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 KONARADDI. J B	Dr. SANDESH. K. S	YOGESH SONNAGI
Designation	Professor	Professor	Asst Professor
Address	Indian Institute of Ayurvedic Medicine & Research opp Dargha Jayamahal R. Bangalore	KVG Institute of AHS Kurunji Bagh. Sullia	Sri Siddhartha Nursing college Tumkur
Mobile No	9739309658	9844189264	8095255660
Email ID	drjk29@rediffmail.com	drsandesh2@gmail.com	Yogesh.Sonnagi@gmail.com

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 17/08/2025

(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**	SREE SADGURU KABEERANANDA SWAMY INSTITUTE OF NURSING SCIENCES. CHALLAKERE ROAD CHITRADURGA 577501	2 **Year of Establishment**	2022-23
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**	SREE SADGURU KABEERANANDA SWAMY VIDYA PEETHA KABEERANANDA NAGARA. KARUVINAKATTE CIRCLE CHITRADURGA 577501 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: sskskins390@gmail.com	**Website:**	
		Office No: 08194-234612	**Mobile No:** 9448134612	
	(b). Name of the president/Secretary/	SADGURU SRI SRI SRI SHIVALINGANANDA SWAMIJI		

Signature of Chairman 17.08.25 Dr Ks maddi JD

Signature of Member (1)

Signature of Member (2) 17/8/25

	Chairman of Trust/Society & Phone No		
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	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** P. AGATHA CHRISTY **Qualification:** MSc(N) MSN. **Experience after MSc:** 19 YRS - **Email:** agathe christy P@gmail.com.	**Mobile No:** 9845670150 - **Office No:** 9380640893. **Fax No:** **Residential phone No:** — .
	b) Drawing authority of the college	President	

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) NA **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	Continuation Affiliation	30.000/-	60.000/-	40.000/-	25.000/-	1,56,050/-
Post Basic B.Sc. Nursing	—	—	—	—	—	—
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

N/A

Online Transaction Number or Details: BD0000000803 7096 ,

Remarks: Fee paid receipts are enclosed

17.08.25

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 17/8/2025

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 606 MMC 2022 01.12.2022 Annexure - 5	20/09/2024 Annexure - 6	20/09/2024 Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Nursing
	Sanctioned Intake		N/A			
	Admissions Made for the Current Academic Year					
a. b. M.Sc. Nursing in c. Community Health d. Medical Surg OBG e. Paediatric 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			
	Admissions Made for the Current Academic Year					

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Signature of Chairman

Signature of Member (1)

17/8/25

Signature of Member (2)

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	05	17	20	-	42
	Female	35	23	20	-	78
Post Basic B.Sc Nursing	Male					
	Female			N/A		
M.Sc Nursing	Male					
	Female			N/A		
M.Sc NPCC	Male					
	Female			N/A		

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---------
			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: students Biometric attendance verified & enclosed

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc (N)	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

Signature of Chairman 17.08.25 **Signature of Member (1)** **Signature of Member (2)** 17/8/25

							B.Sc (N)	(N)*	NPCC		B.Sc (N)	c (N)	C	(N)	B.Sc (N)	c (N)	NPC C
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1				—	—	—	01	—	—	—	NO	—	—	—
2	Vice-Principal	1	1							01	—	—	—	NO	—	—	—
3	Professor	1	1-2					1*		01	—	—	—	NO	—	—	—
4	Associate Professor	2	2-4					1*		02	—	—	—	NO	—	—	—
5	Assistant Professor	3	3-8				2	3*		03	—	—	—	NO	—	—	—
6	Tutor	8-16	16-24				2-10	--		08	—	—	—	NO	—	—	—
	Total	**16-24**	**24-40**				**4-12**			16	—	—	—	NO	—	—	—

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 — N/A	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors — N/A	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors — N/A	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors — N/A
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors N/A	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors N/A	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors N/A	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors N/A
150 students intake			N/A	
200 students intake			N/A	

Signature of Chairman 17.08.25

Signature of Member (1)

Signature of Member (2) 17/8/25

250 students			N/A	

* **Aadhar based biometric attendance for students** — Copy Enclosed

17.08.25

Signature of Chairman | **Signature of Member (1)** | **Signature of Member (2)** 17/8/25

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.	Mrs. Agatha Christy P	Principal	MSc. MSN	2006	10610	15 Yrs	19 Yrs	02/02/2025		
2.	Mrs. Priya Darshini	vice Principal	MSc. OBG	2017	144901		6-7 Yrs	02/01/2025		
3.	Mrs. Jayalakshmi P	Asst Professor	MSc. PAE	2020	133714	6 Yrs		02/01/2023		
4.	Mrs. Anitha H. C	Asst Professor	MSc. OBG	2021	23346	10 Yrs	4 Yrs	01/07/2023		
5.	Mrs. Vishala. S	Lecturer	MSc. CHN	2023	39093	10 Yrs	2 Yrs	10/07/2023		
6.	Mrs. Renuka K	Lecturer	MSc. OBG	2024	72204		3 Yrs	01/01/2025		
7.	Mr. Thimmajja	Lecturer	MSc. MSN	2024	110448	1 Yr		01/01/2025		
8.	Mr. Shrull Hari C N	Lecturer	MSc. MHN	2025	221683	3 Yrs		12/03/2025		
9.	Mr. Bharath Kumar K	Senior NSG Tutor	Pc. BSc NSG	2015	93256	10 Yrs		01/01/2025		
10.	Mr. Mohan Kumar P	NSG Tutor	BSc NSG	2013	49809	12 Yrs		02/01/2025		
11.	Mr. Rameshraddi N H	NSG Tutor	BSc NSG	2022	125707	3 Yrs		03/01/2025		
12.	Mis. Nayana B C	NSG Tutor	BSc NSG	2023	148826	2 Yrs		02/12/2023		
13.	Mis. Sangeetha Turamuri	NSG Tutor	BSc NSG	2023	150694	2 Yrs		05/06/2025		
14.	Mrs. Nayana K. E	NSG Tutor	Pc BSc NSG	2023	221665	2 Yrs		01/08/2024		
15.	Mis. Sangeetha B T	NSG Tutor	BSc NSG	2024	164366	1 Yr		06/06/2025		
16.	Mis Sangeetha N	NSG Tutor	BSc NSG	2024	164453	1 Yr		01/08/2024		
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17.08.25

Signature of Chairman

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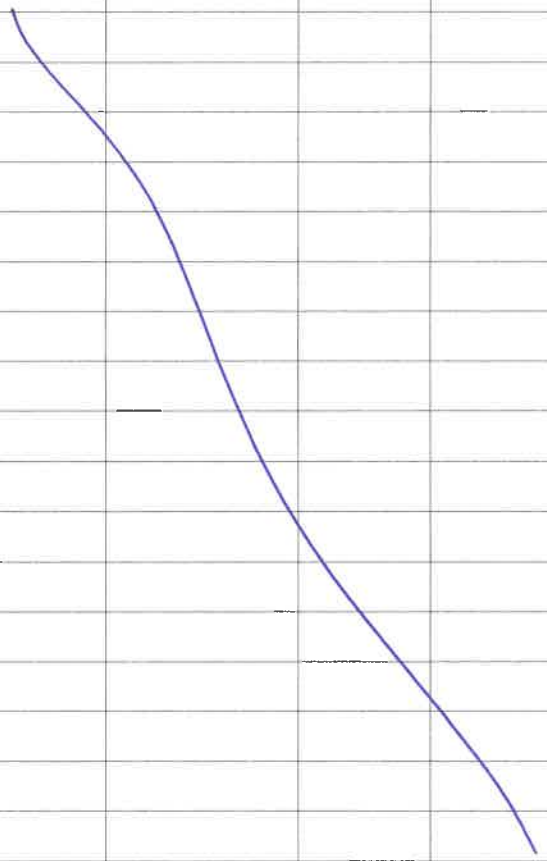

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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.
-

17.08.25

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	39839 Sq.ft	Verified.
	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 rooms 1089 Sq ft Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— N/A —	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— N/A —	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	— N/A —	
3	**Administrative Facilities**			Building Plan approved by competent Authority enclosed
	Office 1. Principal's Chamber	300	442	
	2. Vice-Principal Chamber	200	442	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	– copy Enclosed
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	100	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

Signature of Chairman 17.08.25 Signature of Member (1) Signature of Member (2)

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	2475 Sq.ft	Verified & enclosed
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	2475 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	2475 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq. ft	

Note:

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

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

Building Documents: **Annexure – 12**

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

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
- 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.

17.08.25

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

- 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
02	KA16D3746	49	Yes / No	Yes / No	Yes / No
	KA16AA7210	49			

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	2625 Sq.ft	YES ☑ No ☐	Yes	Yes	Verified

Total No. of Nursing Books available	2210	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available		**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
01	GIREESH M	M. Lib	01	—
	—	N/A	—	

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	Copy Enclosed	
Conferences conducted	Copy Enclosed	
Conferences attended	Copy Enclosed	

Signature of Chairman 17.08.25 **Signature of Member (1)** **Signature of Member (2)**

* 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 CHITRADURGA MULTI SPECIALITY HOSPITAL . CHITRADURGA MOU(Registered parent hospital MOU)	100	4 km	90 %.	ISO ME - Level. 4 Teaching Allop-thy Hosp-tal
NAME OF THE TRUST/ Person owning The Hospital Dr. Rajesh M.S	100	4 km	90 %.	BCD certificate - 100 Bed Strength
Name Of The Owner Of The Trust of Hospital	100	4 km	90 %.	verified & enclosed
Affiliated hospitals- Full Name & Address of the Parent Hospital — 1				
2				
3 (MOU/Clinical permission letter)				

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

17.08.25

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

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: The college is having Parent hospital i.e Chitradurga Multispeciality speciality. The hospital owner Dr Rajesh Manohar Bajjappa is the Trustee of the college Trust. ie Shree Sadguru Gnanaanand Swamy Vidhyapeeta. The MOU is enclosed. The ISO 9001 Certificate & Level 4 Teaching hospital. Allopathy & BCB Certificate - 100 Bed Strength are verified & found to be correct & enclosed. The clinical fee paid receipts are enclosed.

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

Signature of Chairman 17.08.25

Signature of Member (1)

Signature of Member (2)

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	90%.	—	—
Surgery including OT	10	90%.	—	—
Obstetrics & Gynecology	10	95%.	—	—
Pediatrics,	10	94%.	—	—
Emergency Medicine	05	90%.	—	—
Psychiatry	05	80%.	100/-	100/-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90	—	—
Minor OT	02	90	—	—
Dental, Otorhinolaryngology, Ophthalmology	02	92	—	—
Burns and Plastic	08	91	—	—
Neonatology care unit	02	92	—	—
Communicable disease/Respiratory medicine/TB & chest diseases	02	93	—	—
Dermatology	01	90	—	—
Cardiology	02	91	—	—
Oncology	02	89	—	—
Neurology/Neuro-surgery	02	85	—	—
Nephrology/Urology	01	80	—	—
ICU/ICCU	08	85	—	—
Geriatric Medicine	02	90	—	—
Any other	—	Copy Enclosed	—	—

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	DS HALLI — PHC

Signature of Chairman 17.08.25 Signature of Member (1) Signature of Member (2)

Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	10 Km
b. Services Rendered by Health & Family Welfare Programmes	RNHM
URBAN FEILD :	
a. Name of CHC / PHC / SC	BUDHA NAGAR
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	1-5 Km
b. Services Rendered by Health & Family Welfare Programmes	UNHM
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** ☐

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐

Signature of Chairman 17.08.25 **Signature of Member (1)** **Signature of Member (2)**

	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 32033 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 : 50	Boys : 12
f.	Total No. of rooms	Girls : 08	Boys : 5
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 ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	

17.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	4	✓	
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	N/A		
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A		
Annexure - 11	Details of External /Part time Teachers	Yes		
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	Yes		
Annexure - 13	Vehicle Details : Bus	Yes		
Annexure - 14	Details of List of LibraryBooks & others	Yes		
Annexure - 15	Academic Activities	Yes		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	Yes		
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes		
Annexure - 18	Master Rotation plans and Time tables	Yes		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	N/A		

17.09.25

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

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:

The LIC team had visited the college ie Shree Sadguru Gajanand Swamy Institute of Nursing Science, Chitradurga for continuation of affiliation for the year 2025-26 for BSc Nursing - 40 seats. On the day of inspection, The LIC team had made following observations:

(1) General Information: The college is established in the year 2022-23 under Shree Sadguru Gajanand Swamy Vidhyapeeta. The college is affiliated with RGUHS, ISNC certifications.

(2) Infrastructure: Trust Deed, Audit report for last 3 years, Tax paid receipt, Land documents, Building plan approved by competent Authority & Dishants App are verified and found to be correct & enclosed.

(3) College: The college is around 39839 Sq.ft. The college is having 04 classrooms & 05 Labs.

(contd)

17.09.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Gangadhara J S

(contd):

(4) Library: The college Library is having 2625 Books. Seating arrangements Ventilation & Lighting arrangements are good on the day of inspection Librarian physically present.

(5) Faculty: On the day of inspection, 16 faculties were physically present with their required documents.

(6) Hospital: The college is having parent hospital "Chitradurga Multispecialty hospital". The owner of the hospital "Dr Rajesh Sajjanar" is the trustee of the college Trust i.e "Shree Sadguru Gabeeranand swamy vidhya peetha" The MOU is enclosed. ISPME Certificate → Level 4 Teaching hospital - Allopathy & PCB Certificate shows 100 Bed strength are verified & found to be correct & enclosed. Clinical Fee paid receipts are verified & enclosed

(7) Hostel: The college is having Separate hostel for both Boys & Girls.

17.08.25
Signature of Chairman
Dr Ramadevi
JJ

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 SREE SADGURU KABIRANANDA SWAMY INSTITUTE OF NURSING SCIENCES which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 17/8/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

17.08.25

Senate Member
(Chairman)
Dr Ismail

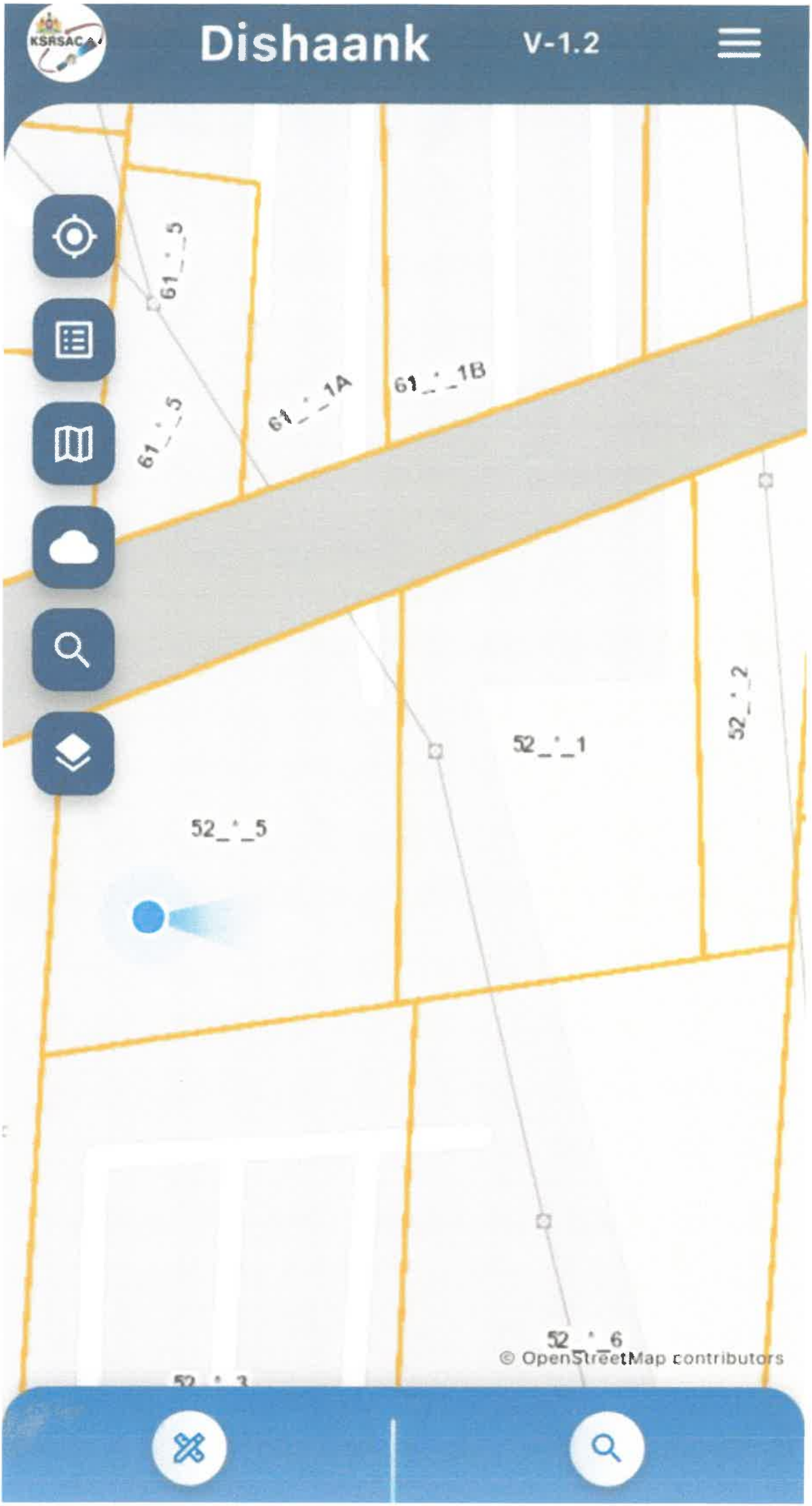
17/8

A C Member
(Member)
(Dr. Sandesh K.S)

17/08/2025

Subject Expert
(Member)
Mr. Yogesh Sonnagi

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**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ಗ್ರಾಮ ನಕ್ಷೆ ಡೇಟಾ

ಸರ್ವೇ ನಂ.:	:52
ಗ್ರಾಮದ ಹೆಸರು	:Madhakaripura
ಹೋಬಳಿ ಹೆಸರು	:Kasaba
ತಾಲ್ಲೂಕಿನ ಹೆಸರು	:Chitradurga
ಜಿಲ್ಲಾ ಹೆಸರು	:Chitradurga

ಹೆಚ್ಚಿನ ವಿವರಗಳು

ಮಾಲೀಕರ ವಿವರಗಳು

ಸರ್ನೋಕ್ ಸಂಖ್ಯೆ : *

ಹಿಸ್ಸಾ ನಂ: : 5

ಮಾಲೀಕರು | ಆರ್.ಟಿ.ಸಿ

ಮಾಲೀಕರ ಹೆಸರು:	:	ಶ್ರೀಶಿವಲಿಂಗಾನಂದಸ್ವಾಮಿ.ಸಿ.ಟಿ.ಎ ಬಿನ್
ವಿಸ್ತೀರ್ಣ:	:	2 : 31 : 0
ಅವನು ಮುಖ್ಯ ಮಾಲೀಕನೇ ?	:	YES
ಭೂಮಿಯ ವಿಧ ?	:	PRV
ಸರ್ಕಾರದಿಂದ ಭೂಮಿಯ ವ್ಯವಹಾರ ನಿರ್ಬಂಧಿಸಲ್ಪಟ್ಟಿದೆಯೇ ?	:	NO
ನ್ಯಾಯಾಲಯದ ಯಾವುದಾದರುತಡೆಯಾಜ್ಞೆ ಇದೆಯೇ ?	:	NO
ಭೂಮಿ ಹಕ್ಕು ಬದಲಾವಣೆಯಾಗಿದೆಯೇ ?	:	NO
ಯಾವುದಾದರೂ ಚಾಲನೆಯಲ್ಲಿರುವ ವಹಿವಾಟುಗಳಿವೆಯೇ?	:	NO

ಹೆಚ್ಚಿನ ವಿವರಗಳಿಗಾಗಿ ಸಂಪರ್ಕಿಸಿ : https://landrecords.karnataka.gov.in/service53/


SADGURU KABEERANANDA SWAMY
INSTITUTE OF NURSING SCIENCES
GPS Map Camera
Chitradurga, Karnataka, India
52, Challakere Rd, Opp. Venkateshwara Extension, Chitradurga, Karnataka 577501, India
Lat 14.220285° Long 76.425807°
17/08/2025 01:27 PM GMT +05:30
Google

ORIGINAL/DUPLICATE FOR DISPLAY

FORM-B

[See Rules 6(2), 6(5) and 8(2)]

CERTIFICATE OF REGISTRATION

(To be issued in duplicate)

1. In exercise of the powers conferred under Section 19 (1) of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994), the Appropriate Authority hereby grants registration to the Genetic Counselling Centres/Genetic Laboratory/Genetic Clinic/Ultrasound Clinic*/Imaging Centre* named below for purposes of carrying out Genetic Counselling/Pre-natal Diagnostic Procedures*/Pre-natal Diagnostic Tests/Ultrasonography under the aforesaid Act for a period of five years ending on 02-11-2021.
2. This registration is granted subject to the aforesaid Act and Rules there under and any contravention thereof shall result in suspension or cancellation of this Certificate of Registration before the expiry of the said period of five years apart from prosecution.

A. Name and address of the Genetic Counselling Centre*/ Genetic Laboratory*/Genetic Clinic*/Ultrasound Clinic*/Imaging Centre*

Dr. M.S. Rajesh
M.S Ortho
Chitradurga Multi Speciality Hospital
Harinakshi Layout,Turuvanuru Main Road,
Chitradurga Dist.-577501.

B. Pre-natal diagnostic procedures* approved for (Genetic Clinic)
Non- Invasive
(i) Ultrasound

Invasive
(ii) Amniocentesis
(iii) Chorionic villi biopsy
(iv) Fortoscopy
(v) Foetal skin or organ biopsy
(vi) Cordocentesis
(vii) Any other (specify)

: **Ultrasound Scanning Only**

C. Pre-natal diagnostic tests* approved (for Genetic Laboratory)
(i) Chromosomal studies
(ii) Biochemical studies
(iii) Molecular studies

D. Any other purpose (please specify)

3. Model and make of equipments being used (any change: "COLOUR DOPPLER ULTRA SOUND SYSTEM MODEL SONO ACER? WITH THREE PROBES"
is to be intimated to the Appropriate Authority under rule-13).
4. Registration No. allotted : **PNDT/46/2016-17**
5. Period of validity of earlier Certificate of Registration. (For renewed Certificate of Registration only) : **From:03-11-2016 To 02-11-2021**

ಸದರಿ ಸಂಸ್ಥೆಯಲ್ಲಿನ ಪಿ.ಸಿ.ಪಿ.ಎನ್.ಡಿ. ಕಾಯ್ದೆ ಮತ್ತು ನಿಯಮಗಳ ಅನುಸಾರ 2001-2009 ರವರೆಗೆ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಸಂಬಂಧಪಟ್ಟ ಪ್ರಾಧಿಕಾರಿಗಳು ಕ್ರಮ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆ.

Signature, name and designation of the Appropriate Authority
SEAL

DISTRICT REGISTRATION AUTHORITY
DIST. SURGEON & F.W.OFFICER
CHITRADURGA

Date: 28-11-2016

Display one copy of this certificate at a conspicuous place at the place of business.


GPS Map Camera
Chitradurga,Karnataka,India
Turuvavur Road, Bank Colony, Chitradurga,
Karnataka 577502, India
Lat 14.237117, Long 76.412458
08/17/2025 01:03 PM GMT+05:30
Note : Captured by GPS Map Camera


GPS Map Camera
Chitradurga,Karnataka,India
Turuvavur Road, Bank Colony, Chitradurga,
Karnataka 577502, India
Lat 14.237378, Long 76.412544
08/17/2025 01:03 PM GMT+05:30
Note : Captured by GPS Map Camera


GPS Map Camera
Chitradurga, Karnataka, India
Turuvavur Road, Bank Colony, Chitradurga,
Karnataka 577502, India
Lat 14.237333, Long 76.412916
08/17/2025 01:05 PM GMT+05:30
Note : Captured by GPS Map Camera


CHITRADURGA MULTISPECIALITY HOSPITAL
GPS Map Camera
Chitradurga,Karnataka,India
Turuvavur Road, Bank Colony, Chitradurga,
Karnataka 577502, India


CHITRADURGA MULTISPECIALITY HOSPITAL

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA18774709406909X
Certificate Issued Date	:	16-Aug-2025 11:56 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0852247348360420X
Purchased by	:	PRESIDENT SSKSINS CHITRADURGA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT SSKSINS CHITRADURGA
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	PRESIDENT SSKSINS CHITRADURGA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

OFFICE OF THE NOTARY CHITRADURGA

16/8/25

Please write or type below this line

I am the President of Sree Sadguru Kabeerananda Swamy Vidya peetha® Karuvina katte circle Chitradurga-577501 and Society members or submitting the affidavit to university.

Sree Sadguru Kabeerananda Swamy Vidya peetha® Karuvina katte circle Chitradurga-577501 is running & managing the following institutions under above said society.

President
Sree Sadguru Kabirananda Swamy
Institute Of Nursing Sciences
Challakere Road Chitradurga-577501

NOT OF CORRECTION

1) The Sree Sadguru Kabeerananda Swamy institute of Nursing Sciences Chitradurga GO No: MED 606 MMC 2022 Dated:01/12/2022 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/Society is not leased /subleased to any other trust/society 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 action can be initiated by the university

Date:

Place:

President
Sree Sadguru Kabirananda Swamy
Institute Of Nursing Sciences
Challakere Road Chitradurga-577501

OFFICE OF THE NOTARY CHITRADURGA

NO OF CORRECTION

SWORN TO BEFORE ME

NOTARY
CHITRADURGA

16/8/23

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA18773374721824X
Certificate Issued Date	:	16-Aug-2025 11:56 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0852244163295310X
Purchased by	:	CHITRADURGA MULTI SPECIALITY HOSPITAL CHITRADURGA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHITRADURGA MULTI SPECIALITY HOSPITAL CHITRADURGA
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	CHITRADURGA MULTI SPECIALITY HOSPITAL CHITRADURGA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

OFFICE OF THE NOTARY CHITRADURGA

MEMORANDUM OF UNDERTAKING (MOU)

This memorandum of undertaking made on 16 day 08 Month 2025 **Year** between Sree Sadguru Kabeerananda Swamy Vidyapeetha ® having its admistrative office at Sree Sadguru Kabeerananda Ashrama ,Karuvinakatte Circle, Chitradurga. by its President Sri Sri Sri Sadguru Shivalingananda Maha Swamiji, Resided at Sree Sadguru Kabeerananda Swamy Ashrama, Chitradurga. Here in after called as the First Party.

President
Sadguru Kabirananda Swamy
Institute of Nursing Sciences
Challakere Road, Chitradurga-577501

DR. M.S. RAJESH
MS(Ortho)
KMC Reg No-37162
Chitradurga Multispeciality Hospital
Chitradurga - 577 501.

NO OF CORRECTION

CHITRADURGA MULTISPECIALITY HOSPITAL by its administrator Sri Dr M.S Rajesh Chitradurga Multi Specialty hospital Turuvanuru Road Chitradurga. Here in after called as the Second party.

1. Memorandum of understanding between the parties as per the terms and conditions below.
2. The First Party stating the BSc Nursing College and seeking the clinical facilities from the Second party.
3. The Second party is agreed to give clinical facilities to First party.
4. Both the parties have signed by the memorandum of understanding without any pressure, mistakes of facts and mistake of representation with free consent.

President
Sree Sadguru Kadri Shankar Swamy
Institute Of Nursing Sciences
Challakere Road Chitradurga-577501

Signature of the First Party

DR. RAJESH
MS(Ortho)
KMC Reg No-37162
Chitradurga Multispeciality Hospital
Chitradurga - 577 501.

Signature of the Second Party

OFFICE OF THE NOTARY CHITRADURGA

NO OF CORRECTION

SWORN TO BEFORE ME
NOTARY
CHITRADURGA