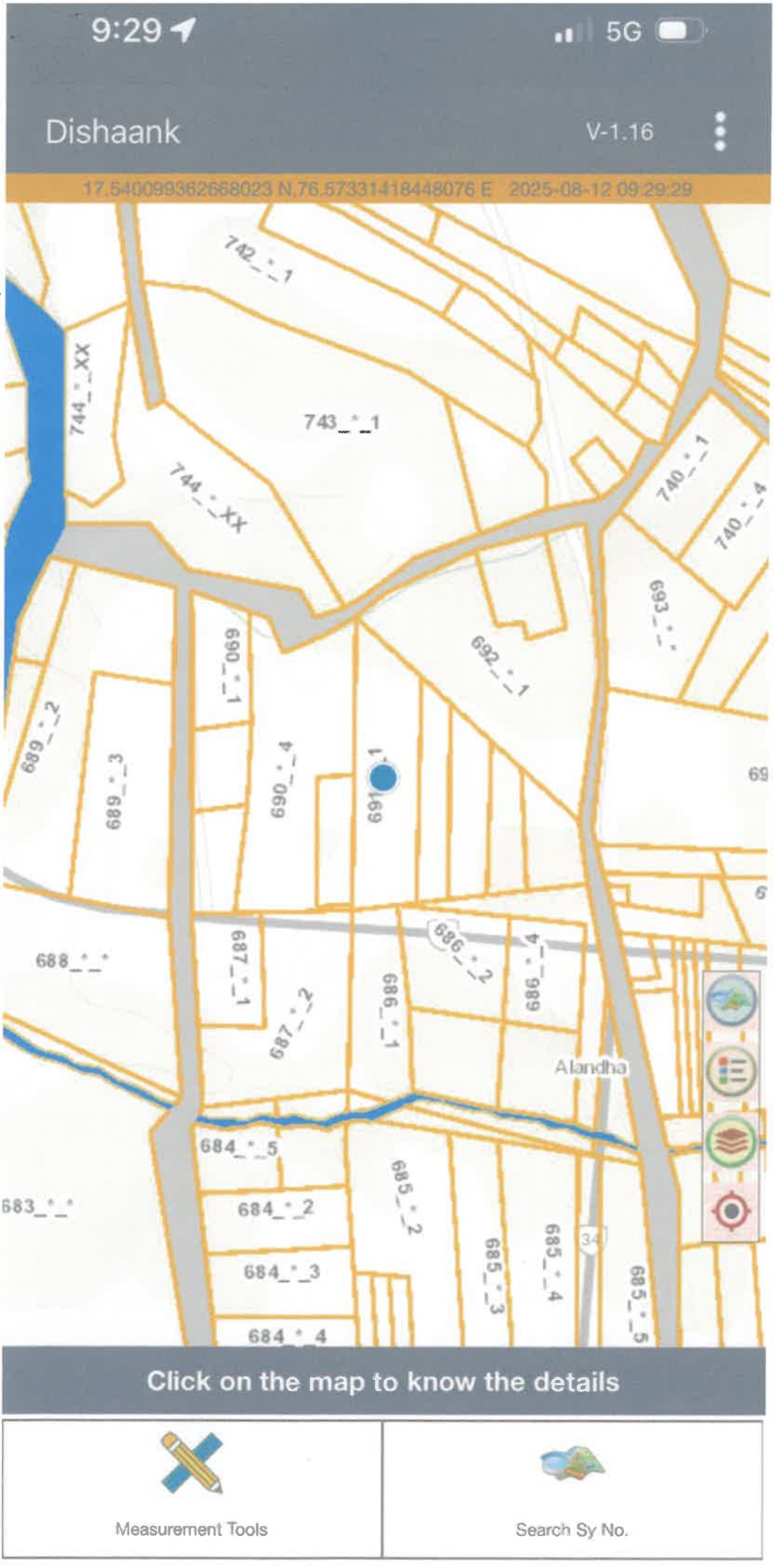
M. NAGENDRAPPA, M
B.A., LL.B. (Spl.)
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA, DIST. KALABURAGI

12 AUG 2025

PRINCIPAL
VIMOCHANA COLLEGE OF NURSING
ALAND-585 302. Dist. Kalaburagi.



PRINCIPAL
VIMOCHANA COLLEGE OF NUR
ALAND-585 302 Dist. Kalabura



PRINCIPAL
VIMOCHANA COLLEGE OF NURSING
ALAND-585 302. Dist. Kalaburagi.

Owner Details

Surnoc No. :

Hissa No. : 1

Owners | RTC

Owner Name	ಮಹಾವಿದ್ಯಾಲಯ ಆಸ್ಪತ್ರೆ - ಮತ್ತು ಸಂಶೋದನಾ ಕೇಂದ್ರ ಆಳಂದ- ಭೂ.ಪ
Extent	7 : 0 : 0
Is he main owner?	YES
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
Is land alienated?	Yes
Any Trnsc running?	NO

PRINCIPAL
VIMOCHANA COLLEGE OF NURSING
ALAND-585 302. Dist. Kalaburagi.

For more details please visit https://landrecords.karnataka.gov.in/

PRINCIPAL
VIMOCHANA COLLEGE OF NURSING
AL AMBABARI 302, Dist. Kalaburagi

PRINCIPAL
VIMOCHANA COLLEGE OF NURSING
ALAND-585 302. Dist. Kalaburagi.