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 NANDEESH J	Dr BASAVARAJ D	Mr. HARISH
Designation	PRINCIPAL	DEAN & PROFESSOR	Asst. PROFESSOR
Address	AISHWARYA INSTITUTE OF NURSING SCIENCES MADDUR, MANDYA-571428	AYURVEDA MEDICAL COLLEGE AND RESEARCH CENTRE HUMNABAD, BIDAR	St. ALPHONSA COLLEGE OF NURSING MYSORE
Mobile No	9845471377	9448023966	9743251742
Email ID	nandeesh.aips@gmail.com	drbasunadagouda@gmail.com	Hareesh.04sharma@yahoo.co.in

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 11/10/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	YES	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	YES	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	JHANHAVI INSTITUTE OF NURSING SCIENCES, DAVANAGERE ROAD, CHITRADURGA -577501	2	Year of Establishment: 2022
2	Status of the course conducting body	JHANHAVI EDUCATION SOCIETY ®		
3	(a). Name of the Trust/Society & complete postal	JHANHAVI EDUCATION SOCIETY ® N.J. House, R.T.O Office Road, Chitradurga-577501 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		

Signature of Chairman (Dr. Nandeesh. J)

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

Signature of Member (2) HAREESH MS

	address & Phone number	Email: principaljanhavisoncta@gmail.com	Website:
		Office No: 9741643623	Mobile No:9845037434
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mahanthesh M M 9611673417	
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: Mr JAYASHEELA REDDY B P Qualification: MSC (N) Experience after MSc: 15 Years Email:principaljanhavisoncta@gmail.com	Mobile No: 9741643623 Office No: 9741643623 Fax No: Residential phone No:9741643623
	b) Drawing authority of the college	PRESIDENT/SECRETARY	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	☐	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	CONTINUATION	30,000/	60,000/	40,000/	25,000/	1,55,050
Post Basic B.Sc. Nursing		—	NA	—		
					Total (A)	

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

Signature of Chairman

Signature of Member (1) 11/10/25

Signature of Member (2) HAREESH MJ

		Total (C)	
		Grand Total (A+B+C)	1,55,050/-

Online Transaction Number or Details: BSBIGOTOGIIHLF, DATE-20/03/2025

Remarks: Verified with the original fee paid receipt.

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 625 MMC 2022 DATE. 17/12/2022 Annexure - 5	RGU/AFF/FR/N573/2021-22 DATE-19/12/2022 Annexure - 6	KNC:2137:2022-23 DATE-07/01/2023 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40 Available only for the yr 2023-24.	40	—	
	Admissions Made for the Current Academic Year	00	00	00	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	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		NA			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH MS

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			

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	00	13	24	00	37
	Female	00	27	14	00	41
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female		NA			
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	NA	NA	NA	NA	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	NA	NA	NA	NA	NA

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH MS

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: Nil

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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		–							
4	Associate Professor	2	2-4					1*		–							
5	Assistant Professor	3	3-8				2	3*		06							
6	Tutor	8-16	16-24				2-10	--		08							
	Total	**16-24**	**24-40**				**4-12**			**16**							

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

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)

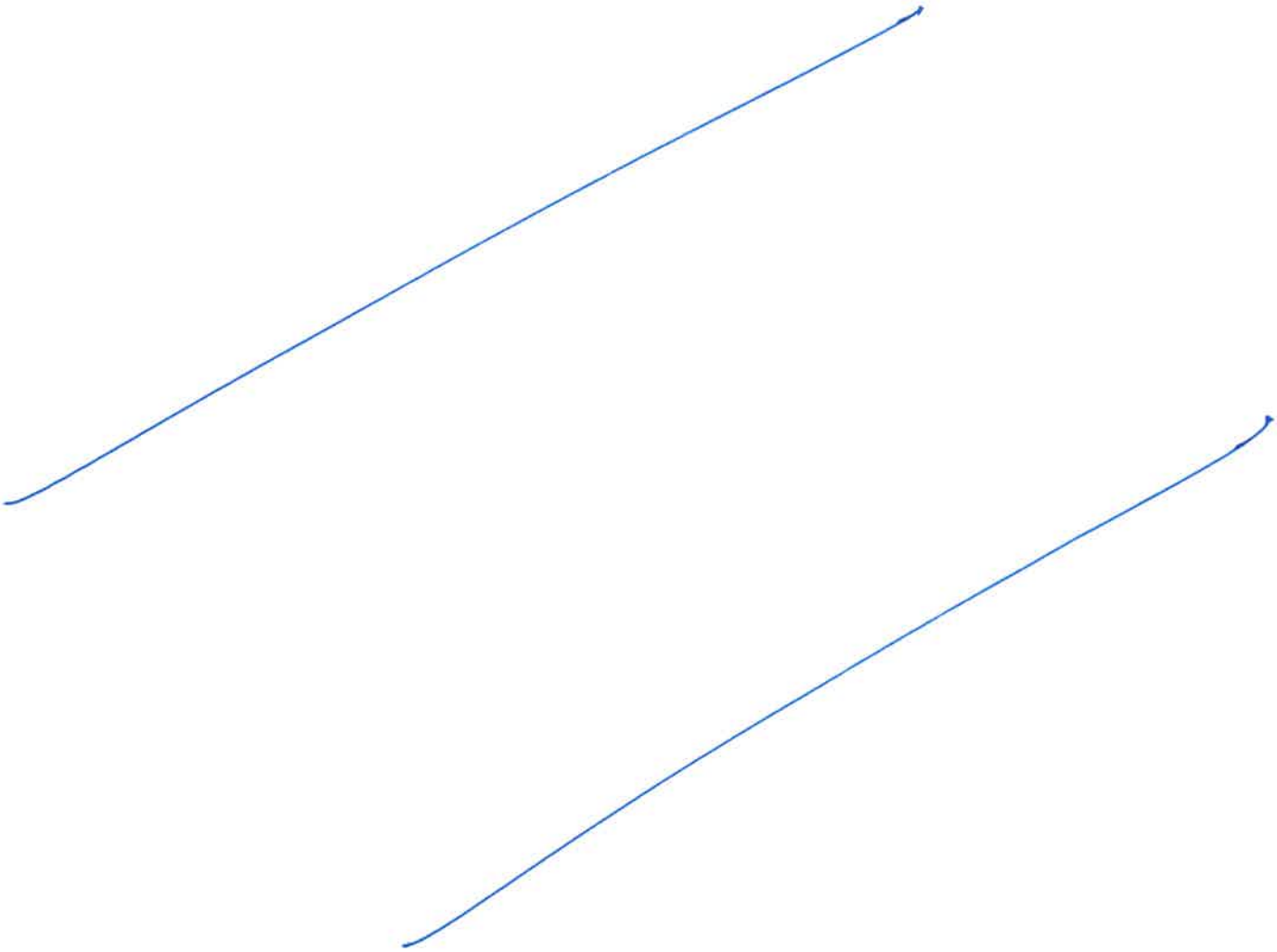
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

Signature of Chairman | **Signature of Member (1)** | **Signature of Member (2)** HAREESH MJ

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 stude... intake				
200 students intake				
250 students				

* **Aadhar based biometric attendance for students**



Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH MY

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 -1(Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	JAYASHEELA REDDY B P	Principal	MSC (N) PSYCHIATRIC NURSING	RGUHS 2010	52885		15 YEARS	03/08/2023	YES	J-S Reddy
2.	PRIYADARSHINI S	Vice Principal	MSC (N) OBG NURSING	RGUHS 2017	144901		08 YEARS	01/04/2024	YES	Priyadarshini-S
3.	SUMITHRA R	Associate. Professor	MSC (N) Paediatric Nursing	RGUHS 2020	139098		05 YEARS	30/01/2024	YES	Sumitha
4.	RENUKA K	Asst. Professor	MSC (N) OBG Nursing	RGUHS 2021	72204		04 YEARS	30/01/2024	YES	Renu
5.	CHAITRA K	Lecturer	MSC (N) Medical Surgical Nursing	RGUHS 2021	170788		01 YEARS	03/06/2024	YES	
6.	VINAY KUMAR A	Lecturer	MSC (N) Community Health NURSING	RGUHS 2024	100909	01 YEAR	01 YEARS	03/06/2024	YES	
7.	KENCHAPPA A	Lecturer	MSC (N) Medical Surgical NURSING	RGUHS 2024	187887		01 YEAR	06/08/2024	YES	Kenchappa
8.	PALLAVI G	Lecturer	MSC (N) OBG Nursing	RGUHS 2024	121464		01 Year	05/02/2025	YES	On leave.
9.	SAHANA B	NURSING TUTOR	BSC (N)	RGUHS 2022	138721	02 years		06/01/2025	YES	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

HAREESH MV

J-S Reddy
Principal
Jnanavi Institute of Nursing Science.Chitradurga

10.	GANGASHREE N	NURSING TUTOR	BSC (N)	RGUHS 2021	116210	02 Years		01/04/2025	NO	
11.	CHAYA K	NURSING TUTOR	BSC (N)	RGUHS 2023	158187	02 Years		07/11/2023	YES	
12.	KUSUMA D V	NURSING TUTOR	PB BSC (N)	RGUHS 2019	141774	02 Years		09/01/2024	YES	
13.	DARSHANA T	NURSING TUTOR	BSC (N)	RGUHS 2024	166613	01 Year		02/05/2024	YES	
14.	BHUMIKA G A	NURSING TUTOR	BSC (N)	RGUHS 2024	163533	01 Year		06/08/2024	YES	
15.	VIJAYALAKSHMI M K	NURSING TUTOR	BSC (N)	RGUHS 2024	180514	10 Months		06/01/2025	YES	
16.	SHIVARAJA M V	NURSING TUTOR	BSC (N)	RGUHS 2024	184543	02 Months		01/09/2025	NO	
17.										
18.										
19.										
20.										
21.										
22.										

23.										
24.										
25.										
26.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

HAREESHA MV

Principal
Sahanhavi Institute Of
Nursing Science,Chitradurga

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	LIST ENCLOSED	LIST ENCLOSED	LIST ENCLOSED	LIST ENCLOSED	LIST 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)	**23.100SQ.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	**04X900 SQ.FT Each**	College has required Physical infrastructure for B.Sc (N) Programme as per the norms.
	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 SQ.FT**	
	2. Vice-Principal Chamber	200	**200 SQ.FT**	
	3. HOD	5 x 200 = 1000	-	
	4. Professor/Assoc. Prof	800+2400=3200	**800 SQ.FT**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 SQ.FT**	
	7. Accountants Office	**100**	**100 SQ.FT**	
	8. Store Room	**100**	**100 SQ.FT**	
	9. Record room	**100**	**100 SQ.FT**	
	10. Room for maintenance staff	**100**	**100 SQ.FT**	
	11. Xeroxing room	**100**	**100 SQ.FT**	
	12. common room (Girls & Boys)	600+400= 1000	**600 SQ.FT**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 SQ.FT**	
	14. Toilets	1000	**1000 SQ.FT**	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH MS

	15. A.V/Aids room	600	600 SQ.FT	

S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		College has provided required laboratory facilities as per the norms.
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	AVAILABLE
2	Is the college building own or leased ?	LEASE
3	Blue print of the building plan approved and attested by competent authority.	AVAILABLE
4	Building construction license from competent authority	OBTAINED
5	Tax paid receipt (Latest / current year)	PAID FOR 2023-24
6	Occupancy certificate.	AVAILABLE
7	Sale deed / Lease deed of the building / Land.	LEASE DEED AVAILABLE
8	Land Conversion order from DC	D C CONVERSION
9	Town planning/Authorities approval order	AVAILABLE

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)
HARGESH NY

- 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
01	KA-16 A 3123	50	Yes	Yes	Yes

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	2300 Sq.Ft	YES ☐	GOOD	GOOD	Satisfactory

Total No. of Nursing Books available	1302	**No. of Nursing Journals subscribed**	2
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?**	-

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	THIPPESWAMY P	M LIB	09 YEARS	Nil.

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)
HAREESH MG

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

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 . AKSHAY GLOBAL HOSPITAL MOU(Registered parent hospital MOU)	100	4KM	78/	Verified the KPME and PCB certificate & parent hospital found correct.
NAME OF THE TRUST/ Person owning The Hospital. Dr RAVINDRA S P	100	4KM	78/	
Name Of The Owner Of The Trust of Hospital. Dr RAVINDRA S P	100	4KM	78/	
Affiliated hospitals- Full Name & Address of the Parent Hospital — 1				
2				
3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

HAREESH MS

	(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).

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: - College has the parent hospital with the bed strength of 100.

- The owner of the hospital is also a member of the education Society.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAFEESH MJ

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	78/		
Surgery including OT	10	78/		
Obstetrics & Gynecology	10	78/		
Pediatrics,	10	80/		
Emergency Medicine	20	70		
Psychiatry	00	00		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	75/		
Minor OT	02	88/		
Dental, Otorhinolaryngology, Ophthalmology	00	00		
Burns and Plastic	00	00		
Neonatology care unit	00	00		
Communicable disease/Respiratory medicine/TB & chest diseases	00	00		
Dermatology	00	00		
Cardiology	05	77/		
Oncology	00	00/		
Neurology/Neuro-surgery	05	72/		
Nephrology/Urology	00	00/		
ICU/ICCU	05	77		
Geriatric Medicine	00	00		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH MV

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		**PANDARAHALLY PHC**
Adopted / Affiliated		**AFFILIATED**
Administrate red by		**State Govt.**
Distance from the Nursing Institute		**10KM**
b. Services Rendered by Health & Family Welfare Programmes		**PREVENTIVE & PROMOTIVE SERVICE**
URBAN FEILD :		
a. Name of CHC / PHC / SC		**BUDDHA NAGAR URBAN CENTRE**
Adopted / Affiliated		**AFFILIATED**
Administrate red by		**State Govt.**
Distance from the Nursing Institute		**4KM**
b. Services Rendered by Health & Family Welfare Programmes		**PREVENTIVE & PROMOTIVE SERVICE**
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	College has maintained all the records.
b.	Post Basic B.Sc. Nursing	NO	
c.	M.Sc. Nursing	NO	
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	YES	
b.	Post Basic B.Sc. Nursing	NO	
c.	M.Sc. Nursing	NO	

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	YES	
b.	Daily Attendance Registers	YES	
c.	Health Records	YES	
d.	Clinical and field experience record	YES	
e.	Practical record books - procedure record	YES	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH MV

f. :	Practical record books - Midwifery case book	YES	
g.	Leave record	YES	

h.	Extracurricular activities of students	YES
i.	Cumulative record of each	YES
j.	Course planning of each subject	YES
k.	Rotation plans	YES
l.	Committee Meetings	YES
m.	Affiliation records	YES
n.	Records of Stock	YES
o.	Annual report of activities and achievements	YES
p.	Staff development programmes	YES
q.	Anti ragging committee	YES
r.	Student welfare committee	YES
s.	POSHE Committee	YES
t.	Prevention of Gender harassment committee	YES

23	**Hostel Facilities :Annexure - 12** No Hostel facilities.		
a.	Whether the college is having a separate Hostel?	NO	—
b.	Built-up area of the Hostel	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?	NO	☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	NO	
h.	Electricity Supply	NO	
i.	Is Facilities available for outdoor games and indoor games?	NO	
j.	Is Sick room available?	NO	
k.	Whether the hostel mess is available with	NO	
l.	Safe drinking water facilities	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
HAREESH NV

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	**Yes**		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Yes**		
Annexure - 3	Details of any other Nursing Institution under the same Trust		**NO**	
Annexure - 4	Details of Affiliated fees paid receipts	**Yes**		
Annexure - 5	Approval Status : GOK Order	**Yes**		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Yes**		
Annexure - 7	Approval Status : KNC Notification	**Yes**		
Annexure - 8	Status : INC Notification		**NO**	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		**NO**	
Annexure - 10	List of M.Sc. Nursing Students as per format		**NO**	
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		**NO**	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	**Yes**		

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

HAREESH MV

	affiliated hospitals.			
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	BGUHS approved guideship letters of M.Sc Nursing each speciality wise		**NO**	

Note: Ve... 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 Tea... ...ations: The LIC team had visited the college on 11/10/25 towards grant & Continuation & affiliation for the yr 2025-26 and made the following observations.

1) college has provided required physical facilities in their leased building as per the guidelines.

2) Provided required number & laboratories with necessary equipments, manikins, and asticles in all the departments as per the norms.

3) College has library with more than 1300 books and 04 journal for the reference & B.Sc (N) students.

4) Appointed required number & faculty members and they were present on the day & inspection.

5) College has parent hospital with 100 bed strength to train 40 B.Sc (N) students. It has multispeciality department with adequate number & Out patients & In patients.

Overall college has required physical infrastructure, equipped laboratories, library facilities, appointed adequate number & experienced teaching faculty members and provided clinical experience in their parent hospital as per the norms & apex bodies.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
AAREESH MV

UNDERTAKING

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

We have conducted LIC inspection of this college on **11/10/2025** 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/MSR-OP/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.

Scrutiny Member (Chairman)

A C Member (Member)

Subject Expert (Member)
HAREESH MS

Signature of Chairman
(Dr. Nandeesh. I)

Signature of Member (1)
Dr. Basavaraj. D. Nadgouda.

Signature of Member (2)
HAREESH MS

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA64914190724090X**
Certificate Issued Date	:	09-Oct-2025 03:24 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840040888927133X
Purchased by	:	DR RAVINDRA S P AKSHAY GLOBAL HOSPITAL CTA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR RAVINDRA S P AKSHAY GLOBAL HOSPITAL CTA
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	DR RAVINDRA S P AKSHAY GLOBAL HOSPITAL CTA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

I Dr. Ravindra S P is the owner/MD of Akshay Global Hospital situated at opp. Sri Rama Kalyana mantapa, Challakere road, Chitradurga-577501.

This is to confirm that our Akshay Global Hospital is registered under KPMEA and PCB with 100 beds and the bonafide has been attached.

This is to confirm that Akshay Global Hospital is functioning as affiliated hospital for Jhanhavi Institute of Nursing Sciences, Chitradurga.

We also confirm that our hospital is solely affiliated to Jhanhavi Institute of Nursing Sciences, Chitradurga and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Date:10/10/2025
Place : Chitradurga

OFFICE OF THE NOTARY CHITRADURGA
V.MUDLAPPA
ADVOCATE & NOTARY

Deponent
Dr.RAVINDRA.S.P
CONSULTANT-E.N.T
KMC NO : 38593
Akshay Global Hospital
Chitradurga,

SWORN TO BEFORE ME
V Mudlappa
NOTARY
CHITRADURGA
10/10/25

NO OF CORRECTION

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA64915122181446X**
Certificate Issued Date	:	09-Oct-2025 03:25 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ CHITRADURGA4/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840043828628020X
Purchased by	:	THE SECRETARY JHANHAVI EDUCATION SOCIETY R CTA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE SECRETARY JHANHAVI EDUCATION SOCIETY R CTA
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	THE SECRETARY JHANHAVI EDUCATION SOCIETY R CTA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

OFFICE OF THE NOTARY CHITRADURGA

KARNATAKA CRE. CO-OP LTD Chitradurga

Please write or type below this line

10/10/25

OFFICE OF THE NOTARY CHITRADURGA

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

I am the Secretary of Jhanhavi Education Society ® N.J. House, R.T.O Office Road, Chitradurga-577501 and society members are submitting the affidavit to University.

The Jhanhavi Education Society ® N.J. House, R.T.O Office Road, Chitradurga-577501 is running and managing the following institutions under above said society.

1. Jhanhavi Institute of Nursing Sciences, Chitradurga. MED 624 MMC 2022, Dated:17.12.2022 since 03 Years.

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

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

   We also confirm that the college is solely managed by the trust and is not lease/sub lease 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 action can be initiated by the University.

10/10/25

OFFICE OF THE NOTARY CHITRADURGA

Deponent

Secretary
Janhavi School of Nursing
Chitradurga-577501, Karnataka

Date:- 10/10/2025
Place: Chitradurga

NO OF CORRECTION nil

SWORN TO BEFORE ME
NOTARY
CHITRADURGA

10/10/25