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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. SRINIVAS. L.D	Prof. MANU. B.	Dr. Rachal Abnes
Designation	Professor	PRINCIPAL	Principal
Address	JJMMC Davanagere.	G.J. SURYA COLLEGE OF NURSING, SHIMOGA	Smt Thakuntala Institute of nursing Education, Hubli
Mobile No	7259920520	8861347845	9845215692
Email ID	Srinidphalnra@gmail.com	Bmanusonu86@gmail.com	rachalabnes@rediffmail.com

Inspection For the Academic Year : 2025 – 26 *Date of Inspection:* 07/08/2025

(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**	Sri Sanjeevini Institute of Nursing Sciences #1851/33, 2nd main, 14th cross, Anjaneya Badavane, Davangere.	2	**Year of Establishment** 2021
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**	Sri Sharada Vidya Samsthe [R] #2075/26, 1st main, 1st cross, Swami Vivekananda Badavane, Davangere. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Sanjeevini@ssedvg.org	**Website:** www.ssedvg.org	
		Office No: 08192-220611	**Mobile No:** 9844063020	

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

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mrs. Leelavathi. R.H. 9448948214.	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 09. ✓ Enclosed. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mr. Raghavendra. M. Qualification: MSC(N). Experience after MSc: 14 years. Email: raghavendramdv@gmail.com	Mobile No: 9972490720 Office No: 08192-220611 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	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation.		130000/-	1050/-	25000/-	156050/-
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)	

Online Transaction Number or Details: 25B1B3F090DD7C, 31-12-2024

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

Remarks:

Annexure IV - Enclosed

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	MED171 MSF 2022/06-04-22 Annexure - 5	RGU/AFF/ P8/N553/ 21-22 02-4-22. Annexure - 6	KSNC/ 1157/22-23 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	–	
	Admissions Made for the Current Academic Year	40	40	40	–	
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	
	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	08	13	08	24	53
	Female	32	27	27	16	102 (102)
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks:_____

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

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.

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

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														
2	Vice-Principal	1	1														
3	Professor	1	1-2					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
150 students intake				
200 students intake				

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

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.	Mr. Raghavendra. M.	Principal	MSC(N) Community	2011	22483	12	14	01/12/2022	Yes	
2.	Mrs. Basavannevva Hiremath	Vice-Principal	MSC(N) Med-Surgical.	2009.	5686	05		10/10/2023	Yes	
3.	Mrs. Meera. S.	Professor.	MSC(N) Paediatric.	2007	2010.	01	18	01/03/2023	Yes	
4.	Ms. Teena. R.	Asst-professor.	MSC(N) Med-Surg.	2016.			04	28/7/2023		Teena
5.	Ms. Nethravanna. K.	Asst. Professor.	MSC(N) Medical Surgical	2020	175814		04	1/04/2024	Yes	
6.	Mrs. Mangala. G. N.	Lecturer	MSC(N) Community	2020	158515		04	01/11/2021	Yes	Mangala
7.	Mrs. Sandhya Hakki	Lecturer	MSC(N) OBG.	2022	111408	02	04	1/12/2021	Yes.	Sandhya Hakki
8.	Mrs. Jyothi M.	Lecturer	MSC(N) OBG	2025	89725	05.		1/06/2025	Yes	
9.	Ms. Sangeetha.	Lecturer.	MSC(N) Paediatric.	2025	113142.	01y 6m.		1/08/2025	—	
10.	Ms. Umadevi. G.	Tutor	BSc(N)	2007	67824			01/08/22	—	
11.	Mrs. Naghma Banu. C.	Tutor	BSc(N)	2022	123409	03.		02/12/2022	—	
12.	Ms. Soundarya. C. S.	Tutor	BSc(N)	2020	106351	05		02/11/2023	—	Soundarya C S
13.	Ms. Ranjitha. H	Tutor	BSC(N)	2022	122384	02y 06M.		08/12/2022	—	Ranjitha H
14.	Ms. Pooja. K. C.	Tutor	BSC(N)	2022	122554	02y 6M.		05/12/2022	—	Pooja
15.	Ms. Nancy mary	Tutor	BSC(N)	2022.	126789.	02y 6M.		08/12/2022	—	Nancy mary
16.	Ms. Archana. K. N.	Tutor.	BSC(N)	2022.	122562	02y 6m		12/12/2022	—	Archana K N
17.	Mr. Balasab B Bhave.	Tutor.	BSC(N)	2022	133554	02y 6M		04/12/2022.	—	
18.	Ms. Kamaraj Nayana	Tutor	BSC(N)	2024	172292	—		0/08/2025	—	
19.	Mr. Mahendra.	Tutor	BSC(N)	2021	122548	3y.		4/07/2022	—	Mahendra
20.	Ms. Deepa Narayan.	Tutor	BSC(N)	2021	122470	01 y		01/01/2024	—	Deepa
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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 :

– Enclosed –

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)	25,200 Sq ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3600 Sq.ft.	
	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	300 Sq ft	
	2. Vice-Principal Chamber	200	200 Sq ft	
	3. HOD	5 x 200 = 1000	1000 Sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 Sq ft	
	7. Accountants Office	**100**	100 Sq ft	
	8. Store Room	**100**	100 Sq ft	
	9. Record room	**100**	100 Sq ft	
	10. Room for maintenance staff	**100**	100 Sq ft	
	11. Xeroxing room	**100**	100 Sq ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sq ft	
	14. Toilets	1000	1000 Sq ft	

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

	15. A.V/Aids room	600	600 Sq.ft.	

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

Note:

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

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

Building Documents: — Enclosed —

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 – Enclosed – **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA17 C-7677	32.	~~Yes~~ / No	~~Yes~~ / No	~~Yes~~ / No

16. Library facility : Enclose list of library books Enclosed. **Annexure - 14**

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

Total No. of Nursing Books available	3455	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	Yes.
No of e-books	–	**How many books were purchased in last financial year?**	232.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Suresh. H.	M. Lib	12 years	
2.	Mr. Kotesh.	M. Lib.	Freshers	

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 – Enclosed – **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 Azaike Super Speciality Hospital. Hadadi Road, Davangere. MOU(Registered parent hospital MOU)		100	2km	81	
NAME OF THE TRUST/ Person owning The Hospital Sri Sharada Vidya Samsthe.					
Name Of The Owner Of The Trust of Hospital Dr. Ravikumar.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 C G Hospital	930	2km		
	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. — Enclosed

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	25	21	260	238
Surgery including OT	25	21	275	260.
Obstetrics & Gynecology	25+15=40	37	185	175
Pediatrics,	10	08	110	108
Emergency Medicine	—	—	65	52.
Psychiatry	—	—	35	28.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	07	06	07	06
Minor OT	05	04	10	09
Dental, Otorhinolaryngology, Ophthalmology	—	—	05	04
Burns and Plastic	03	02	15	13
Neonatology care unit	06	05	200	180
Communicable disease/Respiratory medicine/TB & chest diseases	11	08	65	52
Dermatology	04	03	50	48
Cardiology	07	05	48	42
Oncology	—	—	30	25
Neurology/Neuro-surgery	04	02	20	17
Nephrology/Urology	04	03	80	70
ICU/ICCU	11	08	80	70
Geriatric Medicine	38	30	260	239

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	--Enclosed--
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Hadadi
	Adopted / Affiliated	Affiliated.
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	20 KM.
b.	Services Rendered by Health & Family Welfare Programmes	Home visit, Health assessment, Nutritional programme.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Ramanagar.
	Adopted / Affiliated	Affiliated.
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	04 KM.
b.	Services Rendered by Health & Family Welfare Programmes	Home visit, Health assessment, Nutritional programme.
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 ☐

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

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 5300 Sqft	
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 : 15	Boys :
f.	Total No. of rooms	Girls : 09.	Boys :
g.	Water Supply	YES ✓	NO ☐
h.	Electricity Supply	YES ✓	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO ☐
j.	Is Sick room available?	YES ✓	NO ☐
k.	Whether the hostel mess is available with	YES ✓	NO ☐
l.	Safe drinking water facilities	YES ✓	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	Yes		✓
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes.		✓
Annexure - 3	Details of any other Nursing Institution under the same Trust		No.	✓
Annexure - 4	Details of Affiliated fees paid receipts	Yes		✓
Annexure - 5	Approval Status : GOK Order	Yes		✓
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes		✓
Annexure - 7	Approval Status : KNC Notification	Yes		✓
Annexure - 8	Status : INC Notification			
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		No	✓
Annexure - 10	List of M.Sc. Nursing Students as per format		No.	✓
Annexure - 11	Details of External /Part time Teachers	Yes.		✓
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	Yes.		✓
Annexure - 13	Vehicle Details : Bus	Yes.		✓
Annexure - 14	Details of List of LibraryBooks & others			
Annexure - 15	Academic Activities	Yes		✓
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	Yes.		✓

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

	affiliated hospitals.			✓
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes		✓
Annexure - 18	Master Rotation plans and Time tables	Yes		✓
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes		✓
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		NO	✓

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 Sri Sangeeviii Institute of Nursing Science which has applied for continuation of affiliation for the academic year 2025-26

We have conducted LIC inspection of this college on 07/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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)**

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the 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.

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

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

Faculty : 1 Principal. 1 vice Principal.
6 MSc Faculty, 11 BSc Nursing
faculty for Strength of 40 Per batch

Infrastructure : Adequate building measuring
25,200 Sq. feet. Sufficient to run the institute.

Clinical facilities: Parent hospital
Aarathe Hospital with 100 bed
With PCB and. Valid KPME.
Trust is registered under Cooperative act
and member of the trust is the Owner
of the Parent hospital.
Sri Sanjeevini Institute of Nursing Sciences
has Sufficient requirement Per RGUHS norms
to Continue affiliation for 2025-26 On the day
of Inspection.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10560584714109X**
Certificate Issued Date	:	06-Aug-2025 11:55 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ DAVANGERE7/ KA-DV
Unique Doc. Reference	:	SUBIN-KAKACRSFL0836637574253873X
Purchased by	:	PRESIDENT SRI SANJEEVINI INSTITUTE NURSING SCIENCE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT SRI SANJEEVINI INSTITUTE NURSING SCIENCE
Second Party	:	TO REGISTRAR R G U H S BANGLORE
Stamp Duty Paid By	:	PRESIDENT SRI SANJEEVINI INSTITUTE NURSING SCIENCE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY B. LINGARAJ B.Com.,LL.B. Davangere Rev. Tq. No.LAW/BL/CL2019 GOVT OF KARNATAKA

Please write or type below this line

UNDERTAKING

We the President of the trust **Mrs. Leelavathi R H** are submitting the affidavit to University. The trust **Sri Sharada Vidya Samsthe ®** is running/managing the colleges **Sri Sanjeevini Institute of Nursing Sciences, Davanagere** since 04 Years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal

And the Trust management can be held responsible and suitable action can be initiated by the University.

President
Sri Sharada Vidya Samsthe (R)
Davangere.

NOTARY
B. LINGARAJ
B.Com.,LL.B.
Davangere Rev. Tq.
No.LAW/48/LCL/2019
GOVT. OF KARNATAKA

SWORN TO BEFORE ME

NOTARY PUBLIC
DAVANAGERE.
DATE 06/08/25

No. of Corrections

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10669409542784X**
Certificate Issued Date	:	06-Aug-2025 12:36 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ DAVANGERE7/ KA-DV
Unique Doc. Reference	:	SUBIN-KAKACRSFL0836846546581278X
Purchased by	:	AARAIKE SUPER SPECIALITY HOSPITAL DAVANAGERE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AARAIKE SUPER SPECIALITY HOSPITAL DAVANAGERE
Second Party	:	TO REGISTRAR R G U H S BANGLORE
Stamp Duty Paid By	:	AARAIKE SUPER SPECIALITY HOSPITAL DAVANAGERE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY B. LINGARAJ B.Com.,LL.B. Rev. Tq. Davangere No.LAWPCL2019 GOVT. OF KARNATAKA

Please write or type below this line

UNDERTAKING

I **Dr. Ravikumar T G** is the Owners of the **Aaraike Super Specialtiy Hospital** Situated at Hadadi Davanagere. This is to confirm that our hospital **Aaraike Super Speciality Hospital** is registered under KPMEA and PCB with **100** beds and the Bonafide certificate has been attached.

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 the hospital **Aaraike Super Speciality Hospital, Davanagere** is functioning as parent hospital for **Sri Sanjeevini Institute of Nursing Sciences** college, Davanagere.

We also confirm that our hospital is solely affiliated to **Sri Sanjeevini Institute of Nursing Sciences** College and is not affiliated to any other Nursing college. The information provided by us is true and correct.

Dr. T.G. RAVIKUMAR
MBBS. MS.
Managing Director
AARAIKE SUPER SPECIALITY HOSPITAL
DAVANGERE.

NOTARY
B. LINGARAJ
B.Com., LL.B.
Davanagere Dist. & Tq.
No.LAW48/EL/2019
GOVT. OF KARNATAKA

SWORN TO BEFORE ME

NOTARY PUBLIC
DAVANAGERE.
DATE 07/08/25

No. of Corrections