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. Sankanagoud Patil	Dr. Vijayanand Rajoor	SIDDESHA GOWDA BK
Designation	Principal	Principal	Principal
Address	RIAMSH Solur	Keshma College of Pharmacy, Hubballi	G.R.R College of Nursing Bangalore -58
Mobile No	9019587969	9542185209	9741222288
Email ID	ayursank@gmail.com	dr.vjp@gmail.com	siddeshalin11@gmail.com

For the Academic Year : 2025-26 *Date of Inspection:* 19/08/2025

(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**	LINGANAGOUDA SHARANAGOUDA BAYYAPUR COLLEGE OF NURSING HUTTI VILLAGE TQ: LINGASUGUR DST: RAICHUR - 584115	2	**Year of Establishment**
				2022
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** ✓		
3	**(a). Name of the Trust/Society & complete postal address**	SRI SHARANA BASAVESHWAR JANAKALYANA SANGHA HUTTI, VILLAGE TQ: LINGASUGUR DST: RAICHUR-584115 Enclosed (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: lsbcollegeynursing@gmail.com **Website:**		

Signature of Chairman
(Dr. Sankanagoud Patil)

Signature of Member (1)
Dr. Vijayanand Rajoor

Signature of Member (2)
19/08/25
SIDDESHA GOWDA. B.S.

	(b). Name of the Owner of Trust/Society	Shri. Doddabasannagowda patil Bayyapur		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure -		
5	Details of Principal/Head of the institution	Name: Mr. Murali Qualification: M.Sc. Nursing Experience: 15 years Email:	Mobile No: 9538498520 Office No: Fax No: Residential phone No:	
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: Enclosed

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 UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation			–		
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)	

Verified

Online Transaction Number or Details:

Payment Ref. No: ZHMPU800910CUWB

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	Enclosed Annexure - 5	Enclosed Annexure - 6	Enclosed Annexure - 7	- Annexure - 8	Verified
	Affiliation Sanctioned Intake	40	40	40	-	
	Admissions Made for the Current Academic Year					
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	05	05	03		13
	Female	09	10	06		25
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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
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**			18									

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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

23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

- **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
		Enclosed			

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	25,230 sq.ft	-
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900 sq.ft (3,600 sq.ft)	
	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 sq.ft	Required & Adequate.
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000	1000 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		600 sq.ft	
	7. Accountants Office		500 sq.ft	
	8. Store Room		200 sq.ft	
	9. Record room		200 sq.ft	
	10. Room for maintenance staff		200 sq.ft	
	11. Xeroxing room		100 sq.ft	
	12. common room	1000	1000 sq.ft	
	13. Seminar hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	600 sq.ft	

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

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

Note:

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

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

Building Documents: Enclosed

Annexure – 12

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

Verified.

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Annexure – 13

Enclosed

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA:36 B:3239	52	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 — Enclosed — **Annexure - 14**

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

Total No. of Nursing Books available	800	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	02	**Is internet facility available for Students?**	Yes
No of e-books		**How many books were purchased in last financial year?**	75

S. No.	Name of the Librarian	Qualification	Experience	Remarks
		Enclosed		Verified

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	—	—
Conferences conducted	—	—
Conferences attended	—	—

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 Annadanagouda Bayyapur Multispeciality Hospital, Lingasugur		100	15 km	90%	Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Naganagouda Police Patil, Sri Shasanabasaveshwara Janakalyan Sangha.					
Name Of The Owner Of The Trust of Hospital Dr. Naganagouda Police patil Bayyapur.					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1				
	2				

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

NOTE:

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

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

- [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 the relevant documents &

found correct—

18.1. Distribution of Beds

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	16		
Surgery including OT	20	15		
Obstetrics & Gynecology	20	16		
Pediatrics,	10	06		
Emergency Medicine	20	16		
Psychiatry	05	03		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	03		
Minor OT	-	-		
Dental, Otorhinolaryngology, Ophthalmology	05	03		
Burns and Plastic	05	02		
Neonatology care unit	02	02		
Communicable disease/ Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology	08	07		
Oncology	01	01		
Neurology/Neuro-surgery	02	02		
Nephrology/Urology	03	02		
ICU/ICCU	08	07		
Geriatric Medicine				
Any other	05	04		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	Enclosed

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

RURAL FILELD	
a. Name of CHC / PHC / SC	PHC - Hutti Village
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	02 km
b. Services Rendered by Health & Family Welfare Programmes	Family planning service
URBAN FEILD :	
a. Name of CHC / PHC / SC	CHC, Anahosur - Lingasugur
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	20 km
b. Services Rendered by Health & Family Welfare Programmes	Health awareness programmes
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 18**	Enclosed	
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**	Enclosed	
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**	
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 :** 12	**Boys :** 06
f.	Total No. of rooms	**Girls :** 08	**Boys :** 04
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)

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.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	—	✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	—	✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	✓
Annexure - 10	List of M.Sc. Nursing Students as per format	—	✓
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 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)

Observations: On the day of Inspection LIC team observations are follows.

→ 23230 Sq ft of Infrastructure having 6 labs, 4 class rooms, Admin block & library with proper seating arrangements made available

→ 18 required teaching staff are appointed for UG curriculum & were present.

→ Parent hospital Annadanageeda Bayyapur Multispeciality Hospital" Jigarsur having 100 bed capacity & KPME, PCB are verified & found correct

→ Hattiè village community Health center given affiliation ~~used~~ for community postings.

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 Lingaraajgouda Sharanagouda Bayyapur college of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 19/08/2025 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)

LINGANGOUDA SHARANAGOUDA BAYYAPUR COLLEGE OF NURSING . HUTTI

LIST OF TEACHING FACULTY.

Sl No.	Name of the faculty.	Designation.	Qualification with speciality.	Name of the university.	Year of passing.	RN No KNC.	UG Teaching Experience.	PG Teaching Experience.	Date of joining to this institution.	Form No-16	Signature of Faculty
1	Mr. Murali S G	PRINCIPAL	M.Sc (Nsg) Psychiatric Nursing.	RGUHS	2010	40300	1 year	15 years 5 months	05/09/2024		
2	Mr. Chandrakanth	VICE-PRINCIPAL	M.Sc (Nsg) Medical-Surgical Nursing.	RGUHS	2011	9512	1 Year	14 years 4 months	15/09/2022		
3	Mr. Pratap Maddikar	PROFESSOR	M.Sc (Nsg) Community Health Nursing	RGUHS	2015	22421	2 years	10 years 4 months	01/04/2024		
4	Mrs. Krishnaveni	ASSO.PROF	M.Sc (Nsg) Obstetrics & Gynec Nursing	RGUHS	2010	175569	1 Year	5 years 5 months	01/01/2025		
5	Mr. Vidyanand	ASSO.PROF	M.Sc (Nsg) Psychiatric Nursing.	RGUHS	2021	85618	1 year	4 years 5 months	18/09/2022		
6	Ms. Ompriya	ASST.PROF	M.Sc (Nsg) Obstetrics & Gynec Nursing	RGUHS	2021	98610	1 Year	4 years 5 months	05/02/2025		
7	Ms.Neha	ASST.PROF	M.Sc (Nsg) Medical-Surgical Nursing.	RGUHS	2024	112473	1 Year	1 year 4 months	03/02/2025		
8	Ms. Pallavi	LECTURER	M.Sc (Nsg) Obstetrics & Gynec Nursing	RGUHS	2025	121464	1 Year	7 months	10/03/2025		
9	Ms. Chandani	LECTURER	M.Sc (Nsg) Child Health Nursing	RGUHS	2025	125871	1 year	7 months	03/03/2025		
10	Mrs. Jayasheela	LECTURER	Bsc Nursing	RGUHS	2020	77528	5 years 5 months		01/03/2024		
11	Mr. Nagendra	ASST LECTURER	B.Sc Nursing	RGUHS	2020	102211	5 years 5 months		26/09/2022		
12	Mrs. Girimallika	ASST LECTURER	B.Sc Nursing	RGUHS	2021	122411	4 years 4 months		07/04/2025		
13	Mrs. Shoba	NURSING TUTOR	PB.B.Sc Nursing	RGUHS	2022	194537	3 years		02/01/2023		
14	Ms. Nischitha	NURSING TUTOR	B.Sc Nursing	RGUHS	2023	147648	2 Years 6 Months		01/06/2025		
15	Ms. Jayashree	NURSING TUTOR	B.Sc Nursing	RGUHS	2025	171992	6 months		12/05/2025		
16	Mr. Honappa	NURSING TUTOR	PB.B.Sc Nursing	RGUHS	2023	240486	2 Years 6 Months		01/04/2025		
17	Mr. Sharanabasava	NURSING TUTOR	B.Sc Nursing	RGUHS	2025	172750	6 months		02/04/2025		
18	Mr. Ramjan Sab	NURSING TUTOR	PB.B.Sc Nursing	RGUHS	2024	221859	1 Year 8 months		12/05/2025		

Patil

19/08/25

PRINCIPAL

S.G. Murali
Principal
Lingangouda Sharanagouda Bayyapur
Nursing College, Hutti
Tq. Lingasugur Dist. Raichur

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA20820217286828X
Certificate Issued Date	:	19-Aug-2025 11:29 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ LINGASUGUR 8/ KA-RC
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0856139656587575X
Purchased by	:	ANNADANAGOUDA BAYYAPUR MULTISPECIALITY HOSPITAL L
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ANNADANAGOUDA BAYYAPUR MULTISPECIALITY HOSPITAL L
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	ANNADANAGOUDA BAYYAPUR MULTISPECIALITY HOSPITAL L
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-operative Societies Association (R) Branch Lingasugur Dt. Raichur

Please write or type below this line

UNDERTAKING

I Dr. Naganagouda police patil is the Owners of the Annadagouda Bayyapur Multi-Speciality hospital situated at VCBCollege Road, Lingasugur.

This is to confirm that our hospital Annadagouda Bayyapur Multi-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 Annadagouda Bayyapur Multi-Speciality hospital is functioning as parent hospital for Linganagouda Sharanagouda Bayyapur College of Nursing, Hutti.

I also confirm that our hospital is solely affiliated to Linganagouda Sharanagouda Bayyapur College of Nursing, Hutti and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Date: 19-08-2025

Place: Lingasugur.

Deponent

Dr. Naganagouda Patil
MD (Gen. Med.)
K.M.C No 89416
Annadanagouda Bayyapur
Multi Speciality Hospital
VCB College Road, LINGASUGUR

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA20817602066038X
Certificate Issued Date	:	19-Aug-2025 11:28 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ LINGASUGUR 8/ KA-RC
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08561306948015 89X
Purchased by	:	SHARANABASAVESHWARA JANAKALYANA SANGHA HUTTI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHARANABASAVESHWARA JANAKALYANA SANGHA HUTTI
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	SHARANABASAVESHWARA JANAKALYANA SANGHA HUTTI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Co-Operative Society Branch Lingasugur Dt. Raichur

Please write or type below this line

UNDERTAKING by Trust Management

I Dr. Naganagouda police patil the Secretary Member of the trust Sri Sharanabasveshwara Janakalayana Sangha, Hutti. are submitting the affidavit to University. The trust Sri Sharanabasveshwara Janakalayana Sangha, Hutti. is running the college Linganagouda Sharanagouda Bayyapur College of Nursing, Hutti since 3 years.

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.

19/8/25

Hutti

Secretary
Sri Sharanabasaveshwara
Janakalyana Sangha (R) Hutti
Tq Lingasugur Dist. Raichur