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. Kiran Kumar	Dr. SUDHAKARA. M	Prof. Ramesha. K.H
Designation	Assosiat professor	Associate Professor	Principal
Address	CKAMCH&RC #10 Pipeline Road Vijayanagar Bhai	Krishnadevaraya College of dental Science. B.lore.	Sri Shanthini Coll Kadabagere B'lore Magadi Main Road
Mobile No	9448196 5646	9845978858	7986909556
Email ID	drkiranaya@gm	sudhakarmop@gmail.com	rameshjupiter76@gmail

Inspection For the Academic Year : 2025-2026 *Date of Inspection:* 04/8/25

(Please Tick the Appropriate Boxes Below)

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

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

1	**Name of the Institution with Full Address**	GRV COLLEGE OF NURSING # 21/3, MNR Marg, Arasanahalli IVC Road, Devanahalli, Bengaluru - 562110	**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 & Phone number**	GR vidyadeep Buisiness management Academy. Enclosed (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: rahul@grvacademy.com	**Website:** grvni.com	
		Office No: 080 23337848	**Mobile No:** 959100096	

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

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. GURURAJ	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 8 Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Blessy Jestin.S Qualification: M.Sc (N) Experience after MSc: 15 Email: principal@grvnursing.com	Mobile No: 9606452123. Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	Mr. Gururaj	

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: Enclosed **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	Affiliation		1,56,050			1,56,050
Post Basic B.Sc. Nursing						
					Total (A)	1,56,050

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: BD000000007551964 Verified with fees paid receipt

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

Remarks: Verified and enlisted

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 25.11.2022	RGUHS 20.09.2024	KSNC 23/4/2024	INC 19.3.2025	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	RGU/AFF/GRVCON-DV4/Fr.B.Sc(N)/2022-23 Annexure - 5	RGU/AFF/NSG/COA/01/2024-25 Annexure - 6	11571/2024-25 Annexure - 7	18-15/15936-INC3624 Annexure - 8	Annexure attached
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	29		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Not applied the Course
	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	Not applied the Course
	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	16	15	28	–	59
	Female	13	19	12	–	44
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: Verified with Admission registers & Copies.

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

12. Teaching Faculty Requirements for all Nursing Programs:

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

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

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

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

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

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

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

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

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

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

250 students				

*- Aadhar based biometric attendance for students

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Teaching Faculty Details

Sl. No	Name of the Teaching Faculty	Designation along with spec.	Qualification	Year of Passing	KNC Reg. No	Teaching Experience After UG	Teaching Experience After PG	Date of Joining	Salary Certificate (Yes/No)	Signature of Faculty
1	Prof. Bessy Jeslin S	Principal	MSc(N) Medical Surgical Nursing	2010	RN 74458/RM 79535	2 yrs	15yrs	06-01-2025	Yes	
2	Suresh D M	Vice-Principal	MSc(N)	2012	13365	2 yrs	13yrs	07-01-2025	Yes	
3	Rangeswamy	Associate Professor	MSc(N)	2017	66375	2 yrs	8yrs	21-01-2025		
4	Anil P S	Asst. Professor	MSc(N)	2019	68375	1 yrs	6yrs	29-10-2024	Yes	
5	Harish Singh S	Asst. Professor	MSc(N)	2018	52013	1 yrs	5yrs	06-01-2025	Yes	
6	Chaya Devi H R	Tutor	MSc(N)	2021	73880	1 yrs	4yrs	11-10-2024	Yes	
7	Pallavi G	Tutor	BSc(N)	2021	121464	2 yrs	-	06-09-2024	Yes	
8	Palaiah V R	Tutor	BSc(N)	2023	182128	1 yrs	-	16-01-2025	Yes	
9	Priyanka M	Tutor	BSc(N)	2023	131231	1 yrs	-	17-02-2025	Yes	
10	Pavitra B	Tutor	P.BSc(N)	2023	133190	1 yrs	-	17-12-2024	Yes	
11	Devika B	Tutor	BSc(N)	2023	268110	2 yrs	-	01-08-2023	Yes	
12	Parisith Pandi	Tutor	BSc(N)	2021	126506	1 yrs	-	12-03-2025	Yes	
13	Nikita B	Tutor	BSc(N)	2023	155397	1.3 yrs	-	30-04-2024	Yes	
14	Sushma	Tutor	BSc(N)	2021	124882	4 yrs	-	11-08-2023	Yes	
15	Nayana S	Tutor	BSC(N)	2025	180772	5 month	-	17-03-2025	Yes	
16	Ajay Reddy R S	Tutor	BSC(N)	2025	-	1month	-	02-07-2025	yes	

Principal
GRV College of Nursing
21/3, MNR Marg, Arsanahalli
IVC Road, Bengaluru - 562110

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Principal
GRV College of Nursing
2173, MNR Marg, Arasanahalli
NC Road, Bengaluru - 562110

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 : Enclosed

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)	28000	
	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	13,000sq 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	
	2. Vice-Principal Chamber	200	200 sq ft	
	3. HOD	5 x 200 = 1000	1000 sq f	
	4. Professor/Assoc. Prof	800+2400=3200	3300 sq f	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq ft	
	7. Accountants Office	**100**	200 sq ft	
	8. Store Room	**100**	200 sq ft	
	9. Record room	**100**	100 sq ft	
	10. Room for maintenance staff	**100**	100 sq ft	
	11. Xeroxing room	**100**	100 sq ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4000 sq f	
	14. Toilets	1000	1000 sq f	

College has all the Required physical facilities as per INC & RGUHS norms.

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

	15. A.V/Aids room	600		

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq ft	
	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**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA 43 A 2933	52	✓Yes / No	✓Yes / No	✓Yes / No

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

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

Total No. of Nursing Books available	3008	**No. of Nursing Journals subscribed**	18
No. of Thesis/Research titles available	5	**Is internet facility available for Students?**	Yes
No of e-books		**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. Shoba. Y.	MLIB & Info	20.	Verified

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 Enclosed **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	The current batch of the Students are in 6th Semester. So its not Applicable.	—

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

Conferences conducted	Yes.	—
Conferences attended	8	—

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

18. Details of Clinical / Hospital Facilities : Enlisted **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 Suviksha Multispecia lity Hospital, Vijayapura Road, Devanahalli Tk. MOU(Registered parent hospital MOU)		100	20 kms	90%. Yes	
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					Verified
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Devanahalli Taluk Hospital	100	13 kms	90%	
	2				
	3				

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

	(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: Verified hospital documents,

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	30	29	35	32
Surgery including OT	33	29	25	19
Obstetrics & Gynecology	8	7	10	8
Pediatrics,	3	3	5	3
Emergency Medicine	4	2	5	3
Psychiatry	-	-	-	

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	1	3	2
Minor OT	2	1	3	1
Dental, Otorhinolaryngology, Ophthalmology	-	-	1	1
Burns and Plastic	1	-	4	-
Neonatology care unit	3	3	3	2
Communicable disease/Respiratory medicine/TB & chest diseases	2	1	5	3
Dermatology	1	1	2	1
Cardiology	1	1	5	4
Oncology	-	-	-	-
Neurology/Neuro-surgery	1	1	2	2
Nephrology/Urology	1	1	2	2
ICU/ICCU	3	2	6	5
Geriatric Medicine	5	4	6	5

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17 Enclosed	
RURAL FILELD		
a. Name of CHC / PHC / SC	Ardeshanahalli	
Adopted / Affiliated	Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute	8 kms.	
b. Services Rendered by Health & Family Welfare Programmes	ANC, PNC	
URBAN FEILD :		
a. Name of CHC / PHC / SC	Devanahalli	
Adopted / Affiliated	Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute	12 kms.	
b. Services Rendered by Health & Family Welfare Programmes	MCH, RCH, National programs	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☑	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	**Girls :** 58	**Boys :** 44
f.	Total No. of rooms	**Girls :** 15	**Boys :** 15
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	–	✓	Verified
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 LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

	affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	—	✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations: On the day of Inspection, LIC committee observations as follows

→ Infrastructure built in 28000 sq.ft. area contains 6 labs, 4 classrooms library & required nursing curriculum.

→ 16 teaching staffs are appointed along with principal & 16 were present

→ Library having 3008 books with proper seating arrangements

→ Institution is having parent suriksha multy speciality hospital Vijayapura, Devanahalli (Tk) with 100 beds & affiliated hospital Devanahalli taluk hospital Devanahalli with 100 beds.

→ Institution is recognised by the INC. RGUHS KNC

→ Vehicle facility & separate boys, girls hostel made available.

→ All the documents are verified & found correct.

Signature of Chairman 4/2/16

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 G.R.V. 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 04-08-25 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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA09308008547809X**
Certificate Issued Date	:	05-Aug-2025 11:00 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ GANGANAGAR1/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08342364748141 19X
Purchased by	:	GRV COLLEGE OF NURSING
Description of Document	:	Article 5(J) Agreement (in any other cases)
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GRV COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	GRV COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	500 (Five Hundred only)

Karnataka State Co-Operative Societies Association (R) ★ Ganganagar Branch B'luru 32

Please write or type below this line

UNDERTAKING by Trust Management

We the Member of the **GRV Business Management Academy (a Karnataka Societies Registration Act 1960)** are submitting the affidavit to University.

The Society **GRV Business Management Academy** is running/managing the colleges **GRV College of Nursing** since **3** Year.

NOTARY ★ LEELA B.com., LL.B., BENGALURU Reg. No. 8773 ★ GOVT. OF INDIA

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.

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.

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

NOTARY
LEELA
B.Com., LL.B.,
BENGALURU
Reg. No. 8773
GOVT. OF INDIA

SWORN TO BEFORE ME
06/08/2019
LEELA, B.Com.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#15. Ranasinghpet, B.D. Street
BENGALURU - 560 053

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA09306587069019X**
Certificate Issued Date	:	05-Aug-2025 10:59 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ GANGANAGAR1/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08342381986005 90X
Purchased by	:	SUVIKSHA HOSPITAL VIJAYPURA
Description of Document	:	Article 5(J) Agreement (in any other cases)
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SUVIKSHA HOSPITAL VIJAYPURA
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SUVIKSHA HOSPITAL VIJAYPURA
Stamp Duty Amount(Rs.)	:	500 (Five Hundred only)

SUVIKSHA HOSPITAL
Devanahalli Main Road
Vijayapura, Devanahalli Tq
Bangalore Rural Dist

NOTARY LEELA B.Com., LL.B.

Karnataka State Co-operative Societies Association (R) Ganganagar Branch B'lore 32

Please write or type below this line

NOTARY LEELA B.com., LL.B., BENGALURU Reg. No. 8773 GOVT. OF INDIA

UNDERTAKING

I, Dr Kavitha S, am the Owner of the Suviksha Hospital situated at Vijayapura Town, Devanahalli Taluk, Bangalore Rural – 562135 This is to confirm that our hospital is registered under KPME and PCB with 100 beds, and the bonafide certificate has been attached. This is to confirm that the Suviksha hospital is functioning as an affiliated/parent/own hospital for GRV College of Nursing.

We also confirm that our hospital is solely affiliated with GRV College of Nursing and is not affiliated with any other nursing college.
The information provided by us is true and correct.

(Dr. KAVITHA)
SUVIKSHA HOSPITAL
Devanahalli Main Road
Vijayapura, Devanahalli Tq,
Bangalore Rural Dist-562135

We also confirm that our hospital is solely affiliated with GRV College of Nursing and is not affiliated with any other nursing college.
The information provided by us is true and correct.

(Dr. KAVITHA)
SUVIKSHA HOSPITAL
Devanahalli Main Road
Vijayapura, Devanahalli Tq,
Bangalore Rural Dist-562135

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BENGALURU
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