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. Sudharshan.	Dr. Basavaraj Chivade.	Mrs. Sonal Bhavane.
Designation	Professor.	Professor.	Asso Professor.
Address	KLE's Institution of Dental Sciences & Research Centre Bangalore.	SVET College of Pharmacy Humanabad.	Vijaya College of Nursing Belgavi.
Mobile No	9449104316.	9886468816.	7892229562.
Email ID	Sudarshansajjan78@gmail.com	basavarajchivade@gmail.com	Sonalb223@gmail.com

For the Academic Year : 2025-26. *Date of Inspection:* 08/05/25

(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**	Sirigeri D Venkoba Setty Memorial College of Nursing Gangavathi. Anegundi Road, Saraswathigiri Gangavathi - 583227.	2	**Year of Establishment** 2022.
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**	Gangavathi Education Society. Anegundi Road, Saraswathigiri. Gangavathi - 583227. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: gangvt2012@gmail.com.	**Website:** –	

14/5

8/5/2025

Signature of Chairman
DR SUDHARSHAN
Chairman Secretary/Nominee

Signature of Member (1)
Dr Basavaraj Chivade.
AC Member

Signature of Member (2)
SONAL BHAVANE

	(b). Name of the Owner of Trust/Society	Shri. M. G Ramulu Ex MP.		
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. Basavaraj Meti. **Qualification:** Msc Nursing. **Experience:** 12 years **Email:** metibasavaraj8@gmail.com.	**Mobile No:** 9945944076. **Office No:** 08533-231587. **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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	1,30,050/-				25,000/-	1,55,050/-
Post Basic B.Sc. Nursing			NA			
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Msc in Medical Surgical Nursing.		
	2. Msc in Obg Nursing.		
	3. Msc in Psychiatric Nursing.		
	4. Msc in Pediatric Nursing.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	40 MediSMPS-2022 Annexure - 5	40 Annexure - 6	40 Annexure - 7	NA Annexure - 8	
	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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					

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	06	11	12	13	
	Female	34	29	28	20	
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		16									
	Total	**16-24**	**24-40**	**4-12**			24									

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

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mr. Basavaraj Mali	Principal	Msc in Pediatric Msc Nursing	UG-2012 PG-2015	19668	3	12	1/4/2015	yes	
2.	Mr. Abhilash K.S.	Asst Professor	Msc Nursing in Psychiatry	UG-2012 PG-2021	136889	1	3	1/2/2023	yes	
3.	Ms. Sumela. V.	Ast Professor	Msc (N)	UG-2010 PG-2012	51626	1	10	2/1/2021	yes	CL
4.	Mr. Basavarajgaud Patil	Ast Professor	Msc (N)	UG-2015 PG-2018	76865	1	5	2/1/2023	yes	
5.	Mrs Pallavi BN.	Ast Professor	Msc (N)	UG-2015 PG-2018	70907	1	7	24/3/2025	yes	CL
6.	Mr. Anil Kumar	Ast Professor	Msc (N)	UG-2017 PG-2022	137491	1	2	24/3/2025	yes	
7.	Mrs. Priyadarshini	Ast Professor	Msc (N)	UG-2013 PG-2017	144901	1	7	1/3/2025	yes	
8.	Mr. Raju SN.	Ast Professor	Msc (N)	UG-2012 PG-2017	108613	1	7	24/3/2025	yes	CL
9.	Mr. Somashekara JC.	Ast Professor	Msc (N)	UG-2008 PG-2013	5433	1	10	21/2/2024	yes	
10.	Ms. Nagaratna.	Tutor	Bsc (N)	UG-2021	114398	4	–	1/1/2021	yes	
11.	Mrs. Shabbana.	Tutor	Bsc (N)	UG-2022	123724	3	–	1/1/2022	yes	
12.	Ms. Shamila.	Tutor	Bsc (N)	UG-2022	13350	2.	–	2/5/2023	yes	
13.	Mr. Prasad. B	lecturer	MSc(N) MSN	PG-2021 PG-2024	121453		–	01/03/2025	Yes	
14.	Ms. Rakshitha. Ayodhi	Ast. professor	Msc(N) OBG	UG-2021 PG-2025	121178		–	01/03/2025	Yes	
15.	MS. C. Aswini	Nursing tutor	BSc(N)	UG-22	133599	1	–	20/2/24	yes	
16.	Mrs. K. Renuka	Ast professor	M. Sc(N) OBG	UG-2015 PG-2021	72204.	2	02	1/3/25	yes	
17.	Ms BHAVANA	Nursing Tutor	BSC (N)	UG-2025	-			1/3/25	yes	
18.	MS Mahalakshmi	Nursing Tutor	BSC(N)	UG-2025	169066			1/3/25	Yes	
19.	Ms. Soundarya	Nursing Tutor	BSC (N)	UG-2025				1/3/25	yes	
20.	Ms. Pallavi	Nursing tutor	BSC (N)	UG-2025				1/3/25	Yes	
21.	Mr. Shankrappa. O.H	Nursing tutor	BSC (N)	UG-2025	–			1/9/25	yes	
22.	Mrs. Suvarna	Nsg tutor	B.Sc(N)	UG-2025	–			1/4/25	Yes	

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

23.	Mr. Nagaraja B	Asst. Professor	M.Sc (N) Community	2022	94366	3	2	1-5-25	Yes	
24.	Mrs Bhargavi	Asst professor	Msc (N) OBG	UG-2021 PG-2025	121102		-	29/01/25	Yes	
25.	Mr Yallalinga	Tutor	BSc(N)	2023						
26.	Ms Aishwarya. B.M	Nursing tutor	BSC (N) Post	2023						
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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 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
			1pst Enclosed.		

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	24,912 Sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	6 class rooms 1028 sq ft each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 class rooms 900sq ft each.	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq ft Available.	
	2. Vice-Principal Chamber	200	200sq ft	
	3. HOD	5 x 200 = 1000	1000 sq ft.	
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors		3200sq ft	
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		Available.	
	7. Accountants Office		Available.	
	8. Store Room		Available.	
	9. Record room		Available.	
	10. Room for maintenance staff		Available.	
	11. Xeroxing room		Available.	
	12. common room	1000	1000sq ft	
	13. Seminar hall	3000	3000 sq ft	
	14. Toilets	1000	1000 sq ft	
	15. A.V/Aids room	600	600 sq ft.	

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	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq. ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq 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?** OWN
2. **Blue print of the building attested by competent authority.** yes
3. **Tax paid receipt (Latest / current year)** yes
4. **Occupancy certificate.** yes
5. **Sale deed / Lease deed of the building / Land.** yes

It is mandatory to enclose all the documents mentioned above. Enclosed.

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
02.	KA37A1783 & KA37B5203.	26 & 52.	Yes / No	Yes / No	Yes / No

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	8000 sq ft	YES ☑ No ☐	yes	yes	

Total No. of Nursing Books available	2500	**No. of Nursing Journals subscribed**	20
No. of Thesis/Research titles available	02	**Is internet facility available for Students?**	yes
No of e-books	Available.	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Somashekar. G.	M. Lib.	05 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	yes	
Conferences conducted	yes	
Conferences attended	yes	

Signature of Chairman **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 Shree. Mallikarjuna Multi-speciality hospital. Rangavathi.		100	5 km.	80%.	
NAME OF THE TRUST/ Person owning The Hospital Rangavathi Education Society Shree. H G Ramulu.					
Name Of The Owner Of The Trust of Hospital Rangavathi Education Society Shree. H G Ramulu.					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 Shree. Bhavanabasaveshwara Multi-speciality hospital. Rangavathi.	50	5km.	75%.	
	2 Dr. Chandrappa Multi-speciality hospital 3. Annapoorna Multi-speciality hospital.	50 30	3 km 3km.	75%. 80%.	

(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

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

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	50	45	50	45
Surgery including OT	15	14	15	14
Obstetrics & Gynecology	10	09	10	09
Pediatrics,	10	09	10	09
Emergency Medicine	10	09	10	09
Psychiatry	05	04	05	04

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	10%	10	10%
Minor OT	05	05%	05	05%
Dental, Otorhinolaryngology, Ophthalmology	05	05%	05	05%
Burns and Plastic	05	05%	05	05%
Neonatology care unit	05	05%	05	05%
Communicable disease/ Respiratory medicine/TB & chest diseases	05	05%	05	05%
Dermatology	05	05%	05	05%
Cardiology	10	05%	10	05%
Oncology	05	05%	05	05%
Neurology/Neuro-surgery	05	05%	05	05%
Nephrology/Urology	15	05%	15	05%
ICU/ICCU	10	10%	10	10%
Geriatric Medicine	05	05%	05	05%
Any other	10	05%	10	05%

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**	PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	5 Kms.
b.	Services Rendered by Health & Family Welfare Programmes	MCH Service.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	CHC ~~NA~~
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	10 Kms.
b.	Services Rendered by Health & Family Welfare Programmes	MCH Service.
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	
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 : 54	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 ☐

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	No	✓
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	—	
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.

Observations: As a part of LIC Inspection the team Visited Sirigeri. D. Venkoba Setty Memorial College of Nursing on 8/5/2025.

→ Institution is managed by "GANGAVATI EDUCATION SOCIETY" Functioning in own Building.

→ PHYSICAL FACILITIES: presently college is permited with Forty Seats BSc Nursing annually. on Inspection College is having Four class Rooms with 900 sqft Dimension along with Smart Board System. Now the college is applied for Increase Intake from 40 to 60 For which their are New class Rooms facilities made to accomodate the 20 Students if they get permission. Also College as New 1200Sqft 3 class Rooms Available for the PG Course.

→ While Inspection team could appreciate the Required Laboratories for Nursing Foundation, Community Health Nursing, Nutrition, OBG Specialties. Each Lab is having Required Mannequins and Equipments with all Advanced Skill Lab.

→ LIBRARY: Approximately 5000 Sqft Library with 2500 TB present along with MLIS Librarian and Protocols maintained as per requirements.

→ Faculty: There were 26 Faculty in the College out of which 2 have taken VL out of 24 Finally 2 are professors and 7 Assistant professor present with No publication of any Staff. the College has affiliation (now) with multi-specialty

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 Sirigeri D.V.S.M. Nursing College which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr Sudarshan Chairman 8/2/2024	Dr Basavaraj A.C. Member RGUHS	Sonar. Bhavane Subject Expert.
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, Dr. Mallanagouda & Dr. Nagaraj

is/are the Owners/MD/CEO/Board Members of the Shree Mallikarjuna Multi-speciality hospital Gangavathi. hospital situated at Tilly nagar circle, Kampli Road Gangavathi.

This is to confirm that our hospital Shree Mallikarjuna Multi-speciality hospital. is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Shree Mallikarjuna Multi-speciality hospital. is functioning as affiliated/parent/own hospital for Sirigeri D Venkoba Setty Memorial college & Nursing. college.

We also confirm that our hospital is solely affiliated to Sirigeri D Venkoba Setty Memorial college & Nursing college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Mallanagouda. M.
MBBS.,MS (Ortho.), FWDC
Consulting Orthopaedic Surgeon
Reg.No: 0046219
SHREE MALLIKARJUNA
MULTI SPECIALITY HOSPITAL, GA...

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING by Trust Management

We are the Chairman/President/Secretary/Member of the trust Dr. A Somaraju. are submitting the affidavit toUniversity.

The trust Gangavathi Education Society is running/managing the colleges 1. Siriyei & Venkoba Setty Memorial college of Nursing.
2.
3. since 04 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
Gangavati Education Society (R)
Saraswatigiri-Gangavati-583227.
Dist: Koppal.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

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Certificate No.	:	**IN-KA28683663902317X**
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Unique Doc. Reference	:	SUBIN-KAKACRSFL0880715921724155X
Purchased by	:	GANGAVATHI EDUCATION SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GANGAVATHI EDUCATION SOCIETY
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NOTARY
M.PAMPANA GOUDA
Raichur/Koppal
Reg.No:5(3)/91
GOVT. OF INDIA

SECRETARY
Gangavati Education Society (R)
Saraswatigiri-Gangavati-583227.
Dist: Koppal.

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3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust **Dr: A Somaraju** are submitting the affidavit to University. The trust **Gangavathi Education Society** is running/managing the colleges 1. **Sirigeri D Venkobasetty memorial College of Nursing.** Since **04** 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.

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Saraswatigiri-Gangavati-583227.
Dist: Koppal.

NOTARY
M.PAMPANA GOUDA
Raichur/Koppal
Reg.No:45(3)/91
GOVT. OF INDIA

No. Of Correction

Notary

Executant Executed and Signed before me & admits the contents hence attested

12/05/2025

Notary Raichur/Koppal Dist

सत्यमेव जयते

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Government of Karnataka

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NOTARY M.PAMPANA GOUDA Raichur/Koppal Reg.No:5(5)/97 GOVT. OF INDIA

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UNDERTAKING

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This is to confirm that our hospital **Shree Mallikarjuna Multispeciality Hospital,** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Shree Mallikarjuna Multispeciality Hospital** is Functioning as affiliated/**parent**/own hospital for **Sirigeri D Venkobasetty_memorial College of Nursing college.**

We also confirm that our hospital is solely affiliated to

Sirigeri D Venkobasetty_memorial College of Nursing. college and is not affiliated to any other nursing college. The information provided by us is true and correct.

Dr. Mallanagouda. H.
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Reg.No. KMC/0046219.
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Notary

NOTARY
M.PAMPANA COUDA
Raichur/Koppal
Reg.No:5(3)/91
GOVT. OF INDIA

Dr. Naga... j. H.
MS. Gen Surgery, DNB (Urology)
Reg No. 72802
SHREE M... ARJUNA
MULT... AL ... TAL

Executant Executed and Signed before me & admits the contents hence attested

Notary Raichur/Koppal Dist