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 [illegible]	Dr Basavaraj.D	Prof Suneetha C.S
Designation	Professor	Addl Prof & HOD	Principal
Address	JJMMC Davanagere.	Ayurvedic Medical College & RC Humnabad. Bidar	Aruna College of Nursing Tumkur
Mobile No	7259920520	9845975191	9902972923
Email ID	Srinildpharma@gmail.com	drbasavadagouda@gmail.com	Sunitha.dharmadas@gmail.com

For the Academic Year : 25-26			*Date of Inspection:* 24/7/2025	
(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	SPARSHA INSTITUTE OF NURSING SCIENCES VIDYADAN SAMITI CAMPUS K.C. RANI ROAD. GADAG-582101.	2	Year of Establishment: 2022-23
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company (copy Enclosed)		
3	(a). Name of the Trust/Society & complete postal address	SAKSHI JANASEVA SOCIETY (R), BILAGI BEHIND KSRTC BUSTAND, BILAGI BAGALKOT – 587116 (Enclose copy of Registration documents of Society/Trust) Annexure – 1 ✓		
		Email:	Website:	

Signature of Chairman

Signature of Member (1)
Dr. B.D. Nadagouda

Signature of Member (2)
Suneetha C.S

	(b). Name of the Owner of Trust/Society	DR SHRIDEVI D. KARENNAVAR
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Copy Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2
5	Details of Principal/Head of the institution	Name: MADHUSUDHAN.D.R. Mobile No: 9886881159 Qualification: MSc. NURSING Office No: – Experience: 14 yr. Fax No: – Email: Principal.sparsh.con@gmail.com 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				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		Copy Enclosed — Annx. 4.				
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. NIL		
	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) (Dr. B.D Nandeshwar)

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 170 NSF 2022 12/8/2022 Annexure - 5	23/8/2022 Annexure - 6	06/9/2022 Annexure - 7	– Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	2022-23 17	23-24 34	24-25 NIL		
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)
Dr. B.D Nadagouda

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	NIL	10	4	-	
	Female	NIL	24	13	-	
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---------
		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)

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: Admission approval Copies Enclosed.

Signature of Chairman

Signature of Member (1)
Dr. B.D. Nadagouda.

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				1					—				
2	Vice-Principal	1	1				1					—				
3	Professor	1	1-2		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**			15					—				

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)
Dr. B.D. Nadagouda.

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.	Mr. Madhusudhan. D.B	Principal	MSc(N) Child Health	2013	19138	2Y	12Y			
2.	Mrs. Anushupa. H.C	Vice principal	MSc(N) OBG	2016	47113	1Y	8Y	1/3/2025		
3.	Mr. Yathish. H.S.	Asso Professor	MSc(N) MSN				2Y. 11M	1/2/2023		
4.	Mr Veeresh. F	Lecturer	MSc(N) MHN	2023	175553	fresher		1/7/2025		
5.	Mr. Sajith. B.S.	Lecturer	MSc(N) CHN	2024	44423	fresher		1/7/2025		
6.	Ms. Umamaheshwari.	Tutor	BSc(N)	2023	145096	fresher		31/7/2024		
7.	Ms Hema. S.G	Tutor	BSc(N)	2023	148029	fresher		30/4/2025		
8.	Ms. Bhargavi	Tutor	BSc(N)	2025	170188	fresher		7/5/2025		
9.	Ms. Pooja. A	Tutor	BSc(N)	2025	180087	fresher		1/7/2025		
10.	Ms. Sana. D	Tutor	BSc(N)	2025	180505	fresher		1/7/2025		
11.	Ms Sudha. Y	Tutor	BSc(N)	2025	180621	Fresher		1/7/2025		
12.	Ms. Jyothi	Tutor	BSc(N)	2023	137042	fresher		31/12/2024		
13.	Mr. Balavaraj. K.	Tutor	BSc(N)	2022	214343	01y		1/1/2023		
14.	Ms. Chaitra. H.	Tutor	BSc(N)	2024	246365	fresher		31/12/2024		
15.	Ms. Shivaleela.	Tutor	BSc(N)	2020	170N16760	Fresher		31/1/2025		
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Signature of Chairman

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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)**

[illegible]

[illegible]

[illegible]

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. **Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
			Copy Enclosed		

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.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	4 class Room 6529 Sq ft	
	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	300 Sqft	
	2. Vice-Principal Chamber	200	200 Sqft	
	3. HOD	5 x 200 = 1000	1000 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office			
	8. Store Room		200 Sqft	
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1100 Sqft	
	13. Seminar hall	3000	3000 Sqft	
	14. Toilets	1000	900 Sqft	
	15. A.V/Aids room	600	800 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	1890 Sq ft-	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1200 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 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.
- 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.**

Copy Enclosed

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **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
one.	KA26B1167	60	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		YES ☑ No ☐	Good	Good	Available

Total No. of Nursing Books available	3000	No. of Nursing Journals subscribed	5
No. of Thesis/Research titles available	—	Is internet facility available for Students?	YES
No of e-books	4+6	How many books were purchased in last financial year?	800.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	G.T. NAIK	MLSIC	5yr.	Available.

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	- 2 -	
Conferences attended	- 2 -	

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 ☑ available	
		ii. Trust member with MOU ☑ available.	

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 LYDM SPARSH MULTI-SPECIALITY HOSPITAL GADAG	100	5 km	80%	–
NAME OF THE TRUST/ Person owning The Hospital DR. PRABHA DESAI				
Name Of The Owner Of The Trust of Hospital DR PRABHA DESAI				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 —	—	—	—	–
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:

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	20	16	/	
Obstetrics & Gynecology	10	7	NA	
Pediatrics,	10	8		
Emergency Medicine	3	2		
Psychiatry	4			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	1		
Minor OT	2	1		
Dental, Otorhinolaryngology, Ophthalmology	1	1		
Burns and Plastic	2	1	/	
Neonatology care unit	4	2		
Communicable disease/ Respiratory medicine/TB & chest diseases	3	2	NA /	
Dermatology	2	1		
Cardiology	4	3		
Oncology	1	0-1		
Neurology/Neuro-surgery	2	1		
Nephrology/Urology	1	0-1		
ICU/ICCU | PICU	6	H-S-		
Geriatric Medicine	1	0-1		
Any other	2	1		

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

Total No of Bed – 100.

Signature of Chairman

Signature of Member (1) 24/7/25

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	NAGAVI PHC Gadag.
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	6kms.
b.	Services Rendered by Health & Family Welfare Programmes	All Services.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	URBAN HEALTH CENTRE BETAGERI GADAG
	Adopted / Affiliated	Affiliated.
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	5 kms.
b.	Services Rendered by Health & Family Welfare Programmes	All Services.
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 ☐
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 33600 Sq ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 10	Boys : 2
f.	Total No. of rooms	Girls : 25	Boys : 25
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)

15.

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	No.	
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 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) 24/7/25

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		

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:

Sparsh Institute of Nursing Sciences, Gadag, had applied for Continuation of affiliation for the year 2025-26, we the LIC team did inspection on 24/7/25 with the following observations.

- College is having multispeciality hospital with 100beds – I Y Desai multispeciality Hospital.
- KPME shows Level IV, teaching hospital – 100beds.
- College has Sufficient Infrastructure like Labs, class rooms, Library, staff rooms.
- College has Sufficient faculty – Teaching & non teaching
- Principal and vice Principal present
- College is built with approved building plan, has produced completion Certificate.
- All the above facilities are present on the day of Inspection, which are sufficient to continue the affiliation for the year 2025-26.

Signature of Chairman

24/7/25
Signature of Member (1)

Signature of Member (2)

Sakshi Jaraseva Society,(R) Bilagi

Regd.No.: DRDGK/76/2210-11

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SPARSHA INSTITUTE OF NURSING SCIENCES GADAG

Recognised by Govt of Karnataka, KNC & INC,

Affiliated to RGUHS Bangalore-Karnataka, Affiliation No: RGU/AFF/FR/N570/2021-22

Vidyadan Samiti, Boys High School Campus, K.C. Rani Road, Gadag-582101

E-mail: principalsparshacon@gmail.com

Cell: 8951742366 / 7892429456

Ref No. :

Date :

Teaching Faculty Details

Sl No	Name of Teaching Faculty	Designation	Qualification	Department	Date of Joining	Sign
1	Mr. Madhusudhan D B	Principal	M.Sc(N)	Child Health Nursing	28-11-2022	
2.	Mrs.Anurupa H C	Vice Principal	M.Sc(N)	Obstetrics and Gyanaecology	01-03-2025	
3	Mr.Yathisha H S	Associate Professor	M.Sc(N)	Medical Surgical Nursing	01-02-2023	
4	Mr.Veeresh T	Lecturer	M.Sc(N)	Mental Health Nursing	01-07-2025	
5	Mr.Sajith B S	Lecturer	M.Sc(N)	Community Health Nursing	01-07-2025	
6	Ms. Umamaheshwari	Nursing Tutor	B.Sc(N)	Anatomy	31-07-2024	
7	Ms. Hema	Nursing Tutor	B.Sc(N)	Adult Health Nursing	30-04-2025	
8	Ms.Bhargavai	Nursing Tutor	B.Sc(N)	Adult Health Nursing	01-05-2025	
9	Ms.Pooja	Nursing Tutor	B.Sc(N)	Obstetrics and Gyanaecology	01-07-2025	
10	Ms.Sana Dambal	Nursing Tutor	B.Sc(N)	Mental Health Nursing	01-07-2025	
11	Ms.Sudha Y	Nursing Tutor	B.Sc(N)	Child Health Nursing	01-07-2025	
12	Ms. Jyoti Angadi	Nursing Tutor	B.Sc(N)	Physiology	31-12-2024	
13	Mr. Basavaraj K	Nursing Tutor	B.Sc(N)	Pathology	01-01-2023	
14	Ms.Chaitra H	Nursing Tutor	B.Sc(N)	Fundamental of Nursing	31-12-2024	
15	Ms.Shivaleela M	Nursing Tutor	B.Sc(N)	Biochemistry	31-01-2025	

PRINCIPAL
SPARSHA INSTITUTE OF
NURSING SCIENCES
GADAG-582101

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

UNDERTAKING

I/We, DR. PRABHA. D. DESAI
is/are the Owners/MD/CEO/Board Members of the L. Y. DESAI MEMORIAL SPARSH MULTISPECIALITY HOSPITAL hospital situated at ~~A/A~~ Cross. 1st Main RK Nagar Mulgund Road GADAG. - 582103.

This is to confirm that our hospital SPARSH MULTISPECIALITY HOSPITAL. is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital SPARSH MULTISPECIALITY is functioning as affiliated/parent/own hospital for SPARSH INSTITUTE OF NURSING SCIENCES GADAG college.

We also confirm that our hospital is solely affiliated to SPARSH INSTITUTE OF NURSING SCIENCES GADAG. college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

desai

Dr PRABHA D. DESAI
M.S.(Obgy),FCPS,DGO,PGDMLS
MC Reg.No:92466
Obstetrician & Gynaecologist
L.Y.D.M. SPARSH MULTISPECIALITY
HOSPITAL, GADAG-582103

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SPARSHA INSTITUTE OF NURSING SCIENCE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 24/7/25 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.

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)
	24/7/25	SUNEETHA. CD
		24/7/25

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 25/7/25

   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)
24/7/25

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Sakshi Janaseva Society (R) Bilagi are submitting the affidavit toUniversity.

The trust Sakshi Janaseva Society (R) Bilagi is running/managing the colleges 1. Sparsha Institute of Nursing Sciences Gadag
2.
3.
since 3. 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.

DR. V.P NAGANUR
Secretary.
Secretary
Sparsha Institute of Nursing Sciences
GADAG-582101.