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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shivasharan.K	Prof. Mohammed Sukaif	Hanamant B.B
Designation	Scst Member	AC Member.	Asst - prof
Address	Dental College Council of India Preconsultant Education & Charitable.	Karnataka College of Physiotherapy, Mayale.	Tulja Bhavani College of Nursing Bijapur
Mobile No	9448144899	9663407439	9035362321
Email ID	Shivsharan@hotmail.com		hanamantlagab@gmail.com

Inspection For the Academic Year : 25-26 *Date of Inspection:* 11/08/25

(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	
	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	HASS Institute of Nursing Sciences. Heggeri Extension, Old Hubli. Hubli	2	Year of Establishment: 2021-22
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Hubli Ayurveda Seva Samiti (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: hassnursing21@gmail.com	Website: www.hassnursinghubli.org	
		Office No: 0836, 2203636	Mobile No: 9663211380	

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

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Hon. Shri Govind Joshi.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: MRS Savita P.C Qualification: MSc (Nursing) Experience after MSc: 15 years Email: savitapc81070@gmail.com		Mobile No: 9663211386 Office No: 0836 2203636 Fax No: Residential phone No:
	b) Drawing authority of the college			
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				
		Annual Fees	Renewal Fees Application	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation	Rs. 1,30,000/-	Rs. 1000/-		Rs 25,000/-	Rs 1,56,050/-
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.	—		—		
	2.	—		—		
	3.	—		—		
	4.	—		—		
	5.	—		—		
		—		—	Total (B)	
NPCC		—		—		
					Total (C)	
					Grand Total (A+B+C)	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Cond Aff^n : Rs 1,50,050/- ZKBL 90A095 KGECT 24/12/2024

Online Transaction Number or Details:

Application : Rs. 10000/- Ref No ZKBL 90A095 KECT 24/12/2024

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	MED 165 MSF 2022 B'lore 31/03/2022 Annexure - 5	RGU/AFF/ Fr/N546/ 2021-22 31/03/22 Annexure - 6	KSNC: 2045:- 2022-23 04/04/23 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	19				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	02	15	03	06	
	Female	17	21	14	18	
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) NA

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) NA

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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							—							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*									
6	Tutor	8-16	16-24				2-10	--									
	Total	**16-24**	**24-40**				**4-12**										

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note: **1)** Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

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

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs. Savita. P.C	Principal	MSc(N) CHN	2011	22317	10 yrs	12 yrs	16/09/21	—	
2.	Mrs Aarshanjali SM	Nursing tutor	MSc(N) Peds	2025	57986	08 yrs	Fresher	01/08/21	—	
3.	Mrs Nayana Naik	Asst Prof	MSN (MHN)	2023	123819	2 yrs	2 yrs	01/06/2023	—	
4.	Mrs Shereen A	Asst. Prof	MSN (MSN)	2021	77870	2 yrs	4 yrs	01/06/23		
5.	Mrs Kalpana Prabhu	Sr. Nursing Tutor	BSc(N)	2008	15810	13 yrs	—	05/12/2008	—	
6.	Ms Cynthia N.G.	Asst Lecturer	MSc(N)[CHN]	2024	106809	01 yr	1 yr	16/04/24		
7.	Ms Nithan T.G.	Tutor	B.Sc(N)	2024	1957067	Fresher	—	01/08/2025		
8.	Ms Saraswati	Tutor	B.Sc(N)	2025	2050660.	Fresher	—	01/08/2025		
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Signature of Chairman Signature of Member (1) Signature of Member (2)

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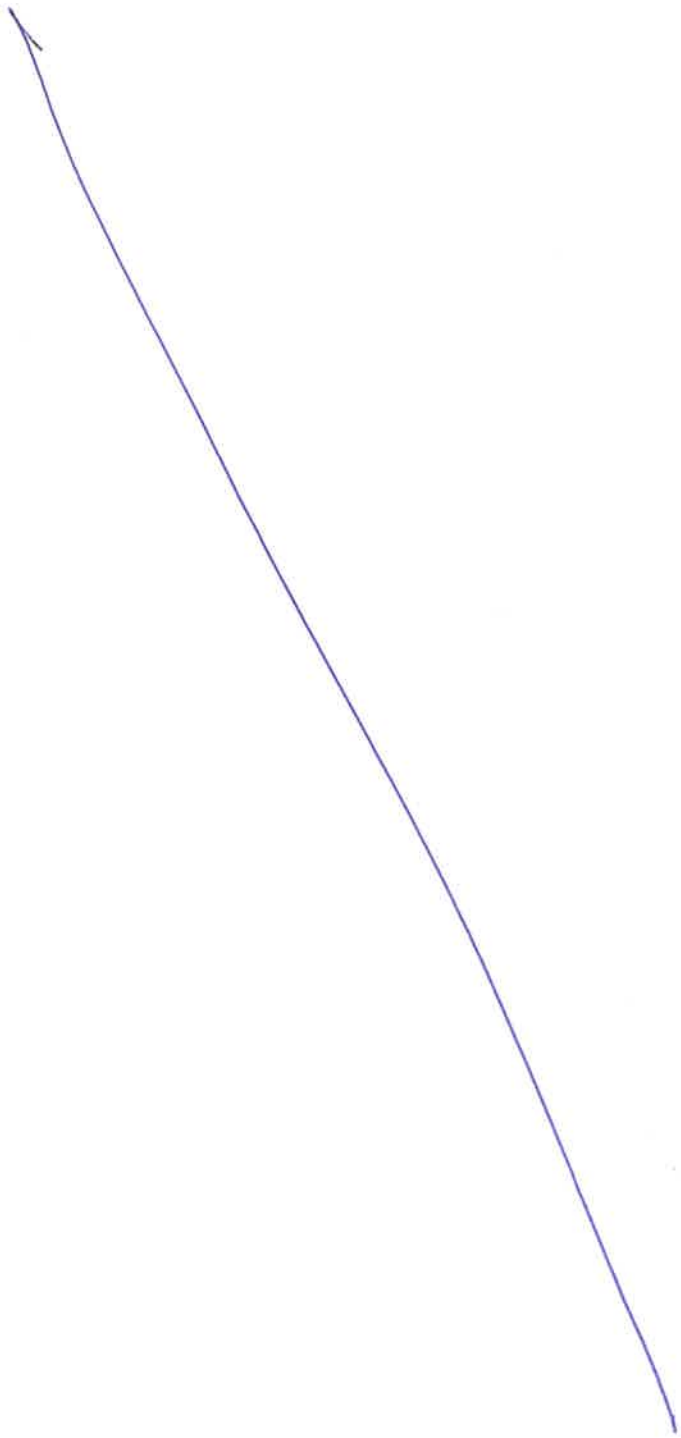
Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**



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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For 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
		Enclosed			

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	4 × 1020 = 4080 sft	Yes
	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	330 sft	Yes
	2. Vice-Principal Chamber	200	250 Sqft	
	3. HOD	5 x 200 = 1000	800 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	2600 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	440 sft	
	7. Accountants Office	**100**	100 sft	
	8. Store Room	**100**	—	
	9. Record room	**100**	100 sft	
	10. Room for maintenance staff	**100**	—	
	11. Xeroxing room	**100**	—	
	12. common room (Girls & Boys)	600+400= 1000	600 sft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	—	
	14. Toilets	1000	560 Sqft	

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

	15. A.V/Aids room	600		

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

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA63 2006	40	✓ Yes / No	✓ Yes / No	✓ Yes / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300 sqft	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	—	**No. of Nursing Journals subscribed**	—
No. of Thesis/Research titles available	4	**Is internet facility available for Students?**	✓
No of e-books	—	**How many books were purchased in last financial year?**	30

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. Shilpa A	M-Lib	12 years.	

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

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	—	—

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

Conferences conducted	—	—
Conferences attended	—	—

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

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%)	Verified by LIC team
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)		100	2 KM	80	
NAME OF THE TRUST/ Person owning The Hospital Dr. Mahesh Nahvad Nahvad Multispecialty Hospital					
Name Of The Owner Of The Trust of Hospital Dr Mahesh					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

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

	(MOU/Clinical permission letter)				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- 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	70	60		
Surgery including OT	05	01		
Obstetrics & Gynecology	10	06		
Pediatrics,	05	03		
Emergency Medicine	05	04		
Psychiatry	05	02.		

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				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	Nooloi PHC
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	8 – 10 km
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	Heggeri. PHC
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	200 - 300 meter
b. Services Rendered by Health & Family Welfare Programmes	As per State Govt program.
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 ☐

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

d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☐	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☐	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	NO ☐
e.	Total No. of students in the hostel	**Girls :** 10	**Boys :** —
f.	Total No. of rooms	**Girls :** 54	**Boys :**
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

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

j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		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	✓		

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

Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

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

LIC Team Observations:

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ which has applied for continuation of affiliation for the academic year 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 Signature of Member (1) Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

   a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

   b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA14699004097463X**
Certificate Issued Date	:	11-Aug-2025 04:09 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ HUBLI21/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAGCSL0844445823514776X
Purchased by	:	HASS INSTITUTE OF NURSING SCIENCES HEGGERI HUBLI
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	HASS INSTITUTE OF NURSING SCIENCES HEGGERI HUBLI
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BNGL
Stamp Duty Paid By	:	HASS INSTITUTE OF NURSING SCIENCES HEGGERI HUBLI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA HUBLI BRANCH Authorized Signatory

NOTARY GOVT. OF INDIA T. G. BALIGANAVAR ADVOCATE (KARNATAKA) Date: 07-08-2025 to five years

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust

HUBLI AYURVEDA SEVA SAMITI of the trust are submitting the affidavit to University

No. of Corrections

NOTARY

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid
2. The onus of checking the legitimacy is on the users of the certificate
3. In case of any discrepancy please inform the Competent Authority.

The trust **HUBLI AYURVEDA SEVA SAMITI** is running/managing college

1. **Institute & Nursing Sciences**
2. _____
3. _____ since 2021-22 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

Note Undertaking should be given in affidavit

No: of Corrections

NOTARY

NOTARY GOVT. OF INDIA

SOLEMNLY AFFIRMED BEFORE ME

NOTARY

11 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA14701336623129X**
Certificate Issued Date	:	11-Aug-2025 04:10 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ HUBLI21/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAGCSL0844503517865122X
Purchased by	:	HASS INSTITUTE OF NURSING SCIENCES HEGGERI HUBLI
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	HASS INSTITUTE OF NURSING SCIENCES HEGGERI HUBLI
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BNGL
Stamp Duty Paid By	:	HASS INSTITUTE OF NURSING SCIENCES HEGGERI HUBLI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorized Signatory

NOTARY GOVT. OF INDIA T. G. BALAMANAVAR ADVOCATE HUBLI (KARNATAKA) Reg. No. 20241 Date: 8-08-2025 to five years

Please write or type below this line

UNDERTAKING

I we **Dr. Mahesh Nalwad** is/are the Owners/MD/CEO/Board Members of the **Nalwad Multispecialty Hospital & RI** Hospital stunted at Vikasnagar Gokul Road Hubli.

No: of Corrections

NOTARY

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid
2. The onus of checking the legitimacy is on the users of the certificate
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that our hospital **Nalwad Multispecialty Hospital & RI** is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Nalwad Multispecialty Hospital** is functioning as affiliated/parent/own hospital for **HASS Institute Nursing Sciences Hubli** College

We also confirm that our hospital is solely affiliated to **HASS Institute Nursing Sciences Hubli** college and is not affiliated to any other nursing college

The information provided by us is true and correct.

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

NOTARY GOVT. OF INDIA
T. G. BALANNAVAR
B.Com LL.B. (Spl.)
ADVOCATE
HUBLI, DHARWAD (K.)
Renewal Since
Valid upto 05.11.2025
for five years
भारत सरकार नोटरी

No: of Corrections

NOTARY

SOLEMNLY AFFIRMED BEFORE ME

NOTARY

11 AUG 2025

HUBLI AYURVEDA SEVA SAMITI, HUBLI
INSTITUTE OF NURSING SCIENCES, College Code : N689

12.1. Teaching Faculty Details :

Sl.No.	Name of the Teaching Faculty	Desigantion	Qualification along with speciality	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. Savita P C	Principal	M.Sc. N (CHN)	2011	28317	10 Yrs	13 Yrs	16-09-2011	-	
2	Mrs. Harshanjali S M	Lecturer	M Sc. N (MSN)	2025	57986	08 Yrs	Fresher	01/08/2021	-	
3	Mrs. Nayana Naik	Asst Prof	MSc.N (MHN)	2023	183819	2 Yrs	2 Yrs	01-06-2023	-	Leave
4	Mrs. Shereen A	Asst Prof	MSc N .(MSN)	2021	77870	2 Yrs	4 Yr	01-06-2023	-	Leave.
5	Mrs. Kalpana Prabhu	Lecturer	B.Sc. Nsg.	2023	15810	13 Yrs	**15 Year-**	02-01-2023	-	
6	Ms. Cynthia M G	Lecturer	MSc N .(Chi HN)	2024	106809	01 Yrs	**1 Yrs**	16/04/2024	-	
7	Ms. Nuthan IG	Tutor	B.Sc. Nsg.	2024	1957067	Fresher		01/08/2025	-	
8	Ms. Saraswati	Tutor	B.Sc. Nsg.	2025	2050660	Fresher		01/08/2025	-	

teaching staff list/snd

Principal,
Institute of Nursing Sciences,
Heggeri Extn., HUBLI-24.