Online entry done

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. K.C. Shashidhara	DR. D.V. CHALAPATHY	PRABHUSWAMY A.C
Designation	Professor.	PROFESSOR.	PRINCIPAL,
Address	Dept. of Medicine. JSS Medical College Mysore.	SWADESHI INSTITUTE OF MEDICAL SCIENCES & RESEARCH BANGALORE	CHINMAYA INST. OF NURSING, BANGALORE
Mobile No	9448064613	9945000037	9886212797
Email ID	kcshashidhara@gmail.com	dvchalapathy@yahoo.com	prabhuswamy.ac@gmail.com

For the Academic Year : 2025 - 2026 *Date of Inspection:* 13/08/2025

(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	KLE SOCIETY'S CENTENARY INSTITUTE OF NURSING SCIENCES YALLUR ROAD, BELAGAVI - 590005 KARNATAKA	2	Year of Establishment: 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	KARNATAKA LINGAYAT EDUCATION SOCIETY TYAGAVEER SIRASANGI LINGRAJ COLLEGE ROAD BELAGAVI-590001, KARNATAKA (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: infodesk@klesociety.org	Website: www.klesociety.org	

Signature of Chairman

Signature of Member (1) Dr. D.V. CHALAPATHY.

Signature of Member (2) PRABHUSWAMY A.C 9886212797

	(b). Name of the Owner of Trust/Society	DR. PRABHAKAR KORE . CHAIRMAN KLE SOCIETY BELAGAVI		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 17 ENCLOSED (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	Details of Principal/Head of the institution	**Name:** DR. VIKRANT NESARI **Qualification:** M.Sc(N). Ph.D **Experience:** 16 yrs **Email:** vikrantnesari@gmail.com	**Mobile No:** 9945763535 **Office No:** 0831-2007277 **Fax No:** 0831-2413888 **Residential phone No:** –	
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 addressVerify 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	1,000/-	30,000/-	60,000/-	40,000/-	25,000/-	1,56,050.00/-
Post Basic B.Sc. Nursing						
					Total (A)	

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

Online Transaction Number or Details: ZCNBOYC09513 SG [Dt: 24/12/2024]

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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 164 MPS 2022 27/06/2022 Annexure - 5	RGU/AFF/Fr N561/2021-2022 01/07/22 Annexure - 6	KSNC/NO: KSNC:2099 2022-23 15/07/22 Annexure - 7	18-15/16311-INC/1221 7/8/2024 Annexure - 8	COPY ENCLOSED
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	—	2025 - 26	—	—	ADMISSION UNDER PROCESS
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					

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

	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	07	17	08	—	32
	Female	32	23	30	—	85
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01	—	—	—	—					
2	Vice-Principal	1	1				01	—	—	—	—					
3	Professor	1	1-2		1*		—	—	—	—	—					
4	Associate Professor	2	2-4		1*		—	—	—	—	—					
5	Assistant Professor	3	3-8	2	3*		02	—	—	—	—					
6	Tutor	8-16	16-24	2-10	--		12	—	—	—	—					
	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

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

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

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

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

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.	DR. VIKRANT. NESARI	PRINCIPAL	MSC(N) PhD	2021	6295	02Y	14Yr	01/08/2018	YES	
2.	MS. PRAFULLATA. SURYAVANSHI	VICE PRINCIPAL	MSC-MSN	2014	67577	05Y.02m	10Y 01m	01/03/2023	YES	
3.	MR. TEJESH PATIL	ASST. PROF	MSC-PEDIATRIC NSG	2020	65737	04Y	04Y0m	06/01/2022	YES	
4.	MRS. RUKMINI. KAKATIKAR	ASST. PROF	MSC(N)-OBG	2019	176130	10m	05Y06m	10/01/2022	YES	
5.	MR. PRATIK SHINDE	SENIOR TUTOR	MSC(N)-COMM HEALTH NSG	2024	106443	01Y	11m	03/09/2024	YES	
6.	MR. PRATIK DAINGADE	SENIOR TUTOR	MSC(N)-MSN	2024	118736	01Y	11m	11/09/2024	YES	
7.	MRS. PRAJAKTA. PATKAR	TUTOR	B.SC(N)	2017	10337	06Y.02m	–	17/04/2023	YES	
8.	MS. SHRAVANI. S. PATIL	TUTOR	B.SC(N)	2022	130847	02Y	–	03/09/2024	YES	
9.	MS. SONALI CHOUGULE	TUTOR	B.SC(N)	2023	145883	01Y.02m	–	10/06/2024	YES	
10.	MS. NAMRATA CHOUGULE	TUTOR	PBBSC(N)	2023	265262	01Y.01m	–	01/08/2024	YES	
11.	MS. PRACHI PATIL	TUTOR	B.SC(N)	2023	159004	01Y.07m	–	16/01/2024	YES	
12.	MS. ANKITA. A. DHUMALE	TUTOR	B.SC(N)	2023	158614	01Y.05m	–	02/05/2025	YES	
13.	MS ANJALI ERICK FERNANDES	TUTOR	B.SC(N)	2024	164386	01Y01m	–	17/02/2025	YES	
14.	MS. KAVYA ALABAL	TUTOR	PBBSC(N)	2024	278133	09m	–	02/12/2024	YES	
15.	MS. PRATIKSHA AGASAR	TUTOR	PBBSC(N)	2024	278362	09m	–	02/12/2024	YES	
16.	MS. MELIRA FERNANDES	TUTOR	PBBSC(N)	2024	244505	09m	–	02/12/2024	YES	
17.										
18.										
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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
					LIST ENCLOSED.

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	23,200 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	3640 sq.ft.	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1000	
	7. Accountants Office		400	
	8. Store Room		300	
	9. Record room		300	
	10. Room for maintenance staff		300	
	11. Xeroxing room		300	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sq. ft.	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq. ft.	
	Obstetrics and Gynecology Laboratory	900sq.ft	950 Sq. ft.	
	Pediatrics Nursing Laboratory	900sq.ft	950 Sq. ft.	
	Pre-Clinical Sciences Laboratory	900sq.ft	950 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: **Annexure – 12**

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

} 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 **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA22D8606	53	Yes / ~~No~~	Yes / ~~No~~	Yes / ~~No~~

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

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300 Sq. ft	YES ☑ No ☐	YES	YES	ADEQUATE

Total No. of Nursing Books available	3555	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	06	**Is internet facility available for Students?**	YES
No of e-books	HELINET	**How many books were purchased in last financial year?**	110.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MR. AVINAS . P. KULKARNI	M.Sc LIB SCI	3 YEARS.	NIL
—	—	—	—	—
—	—	—	—	—

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals 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	—	—
Conferences conducted	—	—
Conferences attended	21	—

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☑	**NO** ☐
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☑	
		ii. Trust member with MOU ☐	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital KLE CENTENARY CHARITABLE HOSPITAL, YALLUR ROAD BELAGAVI 590005		500	CAMPUS	80 %	
NAME OF THE TRUST/ Person owning The Hospital PRESIDENT KLE SOCIETY, BELAGAVI		—	—	—	—
Name Of The Owner Of The Trust of Hospital		—	—	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 KLES DR. PRABHAKAR KORE HOSPITAL & MRC NEHRU NAGAR BELAGAVI	2000	8 Km	79 %	
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/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/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

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

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:

Nil

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	110	80%	210	80%
Surgery including OT	100	80%	210	80%
Obstetrics & Gynecology	50	80%	185	90%
Pediatrics,	35	75%	210	80%
Emergency Medicine	20	90%	50	90%
Psychiatry	30	80%	60	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	90%	20	90%
Minor OT	02	80%	10	80%
Dental, Otorhinolaryngology, Ophthalmology	05	90%	120	75%
Burns and Plastic	—	—	51	82%
Neonatology care unit	10	80%	36	75%
Communicable disease/ Respiratory medicine/TB & chest diseases	—	—	30	75%
Dermatology	05	80%	30	85%
Cardiology	—	—	80	85%
Oncology	—	—	150	85%
Neurology/Neuro-surgery	10	75%	95	90%
Nephrology/Urology	30	75%	95	85%
ICU/ICCU	25	82%	214	85%
Geriatric Medicine	—	—	—	—
Any other	63	75%	144	80%

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	PRIMARY HEALTH CENTRE, KINAYE
Adopted / Affiliated	ADOPTED
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	10 Km
b. Services Rendered by Health & Family Welfare Programmes	MCH & RCH
URBAN FEILD :	
a. Name of CHC / PHC / SC	URBAN HEALTH CENTRE RUKMINI NAGAR
Adopted / Affiliated	ADOPTED
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	10 Km
b. Services Rendered by Health & Family Welfare Programmes	MCH & RCH.
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 — NA —	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing — NA —	**YES** ☐	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing — NA —	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing — NA —	**YES** ☐	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO –
b.	Built-up area of the Hostel	Sq.ft 29585	
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 : 45	Boys : 00
f.	Total No. of rooms	Girls : 15	Boys : 35
g.	Water Supply	YES ✓	NO –
h.	Electricity Supply	YES ✓	NO –
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO –
j.	Is Sick room available?	YES ✓	NO –
k.	Whether the hostel mess is available with	YES ✓	NO –
l.	Safe drinking water facilities	YES ✓	NO –

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	— NA —	
Annexure - 10	List of M.Sc. Nursing Students as per format	— NA —	
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 Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	NA	

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

Observations:

- LIC Inspection of Records was carried out for Basic Bsc Nursing Inst. Yellapur. Belagavi
- The Infrastructure, teaching facilities were sufficient for teaching.
- Hospital, clinical facilities were available as per the Norms.
- Library facilities are available & sufficient
- Transportation facilities were adequate for the students.
- Hostel facilities were available separately for boys and girls.

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 KLES CENTENARY INSTITUTE OF NURSING SCIENCES YALUR BELAGAVI which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 13/08/2025 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)**

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at KLES CENTENARY INSTITUTE OF NURSING SCIENCES, YELLURROAD BELAGAVI which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 13/08/25 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.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA12003292496368X
Certificate Issued Date	:	07-Aug-2025 01:22 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BELAGAVI4/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08393871227788827X
Purchased by	:	SECRETARY KLE SOCIETY BELAGAVI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY KLE SOCIETY BELAGAVI
Second Party	:	REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	SECRETARY KLE SOCIETY BELAGAVI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Issued By
Shri Sai Souhard Co-op. Society Ltd. Chikodi Branch Belagavi-3

Authorised Signature

RS. 100

Please write or type below this line

AFFIDAVIT

We the chairman/president/Secretary/Member of the trust **KLE Society Belagavi** are submitting the affidavit to university.

The trust **KLE Society Belagavi** is running the college **KLE Society's Centenary Institute of Nursing Sciences Yallur road, Belagavi**. since 03 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 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 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.

Date: 07/08/2025
Place: Belagavi

K.L.E. SOCIETY
Pin Code
590 001
BELAGAVI

Secretary
SECRETARY
Board of Management
K.L.E. Society, BELAGAVI

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA13799664757844X
Certificate Issued Date	:	11-Aug-2025 10:42 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BELAGAVI4/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08427723026105 97X
Purchased by	:	MEDICAL SUPERITENDENT KLE CCH BELAGAVI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MEDICAL SUPERITENDENT KLE CCH BELAGAVI
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Stamp Duty Paid By	:	MEDICAL SUPERITENDENT KLE CCH BELAGAVI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Issued By
Shri Sai Souhard Co-op. Society Ltd. Chikodi Branch Belagavi-3

Authorised Signature

RS. 100

Please write or type below this line

AFFIDAVIT

I Dr. R. G. Nelivigi is Medical Superintendent of the **KLE Centenary Charitable Hospital& MRC situated at Yallur road, Belagavi.**

This is to confirm that our **KLE Centenary Charitable Hospital& MRC Yallur road, Belagavi** is registered under KPMEA and PCB with **500** beds and the bonafide certificate has been attached.

This is to confirm that the **KLE Centenary Charitable Hospital & MRC Yallur road, Belagavi** is functioning as parent/own hospital for **KLE Society's Centenary Institute of Nursing Sciences Yallur road, Belagavi.**

We also confirm that our hospital is solely affiliated to **KLE Society's Centenary Institute of Nursing Sciences Yallur road, Belagavi** and is not affiliated to any other nursing colleges.

The information provided by us is true and correct.

Date: 11/08/2025
Place: Belagavi

Medical Superintendent
KLE Centenary Charitable Hospital & MRC
Yallur road, Belagavi

Medical Superintendent
KLE CCH & MRC
Yellur Road, Belagavi.