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. Chandrashekhar V M	DR. SHRUTHI. N.
Designation	Principal	Prof & Head	PRINCIPAL
Address	RIAMSH Solur.	BVVS HSK college of pharmacy Bagalkot	MYTHRI COLLEGE OF NURSING SHIMOGA
Mobile No	9019587969	9880298342	8867899867
Email ID	ayursank@gmail.com	chandupharm@yahoo.com	southimar@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 11/08/2025

(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	POORNAA PRAGNA COLLEGE OF NURSING, KADAGA (P), KASABA HOBALI KANCHAMARANAHALLI HASSAN-573219	2	Year of Establishment 2022
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓ Trust		
3	(a). Name of the Trust/Society & complete postal address & Phone number	SIDDAMMA DEVI CHARITABLE TRUST Kanchamarana halli Kadaba (P) Kasaba (Hobli) Hassan 573219 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Poornaa pragna21@gmail.com	Website: http://ppinstitution.hassan.in	
		Office No: 08172200004	Mobile No: 8618304579	

Signature of Chairman
(Dr. Sankanagoud Patil)

Signature of Member (1)
Dr. Chandrashekhar VM
AC LIC RGUHS

Signature of Member (2)
Dr. Shruthi. N
Subject expert
LIC RGUHS

	president/Secretary/ Chairman of Trust/Society & Phone No	K.R. LAKSHMIKANTH 9845716078.	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 06 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: DHARANI KUMARI Qualification: M.Sc. NURSING Experience after MSc: 16 years Email: yashodamadcb@gmail.com	Mobile No: 8618304379 Office No: 9844156491 Fax No: 08172000044 Residential phone No:
	b) Drawing authority of the college	Principal	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	2025-26					156050.00
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. NA		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Signature of Chairman

Signature of Member (1)
Dr. Dharani Sreshekhar V M
AC LIC RGUHS

Signature of Member (2)
Dr. Shanthi
LIC RGUHS

Remarks:

Enclosed

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	MED12KUM 2023. Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	40 intake				
	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		NA			
	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		NA			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekhara V
AC LIC RGUHS

Signature of Member (2)

Dr. Shruthi N
LIC RGUHS

	Sanctioned Intake					
	Admissions Made for the Current Academic Year		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	03	13	06		
	Female	08	26	20.		
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

NA

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks: _____

Signature of Chairman

Signature of Member (1)
AC LIC RGUHS

Signature of Member (2)
Dr. Shruthi N
LIC RGUHS

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required							Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1														
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*									
6	Tutor	8-16	16-24				2-10	--									
	Total	**16-24**	**24-40**				**4-12**										

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

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

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

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

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

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

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

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

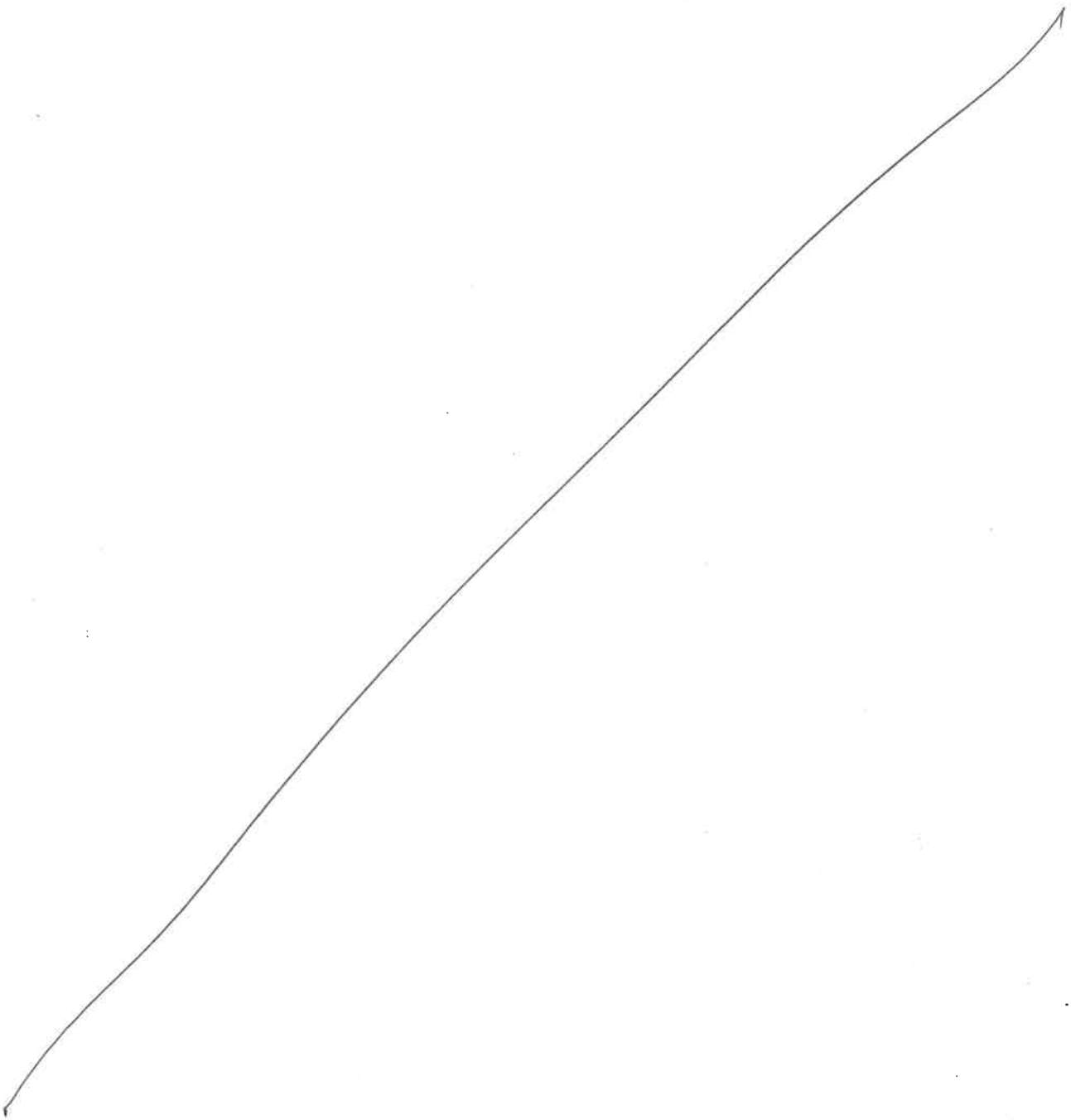
Signature of Chairman

Signature of Member (1)
AC MC RGUHS

Signature of Member (2)
Dr. Shruthi N
MC RGUHS

intake				
200 students intake				
250 students				

* **Aadhar based biometric attendance for students**



Signature of Chairman

Signature of Member (1)

Dr. Chandrashekar VM
AC HC RGUHS

Signature of Member (2)

DD, Sports RGUHS
RGUHS LIC Team

2.1. 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			
01	Prof, Dharani Kumari	Principal	MSC(CN) CHN	2009	31146	1	15		YES	
2.	Avinash Naidu. H.S	Vice principal	MSC (N) MHN	2011	9748	1	13	31/05/24	YES	
3	Mrs. Yashaswini	Associate Professor.	MSC (N) OBG	2014	32518	2	10.	31/07/22	yes	
4	Mrs. Chaithra.K.	Asst. Professor	MSC (N) Med-Surg	2021	170788	2	03	1/06/22	NA	
5	Mrs. Asha. M.R	Asst. Professor	MSC (N). Paed	2020	161355	2	4	1/01/24.	NA	
6.	Mr. Somashekar. K.C.	Lecturer	MSC(N) Med. Surg	2025	28288	10	01	06/06/2022	NA	
7.	Mr. Manu. B.R	Asst. Lecturer	PB. B.Sc(N)	2014	135047	14.		1/10/21	NA	
8.	Mrs. Hema. U.	Asst. Lecturer	PB. B.Sc(N)	2020	116159	2	-	1/9/22	NA	
9.	Ms. Priyadarshini. N.B	Asst. Lecturer	BSC(N)	2023	159650	02		13/12/23	NA	
10	Ms. Sinchana. D.	Asst. Lecturer	B.Sc(N)	2023	158516	02		1/1/24	NA	
11	Ms. Tejaswini. V.	Asst. Lecturer	B.Sc(N)	2023	159618	02		13/12/23	NA	
12	Ms. Priyanka. S	Asst. Lecturer	B.Sc(N)	2022.	120636	02		1/03/25	NA	
13	Mr. Ajay Kumar. U.	Asst. Lecturer	B.Sc(N)	2023	132013	02		1/03/25	NA.	
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PRINCIPAL
POORNAA PRAGNA COLLEGE OF NURSING
Kanchamaranahalli, Kadaga Post
Kasaba Hobli, Hassan Tq. & Dist
HASSAN-573219

Signature of Chairman

Signature of Member (1)
AC LIC RGUHS

Signature of Member (2)
Dr. Shruthi M
LIC Exam RGUHS

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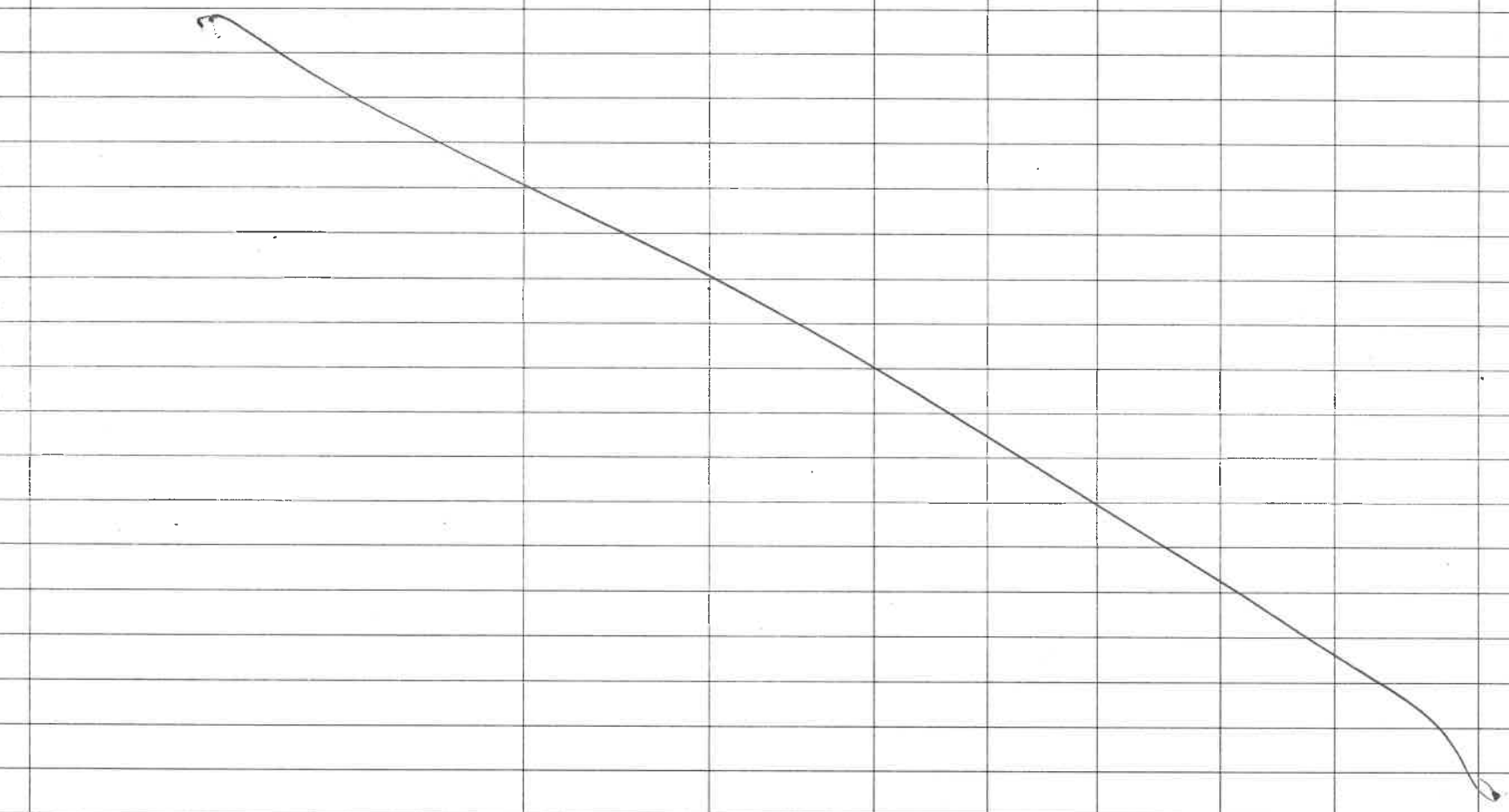

gnature of Chairman

Signature of Member (1)

Signature of Member (2)

DO Shantu. N
LIC Team

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekaran
HCC Team

Signature of Member (2)

Dr. Shruthi N
LIC Team

gnature of Chairman

Signature of Member (1)

Dr Chandrashekhara
LIC Team

Signature of Member (2)

Dr Shruti N
LIC Team. RGUHS

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio be verified as per norms of RGUHS)
- If required attach same extra pages.

gnature of Chairman

Signature of Member (1)

Dr. Chandrashekhar V
MIC TCON

Signature of Member (2)

Dr. Shanthi M
MIC TCON, RGUHS.

13. Particular of External Teachers (Part time) - Attach a separate sheet with this proforma. Annexure - 11

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

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)	23,200sq.ft (40 – 60 intake)	26,000 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	1000Sq ft x4 +4000Sq feet	Verified & found adequate
	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	600Sq ft	
	2. Vice-Principal Chamber	200	400Sq ft	
	3. HOD	5 x 200 = 1000	5x200=1000Sq	
	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**	600Sq ft	
	7. Accountants Office	**100**	100 Sq ft	
	8. Store Room	**100**	200 Sq ft	
	9. Record room	**100**	100Sq ft	
	10. Room for maintenance staff	**100**	100Sq ft	
	11. Xeroxing room	**100**	100Sq ft	
	12. common room (Girls & Boys)	600+400= 1000	2000Sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000Sq ft	
	14. Toilets	1000	2000Sq ft	

Signature of Chairman

Signature of Member (1)
ACLCC Team Rgups
Dr. Chandrashekhara

Signature of Member (2)
Dr. Suresh N
LIC Team, RGUHS

	15. A.V/Aids room	600	600sqft	

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

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Verified & found correct
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)

Dr Chandrashekharam
LIC Team

Signature of Member (2)

program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations. 2020} 5th July, 2021F.NO. 11-1/2019-INC.)

- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA13CG613	31	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500sq.ft	YES ☑ No ☐	Yes	yes	Verified.

Total No. of Nursing Books available	1500	**No. of Nursing Journals subscribed**	2
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	yes
No of e-books	25	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MR. DORESWAMY MOHAN	M.LIB	11 years	Full time faculty

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	— ND —	

Signature of Chairman

Signature of Member (1)

LIC 14 Team

Dr. Chandrashekharam

Signature of Member (2)

DO, Shruthi. M

LIC Team Rgutis

Conferences conducted	1	
Conferences attended	4	

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MANI SUPERSPECIALITY HOSPITAL & RESEARCH CENTER MOU(Registered parent hospital MOU)		100	9 km	85%.	Varified.
NAME OF THE TRUST/ Person owning The Hospital Dr. J. K. YATHISH KUMAR					
Name Of The Owner Of The Trust of Hospital Dr. J K Yathish Kumar.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Sri HASANAMBA MULTI-SPECIALITY AND GASTRO-ENTEROLOGY CENTER K.R. PURAM, HASSAN	50	9km	80%.	Varified
	2 MANJUNATHA HOSPITAL SHANKARMATT ROAD HASSAN	50	9km	80%.	Varified
	3 HASSAN INSTITUTE OF MEDICAL SCIENCES B.M. ROAD HASSAN	1500	10kms	100%.	Varified.

Signature of Chairman

Signature of Member (1)

Dr. Charles Mahony
LIC Team

Signature of Member (2)

Dr. Shruthi M
LIC Team, RGUHS

	(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**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III-- section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Relevant documents are verified & found correct

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekhar
LIC Team

Signature of Member (2)

Dr. Shruti N
LIC Team RGUHS

18.1. Distribution of Beds

Clinical Areas	Parent (Mani Superspeciality hospital.)		Affiliated (Hasanamba hospital)	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	18	10	9
Surgery including OT	20	18	10	8
Obstetrics & Gynecology	18	18	10	8
Pediatrics,	10	09	5	4
Emergency Medicine	10	09	5	3
Psychiatry	3	3	10	8

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated (Hasanamba hospital.)	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	3	1	1
Minor OT	2	2	1	1
Dental. Otorhinolaryngology. Ophthalmology	0	0	2	2
Burns and Plastic	0	0	2	2
Neonatology care unit	5	3	-	-
Communicable disease/Respiratory medicine/TB & chest diseases	0	0	-	-
Dermatology	0	0	-	-
Cardiology	0	0	-	-
Oncology	0	0	-	-
Neurology/Neuro-surgery	4	1	-	-
Nephrology/Urology	5	2	-	-
ICU/ICCU	8	7	-	-

Signature of Chairman

Signature of Member (1)
Dr Chandrashekar
MC Team

Signature of Member (2)
DR. SHRUTHI
LECTURER

Geriatric Medicine	0	0	1	-
Any other	0	0	-	-

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		PRIMARY HEALTH CENTER NITTUR, HASSAN
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		6km
b. Services Rendered by Health & Family Welfare Programmes		MCH CARE, IMMUNIZATION HEALTH PROGRAMME
URBAN FEILD :		
a. Name of CHC / PHC / SC		URBAN PRIMARY HEALTH CENTER
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		06km
b. Services Rendered by Health & Family Welfare Programmes		MCH CARE, IMMUNIZATION HEALTH PROGRAMME

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 ☐

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekara
HOC Team

Signature of Member (2)

Dr. Shruthi .M
HC Team, RGUHS

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 ☐

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 17,000 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 : 0	Boys : 10
f.	Total No. of rooms	Girls : 30	Boys : 10
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekhar
LIC Team

Signature of Member (2)

Dr. Shanthi. N
LIC Team Rguhs

j.	Is Sick room available?	YES	✓	NO	
k.	Whether the hostel mess is available with	YES	✓	NO	
l.	Safe drinking water facilities	YES	✓	NO	

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	YES	Annexure 1	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	YES	Annexure 2	
Annexure - 3	Details of any other Nursing Institution under the same Trust	—	NO	
Annexure - 4	Details of Affiliated fees paid receipts	YES	Annexure 3	
Annexure - 5	Approval Status : GOK Order	YES	Annexure 4	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	YES	Annexure 5	
Annexure - 7	Approval Status : KNC Notification	YES	Annexure 6	
Annexure - 8	Status : INC Notification	YES	Annexure 7	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	—	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	—	
Annexure - 11	Details of External /Part time Teachers	YES	Annexure 8	
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	YES	Annexure 9	
Annexure - 13	Vehicle Details : Bus	YES	Annexure 10	

Signature of Chairman

Signature of Member (1)

LEC Team

Dr. Chandrashekara M.

Signature of Member (2)

Dr. Shruthi N

LEC Team, RGUHS

Annexure - 14	Details of List of LibraryBooks & others	YES	Annexure 11	
Annexure - 15	Academic Activities	YES	Annexure 12	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	YES	Annexure 13	
Annexure - 17	Details of Community Health Nursing Posting Facilities	YES	Annexure 14	
Annexure - 18	Master Rotation plans and Time tables	YES	Annexure 15	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	YES	Annexure 16	
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	NA		

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: LIC Team of RGUHS visited Poornaprajna college of Nursing Hassan on 11/8/18 & following observations made

→ Trust deed, Audit report, building plan etc relevent documents were verified & found correct

→ 26000 Sqft of Infrastructure given & class rooms, 6 labs, & Library & Proper seating arrangements made availble.

→ 13 teaching staff were appointed & eligible principal. & were present

→ Parent Hospital Mani Superspeciality Hospital Hassan & 100 bed capacity. KPME, PCB were verified. & found correct

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekara V.M.
LIC Team.

Signature of Member (2)
Dr. Shanthi N
LIC Team, RGUHS

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Poorna Prajna College of Nursing, Hiriyur which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/8/25 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)
Dr. Sharadadevi
LIC Team

Signature of Member (2)
Dr Shanthi N
LIC Team, RGUHS

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)
Dr. Chandrashekar M
LIC Team

Signature of Member (2)
Dr. Shruthi N
LIC Team, RGUHS

Signature of Chairman

Signature of Member (1)

Dr. Chandrashekar V N
LIC Team

Signature of Member (2)

Dr. SHRUTHI.N
LIC Team, RGUHS.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA14682241533360X
Certificate Issued Date	:	11-Aug-2025 04:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ HASSAN1/ KA-HS
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0844469413838578X
Purchased by	:	DR J K YATHISH KUMAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR J K YATHISH KUMAR
Second Party	:	REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	DR J K YATHISH KUMAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

-or Sai Siri Sounardna Pattina Sahakari Sangha (
Head Off K.R. Puram, Hassan-573201
Ph 9742202425

Authorised Signatory

Please write or type below this line

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.

UNDERTAKING

I J K Yathish kumar is the Owners/MD/CEO/Board Members of the Mani Super Specialty hospital and Research Institute situated at K R Puram Hassan. This is to confirm that our hospital Mani super specialty hospital and Research institute is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

The is to confirm that the hospital Mani Super Specialty hospital and Research Institute is functioning as affiliated/ parent / own hospital for Poorna Pragna College of Nursing college.

We also confirm that our hospital is solely affiliated to Poorna Pragna College of Nursing College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

J. K. Yathish Kumar

11-8-25

Dr. J. K. Yathish Kumar
KMC No. 31762 M.B.B.S.,D.A.,F.C.C.S
Anesthesiologist & Intensivist
Medical Director
MANI SUPER SPECIALITY HOSPITAL
& RESEARCH INSTITUTE
Sampige Road, K. R. Puram
HASSAN-573201

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e-Stamp

Certificate No.	:	**IN-KA14680026171021X**
Certificate Issued Date	:	11-Aug-2025 04:01 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ HASSAN1/ KA-HS
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0844466763744547X
Purchased by	:	DR B K SOWMYAMANI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR B K SOWMYAMANI
Second Party	:	REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	DR B K SOWMYAMANI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

For Sai Siri Sounarona Pattina Sahakari Sangha (N
Head Off K.R. Puram, Hassan-573201
Ph 9742202425

Authorised Signatory

Please write or type below this line

UNDERTAKING by Trust Management

I Dr B K sowmyamani Member of the trust Giddamma Devi charitable trust of submitting the affidavit to University.The trust Giddamma Devi charitable trust is running /managing the Poorna Pragna College of Nursing since 3 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 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/missing. Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

B K Sowmyamani