Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Veeresh. K. Hanchinal	Dr. Basavaraj. Nadagouda	Mr. Akash. Jadhav
Designation	Associate Professor	Dean & Professor. Dept of Dravyaguna	Asst. Professor
Address	Gadag Institute of Medical sciences, Gadag - 582103	HKDET's Rajarajeswhari Ayurvedic Medical College & Research Centre Bidar	BLDEA's College of Nursing. Tikota
Mobile No	9620151813	9845975191	9765470596
Email ID	veereshblue1@gmail.com	drbasunadagouda@gmail.com	

Inspection For the Academic Year : 2025-2026 ***Date of Inspection:*** 12/08/2025

(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**	Arogya College of Nursing, Laxmi Nagar Near Govt Post metric Girls Hostel, Mudalagi - 591312	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**	Shri Allamaprabhu Foundation's, A/P - Kolloli Dharmatti Road TQ - Gokak, Dist - Belagavi 591224 Ph - 9535489916 (Enclose copy of Registration documents of Society/Trust) Enclosed **Annexure – 1**		
		Email: shriallamprabhufoundation@gmail.com	**Website:** shriallamprabhufoundation.org	
		Office No: 08332-200126	**Mobile No:** 9535489916	

Signature of Chairman Dr. Veeresh.

Signature of Member (1) 12/8/25

Signature of Member (2)

Online Transaction Number or Details:

Remarks:

— Enclosed —

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	RGU|Aff|CAN-MDLG|62·2020-21 16-01-2021 Annexure - 5	RGU|Aff|NSG|CoA|01 2024-25 20-09-2024 Annexure - 6	SLHO 397 2025-26 Annexure - 7	- Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	37	37	37		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			0		
	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			0		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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.Sc Nursing	Male	11	08	18	14	51
	Female	24	11	18	22	75
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

10. If the college has P.B.B.Sc(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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 25.03.2017

Remarks: _____

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

12. Teaching Faculty Requirements for all Nursing Programs:

— Enclosed —

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	1	1				1							
2	Vice-Principal	1	1	1	1	1				1							
3	Professor	1	1-2	2-3	3-5	5-6		1*		0							
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*		—							
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*		3							
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--		13							
	Total	16-24	24-40	36-60	48-80	60-100	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 INC letter: F.NO.1-6/LT/2023-INC dated: 06.03.2024

(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

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

150 Students Intake	**Total 15 Faculty** * 7 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty *18 Tutors	**Total 45 Faculty** * 18 M.Sc. Nursing qualified faculty *27Tutors	**Total 60 Faculty** * 24 M.Sc. Nursing qualified faculty *36 Tutors
200 Students Intake	**Total 20 Faculty** * 10 M.Sc. Nursing qualified faculty * 10 Tutors	**Total 40 Faculty** * 17 M.Sc. Nursing qualified faculty *23Tutors	**Total 60 Faculty** * 25 M.Sc. Nursing qualified faculty *35 Tutors	**Total 80 Faculty** * 32 M.Sc. Nursing qualified faculty *48 Tutors
250 students	**Total 25 Faculty** * 12 M.Sc. Nursing qualified faculty * 13 Tutors	**Total 50 Faculty** * 20 M.Sc. Nursing qualified faculty *30 Tutors	**Total 75 Faculty** * 30 M.Sc. Nursing qualified faculty * 45Tutors	**Total 100 Faculty** * 40 M.Sc. Nursing qualified faculty *60Tutors
* **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.	Dr. Mahantesh. A. Naganuri	Principal	PhD (N) Pediatric	2012	13853	2 years	13 years	3/1/22	Yes	
2.	Mr. Sanjeev Arabhavi	Vice Principal	MSc. Nursing CHN	2029	29949	8 years	5 years	9/9/24	yes	
3.	Mr. Santisagar. thermalapur	Ast. Professor	Msc Nursing Psychiatric	2021	129991	6 years	4 year	1/9/24	Yes	
4.	Mr. Hajarakumar. Bhavikatti	Ast. Professor	MSc. Nursing	2022	29813	10 yrs	3 year	2/12/24	yes	on leave.
5.	Mrs. Deepa. Mudhol	Ast. Professor	MSc Nursing Psychiatric	2022	92238	4 years	3 years	12/10/22	yes	
6.	Ms. Jayashri Patil	lecturer	MSc Nursing Pediatric	2023	130150	3 years	1 year	16/12/23	yes	
7.	Ms. Dyamavva. Banderagall	Lecturer	MSc Nursing OBG	2023	21940	4 years	1 year	1/7/23	yes	
8.	Mr. Palaiah V R	lecturer	MSc Nursing MSN	2024	182128	5 years	1 year	1/7/23	Yes	Palaiah. VR
9.	Mrs. Suman. Patagundi	Senior. Tutor	Msc. Nursing Pediatric	2025	108303	4 year	–	23/12/24	yes	
10.	Mr. Vittal. Patil	Senior. Tutor	Bsc Nursing	2018	189311	6 years	–	2/5/22	yes	
11.	Mr. Praddep kuri.	Nsg. Tutor	Bsc Nursing	2022	141995	2 years	–	6/2/23	Yes	
12.	Ms. Swati kalal	Nsg. Tutor	Bsc. Nursing	2023	150749	1 year	–	1/4/25	yes	
13.	Mr. Rajashree. Sajjan	Nsg Tutor	Bsc. Nursing	2024	172438	–	–	2/2/25	Yes	
14.	Ms. Roopa. Radarakatti	Nsg. Tutor	Bsc. Nursing	2024	172961	–	–	11/2/25	yes	
15.	Ms. Vanita. Wali	Nsg. Tutor	Bsc Nursing	2024	180233	–	–	1/4/25	Yes	
16.	Mr. Ageelahamad. Naikwadi	Nsg. Tutor	Bsc. Nursing	2024	173834	–	–	6/8/25	yes	
17.	Ms. Pallavi. G	Lecturer	MSc Nursing OBG	2024	121464	3 years	1 year	1/6/25	yes	on leave
18.	Ms. Nasreen. Taj. M	Nsg Tutor	Bsc Nursing	2023	158360	1 year	–	1/6/25	Yes	on Leave
19.										
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

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- **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 M.Sc 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)**

Enclosed

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 : Enclosed

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	24,000 sqft	
	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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3600 Sqft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	←	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sqft	
	2. Vice-Principal Chamber	200	200 Sqft	
	3. HOD	5 x 200 = 1000	1000 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 Sqft	
	7. Accountants Office	**100**	100 Sqft	
	8. Store Room	**100**	100 Sqft	
	9. Record room	**100**	100 Sqft	
	10. Room for maintenance staff	**100**	100 Sqft	
	11. Xeroxing room	**100**	100 Sqft	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sft	
	14. Toilets	1000	1000 Sqft	

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

	15. A.V/Aids room	600	600 Sqft	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sqft	

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: Enclosed **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 / Registered 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 dated 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 — Enclosed — **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA 49 5058	32	Yes / No	Yes / No	Yes / No

— Enclosed —

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300sqft	YES ☑ No ☐	Adequate	Adequate	

Total No. of Nursing Books available	2152	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	Yes	**Is internet facility available for Students?**	Yes
No of e-books	Yes	**How many books were purchased in last financial year?**	57

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Laxmi. Hubbali	B.Lib	3 years	
2	Goudappa. Patil	B.Lib	5 years	

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

17. Academic activities : Enclose the details of past 3 years — Enclosed — **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)	

– Enclosed –

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital Arogya Adhar Multi Speciality Hospital, Mudalagi 591312 MOU(Registered parent hospital MOU)		100	3 KM	92+.	
NAME OF THE TRUST/ Person owning The Hospital Shri Allamaprabhu foundation Kolloli.					
Name Of The Owner Of The Trust of Hospital Dr. Mahantesh. Kadadi.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Mallikarjun Multi Speciality Hospital Hanugeri. TQ-Raibag	50	22 Km	94 +	
	2 Manasa Nursing Home. Shivamogga	100	300 Km	–	

Signature of Chairman

Signature of Member (1)

Signature of Member (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/Single allopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	95+	25	96+.
Surgery including OT	02	94+.	10	100+
Obstetrics & Gynecology	40	95+.	–	–
Pediatrics,	35	95+	–	–
Emergency Medicine	–	–	2	100+.
Psychiatry	–	–	–	–

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	100+.	5	100+.
Minor OT	03	100+.	3	100+
Dental, Otorhinolaryngology, Ophthalmology	–	–	–	–
Burns and Plastic	–	–	2	100+.
Neonatology care unit	05	100+.	–	–
Communicable disease/Respiratory medicine/TB & chest diseases	–	–	–	–
Dermatology	–	–	–	–
Cardiology	–	–	3	100+.
Oncology	–	–	–	–
Neurology/Neuro-surgery	–	–	–	–
Nephrology/Urology	–	–	–	–

Signature of Chairman

Signature of Member (1) 12/8/25

Signature of Member (2)

ICU/ICCU				
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FIELD		
a.	**Name of CHC / PHC / SC**	PRIMARY HEALTH CENTER NAGANOOR
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	05 Km
b.	Services Rendered by Health & Family Welfare Programmes	AS PER STATE GVT
URBAN FIELD:		
a.	**Name of CHC / PHC / SC**	COMMUNITY HEALTH CENTER. MUDALAGI
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	01 Km
b.	Services Rendered by Health & Family Welfare Programmes	AS PER STATE GOVT
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** ☐

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

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	Sq.ft 17.500Sqft	
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 : 35	Boys : 18
f.	Total No. of rooms	Girls : 10	Boys : 08
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1) 12/8/25

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		
		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/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		

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

Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryB ooks & 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:

The LIC inspection team visited to Arogya College of Nursing mudalagi and the following observation were done on the day of inspection i.e. on 12/08/2025. Continuation of affiliation for the academic year 2025-26.

Infrastructure: The college have adequate building as per the norms i.e 24000 sqft. including 4 classrooms and laboratories including 2 manikins, models. The Library have 2152 books with 40 seating capacities.

The teaching staff have total 18 it includes 1 principal 13 years experiences, 1 vice principal. 3 Asst professor remaing 13 tutors and it includes 3 faculty leave on the day of inspection.

Hospital: The hospital having 100 beded Parent hospital of Arogya Adhar multispeciality hospital mudalagi and 50 beded affiliated hospital and clinical facilities observed and documents enclosed.

12/8/25

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

UNDERTAKING

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

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

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA15159718297110X**
Certificate Issued Date	:	12-Aug-2025 11:21 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MUDALAGI3/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKACRSFL0845380895359076X
Purchased by	:	SHRI ALLAMAPRABHU FOUNDATIONS
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	AGREEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI ALLAMAPRABHU FOUNDATIONS
Second Party	:	REGISTRAR EVALUATION RGUHS BANGALORE
Stamp Duty Paid By	:	SHRI ALLAMAPRABHU FOUNDATIONS
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
Bhanavantari Rural &
Urban Valantory Association
(BRUVA)Mudalagi-591312
Tq:Gokak Dt:Belgaum

Please write or type below this line

NOTARY
S.S.Godigoudar
Gokak Dt:Belagavi
(Karnataka)
Regd No.12246/2016
Expiry Date
25-12-2026
GOVT. OF INDIA

UNDERTAKING by Trust Management

We the **Chairman/President**/Secretary/Member of the trust **Shri Allamaprabhu Foundations** are submitting the affidavit to university.

No. of Correction

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 **Shri Allamaprabhu Foundation's** is running/managing the colleges

1. **Arogya college of Nursing, Mudalagi**
2. **Samruddi College of Nursing, Gokak**

since **05** 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 Correction

Notary

NOTARY
S.S.Godigoudar
Gokak Dt:Belagavi
(Karnataka)
Regd No.12246/2016
Expiry Date
25-12-2026
GOVT. OF INDIA

SHREE ALLAMAPRABHU FOUNDATION
TQ MUDALAGI
PIN-591312

SWORN TO BEFORE ME

SUDHEER S. GODIGOUDAR
B.A., L.L.B.,(Spl.)
ADVOCATE & NOTARY, GOKAK

Subject Expert
RGUHS LIC
Team

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA15157966292351X**
Certificate Issued Date	:	12-Aug-2025 11:20 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MUDALAGI3/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKACRSFL0845370619769993X
Purchased by	:	AROGYA COLLEGE OF NURSING MUDALAGI
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	AGREEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AROGYA COLLEGE OF NURSING MUDALAGI
Second Party	:	REGISTRAR EVALUATION RGUHS BANGALORE
Stamp Duty Paid By	:	AROGYA COLLEGE OF NURSING MUDALAGI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
Dhanavantari Rural &
Jiban Vaikalpy Association
(DRUVA)Mudalagi-591312
Tq:Gokak Dt:Belgaum

NOTARY
S.S.Godigoudar
Gokak Dt:Belagavi
(Karnataka)
Regd No.12245/2016
Expiry Date
29-12-2026
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I/We, **Dr. Mahantesh Kadadi** is/are the **Owners**/MD/CEO/Board Members of the **Arogya Adhar Multispeciality,** hospital situated at **Mudalagi.**

No. of Correction

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 our hospital **Arogya Adhar Multispeciality** is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Arogya Adhar Multispeciality** is functioning as affiliated/**parent**/own hospital for **Arogya College of Nursing, Mudalagi** college.

We also confirm that our hospital is solely affiliated to **Arogya College of Nursing, Mudalagi** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

PRESIDENT
Arogya College of Nursing
Mudalagi.

No. of Correction
Notary

NOTARY
S.S.Godigoudar
Gokak Dt:Belagavi
(Karnataka)
Regd No.12246/2016
Expiry Date
25-12-2026
GOVT. OF INDIA

SWORN TO BEFORE ME

SUDHEER S. GODIGOUDAR
B.A., LL.B.,(Spl.)
ADVOCATE & NOTARY, GOKAK

Subject Expe
RGUHS, Bg
Exam