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

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INSPECTION PROFORMA FOR NURSING 2025-26

Details of LIC Inspectors:	Chairman	Academic Council Member	Subject Expert
Name	Dr. Arvind Katti	Dr.Sunil V Dhaded	Treesa Joseph
Designation	Associate Professor, Surgery Dept	Professor & HOD of Prosthodontics	Asst Professor
Address	HKE's Dr.Maalakaraddi homoeopathic medical college & hospital kalaburgi	AME's Dental College, Raichur	Sajjalashree INST,Bagalkote
Mobile No	9481640062	9844101555	9742438370
Email ID	arvindkatti@gmail.com	sunildhaded2000@gmail.com	

For the Academic Year:2025-26 *Date of Inspection:11.8.2025*

(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.BasicB.Sc.Nursing	✓	2.Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	H.T.Sasnur Institute of Nursing Sciences, Sasnur Hospital Campus Station Road Vijayapur-586104	2	Year of Establishment 2022
2	Status of the course conducting body	Society		
3	(a). Name of the Trust/Society & complete postal address	Dr.H.T.Sasnur Memorial Education Society Station Road Vijayapura 586104 (Enclose copy of Registration documents of Society/Trust)Annexure–1		
		Email:principalsasnurnursing@gmail.com	Website: htsions.co.in	

Signature of Chairman
Dr. Arvind

Signature of Member(1)
Dr. Sunil Dhaded

Signature of Member (2)
Treesa Joseph

	(b).Name of the Owner of Trust/Society	Dr. Ashok Hanumanthrao Sasnur	
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	Details of Principal/Head of the institution	Name: Mr.Pramod Mane Qualification: M.sc Psychiatric Nursing Experience: 13 years Email: principalsasnurnursing@gmail.com	Mobile No: 8123731069 Office No:08352-200344 Fax No:08352-200344 Residential phone No:08352-200344

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 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	1,30,000		1,000		25,000	1,56,050
Post Basic B.Sc. Nursing		Not Applicable				
					Total (A)	1,56,050

PG Course:- (M.Sc. Nursing)	PG 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)	

Not Applicable

Online Transaction Number or Details:

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

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED166MSF 2022 27-06-2022 Annexure-5	RGU/AFF/FR/ N564/2021-22 06-07-2022 Annexure-6	KNC:2122:2022 -23 15-11-2022 Annexure-7	18-15/16383-INC/532 21-05-2024 Annexure-8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	37	37	37	37	
Post Basic B.Sc.Nursing	Approval Letter No. and Date	Annexure-5	Annexure-6	Annexure-7	Annexure-8	
	Sanctioned Intake		N/A			
	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		N/A			
	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		N/A			

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.Sc Nursing	Male	13	18	20	-	51
	Female	24	19	17	-	60
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

N/A

10. IfthecollegehasPBBSc(N)followingdetailsoftheadmittedstudentstobeenclosed(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 workat 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----------
			N/A			

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----------
			N/A			

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)

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.ScN PCC	B.Sc (N)		P.B.B. Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B.B. Sc(N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		2									
6	Tutor	8-16	16-24	2-10	--		10									
	Total	**16-24**	**24-40**	**4-12**			16									

ForExample: 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.ScNursing:
(Start the Programi.e,for1st Year, minimum 3 M.Sc.Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40Students Intake	**Total5Faculty** • 3M.Sc.Nursing qualified faculty • 2 Tutors	**Total8Faculty** • 5M.Sc.Nursing qualified faculty • 3 Tutors	**Total12Faculty** • 7M.Sc.Nursing qualified faculty • 5 Tutors	**Total16Faculty** • 8M.Sc.Nursing qualified faculty • 8 Tutors
60Students Intake	**Total6Faculty** • 3M.Sc.Nursing qualified faculty • 3 Tutors	**Total12Faculty** • 5M.Sc.Nursing qualified faculty • 7 Tutors	**Total18Faculty** • 7M.Sc.Nursing qualified faculty • 11Tutors	**Total24Faculty** • 8M.Sc.Nursing qualified faculty • 16Tutors
100Students Intake	**Total10 Faculty** • 5M.Sc.Nursing qualified faculty • 5 Tutors	**Total20Faculty** • 8M.Sc.Nursing qualified faculty • 12Tutors	**Total30Faculty** • 12M.Sc.Nursing qualified faculty • 18Tutors	**Total40Faculty** • 16M.Sc.Nursing qualified faculty • 24Tutors

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of Passing	KSNC Reg.Number	Teaching Experience		Date of Joining	Form – 16 Submitted (Yes /No)	Signature of Faculty
						After UG	After PG			
1.	Mr.Pramod Mane	Principal	M.sc Psychiatric Nursing	2014	70783	1 Years	11 Years	2.6.2025	Yes	
2.	Mr.Basavaraj Honawad	Vice-Principal, Assoc.Professor	M.sc Psychiatric Nursing	2019	44235	6 Years	6 Years	1.8.2022	Yes	
3.	Mrs.Lalita Baichabal	Asst.Professor	M.sc OBGY Nursing	2021	111214	3 Years	3 Years	2.1.2023	Yes	
4.	Mrs.Rajeshwari Gaddigimath	Asst.Professor	M.sc Pediatric Nursing	2023	58991	_	2 Years	2.11.2023	Yes	
5.	Mrs.Amruta Jadhav	Lecturer	M.sc Psychiatric Nursing	2024	100080	2 Years	1 Years	1.3.2023	Yes	
6.	Mr.Danesh Modi	Lecturer	M.sc Community Health Nursing	2024	19576	7 Years	1 Years	2.6.2025	Yes	
7.	Mrs.Savitri Hanchanal	Nursing Tutor	B.sc Nursing	2021	128074	4 Years	-	28.10.2022	Yes	
8.	Mr.Ashokkumar Kadakol	Nursing Tutor	PB.Bsc Nursing	2021	164535	4 Years	-	3.1.2022	Yes	
9.	Ms.Sanjana Rajput	Nursing Tutor	B.sc Nursing	2023	149378	1 Years	-	1.3.2024	Yes	
10.	Ms.Roopa Kamble	Nursing Tutor	PB.Bsc Nursing	2020	194028	4 Years	-	1.7.2023	Yes	
11.	Mr.Chandrahas Bajantri	Nursing Tutor	PB.Bsc Nursing	2023	230285	2 Years	-	1.8.2023	Yes	LEAVE
12.	Mr.Mallikarjun Baichabal	Nursing Tutor	PB.Bsc Nursing	2017	176396	4 Years	-	1.1.2024	Yes	
13.	Mr.Amoghasiddha Baraddi	Nursing Tutor	PB.Bsc Nursing	2023	232280	1 Years	-	1.11.2024	Yes	
14.	Mr.Afreen Shaikh	Nursing Tutor	B.sc Nursing	2024	166932	1 Years	-	1.12.2024	Yes	

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

15.	Ms Pooja Rathod	Nursing Tutor	B.sc Nursing	2024	179696	1 Years	-	1.2.2025	Yes	
16.	Mr Basappa S.Akki	Nursing Tutor	B.sc Nursing	2024	171659	1 Years	-	2.6.2025	Yes	

- **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 Guide ship 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 separate sheet with this proforma.**Annexure-11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	ENCLOSED COPY				

14. **Physical Facilities:**

College Building:

Annexure-12

S. No	Details	Required	Existing	Remarks
1	Built– up area of the building (in Sq. Ft)	23,200sq.ft		
	Note:The23,200sq.ftonlyforB.ScNursingprogrammewith40-60intake.(ThegazetteofIndiaextraordinarypartIII—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(sqft) for 40to60 intake B.Sc (N):900 sq ft	**4Classrooms** 900sq ft Each	**3805.00 Sq ft**	
	P.B.B.Sc (N) : 600 sq ft	**2Classrooms** 600sq ft Each	-	
	M.Sc (N): 600 sq ft	**2Classrooms** 600sq ft Each	-	
	NPCC:600sq ft	**2Classrooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1.Principal'sChamber	300	**318.00 Sqft**	
	2.Vice-PrincipalChamber	200	**221 .00 Sqft**	
	3.HOD	5 x 200 = 1000	**808.00 Sqft**	
	4.Professor/Assoc. Prof	800+2400=3200	**3135.00 Sqft**	
	5.Lecturer/Tutors			
	Institution office/Others 6.OfficeofAdministrative, clerical staff and PA (s)			
	7.AccountantsOffice			
	8. Store Room			
	9.Record room			
	10. Room for Maintenance staff			
	11.Xeroxing room			
	12. common room	1000	**1000.00 Sqft**	
	13. Seminar hall	3000	**3135.00 Sqft**	
	14. Toilets	1000	**1120.00 Sqft**	
	15.A.V/Aids room	600	**617.00 Sqft**	

Signature of Chairman

Signature of Member(1)

Signature of Member (2)

S: No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1601.00 Sqft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1531.00 Sqft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**920.00 Sqft**	
	Pediatrics Nursing Laboratory	900sq.ft	**920.00 Sqft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**922.00 Sqft**	
	Computer Lab (1:5computer:student)	1500sq.ft	**1720.50 Sqft**	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- Atleast10-12setsofallitemsneeded.Simulatorsforadvanceskillse.g.,administrationoftubefeeding,tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/simulators foruse in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroomsize-900sq for 40-60student intake& proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Class rooms and Laboratories (Verify & attacha copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure–12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22onwards.**
- 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	KA28AA7323	40	Yes	Yes	Yes

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

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	2320.50 SQFT	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	**2000**	**No.of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	NIL	**Is internet facility available for Students?**	Available
No of e-books	NIL	**How many books were purchased in last financial year?**	

S.No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Sangeetha Ullagadi	Master in Library Science	2 Years	

Note : Aminimumof500 of different subject titled nursing books(all new editions),in the multiple of editions, total of minimum3000 books for all batches; 3 kindsofnursingjournals,3 kinds of magazines, 2 kinds of news papers 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:**Enclosethedetailsofpast3years

Annexure-15

Academic activities	Particulars	Remarks
Research Projects	NIL	
Conferences conducted	NIL	

Signature of Chairman (2)

Signature of Member(1)

Signature of Member

Conferences attended	Yes. Attended	

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** ☐	**SOCIETY**
		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 **Sasnur Superspecialty Hospital**	107			
NAME OF THE TRUST/Personowning The Hospital **Dr.H.T.Sasnur Memorial Education Society**	**ENCLOSED COPY**			
Name Of The Owner Of The Trust of Hospital **Dr .Ashok.Hanumanthrao Sasnur**				
Affiliated hospitals-Full Name & Address of the Parent Hospital — 1				
Affiliated hospitals-Full Name & Address of the Parent Hospital — 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.,**2012-13andbefore** (before2013-14) 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 hospitalis not applicable. Other

Signature of Chairman
(2)

Signature of Member(1)

Signature of Member

- 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-INCdtd29/10/2014andF.NO.1-6/2018-INCdtd 20/04/2018).
- With effect from 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/ Single all optic 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. (RegisteredMOUtobesubmittedinthisregard).Boththecollegebuildingandtheparenthospitalshouldbeownedbythe same trust.(Reference:Thegazette ofIndiaextraordinarypartIII—section4publishedbyauthority,[IndianNursing 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 withminimumof50beds.ThegazetteofIndiaextraordinarypartIII—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;

- Maximumof60 seats will be sanctioned for the institution with parent hospital having less than 300 bed son the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above.[Indian Nursing Council {revised regulations and curriculum for B.Sc.(nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

- Verify the original KPME A 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 allowthe 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:

Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	BedOccupancy
Medical	10	9	-	-
Surgery including OT	10	9	-	-

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

Obstetrics & Gynecology	40			
Pediatrics,	07			
Emergency Medicine	-			
Psychiatry	-			

Additional/ Other Specialties/Facilities for clinical experience:

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

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

19	COMMUNITYHEALTHNURSING:Annexure-17	
RURALFILELD		
a. Name of CHC/ PHC/ SC		Honnutagi PHC
Adopted /Affiliated		Govt. of Karnataka
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member(1)

Signature of Member

Distance from the Nursing Institute	**20 KMS**
b.S ervices Rendered by Health& Family Welfare Programmes	**Enclosed**
URBANFEILD:	
a.Name of CHC/PHC / SC	**Shanti nagar UHC**
Adopted/ Affiliated	**Govt.of Karnataka**
Administratered by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**4 Km**
b.Services Rendered by Health & Family Welfare Programmes	**Enclosed**
N.B.:Acopy 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.	PostBasic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc.Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc.Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑

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

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

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 activitiesand achievements	YES ☑	NO ☐
p.	Staffdevelopmentprogrammes	YES ☑	NO ☐
q.	Antiraggingcommittee	YES ☑	NO ☐
r.	Studentwelfarecommittee	YES ☑	NO ☐

23	**HostelFacilities:Annexure-12**		
a.	Whether the collegeishavingaseparate Hostel?	YES ☑	NO ☐
b.	Built-uparea ofthe Hostel	**Sq.ft 4359.00**	
c.	Isthe HostelOwnedor Rented/Leased?	**Own** ☑	**Rented/Leased** ☐
d.	IstherеseparateprovisionofHostelfor MaleandFemaleStudents?	YES ☐	NO ☐
e.	TotalNo.ofstudentsinthehostel	**Girls: 30**	**Boys:**
f.	Total No.of rooms	**Girls: 10**	**Boys:**
g.	Water Supply	YES ☑	NO ☐
h.	ElectricitySupply	YES ☑	NO ☐
i.	IsFacilitiesavailableforoutdoor games and indoor games?	YES ☑	NO ☐
j.	IsSickroomavailable?	YES ☑	NO ☐
k.	Whetherthehostelmessisavailablewith	YES ☑	NO ☐
l.	Safedrinkingwaterfacilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Submitted (TickMark)	
		Yes	NO
Annexure-1	DetailsofTrust/Societyrelateddocuments	✓	
Annexure-2	DetailsofGoverningCouncil,itsmeetings&Auditreportof Trust	✓	

Signature of Chairman (2)

Signature of Member(1)

Signature of Member

Annexure-3	DetailsofanyotherNursing Institutionunderthesame Trust		
Annexure-4	DetailsofAffiliatedfeespaid receipts		
Annexure-5	ApprovalStatus:GOK Order		
Annexure-6	ApprovalStatus:RGUHSNotification(Last3Years)Approval		
Annexure-7	ApprovalStatus:KNCNotification		
Annexure-8	Status: INCNotification		
Annexure-9	ListofPostBasicB.Sc. NursingStudentsasperformat		
Annexure-10	List of M.Sc.Nursing Students as per format		
Annexure-11	Details of External/Part time Teachers		
Annexure-12	Physical Facilities: College Building, Laboratories and Building related documents, 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		
Annexure-17	Details of Community Health Nursing Posting Facilities		
Annexure-18	Master Rotation plans and Time tables		

Signature of Chairman (2)

Signature of Member(1)

Signature of Member

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	X	

Note:Verify & attach Relevant Documents (include staff declaration forms) along with this report.Therecordingsof thereportshouldbeclearlylegible.LICteamissolelyresponsible for the details & remarks noted in the LIC format.

Observations:

The Inspection team has visited Sasnur Institute of Nursing Science. Vijayapur
The College running under Dr. H.T Sasnur memorial Education Society Vijayapur
The college having own building with all department Labs. well Established.
The college is having 16 member of Teaching faculty
The ~~is the~~ College have own parent hospital Sasnur. Superspeciality hospital 107 bedded. well Established OT; Labs. wards, & ICU Etc..
KPMEA. PCB & BMW received. Affiliated to PHC
The College have bus facility, seating capacity 40
The college & Library is having 2,000 books.
The college having hostel facilities can be consider for 2025-2026 Application.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____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 (2)

Signature of Member(1)

Signature of Member

Instructions for reporting of Local in spections by RGUHS

1. LIC Teams hall submitan Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Teamshallsubmitthereportsoft&hardcopywithin48hoursoftheinspection failing which ___

    a. Teamshallcompulsorilyvisittheattachedhospitalandphysicallyverifythe bedstrengthandfacilitiesprovidedalongwiththeKPMEA&PCBCertificates.

    b. Team shallobtainan undertaking/affidavit from he hospital in the prescribed format.

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

4. The checklist 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 check list must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photo copies of the same to be collectedandthecopiestobeattestedbythesealandsignatureofthePrincipal.

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 (2)

Signature of Member(1)

Signature of Member

UNDERTAKING

I/We,

_____

_ is/are the Owners/MD/CEO/Board Members of the _____ Hospital situated at

_____

_____.

This is to confirm that our hospital _____is registered under KPMEA and PCB with_____beds and the bonafide certificate has been attached.

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

We also confirm that our hospital is solely affiliated to _____college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Signature of Chairman (2)

Signature of Member(1)

Signature of Member

UNDERTAKING by Trust Management

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

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

2. _____

3. _____ since _____ years.

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

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

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

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

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

Signature of Chairman (2)

Signature of Member(1)

Signature of Member

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INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

NOTARY L.P LAMANI ADVOCATE VIJAYAPUR VIJAYAPUR REVENUE TALUK LAW/LCL/72/202 to 01-01-202 exp.Dt.26-3-2026 GOVT. OF KARNATAKA, INDIA

Certificate No.	:	IN-KA13828970912304X
Certificate Issued Date	:	11-Aug-2025 10:57 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ BIJAPUR7/ KA-BJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0842831819203787X
Purchased by	:	PRESIDENT DR H T SASNUR MEMORIAL EDUCATION SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT DR H T SASNUR MEMORIAL EDUCATION SOCIETY
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	PRESIDENT DR H T SASNUR MEMORIAL EDUCATION SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY L. P. LAMANI, ADVOCATE REG.NO. LAW/LCL/72/2021 MY COMMISSION EXPIRE.DATE :26-3-2026

Khanapur Cantt Nawaz M.M. Co-op. Society Ltd. Branch Office BIJAPUR Authorised Signatory

Please write or type below this line

NOTARY L.P. LAMANI ADVOCATE, VIJAYAPUR, BIJAYAPUR, REVENUE TALUK LAW/LCL/72/2021 GOVT. OF KARNATAKA, INDIA

UNDERTAKING by Trust Management

I the **President** of the Society **Dr. H.T.Sasnur Memorial Education Society** are submitting the affidavit to University.

The Society **Dr. H.T. Sasnur Memorial Education Society** is running/managing the college **H.T.Sasnur Institute of Nursing Sciences, Vijayapura** since **3** years **(2022).**

NOTARY

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.

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Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY L. P. LAMANI, ADVOCATE REG.NO. LAW/LCL/72/2021 MY COMMISSION EXPIRE DATE :26-3-2026

Please write or type below this line

UNDERTAKING

I, the **President Dr.H.T.Sasnur Memorial Education Society** is/the Owners Board Members of the **Sasnur Superspeciality** Hospital situated at Vijayapura.

NOTARY

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.
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