



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. Kc. Shashidhara	V.R. Ayyappa	Prakash
Designation	Professor	Professor	Assistant Professor
Address	Dept. of Medicine JSS Medical College Mysore	SARVJY GHANDHI INSTITUTE OF TRAUMA AND ORTHOPEDICS BANGALORE	BRIMS CON Bidar
Mobile No	9448064613	9886291305	8310250106
Email ID	kcshashidhara@gmail.com	anjan18@gmail.com	prakashbm77@gmail.com

Inspection For the Academic Year : 2025

Date of Inspection: 14/08/2025

(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	Rajeshwari Vishwanath Katti Institute of Nursing Sciences Bellad-Bagewadi 591305 Tq- Hukkeri Dist- Belagavi	2	Year of Establishment	2021-2022
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company			
3	(a). Name of the Trust/Society & complete postal address & Phone number	Smt. Rajeshwari Vishwanath Katti charitable trust Bellad-Bagewadi Tq-Hukkeri Dist-Belagavi (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
Email: rvknursing@gmail.com		Website: —			
Office No:		Mobile No:			

Signature of Chairman

Signature of Member (1)
V.R. Ayyappa
1

Signature of Member (2)



	(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No	Mr. Roopasingh Sanadi Mob.No - 94484184869		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mr. Vittal B. Kamati Qualification: MSc. Nursing Experience after MSc: 12 years Email: VittalKamati111@gmail.com	Mobile No: 8147001367 Office No: — Fax No: — Residential phone No: 7710809145	
	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				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	1,31,000/-				25,000/-	1,56,000/-
Post Basic B.Sc. Nursing		— Not Applicable —				
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.			— Not-Applicable —		
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
Grand Total (A+B+C)						


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Online Transaction Number or Details: Transaction ID - BDO0000007566549
Payment Ref. No - ZUTIA61095VPBC

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 159 MPS 2022 Dt. 31/03/2022 Annexure - 5	RGU/AFF/EX/ N557/2021-2022 Dt. 29/04/2022 Annexure - 6	KNC:2087 2021-2022 Dt. 06/06/2022 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	— Not Applicable —				
	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		Not Applicable			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Not Applicable				
		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	15	18	19	NA	
	Female	25	22	21	NA	
Post Basic B.Sc Nursing	Male	} — Not - Applicable —				
	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——
				— Not - Applicable —		

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——
				— Not Applicable —		

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						-	-	-	01					
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*	-	-	-	08					
6	Tutor	8-16	16-24				2-10	--	-	08	-	-					
	Total	16-24	24-40				4-12	-	-	08	-	09					

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.

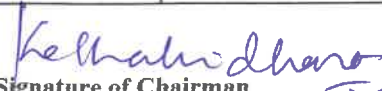
4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

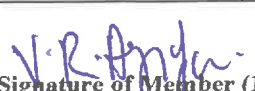
(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e., 1:5 if they offer B.Sc Nursing Program)

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


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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)

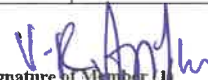
12.1 Teaching Faculty details: Details should be written in format only

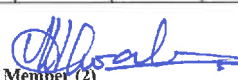
SL. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form 16 submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
01)	Mr. Gital Kamati	Principal	MSc. Nsg. Child Health	2013	22082	1.10yr	12yr	01/08/2022	Yes	
02)	Ms. Rashmi K.	Lecturer	MSc Nsg. Psychiatry	2025	108962	10 months	-	01/02/2025	No	
03)	Ms. Jyoti M.N.	Lecturer	MSc Nsg. Child Health	2025	121719	-	-	01/02/2025	No	
04)	Ms. Dhamma E.	Lecturer	MSc Nsg. OBG	2025	121716	-	-	01/02/2025	No	
05)	Mr. Karatik E.	Lecturer	MSc- Nsg. MSN.	2025	121715	-	-	01/08/2025	No	
06)	Ms. Rani Patil	Lecturer	MSc. Nsg. Community Health	2024	119667	-	-	01/08/2025	No	
07)	Ms. Suprita B.	Lecturer	MSc. Nsg. MSN	2024	221333	-	-	01/08/2025	No	
08)	Ms. J. maneshwari M.	Lecturer	MSc- Nsg. OBG	2025	120794	1yr	-	01/08/2025	No	
09)	Ms. Meenakshi S.	Lecturer	MSc- Nsg. OBG	2025	92347	2yr.	-	01/08/2025	No	
10)	Mr. Anand S.	Assistant Lecturer	-	2018	90298	2yr	-	01/08/2022	No	
11)	Mr. Kaushna M	Assistant Lecturer	-	2022	132065	-	-	01/10/2024	No	
12)	Mr. Manjunath N.	Assistant Lecturer	-	2022	132075	-	-	01/10/2024	No	
13)	Ms. Roopa N.	Assistant Lecturer	-	2020	234759	-	-	01/08/2025	No	
14)	Mr. Viresh H	Assistant Lecturer	-	2020	132100	-	-	01/08/2025	No	
15)	Ms. Shilpa M.	Assistant Lecturer	-	2020	178239	-	-	01/08/2025	No	



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			
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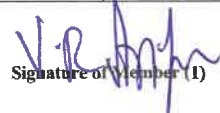
Signature of Chairman  Signature of Member (1) 

Signature of Member (2) 

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Signature of Chairman


Signature of Member (1)


Signature of Member (2)


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Signature of Chairman

Kohachelkara

Signature of Member (1)

V.R. Singh

Signature of Member (2)

Sharma

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
			Copy enclosed		

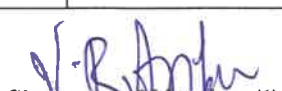
14. Physical Facilities :

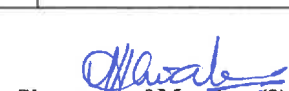
14.1. College Building:

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)	37,266	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4000	
	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	900	
	2. Vice-Principal Chamber	200	600	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3500	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600	
	7. Accountants Office	100	400	
	8. Store Room	100	900	
	9. Record room	100	900	
	10. Room for maintenance staff	100	600	
	11. Xeroxing room	100	300	
	12. common room (Girls & Boys)	600+400= 1000	1200	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

	15. A.V/Aids room	600	800	
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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	1600	/
	Nutrition & Community Health Nursing	1200sq.ft	1400	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000	
	Pediatrics Nursing Laboratory	900sq.ft	900	/
	Pre-Clinical Sciences Laboratory	900sq.ft	1300	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1572	

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	Copy enclosed
2	Is the college building own or leased ?	Leased
3	Blue print of the building plan approved and attested by competent authority.	Copy enclosed
4	Building construction license from competent authority	Copy enclosed
5	Tax paid receipt (Latest / current year)	
6	Occupancy certificate.	
7	Sale deed / Lease deed of the building / Land.	Copy enclosed
8	Land Conversion order from DC	
9	Town planning/Authorities approval order	Copy enclosed

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, 2021 F.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 License
02	KA496621 KA497645	50 50	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	2500	YES ☒ No ☐	Adequate	Adequate	

Total No. of Nursing Books available	2200	No. of Nursing Journals subscribed	02
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?	385

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. Basavaraj. Tambadi	M.Lib.	15 Year	
	— Copy enclosed —			

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 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	—	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Conferences conducted	—	
Conferences attended	02	

* Colleges should declare & attest tobacco free/drugs free campus (self declaration form 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 Kallimani Hospital And Nursing Home, Dupadal Road Ghataprabha MOU(Registered parent hospital MOU)		100	10	85%	verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Shashidhar Kallimani					
Name Of The Owner Of The Trust of Hospital Sri. Ramesh V. Katti					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Diyya Hospital Nippani Road, chikkodi.	100	20	90%	verified
	2				
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have **200 bedded Unitary/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, 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:

Nil

K. Chandrasekhar
Signature of Chairman

V.R. Anand
Signature of Member (1)

Offical
Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	17	20	17
Surgery including OT	15	14	4	3
Obstetrics & Gynecology	40	37	6	5
Pediatrics,	15	14	17	15
Emergency Medicine	10	8	3	2
Psychiatry	0	0	0	0

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	— copy enclosed —			
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/CCU				


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Geriatric Medicine		— Copy enclosed —	
Any other			

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

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		CHC - Kabbur, PHC - Hullolli, SC - Gudas	
Adopted / Affiliated		Affiliated	
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		08km.	
b. Services Rendered by Health & Family Welfare Programmes		Yes	
URBAN FEILD :			
a. Name of CHC / PHC / SC			
Adopted / Affiliated			
Administrated by		State Govt. ☐ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute			
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 ☐	


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 40,000	
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 : 13	Boys : 10
f.	Total No. of rooms	Girls : 05	Boys : 03
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/ Ramp in 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 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	✓		
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:

LIC Inspection of Panchwari Vishwanath Katti Institute of Nursing Sciences Bellada Bagewadi was carried out, for confirmation of Basic Bsc Nursing for 25 has carried out on 14/8/2025. They have three year batches with 100 students each. They have one msc graduate and 8 Bsc graduates for the teaching purposes, all were present on the day of inspection & their cv details. Verified & satisfactory. They have new building with 30 class rooms & 4000, sq. ft. They have infrastructure for College to teach students with 37266, sq. ft. They have affiliated hosp. Kattimoni hospital & nursing home, Dupadal road chhatraprabha and Birga hospital nippani road, Chikkodi for clinical teaching purposes. They have transportation and hostel facilities for students.


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 Dr Katta Subb. H. Menary Swamy, Bellada ^{Bayachadi} 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)

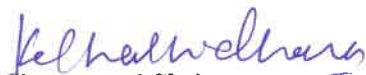
Instructions for reporting of Local inspections by RGUHS

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 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)

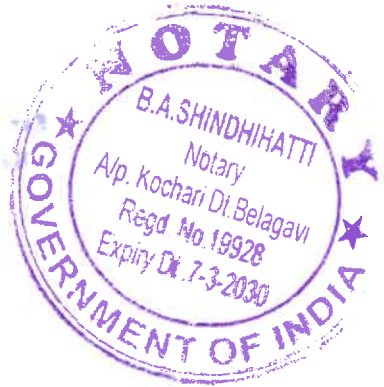

Signature of Chairman


Signature of Member (1)


Signature of Member (2)

This is to confirm that the hospital **Kattimani Hospital & Nursing Home** is functioning as **Parent hospital** for **Rajeshwari Vishwanath Katti Institute of Nursing Sciences Bellad Bagewadi**. We also confirm that our hospital is solely affiliated to **Rajeshwari Vishwanath Katti Institute of Nursing Sciences Bellad Bagewadi** and is not affiliated to any other nursing college.

The information provided by us is true and correct.



Kattimani
M/s. KATTIMANI HOSPITAL
& NURSING HOME
AT: GHATAPRABHA-591306
Tq: Gokak Dist: Belagavi

SWORN TO BEFORE ME

[Signature]
B. A. SHINDHIHATTI B.A.L.L.B. (SP)
ADVOCATE & NOTARY GOVT OF INDIA
P.O. KOCHARI-591340 TQ. HUKKER
DIST. BELAGAVI M. 9008127776

14 AUG 2025

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.

No of Copies

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Secretary

SWORN TO BEFORE ME

B. A. SHINDIHATTI B.A.L.L.B. (SPL)
ADVOCATE & NOTARY GOVT OF INDIA
AT PO KOCHARI - 591340 TQ HUKKERI
DIST BELAGAVI MI 9908127776

14 AUG 2025