



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish M. R	Dr. Srinivas Yadav	Annapurna D
Designation	Dean & Director	Prof. of Ayurveda	Principal
Address	Chikkaragaharu Institute of Medical Science	Govt. Ayurvedic medical college Mysore	Bellary Institute of Nursing Science
Mobile No	9448323157	9886744739	9972475581
Email ID	drharish@yahoo.com	Srinivasayadav@gmail.com	principalbny@gmail.com

For the Academic Year : 2025-26

Date of Inspection: 13/06/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation		4. Re-Inspection	
	2. Continuation of Affiliation	✓	5. Surprise Inspection	
	3. Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	Sarjeewini College of Nursing, Plot No 13 Autonagar Numbad. BIDAR	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	Kalayan Bharsali Educational & Charitable Trust, BIDAR Plot No 13 Numbad. BIDAR (Enclose copy of Registration documents of Society/Trust) Annexure – 1 Email: Sarjeewini1012021@gmail.com Website: www.SarjeewiniNursing.in.			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Srinivas Yadav
A.C member,
B. Amc. Mysore

Mrs. Annapurna D
Subject Expert
Bellary Institute of Nursing
Bellary

	(b). Name of the Owner of Trust/Society	Sumangala		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 12 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Prof. Dr. Abhilash Qualification: Ph.D. Nursing Experience: 3 year Email: kulkabhilash1@gmail.com	Mobile No: 9964205548 Office No: 220010 Fax No: Residential phone No: 220010	
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	Continuation					156050.00
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.	NA				
	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:

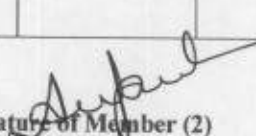
Verify & Enclose copy of Affiliation fee paid documents

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	nil
	Affiliation Sanctioned Intake	40	40	40	-	
	Admissions Made for the Current Academic Year					
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		— NA —			
	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					
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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	19	18	20		57
	Female	20	19	18		57
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-----
		—	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: nil

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*		2									
6	Tutor	8-16	16-24	2-10	--		11									
	Total	16-24	24-40	4-12			18									

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

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

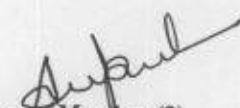
Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	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


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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.	prof Dr. Abhilash	Principal	PhD(N)	2023	35495	16	11	01/01/2022	Yes	
2.	Mrs Mery Sampurna	Vice-Principal	M.Sc (N)	2014	4922	15	09	01/01/2022	-	MR
3.	Mr. Mahesh	Prof	M.Sc (N)	2015	00892	10	06	01/01/2022	No	CL
4.	Mrs. Sandhyarani	Associated Prof	M.Sc (N)	2023	98862	6	03	01/01/2022	Yes	S. Sai
5.	Mrs. Manita.	Associated Prof	M.Sc (N)	2021	142323	8	04	01/01/2022	Yes	MR
6.	Mrs. Hanck	Associated Prof	M.Sc (N)	2023	76498	3	02	01/03/2023	Yes	Hanck
7.	Miss Ashakiran.	Associated Prof	M.Sc (N)	2023	102141	5	02	01/03/2023	Yes	Asha
8.	Mr. Suresh	Lecture	B.Sc (N)	2015	75443	10	-	01/01/2022	Yes	MS
9.	Mr. Prashant.	Lecture	B.Sc (N)	2014	016801	10	-	01/01/2022	Yes	SR
10.	Mr Vinod	Lecture	B.Sc (N)	2013	61810	12	-	01/01/2022	Yes	Vinod
11.	Miss mbetru shilpa.	Lecture	B.Sc (N)	2018	107918	7	-	01/01/2022	Yes	shilpa
12.	Mr. Shinde Atul	Lecture	PB.BSc(N)	2021	21124	8	-	01/01/2022	Yes	CL
13.	Mr. Rohan	Lecture	PB.BSc(N)	2014	8357	9	-	01/01/2022	Yes	Rohan
14.	Miss. Kalavathi	Lecture	B.Sc (N)	2014	58387	9	-	01/01/2022	Yes	Kalavathi
15.	Mrs Rachul rani	Lecture	B.Sc (N)	2014	69607	10	-	01/01/2022	Yes	Rani
16.	Mrs. Anubika	Lecture	B.Sc (N)	2024	160960	1	-	01/01/2024	No	Anubika
17.	Miss priyavani	Tutor	B.Sc (N)	2024	162259	1	-	01/09/2024	Yes	Priya
18.	Miss pooya.	Tutor.	B.Sc (N)	2024.	163169	1	-	01/09/2024	Yes.	Pooya
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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 RGU/HS)
- 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
01			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	28550 sqft		
	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	1500x4 Enclosed.	nil	
	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	— NA —		
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	— NA —		
3	Administrative Facilities				
	Office				
	1. Principal's Chamber	300	300	} nil	
	2. Vice-Principal Chamber	200	200		
	3. HOD	5 x 200 = 1000			
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sqft		
	5. Lecturer/ Tutors				
	Institution office /Others				
	6. Office of Administrative, clerical staff and PA (s)		1100 Sqft		
	7. Accountants Office		800 Sqft		
	8. Store Room		500 Sqft		
	9. Record room		1200 Sqft		
	10. Room for maintenance staff				
	11. Xeroxing room			} nil	
	12. common room	1000			
13. Seminar hall	3000	1200 Sqft			
14. Toilets	1000	800 Sqft			
15. A.V/Aids room	600	1200 Sqft			

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents:

Annexure – 12

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that all nursing institution shall have its own building within two years of its establishment 2021-22 onwards.
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01	KA38A1015	30	✓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	2300 SqA	YES ☒ No ☐	yes	yes	nil
Total No. of Nursing Books available		1800	No. of Nursing Journals subscribed		3
No. of Thesis/Research titles available		1	Is internet facility available for Students?		yes
No of e-books		—	How many books were purchased in last financial year?		600

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Edwards	LLBec .	5 years	nil

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)

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 <i>Sangeevini Hospital</i> <i>Auto Nagar Road, Numbad.</i> <i>BIDAR</i>	<i>100</i>	<i>2 Km</i>	<i>78%</i>	<i>nil</i>
NAME OF THE TRUST/ Person owning The Hospital <i>AKAgh s/o</i> <i>Mallikarjuna Patil</i>				
Name Of The Owner Of The Trust of Hospital <i>AKAgh.</i>				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1			
	2			

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other 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 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have 200 bedded **Unitary/Single allopathic parent/own hospital**. This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital to any other nursing institution and will

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be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 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 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

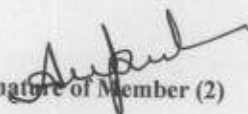
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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	40	86%		
Surgery including OT	20	75%		
Obstetrics & Gynecology	10	75%		
Pediatrics,	20	75%		
Emergency Medicine	10	75%		
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

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)

RURAL FILED

a. Name of CHC / PHC / SC	phc Dhanuwa (s)
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	12 KM
b. Services Rendered by Health & Family Welfare Programmes	

URBAN FEILD :

a. Name of CHC / PHC / SC	Bideri CHC.
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	8 KM
b. Services Rendered by Health & Family Welfare Programmes	

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20 Master Rotation Plan : Annexure - 18

a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☒	NO ☒
c.	M.Sc. Nursing	YES ☒	NO ☒

21 Time Table available for all Nursing Programmes

a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☒
c.	M.Sc. Nursing	YES ☐	NO ☒

22 Records of Students : Are the following students records are maintained well?

a.	Admission record	YES ☒	NO ☐
b.	Daily Attendance Registers	YES ☒	NO ☐
c.	Health Records	YES ☒	NO ☐
d.	Clinical and field experience record	YES ☒	NO ☐
e.	Practical record books - procedure record	YES ☒	NO ☐
f.	Practical record books - Midwifery case book	YES ☒	NO ☐
g.	Leave record	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

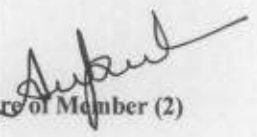
Signature of Member (2)

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

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES	☒ NO ☐
b.	Built-up area of the Hostel	Sq.ft	12000 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 : 10
f.	Total No. of rooms	Girls :	10 Boys : 10
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification		✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Ramp in 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:

- Conducted Inspection for Continuation of affiliation for 40 Bsc Nursing Seats at Sonjaini College of Nursing, Bidar on 13/06/25.
- They have shown 1 Principal, 1 vice principal, 1 Professor, 4 Associate Professor, ~~10~~ 09 Teachers and 2 tutors.
- They have 4 lecture Classes of 60 Capacity^{each} and They have 4 labs available in the same building
- They have library with 1300 books available on the day of inspection
- 1 Associate Professor and 1 Teacher is on CL on the day of inspection
- Infrastructure and clinical material, facilities are available as per the Apex body norms and RGUHS norms.
- They have 1 Bus of 30 Seating Capacity available on the day of inspection


Signature of Chairman


Signature of Member (1)

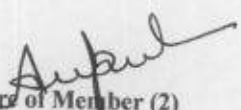

Signature of Member (2)

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 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: 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)



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, AKaash s/o malik/Kumar patil is/are the
Owners/MD/CEO/Board Members of the _____ hospital
situated at Nambal BIDAR

This is to confirm that our hospital _____ is registered under
KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Santeevni Hospital is functioning as
affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to

_____ college and is not affiliated to any other
nursing college.

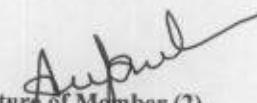
The information provided by us is true and correct.

AK ✓

PRESIDENT / SECRETARY
Kalyana Bharati Educational
& Charitable Trust, BIDAR


Signature of Chairman


Signature of Member (1)
22


Signature of Member (2)



UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust are submitting the affidavit to University.

The trust Kalyana Bharati Educational & Charitable Trust is running/managing the colleges
1. AKASH s/o Mulkarajun Patil
2. _____
3. _____ since _____ 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.

AK

PRESIDENT / SECRETARY
Kalyana Bharati Educational
& Charitable Trust, BIDAR

Signature of Chairman

Signature of Member (1)

Signature of Member (2)