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. Shrinivas L D.	Prof. Mahammad Suhail.	Mr. Nandaprakash.
Designation	Professor.	Chairman of BOS	Principal.
Address	JJMMC Davanagere.	Principal. Kanachur college of Physiotherapy. Mangalore	Principal Govt. college of Nursing Mysuru
Mobile No	7259920520	9663407439	9448221987
Email ID	Shrinivasphama@gmail.com	msuhail@kanachur.edu.in	[illegible]

I. pection For the Academic Year : *Date of Inspection:* 09/08/2025

(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	OM COLLEGE of NURSING. Beside STJIT college P.B.Road Ranibennur-581115. Dist-Haveri	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	Prashanti Education Trust (R) Hiregoudar complex. 3rd cross. Ashoknagar Medleri road. Ranibennur. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: ompetrust@gmail.com	Website: OMGROUPAC2020.com	
		Office No: 08373-260252	Mobile No: 9901804333	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. NANDAPRAKASH

	). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Smt. Rukmini. Sawkar. Prashanthi Education Trust 9901804333		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 08. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Smt. Kusumavathi. V. Jamakandi Qualification: MSc(N) Experience after MSc: 12 Email: kusumajamakandi29@gmail.com	Mobile No: 8971200698. Office No: – Fax No: – Residential phone No: 8971200698	
	b) Drawing authority of the college	Yes		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES [–]	NO [✓]	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	✓					1,56,050/-
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
				Grand Total (A+B+C)		

Received & D

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: Transaction ID :- BD00000075677735
Payment Ref NO : ZSBIUB9096A9NK on 24/12/2024

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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

	Sanctioned Intake					
	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	10	07	02	-	19
	Female	29	32	01	-	62
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01				0			
2	Vice-Principal	1	1							01				0			
3	Professor	1	1-2					1*		01				0			
4	Associate Professor	2	2-4					1*		02				0			
5	Assistant Professor	3	3-8				2	3*		03				0			
6	Tutor	8-16	16-24				2-10	--		08				0			
	Total	**16-24**	**24-40**				4-12			16				0			

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

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

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

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

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

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

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

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

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

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12.1. Teaching Faculty details: – Details should 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.	Mrs. Kusumavathi. V. Tamakhandi	Principal.	MSc (CHN)	2010	8261	17	14	03/06/24		
2.	Mrs. Rekha Belur.	Asst. Prof.	MSc (MSN)	2020	75042	08	04	12/07/22	Yes	
3.	Mrs. Janaki.	Asst. Prof.	MSc (CHN)	2021	150135	10	03	18/11/21	yes	
4.	Mr. Abhilash	Asst. Prof.	MSc (MHN)	2021	136889	10	02	01/09/24	yes	
5.	Mr. Avinasha. G. H.	Lecturer	MSc (MHN)	2024	194486	04	01	22/08/24	yes	
6.	Mrs. Ayeshabi. N	Lecturer	MSc (OBG)	2024	112508	04	01	10/07/24	yes	
7.	Mrs. Renuka Bhajantri	Lecturer	MSc (MSN)	2022	63191	03	02	01/09/24	yes	
8.	Mr. Prashant Yaligar	Nursing Tutor	Bsc (N)	2022	132980	02	—	01/07/23	yes	
9.	Mr. Sachin. M. Kerakanavar	Nursing Tutor	BSc (N)	2022	145135	02	—	16/10/23	yes	
10.	Mrs. Chandramathibai.	Nursing Tutor	PBBSc (N)	2025	135163	01	—	03/02/25	yes	
11.	Mr. Shivaraj. P. D.	Nursing Tutor	BSc (N)	2025	183258	01	—	22/03/25	yes	
12.	Ms. Sowmya Kachcharabi.	Nursing Tutor	BSc (N)	2025	183525	01	—	22/03/25	yes	
13.	Ms. Sudha. Hadimani	Nursing Tutor	BSc (N)	2025		01	—	22/03/25	yes	
14.	Ms. Reshma Javali	Nursing Tutor	BSc (N)	2025	170944	01	—	26/05/25	yes	
15.	Ms. Pooja. B. Haranagiri	Nursing Tutor	BSc (N)	2025	170934	01	—	04/08/25	yes	
16.	Mrs. Vani. B.	Asso. Prof.	MSc (CHN)	2019	66112	06	05	09/08/22	yes	
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	23,200 Sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900 Sq.ft X4	
	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	5 x 200 = 1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq.ft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 X 1 Sq.ft	
	7. Accountants Office	**100**	100 Sq.ft	
	8. Store Room	**100**	100 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	3000 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	

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

	15. A.V/Aids room	600	600 Sq ft	

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	16000 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: **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 **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA27B5194	40	Yes / No	Yes / No	Yes / No

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

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

Total No. of Nursing Books available	969	No. of Nursing Journals subscribed	08.
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?	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. Devang Lamani.	MSc Lib.	03 years	

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

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

Academic activities	Particulars	Remarks
Research Projects		

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

Conferences conducted	~	—
Conferences attended	—	—

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital OM Hospital, Medleri Road, Ranebennur MOU(Registered parent hospital MOU)		100	3.3 Kms.	82-1.	
NAME OF THE TRUST/ Person owning The Hospital Prashanti Education Trust (Dr. Manoj. P. Sawkar)					
Name Of The Owner Of The Trust of Hospital Dr. Manoj. P. Sawkar					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Patil's Multi-speciality Hospital, RNR.	100	0.9 Kms	85-1.	
	2 Nandi Hospital.	50	0.2 Kms.	80-1.	
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)	100			

(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:

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	20			
Surgery including OT	10			
Obstetrics & Gynecology	10			
Pediatrics,	10			
Emergency Medicine	20			
Psychiatry	-	-		

Additional/Other Specialties/Facilities for clinical experience:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Geriatric Medicine	–			
Any other	–			

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		03 kms
b. Services Rendered by Health & Family Welfare Programmes		Yes
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		03 kms
b. Services Rendered by Health & Family Welfare Programmes		Yes
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	YES ☑	NO ☐
b.	Daily Attendance Registers	YES ☑	NO ☐
c.	Health Records	YES ☑	NO ☐

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

d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 21,000 Sq.ft.	
c.	Is the Hostel Owned or Rented/Leased?	Own ☑	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	yes		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	yes		
Annexure - 3	Details of any other Nursing Institution under the same Trust		NO	
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		No	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		NO	
Annexure - 10	List of M.Sc. Nursing Students as per format		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		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 14	Details of List of LibraryBooks & 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		
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		NO	

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:

om college of Nursing, Ranebennur applied for continuation of Affiliation for the year 2025-26, BSc(Nursing) 40 seats. we the team of LIC conducted inspection on 9/8/25 with following observations.

- Intake 40
- KPME – 100 bed Parent hospital
- KSSB – NOC obtained
- Adequate class rooms, labs and clinical facility
- Teaching and non teaching faculty Present

So Infrastructure, faculty, clinical facility adequate for 40 BSc Nursing seats admission on the day of Inspection.

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 OM 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 09/08/2024 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)

UNDERTAKING by Trust Management

We . the Chairman/President/Secretary/Member of the trust Dr. Manoj. P. Sawkar. are submitting the affidavit toUniversity.

The trust Prashanthi Education Trust. is running/managing the colleges 1. OM college of Nursing.

2._____

3._____ since 2022-23(3yr) 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.

***Note Undertaking should be given in affidavit**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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KARNATAKA STATE COOPERATIVE SOCIETY ASSOCIATION (R) BRANCH RANEBENNUR 581115

Please write or type below this line

NOTARY EXANTA MUDIGOUDAR RANEBENNUR REV TALUK NO LAW 105 LCL-2000 GOVT. OF KARNATAKA

SRI NANDI HOSPITAL
SY No:797/1A Plot No.7
Rajrajeshwari Nagar
RANEBENNUR-581115
Ph No:08373-268382

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UNDERTAKING

I, Dr. Girish Patil is the Owners of the Sri Nandi Hospital situated at Rajeshwari Nagar Ranebennur 581115. This is to confirm that our hospital "Sri Nandi Hospital" is registered under KPMEA and PCB with 50 beds and the bonafide certificate has been attached. This is to confirm that the hospital "Sri Nandi Hospital" is functioning as affiliated for OM college of Nursing. We also confirm that our hospital is solely affiliated to OM college of Nursing college and is not affiliated to any other nursing college. The information provided by us is true and correct.

Place:Ranebennur

Date: 09.08.2025

SRI NANDI HOSPITAL
SY No:797/1A Plot No.7
Rajrajeshwari Nagar
RANEBENNUR-581115
Ph No: 08373-268382

NO OF CORRECTIONS
NOTARY

NOTARY
EKANTA MUDIGOUDAR
RANEBENNUR
REV TALUK
NO LAW 105
LCL-2000
GOVT. OF KARNATAKA

EXECUTED BEFORE ME
09 08 2025
NOTARY PUBLIC
RANEBENNUR

Ekanta Mudigoudar
Advocate & Notary
Raja-rajeshwari Nagar
RANEBENNUR-581115
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First Party	:	PRASHANTHI EDUCATION TRUST RANEBENNUR
Second Party	:	THE REGISTER RGUHS BANGALORE
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KARNATAKA STATE CO-OPERATIVE SOCIETY ASSOCIATION (R) BRANCH RANEBENNUR 581115 AUG-2025

Please write or type below this line

NOTARY EKANTA MUDIGOUDAR RANEBENNUR REV TALUK NO LAW 105 LCL-2000 GOVT. OF KARNATAKA

For, Prashanti Education Trust

Secretary / Chairman

Statutory Alert:

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2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING by Trust Management

I the Secretary of the trust Dr. Manoj P Sawkar is submitting the affidavit to University.

The Prashanthi Education trust is running the colleges OM College of Nursing, since 3 years(2022-2023). 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.

For, Prashanti Education Trust

Secretary / Chairman

NO OF CORRECTIONS

NOTARY

NOTARY
EKANTA
MUDIGOUDAR
RANEBENNUR
REV TALUK
NO LAW 105
LCL-2000
GOVT. OF KARNATAKA

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RANEBENNUR

Ekanta Mudigoudar
Advocate & Notary
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NOTARY EKANTA MUDIGOUDAR RANEBENNUR REV TALUK NO LAW 105 LCL-2000 GOVT. OF KARNATAKA

for: OM Hospital

Proprietor

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3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING

I, Dr.Manoj P Sawkar is the Owners of the OM Hospital situated at Ashok Nagar 3rd Cross Medleri Road Ranebennur 581115. This is to confirm that our hospital "Om Hospital" is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached. This is to confirm that the hospital "Om Hospital" is functioning as Own hospital for OM college of Nursing. We also confirm that our hospital is solely affiliated to OM college of Nursing college and is not affiliated to any other nursing college. The information provided by us is true and correct.

Place:Ranebennur

Date: 09.08.2025

for: OM Hospital

Proprietor

NO OF CORRECTIONS 1

NOTARY

NOTARY
EKANTA MUDIGOUDAR
RANEBENNUR
REV TALUK
NO LAW 105
LCL-2000
GOVT. OF KARNATAKA

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09.08.2025
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Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	OM COLLEGE OF NURSING RANEBENNUR
Second Party	:	PATIL MATERNITY HOSPITAL RANEBENNUR
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Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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For Patil's Multi Specialty Hospital

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For Patil's Multi Specialty Hospital

Proprietor

UNDERTAKING

Patil multispecialty Hospital

I, Dr.Prakash Patil is the Owners of the [illegible] situated at Ashok Nagar Medleri Road Ranebennur 581115. This is to confirm that our hospital "Patil Multispecialty Hospital" is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached. This is to confirm that the hospital "Patil Multispecialty Hospital" is functioning as affiliated for OM college of Nursing. We also confirm that our hospital is solely affiliated to OM college of Nursing college and is not affiliated to any other nursing college. The information provided by us is true and correct.

For Patil's Multi Specialty Hospital

Proprietor

Place:Ranebennur

Date: 09.08.2025

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09/08/2025
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NOTARY

Ekanta Mudigoudar
Advocate & Notary
Raja-rajeshwari Nagar
RANEBENNUR-581115
M : 9448555994, 9900188422

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Proprietor

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