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

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## INSPECTION PROFORMA FOR NURSING 2025-26 AY

| Details of LIC Inspectors : | Chairman | Academic Council Member | Subject Expert |
|---|---|---|---|
| Name | Dr. Kiran kumar. | V.R. Ayyappan. | Dr. Dananagowda H.Y. |
| Designation | Associate Professor. | Professor. | Professor. |
| Address | SKMCH&RC No.10, Pipeline road Vijayanagar, Bangalore-104 | Sanjay Gandhi Inst of Trauma & Physiotherapy-Bangalore. | Navodaya C.O.N -Raichur. |
| Mobile No | 9481965646 | 9886291325. | 7204252918. |
| Email ID | dr.kiranayur@gmail.com | Ayyappan28@gmail.com | dananagowda@gmail.com. |

*For the Academic Year :* 2025-26. *Date of Inspection:* 09/08/25.

*(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** | Ashoka Institute of Nursing Sciences. Rajnagar-Hubballi-580032 | 2 | **Year of Establishment** 2022. |
| 2 | **Status of the course conducting body** | **Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** ✓ | | |
| 3 | **(a). Name of the Trust/Society & complete postal address** | Global Tatwadarsha Educational Trust. Ganesh Colony, Nekar Nagar-Hubli 580024. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** | | |
| | | **Email:** principalaions@gmail.com | **Website:** | |

Signature of Chairman

V.R. Ayyappan
Signature of Member (1)
V.R. AYYAPPAN

9/8/2025
Signature of Member (2)
Dr. Dananagowda

| | | | | |
|---|---|---|---|---|
| | **(b). Name of the Owner of Trust/Society** | Shri. Prabhakar. V. Betageri. | | |
| 4 | **Governing Council& Audit Report of Trust** | **Total Number of Members in Governing Council :** 04. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2** | | |
| 5 | **Details of Principal/Head of the institution** | **Name:** Shobha Kundagol **Qualification:** M.Sc Nursing. **Experience:** 15yrs **Email:** | **Mobile No:** 7760578035 **Office No:** 9740624699 **Fax No:** **Residential phone No:** 7760578035 | |
| 6 | **Do you have any other nursing institution other than the current institution mentioned above under the same trust?** | **YES** ☐ | **NO** ☑ | If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3** |

**7. Affiliation Fee Paid Details**:

**Annexure - 4**

| **Course Applied UG Courses** | **Continuation / Fresh Affiliation** | **Particulars of fees paid for** | | | | |
|---|---|---|---|---|---|---|
| | | **Annual Fees** | **Renewal Fees** | **Administrative Charges** | **Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC** | **Amount** |
| **B.Sc. Nursing** | 1,30,000/- | Application Form Fees- 1,000/- | | | 25,000/- | 1,56,050/- |
| **Post Basic B.Sc. Nursing** | | | | | | |
| | | | | | **Total (A)** | 1,56,050/- |

| **PG Course:-** (M.Sc. Nursing) | **P G Continuation/Fresh Affiliation** | **No of Seats X Prescribed fees of each faculty** | |
|---|---|---|---|
| | **1.** | | |
| | **2.** | | |
| | **3.** | — Not Applicable — | |
| | **4.** | | |
| | **5.** | | |
| | | **Total (B)** | |
| **NPCC** | | | |
| | | **Total (C)** | |
| | | **Grand Total (A+B+C)** | |

**Online Transaction Number or Details:**

Transaction ID→BD000000075675587, Payment Ref. No→YZSB17A30967YUV

9/8/2018

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

**Remarks:**

Verify &Enclose copy of Affiliation fee paid documents

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

| Name of the Course | Intake Approved and Admitted | GOK | RGUHS | KSNC | INC | Remarks |
|---|---|---|---|---|---|---|
| Basic B.Sc. Nursing | Approval Letter No. and Date | MED 502 MSF 2022 26/12/2022 Annexure - 5 | RGU/AFF1 FR/N5781 2022-2023 26/12/22 Annexure - 6 | KNC:2131 2022-23 09/01/2023 Annexure - 7 | Annexure - 8 | |
| | Affiliation Sanctioned Intake | 40 | 40 | 40 | 40 | |
| | Admissions Made for the Current Academic Year | 39 | | | | |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | —— | Not Applicable —— | | | |
| | 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 | —— | Not Applicable —— | | | |
| M.Sc. NPCC | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | —— | Not Applicable —— | | | |

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 9/8/2023

| | | | | | | |
|---|---|---|---|---|---|---|
| | Admissions Made for the Current Academic Year | | | | | |

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

| Programme | | I year | II Year | III Year | IV Year | Total |
|---|---|---|---|---|---|---|
| B.ScNursing | Male | 13 | 09 | 03 | | |
| | Female | 26 | 30 | 28 | | |
| Post Basic B.Sc Nursing | Male | Not Applicable | | | | |
| | Female | | | | | |
| M.Sc Nursing | Male | | | | | |
| | Female | Not Applicable | | | | |
| M.Sc NPCC | Male | | | | | |
| | Female | Not Applicable | | | | |

**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----- |
|---|---|---|---|---|---|---|
| | | Not Applicable | | | | |

**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----- |
|---|---|---|---|---|---|---|
| | | Not Applicable | | | | |

**Note:**Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

**Remarks:**_____

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

9/8/2025

## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. No | Designation | Required | | | | | Existing / Available | | | | | Deficit | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | B.Sc (N) | | P.B. B.Sc (N) | M.Sc (N)* | M.Sc NPCC | B.Sc (N) | | P.B. B.Sc (N) | M.Sc (N) | NPCC | B.Sc (N) | | P.B. B.Sc (N) | M.Sc (N) | M.Sc NPCC |
| | | 40 to 60 | 61 to 100 | 20 to 60 | | | 40 to 60 | 61 to 100 | | | | 40 to 60 | 61 to 100 | | | |
| 1 | Principal | 1 | 1 | | | | 1 | | | | | | | | | |
| 2 | Vice-Principal | 1 | 1 | | | | 1 | | | | | | | | | |
| 3 | Professor | 1 | 1-2 | | 1* | | — | | | | | 1 | | | | |
| 4 | Associate Professor | 2 | 2-4 | | 1* | | 2 | | | | | 0 | | | | |
| 5 | Assistant Professor | 3 | 3-8 | 2 | 3* | | 1 | | | | | 2 | | | | |
| 6 | Tutor | 8-16 | 16-24 | 2-10 | -- | | 15 | | | | | 0 | | | | |
| | **Total** | **16-24** | **24-40** | **4-12** | | | 20 | | | | | | | | | |

**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 |

9/8/2015

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

# Teaching Faculty Details

| Sl.No | Name of the teaching Faculty | Designation | Qualification along with specialty | Year of pasing | KSNC Reg. Number | Teaching | | Date of joining | Form - 16 Submitted (Yes/No) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | After UG | After PG | | | |
| 1 | Mrs. Shobha Kundagol | Principal | M.Sc Nursing (Obstetrics and Gynacological | 2007 | 15774 | 1 Year | 16 Years | 01-02-2025 | Salary Certificate | |
| 2 | Mrs. Suma K | Vice Principal | M.Sc Nursing (Medical Surgical Nursing) | 2020 | 22440 | 14 Years | 5 years | 01-09-2022 | Bank Statement | |
| 3 | Mr. Ramalingappa Sajjanar | Assistant Professor | M.Sc Nursing ( Peadtric Nursing) | 2021 | 180685 | 1 Year | 4 Years | 01-02-2025 | Salary Certificate | |
| 4 | Mr. Mudakappa Chavadavannavar | Assistant Professor | M.Sc Nursing ( Comunity Health Nursing) | 2023 | 101584 | 5 Years | 2 Years | 02-11-2024 | Salary Certificate | |
| 5 | Mrs. Soubhagya | Lectrure | M.Sc Nursing ( Psychiatric Nursing) | 2024 | 114248 | 1 Year | 1 Year | 01-01-2025 | Salary Certificate | |
| 6 | Mr. Mahesh Pawar | Nursing Tutor | PB.B.Sc Nursing | 2012 | 111903 | 13 Years | | 01-12-2022 | Salary Certificate | |
| 7 | Mr. Manjunath Golappanavar | Nursing Tutor | B.Sc Nursing | 2019 | 132197 | 6 Years | | 01-12-2022 | Salary Certificate | |
| 8 | Mr. Ravikumar Savmshi | Nursing Tutor | B.Sc Nursing | 2019 | 136074 | 6 Years | | 01-04-2023 | Salary Certificate | |
| 9 | Ms. Maya | Nursing Tutor | PB.B.Sc Nursing | 2019 | 213625 | 6 Years | | 05-08-2022 | Salary Certificate | |
| 10 | Mr. Gopal Sutar | Nursing Tutor | PB.B.Sc Nursing | 2020 | 106885 | 5 Years | | 01-12-2022 | Salary Certificate | |
| 11 | Mr. Mohammad Hazala | Nursing Tutor | B.Sc Nursing | 2021 | 132193 | 4 Years | | 02-05-2023 | Salary Certificate | |
| 12 | Ms. Sneha Gokavi | Nursing Tutor | B.Sc Nursing | 2023 | 150277 | 2 Years | | 31-10-2023 | Salary Certificate | |
| 13 | Ms. Pooja Gokak | Nursing Tutor | B.Sc Nursing | 2023 | 148320 | 1 Year | | 02-11-2024 | Salary Certificate | |
| 14 | Ms. [illegible]ena Adapur | Nursing Tutor | B.Sc Nursing | 2023 | 148188 | 1 Year | | 13-12-2024 | Salary Certificate | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15 | Ms. Deepa Sangolli | Nursing Tutor | B.Sc Nursing | 2023 | 148185 | 1 Year | | 17-12-2024 | Salary Certificate | |
| 16 | Mr. Yallappa Koli | Nursing Tutor | B.Sc Nursing | 2024 | 180226 | 8 Months | | 01-04-2025 | Salary Certificate | |
| 17 | Ms. Prema Palled | Nursing Tutor | B.Sc Nursing | 2024 | 179893 | 8 Months | | 08-04-2025 | Salary Certificate | |
| 18 | Ms. Anjana Gouli | Nursing Tutor | B.Sc Nursing | 2024 | 172223 | 8 Months | | 17-04-2025 | Salary Certificate | |
| 19 | Ms. Julekhabi Sayed | Nursing Tutor | PB.B.Sc Nursing | 2024 | 279227 | 8 Months | | 21-04-2025 | Salary Certificate | |
| 20 | Ms. Chaitra Gangavati | Nursing Tutor | B.Sc Nursing | 2024 | 171677 | 8 Months | | 01-02-2025 | Salary Certificate | |

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9/8/2025

Dr. Dananagowda H Y

**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 :** Enclosed

**14.1. College Building:** Enclosed

**Annexure - 12**

| S. No | Details | Required | Existing | Remarks |
|---|---|---|---|---|
| 1 | Built – up area of the building (in Sq. Ft) | 23,200sq.ft | 30,000 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 intakeB.Sc (N): 900 sq ft | **4 Class rooms** 900sq ft Each | 912.2 Sq.ft each | |
| | P.B.B.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | — NIA — | |
| | M.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | — NA — | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | — NA — | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | 350 Sq.ft | |
| | 2. Vice-Principal Chamber | 200 | 254 Sq.ft | |
| | 3. HOD | 5 x 200 = 1000 | 800 Sq.ft | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | 560 Sq.ft | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | | 600 Sq.ft | |
| | 7. Accountants Office | | 560 Sq.ft | |
| | 8. Store Room | | 540 Sq.ft | |
| | 9. Record room | | 450 Sq.ft | |
| | 10. Room for maintenance staff | | 400 Sq.ft | |
| | 11. Xeroxing room | | 300 Sq.ft | |
| | 12. common room | 1000 | 1060 Sq.ft | |
| | 13. Seminar hall | 3000 | 3075 Sq.ft | |
| | 14. Toilets | 1000 | 1000 Sq.ft | |
| | 15. A.V/Aids room | 600 | 600 Sq.ft | |

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**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 | 1652. Sq.ft | |
| | Nutrition & Community Health Nursing | 1200sq.ft | 1800 Sq.ft | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | 1395. Sq.ft | |
| | Pediatrics Nursing Laboratory | 900sq.ft | 900 8.2 Sq.ft | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | 900 Sq.ft | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | 1540 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 Licience |
|---|---|---|---|---|---|
| 01 | KA63A2791 | 54 | 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 | YES ☑ No ☐ | Good | Good. | |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 2698. | **No. of Nursing Journals subscribed** | 06 |
| **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?** | 280 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01. | Nanda.K.B | M.Lib. | 4yrs. | |
| | | | | |
| | | | | |

**Note :** A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

**17. Academic activities :** Enclose the details of past 3 years **Annexure - 15**

| Academic activities | Particulars | Remarks |
|---|---|---|
| Research Projects | — Not Applicable — | |
| Conferences conducted | — Not Applicable — | |
| Conferences attended | | |

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**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 Ashoka Hospital. A Unit of AB & H Ventures Behind Amruth Theatre, M.T.S. Vidyanagar Hubli 580021. | | 100 | 1km | 90% | |
| NAME OF THE TRUST/ Person owning The Hospital A Unit of AB & H Ventures Dr. Ashok. V. Bangarshettar. | | | | | |
| Name Of The Owner Of The Trust of Hospital Dr. Ashok. V. Bangarshettar | | | | | |
| Affiliated hospitals- Full Name & Address of the Parent Hospital | 1 | | | | |
| | 2 | | | | |

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

**NOTE:**

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

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**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:**

→ On the day of Inspection
→ all documents verified and attached

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

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**18.1. Distribution of Beds**

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical | 05 | 80% | | |
| Surgery including OT | 09 | 90% | | |
| Obstetrics & Gynecology | 10 | 70% | | |
| Pediatrics, | 04 | 80% | | |
| Emergency Medicine | 04 | 85% | | |
| Psychiatry | 02 | 80% | | |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | 08 | 98% | | |
| Minor OT | 06 | 95% | | |
| Dental, Otorhinolaryngology, Ophthalmology | 02 | 92% | | |
| Burns and Plastic | 02 | 89% | | |
| Neonatology care unit | 05 | 90% | | |
| Communicable disease/ Respiratory medicine/TB & chest diseases | 04 | 85% | | |
| Dermatology | 04 | 85% | | |
| Cardiology | 10 | 90% | | |
| Oncology | 10 | 95% | | |
| Neurology/Neuro-surgery | 06 | 92% | | |
| Nephrology/Urology | 02 | 92% | | |
| ICU/ICCU | 05 | 95% | | |
| Geriatric Medicine | 02 | 90% | | |
| Any other | | | | |

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 9/8/2025

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 | |
|---|---|---|
| **RURAL FILELD** | | |
| **a.** | **Name of CHC / PHC / SC** | Adiraguchi, PHC. |
| | Adopted / Affiliated | Affiliated. |
| | Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| | Distance from the Nursing Institute | 10km. |
| **b.** | Services Rendered by Health & Family Welfare Programmes | Maternal & child Health, Family planning, ANC case, Nutrition Education, Under 5 case etc. |
| **URBAN FEILD :** | | |
| **a.** | **Name of CHC / PHC / SC** | |
| | Adopted / Affiliated | |
| | Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| | Distance from the Nursing Institute | |
| **b.** | Services Rendered by Health & Family Welfare Programmes | Women Care, Child Immunization, Growth Monitor, Antenatal care, Maternity services, Family planner |
| *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 — NA — | **YES** ☐ | **NO** ☑ |
| c. | M.Sc. Nursing — NA — | **YES** ☐ | **NO** ☑ |
| **21** | **Time Table available for all Nursing Programmes** | | |
| a. | Basic B.Sc. Nursing | **YES** ☑ | **NO** ☐ |
| b. | Post Basic B.Sc. Nursing — NA — | **YES** ☐ | **NO** ☑ |
| c. | M.Sc. Nursing — NA — | **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)** 9/8/2025

| | | | |
|---|---|---|---|
| **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** 30750 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 :** 66 | **Boys :** 12 |
| **f.** | Total No. of rooms | **Girls :** 36. | **Boys :** 06. |
| **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 guideship letters of M.Sc Nursing faculty each speciality wise | | |

**Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.**

**Observations:**

On the day of Inspection, LIC committe made following observations

⇒ Infra structure built in 30000. sqr feet area conference Halls, 4 class rooms. Library & required nursing curriculum

⇒ 20 teaching faculties were appointed including principal & all are present

⇒ Library having 2698 books and 280 new book were added in last fonancial year

⇒ Institution has parent hospital. ie Ashoka Hospital which is 1 km away from the institution with good number of patient flow in OPD & IPD

⇒ Institution is recognised by State, Govt.

⇒ Vehicle facility, seperate hostel for boys & Girls available

⇒ All documents verified -

Signature of Chairman 9/8/15 | Signature of Member (1) | Signature of Member (2) 9/8/2015

# UNDERTAKING

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

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

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

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

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

### e-Stamp

| | | |
|---|---|---|
| **Certificate No.** | : | **IN-KA11558976737518X** |
| Certificate Issued Date | : | 07-Aug-2025 10:33 AM |
| Account Reference | : | NONACC (FI)/ kaksfcl08/ HUBLI3/ KA-DW |
| Unique Doc. Reference | : | SUBIN-KAKAKSFCL0838526286679273X |
| Purchased by | : | ASHOKA MULTISPECIALITY HOSPITAL HUBLI |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0<br>(Zero) |
| First Party | : | ASHOKA MULTISPECIALITY HOSPITAL HUBLI |
| Second Party | : | REGISTRAR EVALUATION RGUHS |
| Stamp Duty Paid By | : | ASHOKA MULTISPECIALITY HOSPITAL HUBLI |
| Stamp Duty Amount(Rs.) | : | 100<br>(One Hundred only) |

Please write or type below this line

BIJAPUR PATTIN SOUHARD SAHAKARI NIYAMIT * HUBBALLI.

NOTARY GOVT. OF INDIA
LOKESH. K. M.
ADVOCATE
HUBBALLI.
Regd. No: 22032
Dt: 08-03-2025
Up-to Five Years
भारत सरकार नोटरी

## UNDERTAKING

I/We, Dr. Ashok Bangar Shettar are the owner/MD/Board member of the Ashoka Multispecialty hospital situate at Vidyanagar behind amrut theatre

No. of Corrections

NOTARY

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.

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

This is to confirm that the hospital Ashoka Multispecialty functioning as affiliated/parent/own hospital for Ashoka Institute of Nursing college.

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

The information provided by us is true and correct.

Dr. Ashok V. Bangarashettar MS (Ortho)

Managing Partner
ASHOKA HOSPITAL

ASHOKA HOSPITAL
(A Unit of AB & H Ventures)
Behind Amruth Theatre M.T.S.
Vidyanagar, HUBLI-580021.

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Regd. No: 22032
Dt: 08-03-2025
up-to Five Years
भारत सरकार नोटरी

No. of Corrections
NIL
NOTARY

SOLEMNLY AFFIRMED BEFORE ME
NOTARY
09 AUG 2025

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

### e-Stamp

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|---|---|---|
| Certificate No. | : | IN-KA11557254964337X |
| Certificate Issued Date | : | 07-Aug-2025 10:32 AM |
| Account Reference | : | NONACC (FI)/ kaksfcl08/ HUBLI3/ KA-DW |
| Unique Doc. Reference | : | SUBIN-KAKAKSFCL0838522515230393X |
| Purchased by | : | CHAIRMAN GLOBAL TATWADRSHA EDUCATIONAL TRUST |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | CHAIRMAN GLOBAL TATWADRSHA EDUCATIONAL TRUST |
| Second Party | : | REGISTRAR EVALUATION RGUHS |
| Stamp Duty Paid By | : | CHAIRMAN GLOBAL TATWADRSHA EDUCATIONAL TRUST |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

Please write or type below this line

BIDARALLI PATTI SOUHARD SAHAKARI NIYAMITA HUBBALLI

NOTARY GOVT. OF INDIA
LOKESH. K. M.
ADVOCATE
HUBBALLI.
Regd. No: 22032
Dt: 05-03-2025
Up-to Five Years

## Undertaking by Trust Management

We the Chairman/President/Secretary/Member of the Trust Mr. Prabhakar V Betageri are submitting the affidavit to University. The Trust Global Tatwadarsha Educational Trust is running/managing the college Ashoka Institute of Nursing Sciences since 3 Years.

No. of Corrections

NOTARY

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 is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

PRESIDENT
GLOBAL TATWADARSHA
EDUCATIONAL TRUST (R).
HUBBALLI-580 024.
Dist: DHARWAD, (KARNATAKA).

VICE-PRESIDENT
GLOBAL TATWADARSHA
EDUCATIONAL TRUST (R).
HUBBALLI-580 024.
Dist: DHARWAD, (KARNATAKA).

NOTARY GOVT. OF INDIA
SOLEMN, K. M.
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HUBBALLI.
Regd. No: 22032
Dt: 08-09-2025
up-to Five Years
भारत सरकार नोटरी

SECRETARY
GLOBAL TATWADARSHA
EDUCATIONAL TRUST (R).
HUBBALLI-580 024.
Dist: DHARWAD, (KARNATAKA).

No. of Corrections
NIL
NOTARY

SOLEMNLY AFFIRMED BEFORE ME
NOTARY
09 AUG 2025