



Raji, 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. Sankaragoud Patil	Dr. Mahesh Salimath	Dr. Shivanagouda, VMI
Designation	Principal	Prof & Head	Principal & Head
Address	RAMSHI Solur	Ayurveda Madhaviyalaya Hospital Hubli	CRMS Gout College of Nursing Gadag
Mobile No	9019587969	9739106823	9964287187
Email ID	ayuresank@gmail.com	domaheshsalimath@gmail.com	smiagb@gmail.com

For the Academic Year : 2025-26

Date of Inspection: 12-08-25

(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	☐

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	Sri Ranga college of nsg near Ring road Hemavathi nagar last stage. Hassan	2	Year of Establishment	2021 - 22
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company			
3	Name of the Trust & complete postal address (if private)	Sri Ranga college of nursing near Ring road hemavathi nagar last stage Hassan (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
		Email: Srirangameducationtrust@gmail.com	Website:		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 7 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)			Annexure - 2

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

5	Details of Principal/Head of the institution	Name: Jayamma AU Qualification: msc Experience: 16 years Email: Srisrangaeducation@gmail.com	Mobile No: 9448220421 Office No: 8277170221 Fax No: 8277170221 Residential phone No: 9448220421
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒

If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.
(Verify & enclose a copy of the registered trust Documents)

Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	yes	—	156050	—	—	—
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.	↑ NA ↓	
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC		↓	
			Total (C)
Grand Total (A+B+C)			

Online Transaction Number or Details:

Remarks:

Verified e transaction ID.

Verify & Enclose copy of Affiliation fee paid documents

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	40	
	Admissions Made for the Current Academic Year	35	35	35	35	
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		NA			
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	↓	Annexure - 7	Annexure - 8	
	Sanctioned Intake		↑			
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	↓	Annexure - 7	Annexure - 8	
	Sanctioned Intake		↑			
	Admissions Made for the Current Academic Year		NA ↓			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	15	14	18	11	58
	Female	20	26	21	6	73
Post Basic B.Sc Nursing	Male					131
	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-----
		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			

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 & relevant documents

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*		1									
5	Assistant Professor	3	3-8	2	3*		7									
6	Tutor	8-16	16-24	2-10	--		5									
	Total	16-24	24-40	4-12			16.									

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	1 st Year	2 nd Year	3 rd Year	4 th 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

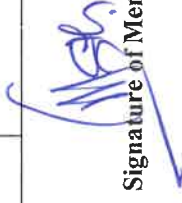
Signature of Member (1)

Signature of Member (2)

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.	Mrs. JAYANMA A.V	PRINCIPAL	MSc (ORAN)	2007	7989	16 years		01/08/2022	yes	
2.	MV. NOBLE JOSE	Vice-Principal	MSc (Ped)	2014	066064	11 years		10/07/2021	yes	
3.	MV. ANIL P.S	Asst. Professor	MSc (MSW)	2018	68335	7 years		15/12/2023	yes	
4.	Mrs. Sowmya	Asst. Professor	MSc (MSW)	2020	67226	4 years		20/10/2023	yes	
5.	Mrs. Shobha B.R	Asst. Professor	MSc (Counsell)	2022	80089	2 years		01/04/2024	yes	
6.	MV. Beemendreshkumar	Asst. Professor	MSc (Ped)	2022	79270	2 years		01/04/2024	yes	
7.	MV. Kiran Hegade	Asst. Professor	MSc (Ped)	2009	12941	7 years		22/04/2024	yes	
8.	Mrs. Sarita S	Asst. Professor	MSc (ORAN)	2020	77231	6 years		15/01/2024	yes	
9.	Mrs. Shwetha K.N	Asst. Professor	MSc (Counsell)	2025	159773	6 months		21/06/2022	yes	
10.	Miss. Suchithra A.S	Asst. Professor	MSc (MSW)	2025	122076	6 months		15/02/2023	yes	
11.	Mrs. Pragana V.R	Asst. Professor	MSc (MSW)	2022	121309	6 months		01/02/2023	yes	
12.	MV. Kiran Kumar B.N	Nursing Tutor	BSc	2022	121287	2 years		10/02/2022	yes	
13.	Miss. Pramodhini K.M	Nursing Tutor	BSc	2022	131038	3 years		01/02/2025	yes	
14.	Mrs. Anchara H.P	Nursing Tutor	BSc	2021	126325	3 years		15/09/2023	yes	
15.	MV. Leo Kurian T.	Nursing Tutor	BSc	2010	23042	16 years		25/04/2023	yes	
16.	MV. Mohamed Subeel DAI	Nursing Tutor	BSc	2024	171911	6 months		12/05/2024	yes	
17.										
18.										
19.										
20.										
21.										
22.										


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

[illegible]

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having total **15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program.** Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. Annexure - 11

SL.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	28.056	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	8 class room 1000 Sq feet	Verified & found adequate
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	—	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	400 Sq feet	
	2. Vice-Principal Chamber	200	400 Sq feet	
	3. HOD	5 x 200 = 1000	1000 Sq feet	
	4. Professor/Assoc. Prof	800+2400=3200	4000 Sq feet	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		900 ft	
	7. Accountants Office		200 Sq ft	
	8. Store Room		1000 Sq ft	
	9. Record room		1000 Sq ft	
	10. Room for maintenance staff		400 Sq ft	
	11. Xeroxing room		200 Sq ft	
	12. common room	1000	600 + 600	
	13. Seminar hall	3000	3200	
	14. Toilets	1000	1000 Sq	
	15. A.V/Aids room	600	1000 Sq	

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	2000 Sq.ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	2000 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 Sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1200 Sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1200 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

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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
1	KA 13 2869	50+1	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	2000 Sqft	YES ☒ No ☐	☒	☒	
Total No. of Nursing Books available	3559	No. of Nursing Journals subscribed		6	
No. of Thesis/Research titles available	—	Is internet facility available for Students?		Yes	
No of e-books	154	How many books were purchased in last financial year?		213	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
	Usha SS	BLTC	15 years	—
	Shwetha	BLTC	5 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 will increase/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	—	—
Conferences conducted	—	—
Conferences attended	—	—


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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 ☒	yes
		ii. Trust member with MOU ☒	yes

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 Karna multispeciality Hospital. KR Puran. Shan Road Hassan	100	3.5	80-1.	
NAME OF THE TRUST/ Person owning The Hospital DR. Anilkumar H.S DR. Arjun	100			
Name Of The Owner Of The Trust DR. Anilkumar H.S DR. Arjun	100			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Hassan institute of medical science 750 2. Hemavathi Hospital 50 3 manjunatha Hospital 50 Hasanambha Hospital 50	2.5 3.5 3.5 4	80% 80% 80% 80%	Verified

(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).

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/CCU. (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 colleges should have 100 bedded Unitary/Single allopathic parent/own hospital except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/Single allopathic parent/own hospital. This hospital should continue to function as parent hospital 'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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:

Verified & relevant documents
& found correct -


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent <i>Karna Multi-Speciality Hosp.</i>		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	08	100	80
Surgery including OT	20	17	135	130
Obstetrics & Gynecology	10	09	90	85
Pediatrics,	7	05	80	75
Emergency Medicine	2	02	30	25
Psychiatry	0	0	30	20

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent <i>Karna Multi-Speciality</i>		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	6	20	35
Minor OT	02	6	10	35
Dental, Otorhinolaryngology, Ophthalmology	07	5	30	28
Burns and Plastic	0	0	20	17
Neonatology care unit	4	2	55	50
Communicable disease/ Respiratory medicine/TB & chest diseases	—	—	10	6
Dermatology	2	2	20	17
Cardiology	0	0	0	0
Oncology	5	3	0	0
Neurology/Neuro-surgery	5	4	0	0
Nephrology/Urology	10	8	30	28
ICU/ICCU	5	4	30	26
Geriatric Medicine	4	2	10	08
Any other	5	4	0	0

Note : 1:3 student patient ration 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	P.H.C Bhuvanahalli	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	6 km	
b. Services Rendered by Health & Family Welfare Programmes	yes	
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated	Govt Hospital Hassan	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	4 KM	
b. Services Rendered by Health & Family Welfare Programmes	yes	
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 18.000 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 : 68	Boys : 40
f.	Total No. of rooms	Girls : 30	Boys : 25
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 : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	Yes	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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:

On the day of inspection observations were made as follows:-

- Trust deed, land documents, Building plan, EC Certificate were observed, verified and found correct.
- All 16 teaching staff along with eligible principal were appointed and were present on the day of inspection.
- 28,050 Sq.ft ~~area~~ building area is available with 8 class rooms, and 6 labs, necessary no. of library books were made available & found to be correct.
- Parent ~~Karna~~ Hospital Karna Multiplicity Hospital documents and KPME & PEB Certificates are available and verified.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust
Dr Anil Kumar I.S. are

submitting the affidavit to University.

The trust Sri Ranga Education Society is
running/managing the colleges 1.

Sri Ranga College of Nursing Bsc Nursing
2.

3. since

2021 to 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.


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 the 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: Dishank 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

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

**Senate Member
(Chairman)**

**A C Member
(Member)**

**Subject Expert
(Member)**


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member