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

171

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. G Manjunath Gowda	Dr. Zakir Hussain V.	Dr. Dananagowda HY
Designation	Chief medical officer	Chairman of BOS Unani PG	professor
Address	Mathe multi Speciality Hospital Bangalore	HMS. Unani medical college TMK	Navodaya CON Raichur
Mobile No	9066679444	9342123016	7204925918
Email ID	manjunathgowda3141@gmail.com	vzhumc@gmail.com	dananagowda@gmail.com

Inspection For the Academic Year : 2025-2026 *Date of Inspection:* 19/8/2025

(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	JASMINE COLLEGE OF NURSING BILAL COLONY CHIDRI ROAD. BIDAR-585403	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	JASMINE EDUCATON. AND CHARITABLE TRUST BILAL COLONY. CHIDRI ROAD BIDAR- 585403 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Jasmineconbidar@gmail.com	Website: WWW.Jasmine College of Nursing	
		Office No: 9611223099.	Mobile No: 9739779786	

19/8/25
Signature of Chairman
(Dr. G. Manjunath Gowda)

19/8/25
Signature of Member (1)
DR ZAKIR HUSSAIN. V

Signature of Member (2)
Dr. Dananagowda HY

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. AZIZ KHAN. 9739779786.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) COPY ENCLOSED Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: RUDRAPPA HUNASIKATTI Qualification: M.Sc NURSING. Experience after MSc: 11 Email: jasmineconbidar@gmail.com		Mobile No: 9611223099. Office No: 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		30,000/-	60,000/-	40,000/-	25000/-	156,050/-
Post Basic B.Sc. Nursing	—	—	—	—	—	—
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

Signature of Chairman | Signature of Member (1) 19/8/25 | 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	MED 148 MSF 2021 07/04/2022 Annexure - 5	R4U/AFF/ F8/N558/ 2021-2022 05/05/2022 Annexure - 6	KNC: 2131: 2022-23 09/01/2023 Annexure - 7	— Annexure - 8	✓
	Affiliation Sanctioned Intake	40	40	40	~~150~~ —	
	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	—	—	—	—	
	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	—	—	—	—	

19/8/2023

19/8/2023

	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	11	34	18	—	63
	Female	12	06	07	—	25
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)**

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1		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*		3							
6	Tutor	8-16	16-24				2-10	--		8							
	Total	**16-24**	**24-40**				**4-12**			16							

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

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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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

23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

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

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										
66.										
67.										
68.										
69.										

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

70.										
71.										
72.										
73.										
74.										
75.										
76.										
77.										
78.										
79.										
80.										
81.										
82.										
83.										
84.										
85.										
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										
95.										

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

19/8/25

96.										
97.										
98.										
99.										
100.										
101.										
102.										
103.										
104.										
105.										
106.										
107.										
108.										
109.										
110.										
111.										
112.										
113.										
114.										
115.										
116.										

- **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
					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)	26930 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	4400 sqft	Verified.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 sqft	400 sqft
	2. Vice-Principal Chamber	200	200 sqft	200 sqft
	3. HOD	5 x 200 = 1000	1000. sqft	1000 sqft
	4. Professor/Assoc. Prof	800+2400=3200	3200 sqft	3200 sqft
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sqft	600 sqft
	7. Accountants Office	**100**	150 sqft	100 sqft
	8. Store Room	**100**	150 sqft	100 sqft
	9. Record room	**100**	1000 sqft	100 sqft
	10. Room for maintenance staff	**100**	100. sqft	100 sqft
	11. Xeroxing room	**100**	100 sqft	100 sqft
	12. common room (Girls & Boys)	600+400= 1000	1000 sqft	1000 sqft
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4000 sqft	3000 sqft
	14. Toilets	1000	1000 sqft	1000 sqft

Signature of Chairman | Signature of Member (1) 9/8/25 | Signature of Member (2)

	15. A.V/Aids room	600	600 sqft	600sqft

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 sqft	1600sqft
	Nutrition & Community Health Nursing	1200sq.ft	1200 sqft	1200sqft
	Obstetrics and Gynecology Laboratory	900sq.ft	1130 sqft	900sqft
	Pediatrics Nursing Laboratory	900sq.ft	1000 sqft	900sqft
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 sqft	1000sqft
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sqft	1500sqft

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA38A6248	55	✓ Yes / No	✓ Yes / No	✓ Yes / No

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

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

Total No. of Nursing Books available	1800.	**No. of Nursing Journals subscribed**	07
No. of Thesis/Research titles available	—	**Is internet facility available for Students?**	YES.
No of e-books	20.	**How many books were purchased in last financial year?**	540.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MRS LAXMI BAI	M.L.I.Sc.	6 years.	
02.	MR. SUNIL.	Dip. Lib. Sc.	1 year.	

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	—	—

Signature of Chairman **Signature of Member (1)** 14/8/25 **Signature of Member (2)**

Conferences conducted	—	—
Conferences attended	05	

* 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 BBS MULTI SPECIALITY HOSPITAL, # 5-3-295. NEAR ZP. office. MANIYAR TALEEM BIDAR MOU(Registered parent hospital MOU)		100	0.04km		
NAME OF THE TRUST/ Person owning The Hospital MR. AZIZ KHAN.					
Name Of The Owner Of The Trust of Hospital MR. AZIZ KHAN.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

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

	(MOU/Clinical permission letter)				

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

NOTE:

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

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	5	10	80 %
Surgery including OT	2	1	2	100 %
Obstetrics & Gynecology	10	8	10	100 %
Pediatrics,	10	5	10	90 %
Emergency Medicine	10	6	10	100 %
Psychiatry	5	2	5	60 %

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	2	1	100 %
Minor OT	4	4	4	100 %
Dental, Otorhinolaryngology, Ophthalmology	2	2	5	80 %
Burns and Plastic	2	1	5	60 %
Neonatology care unit	10	10	5	90 %
Communicable disease/Respiratory medicine/TB & chest diseases	5	3		60 %
Dermatology	5	2	2	50 %
Cardiology	5	4	6	100 %
Oncology	5	1	2	80 %
Neurology/Neuro-surgery	5	4	5	10 %
Nephrology/Urology	3	2	5	50 %
ICU/ICCU	5	2	3	100 %
Geriatric Medicine	—	—	—	

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	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	KAMTHAN. PHC.
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	07 KM.
b.	Services Rendered by Health & Family Welfare Programmes	FAMILY PLANING, IMMUNIZATION, ANTINATAL & POSTENATAL CARE, CHILD HEALTH SERVICE ETC.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	BIDRI COLONY. PHC. BIDAR.
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	02 KM
b.	Services Rendered by Health & Family Welfare Programmes	MATERNAL AND CHILD HEALTH SERVICE, ADOLESENT HEALTH SERVICE ETC.

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 22800 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 : ~~25~~ 10	Boys : ~~15~~ 00
f.	Total No. of rooms	Girls : 20.	Boys : 15
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		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	–	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

19/8/25

	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:

On the day of inspection, as per the documents provided / the observation of the LIC is as follows →

i) Infrastructure - Adequate as per norms
ii) Equipments - Adequate as per norms
iii) Staff - Adequate as per norms
iv) Clinical load - As per norms

⇒ Can be considered for.
a) continuation of affiliation BSc Nursing - 40 seats.

Signature of Chairman

19/8/25
Signature of Member (1)
DR. 2 ABID HUSSAIN. V

Signature of Member (2)

UNDERTAKING

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

We have conducted LIC inspection of this college on 19/8/2025 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)
Dr. G. Mayuri Bavda	DR ZAKIR HUSSAIN. V	Dr. Dananagouda HY
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

19/8/25

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA19518396302582X
Certificate Issued Date	:	18-Aug-2025 10:24 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ NANDI COLONY/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL08536612170826 52X
Purchased by	:	CHAIRMAN JASMINE EDUCATION AND CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN JASMINE EDUCATION AND CHARITABLE TRUST
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN JASMINE EDUCATION AND CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY

G. Seva Kendra Authorised Signatory Nandi Colony Branch

Please write or type below this line

UNDERTAKING

I Chairman of the trust **MR. AZIZ KHAN** is submitting the affidavit to University.

19/8/25

19/8/2025

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.

NOTARY GOVT. OF KARNATAKA
SIKENPURE MARUTI
ADVOCATE & NOTARY
BIDAR REVENUE TALUKA
Reg.No:LGU/355/2021

The **JASMINE EDUCATION & CHARITABLE TRUST®** is managing the **JASMINE COLLEGE OF NURSING** since **FIVE YEARS. From 2021**

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

I confirm that the faculty in the college is employed for full time in the college.

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

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

CHAIRMAN

PRESIDENT
Jasmine Education & Charitable Trust
Bilal Colony. Chidri Road. BIDAR

18 AUG 2025

ATTESTED BY ME

SIKENPURE MARUTI
B.A.LL.B. (Spl.)
ADVOCATE & NOTARY
BIDAR (A) 585403 Tq. Dist. Bidar

19/8/25

19/8/2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

NOTARY
SHIVPUTRE MARUTI
ADVOCATE & NOTARY
BIDAR REVENUE DISTRICT
Reg.No.KAR/359/2021
GOVT. OF KARNATAKA

e-Stamp

Certificate No.	:	**IN-KA19513932168578X**
Certificate Issued Date	:	18-Aug-2025 10:20 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ NANDI COLONY/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL08536581413854888X
Purchased by	:	CHAIRMAN BBS MULTI SPECIALITY HOSPITAL BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN BBS MULTI SPECIALITY HOSPITAL BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN BBS MULTI SPECIALITY HOSPITAL BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G.Seva Kendra Authorised Signatory Nandi Colony Branch

Please write or type below this line

UNDERTAKING

I **MR. AZIZ KHAN** is the owner of the **BBS MULTI SPECIALTY HOSPITAL BIDAR.**

19/8/25

19/8/2025

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.

Situated at **150/5/B FORT ROAD NEAR Z.P. OFFICE, MANIYAR TALIM, BIDAR.** This is to confirm that our hospital **BBS MULTI SPECIALTY HOSPITAL** is registered under KPMEA and PCB with **100 beds** and the bonafide certificate has been attached.

This is to confirm that the **BBS MULTI SPECIALTY HOSPITAL** is functioning as Parent hospital for **JASMINE COLLEGE OF NURSING.**

I also confirm that our hospital is solely affiliated to **JASMINE COLLEGE OF NURSING** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Mr. AZIZ KHAN
CHAIRMAN BBS MULTI SPECIALTY HOSPITAL

BBS Multi
SPECIALITY HOSPITAL
BIDAR-585 403

19/8/25

19/8/2025

18 AUG 2025
ATTESTED BY ME

SIKENPURE MARUTI
B.A.LL.B. (Spl.)
ADVOCATE & NOTARY
KAPLAPUR (A) 585403 Tq. Dist. Bidar

JASMINE COLLEGE OF NURSING BIDAR

TEACHING FACULTY LIST

SI NO	NAME	DESIGNATION	QUALIFICATION	NAME OF UNIVERSTY	YEAR OF PASSING	RN & RM NO	TEACHING EXPERINCE	DATE OF JOINING	SIGNATURE
1	MR.RUDRAPPA HUNASIKATTI	PRINCIPAL	M.SC (NURSING)	RGUHS	2013	15252	13	01-09-2024	
2	MRS.SUJATA JADHAV	VICE PRINCIPAL	M.SC (NURSING)	RGUHS	2016	39889	9	01-01-2025	
3	ARUN GANI	ASSOCIATE PROFESSOR	M.SC (NURSING)	RGUHS	2014	22015	10	01-09-2024	
4	BASANAGOWDA PATIL	ASSOCIATE PROFESSOR	M.SC (NURSING)	RGUHS	2016	76865	6	01-09-2024	
5	PRALHAD C MOODAGI	ASSISTANT PROFESSOR	M.SC (NURSING)	RGUHS	2022	112505	3	02-07-2025	
6	DILSHABEGAUM BIDARAKUNDI	ASSISTANT PROFESSOR	M.SC (NURSING)	RGUHS	2021	145286	4	01-08-2025	
7	J L GLORY	ASSISTANT PROFESSOR	M.SC (NURSING)	RGUHS	2022	2220	3	01-01-2022	
8	RAMESH	LECTURE	M.SC (NURSING)	RGUHS	2025	17260	1	01-05-2025	
9	MD MOIN PASHA	NURSING TUTOR	B.SC (NURSING)	RGUHS	2021	119143	3	01-02-2022	
10	AFREEN BEGUM	NURSING TUTOR	PBBSC	RGUHS	2022	177409	2	01-08-2022	
11	MOHD HAREES UMAIR	NURSING TUTOR	B.SC (NURSING)	RGUHS	2022	141460	2	01-08-2022	
12	MD WASIM AKRAM	NURSING TUTOR	B.SC (NURSING)	RGUHS	2022	142396	2	01-03-2023	

SIGNATURE OF CHAIRMAN

19/8/25

SIGNATURE OF MEMBER (1)

19/8/2025

SIGNATURE OF MEMBER (2)

SI NO	NAME	DESIGNATION	QUALIFICATION	NAME OF UNIVERSTY	YEAR OF PASSING	RN & RM NO	TEACHING EXPERINCE	DATE OF JOINING	SIGNATURE
13	HIRE ROSHNI JOHN	NURSING TUTOR	PBBSC	RGUHS	2023	23516	1	15-03-2023	
14	MOHD YOUNUS	NURSING TUTOR	PBBSC	RGUHS	2024	241834	1	01-06-2024	
15	MD ZEESHAN	NURSING TUTOR	B.SC (NURSING)	RGUHS	2024	161247	1	01-09-2024	
16	PRATIKSHA	NURSING TUTOR	B.SC (NURSING)	RGUHS	2024	179537	1	18-06-2025	

SIGNATURE OF CHAIRMAN

19/8/25

SIGNATURE OF MEMBER (1)

19/8/2025

SIGNATURE OF MEMBER (2)