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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. MK Sundresh	DR Siddaraam S Polil	Mrs. Veena Naik
Designation	Reader	Professor and HOD	Principal
Address	KCDS	HKE's Dr Maalaladevi HMC and Hospital Gulbarga	Govt College of Nursing Chitradurga
Mobile No	9845563431	8880788800	8971724447
Email ID	drsundreshbs@gmail.com	drsiddaraamsgmail.com	

For the Academic Year : 2025-26 ***Date of Inspection:*** 17/08/25

(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	--------

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**	**Shanti Institute of Nursing Sciences Above Shanti Hospital Extension Area Bagalkot-587101**	2	**Year of Establishment** **2022-23**
2	**Status of the course conducting body**	**Trust**		
3	**Name of the Trust & complete postal address (if private)**	**Shanti Charitable Trust ® Above Shanti Hospital Extension Area Bagalkot-587101** (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:stsioms2022@gmail.com	**Website:** ----------	

Signature of Chairman 17/8

Signature of Member (1) 17/8
Dr. Siddaraam. S. Polil

Signature of Member (2) Veena Naik

4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 04** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure -2**	
5	**Details of Principal/Head of the institution**	**Name: Dr.Sureshgouda Patil** **Qualification: Ph.D(N)** **Experience: 19 Years** **Email:suresh.chethana.patil@gmail.com**	**Mobile No:9900490058** **Office No:08354-225997** **Fax No: ----------** **Residential phone No: 9900490058**
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 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 Affiliation & Enhancement of seats	Particulars of fees paid for				
		Application Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	For Continuation of affiliation	Rs.1000/-	Rs.130000/-	Rs.50/-	Rs. 25000/-	Rs 156,050/-
Post Basic B.Sc. Nursing	NA					
					Total (A)	Rs 156,050/-
PG Course:-(M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		

NA

Online Transaction Number or Details: Transaction ID:BD00000007591472
Payment Reference No:ZSBI80P09MFF0M

Remarks: Payment Receipt Enclosed: Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman **Signature of Member (1)** **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	Annexure – 5 MED552 MPS2022,Bangalore, Dated:29.02.2024	Annexure - 6 RGUHS/AFF/FR/N579/2022 -23	Annexure – 7 KNC:KNC:2139: 2022-23	Annexure – 8 NA	
	Affiliation Sanctioned Intake	40	40	40	-------	
	Admissions Made for the Current Academic Year	40	40	40		
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	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. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				
	Admissions Made for the Current Academic					

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

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	15	21	08	—	44
	Female	25	15	14	—	54
Post Basic B.Sc Nursing	Male	NA				
	Female					
M.Sc Nursing	Male	NA				
	Female					
M.Sc NPCC	Male	NA				
	Female					

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To——
NA						

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

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To——
NA						

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		5									
6	Tutor	8-16	16-24	2-10	--		9									
	Total	**16-24**	**24-40**	**4-12**			**18**									

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

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:10** if they offer B.Sc Nursing Programme)

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** • 8 M.Sc. Nursing qualified faculty • 16 Tutors
100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

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

Dr. S. D. Doreen & Poly

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	Dr Sureshgouda Patil	Principal	Ph.d(N)	2008	1028	02 Y	17 Y	20-02-2024	Yes	
2	Mr.NurtanRaj	Vice Principal	M.Sc(N) Psychiatric	2012	15418	------	13 Y 7 M	01-08-2025	No	
3	Mrs.Gayatri Devi	Professor	M.Sc(N),MSN	2012	13057	1 Y 8 M	10 Y 3 M	01-08-2025	No	
4	Mrs.Pramilamary Dugepogu	Associate Professor	M.Sc(N),OBG	2019	175207	00	04 Y	01-08-2025	No	
5	Ms.Laxmibai S Hadapad	Assistant Professor	M.Sc(N),Paed	2023	100504	01 Y	02 Y	30-06-2023	No	
6	Ms.Rajeshvari Ghattennavar	Assistant Professor	M.Sc(N),CHN	2023	100495	01 Y	02 Y	01-08-2023	No	
7	Mrs.Renuka Amaljeri	Assistant Professor	M.Sc(N),MSN	2024	214150	8 M	1 Y 5 M	14-03-2024	No	
8	Ms.Pooja Karki	Assistant Professor	M.Sc(N),OBG	2025	125269	0	5 M	17-02-2025	No	
9	Ms.Soumya G Hodlur	Assistant Professor	M.Sc(N),MSN	2023	92332	0	8 M	01-08-2025	No	
10	Ms.Aishwarya Kiragi	Nursing Tutor	B.Sc(N)	2025	168669	06 M	0	17-02-2025	No	
11	M s.Megha Hallur	Nursing Tutor	B.Sc(N)	2025	168679	06 M	0	07-02-2025	No	
12	Ms.Chaitra Gadad	Nursing Tutor	B.Sc(N)	2025	167920	06 M	0	21-02-2025	No	
13	Ms.Jyoti Khannur	Nursing Tutor	B.Sc(N)	2025	174403	06 M	0	24-02-2025	No	
14	Ms.Pratibha Patil	Nursing Tutor	B.Sc(N)	2025	170369	02 M	0	09-06-2025	No	
15	Ms.Pallavi Chinnakar	Nursing Tutor	B.Sc(N)	2025	172225	02 M	0	09-06-2025	No	
16	Ms.Akshata U Sunagar	Nursing Tutor	B.Sc(N)	2025	175257	1 M	0	07-07-2025	No	
17	Ms.Sharada Waddar	Nursing Tutor	B.Sc(N)	2025	168862	1 0 D	0	11-08-2025	No	
18	Ms.Shalini Gadagi	Nursing tutor	B.Sc(N)	2025	168851	10 D	0	04-08-2025	No	

- **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

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	Dr Sureshgouda Patil	Principal	Ph.d(N)	2008	1028	02 Y	17 Y	20-02-2024	Yes	
2	Mr.NurtanRaj	Vice Principal	M.Sc(N) Psychiatric	2012	15418	------	13 Y 7 M	01-08-2025	No	
3	Mrs.Gayatri Devi	Professor	M.Sc(N),MSN	2012	13057	1 Y 8 M	10 Y 3 M	01-08-2025	No	Leave
4	Mrs.Pramilamary Dugepogu	Associate Professor	M.Sc(N),OBG	2019	175207	00	04 Y	01-08-2025	No	
5	Ms.Laxmibai S Hadapad	Assistant Professor	M.Sc(N),Paed	2023	100504	01 Y	02 Y	30-06-2023	No	
6	Ms.Rajeshvari Ghattennavar	Assistant Professor	M.Sc(N),CHN	2023	100495	01 Y	02 Y	01-08-2023	No	
7	Mrs.Renuka Amaljeri	Assistant Professor	M.Sc(N),MSN	2024	214150	8 M	1 Y 5 M	14-03-2024	No	
8	Ms.Pooja Karki	Assistant Professor	M.Sc(N),OBG	2025	125269	0	5 M	17-02-2025	No	
9	Ms.Soumya G Hodlur	Assistant Professor	M.Sc(N),MSN	2023	92332	0	8 M	01-08-2025	No	
10	Ms.Aishwarya Kiragi	Nursing Tutor	B.Sc(N)	2025	168669	06 M	0	17-02-2025	No	
11	M s.Megha Hallur	Nursing Tutor	B.Sc(N)	2025	168679	06 M	0	07-02-2025	No	
12	Ms.Chaitra Gadad	Nursing Tutor	B.Sc(N)	2025	167920	06 M	0	21-02-2025	No	
13	Ms.Jyoti Khannur	Nursing Tutor	B.Sc(N)	2025	174403	06 M	0	24-02-2025	No	
14	Ms.Pratibha Patil	Nursing Tutor	B.Sc(N)	2025	170369	02 M	0	09-06-2025	No	Leave
15	Ms.Pallavi Chinnakar	Nursing Tutor	B.Sc(N)	2025	172225	02 M	0	09-06-2025	No	
16	Ms.Akshata U Sunagar	Nursing Tutor	B.Sc(N)	2025	175257	1 M	0	07-07-2025	No	A.U.Sunagar
17	Ms.Sharada Waddar	Nursing Tutor	B.Sc(N)	2025	168862	1 0 D	0	11-08-2025	No	S.R.Waddar
18	Ms.Shalini Gadagi	Nursing tutor	B.Sc(N)	2025	168851	10 D	0	04-08-2025	No	R.Gadagi

- **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

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

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)** 18/8/25 **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
---------- List Attached ----------					

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**25130 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	**3700sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	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	**320 sq.ft**	
	2. Vice-Principal Chamber	200	**250 sq.ft**	
	3. HOD	5 x 200 = 1000	**1050 sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3400 sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**950 sq.ft**	
	7. Accountants Office		**400 sq.ft**	
	8. Store Room		**650 sq.ft**	
	9. Record room		**320 sq.ft**	
	10. Room for maintenance staff		**300sq.ft**	
	11. Xeroxing room		**240 sq.ft**	
	12. common room	1000	**1250 sq.ft**	
	13. Seminar hall	3000	**3100 sq.ft**	
	14. Toilets	1000	**1000 sq.ft**	
	15. A.V/Aids room	600	**650 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	**1700 sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1250sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**950 sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**950 sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**950 sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1600 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**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Own		Own	
2.	Building Tax paid receipt/ certificate by Authority	Enclosed		Enclosed	
3.	Land deed to be attached	Enclosed		Enclosed	
4.	Does all the courses are imparted in this building	NO		NO	
5.	Whether Safe drinking water supply in available	YES		YES	

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.

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 29 C 4631	48	Yes	Yes	Yes

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	2300 sq.ft	**Yes**	**Yes**	**Yes**	

Total No. of Nursing Books available	3324	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	----------	**Is internet facility available for Students?**	Yes
No of e-books	150	**How many books were purchased in last financial year?**	700

S. No.	Name of the Librarian	Qualification	Experience	Remarks
02.	Ms. Mangala H	M.LIS	04	Good

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	**Enclosed**	
Conferences conducted		
Conferences attended		

Signature of Chairman 18/8 **Signature of Member (1)** 18/8 **Signature of Member (2)**

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have a parent Medical College?**	**NO**
2	**Do you have a parent hospital?**	**YES**
	If Yes, Hospital Owned by	**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: Shanti Hospital Navanagar Bagalkot		100	3 Km	92	
NAME OF THE TRUST/ Person owning The Hospital		Dr.R.T.Patil			
Name Of The Owner Of The Trust		Dr.R .T.Patil Chairman			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2		NA		

(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).

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 a minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by

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

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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	08		
Surgery including OT	10	08		
Obstetrics & Gynecology	10	09		
Pediatrics,	20	18		
Emergency Medicine	5	4		
Psychiatry	5	4		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	3		
Minor OT	2	2		
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic	3	3		
Neonatology care unit	5	5		
Communicable disease/ Respiratory medicine/TB & chest diseases				
Dermatology	5	4		
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU	10	8		
Geriatric Medicine	2	2		
Orthopedic	10	9		

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

Signature of Chairman **Signature of Member (1)** 18/8/25 **Signature of Member (2)**

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FIELD		
a.	**Name of CHC / PHC / SC**	**Rural Health Centre, Kaladagi**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.**
	Distance from the Nursing Institute	**20 KM**
b.	Services Rendered by Health & Family Welfare Programmes	**Yes**
URBAN FIELD :		
a.	**Name of CHC / PHC / SC**	**Urban Health Centre, Navanagar**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.**
	Distance from the Nursing Institute	**02 KM**
b.	Services Rendered by Health & Family Welfare Programmes	**Yes**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached. :		***Enclosed***

20	**Master Rotation Plan : Annexure - 18**	
a.	Basic B.Sc. Nursing	**YES**
b.	Post Basic B.Sc. Nursing	NA
c.	M.Sc. Nursing	NA
21	**Time Table available for all Nursing Programmes**	
a.	Basic B.Sc. Nursing	**YES**
b.	Post Basic B.Sc. Nursing	NA
c.	M.Sc. Nursing	NA

22	**Records of Students :** Are the following students records 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)**

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**

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES**	
b.	Built-up area of the Hostel	**11 000 Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**LEASED**	
d.	Is there separate provision of Hostel for Male and Female Students?	**YES**	
e.	Total No. of students in the hostel	**Girls : 13**	**Boys : 07**
f.	Total No. of rooms	**Girls : 10**	**Boys : 10**
g.	Water Supply	**YES**	
h.	Electricity Supply	**YES**	
i.	Is Facilities available for outdoor games and indoor games?	**YES**	
j.	Is Sick room available?	**YES**	
k.	Whether the hostel mess is available with	**YES**	
l.	Safe drinking water facilities	**YES**	

Signature of Chairman **Signature of Member (1)** 12/8/25 **Signature of Member (2)**

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		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	**Yes**	
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 : College Building, Laboratories and Building related documents, Hostel	**Yes**	
Annexure - 13	Vehicle Details : Bus	**Yes**	
Annexure - 14	Details of List of LibraryBooks & others	**Yes**	
Annexure - 15	Academic Activities	**Yes**	
Annexure - 16	Details of Clinical/Hospital Facilities	**Yes**	
Annexure - 17	Details of Community Health Nursing Posting Facilities	**Yes**	
Annexure - 18	Master Rotation plans and Time tables	**Yes**	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**Yes**	

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

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

Observations: LIC team visited on 17.08.23 for the Continuation/affiliation of BSc (40 seats) of Shanthi Institute of Nursing Sciences, Bangalore. The college is established in the year 2022-23 under the trust name of charitable trust. On the day of inspection as per the documents provided & observations the college is having own parent hospital in the name of shanthi hospital, Hope and RCH showing beds and hospitalities adequate clinical cases and enrolled for the course. and photos and documents are enclosed.

The physical infrastructure, college has 25120 Sq feet area. The classrooms, labs, Digital lab. AV aids and library books are verified and found adequate.

Teaching There were 18 faculty were shown. 16 were present on the day of inspection of which 8 faculty were MSc and 8 were BSc nursing and their certificate is attached.

All the required annexures and documents are enclosed for your kind perusal.

Signature of Chairman

Signature of Member (1) 17/8/23

Signature of Member (2)

Dr. Siddaraju SPdt

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUH for conduct of LIC inspection at **Shanti Institute of Nursing Sciences Bagalkot** which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 17/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

SenateMember	ACMember	SubjectExpert
(Chairman)	(Member)	(Member)

Instructions for reporting of Local inspections by RGUHS

1. LICTeamshallsubmitanUndertakingenclosedwiththeLICorderofhavingcompletedthein spectionaspertheRGUHSnorms.

2. Teamshallsubmitthereportsoft&hardcopywithin48hoursoftheinspection 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 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 classrooms/numberofteachingfaculty/numberofclassrooms/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.

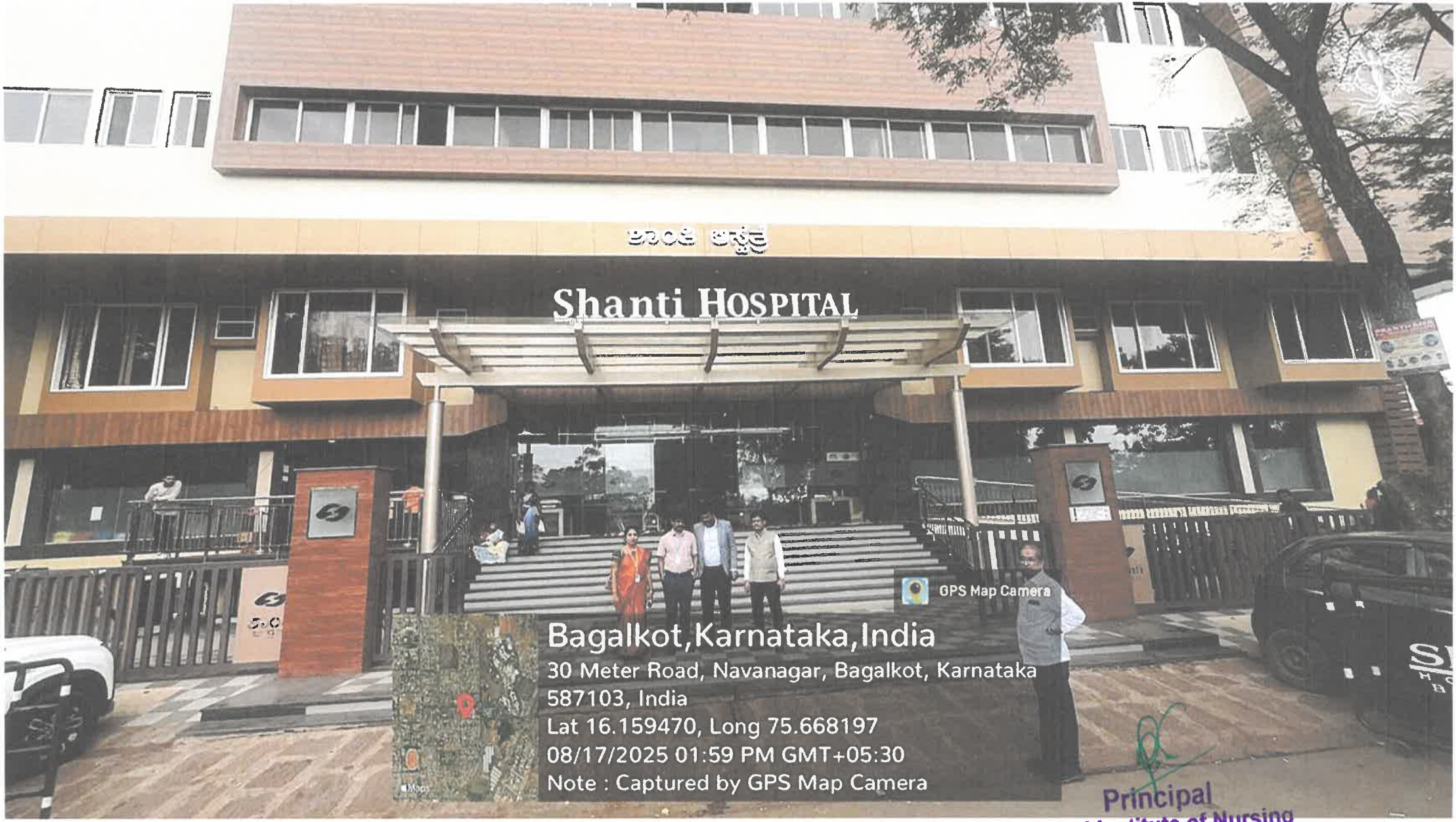
7. After the verification of the original documents, photocopies of the same to be collectedandthecopiestobeattestedbythesealandsignatureofthePrincipal.

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)**

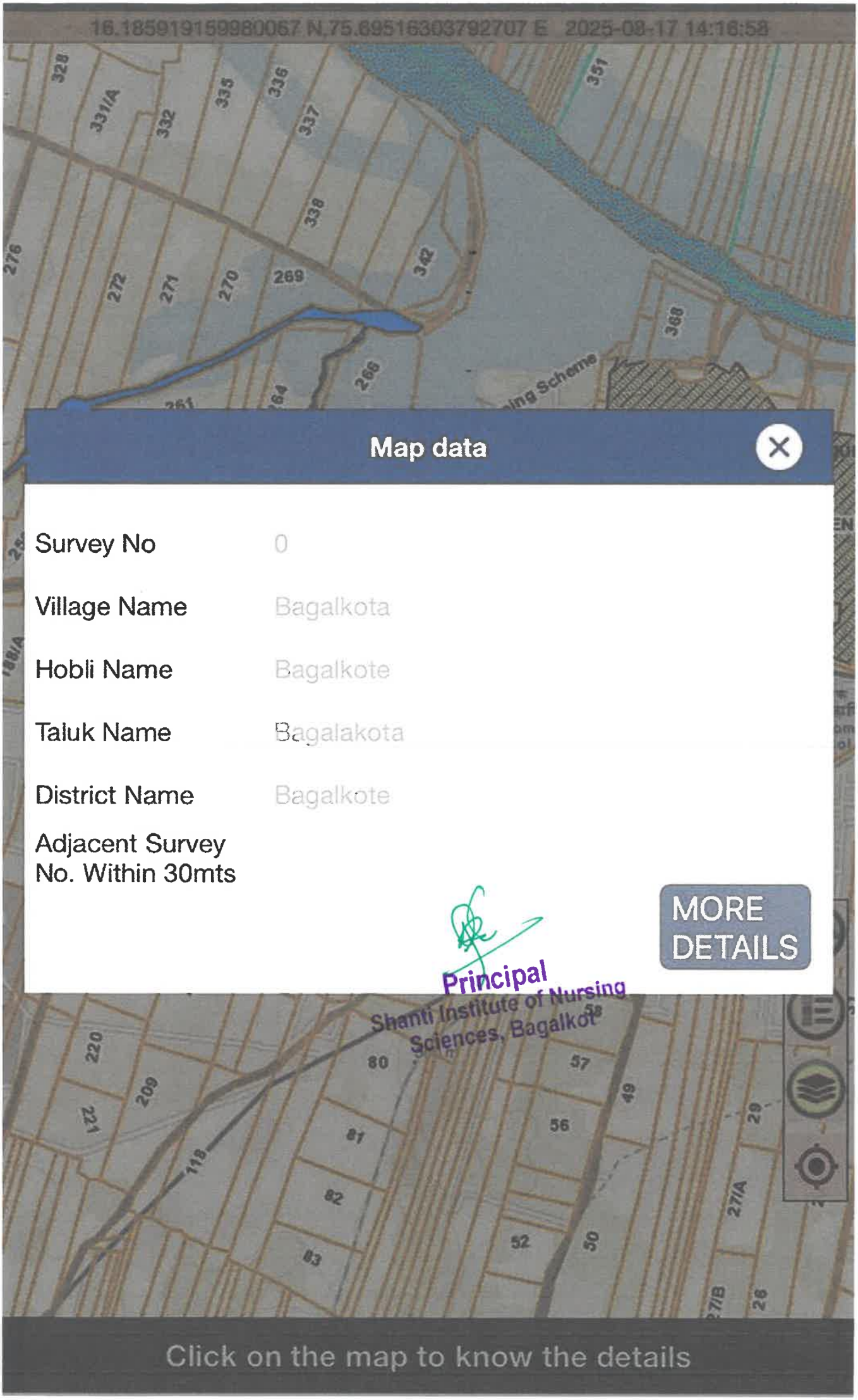

Dishaank
V-1.16
16.185917781343207 N,75.69516425778376 E 2025-08-17 14:16:26
District
Taluk
Hobli
Village
Please Enter survey no.
Go To
Town Planning Scheme
SETTLEMEN
College Road
Napoklu
Swanna
Tekkar Gram
Railway Station Road
Principal
Shanti Institute of Nursing Sciences, Bagalkot
Click on the map to know the details



Principal
Shanti Institute of Nursing Sciences, Bagalkot


GPS Map Camera
Bagalkote, Karnataka, India
Marda Nivas, Sarnaik Lane, Opp. Shanti Hospital, Kaulpet, Bagalkote, Karnataka 587101, India
Lat 16.185967° Long 75.695142°
17/08/2025 02:14 PM GMT +05:30
Google
Principal
Shanti Institute of Nursing Sciences, Bagalkot


SHANTI CHARITABLE TRUST (R)
SHANTI INSTITUTE OF NURSING SCIENCES
ಶಾಂತಿ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ನರ್ಸಿಂಗ್ ಸೈನ್ಸಸ್
ಬಾಗಲಕೋಟೆ 587101.
Shanti
CHARITABLE TRUST
SHANTI INSTITUTE OF NURSING SCIENCES, BAGALKOT
CONGRATULATIONS
GPS Map Camera
Bagalkote, Karnataka, India
Marda Nivas, Sarnaik Lane, Opp. Shanti Hospital, Kaulpet, Bagalkote, Karnataka 587101, India
Lat 16.185848° Long 75.695126°
17/08/2025 02:13 PM GMT +05:30
Google
Principal
Shanti Institute of Nursing Sciences, Bagalkot


16.185919159980067 N,75.69516303792707 E 2025-08-17 14:16:58
Map data
Survey No 0
Village Name Bagalkota
Hobli Name Bagalkote
Taluk Name Bagalakota
District Name Bagalkote
Adjacent Survey No. Within 30mts
MORE DETAILS
Principal
Shanti Institute of Nursing Sciences, Bagalkot
Click on the map to know the details

Principal
Shanti Institute of Nursing
Science, Bogaikot

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA16873575067489X**
Certificate Issued Date	:	13-Aug-2025 03:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BAGALKOT1/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0848642637375577X
Purchased by	:	CHAIRMAN SHANTI CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SHANTI CHARITABLE TRUST
Second Party	:	RGUHS
Stamp Duty Paid By	:	CHAIRMAN SHANTI CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY M.C. HIREMATH BAGALKOT No LAW/NOT/BG/165/2022 EXPIRY DATE 21-11-2027 GOVT. OF KARNATAKA

SHRI BEERESHWAR CO-OP. CREDIT SOCIETY LTD., CHANDA NAGAR-1 (EST.: 11-01-1991 / R. NO.: MSCS/CR/1139/2014 TAL.: BAGALKOT DIST.: BAGALKOT B. Op.Dt.: 21-10-2007) BAGALKOT

NOTARY STAMPS NOT SUPPLIED HENCE NOT AFFIXED

Please write or type below this line

Undertaking by Trust Management

I the Chairman of the **Shanti Charitable Trust ®** am submitting the affidavit to University.

Corrections.....Nil.....
NOTARY BAGALKOT

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.

The **Shanti Charitable Trust ®** is running/managing the college **Shanti Institute of Nursing Sciences , Bagalkot.** Since 4 years.

I confirm that all the information provided by me to the LIC team is true and correct to the best of my knowledge.

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

I also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

I 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.

Corrections.....
NOTARY BAGALKOT

Chairman
Shanti Charitable Trust (R)
BAGALKOT

NOTARY
GOVT. OF KARNATAKA
EXPIRY DATE 27-11-2027

Executed before me
13/8/2025
M. C. HIREMATH
B.A.,LL.B.(Spl
ADVOCATE & NOTARY
BAGALKOT

Shanti
HOSPITAL

SHANTI HOSPITAL
BAGALKOT

UNDER TAKING

I **Dr. Dr. R. T. Patil** is the Owner of the **Shanti hospital** situated at **Navangar, Bagalkot** .

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

This is to confirm that **Shanti hospital** is functioning as Parent hospital for **Shanti Institute of Nursing Sciences Bagalkot.**

I also confirm that my hospital is solely affiliated to **Shanti Institute of Nursing Sciences Bagalkot** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

M/s. SHANTI HOSPITAL
166A/1A, Near Old IB, Extension Area,
BAGALKOT-587101

SHANTI HOSPITAL
Plot # 7 & 8, Sector-22, Navanagar, Bagalkot-587103
Ph. 08354-220996, 7829990790, 7829990791
Email : shantichbgk@gmail.com Web: www.shantihospital.in