



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. SRINIVAS L. S.	Dr. Geetha Dolli	Dr. ROSALINE REDDY
Designation	Prof. Emer.	Professor	PROFESSOR
Address	J.T.M. Medical Colln Davanagere.	AC Member RGHU Basavaraj Patel Memorial HSSC AMR Hanumanth Bidesi	Johan Institute of Nsg Science, Bangd
Mobile No	7259920520	9886431714	9588356171
Email ID	srinivasa@gmail.com	geethadolli@gmail.com	

Inspection For the Academic Year : 2025 - 2026

Date of Inspection: 11/08/2025

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	SEECAB COLLEGE OF NURSING NAURASPUR, TALNAGAR, BAGALKOT ROAD, VIJAYAPUR - 586109.	2	Year of Establishment	2022-23
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	SEECAB ASSOCIATION. #12, NAUBAG, VIJAYAPUR - 586101 (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: nursing@seecab.org		Website: www.nursing.seecab.org	
		Office No:		Mobile No: 7090951969	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Geetha Dolli
AC Member

Dr. Rosaline Reddy

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. S. A. PUNEKAR 9844779199		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : ENCLOSED (07) (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. VAHITHAKHANAM. R Qualification: M.Sc.(N) Experience after MSc: 18 years Email: vahithamalam@gmail.com	Mobile No: 9113646435 Office No: 7090951969 Fax No: - Residential phone No: -	
	b) Drawing authority of the college			
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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION AFFILIATION		ENCLOSED.			Rs.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.	- NOT APPLICATION -				
	3.					
	4.					
	5.					
Total (B)						
NPCC						
Total (C)						
Grand Total (A+B+C)						

Online Transaction Number or Details:

Payment Ref. No- ZHMPERD09AC92V.

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	MED 56 MMC 2023 Dt. - 18/01/2023 Annexure - 5	RGU/Aff/NGG COA/01/2024 - 25 Dt. - 20/09/2024 Annexure - 6	KSNC/1157 F.NO: 2025-26 - NA - Dt. 15/04/2025 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	-	
	Admissions Made for the Current Academic Year	38	38	38		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	NA	-		
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☒ b. Medical Surgical ☒ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	NA	-		
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	-	NA	-		
	Sanctioned Intake					

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	Admissions Made for the Current Academic Year					
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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	14	14	-	-	28
	Female	23	13	-	-	36
Post Basic B.Sc Nursing	Male		N	A	-	
	Female					
M.Sc Nursing	Male		N	A	-	
	Female					
M.Sc NPCC	Male		N	A	-	
	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-----
		-	N A	-		

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-----
		-	N A	-		

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)					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								1			
2	Vice-Principal	1	1								1			
3	Professor	1	1-2					1*			-			
4	Associate Professor	2	2-4					1*			1			
5	Assistant Professor	3	3-8				2	3*			5			
6	Tutor	8-16	16-24				2-10	--			5			
	Total	16-24	24-40				4-12				13			

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

250 students				
* Aadhar based biometric attendance for students				


Signature of Chairman

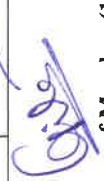

Signature of Member (1)


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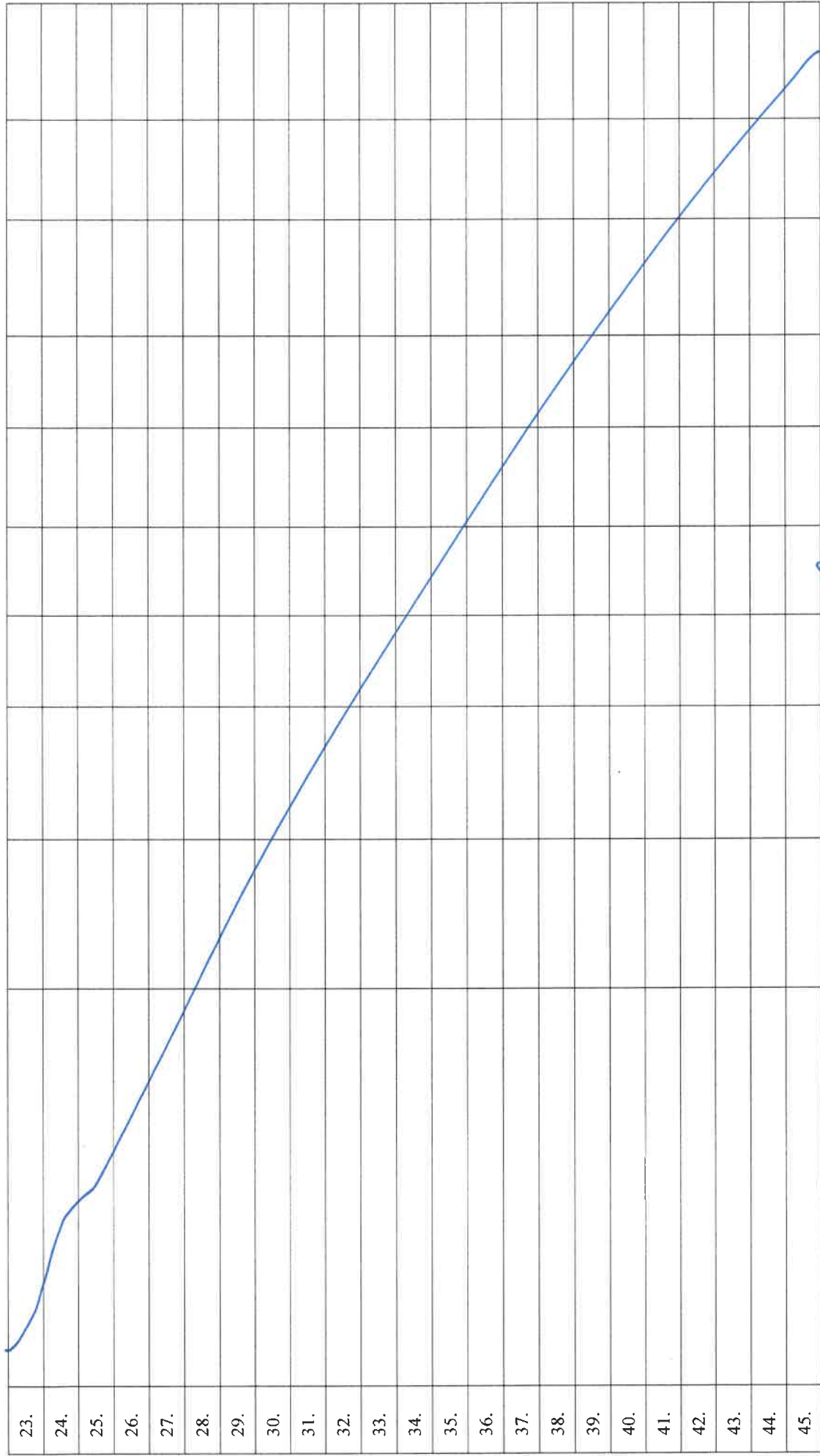
12.1. Teaching Faculty details: – Details should be written in format only.

SL No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.									
2.									
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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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Signature of Chairman





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
		- E N C L O S E D -			

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)	27,545sqft	YES
	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 900sq ft Each	900 sqft	AVAILABLE YES.
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	- NA -	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	- NA -	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	- NA -	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	400	YES
	2. Vice-Principal Chamber	200	200	YES
	3. HOD	5 x 200 = 1000	1000	YES
	4. Professor/Assoc. Prof	800+2400=3200	3200	YES
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600	YES
	7. Accountants Office	100	100	YES
	8. Store Room	100	100	YES
	9. Record room	100	100	YES
	10. Room for maintenance staff	100	100	YES
	11. Xeroxing room	100	100	YES
	12. common room (Girls & Boys)	600+400= 1000	1000	YES
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	YES
	14. Toilets	1000	1000	YES

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15. A.V/Aids room	600	600	YES
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S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	YES
	Nutrition & Community Health Nursing	1200sq.ft	1200	YES
	Obstetrics and Gynecology Laboratory	900sq.ft	915	YES
	Pediatrics Nursing Laboratory	900sq.ft	915	YES
	Pre-Clinical Sciences Laboratory	900sq.ft	915	YES
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600	YES

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, 2021 F.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 Licence
1		50	✓ 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		YES ☒ No ☐	Well Ventilated	Adequate Lighting	

Total No. of Nursing Books available	1233	No. of Nursing Journals subscribed	8
No. of Thesis/Research titles available	- NA -	Is internet facility available for Students?	YES
No of e-books	1250	How many books were purchased in last financial year?	560

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. CHANEGAON. A. I	M. LIB	20 Yes	CHIEF LIBRARIAN
2.	Mr. NASEEMA ATHANI	M. LIB	14 Yes	JUNIOR LIBRARIAN

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 will increase/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	AVAILABLE	

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)

ENCLOSED

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 ☐	SOCIETY
		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		100	2 kms	85%.	YES
MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital		SECAB ASSOCIATION'S SECAB HOSPITAL			
Name Of The Owner Of The Trust of Hospital		MR. A.S. PATIL , SECRETARY, SECAB HOSPITAL .			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1	HUSSAIN HOSPITAL 50	5 kms	80%.	YES.
	2	-	-	-	-
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				
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(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/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, 2021 F.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	25	85%	10	80%
Surgery including OT	20	77%	10	85%
Obstetrics & Gynecology	15	75%	5	90%
Pediatrics,	10	79%	5	90%
Emergency Medicine	6	76%	5	100%
Psychiatry	3	99%	-	

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	-	-	2	100%
Minor OT	-	-	2	100%
Dental, Otorhinolaryngology, Ophthalmology	5	80%	-	-
Burns and Plastic	-	-	2	79%
Neonatology care unit	-	-	-	-
Communicable disease/Respiratory medicine/TB & chest diseases	5	80%	-	-
Dermatology	2	90%	-	-
Cardiology	-	-	2	85%
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	2	77%
Nephrology/Urology	-	-	2	89%
ICU/CCU	-	-	3	90%
Geriatric Medicine	2	100%	-	-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other	7	95-1.	—	—
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		CHC - TAJ	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☐ Municipal Corporation ☒ Private ☐	
Distance from the Nursing Institute		2 kms.	
b. Services Rendered by Health & Family Welfare Programmes		Home Visits, Immunization, Health & Control Prgms	
URBAN FEILD :			
a. Name of CHC / PHC / SC		PHC - HONAGANAHALLI	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☐ Municipal Corporation ☒ Private ☐	
Distance from the Nursing Institute		15 kms	
b. Services Rendered by Health & Family Welfare Programmes		Health Prevention & Control Prgms, Home Visits Immunization.	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.			

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☒	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls :	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 ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	NA		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	NA		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA		
Annexure - 10	List of M.Sc. Nursing Students as per format	NA		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

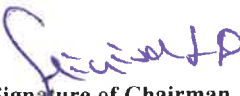
	affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing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

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

LIC Team Observations:

SECAB College of Nursing, Jalnagar, Vijaypur applied for continuation of affiliation for the year 2025-26 - BSc Nursing - 40 seats. We the team of LIC conducted inspection on 11/8/25 with the following observations. - Affiliation fee paid.

- Registered student on fee rolls.
- KPCB Shows - 100 beds -
- KPMR - Level III - 100 beds.
- Sufficient class rooms, Lab, Library Present
- Sufficient faculty for the given intake.
- Approved building plan with complete campus.
- Adequate clinical facility in the Hospital.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Dr. G. S. Doli
AC Member

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SECAR Nursing College, Vijaya Pur. 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)

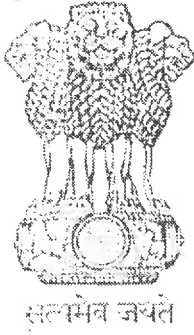

A C Member
(Member)
Dr. Geeta
Dolli


Subject Expert
(Member)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



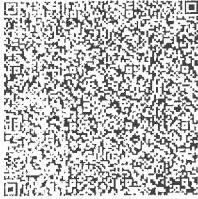
INDIA NON JUDICIAL

Government of Karnataka

e-Stamp



Certificate No. : IN-KA13828422982582X
Certificate Issued Date : 11-Aug-2025 10:57 AM
Account Reference : NONACC (FI)/ kaksfcl08/ BIJAPUR13/ KA-BJ
Unique Doc. Reference : SUBIN-KAKAKSFCL0842821893797738X
Purchased by : THE SECRETARY SECAB ASSOCIATION VIJAYAPUR
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
(Zero)
First Party : THE SECRETARY SECAB ASSOCIATION VIJAYAPUR
Second Party : THE REGISTER RGUHS BANGALORE
Stamp Duty Paid By : THE SECRETARY SECAB ASSOCIATION VIJAYAPUR
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



UNDERTAKING BY MANAGEMENT

We, the President/Secretary/Member of the SECAB Association, 12, Naubag Vijayapur are submitting the affidavit to University.

The SECAB Association, Vijayapur is running the SECAB College of Nursing Vijayapur since 03 years.(2022-23)

Cont-2



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 SECAB Association Vijayapur and is not leased/sub leased to any other trust/agency to manage the college.

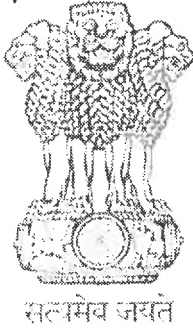
We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

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

Date.11-08-2025


(A.S.Patil)
HON. SECRETARY
SECAB ASSOCIATION,
BIJAPUR.





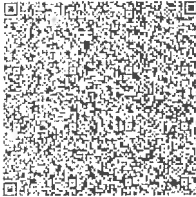
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Government of Karnataka

e-Stamp



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Unique Doc. Reference : SUBIN-KAKAKSFCL0842824487276266X
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Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
(Zero)
First Party : THE SECRETARY SECAB ASSOCIATION SECAB HOSPITAL VJP
Second Party : THE REGISTER RGUHS BANGALORE
Stamp Duty Paid By : THE SECRETARY SECAB ASSOCIATION SECAB HOSPITAL VJP
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



UNDERTAKING/ AFFIDAVIT

I, A.S.Patil Hon.Gen. Secretary, of Secab Association's is the owner of SECAB Association's SECAB HOSPITAL situated at Naubag, Vijayapur. This is to confirm that our SECAB Association's SECAB Hospital is registered under KPMEA and PCB with 100 beds and the

Cont-2



Bonofide certificate has been attached.

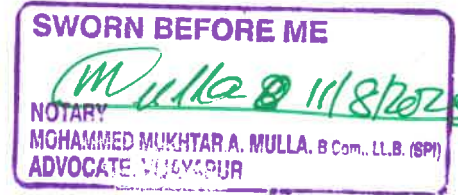
This is to confirm that the SECAB Association's SECAB HOSPITAL Vijayapur is functioning as parent Hospital for SECAB College of Nursing Vijayapur.

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

The information provided by us is true and correct.

Date.11-08-2025


(A.S. Patil)
HON. SECRETARY
SECAB ASSOCIATION,
BIJAPUR.





SECAB COLLEGE OF NURSING, VIJAYPURA

Approved by Govt. of Karnataka & Karnataka Nursing Council.
Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru.

⌚ <http://nursing.secab.org> ✉ E-mail: nursing@secab.org ✉ E-mail: secabcollegeofnursing@gmail.com

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

SELF DECLARATION FORM (Tobacco-Free & Drug-Free Campus)

Name of the Institution: SECAB College Of Nursing Vijayapura.

Address of the Institution: Jalanagar , Vijayapura.

Name of the Head of Institution: Prof. Vahitha khanam R

Contact Number & Email: 9113646435 & vahithamalam@gmail.com

RGUHS College Code: N316

SELF DECLARATION

I, SECAB College of Nursing Vijayapura, hereby declare that:

1. Our institution strictly prohibits the **sale, use, and promotion** of tobacco products in any form within the campus premises and within 100 meters from the boundary of the institution, in accordance with the **COTPA Act, 2003** and relevant Government Orders.
2. Our institution strictly prohibits the **possession, use, or distribution of drugs or any psychotropic substances** within the campus premises, in accordance with the **Narcotic Drugs and Psychotropic Substances Act, 1985** and relevant Government directives.
3. Adequate **sign boards** stating "Tobacco-Free Campus" and "Drug-Free Campus" have been displayed at all strategic locations within and around the campus.
4. Regular **awareness programs, counseling sessions, and sensitization drives** are conducted for students, staff, and visitors regarding the ill effects of tobacco and drug use.
5. Any violation of the above provisions by students or staff will attract strict disciplinary action as per institutional rules and applicable laws.
6. This declaration is submitted to the **Registrar, Rajiv Gandhi University of Health Sciences, Karnataka**, as per the requirements for maintaining a **Tobacco-Free and Drug-Free Campus**.

Place: Vijayapura

Date: 11/08/2025

Signature of Head of Institution

PRINCIPAL,
SECAB COLLEGE OF NURSING
JALANAGAR, VIJAYPUR-586109

