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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Ravikumar. K. Choudhari	Dr. GEETA DOLLI	Ms. Premakala. M
Designation	Chairman.	Professor.	Asst professor
Address	Choudhari Hospital Near LIC office, shikarkhana Road, Vijayapur-586104.	Basaveshwar patel memorial AMC Humnabad. Bidar	Nelamangala
Mobile No	9844017168	9886431714	9901077853
Email ID	choudharihospitaltrust1@gmail.com	drgeeta mailare @ gmail.com.	premaa97kala@gmail.co

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 12/08/2025

(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	Choudhari Hospital Trust's, Shri Renuka Institute of Nursing, Vijayapur-586104 OM SAI COMPLEX 177/A/A	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 & Phone number	Choudhari hospital trusts. Shri Renuka Institute of Nsg Vijayapur-586104 om sai complex 177/A/A. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Choudhari hospital Trust@gmail.com	Website: www.choudhari hospital.in	
		Office No: 0243-727.	Mobile No: 9844017168	

Signature of Chairman
DR. RAVIKUMAR. K

Signature of Member (1)
Dr. GEETA DOLLI
ACM RGUHS

Signature of Member (2)
Premakala. M

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. Ravikumar. K. Choudhary 9844017168	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Rajashekharagouda. H. **Qualification:** MSc(N) Phd. **Experience after MSc:** 16yr **Email:** Rajashekharagouda72@gmail.com	**Mobile No:** 9916592693 **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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	155050			1000		156050/-
Post Basic B.Sc. Nursing						
					Total (A)	156050/-

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)** **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	RGU/AFF/BR-VJR/FS-BSc(N) 2021-2022 05/03/22 Annexure - 5	RGU/AFF/NSG COA/01/2024-25 20/9/24 Annexure - 6	KSNC/1157/ File No — 2024-205 25/4/24 Annexure - 7	18-15/1620 3-INC 4214 01/03/24 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	30				
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	10	12	14		36
	Female	20	13	22		55
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	✓	✓					
2	Vice-Principal	1	1							✓		✓					
3	Professor	1	1-2					1*		✓		✓					
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		✓		✓					
6	Tutor	8-16	16-24				2-10	--		✓		✓					
	Total	**16-24**	**24-40**				**4-12**			10		6					

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.	DR.RAJASHEKHAR GOUDA I HIREGOUDAR	PRINCIPAL	M.SC.NURSING COMMUNITY HEALTH NURSING	2009	43482	-	16 YRS	01/08/2025	Yes	
2.	MR. BALASHEB BIRADAR	VICE PRINCIPAL	M.SC.NURSING MEDICAL SURGICAL NURSING	2012	6961	02 YRS	13 YRS	02/01/2023	Yes	
3.	MR.DANAPPA MEDEDAR	ASSO.PROFESSOR	M.SC.NURSING MEDICAL SURGICAL NURSING	2014	006339	1y 6m	09 YRS	03/01/2025	Yes	
4.	MR. APPASAB PANASHETTI	ASST.PROFESSOR	M.SC NURSING MENTAL HEALTH NURSING	2022	88921	02 YRS	02 YRS	02/02/2023	Yes	
5.	MR. SOMESH NIKKAM	ASST.PROFESSOR	M.SC.NURSING COMMUNITY HEALTH NURSING	2024	100810	02 YRS	01 YRS	04/02/2025	Yes	
6.	MR.ASHOK RATHOD	LECTURER	M.SC.NURSING PAEDIATRIC NURSING	2024	133696	-	01 YRS	01/01/2025	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Principal
Shri Renuka Institute of Nursing
Vijayapur.

7.	MRS.BHRARATI MOKASHI	NURSING TUTOR	B.SC.NURSING	2008	13306	17 YRS	-	01/08/2025	Yes	
8.	MS.RUKSAR SHAIKH	Tutor	B.SC.NURSING	2023	152641	01 YRS	-	04/12/2023	Yes	
9.	MS.PRIYANKA B CHALAWADI	Tutor	B.SC.NURSING	2023	152647	01 YRS	-	08/12/2023	Yes	
10.	MS. SHABANA MURTUJ MANIYAR	Tutor	B.SC.NURSING	2023	152642	01 YRS	-	11/12/2023	Yes	
11.	BHOOMIKA S PUJARI	Tutor	B.SC.NURSING	2024	166507	-	-	02/12/2024	Yes	
12.	MR.SUNIL MADAR	TUTOR	B.SC.NURSING	2021	114368	04 YRS	-	01/08/2025	Yes	
13.	MR.PRASHANT HANJAGI	TUTOR	B.SC.NURSING	2024	172685	-	-	01/08/2025	Yes	
14.	MR.VIJAY C MAHANTAYYANMATH	TUTOR	B.SC.NURSING	2024	173857	-	-	01/08/2025	Yes	
15.	MS.VIDYASHREE CHAVAN	TUTOR	B.SC.NURSING	2024	169052	-	-	01/08/2025	Yes	

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

Principal
Shri Renuka Institute of Nursing
Vijayapur.

16.	MR.TOUSIF DHANDARAGI	Tutor	B.SC.NURSING	2023	146195	01 YRS	-	19/12/2023	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Principal
Shri Renuka Institute of Nursing
Vijayapur.

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
					Attached

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)	28,000	
	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	4200	
	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	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1200	
	4. Professor/Assoc. Prof	800+2400=3200	3500	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	750	
	7. Accountants Office	**100**	200	
	8. Store Room	**100**	250	
	9. Record room	**100**	500	
	10. Room for maintenance staff	**100**	200	
	11. Xeroxing room	**100**	-	
	12. common room (Girls & Boys)	600+400= 1000	2200	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3800	
	14. Toilets	1000	1200	

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)**

	15. A.V/Aids room	600		

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	2000	
	Nutrition & Community Health Nursing	1200sq.ft	820	
	Obstetrics and Gynecology Laboratory	900sq.ft	980	
	Pediatrics Nursing Laboratory	900sq.ft	950	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000	
	Computer Lab (1: 5 computer :student)	1500sq.ft	2500	

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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Verified
2	**Is the college building own or leased ?**	Own Verified
3	**Blue print of the building plan approved and attested by competent authority.**	Varified
4	**Building construction license from competent authority**	Verified
5	**Tax paid receipt (Latest / current year)**	Verified
6	**Occupancy certificate.**	Verified
7	**Sale deed / Lease deed of the building / Land.**	Verified
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
1	KA-28-C-5159	40.	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		YES ☑ No ☐			

Total No. of Nursing Books available	1800	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	2	**Is internet facility available for Students?**	Yes
No of e-books		**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1)	Suvarna, Hiremath	M.Lib - M.Phil	23yr.	

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)** **Signature of Member (2)**

Conferences conducted		
Conferences attended		

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital Choudhary Hospital Vijayapur Near LIC Office MOU(Registered parent hospital MOU)		150	900 mt	83%	
NAME OF THE TRUST/ Person owning The Hospital Choudhary hospital Trust Vijayapur		-	-	-	
Name Of The Owner Of The Trust of Hospital Dr. Ravikumar K. Choudhary		-	-	-	
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)		Document Attached.		

(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	20	18	–	–
Surgery including OT	30	28		
Obstetrics & Gynecology	30	30		
Pediatrics,	05	03		
Emergency Medicine	05	03		
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	04		
Minor OT	01	01		
Dental, Otorhinolaryngology, Ophthalmology	5	3		
Burns and Plastic	–	–		
Neonatology care unit	–	–		
Communicable disease/Respiratory medicine/TB & chest diseases	–	–		
Dermatology	–	–		
Cardiology	–	–		
Oncology	05	03		
Neurology/Neuro-surgery	10	07		
Nephrology/Urology	10	08		
ICU/ICCU	30	28		
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**	Primary health Centre Honnutagi
	Adopted / Affiliated	
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Urban health Centre Jaraga BSP.
	Adopted / Affiliated	
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20	Master Rotation Plan : Annexure - 18		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☐
c.	M.Sc. Nursing	YES ☐	NO ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☐
c.	M.Sc. Nursing	YES ☐	NO ☐

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	YES ☑	NO ☐
b.	Daily Attendance Registers	YES ☑	NO ☐
c.	Health Records	YES ☑	NO ☐
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 13000/-	
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	Boys : 20
f.	Total No. of rooms	Girls : 15	Boys : 10
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)

	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:

Shri Renuka institute of Nursing, Vijayapura applied for continuation of affiliation for the year 2025-26 for BSc Nursing – 40 seats, hence the team of LIC did inspection on 12/8/25 with the following observations

- Affiliation fee Paid
- Regulation Act as per norms
- ICMR – Looked, level III, Patel Hospital
- Class rooms, Labs, Library Present
- Faculty adequate as per requirement.
- Clinical facility in hospital is adequate.

Infrastructure, faculty, and clinical facility is adequate for 40 BSc Nursing seats on the day of Inspection

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 Shri Shivagajkumar college of Nursing, Vijayapura, which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11-08-2025 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) Dr. Geeta Doli	Subject Expert (Member) Premalata. M

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

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	**IN-KA14958331137252X**
Certificate Issued Date	:	11-Aug-2025 06:40 PM
Account Reference	:	SELFPRINT (PU)/ ka-self/ JC ROAD/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKA-SELF45006642160579X
Purchased by	:	SACHIN BELLARI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHOUDHARI HOSPITAL VIJAYAPUR
Second Party	:	RAJIV GANDHI UNIVERSITY BANGALORE
Stamp Duty Paid By	:	CHOUDHARI HOSPITAL VIJAYAPUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SELF PRINTED CERTIFICATE
TO BE VERIFIED BY THE RECIPIENT

Please write or type below this line

UNDERTAKING

I/We, **Dr.Ravikumar K Choudhari** is /are the Owners /MD/CEO/Board Members of the hospital situated at Choudhari Hospital near LIC Office ,Shikarkhane Road ,Vijayapur - 586104.

This is to confirm that our hospital Choudhari Hospital Trust's Choudhari Hospital is registered under KPME and PCB with **150** beds and the bonafide certificate has been attached.
This is to confirm that the hospital Choudhari Hospital is functioning as affiliated /parent /own hospital for **Shri Renuka Institute of Nursing, Vijayapur**.

We also confirm that our hospital is solely affiliated to **Shri Renuka Institute of Nursing ,Vijayapur** and is not affiliated to any other nursing college .
The information provided by us is true and correct.

Date – 12/08/2025
Place - Vijayapur

Dr. R. K. CHOUDHARI
(MS)
TRUSTEE
CHOUDHARI HOSPITAL TRUST,
VIJAYAPUR