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. Veeresh Karabasappa	Dr. Thippeswamy TMJ	Narayanaswamy M
Designation		Chairman BOS	Prof. HOD
Address	Gadag Institute of medical science, Gadag	Sri Nirvanaswamy College of Nursing	Sridevi college of nursing, Tumkur
Mobile No	9620151813	9964186525	9770232265
Email ID	veeresh blue1@gmail.com		

For the Academic Year : 2025-26			*Date of Inspection:* 24.07.2025	
(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**	SRI RAMA NURSING COLLEGE No. 120 4th MAIN ROAD BLOCK-03, YELAHANKA D.B PURA ROAD, NEAR DODDABALLAPURA, RAILWAY STATION, DODDABALAPURA-561203	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**	HOSAHALLI EDUCATION & HEALTH SERVICE SOCIETY 1 TAKKUR MAIN ROAD AMRUTHAHALLI BANGALORE 560092 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Vijaykumarbg@gmail.com	**Website:** www.hehs.com	

Signature of Chairman
Dr. Veeresh. K Henchinal
9620151813

Signature of Member (1)
Dr. Thippeswamy T.M.J
9964186525

Signature of Member (2)
C Narayanaswamy
8-9068920-5

	(b). Name of the Owner of Trust/Society	Dr. Mala K.N , Chairman		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 6 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	Details of Principal/Head of the institution	**Name:** SUNEETHA ADAPALA **Qualification:** M.Sc (N) **Experience:** 15 years **Email:** sriramcnursing college @ gmail.com	**Mobile No:** 9845008181 **Office No:** 080 27628888 **Fax No:** **Residential phone No:** 080 27628888	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	30,000	60,000	40,000	25,000		
Post Basic B.Sc. Nursing						
					Total (A)	155,050.00

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:

ZRBLU2X094EQTL

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40				
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)

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*		2									
4	Associate Professor	2	2-4		1*		4									
5	Assistant Professor	3	3-8	2	3*		4									
6	Tutor	8-16	16-24	2-10	--		16									
	Total	**16-24**	**24-40**	**4-12**			28									

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)**

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

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.	SUNEETHA ADAPALA	PRINCIPAL	MSC NURSING PAEDIATRICS	2011	RP ANP 2005 664 KAR	7	14	1/07/2025		
2.	AJAY KUMAR	VICE PRINCIPAL	MSC NURSING PSYCHIATRICS	2016	58723	1	8	20/06/2025		
3.	SUMITHRA. R	ASST PROF	MSC NURSING PAEDIATRICS	2020	139098	NIL	5	20/06/2025		
4.	D. KARISHMA	ASST PROF	MSC NURSING OBG	2019	RRANP 2021 9148 KAR	4.5	4.5	12/06/2025		
5.	CHAYADEVI. N. R	ASST PROF	MSC NURSING OBG	2020	73660	2.5	4.5	21/05/2025		
6.	CHAITHRA. K	ASST PROF	MSC NURSING MSN	2021	170788	NIL	3	10/03/25		
7.	MURTHY. N	ASST PROF	MSC NURSING MSN	2020	125631	5.5	1	15/05/25		
8.	MOHAN. M.D	ASST PROF	MSC NURSING CHN	2028	19926	11.5	2	1/07/25		
9.	SARTAJ. S	ASST PROF	MSC NURSING	2020	77231	5	2	20/06-/25		
10.	NIRANJANI. K	ASST PROF	MSC NURSING	2019	46209	5	5	20/6/25.		
11.	VINAYAK. P. CHIKKAMMANAVAR	TUTOR	BSC NURSING	2023	150859	1.8	NIL	20/6/25		
12.	MERLIN KANMANI	LECTURER	BSC NURSING	2021	129481	3	NIL	28/06/25		
13.	PERSIS JAYAPRAKASH	LECTURER	BSC NURSING	2021	128871	3	NIL	26/6/25.		
14.	ASWATHY VIJAYAN. N	TUTOR	BSC NURSING	2023	154447	NIL	NIL	26/1/25		
15.	ADHIL	TUTOR	BSC NURSING	2023	154441	NIL	NIL	15/1/25		
16.	SRIMATHI. D	TUTOR	BSC NURSING	2024	178200	NIL	NIL	20/5/25		
17.	BENNET BIJU	TUTOR	BSC NURSING	2024	164349	NIL	NIL	1/7/25.		
18.	SAIJU. M. RAJ	TUTOR	BSC NURSING	2024	162151	NIL	NIL	1/7/25		
19.	KUMAR. S	TUTOR	BSC NURSING	2012	49095	NIL	NIL	1/7/25.		
20.	MUHAMMED SUHAIL T.P.	TUTOR	BSC NURSING	2023	154443	NIL	NIL	1/7/25		
21.	ANEETTA MARIYA	TUTOR	BSC NURSING	2024	164618	NIL	NIL	1/7/25		
22.	NIMISHA. S. PRASAD.	TUTOR	BSC NURSING	2022	143766	2	NIL	20/6/25		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	RAVIYAMANAPPA BAJANTRI	TUTOR	BSC NURSING	2024	161857	NIL	NIL	6/6/25		
24.	PAVANKUMAR . K . I	TUTOR	BSC NURSI	2023	149330	1	NIL	22/6/25		
25.	SONAMOL SHOJAN	TUTOR	BSC NURSING	2022	141393	2	NIL	6/6/25		
26.	SHANINA BANU	TUTOR	BSC NURSING	2023	149204	NIL	NIL	16/6/25		
27.	SALMAN . D.	TUTOR	BSC NURSING	2024	162342	NIL	NIL	20/6/25		
28.										
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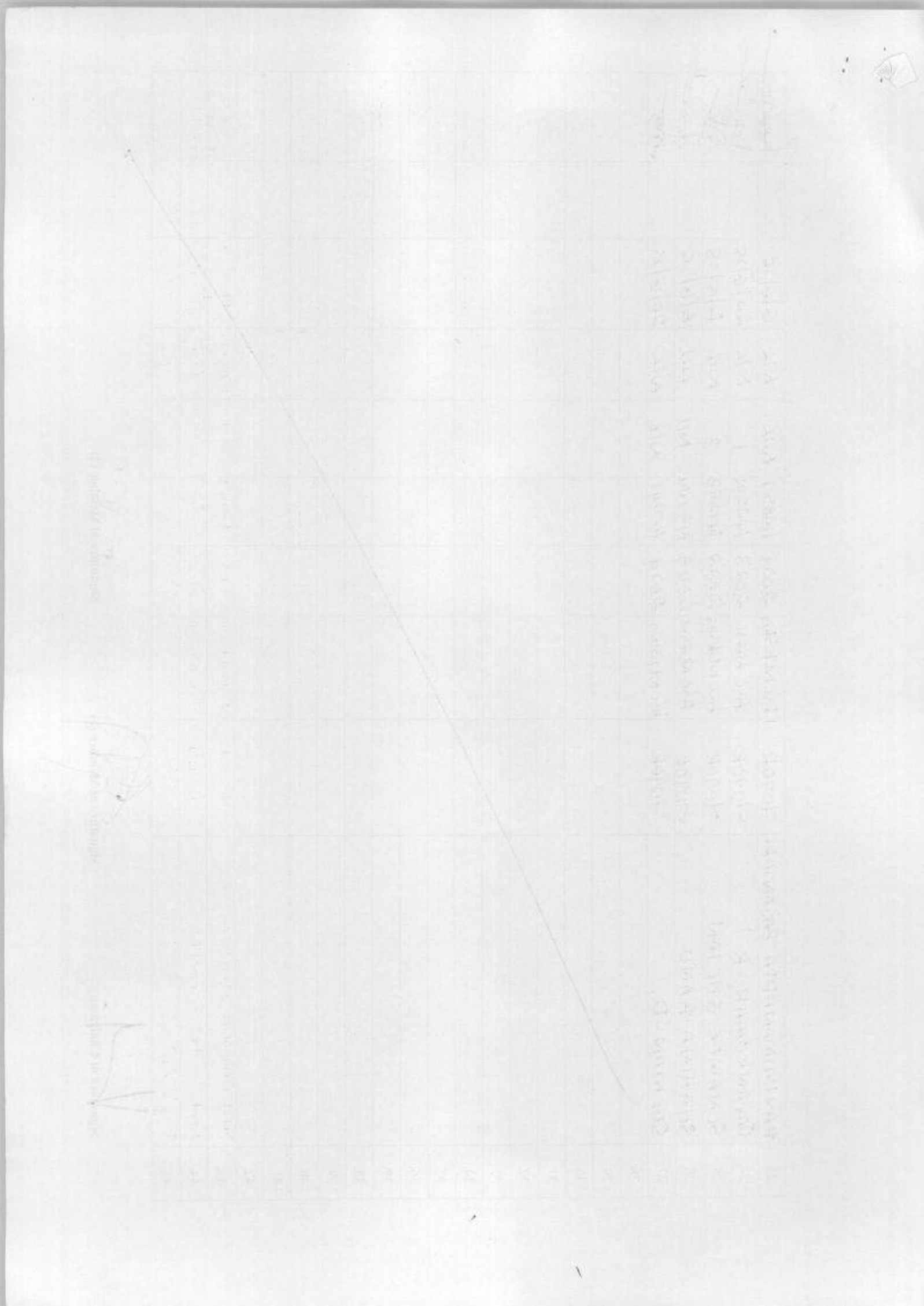
Signature of Chairman

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
		Annexure	Enclosed		LIST ATTACHED

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	27,600	
	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	4 Class rooms 900sq ft each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 class rooms 600sq ft each	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 class rooms 600 sq ft each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	2 class rooms 600 sq ft each.	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400	
	2. Vice-Principal Chamber	200	250	
	3. HOD	5 x 200 = 1000	5x250	
	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	
	7. Accountants Office		300	
	8. Store Room		300	
	9. Record room		200	
	10. Room for maintenance staff		200	
	11. Xeroxing room		100	
	12. common room	1000	1200	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	800	

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	1600 SFT	
	Nutrition & Community Health Nursing	1200sq.ft	1300 SFT	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 SFT	
	Pediatrics Nursing Laboratory	900sq.ft	1000 SFT	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 SFT	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 SFT	

Note:

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

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

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?** Leased
2. **Blue print of the building attested by competent authority.** Available.
3. **Tax paid receipt (Latest / current year)** Available.
4. **Occupancy certificate.** Available.
5. **Sale deed / Lease deed of the building / Land.** Available.

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License – Available. **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA07B1609	50	Yes / No	Yes / No	Yes / No

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

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2500Sft	YES ☑ No ☐	Yes	Yes	-

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	25	**Is internet facility available for Students?**	Yes
No of e-books	25	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	RAMAMURTHY	M.LIB	8 Yrs	-

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	01	
Conferences conducted	03	
Conferences attended	10	

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital MEDSTAR SPECIALITY HOSPITAL, Kodigehalli main road Sahakaranagar, Bengaluru-560092		100	20km	80%	
NAME OF THE TRUST/ Person owning The Hospital Dr. VIJAYAKUMAR					
Name Of The Owner Of The Trust of Hospital Dr. VIJAYAKUMAR					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Govt. General hospital chikkaballapur main road TB cross, DB pura	100	2 km		
	2 Ecsha multi Speciality hospital Bhuvaneshwari nagara Bosavahalli main road, Bengaluru	100	20km.		

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

NOTE:

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

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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:

→ Verified KPMEA and PCB. Enclosed copy

→ Verified the MOU between trust member and the trustees.

→ undertaking Affidavit with Notary of the medical Director med-star Hospital is enclosed.

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	25	22	25	20
Surgery including OT	25	20	25	19
Obstetrics & Gynecology	8	5	8	4
Pediatrics,	3	1	4	2
Emergency Medicine	4	4	4	4
Psychiatry	2	2	2	2

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	2	2	2
Minor OT	2	2	2	2
Dental, Otorhinolaryngology, Ophthalmology	4	4	4	4
Burns and Plastic	1	1	1	1
Neonatology care unit	2	2	2	2
Communicable disease/ Respiratory medicine/TB & chest diseases	3	3	8	3
Dermatology	2	2	2	2
Cardiology	5	5	5	5
Oncology	5	5	5	5
Neurology/Neuro-surgery	5	5	5	5
Nephrology/Urology	5	5	5	5
ICU/ICCU	10	10	10	10
Geriatric Medicine	5	5	5	5
Any other	8	8	8	8

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		Govt. General hospital / CHC DB pura
Adopted / Affiliated		Adopted / Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		4 km
b. Services Rendered by Health & Family Welfare Programmes		Yes
URBAN FEILD :		
a. Name of CHC / PHC / SC		Ddothumakur PHC
~~Adopted~~ / Affiliated		~~Adopted~~
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		4 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.		

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 10,000	
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 : 50	Boys : 60
f.	Total No. of rooms	Girls : 10	Boys : 10
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	N/A	
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A	
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 Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	N/A	

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 from RGUHS visited college on 24.07.2025 for the enhancement of Seats & continuity of courses from 40 to 60 at Sri Rama nursing college, Doddaballapura

→ Visited the institutions, Infrastructure, faculty and other facilities to determine its readiness to accommodate the increase intake.

Infrastructure :- A) Classrooms are available with a total capacity of 60 Students. The classrooms are ventilated and furniture is Adequate for 60 Students

B) Laboratory :- 5 laboratories are available with necessary equipments

C) Library : The library has a 3000 books.

D) Faculties :- The institutions has 27 faculties members out of that 10 no M.Sc Qualified and 17 B.Sc Qualified

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

→ The institution is having seperate Hostel for Boys & Girls.

→ Hospital :- The institution is having parent Hospital by Name med Plus Speciality Hospital 100 bed. Xpress & PCB verified & enclosed

→ They are Affiliated to Govt General Hospital chikkaballapur and Esha multi Speciality Hospital Bhavanishwaraggan for 100 bed each Hospitals.

→ Building :- Built up area is 27.000 sq.ft.

→ Land Docs :- College building is leased for 29 yrs + 1 yr lent total 30 yrs

→ verified the Tax paid. except Building plan and occupancy certificate & enclosed

→ Community Health Nursing :- Students are going to Doddaballa pur PHC for community posting

→ college is having own bus for Students Transportation Docs of Driver & vehicle is verified Found Correct & enclosed.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SRI RAMA NURSING COLLEGE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 24/7/25 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)**

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust HEHS SOCIETY are submitting the affidavit toUniversity.

The trust HEHS SOCIETY is running/managing the colleges 1. SRI RAMA NURSING COLLEGE
2. _____
3. _____ since 4 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.

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~~, Dr. VIJAYAKUMAR H.G.
is/are the Owners/MD/CEO/Board Members of the
MEDSTAR SPECIALITY HOSPITAL hospital situated at
SAHAKAR NAGAR

.

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

This is to confirm that the hospital MEDSTAR SPECIALITY HOSPITAL is functioning as affiliated/parent/own hospital for SRI RAMA NURSING COLLEGE. college.

We also confirm that our hospital is solely affiliated to
SRI RAMA NURSING COLLEGE. college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

H G Vij

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 RGUHS for conduct of LIC inspection at SRI RAMA NURSING COLLEGE which has applied for continuation of affiliation for the academic year 2024-25. AND INCREASE INTAKE FROM 40 to 60 STUDENTS.

We have conducted LIC inspection of this college on 24/7/25 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)
Dr. Veeresh D. Hanchinal	Dr. Thippeswamy TMS	Narayanaswamy M
24/07/2025	9964186378	8249068920 5

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA98247516333675X**
Certificate Issued Date	:	24-Jul-2025 01:14 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ DODDABALLAPURA/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL0813150958205465X
Purchased by	:	THE MEDICAL DIRECTOR MED STAR HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE MEDICAL DIRECTOR MED STAR HOSPITAL
Second Party	:	THE REGISTRAR RGUHS
Stamp Duty Paid By	:	THE MEDICAL DIRECTOR MED STAR HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA Authorized Signatory DODDABALLAPUR 2

Please write or type below this line

NOTARY ★ INDIA ★ GOVT. OF

S JHANI ASHEKAR M.A.,B.Ed.,LLB Doddaballapur Civil Court Reg.No. 21639 Expiry Dt. 15-03-2030

UNDERTAKING

1/We, Dr. VIJAYAKUMAR KG, is/are the Owners/MD/CEO/Board Members of the MEDSTAR SPECIALITY HOSPITAL, hospital situated at kodigehalli main road, Bangalore.

No. of Correction

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

This is to confirm that the hospital MEDSTAR SPECIALITY HOSPIAL is functioning as affiliated/parent/own hospital for SRI RAMA NURSING COLLEGE

We also confirm that our hospital is solely affiliated to SRI RAMA NURSING COLLEGE and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NOTARY * GOVT. OF INDIA * S. CHANDRASHEKAR M.A., B.Ed, LLB Advocate Doddaballapur Civil Court Reg. No. 21698 Expiry Dt. 16-03-2030

SWORN TO BEFORE ME

S. CHANDRASHEKAR, M.A., B.Ed., LLB
ADVOCATE & NOTARY PUBLIC
Govt. of India
Thimmasandra Village, Rajaghatta Post,
Kasaba Hobli, Doddaballapur Tq.,
Bangalore Rural, KARNATAKA-561 203

No. of Correction

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA98253136675413X**
Certificate Issued Date	:	24-Jul-2025 01:16 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ DODDABALLAPURA/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL08131616898817 10X
Purchased by	:	THE CHAIRMAN SRIRAMA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE CHAIRMAN SRIRAMA COLLEGE OF NURSING
Second Party	:	THE REGISTRAR RGUHS
Stamp Duty Paid By	:	THE CHAIRMAN SRIRAMA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA
Authorized Signatory
DODDABALLAPUR 2

Please write or type below this line

S SHANKARASHEKAR
M.A., B.Ed, LLB
Doddaballapur
Civil Court
Regn No. 21838
Expiry Dt. 14-03-2030
NOTARY GOVT. OF INDIA

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the HEHS SOCIETY are submitting the affidavit to University.

The trust HEHS SOCIETY running/managing the colleges 1. SRI RAMA NURSING COLLEGE is since 4 years.

No. of Correct

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.

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.

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No. of Correction

SWORN TO BEFORE ME

S. CHANDRASHEKAR, M.A., B.Ed., LLB
ADVOCATE & NOTARY PUBLIC
Govt. of India
Thimmasandra Village, Rajaghatta Post,
Kasaba Hobli, Doddaballapur Taluk,
Bangalore Rural, KARNATAKA-561 203.