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 ANOOP NAIR	DR. D. V. CHALAPATHY	Dr. Rajanideri S
Designation	Associate Professor	PROFESSOR.	Principal
Address	Govt Dental college Bangalore	VYDEHI INSTITUTE OF MEDICAL SCIENCES	Shree Renuka Nursing College Vijayapur
Mobile No	9886459375	9945088037	9448296458
Email ID	draroopnair@yahoo.com	dvchalapathy@yahoo.in	

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 15/8/25

(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	RVS College of Nursing Sciences Shigandhadhakavalu; Kolarabhavi outer Ring Road; Vishwaneedam post, Bang-91	2	Year of Establishment: 2022-23
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Krishnappa Rangamma Education Trust K.R Road; V.V. puram; Bangalore-04 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: vokkaligarasangha-1906@hotmail.com		Website:
		Office No: 26676618.		Mobile No:

Signature of Chairman 15/8/25

Signature of Member (1) Dr. D. V. Chalapathy

Signature of Member (2) (Dr. Rajanideri Principal Shree Renuka Nursing College Vijayapur)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. H.N. Ashoka [Thammaji] 9845747124		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. Sunitha.V Qualification: M.Sc, Ph.D Experience after MSc: 15 yrs 3 months Email: sunithaveeregowda@gmail.com	Mobile No: 8867761452 Office No: 9513350539 Fax No: Residential phone No:	
	b) Drawing authority of the college	Principal.		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes. Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **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	Continuation	10000/50/-	60,000	70,000	25,000	1,56,064/-
Post Basic B.Sc. Nursing	—	—	—	—	—	—
					Total (A)	

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

Online Transaction Number or Details: BD000000007555365 ZCNBXUQ08XIEFM Reg no

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	29/12/22 MED72/MAC 2022 Annexure - 5	02/01/2023 RGU/AFF/FA/ N58 2/22-23 Annexure - 6	17/01/23 KNC:241: 2022-23 Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	16	16	16.		
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 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	—	—	—	—	—
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	—
	Sanctioned Intake	—	—	—	—	—

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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	06	18	07	—	
	Female	10	17	13	—	
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----------
	—	—	—	—	—	—

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----------
	—	—	—	—	—	—

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	101 to 150	151 to 200	201 to 250	20 to 60										
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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

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

250 students				
* Aadhar based biometric attendance for students				

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.										
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Signature of Chairman

Signature of Member (1)

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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)**

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 :

Annexure - 12

14.1. College Building:

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	Yes	
	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		
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**		
	7. Accountants Office	**100**		
	8. Store Room	**100**		
	9. Record room	**100**		
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**		
	12. common room (Girls & Boys)	600+400= 1000		
	13. Multipurpose hall / Seminar hall/ examination hall	3000		
	14. Toilets	1000		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600		

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

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA05AL6229	51	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft		YES ☑ No ☐			

Total No. of Nursing Books available	3500	No. of Nursing Journals subscribed	5
No. of Thesis/Research titles available	—	Is internet facility available for Students?	Yes
No of e-books		How many books were purchased in last financial year?	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1)	Mrs. Savitha.M.L	M. Lib	22 yrs	—

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

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	— NIL —	—

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	—	—
Conferences attended	05	—

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU) ✓	200	within campus	70%	
NAME OF THE TRUST/ Person owning The Hospital Rajya Vokkaligara Sangha				
Name Of The Owner Of The Trust of Hospital Mr. Hanumanthaiyappa.R				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 Kempegowda Institute of Medical Science & Research Centre K.R. Road, V.V. Puram Bang-04	1185	10 Kms	80 %	
2				
3				

parent :- Kengal Hanumanthaiah hospital, Shigandhadhakavalu, Bang-9

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)	clinical permission letter				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program. regulations. 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program. regulations. 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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	24	20	240	201
Surgery including OT	24	19	240	192
Obstetrics & Gynecology	15	12	150	124
Pediatrics,	16	12	160	123
Emergency Medicine	04	03	40	32
Psychiatry	03	02	30	24

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	Ref to KIMS	22	18
Minor OT	05	Ref to KIMS	06	05
Dental, Otorhinolaryngology, Ophthalmology	50	40	96	79
Burns and Plastic	03	Ref to KIMS	05	03
Neonatology care unit	05	03	26	16
Communicable disease/Respiratory medicine/TB & chest diseases	05	02	40	37
Dermatology	04	02	40	27
Cardiology	10	05	35	21
Oncology	05	02	05	02
Neurology/Neuro-surgery	10	02	10	09
Nephrology/Urology	10	08	10	08
ICU/ICCU	20	05	30	27
Geriatric Medicine	00	00	00	00
Total	197	140	1185	948

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	
Adopted / Affiliated ✓	
Administrate red by	✓ State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	25.5
b. Services Rendered by Health & Family Welfare Programmes	Immunization, MCH services, F.P services MCH services, Health Education, Primary & secondary HC services
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated ✓	
Administrate red by	✓ State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	3.7 Km
b. Services Rendered by Health & Family Welfare Programmes	MCH services, F.P services. Immunization, Adolescent Health clinic, NHPs. [illegible]

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 ☐

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

f.	Practical record books - Midwifery case book	YES ☐	NO ☐
g.	Leave record	YES ☐	NO ☐

h.	Extracurricular activities of students	YES ☐	NO ☐
i.	Cumulative record of each	YES ☐	NO ☐
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 ☐
s.	POSHE Committee	YES ☐	NO ☐
t.	Prevention of Gender harassment committee	YES ☐	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
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 :	Boys :
f.	Total No. of rooms	Girls :	Boys :
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	Verified as per originals documents		Signature
		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	NA		
Annexure - 10	List of M.Sc. Nursing Students as per format	NA		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & 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	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities			
Annexure - 18	Master Rotation plans and Time tables			
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.

LIC Team Observations:

For continuous affiliation 25-26 as on date of LIC inspection total of 08 staff were present one was on leave. Own building & land acquired by the trust. Own hospital in campus with KPME/PCB indicating 200 beds. Affiliated to KIMS hospital Bengalore. Library with 3500 books, internet & digital library facilities available. Own bus, hostel faciltiies avelable. Infrastructure facilties, lab facilties are as per RUHS norms. All relevant annexures, along with photographs are here by enclosed & pendrive attached.

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 RVS college of Nursing Bengalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 15.2.25 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 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 Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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

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

We also confirm that the college is solely managed by the trust and 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.

***Note Undertaking should be given in affidavit**

Trust undertaking
Affidavit Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

I/We. _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

by Parent hospital
Affidavit Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

By affiliated Hospital
affidavit enclosed

Signature of Chairman

Signature of Member (4)

Signature of Member (2)
(Dr. Rajani Devi
Narendra
Vijaya Rao)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13806192588173X**
Certificate Issued Date	:	11-Aug-2025 10:45 AM
Account Reference	:	NONACC (FI)/ kacrsfi08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL084277826334529 5X
Purchased by	:	KRISHNAPPA RANGAMMA EUDCATION TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	KRISHNAPPA RANGAMMA EUDCATION TRUST
Second Party	:	R G U H S
Stamp Duty Paid By	:	KRISHNAPPA RANGAMMA EUDCATION TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING by Trust Management

I the President of the KRISHNAPPA RANGAMMA EDUCATION TRUST is hereby submitting the affidavit to University.

The KRISHNAPPA RANGAMMA EDUCATION TRUST is running/managing the RVS COLLEGE OF NURSING SCIENCES, Srigandhadakavalu, Outer ring road, Vishwaneedam Post, Bangalore-560091 since 3 years (2022-23).

I confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.
I confirm that the faculty in the college are 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.

PRESIDENT

KRISHNAPPA RANGAMMA EDUCATION TRUST

President
Krishnappa Rangamma Education Trust (R)
148, Nadapraphu Kempegowda Bhavana,
K.R. Road, V.V. Puram, Bengaluru-560004

NOTARY
H.R. KARUNAKARA
Area Bengaluru Dist.
Reg. No. 12327
Expiry Date
30-12-2025
GOVT. OF INDIA

SWORN TO BEFORE ME
H.R. KARUNAKARA, M.A., LL.B.
ADVOCATE & NOTARY
No. 19/A, 2nd Floor, 9th Main, Shivanagar
Rajajinagar, BENGALURU - 560 010
12 AUG 2025

NOTARY STAMP NOT AFFIXED
DUE TO NON AVAILABILITY
FROM 01-04-2003

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INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13808672373317X**
Certificate Issued Date	:	11-Aug-2025 10:47 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0842783025468407X
Purchased by	:	K I M S AND R C
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	K I M S AND R C
Second Party	:	R G U H S
Stamp Duty Paid By	:	K I M S AND R C
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING by the Affiliated Hospital

I Dr. VIJAYANAND S is the Medical Superintendent of the KIMS Hospital and Research Centre situated at K R Road, V V Puram, Bangalore-04.

This is to confirm that our hospital KIMS Hospital and Research Centre is registered under KPMEA and PCB with 1185 beds and the Bonafide certificate has been attached.

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 the KIMS Hospital and Research Centre is functioning as affiliated hospital for RVS College of Nursing Sciences, Srigandhadakavalu, Outer ring road, Vishwaneedam Post, Bangalore-560091.

I also confirm that our hospital is solely affiliated to RVS College of Nursing Sciences, and is not affiliated to any other nursing college.
The information provided by me is true and correct.

Medical Superintendent
K.I.M.S. Hospital & Research Centre
K.R. Road, V.V. Puram,
Bengaluru - 560 004.

NOTARY
H.R. KARUNAKARA
Area, Bangaluru Dist.
Regd. No. 12327
Expiry Date
30-12-2026
GOVT. OF INDIA

SWORN TO BEFORE ME

H.R. KARUNAKARA, M.A.,LL.B.
ADVOCATE & NOTARY
No. 19/A, 2nd Floor, 9th Main, Shivanagar
Rajajinagar, BENGALURU - 560 010
12 AUG 2025

NOTARY STAMP NOT AFFIXED
DUE TO NON AVAILABILITY
FROM 01-04-2003

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INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA14468425925399X**
Certificate Issued Date	:	11-Aug-2025 02:30 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0844059428042903X
Purchased by	:	KENGAL HANUMANTHAIAH HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	KENGAL HANUMANTHAIAH HOSPITAL
Second Party	:	R G U H S
Stamp Duty Paid By	:	KENGAL HANUMANTHAIAH HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING by the Parent Hospital

I Mr. HANUMANTHARAYAPPA R is the President of the Governing Council of KENGAL HANUMANTHAIAH HOSPITAL situated at Srigandhadakavalu, Outer ring road, Vishwaneedam Post, Bangalore-560091.

This is to confirm that our hospital **KENGAL HANUMANTHAIAH HOSPITAL** is registered under KPMEA and PCB with 200 beds and the Bonafide certificate has been attached.

This is to confirm that the KENGAL HANUMANTHAIAH HOSPITAL is functioning as parent hospital for RVS College of Nursing Sciences, Srigandhadakavalu, Outer ring road, Vishwaneedam Post, Bangalore-560091.

I also confirm that our hospital is solely parent hospital to RVS College of Nursing Sciences and has not given clinical permission to any other nursing college (MOU attached).
The information provided by me is true and correct.

PRESIDENT
KENGAL HANUMANTHAIAH HOSPITAL
Governing Council

NOTARY
H.R. KARUNAKARA
Govt. of India

SWORN TO BEFORE ME
ADVOCATE & NOTARY
No. 19/A, 2nd Floor, 9th Main, Shivanagar
Rajajinagar, BENGALURU - 560 010
12 AUG 2025

RVSCOLLEGE OF NURSING SCINCES,SRIGANDHADA KAVALU BANGALORE-91
TEACHING FACULTY DETAILS

Sl No	Name of the Teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching		Total	Date of Joing	Signature
						After UG	After PG			
1	Dr. Sunitha V	Principal	B.Sc(N) M.Sc(N) Ph.D	2005 2010 2023	2786	2 year 7 months	15 year 3 month	17 years 10 months	07-11-2005 18-12-2023 (Deputed	
2	Ms. Asha G R	Associate Professor	B.Sc(N) M.Sc(N)	2009 2013	23849	1 year 7 months	12 years 3 months	13 years 10 months	01-07-2025	
3	Ms. Roopa B M	Assistant Professor	B.Sc(N) M.Sc(N)	2011 2015	43026	3 years 4 months	10 years 3 months	13 years 7 months	01-07-2025	
4	Ms. Sushmitha V N	Nursing Tutor	B.Sc(N) M.Sc(N)	2018 2023	92589	4 months		4 months	01-07-2025	
5	Mrs. Bhuvaneshwari B.R	Nursing Tutor	PB.Sc(N)	Mar-14	78555	1 Year 6 Months	-		08-02-2024	
6	Mrs. Geetha	Nursing Tutor	PB.BSc(N)	Nov-21	60607	1 Year 6 Months	-		08-02-2024	
7	Mrs. Shrunga V S	Nursing Tutor	BSc(N) M.Sc(N) NPCC	2012 Jan-25	78875	-	5 Months	5 Months	13-03-2025	
8	Mrs. Asha V R	Nursing Tutor	BSc(N) M.Sc(N) NPCC	Jan-21 Jan-25	105002	-	5 Months	5 Months	13-03-2025	

PRINCIPAL

PRINCIPAL
R.V.S. College of Nursing Sciences
Srigandhadakavalu, B'lore-91

RAJYA VOKKALIGARA SANGHA

Kempegowda College of Nursing

K R Road, V V Puram, Bangalore-560004

&

RVS College of Nursing Sciences

Srigandhadakavalu, Nagarabhavi 2nd Stage, Bangalore-560091

RVS/Admn/362/25-26 Date: 27.05.2025

Revised Notification

In continuation of earlier Notification No. RVS/Admn/293/25-26. dated: 17-05-2025, date of receipt of application is being extended up to 09-06-2025.

Required Post	Department	No. of Post	
		KIN	RVSIN
Tutor	Medical Surgical Nursing	13	02
	Paediatric Nursing (Child Health Nursing)	02	01
	Communnity Health Nursing	06	01
	OBG Nursing Maternal Health Nursing	03	02
	Psychiatric Nursing	02	01
	Nursing Foundation	10	---

(Note: Selected Candidates need to be ready to serve in any department in the interest of the Institution)

Candidates possessing requisite qualification as per INC norms may submit their application to Principal, KIN & RVSIN or via college mail: kimsnursing1990@gmail.com & rvsnursing22@gmail.com on or before 09.06.2025.

Interview date and place will be intimated to eligible candidates through e-mail

Sd/- President RVS | Sd/- Vice Presidents RVS | Sd/- General Secretary RVS | Sd/- Joint Secretary RVS | Sd/- Treasurer RVS | Sd/- Chairman KIN & RVSIN | Sd/- Principal KIN & RVSIN

PRINCIPAL
R.V.S. College of Nursing Sciences
Srigandhadakavalu, B'lore-91

dony RVS ...
Today at 12...

Edit Image