



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. Bhavathi Anthe	Dr. Gurubasavaraja	Mrs. Anjana Choudhary
Designation	SENATE MEMBER	Professor / AC Member	Asst. Professor
Address	RGUHS Bangalore	Acharya & R. N. Reddy College of Pharmacy	Sajjalashree Institute of Nursing Science Bangalore
Mobile No	8892746921	9886001140	9110852411
Email ID	bhavathi.de12@gmail.com	gurubasavaraja@acharya	anjana.choudhary@gmail.com

Inspection For the Academic Year : 2025-26

Date of Inspection: 31/8/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation		4. Re-Inspection	
	2. Continuation of Affiliation	✓	5. Surprise Inspection	
	3. Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	Gouramma Institute of Nursing Sciences, Dr Katti Hospital Premises bendigeri layout Near Rotary circle Extension area Bagalkot 587101	2	Year of Establishment	2022
2	Status of the course conducting body	Society			
3	(a). Name of the Trust/Society & complete postal address & Phone number	KATTI MEDICAL AND EDUCATIONAL SOCIETY Dr Katti Hospital Premises bendigeri layout Near Rotary circle Extension area Bagalkot 587101 (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
		Email: kmaesginsb@gmail.com		Website:	
		Office No: 8904579013		Mobile No: 9945794094	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Mrs. Anjana Ch

Dr. Gurubasavaraja

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	President: Dr Hanumant Ramappa Katti 9845378505 Secretary: Dr Kavita Katti 9845128239		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: VIDYADHAR JADAR Qualification: MSc in Pediatric Nursing Experience after MSc: 13 years Email: vidyacj@gmail.com	Mobile No: 8296496966 Office No: 9538678532 Fax No: Residential phone No:	
	b) Drawing authority of the college			
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?		☒ NO ☐	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation affiliation		130000	1050	25000	156050
Post Basic B.Sc. Nursing	-	-	-	-	-	-
Total (A)						156050
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: BD00000000007563648						

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	MED572 MPS 2022 31-12-2022 Annexure - 5 (Enclosed)	RGU/AFF/Fr. /N583/2022-23 Annexure - 6 (Enclosed)	KNC:2143: 2022-23 Annexure - 7 (Enclosed)	Not Applicable Annexure - 8 (Enclosed)	
	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	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
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	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	21	19	9	-	49
	Female	19	21	10	-	50
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-----
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)

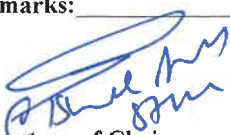
Annexure -10

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)

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							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*		3							
6	Tutor	8-16	16-24				2-10	--		10							
	Total	16-24	24-40				4-12			15							

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	1 st Year	2 nd Year	3 rd Year	4 th 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				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

intake				
200 students intake				
250 students				
* Aadhar based biometric attendance for students				


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

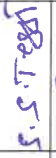
12.1. Teaching Faculty details: – Details should be written in format only.

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	VIDYADHAR JADAR	PRINCIPAL/ PROFESSOR	MSC IN PEDIATRIC NURSING	2013	22343	2 years 11.5 years	02/04/2024	Bank Statement enclosed	
2.	JAYASHREE D	VICE PRINCIPAL/ ASSO PROFESSOR	MSC IN OBG NURSING	2015	39874	1 10	01-08-2025	NO	
3.	SADANAND HOSAMANI	ASST PROF	MSC IN MEDICAL SURGICAL NURSING	2022	158386	0 3	22-01-2023	Bank Statement enclosed	
4.	ROJIMOLE ABDULRAZAK	ASST PROF	MSC IN PSYCHIATRIC NURSING	2020	74878	1 3	10-11-2023	Bank Statement enclosed	
5.	NUTAN GUDASALAMANI	ASST PROF	MSC IN OBG NURSING	2022	177537	2 3	01-05-2025	Bank Statement enclosed	
6.	SAVITA RONAD	TUTOR/LECTURER	MSC IN COMMUNITY HEALTH NURSING	2023	145361	0 1	02-01-2024	Bank Statement enclosed	
7.	SEEMA CHANDARAGI	TUTOR/LECTURER/	MSC IN MEDICAL SURGICAL NURSING	2025	220940	2 0	01-08-2025	NO	
8.	SHILPA ARAHUNASI	TUTOR	B.SC NURSING	2022	135240	2 0	02-12-2024	Bank Statement enclosed	
9.	DRAKSHAYANI KOTTAL	TUTOR/LECTURER	PBB.SC NURSING	2024	212120	1 0	01-07-2024	Bank Statement enclosed	
10.	BHARATI LAMANI	TUTOR/LECTURER	PBB.SC NURSING	2024	162333	1 0	01-07-2024	Bank Statement enclosed	
11.	VEENA VANDAGANUR	TUTOR/LECTURER	PBB.SC NURSING	2023	241164	0 0	01-07-2025	NO	
12.	HAMSA	TUTOR/LECTURER	BSC NURSING	2025	181465	0 0	18-08-2025	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

13.	MAHANTESH DHOOPAD	TUTOR/LECTURER	BSC NURSING	2023	149919	0	0	01-08-2025	NO	
14.	SHRISHAIL TEGGI	TUTOR/LECTURER	B.SC NURSING	2023	139733	0	0	01-08-2025	NO	
15.	RAGHA VENDRA JALIMENCHI	TUTOR/LECTURER	PBB.SC NURSING	2024	275972	0	0	01-08-2025	NO	
16.										
17.										
18.										
19.										
20.										
21.										
22.										

- **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
EXTERNAL TEACHERS LIST ENCLOSED IN ANNEXURE – 11					

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft) 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	23,200sq.ft (40 – 60 intake)	40 intake 26.396 sq ft	
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4 Class rooms 920sq ft Each	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	-	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	-	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	5 x 200 = 1000	
	4. Professor/Assoc. Prof	800+2400=3200	800+2400=3200	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600	
	7. Accountants Office	100	100	
	8. Store Room	100	100	
	9. Record room	100	100	
	10. Room for maintenance staff	100	100	
	11. Xeroxing room	100	100	
	12. common room (Girls & Boys)	600+400= 1000	1000 sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2000	
	14. Toilets	1000	1000 sqft	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600	
--	-------------------	-----	-----	--

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

Note:

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

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

Building Documents:

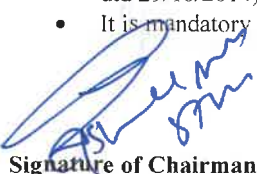
Annexure – 12 (Enclosed)

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 (Enclosed)

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

16. Library facility :Enclose list of library books

Annexure – 14 (Enclosed)

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300 Sq.Ft	✓ No	AVAILABLE	AVAILABLE	

Total No. of Nursing Books available	1200	No. of Nursing Journals subscribed	2
No. of Thesis/Research titles available	0	Is internet facility available for Students?	YES
No of e-books	10	How many books were purchased in last financial year?	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	NANAGOUD BIRADAR	M LIB	4 YEARS	

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 (Enclosed)

Academic activities	Particulars	Remarks
Research Projects	=	=

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted		
Conferences attended		

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital: DR KATTI HOSPITAL BAGALKOT		100	0 KM	85%	
MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Dr H R Katti					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1	28	0 KM	90%	
	NAGATHAN HOSPITAL				
	2				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	3				
	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore 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, 2021 F.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	15	85%		
Surgery including OT	05	85%		
Obstetrics & Gynecology	10	85%		
Pediatrics,	15	85%		
Emergency Medicine	05	85%		
Psychiatry	05	85%		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	85%		
Minor OT	05	85%		
Dental, Otorhinolaryngology, Ophthalmology	05	85%		
Burns and Plastic	05	85%		
Neonatology care unit	05	85%		
Communicable disease/Respiratory medicine/TB & chest diseases	02	85%		
Dermatology	-			
Cardiology	05	85%		
Oncology	03	85%		
Neurology/Neuro-surgery	05	85%		
Nephrology/Urology	03	85%		
ICU/ICCU	05	85%		
Geriatric Medicine	05	85%		
Any other	00			

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)

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		Primary health centre Kamatagi	
Adopted / Affiliated		Affiliated	
Administrated by		State Govt.	
Distance from the Nursing Institute		20 km	
b. Services Rendered by Health & Family Welfare Programmes		Maternal & Child Health Care, Family Planning method. Preventive measures in communicable diseases	
URBAN FEILD :			
a. Name of CHC / PHC / SC		Primary health centre Bagalkot	
Adopted / Affiliated		Affiliated	
Administrated by		State Govt	
Distance from the Nursing Institute		5 km	
b. Services Rendered by Health & Family Welfare Programmes		Maternal & Child Health Care, Family Planning method. Preventive measures in communicable diseases	
<i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i>			

20	Master Rotation Plan : Annexure - 18		
a.	Basic B.Sc. Nursing	YES ☐	
b.	Post Basic B.Sc. Nursing		NO ☐
c.	M.Sc. Nursing		NO ☐
21	Time Table available for all Nursing Programmes		
a.	Basic B.Sc. Nursing	YES ☐	
b.	Post Basic B.Sc. Nursing		NO ☐
c.	M.Sc. Nursing		NO ☐

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☐	
b.	Built-up area of the Hostel	Sq.ft 5000 sq ft	
c.	Is the Hostel Owned or Rented/Leased?		Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	
e.	Total No. of students in the hostel	Girls : 10	Boys : 5
f.	Total No. of rooms	Girls : 5	Boys : 3
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)


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			
Annexure - 10	List of M.Sc. Nursing Students as per format			
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/ Ramp in working condition, 2. Laboratories 3. Building related documents 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	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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:

It has been observed that an LIC Inspection
of GOURAMMA INSTITUTE OF NURSING SCIENCE
Near Rotary Circle, Benderu Layout, Bagalkot.
Est since 2022; Running under → KATTI MEDICAL
AND EDUCATIONAL SOCIETY.
Having Buildings :- 26396 sq ft
Having 4 class room > 920 sq ft
Fundamental lab > 1600 sq ft
Nights - Comm. > 1200 sq ft
OBG & Ped > 920 sq ft
Library > 2300 sq ft
All faculty were Present except one Maternity leave
7 MSc - faculty, 8 BSc faculty
Attached to Dr. Katti Hospital. Having 100 beds.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

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

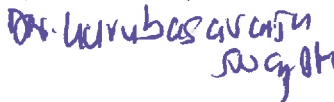
The information recorded by us in the LIC reports is true and correct.

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


**Senate Member
(Chairman)**


**A C Member
(Member)**


**Subject Expert
(Member)**


Dr. Kurubasavathi
Sugath


Miss. Anjane. Chennappa
- Rao


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 the 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 to University.

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**


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



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

UNDERTAKING

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

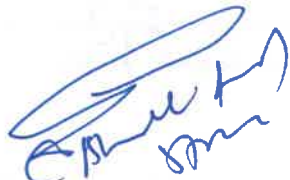
This is to confirm that our hospital _____ is registered under
KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

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**


Signature of Chairman


Signature of Member (1)


Signature of Member (2)