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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mahantesh	Dr. Basayya. U. H	Dr. Susheelkumar V. Ronad
Designation	Registrar Swati Nursing	Principal	Assistant Professor
Address		Prince Institute of Nursing Science Hulkoti	DIMHANS, College of Nursing, Dharwad 580008
Mobile No	9245563437	8618389489	9886091602
Email ID	[illegible]	basayya55@gmail.com	susheelronad@gmail.com

For the Academic Year : 2025–26 ***Date of Inspection:*** 11/08/2025

(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 Gopalder Jadhar College of Nursing Kalaburgi - 585105	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**	Shree Gopalder Jadhar Memorial Trust Kalaburgi (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: sgjcollegeofnursing@gmail.com	**Website:** NO.	

ph: 08472 200051

Signature of Chairman — Signature of Member (1) (Dr Basayya. U. H) — Signature of Member (2) (Dr. Susheelkumar V. Ronad)

	(b). Name of the Owner of Trust/Society	Shree Abdul Waheed Muneer		
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	Details of Principal/Head of the institution	**Name:** Prof. Vijayreddy **Qualification:** Ph.d(c) MSC (N) **Experience:** 16 year. **Email:** sgr collegeofnursing@gmail.com	**Mobile No:** 9509695123 **Office No:** 08472 200051 **Fax No:** **Residential phone No:**	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	✓	1,30,000	✓	1050	25,000/-	156050/-
Post Basic B.Sc. Nursing	—		N A	—		
					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. N A	—	
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: Date: 30/12/2024
Trans action ID: BD00000007592082

Signature of Chairman | Signature of Member (1) (Cdr. Basappa. U.H) | 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	40	40	40	—	
	Admissions Made for the Current Academic Year	39				
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	—	—	—	—	

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

	Admissions Made for the Current Academic Year	Yes (39)				

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					139
	Female					
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)**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*		00									
4	Associate Professor	2	2-4		1*		01									
5	Assistant Professor	3	3-8	2	3*											
6	Tutor	8-16	16-24	2-10	--		15									
	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

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

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

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

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

(Email: sgjcollegeofnursing@gmail.com, ph: 08472-200051)

SHREE GOPALDEV JADHAV COLLEGE OF NURSING, KALABURAGI - 585105

Sl. No	Name	Qualification	Designation	Year of Passing	KSNC Reg.No	Teaching Experience	D.O.J	Form-16 Submitted Yes/No	Signature
01	Prof.Vijayreddy	PhD Scholar M.Sc Nursing (Med-SurgNsg) MPA,PGDHA,	Principal	2010	4381	UG:-1.5Year PG:-15Years TOTAL: 16.5 Years	05-08-2022	yes	11/8/2025
02	RajuNarale	M.Sc(N)	Vice-Principal	2009	26278	UG:-1Year PG:-12Years	01/04/2022	–	
03	Vinod.Gadag	M.Sc (N)	Associate Prof	2013	13838	11Years	09/07/2025	–	Leave
04	Bhagyashree	M.Sc (N)	Tutor	2024	123498	1Year	10/03/2025	–	
05	Sunil	M.Sc(N)	Tutor	2024	113138	1Year	11/07/2025	–	
06	Sudhakar	M.Sc(N)	Tutor	2024	114365	2Years	07/07/2025	–	Leave
07	Mrs.Iramma	B.Sc (N)	Tutor	2023	133896	2Years	05/10/2023	–	
08	Mr.Nagesh	B.Sc (N)	Tutor	2021	110150	2Years	26/07/2023	–	
09	Mr.kishor	B.Sc (N)	Tutor	2021	129572	1Year	02/06/2025	–	
10	Mr.Kiran	B.Sc (N)	Tutor	2023	133868	2Years	09/06/2023	–	
11	Mr.Mallikarjun	B.Sc (N)	Tutor	2021	110153	2Years	04/10/2023	–	
12	Mr.Shreekanth	B.Sc (N)	Tutor	2023	133875	1Years	05/06/2025	–	
13	Mr.Shivashranappa	B.Sc (N)	Tutor	2023	134309	2Years	11/07/2023	–	
14	Mr.Mallinath	B.Sc (N)	Tutor	2023	133891	1Year	02/06/2024	–	
15	Mr.Abhishek	B.Sc (N)	Tutor	2023	149282	1Year	05-06-2025	–	
16	Mr.Giriraj	B.Sc (N)	Tutor	2024	163192	1Year	09-06-2025	–	
17	Mr.Shankarayya	B.Sc (N)	Tutor	2023	138759	1Year	06-06-2025	–	
18	Mr. Prabhu	B.Sc(N)	Tutor	2023	133916	1 year	04-06-2025		

Signature of Chairman

Shree Gopaldev Jadhav College of Nursing, No. 2-911/11/2/1, Rajapur Prashant Nagar A, Shahabad Ring Road, KALABURAGI-585105

Signature of A.C Member

Subject Expert Sign

11/08/2025

PRINCIPAL
Shree Gopaldev Jadhav College of Nursing
Kalaburagi-585 105

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.										
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Copy attached

Signature of Chairman

Signature of Member (1)

Sujheel

Signature of Member (2)

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

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Copy attached

- **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
		List attached			

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft		
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	1000 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	300 sqFt	
	2. Vice-Principal Chamber	200	200 sqFt	
	3. HOD	5 x 200 = 1000	1000 sqFt	
	4. Professor/Assoc. Prof	800+2400=3200	3300 sqFt	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1000	
	13. Seminar hall	3000	3200	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	700	

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

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, 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**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience

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

			Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2500	YES ☑ No ☐	✓	✓	✓

Total No. of Nursing Books available	850	**No. of Nursing Journals subscribed**	09
No. of Thesis/Research titles available	08	**Is internet facility available for Students?**	yes
No of e-books	275	**How many books were purchased in last financial year?**	125

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Shri. Rajshekar	M. Lib	35 years	–

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

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

Academic activities	Particulars	Remarks
Research Projects	08	
Conferences conducted	02	

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

Conferences attended		

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital Vatsalya life Hospital Kalburgi		100	2.5 KM	85%	
NAME OF THE TRUST/ Person owning The Hospital Dr. vivek. patil					
Name Of The Owner Of The Trust of Hospital Dr. vivek. patil					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, 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

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

specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	85%		
Surgery including OT	20	85%		

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

Obstetrics & Gynecology	20	80 %		
Pediatrics,	10	84 %		
Emergency Medicine	10	85 %		
Psychiatry	20	86 %		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01	80%		
Minor OT	01	80%		
Dental, Otorhinolaryngology, Ophthalmology	05	75%		
Burns and Plastic	05	85%		
Neonatology care unit	05	75%		
Communicable disease/Respiratory medicine/TB & chest diseases	05	80%		
Dermatology	05	75%		
Cardiology	10	80%		
Oncology	-			
Neurology/Neuro-surgery	10	75%		
Nephrology/Urology	20	80%		
ICU/ICCU	20	75%		
Geriatric Medicine	05	80%		
Any other	Total 100			

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	(3KM) Ashok Nagar UPHC Kalburgi
Adopted / Affiliated	(23 KM) Savalagi PHC (Rural)
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐

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

Distance from the Nursing Institute	20 kms
b. Services Rendered by Health & Family Welfare Programmes	Govt of Karnataka
URBAN FEILD :	Ashok Nagar
a. Name of CHC / PHC / SC	Affiliated
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	04 kms
b. Services Rendered by Health & Family Welfare Programmes	Govt of Karnataka

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**	☐
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**	☐

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

k.	Rotation plans	YES ✓	NO ☐
l.	Committee Meetings	YES ✓	NO ☐
m.	Affiliation records	YES ✓	NO ☐
n.	Records of Stock	YES ✓	NO ☐
o.	Annual report of activities and achievements	YES ✓	NO ☐
p.	Staff development programmes	YES ✓	NO ☐
q.	Anti ragging committee	YES ✓	NO ☐
r.	Student welfare committee	YES ✓	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	**Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ✓	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO ☐
e.	Total No. of students in the hostel	**Girls :** 10	**Boys :**
f.	Total No. of rooms	**Girls :** 10	**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 ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	

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

Annexure - 3	Details of any other Nursing Institution under the same Trust	NO	✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	—	—
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	—
Annexure - 10	List of M.Sc. Nursing Students as per format	—	—
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of LibraryBooks & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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	—NA—	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations: LIC team visited on 11/08/25 for the Continuation Affiliation of 25-26. 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,

- the college has shown own hospital in the name of Vatsalya life hospital, KPME and PCB enclosed.

The physical infrastructures like, classrooms laboratory, library, Digital Lab and other facilities are available in two blocks and found to be adequate.

There were totally 18 faculty, of which 16 were physically present and two were on informed leave and the copy is attached.

All the enquired documents and annexures are enclosed for your kind perusal.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Shree Gopalder Jadhav College of Nursing Kalburgi which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/2025 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 (2)	**Signature of Member (1)**	**Signature of 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 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 (2) | **Signature of Member (1)** | **Signature of Member**

UNDERTAKING

I/We, Vaatsalya life hospital Board/Owners is/are the Owners/MD/CEO/Board Members of the Vaatsalya life hospital situated at Khuba plot Kalaburagi.

This is to confirm that our hospital Vaatsalya life is registered under KPMEA and PCB with 100/+ (Hundred) beds and the bonafide certificate has been attached.

This is to confirm that the hospital Vaatsalya life is functioning as affiliated/parent/own hospital for Shree Gopalder Jadhav GN Kalaburagi college.

We also confirm that our hospital is solely affiliated to Shree Gopalder Jadhav College of Nursing college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

11/03/2025

VAATSALYA LIFE HOSPITAL
Beside HCG Hospital
Khuba Plot
KALABURAGI

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Shree Abdul Waheed Muneer are submitting the affidavit to University.

The trust Shree Gopaldev Jadhav Memorial Trust is running/managing the colleges 1. _____

2. _____

3. 1997 since 22 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.

SECRETARY
Shree Gopaldev Jadhav
Memorial Trust (R.)
KALABURAGI

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

(Dr. Sucheelkumar V. Rozad)

SECRETARY
Shree Gondaley Jadhav
Memorial Trust (R.)
KALABURAGI

Owner Details

Surnoc No. :

Hissa No. : 3

Owners | RTC

Owner Name	ಜುಬೇದಾ ಬೇಗಂ ಗಂಡ ದಿವಂಗತ ಸುಲ್ತಾನ ಸಾಬ - - ಭೂ.ಪ
Extent	2 : 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 Tnsc running?	NO

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

Dishaank V-1.16

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Map data

Survey No	11
Village Name	Rajapura
Hobli Name	Kalaburgi
Taluk Name	Gulabarga
District Name	Kalaburgi
Adjacent Survey No. Within 30mts	48_BA. MA

MORE DETAILS

Click on the map to know the details

Measurement Tools | Search Sy No.

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Vaatsalya Life Hos

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GPS Map Camera
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Shahbad Road, Khobha Colony, Kalaburagi,
Karnataka 585105, India
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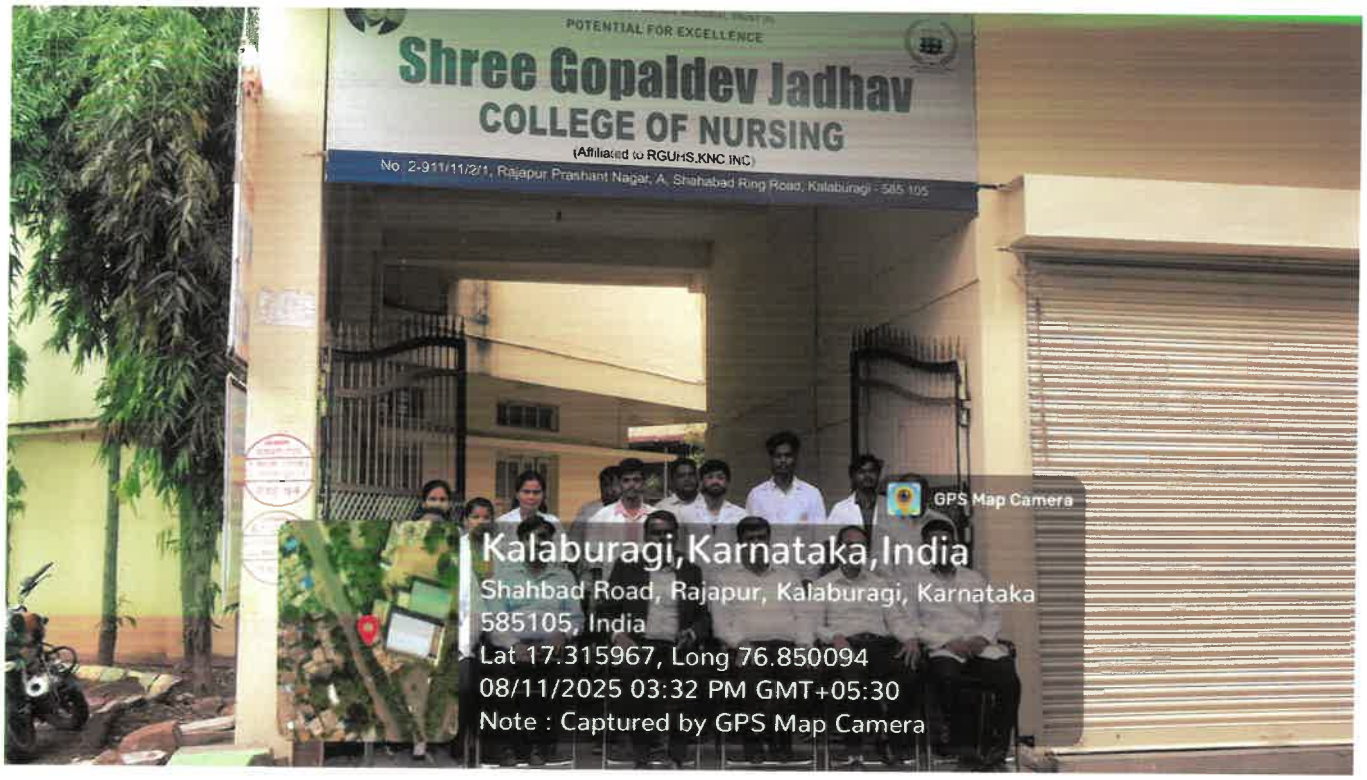
POTENTIAL FOR EXCELLENCE
Shree Gopaldev Jadhav
COLLEGE OF NURSING
(Affiliated to RGUHS,KNC,INC)
No. 2-911/11/2/1, Rajapur Prashant Nagar, A, Shahabad Ring Road, Kalaburagi - 585 105
GPS Map Camera
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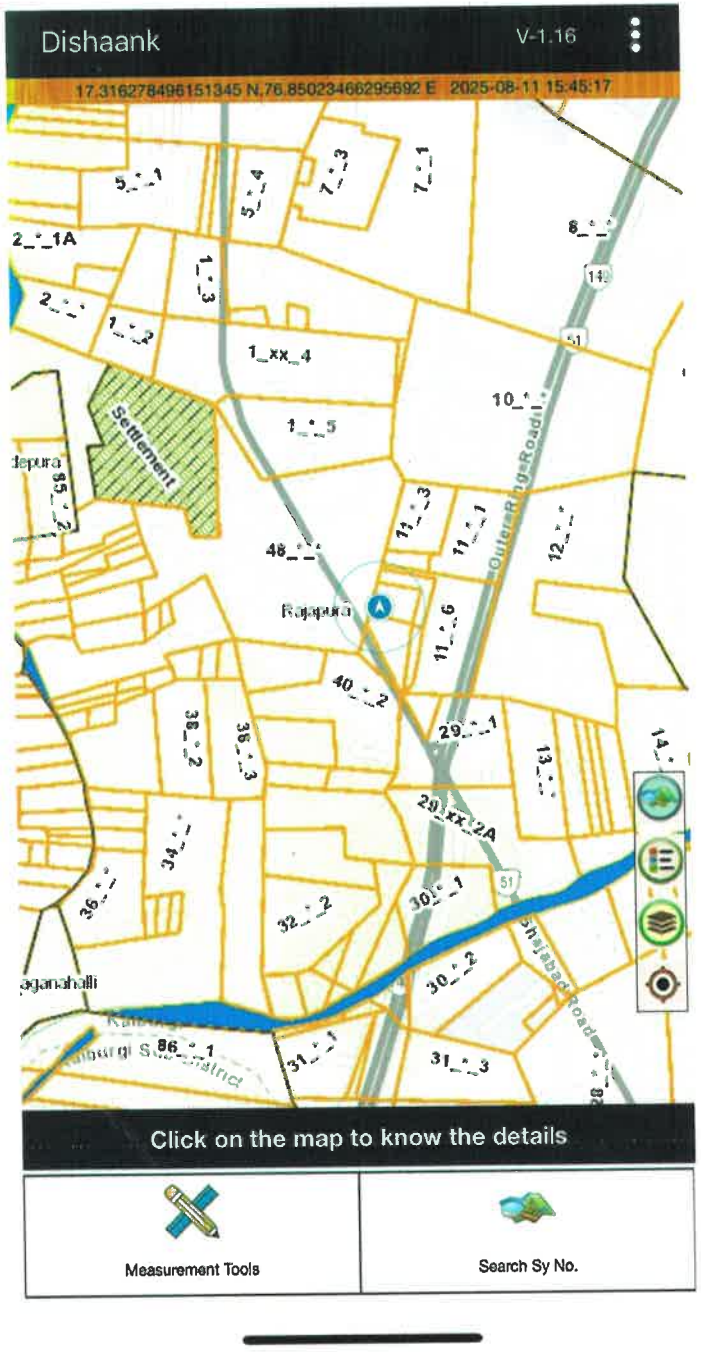
POTENTIAL FOR EXCELLENCE
Shree Gopaldev Jadhav
COLLEGE OF NURSING
(Affiliated to RGUHS,KNC,INC)
No. 2-911/11/2/1, Rajapur Prashant Nagar, A, Shahabad Ring Road, Kalaburagi - 585 105

1/8/2025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Settlement
Rajapura
Outer Ring Road
Shahabad Road
Click on the map to know the details
Measurement Tools
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Shahbad Road, Rajapur, Kalaburagi, Karnataka
585105, India
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