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. Suresh. Janadri	SIDDESHA Gowda B.K
Designation	Principal	Associate Professor	Principal
Address	Rajashekaraiah Institute of Ayurveda Solur.	Acharya & BM Reddy college of Pharmacy Bangalore-107	G.R.R. college of Nursing
Mobile No	9019587969.	9591138301	9741222288
Email ID	ayursank@gmail.com	sureshjanadri@gmail.com	siddeshsidlu11@gmail.com

For the Academic Year :			*Date of Inspection:*	
(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**	The Pruthvi College of Nursing Hadadi main road, Opp Shousti Hospital, Davangere - 577005	2	**Year of Establishment** 2023
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**	Smart Skill Education Society Ranebennur (tq) Haveri (dist) (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Smart Skill Education@gmail.com	**Website:**	

11/8/25
Signature of Chairman
(Dr. Sankanagoud Patil)

11/8/25
Signature of Member (1)
Dr. Suresh. Janadri

11/08/25
Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Manjunath Jyothi		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)		Annexure - 2
5	Details of Principal/Head of the institution	Name: Qualification: Experience: Email:		Mobile No: Office No: Fax No: Residential phone No:
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☑	NO ☐	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

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						
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3. NA			NA		NA
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	GO; MED33MSC 2023 Bangalore Dt: 19/01/2023 Annexure - 5	RGU/AFF/Fr/N 608/2021-22 Dt: 18/01/2023 Annexure - 6	KNC2160; 2022-23 Dt; 24/01/2023 Annexure - 7	NO Annexure - 8	Verified found correct
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	39	39	39	39	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	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	NA
	Sanctioned Intake	NA	NA	NA	NA	
	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	NA	NA	NA	NA	

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	15	16	02	–	33
	Female	24	22	08	–	54
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female					
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female					
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	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-------
	NA	NA	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: Verified relaveid documents & found correct.

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													
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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.										
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ENCLOSED

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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ENCLOSED

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

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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 - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	copy	enclosed.			Verified the documents.

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	96000 Sq ft	Verified
	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	3600 Sq ft	Verified the plan
	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	350 Sq ft	
	2. Vice-Principal Chamber	200	250 Sq ft	
	3. HOD	5 x 200 = 1000	1000 Sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		200 Sq ft	
	7. Accountants Office		250 Sq ft	
	8. Store Room		100 Sq ft	
	9. Record room		100 Sq ft	
	10. Room for maintenance staff		150 Sq ft	
	11. Xeroxing room		100 Sq ft	
	12. common room	1000	1000 Sq ft	
	13. Seminar hall	3000	3000 Sq ft	
	14. Toilets	1000	1000 Sq ft	
	15. A.V/Aids room	600	600 Sq ft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sq ft	Verified the Plan
	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: **Annexure – 12**

1. **Is the college building own or leased / rented?**
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.**

documents. enclosed.

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA16 D3036	20	Yes / No	Yes / No	Yes / No

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

16. **Library facility** :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2350 Sq Ft	YES ☑ No ☐	✓	✓	Adequate

Total No. of Nursing Books available	3386	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	Yes
No of e-books	15	**How many books were purchased in last financial year?**	390

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mamatha	M.Lib	13	Verified

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

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	—	—
Conferences conducted	—	—
Conferences attended	—	—

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

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

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital City Central Hospital P.VT. LTD. Davangere		100	2 Km	82%	Verified all the documents
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital Smart Skill education Society					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 City Central Hospital PVT LTD Unit-I	30	2.Km	85%	
	2 City Central Hospital PVT. LTD Unit-II	60	1.5.Km	80%	

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

NOTE:

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

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

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 parent hospital & affiliated hospital. permission records & found correct.

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	35	76-1.	20+10	76-1.
Surgery including OT	25	78-1.	10+10	80-1.
Obstetrics & Gynecology	10	80-1.	05+02	76-1.
Pediatrics,	10	76-1.	05+02	78-1.
Emergency Medicine	05	78-1.	02+02	90-1.
Psychiatry	03	80-1.	01+01	86-1.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	76-1.	01+01	76-1.
Minor OT	08	80-1.	02+02	80-1.
Dental, Otorhinolaryngology, Ophthalmology	-	-	-	-
Burns and Plastic	-	-	-	-
Neonatology care unit	02	76-1.	01+01	75-1.
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-	-	-
Dermatology	-	-	-	-
Cardiology	05	78-1.	03+02	76-1.
Oncology	-	-	-	-
Neurology/Neuro-surgery	02	75-1.	01+01	75-1.
Nephrology/Urology	-	-	-	-
ICU/ICCU	05	76-1.	03+02	78-1.
Geriatric Medicine	-	-	-	-
Any other	-	-	-	-

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD	Shiramanahalli	
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	07 Km	
b. Services Rendered by Health & Family Welfare Programmes	MCH Emergency	
URBAN FEILD :		
a. Name of CHC / PHC / SC	Nittuvalli	
Adopted / Affiliated		
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	02 Km	
b. Services Rendered by Health & Family Welfare Programmes	MCH Emergency	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 35,700/-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 : 05	Boys : 07
f.	Total No. of rooms	Girls : 10	Boys : 7
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	Yes.	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes	
Annexure - 3	Details of any other Nursing Institution under the same Trust	Yes	
Annexure - 4	Details of Affiliated fees paid receipts	Yes	
Annexure - 5	Approval Status : GOK Order	Yes	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes	
Annexure - 7	Approval Status : KNC Notification	Yes	
Annexure - 8	Status : INC Notification	~~Yes~~	No.
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	~~Yes~~.	No
Annexure - 10	List of M.Sc. Nursing Students as per format	~~Yes~~.	No.
Annexure - 11	Details of External /Part time Teachers	Yes.	
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 - 13	Vehicle Details : Bus	Yes	
Annexure - 14	Details of List of Library Books & others	Yes	
Annexure - 15	Academic Activities	Yes	
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 - 17	Details of Community Health Nursing Posting Facilities	Yes	
Annexure - 18	Master Rotation plans and Time tables	Yes.	

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

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

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

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

⇒ The Institution is construted with 26000 Sq ft area by devising a well equiped 6 labs, 5 class rooms, & required. wings.

→ 18 teaching staffs are appointed for 40-60 intake capacity 1 staff were on informed leave, rest all were present.

→ Library contains 3389 (3389) books along with proper seating arrangements.

→ Institution having parent hospital "City Co-ed Hospital Davangere with 100 beded capacity" & The same hospital having Unit-I=60 bed Unit-II=30 bed are affiliated. KPME, PCB are verified & found Correct.

→ Vehicle facility for community posting made available.

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

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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)

Teaching faculty details

Sl no	Name of the teaching	Designation	Qualification Along with speciality	Year of passing	KSNC Reg. number	Teaching experience		Date of joining	Form-16 Submitted Yes /no	Signature Of Faculty
						After UG	After PG			
1	Vijayalaxmi Naidu	Principal	M.Sc.Nursing Community health nursing	2008	6527	05	17	01/04/2025	~~Yes~~	
2	Uma N	Associate professor	M.Sc. nursing Medical surgical nursing	2018	64735	1yr	5yrs	08/07/2024		
3	Harshitha M N	Asst professor	M.Sc. nursing Mental health nursing	2018	71309	1	4yrs	06/04/2024		
4	Savitha G.S	Asst professor	M.Sc. nursing Mental health nursing	2018	52651	1yr	4yrs	05/05/2024		
5	Anil Kumar S.R	lecturer	M.Sc. nursing Medical surgical nursing	2018	137491	3yrs	3yrs	01/01/2024		
6	Sindhu C	lecturer	M.Sc. nursing Medical surgical nursing	2020	88587	-	4yrs	12/02/2024/		
7	Chaithra	Asst prof	M.Sc. nursing Child health nursing	2021	26415	-	3 yrs..	11/03/2024/		
8	Sindhu R	lecturer	M.Sc. nursing OBG	2025	122997		2yrs	01/03/2024		
9	Vidya B .N	Nursing tutor	BSc nursing	2020	109126			03/03/2025		

11/5/25

11/5/25

10	Ajjaiah C V	Nursing tutor	BSc nursing	2020	154278			02/02/2023		
11	Thipperudrappa D	Nursing tutor	BSc nursing	2021	166913			06/06/2024/		
12	Pallavi G	Nursing tutor	BSc nursing	2021	121464			26/05/2024		
13	Pavithra B	Nursing tutor	PBBSC Nursing	2021	133190			22/08/2024		
14	Vidhya R	Nursing tutor	BSc nursing	2023	151972			16/09/2024		
15	Priyanka.M	Nursing tutor	BSc nursing	2022	131231			10/10/2024		
16	Nasreen Taj. M	Nursing tutor	BSc nursing	2023	158366			01/12/2024		
17	Kavya B	Nursing tutor	BSc nursing	2021	130415			10/11/2024		
18	Nandini N	Nursing tutor	BSc nursing	2021	122329			05/02/2025		

→ Leave →

Verified & Enclo

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

UNDERTAKING

I/We, Dr. M.L. Subarao
is/are the Owners/MD/CEO/Board Members of the City Central Hospital hospital situated at Davanagere

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

This is to confirm that the hospital City Central is functioning as ~~affiliated~~/parent/own hospital for The Prithvi College of Nursing. college.

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

The information provided by us is true and correct.

For City Central Hospital Pvt. Ltd.

Managing Director

For City Central Hospital Pvt. Ltd.

Managing Director

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust The Prithvi College of Nursing are submitting the affidavit toUniversity.

The trust Smart Skill Education Society (R). is running/managing the colleges 1. The Prithvi College of Nursing
2. The Nisarga College of Nursing.
3. since 04 years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

Jyothi
Secretary
Smart Skill Education Society (R)

Secretary
Smart Skill Education Society (R)

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

UNDERTAKING

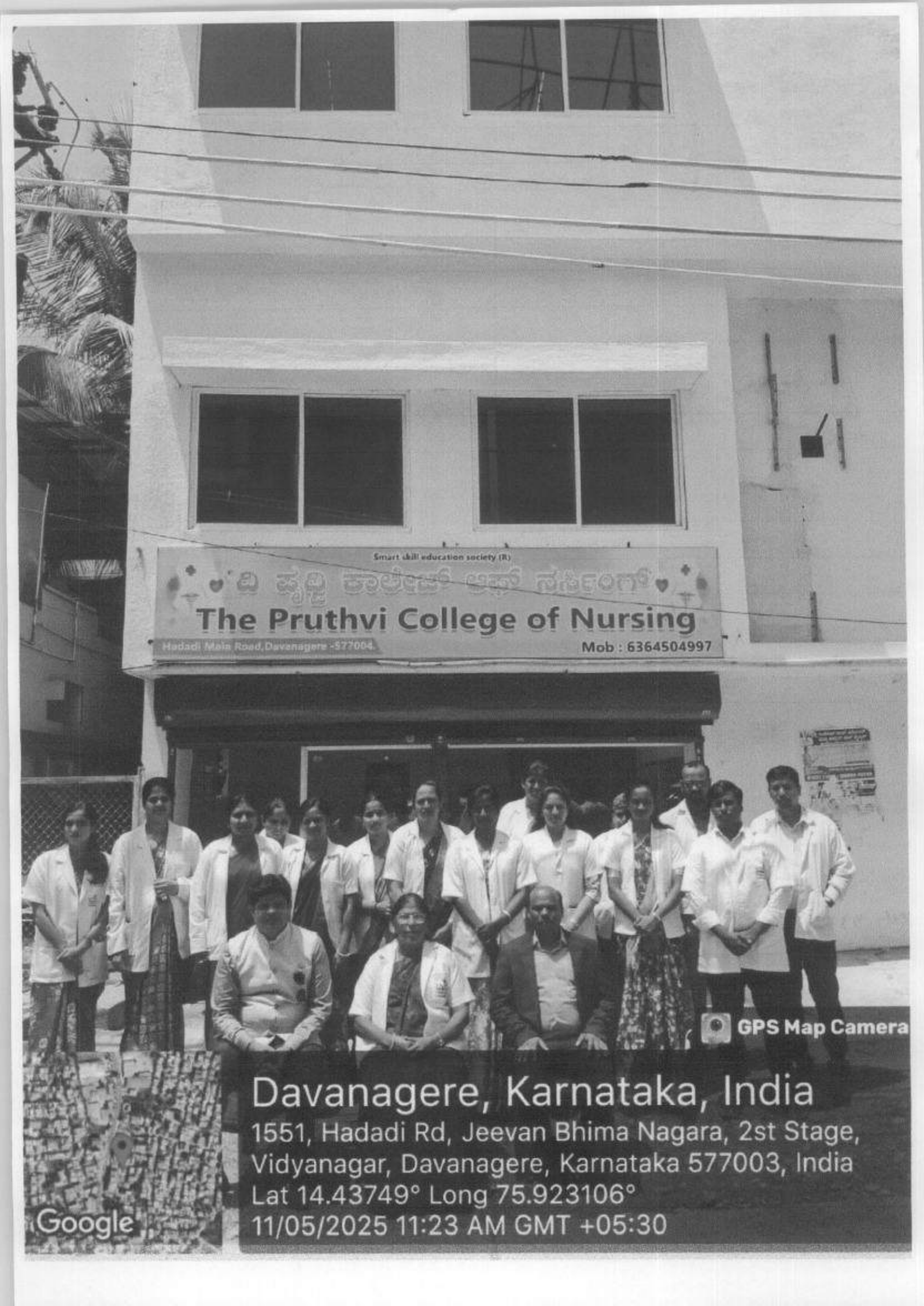
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at The Pruthvi College of Nursing, Davanagere which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/5/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
(Dr. Sankanagoud Patil)	(Dr. Suresh Janadri)	11/05/25 SIDDESHA Gowda B.K.


Smart skill education society (R)
The Pruthvi College of Nursing
Hadadi Main Road,Davanagere -577004.
Mob : 6364504997
GPS Map Camera
Davanagere, Karnataka, India
1551, Hadadi Rd, Jeevan Bhima Nagara, 2st Stage,
Vidyanagar, Davanagere, Karnataka 577003, India
Lat 14.43749° Long 75.923106°
11/05/2025 11:23 AM GMT +05:30
Google

PRUTHVI GROUP OF INSTITUTIONS DAVANAGERE

THE PRUTHVI COLLEGE OF NURSING, DAVANAGERE

HADADI MAIN ROAD, OPP SHRUSTI HOSPITAL, DAVANAGERE-577005.

ATTENDANCE CERTIFICATE

This is to certify that Dr Shankaragouda Patil. Principal Rajashekaraiah Institute of Ayurveda Medical Science and Hospital, Solur, Ramanagar. Senate MemberRajiv Gandhi University of Health Sciences Bangalore conducted LIC inspection on 11-05-2025 at The Pruthvi College of Nursing, Davangere for the academic year 2025-2026.

Thanking you

Yours faithfully

Principal
The Pruthvi College of Nursing
Davanagere-577 005.

thepruthvicondvg@gmail.com

+91 63645 04997