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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Arvind Katti	Dr. Siddaram S Patil	Poornima K
Designation	Associate Professor, Surgery Department	Chairman of BOS Homoeopathy UG Principal,	Principal of HKES College of Nursing
Address	HKE's Dr. Maalakaraddy Homoeopathic Medical College & Hospital, Kalaburgi	HKE's Dr. Maalakaraddy Homoeopathic Medical College, Kalaburgi	HKES College of Nursing, Kalaburgi
Mobile No	9481640062	8880788800	9972082926
Email ID	arvindkatti@gmail.com	drsiddaram@gmail.com	

For the Academic Year : 2025 -2026 **Date of Inspection:13/08/2025**

(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**	SMT. SHANTADEVI MEMORIAL COLLEGE OF NURSING **BADAGANDI Tq bilagi Dist. Bagalkote**	2	**Year of Establishment**
				2022-23
2	**Status of the course conducting body**	**TRUST**		
3	**(a). Name of the Trust/Society &complete postal address**	**S R PATIL EDUCATION FOUNDATION BADAGANDI AT POST BADAGANDI TALUK BILAGI DIST BAGALKOT** (copy of Registration documents of Society/Trust) **ENCLOSED Annexure - 01**		
		Email:info@srpef.com	**Website:www.srpef.com**	

Signature of Chairman

Signature of Member (1)
Dr. Siddaram S Patil
AC Member

Signature of Member (2)
Dr. Poornima K
Subject

	(b). Name of the Owner of Trust/Society	ANNEXURE 01 ENCLOSED		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 07** Governing Council Members & Audit report of Trust		**ENCLOSED Annexure - 02**
5	**Details of Principal/Head of the institution**	**Name:** PRAVEEN KULKARNI **Qualification:** MSc NURSING **Experience:** 16 YEARS **Email:** srpef.nursingcollege@gmail.com		**Mobile No:** 7760902009 **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** ☑	

7. Affiliation Fee Paid Details: **Enclosed Annexure - 03**

Course Applied UG Courses	Enhancement of Seats	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	Continuation of Affiliation	0	155050 1000/-	0	0	1,55,050/- 1,000/-
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. NOT APPLICABLE		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	**1,56,050/-**

Online Transaction Number or Details: Transaction ID: BD00000007592084, Payment Ref No: ZHDFZHU09MOHCP Transaction Date-Time: 30-12-2024 17:28:37
Transaction ID: **BD00000007940595, Payment Ref No: BHDFCYX0F29EFD Transaction Date – Time : 12-03-2025 10:27:22**

Enclosed Annexure - 03

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: 40

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 04	Annexure - 05	Annexure - 06	Annexure	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	40				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	15	14	02		31
	Female	25	26	0		51
Post Basic B.Sc Nursing	Male	NOT APPLICABLE				
	Female					
M.Sc Nursing	Male	NOT APPLICABLE				
	Female					
M.Sc NPCC	Male	NOT APPLICABLE				
	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)

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To--------
NOT APPLICABLE						

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

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

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To--------
NOT APPLICABLE						

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		2									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		8									
	Total	**16-24**	**24-40**	**4-12**			17									

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) 13/8

Signature of Member (2)

12.1. Teaching Faculty details :– Details should be written in format only **ANNEXURE - 15 ENCLOSED**

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mr. Praveen Kulkarni	Principal	Basic BSc Nursing MSc in Community Health Nursing	2005 2009	2792	20	16	27/01/2025	Yes	
2.	Mr. Shivateerthayya Hiremath	Vice Principal	Basic BSc Nursing MSc in Medical Surgical Nursing	2009 2012	020336 004247	16	13	04/08/2025	No	
3.	Mr. Prasad K V	Associate Professor	Basic BSc Nursing MSc in Pediatric Nursing	2011 2015	44086	12	10	02/08/2025	No	
4.	Mr. Chetan sangati	Associate Professor	PB BSc Nursing MSc in Medical Surgical Nursing	2016 2019	178545	09	06	08/08/2024	Yes	
5.	Mr. Abhilash K S	Lecturer	PB BSc Nursing MSc in Psychiatric Nursing	2012 2021	136889	13	04	02/08/2025	No	
6.	Ms. Gangavva N Machakanur	Lecturer	PB BSc Nursing M Sc in Community Health Nursing	2020 2023	204688	05	02	01/08/2024	Yes	
7.	Mr. Mahanteshagoud Patil	Lecturer	Basic BSc Nursing MSc in Paediatric Nursing	2021 2024	121106	04	01	02/06/2025	Yes	
8.	Mr. Manjunath Hiremath	Lecturer	Post Basic BSc Nursing	2020	213553	05	00	16/06/2025	Yes	

Signature of Chairman

16/8

Signature of Member (1)

Dr Siddaram S Patil
AC Member

Signature of Member (2)

Dr. Prasannanath
Sub member

9.	Mr. Shivanand S Chavandi	Nursing Tutor	Post Basic BSc Nursing	2021	221417	04	00	10/06/2025	Yes	
10.	Mr. Santosh Balappa Makar	Nursing Tutor	Post Basic BSc Nursing	2021	220338	04	00	08/07/2025	Yes	
11.	Mr. Martin Basappa Channametri	Nursing Tutor	Post Basic BSc Nursing	2021	220337	04	00	12/07/2025	Yes	
12.	Mr. Basagondappa Sangappa Hogodi	Nursing Tutor	Post Basic BSc Nursing	2023	229771	02	00	01/01/2025	Yes	
13.	Ms Spoorti Hiremath	Nursing Tutor	Basic BSc Nursing	2023	147710	02	00	01/01/2025	Yes	
14.	Ms. Lakshmi Hanamant Kumbar	Nursing Tutor	Basic BSc Nursing	2024	168845	01	00	17/02/2025	Yes	
15.	Ms. Anupama Ningappa Badiger	Nursing Tutor	Basic BSc Nursing	2024	167622	01	00	01/04/2025	Yes	
16.	Ms. Akshata Prabhuling Gaded	Nursing Tutor	Basic BSc Nursing	2024	167625	01	00	01/04/2025	Yes	
17										
		ANNEXURE -15 ENCLOSED								

- **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 - 07**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	ANNEXURE -07 ENCLOSED				

14. Physical Facilities :

14.1. College Building:

Annexure - 08

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**33200 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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900 Sq. Ft. Each	**4 Class rooms** 1100 Sq. Ft. Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600 Sq. Ft. Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600 Sq. Ft. Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600 Sq. Ft. Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300 Sq. Ft.	600 Sq. Ft.	Verified
	2. Vice-Principal Chamber	200 Sq. Ft.	350 Sq. Ft.	
	3. HOD	5 x 200 = 1000	1750 Sq. Ft.	
	4. Professor/Assoc. Prof	800+2400=3200	4,200 Sq. Ft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office		1500 Sq. Ft.	
	8. Store Room		1600 Sq. Ft.t	
	9. Record room		500 Sq. Ft.	
	10. Room for maintenance staff		1200 Sq. Ft.	Verified
	11. Xeroxing room		600 Sq. Ft.	
	12. common room	1000	1400 Sq. Ft.	
	13. Seminar hall	3000	3500 Sq. Ft.	
	14. Toilets	1000	1200 Sq. Ft.	
	15. A.V/Aids room	600	700 Sq. Ft.	

Signature of Chairman (2)

Signature of Member (1) 13/8

Dr. Siddaraju S Patil

Signature of Member

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 Sq. Ft.	1750 Sq. Ft.	
	Nutrition & Community Health Nursing	1200 Sq. Ft.	1400 Sq. Ft.	
	Obstetrics and Gynecology Laboratory	900 Sq. Ft.	1050 Sq. Ft.	Verified
	Pediatrics Nursing Laboratory	900 Sq. Ft.	1050 Sq. Ft.	
	Pre-Clinical Sciences Laboratory	900 Sq. Ft.	1050 Sq. Ft.	
	Computer Lab (1: 5 computer :student)	1500 Sq. Ft.	1750 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: **ANNEXURE -08 ENCLOSED**

1. **Is the college building 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.**

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.

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **ANNEXURE -09 ENCLOSED**

S L No	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving License
1	KA29A8954	50	Yes	Yes	Yes

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

16. **Library facility :**Enclose list of library books **ANNEXURE – 10 ENCLOSED**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3500 Sq. Ft	YES AVAILABLE	YES	YES	

Total No. of Nursing Books available	2000	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	-	**Is internet facility available for Students?**	YES
No of e-books	-	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	SWAROOPA DANARADDI	DIPLOMA LIBRARY	01	

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 -11 ENCLOSED**

Academic activities	Particulars	Remarks
Research Projects	NOT APPLICABLE	
Conferences conducted	NOT APPLICABLE	

Signature of Chairman (2)

13/8

Signature of Member (1)

Dr Siddaram S Patil
AC Member

Signature of Member

Dr. Prashanth
Subject Exp

18. **Details of Clinical / Hospital Facilities** **ANNEXURE - 12 ENCLOSED**

1	**Do you have parent Medical College?**	**YES** ✓	
2	**Do you have parent hospital?**	**YES** ✓	**NO**
	If Yes, Hospital Owned by	**i. Trust** ✓	
		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 S R PATIL EDUCATION FOUNDATION **Smt. Shantadevi Memorial Hospital & Research center Badagandi -587116**	100	250 METRES	85 %	
NAME OF THE TRUST/ Person owning The Hospital S R PATIL EDUCATION FOUNDATION **Smt. Shantadevi Memorial Hospital & Research center Badagandi -587116**				
Name Of The Owner Of The Trust of Hospital S R PATIL EDUCATION FOUNDATION **Smt. Shantadevi Memorial Hospital & Research center Badagandi**				
Affiliated hospitals-Full Name & Address of the Parent Hospital	1	- NA-		
	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

Signature of Chairman (2) **Signature of Member (1)** 13/8 **Signature of Member** 13/8/2020

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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which 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, [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;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Signature of Chairman (2)

Signature of Member (1)

13/8

Signature of Member

13/8/2021

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	ANNEXURE - 12 ENCLOSED			
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
Neonatology care unit	ANNEXURE -12 ENCLOSED			
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				
Any other				

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

Dr. Jitendra Singh
AC Member

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

19	COMMUNITY HEALTH NURSING :	ANNEXURE -13 ENCLOSED
RURAL FILELD		
a. Name of CHC / PHC / SC	GIRISAGAR	
Adopted / Affiliated	AFFILIATED	
Administrate red by	**State Govt.** ☑	☐ ☐

Distance from the Nursing Institute	8 KM
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	MCH & FW CENTER 50 BEDED HOSPITAL BAGALKOT
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ ☐ ☐
Distance from the Nursing Institute	26
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

20	**Master Rotation Plan :**			**ANNEXURE -14 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**				
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**	
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**	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

23	**Hostel Facilities :**		**ANNEXURE -08 ENCLOSED**
a.	Whether the college is having a separate Hostel?	**YES** ✓	**NO** ☐
b.	Built-up area of the Hostel	**52186 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 : 30**	**Boys :15**
f.	Total No. of rooms	**Girls :22**	**Boys :22**
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 (2)

Signature of Member (1)
13/8
Dr. Siddaram S Patil

Signature of Member
13/8/2020

AC Member

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 Affiliated fees paid receipts	✓	
Annexure - 4	Approval Status : GOK Order	✓	
Annexure - 5	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 6	Approval Status : KNC Notification	✓	
Annexure - 7	Details of External /Part time Teachers	✓	
Annexure - 8	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 9	Vehicle Details : Bus	✓	
Annexure - 10	Details of List of Library Books & others	✓	
Annexure - 11	Academic Activities	✓	
Annexure - 12	Details of Clinical/Hospital Facilities	✓	
Annexure - 13	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 14	Master Rotation plans and Time tables	✓	
Annexure - 15	List of Teachers with their Declaration forms & necessary documents	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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.

Observation

We the LIC team has visited to Smt Shantadevi Memorial College of Nursing, Badgandi. The college is running under the trust. S.R. Patil Education foundation Badagandi.

1. The college is having 4 class rooms and 6 Labs. all the departments and labs are well equiped.
2. The college is having good number of teaching faculties i.e. 16.
3. The college is having own parent hospital. Smt Shanta-devi Memorial hospital and Research Centre Badgandi having 100 Bedded KPME, BMW and PCB Verified.
4. Having Inlet Established wards, OT, ICU. Eth. and affiliated to MCH and Fal centre 50 Bedded hospital Bagalkot.
4. Library is having 2000 + 1000 = 3000 text books.
5. College is having hostel facility seperately for Boys and girls.
6. College is having Bus facility for transportation of seating capacity 50.
7. Can be considered for Continuation of affiliation for the academic year 2025-2026.

Signature of Chairman (2)

Signature of Member (1)
15/8
Dr. Siddaramu S Patil
HC Member

Signature of Member
13/8/25