NP

# 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. Sankaragoud Patil | Dr. Jyothi Ramegowda | Basavaraj Honawad |
| Designation | Principal | Associate Professor. | Associate Prof. HOD |
| Address | RIAMS, Solur. | Akash Institute of Medical Sciences, Devanahalli | M.J. Sagar Institute of Nursing Science |
| Mobile No | 9019587969 | 9740361867 | 9686168684 |
| Email ID | cuyersank@gmail.com | joe6gowda@gmail.com | basavarajsh529@gmail.com |

*For the Academic Year :* 2025 - 2026 *Date of Inspection:* 26/08/2025

*(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** | Priyadarshini College Of Nursing, Near Government Degree College, Hanumanthapura, Koratagere, Tumkuru Dist, 572129 | 2 | **Year of Establishment** 2022 - 2023 |
| 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** | Minhas Educational Trust, Hanumanthapura, Koratagere, Tumkuru Dist, 572129 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** | | |
| | | **Email:** priyadarshiniinursingedu gmail | **Website:** | |
| | **(b). Name of the Owner of Trust/Society** | P.S Minhas | | |

Signature of Chairman (Dr. Sankaragoud Patil)

Signature of Member (1) Dr. Jyothi Ramegowda 26/8/25

Signature of Member (2) Basavaraj Honawad 26/8/25

| | | | | |
|---|---|---|---|---|
| 4 | **Governing Council& Audit Report of Trust** | **Total Number of Members in Governing Council :** 08<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2** | | |
| 5 | **Details of Principal/Head of the institution** | **Name:** B. NAZEEMA<br>**Qualification:** HSC BDS OBG.<br>**Experience:** 16 years.<br>**Email:** bnazeema.123@gmail.com | **Mobile No:** 9963402090<br>**Office No:** 08138232250<br>**Fax No:** 08138232250<br>**Residential phone No:** 9963402090 | |
| 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.<br>(Verify& enclose a copy of the registered trust Documents)<br>**Annexure – 3** |

**7. Affiliation Fee Paid Details:**

**Annexure - 4**

| Course Applied UG Courses | Continuation / Fresh Affiliation | Particulars of fees paid for | | | | |
|---|---|---|---|---|---|---|
| | | Annual Fees | Renewal Fees | Administrative Charges | Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC | Amount |
| B.Sc. Nursing | Continuation | 1,30,000 | 25,000 | 50+1000 | 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. NA | NA | - |
| | 4. | | |
| | 5. | | |
| | | **Total (B)** | |
| NPCC | | | |
| | | **Total (C)** | |
| | | **Grand Total (A+B+C)** | |

**Online Transaction Number or Details:**

ZICOB5K09HL5YJ - 28/12/2024 / BHMPIMS0F0EF70

**Remarks:** Verified

**Signature of Chairman** **Signature of Member (1)** 26/8/25 **Signature of Member (2)**

## 8. Approval Status of the Institution &Sanctioned Intake:

| Name of the Course | Intake Approved and Admitted | GOK | RGUHS | KSNC | INC | Remarks |
|---|---|---|---|---|---|---|
| Basic B.Sc. Nursing | Approval Letter No. and Date | RGU/AFF/PDCON-KTR/FR-BSc(N)2022-23 15/10/2022 Annexure - 5 | RGU/AFF/NSG/COA/01/2024 - 2025 20/09/2024 Annexure - 6 | KSNC/1157/2023-2024 07/03/2023 Annexure - 7 | 18-15/15923 - INC 20/09/2024 Annexure - 8 | Verified. |
| | Affiliation Sanctioned Intake | 40 | 40 | 40 | 40 | |
| | Admissions Made for the Current Academic Year | 39 | 39 | 39 | 39 | |
| 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<br>a. Community Health ☐<br>b. Medical Surgical ☐<br>c. OBG ☐<br>d. Paediatric ☐<br>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 | - | - | - | - | |
| | Admissions Made for the Current Academic Year | - | - | - | - | |

## 9.Total No. of Students under Training in each of the Nursing Education Programme:

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

| Programme | | I year | II Year | III Year | IV Year | Total |
|---|---|---|---|---|---|---|
| B.ScNursing | Male | 10 | 13 | - | | 23 |
| | Female | 29 | 24 | 07 | | 60 |
| 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—— |
|---|---|---|---|---|---|---|
| | — | 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 dated 25.03.2017

**Remarks:** Verified & found correct

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

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

**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**<br>• 3 M.Sc. Nursing qualified faculty<br>• 2 Tutors | **Total 8 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 3 Tutors | **Total 12 Faculty**<br>• 7 M.Sc. Nursing qualified faculty<br>• 5 Tutors | **Total 16 Faculty**<br>• 8 M.Sc. Nursing qualified faculty<br>• 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>• 3 M.Sc. Nursing qualified faculty<br>• 3 Tutors | **Total 12 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 7 Tutors | **Total 18 Faculty**<br>• 7 M.Sc. Nursing qualified faculty<br>• 11 Tutors | **Total 24 Faculty**<br>• 8 M.Sc. Nursing qualified faculty<br>• 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 5 Tutors | **Total 20 Faculty**<br>• 8 M.Sc. Nursing qualified faculty<br>• 12 Tutors | **Total 30 Faculty**<br>• 12 M.Sc. Nursing qualified faculty<br>• 18 Tutors | **Total 40 Faculty**<br>• 16 M.Sc. Nursing qualified faculty<br>• 24 Tutors |

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

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

| Sl. No | Name of the teaching Faculty | Designation | Qualification along with specialty | Year of passing | KSNC Reg. Number | Teaching experience | | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | After UG | After PG | | | |
| 1. | E.NAZEEMA | Principal | M.Sc.N | 2009 | RRANP 2009147 S-KAR | 14yr. | 16 yr | 28/06/25 | - | B.Naz |
| 2. | | | | | | | | | | |
| 3. | AJAYKUMAR | vice principal | M.Sc.N | 2019 | 58723 | 1 year | 6 year | 01/03/25 | NO | Ajay |
| 4. | | | | | | | | | | |
| 5. | RADHASHREE | Asst.prof | M.Sc.N | 2017 | 87394 | 1 year | 1 year | 28/1/24 | | Radh |
| 6. | | | | | | | | | | |
| 7. | RUPASHREE | Lecturer | B.Sc.N. | 2017 | 91911 | 1yr | 7yrs | 04/2/24 | | Rupashree |
| 8. | | | | | | | | | | |
| 9. | CHAITADEVI | Asst.prof | M.Sc.N. | 2021 | 73880 | 1yr | 3yr. | 20/3/24 | | Chai |
| 10. | | | | | | | | | | |
| 11. | RANGASWAMY | Lecturer | M.Sc.N | 2023 | 141520 | 3year | 1year | 22/04/25 | | Rang |
| 12. | | | | | | | | | | |
| 13. | NAGENDRAPPA | Lecturer | B.Sc.N. | 2020 | 149730 | 6yr | 2year | 24/10/25 | | Nagendra |
| 14. | | | | | | | | | | |
| 15. | DINESHA.C | Lecturer | B.Sc.N. | 2019 | 140219 | 6yr | – | 3/6/24 | | Dinesha |
| 16. | | | | | | | | | | |
| 17. | PAVITHRA.R | Lecturer | B.Sc.N. | 2021 | 122486 | 4yr | 3yr | 6/4/24 | | Pavi |
| 18. | | | | | | | | | | |
| 19. | PURUSHOTHAM | Asst prof | M.Sc.N | 2022 | 172197 | 1 year | 2yer | 2/6/25 | - | Purus |
| 20. | | | | | | | | | | |
| 21. | ADARSHA V | Nursing Tutor | B.Sc N S | 2015 | 132559 | 8yr | – | 4/6/25 | | Adarsha |
| 22. | | | | | | | | | | |

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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.

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

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 |
|---|---|---|---|---|---|
| | | | | | |

**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 | 24,450 sq.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 intake B.Sc (N): 900 sq ft | **4 Class rooms** 900sq ft Each | 5500 sq.ft | Verified & found adequate |
| | P.B.B.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | – | |
| | M.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | – | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | – | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | 400 | |
| | 2. Vice-Principal Chamber | 200 | 200 | |
| | 3. HOD | 5 x 200 = 1000 | 1000 | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | 3500 | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | | | |
| | 7. Accountants Office | | 1000 sq.ft | |
| | 8. Store Room | | 800 sq.ft | |
| | 9. Record room | | 750 sq.ft | |
| | 10. Room for maintenance staff | | 800 sq.ft | |
| | 11. Xeroxing room | | 300 sq.ft | |
| | 12. common room | 1000 | 1000 sq.ft | |
| | 13. Seminar hall | 3000 | 3006 sq.ft | |
| | 14. Toilets | 1000 | 1100 sq.ft | |
| | 15. A.V/Aids room | 600 | 600 sq.ft | |

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 | 1650 sq.ft | Adequate |
| | Nutrition & Community Health Nursing | 1200sq.ft | 1250 sq.ft | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | 950 sq.ft | |
| | Pediatrics Nursing Laboratory | 900sq.ft | 950 sq.ft | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | 1100 sq.ft | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | 1550 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**

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.**

**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 License |
|---|---|---|---|---|---|
| 01 | KA 64 2733 | 49 | 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 | 2400 sq.ft | YES ☑ No ☐ | ✓ | ✓ | - |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 3050 | **No. of Nursing Journals subscribed** | 08 |
| **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?** | 1200 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01. | Pratika Gusung | Bachelor Of Library Scien | 2 years. | |
| | | | | |
| | | | | |

**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 will increase/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 | | |
| Conferences attended | | |

**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** ☐ | |
| | | **ii.Trust member with MOU** ☐ | |

| **Parent Hospital.** | | **Total No. Beds** | **Distance from the college** | **Occupancy on the day of inspection (min 75%)** | **Remarks** |
|---|---|---|---|---|---|
| Full Name & Address of the Parent Hospital<br>Renuka Hospital, KSRTC Bus-stand, Koratagere, Tumkuru 572129 | | 100 | 2kms | | |
| NAME OF THE TRUST/ Person owning The Hospital | | | | | |
| Name Of The Owner Of The Trust of Hospital | | | | | |
| Affiliated hospitals-Full Name & Address of the Parent Hospital | 1 Venkateshwara Hospital, Koratagere, Tumkuru | 100 | 2kms | | |
| | 2 Renuka Hospital, KSRTC Bus-stand, Koratagere, Tumkuru | 100 | 2kms | | |

(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 dated 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:**

Parent hospital Ramsha Hospital Kozhalgere

Verified & KPME PCB cert found correct

**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 | 10 | | 10 | |
| Surgery including OT | 10 | | 10 | |
| Obstetrics & Gynecology | 10 | | 10 | |
| Pediatrics, | 10 | | 10 | |
| Emergency Medicine | 10 | | 10 | |
| Psychiatry | 05 | | 05 | |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | | | | |
| Minor OT | | | | |
| Dental, Otorhinolaryngology, Ophthalmology | 05 | | 05 | |
| Burns and Plastic | 10 | | 10 | |
| Neonatology care unit | | | | |
| Communicable disease/Respiratory medicine/TB & chest diseases | | | | |
| Dermatology | | | | |
| Cardiology | 10 | | 10 | |
| Oncology | 05 | | 05 | |
| Neurology/Neuro-surgery | 05 | | 05 | |
| Nephrology/Urology | 05 | | 05 | |
| ICU/ICCU | 05+05 | | 05+05 | |
| Geriatric Medicine | | | | |
| Any other | | | | |

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

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

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 | |
|---|---|---|
| **RURAL FILELD** | | |
| **a.** | **Name of CHC / PHC / SC** | Primary Health Center, Koratagere |
| | Adopted / Affiliated | Affiliated |
| | Administrate red by | **State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐ |
| | Distance from the Nursing Institute | 5 kilometers |
| **b.** | Services Rendered by Health & Family Welfare Programmes | NA |
| **URBAN FEILD :** | | |
| **a.** | **Name of CHC / PHC / SC** | Community Health Center, Koratagere |
| | Adopted / Affiliated | Affiliated |
| | Administrate red by | **State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐ |
| | Distance from the Nursing Institute | 3 kilometers |
| **b.** | Services Rendered by Health & Family Welfare Programmes | NA |
| *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** 30000 | |
| **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 :** 35 | **Boys :** 19 |
| **f.** | Total No. of rooms | **Girls :** 45 | **Boys :** 30 |
| **g.** | Water Supply | **YES** ☑ | **NO** ☐ |
| **h.** | Electricity Supply | **YES** ☑ | **NO** ☐ |
| **i.** | Is Facilities available for outdoor games and indoor games? | **YES** ☑ | **NO** ☐ |
| **j.** | Is Sick room available? | **YES** ☑ | **NO** ☐ |
| **k.** | Whether the hostel mess is available with | **YES** ☑ | **NO** ☐ |
| **l.** | Safe drinking water facilities | **YES** ☑ | **NO** ☐ |

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

**List of Annexures:**

| Annexure Numbers | Details | 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 | ✓ | |
| **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 :<br>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,<br>2. Laboratories<br>3. Building related documents<br>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)** **Signature of Member (2)**

| | | | |
|---|---|---|---|
| **Annexure - 19** | List of Teachers with their Declaration forms & necessary documents | | |
| **Annexure –20** | RGUHS approved guide ship 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:** On the day of Inspection LIC committe observations as follows.

→ 24450 Sqft Infrastructure having 4 class rooms 6 labs, library & proper seating arrangements are made available.

→ 12 required teaching staff are appointed along & the principal & were present.

→ Seperate boys & girls hostel made available.

→ Parent Hospital Renuka Hospital having 100 bed IP Capacity, KPME & PCB are verified & found correct

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

# UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ which has applied for continuation of affiliation for the academic year 2025-26.

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

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

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

| Senate Member (Chairman) | A C Member (Member) | Subject Expert (Member) |
|---|---|---|

**Signature of Chairman** **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 _____

    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)**

## UNDERTAKING BY TRUST MANAGEMENT

We, the undersigned, representing the **Minhas Education Trust**, having its registered office at **Near Govt First Grade College, Hanumanthapura Koratagere, Koratagere Taluk, Tumkur Dist – 572 129**, do hereby solemnly undertake and declare the following:

1. That the Trust is managing the institution under the name and style of **Priyadarshini College of Nursing**, Hanumanthapura, Koratagere, Tumkur Dist.: - 572129.

2. That in the said building/premises, **only the B.Sc. Nursing course** is being conducted.

3. That the entire infrastructure, classrooms, laboratories, faculty, and other facilities available in the building are exclusively utilized for the purpose of conducting the **B.Sc. Nursing program** as per the norms and guidelines prescribed by the **Apex Body** and the **Rajiv Gandhi University of Health Sciences (RGUHS)**.

4. That in the event it is found at any point of time that any other course is being conducted in the said premises, the Trust Management and the Principal shall be held solely responsible, and necessary action as deemed appropriate may be initiated by the University or regulatory authority.

This undertaking is made in good faith and with full knowledge of the legal consequences in case of any false declaration.

PRESIDENT
MINHAS EDUCATION TRUST
Near Govt First Grade College
Hanumantpura KORATAGERE
Tumkur Dist. Pin 572 129

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

**e-Stamp**

| | | |
|---|---|---|
| **Certificate No.** | : | **IN-KA19219320109665X** |
| Certificate Issued Date | : | 16-Aug-2025 03:43 PM |
| Account Reference | : | NONACC (FI)/ kagcsl08/ KORATAGERE2/ KA-TU |
| Unique Doc. Reference | : | SUBIN-KAKAGCSL0853116032801474X |
| Purchased by | : | PRIYADARSHINI COLLEGE OF NURSING |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | Affidavit |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | PRIYADARSHINI COLLEGE OF NURSING |
| Second Party | : | RGUHS |
| Stamp Duty Paid By | : | PRIYADARSHINI COLLEGE OF NURSING |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

GOVT. OF KARNATAKA D.C. SHIVARAMAIAH KORATAGERE REVENUE TALUK LAW-161 No. 2021 NOTARY

SEVA KENDRA KORATAGERE

Please write or type below this line

## AFFIDAVIT BY TRUST MANAGEMENT

**I/We**, the undersigned, Mr. **P S MINHAS**, **Chairman**, of **Minhas Education Trust**, having office at Hanumanthapura, madhugiri main road, Koratagere-572129. do hereby solemnly affirm and declare as under:

1. That the **Minhas Education Trust** is a registered trust under the relevant provisions of the Indian Trust Act and is actively managing and operating the institution named **Priyadarshini college of Nursing** for the past **five (4) years**.

**No. of Corrections**

NOTARY

2. That all information provided by us to the **Local Inspection Committee (LIC)** and the University is **true, complete, and correct** to the best of our knowledge and belief.
3. That the faculty appointed in the **Priyadarshini College of Nursing** are **full-time employees** of the institution and are not engaged in any other full-time employment elsewhere.
4. That the said college is **solely managed and operated by the Minhas Education Trust**, and is **not leased, sub-leased, or managed by any other individual, trust, society, company, or agency**.
5. That the college strictly adheres to and complies with all norms, regulations, and guidelines as prescribed by the **Apex Body** and **Rajiv Gandhi University of Health Sciences (RGUHS)**, from time to time.
6. That in the event any of the information provided herein or to the University/LIC is found to be **false, fabricated, or misleading**, the **Principal and the Trust Management** shall be held responsible, and appropriate legal and administrative action may be initiated by the University against us.

**DEPONENTS:**

(Signature)
**Mr. P S Minhas**
(Chairman/President)
Date: _____

GOVT. OF KARNATAKA
D.C. SHIVARAMAIAH
KORATAGERE
REVENUE TALUK
Reg. No. LAW-161
LCL-2021
Expires on
29-10-2026
NOTARY

VERIFICATION

We, the above-named deponents, do hereby verify that the contents of this affidavit are true and correct to the best of our knowledge and belief. No part of it is false and nothing material has been concealed therein.

(Signatures of Deponents)
**Mr. P S Minhas**

No. of Corrections

NOTARY

Identified by me
Advocate
Koratagere

SOLEMNLY AFFIRME
BEFORE ME
D.C. SHIVARAMAIAH

# ರೇಣುಕಾ ಆಸ್ಪತ್ರೆ

ಕೆ.ಎಸ್.ಆರ್.ಟಿ.ಸಿ. ಬಸ್ ನಿಲ್ದಾಣದ ಹಿಂಭಾಗ, ಕೊರಟಗೆರೆ.

ಡಾ|| ಆರ್. ಮಲ್ಲಿಕಾರ್ಜುನ
ಎಂ.ಡಿ.ಎಸ್., ಪಿ.ಹೆಚ್.ಡಿ.
ಮಕ್ಕಳ ರೋಗ ತಜ್ಞರು

ಡಾ|| ರೇಣುಮಲ್ಲಿಕಾರ್ಜುನ
ಎಂ.ಡಿ.ಎಸ್., ಪಿ.ಎಂ.ಆರ್.ಪಿ.
ಸ್ಕ್ಯಾನಿಂಗ್ ತಜ್ಞರು


Date: -06/02/2025

***TO WHOM SO EVER IT MAY CONCERN***

This is to inform that Renukaa Hospital would continue to function as a 'Parent Hospital'till the life of the Priyadarshini College of Nursing. The undertaking would also be to the effect that the Member of the Trust would not allow the Hospital to be treated as Affiliated Hospital to any other Nursing Institution.

The hospital is 2-kilometer distance from institute of nursing. Which make easier to the student nurses to travel to the hospital from institute for clinical practice

Medical Director
Renuka Hospital
RENUKAA HOSPITAL
KORATAGERE
TUMKUR - 572 129