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 Bharath Anche	Mahesh C Gadag	Annapurna
Designation	Member of Senate	Principal	Principal
Address	Sri venkateshwara Nilaya, Kuvempu Nagar, Kote, Kadur, Chikkamagaluru	Sana Institute of Health Sciences, Shanthinikethan, Bairidevarkoppa, Hubballi	Bellary Institute of Nursing, Bellary-583103
Mobile No	8892746974	8147452988	9972479581
Email ID	Bharath.dr12@gmail.com	Maheshgadag6@gmail.com	principalbionbly@gmail.com

For the Academic Year : 2025-26 *Date of Inspection: 10-05-2025*

(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	SPOORTHI COLLEGE OF NURSING, SAI NAGAR, ANEGUNDI ROAD, GANGAVATHI – 583227	2	Year of Establishment: 2021-22
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address	ATREYA AYURVEDA PRATISHTANA ® Shivananda Nagar, Dr S V Savadi Road, Gadag- (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: spoorthiscong854@gmail.com	Website: spoorthiayugvt.in	

Signature of Chairman (CENTRE MEMBER)

Signature of Member (1) (Academic Council Member)

Signature of Member (2) ANNAPURNA.D Subject Expert

	(b). Name of the Owner of Trust/Society	Smt. Nirmala Savadi	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)	Annexure - 2
5	Details of Principal/Head of the institution	Name: Mr Nataraj Salagundi Qualification: M Sc Nursing (CHN) Experience: 12 yrs Email: spoorthiscong854@gmail.com	Mobile No: 9986444803 Office No: 7019520292 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	Continuation & Increase intake	— Copies are Enclosed				—
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	

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

Online Transaction Number or Details:

Renwal (writetransction In)

Signature of Chairman

Verified

Signature of Member (1)

Signature of Member (2)

Remarks: Verified

Verified

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	Verified
	Affiliation Sanctioned Intake	40	40	40	NA	
	Admissions Made for the Current Academic Year	40	40	40	NA	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA	NA	NA	NA	NIL
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
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	NIL
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA	NA	NA	NA	NIL
	Sanctioned Intake	NA	NA	NA	NA	

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

	Admissions Made for the Current Academic Year		N.A			

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	13	12	16	12	56
	Female	27	28	24	26	105
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA

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

Annexure - 9

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

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

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

Annexure –10

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

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: Verified

Verifide

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	NA	NA	NA	NA	NA	NA	NA	NA	NA
2	Vice-Principal	1	1				01	NA	NA	NA	NA	NA	NA	NA	NA	NA
3	Professor	1	1-2		1*		01	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	Associate Professor	2	2-4		1*		02	NA	NA	NA	NA	NA	NA	NA	NA	NA
5	Assistant Professor	3	3-8	2	3*		03	NA	NA	NA	NA	NA	NA	NA	NA	NA
6	Tutor	8-16	16-24	2-10	--		15	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Total	**16-24**	**24-40**	**4-12**			23	NA	NA	NA	NA	NA	NA	NA	NA	NA

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** • NA	**Total 20 Faculty** • NA	**Total 30 Faculty** • NA	**Total 40 Faculty** • NA

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

ATREYA AYURVEDA PRATISTHANA ®
SPOORTHI INSTITUTE OF NURSING GANGVATHI
Teaching facualty list

SL.NO	Name Of the Teaching Faculty	Designation	Qualification Along with Speciality	Year Of Passing	KNC Reg No.	Teaching Experience		Date Of Joining	Form 16 Submitted (YES/NO)	Sign. Of Faculty
						After UG	After PG			
1	MR.Nataraj S	Principal	M.Sc Nursing(CHN)	2014	5782	1 yr	11 years	31.12.2020	Yes	
2	Mr. Parvata gowda	Vice Principal	M.Sc Nursing (CHN)	2017	36406	1 yr	9 years	01.01.2024	Yes	
3	Ms. Sumana Veronica B	Asst.Professor	M.Sc Nursing (OBG)	2021	81506	1	3 yrs	01.01.2024	Yes	
4	Ms.Chayadevi	Lecturer	M.Sc Nursing(Psychiatric)	2021	73880	1 yer	4yer	01-01-2024	Yes	Leave
5	Mrs. Mygi soloman	Lecturer	M.Sc Nursing (OBG)	2023	57150	3yer (4 months)	1 yer	01-05-2025	Yes	
6	Ms. Anilkumar S R	Lecturer	M.Sc Nursing(OBG)	2022	137491	1 yr	2 yrs	01.01.2024	Yes	
7	Ms. Renuka K	Lecturer	M.Sc Nursing (MSN)	2024	72204	1 year	1 yr	01.01.2024	Yes	
8	Mrs. Chaitra C	Lecturer	M.Sc nursing Paediatrics	2024	108326	1 yr	1yr	01-03-2023	Yes	Leave
9	Ms. Shilpa S	Lecturer	M.Sc Nursing (OBG)	2025	123748	1yr	-	01-01-2025	Yes	
10	Ms. Netravathi	Nursing Tutor	Post Basic B.Sc Nursing	2024	230230	1 yr	-	01-06-2024	Yes	
11	Ms. Rajeshwari P	Nursing Tutor	Post Basic B.Sc Nursing	2023	232286	1	-		Yes	
12	Mr. Murudabasaveshwar	Nursing Tutor	Post Basic B.Sc Nursing	2023	218780	1 yr	-	01-04-2023	Yes	
13	Ms. Shobha	Nursing Tutor	Post Basic B.Sc Nursing	2023	232286	7 Months	-	01-06-2023	Yes	
14	Mr. Shashidhar	Nursing Tutor	Post Basic B.Sc Nursing	2025	240578	-	-	01-06-2024	Yes	
15	Mr. Ravikumar	Nursing Tutor	Post Basic B.Sc Nursing	2024	243815	7 Months	-	01-08-2024	Yes	
16	Ms. Mamamta Doddmani	Nursing Tutor	Post Basic B.Sc Nursing	2024	193193	1 yr	-	01-03-2024	Yes	
17	Ms. Sujatha	Nursing Tutor	Basic B.Sc Nursing	2023	150834	7 Months	-	01-01-2025	Yes	
18	Ms. Taheba	Nursing Tutor	Basic B.Sc Nursing	2025	172219	-	-	05-02-2025	Yes	
19	Ms. Madhushree	Nursing Tutor	Basic B.Sc Nursing	2025	173202	-	-	17-01-2025	Yes	
20	Ms. Bhuvaneshwari	Nursing Tutor	Basic B.Sc Nursing	2025	172218	-	-	01-03-2025	yes	
21	Ms. Heena K	Nursing Tutor	Basic B.Sc Nursing	2025	170514	-	-	01-04-2025	Yes	
22	Ms. Shilpa R	Nursing Tutor	Basic B.Sc Nursing	2025	172193	-	-	01-03-2025	yes	
23	Mr. Suresh	Nursing Tutor	Basic B.Sc Nursing	2025	168868	-	-	09-04-2025	yes	
24	Ms. Sofia	Nursing Tutor	Basic B.Sc Nursing	2025	-	-	-	07-04-2025	yes	

Signature of Chairman

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 of External Teachers details are 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	23,200sq ft	Verified
	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	**900sq ft**	Verified Correct
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	Not Applic-able
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300**	Verified Correct
	2. Vice-Principal Chamber	200	**200**	Verified Correct
	3. HOD	5 x 200 = 1000	**1000**	Verified Correct
	4. Professor/Assoc. Prof	800+2400=3200	**3200**	Verified Correct
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**YES**	Verified
	7. Accountants Office		**YES**	Verified
	8. Store Room		**YES**	Verified
	9. Record room		**YES**	Verified
	10. Room for maintenance staff		YES	Verified
	11. Xeroxing room		Available	Verified
	12. common room	1000	1000 Sqm	Verified
	13. Seminar hall	3000	3000 Sqft	Verified
	14. Toilets	1000	1000 Sqft	Verified
	15. A.V.Aids room	600	600 Sqft	Verified

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

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

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
01	KA-37 B-1716	57/BUS	Yes	Yes	Yes

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

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	2300 Sqft	YES ☑ No ☐	Available	Available	Verified

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	— N.A.	**Is internet facility available for Students?**	Available
No of e-books	10	**How many books were purchased in last financial year?**	1500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Venkatesh	M.Lib	02 yrs	Verified
02	Vishal	M. Lib	01 yrs	Verified
03	Mabunni	less than 10th	01 yrs	Verified

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	— N.A —	N.A.
Conferences conducted	— N.A —	N.A.
Conferences attended	Attended	Verified

Signature of Chairman 07225

Signature of Member (1)

Signature of Member (2)

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 Dr. S.V. Savadi Hospital, Vidyanagar Gangavathi		100	Less than 02 KM	85%	Verified Correct
NAME OF THE TRUST/ Person owning The Hospital ATREYA AYURVEDA PRATISHTANA (R)		—	—	—	—
Name Of The Owner Of The Trust of Hospital Smt. Nirmala Savadi		—	—	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Sub-division Hospital. Gangavathi.	100	01 KM	85%	Verified found Correct
	2 Spoorthi Hospital	30	02 KM	85%	Verified found Correct

(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

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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:

1) Sub-Division Hospital, Gangavathi
opp:- Town police Station.
100-bedded

2) S.R. Yashoda Hospital, Bus-Stand Road, Gangavathi
30 beded.

3) Spoorthi Hospital, opp Church, Raichur Road, Gangavathi.
30 beded.

4) Primary Health Center - Sarapur.

5) Primary Health Center - Anegundi.

6) Affiliated with DIMHANS - Dharwad for Psycatric posting.

7) Affiliated with Maternal & Child Health Hospital Gangavathi for OBG & Peadiatric.

Signature of Chairman 07225 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				Enclosed
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

List of Distribution of Beds

Additional/Other Specialties/Facilities for clinical experience:

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

List of Distribution of Beds enclosed

List of Distribution of Beds enclosed

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Anegundi
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	Less than 05 KMs.
b.	Services Rendered by Health & Family Welfare Programmes	MCH, National programmes, J.B.K
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Sub. division Hospital Gajendragad
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	01 KMS
b.	Services Rendered by Health & Family Welfare Programmes	MCH, National 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 ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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

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 ☐

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 12000	
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 : 50	Boys : 29
f.	Total No. of rooms	Girls : 32	Boys : 12
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	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	✓	
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 Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**YES**	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	**YES**	

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:

It has been observed by LIC team on 10/5/2025 @ Sparsha College of Nursing, Anegundi Road, Gangavathi 583227 for Continuation of affiliation with Increase intake of 40-60 Seats for the academic year 2025-26.

Run by Trust Atreya Ayurveda Pratishtana @ Shivananda Nagar. College & Building having more than 23,200 sq ft. Including > 4 class Room.
> 5 Laboratory - (Nursing, community health) (OBG, Paediatrics, Fundamental)

Having Pre-clinical science lab, AV-Aide Room & Auditorium. Common Room for Boys & Girls. with all Instrument & Equipments.

Library: well ventilated, with Fans & AC. with sitting occupancy > 30 students. > 3000 books are available.

Staff: Full time Principal. with Experience, and vice Principal & 22 non teaching Staff available at time of Inspection.

Hospital: Having own hospital with 100 bedded. Related document. like KPMS, RLS, Fire safety. BMW cutting Verified. & Found correct..

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
8/5/25		10/5/25

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

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Spoorthi College of Nursing, Gangawathi which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 10th May 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/NUR/LIC-INSP/2025-26, Dated: 09/05/2025, 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)

Dr. S.V. SAVADI HOSPITAL

Vidyanagar, Gangavathi – 583227

Ref: DrSVSH/Undertaking/2025-26/115 *Date: 10-05-2025*

UNDERTAKING

I Smt. Nirmala Ishwar Savadi is the CEO of the Dr.S.V. Savadi Hospital, situated at Vidyanagar, Raichur Road, Gangavathi – 583227. This is to confirm that our hospital Dr.S.V. Savadi Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Dr.S.V. Savadi Hospital is functioning as affiliated/parent/own hospital for Spoorthi College of Nursing, Gangavathi.

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

The information provided by us is true and correct.

For : Dr S V Savadi Hospital
Nirmala.IS
Authorised Signatory

Proprietor
Dr.S.V. Savadi Hospital
Vidyanagar, Raichur Road, Gangavathi-583227

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

For : Dr S V Savadi Hospital

Authorised Signatory

9845646885

ATREYA AYURVEDA PRATISHTANA (R)

GADAG - 582101

Ref: AAP/Undertaking/2025-26/79 *DATE: 10-05-2025*

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman of the trust **Smt. Nirmala Ishwar Savadi** are submitting the affidavit to University. The trust **Atreya Ayurveda Pratishtana ®** is running/managing the colleges

1. **Spoorthi College of Nursing-Gangavathi.** Since **2021-2022** 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 colleges is 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.

Nirmala.S
Chairman
Atreya Ayurveda Pratishtana
Gangavathi

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

We have conducted LIC inspection of this college on 10th May 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)
		10/5/25

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