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.D	Prof. Mohammed Sulait	Dr. NANDA PRAKASH. P
Designation	Professor.	Principal.	Professor cum Principal
Address	J.J.M. Medical College Davanagere.	Kahachi college of Physiotherapy Mangalore	Govt. College of Nursing MMC & RI, Mysore-1
Mobile No	7259920520	9663407434	9448219870
Email ID	Srinivasphalma@gmail.com	MSUHAIL@RANACHAIR.EDU.IN	nandu8670@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	**Yes**	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	**Yes**	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	**PHOENIX INSTITUTE OF NURSING NH-4 HUBLI ROAD SHIGGAON**	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**	SHRI MRITHYNJAYA GRAMEENABHIVRIDHI SAMSHE NH-4 HUBLI ROAD SHIGGAON		
		Email:PNCSHIGGAON@GMAIL.COM	**www.phoenixinstitute.com**	

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

Dr. NANDA PRAKASH. P

9/8/25

	(b). Name of the Owner of Trust/Society	SHRI MRITHYNJAYA GRAMEENABHIVRIDHI SAMSHE NH-4 HUBLI ROAD SHIGGAON		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name: PRABHUDEVA** **Qualification: MSC** **Experience: 15** **Email:**		**Mobile No:8073436629** **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?**		**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	Continuation affiliation	**155050**				
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)	

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	Rgu/aff/phoni-haveri/fr.bsc.N(2022-23	RGU/AFF/NSG/COA/01/2024-25	Ksnc-1157/2024-25	Annexure - 8	observed and verified
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	16				
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		NA			
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					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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	01	5			6
	Female	15	26			41
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

NA

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			

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			

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

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: _____

_____

_____

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

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

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	PAN card No.	Adhar Card No.	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
								After UG	After PG			
1.	PRABHUDEVA	PRINCIPAL	CHN	2011	1582			04	15	10-12-2023		
2.	PARVATHGOWDA	VICE PRINCIPAL	MSN	2011	36406	BW VPP0468D	771324875227	02	15	02-12-2022		
3.	AYESHA A NADAF	ASSOCIATE PROFFESOR	MSN	2019	76033	AYCPN6929P	735171226570	02	7	01-04-2025		
4.	RAKSHITHA D	ASSISTANT LECTURER	CHN	2024	111448	ARAPR7574H	580012601104	05	01	01-08-2025		
5.	SUVARNA HIREMATH	ASSISTANT LECTURER	CHN	2025	109352	FAIPB0136B	594329247139	02	06	01-08-2025		
6.	KARABASAPPA	TUTOR	BSC	2025	16926		759907815962	04	00	11-04-2025		
7.	NETRAVATHI	TUTOR	BSC	2022	122906	ATOPH4361A	618475863372	03	00	11-02-2024		
8.	SUMALATHA	TUTOR	BSC	2023	147414	FAIPB0136B	594329247139	1YR 6M	00	15-07-2025		
9.	MEGHA.C	TUTOR	BSC	2024	202473606		391217356629	06	00	01-08-2025		
10.	MALATI HALLAMASHETTI	TUTOR	BSC	2024	182020		849177725670	06	00	01-08-2025		
11.	MALATESH	TUTOR	BSC	2024	125620	IHJPB9790N	675384907017	2YR	00	02-07-2023		
12.	PARIMALA	TUTOR	BSC	2023		AUWRL5234K	4010149987203					
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												

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
01	RAVIKUMAR T	MSC	MICROBIOLGY	40	
2	ASHWINI	MSC	BIOCHEMISTRY	40	
3	ASHARANI	MD	PATHOLOGY	60	

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		
	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	**36000**	
	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	**450**	
	2. Vice-Principal Chamber	200	**400**	
	3. HOD	5 x 200 = 1000	**1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**yes**	
	7. Accountants Office		**yes**	
	8. Store Room		**yes**	
	9. Record room		**yes**	
	10. Room for maintenance staff		**yes**	
	11. Xeroxing room		**yes**	
	12. common room	1000	**1000**	
	13. Seminar hall	3000	**3000**	

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

	14. Toilets	1000	**2000**	
	15. A.V/Aids room	600	**600**	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1600**	
	Nutrition & Community Health Nursing	1200sq.ft	**1200**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900**	
	Pediatrics Nursing Laboratory	900sq.ft	**900**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500**	

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.**

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**

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
03	KA27C4749	42	Yes	Yes	Yes

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	2300	YES ☑	Yes	yes	

Total No. of Nursing Books available	500	**No. of Nursing Journals subscribed**	3
No. of Thesis/Research titles available	2	**Is internet facility available for Students?**	yes
No of e-books	Yes	**How many books were purchased in last financial year?**	1500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	M.V. GADAD	M. Lib.	20 Yrs	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	**ENCLOSED**	Verified
Conferences conducted	**ENCLOSED**	

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

Conferences attended	**ENCLOSED**	

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

1	**Do you have parent Medical College?**		**NO**
2	**Do you have parent hospital?**	**YES** ☑	
	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 Sri MRITHYUNJAYA NURSING HOME		100	3.5	85%	
NAME OF THE TRUST/ Person owning The Hospital SRI MRITHYUNJAYA GRAMEENABHIVRUDDI SAMSTHE					
Name Of The Owner Of The Trust of Hospital RANI T					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1				
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease,

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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 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	30	28		
Surgery including OT	30	26		
Obstetrics & Gynecology	30	36		
Pediatrics,	20	18		
Emergency Medicine	10	09		
Psychiatry	10	09		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	03		
Minor OT	05	04		
Dental, Otorhinolaryngology, Ophthalmology	04	03		
Burns and Plastic	04	02		
Neonatology care unit	04	02		
Communicable disease/ Respiratory medicine/TB & chest diseases	03	03		
Dermatology	08	06		
Cardiology	10	09		
Oncology	05	04		
Neurology/Neuro-surgery	03	02		
Nephrology/Urology	02	02		
ICU/ICCU	03	02		
Geriatric Medicine	03	02		
Any other	02	02		

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

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

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

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	
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** ☑	
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** ☑	
b.	Daily Attendance Registers	**YES** ☑	
c.	Health Records	**YES** ☑	
d.	Clinical and field experience record	**YES** ☑	
e.	Practical record books - procedure record	**YES** ☑	
f.	Practical record books - Midwifery case book	**YES** ☑	

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

g.	Leave record	**YES** ☑	

h.	Extracurricular activities of students	**YES** ☑	
i.	Cumulative record of each	**YES** ☑	
j.	Course planning of each subject	**YES** ☑	
k.	Rotation plans	**YES** ☑	
l.	Committee Meetings	**YES** ☑	
m.	Affiliation records	**YES** ☑	
n.	Records of Stock	**YES** ☑	
o.	Annual report of activities and achievements	**YES** ☑	
p.	Staff development programmes	**YES** ☑	
q.	Anti ragging committee	**YES** ☑	
r.	Student welfare committee	**YES** ☑	

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	
b.	Built-up area of the Hostel	**Sq.ft 29000**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☑	
d.	Is there separate provision of Hostel for Male and Female Students?	**YES** ☐	
e.	Total No. of students in the hostel	**Girls : 24**	**Boys : 21**
f.	Total No. of rooms	**Girls : 8**	**Boys : 8**
g.	Water Supply	**YES** ☑	
h.	Electricity Supply	**YES** ☑	
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	
j.	Is Sick room available?	**YES** ☑	
k.	Whether the hostel mess is available with	**YES** ☑	
l.	Safe drinking water facilities	**YES** ☑	

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		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust		
Annexure - 3	Details of any other Nursing Institution under the same Trust		
Annexure - 4	Details of Affiliated fees paid receipts		
Annexure - 5	Approval Status : GOK Order		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval		
Annexure - 7	Approval Status : KNC Notification		
Annexure - 8	Status : INC Notification		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		
Annexure - 10	List of M.Sc. Nursing Students as per format		
Annexure - 11	Details of External /Part time Teachers		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel		
Annexure - 13	Vehicle Details : Bus		
Annexure - 14	Details of List of Library Books & 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 affiliated hospitals.		
Annexure - 17	Details of Community Health Nursing Posting Facilities		

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

Annexure - 18	Master Rotation plans and Time tables		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents		
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		

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

Observations:

Phoenix Institute of Nursing, Shiggaon applied for continuation of affiliation to RGUHS for BSc Nursing - 40 seats for the academic year 2025-26. We the team of LIC conducted inspection on 9/8/25 with the following observations.

- Affiliation fee Paid
- Regulated Act of BSc nursing
- Patient hospital with ICPMB - 100 beds.
- class rooms, laboratory and Library Plant
- Faculty adequate for 40 seats.
- Clinical facility for students Plant.

- Infrastructure, faculty, clinical facility is adequate 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 _____Phoenix Institute of Nursing, Shiggaon_____ 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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA15161061199958X**
Certificate Issued Date	:	12-Aug-2025 11:21 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ HAVERI1/ KA-HV
Unique Doc. Reference	:	SUBIN-KAKAGCSL08453496090704 88X
Purchased by	:	CHAIRMAN OR SECRETARY PHOENIX INSTITUTE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN OR SECRETARY PHOENIX INSTITUTE OF NURSING
Second Party	:	THE REGISTER R G U H S BANGALORE
Stamp Duty Paid By	:	CHAIRMAN OR SECRETARY PHOENIX INSTITUTE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorized Signatory

Please write or type below this line

UNDERTAKING by Trust Management

We the RANI TIRLAPUR Chairman of the trust SHRI MRITHYNJAYA GRAMEENABHIVRIDHI SAMSHE are submitting the affidavit toUniversity.

The trust SHRI MRITHYNJAYA GRAMEENABHIVRIDHI SAMSHE is running/managing the colleges **PHOENIX INSTITUTE OF NURSING NH-4 HUBLI ROAD SHIGGAON HAVERI** since 3 years.

Our College Is Affiliated To RGUHS since 03 Year

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.

PHOENIX INSTITUTES OF NURSING
NH-4 HUBLI ROAD
SHIGGAON-581205

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA15162235576941X
Certificate Issued Date	:	12-Aug-2025 11:22 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ HAVERI1/ KA-HV
Unique Doc. Reference	:	SUBIN-KAKAGCSL0845354542925716X
Purchased by	:	THE DIRECTOR OF SRI MRITHYUNJAYA NURSING HOME
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE DIRECTOR OF SRI MRITHYUNJAYA NURSING HOME
Second Party	:	THE REGISTER R G U H S BANGALORE
Stamp Duty Paid By	:	THE DIRECTOR OF SRI MRITHYUNJAYA NURSING HOME
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

We the RANI TIRLAPUR Chairman of the trust SHRI MRITHYNJAYA GRAMEENABHIVRIDHI SAMSHE are submitting the affidavit toUniversity.

The trust SHRI MRITHYNJAYA GRAMEENABHIVRIDHI SAMSHE is running/managing the colleges **PHOENIX INSTITUTE OF NURSING NH-4 HUBLI ROAD SHIGGAON HAVERI** since 3 years.

I/We,RANI TIRLAPUR is/are the Owners/ of the **Sri Mrithyunjaya Nursing Home** hospital situated at shiggoan

This is to confirm that our hospital **Sri Mrithyunjaya Nursing Home** is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Sri Mrithyunjaya Nursing Home** is functioning as affiliated/parent/own hospital for **PHOENIX INSTITUTE OF NURSING NH-4 HUBLI ROAD SHIGGAON HAVERI** college.

We also confirm that our hospital is solely affiliated to **PHOENIX INSTITUTE OF NURSING NH-4 HUBLI ROAD SHIGGAON HAVERI** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Mrithyunjaya Nursing Home
TMC No:2884 Jaya Nagar
Shiggaon-581205