Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Nandeesh J	Dr. Vijayanand Pujari	Prof. Sidaveerappa Tuppad
Designation	Chairman	Member	Member
Address	Principal, Aishwarya Institute of Nursing Sciences, Maddur, Mandya Dist.	Principal, Kusuma College of Pharmacy Vidya Nagar, Hubballi	Prof. Sidaveerappa Tuppad College of Nursing BIMS Belagavi
Mobile No	9845471377	9542185209	9844808205
Email ID	nandeesh.aips@gmail.com	dr.vjpj@gmail.com	sidaveerappatuppad@gmail.com

For the Academic Year :2025-26 *Date of Inspection: 18-11-2025*

(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	Shikshan Prasarak Mandal's Institute of Nursing Sciences, Raibag Kabbur Road, Raibag-591317, Dist:Belagavi	2	Year of Establishment 2022-23
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address	SHIKSHAN PRASARAK MANDAL RAIBAG (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: spmandalraibag@gmail.com	Website:	

Signature of Chairman
(Dr. Nandeesh. J)

Signature of Member (1)
Dr. Vijayanand Pujari

Signature of Member (2)
Prof. Sidaveerappa B Tuppad

	(b). Name of the Owner of Trust/Society	Shri. Trikal Amarsinh Patil		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 16 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr. Siddharama Qualification: Ph.D. M.Sc. in Pediatrics Experience: 15 Years Email: bolakotagisiddharam@gmail.com	Mobile No: Office No: 08331-225210 Fax No: 08331-225210 Residential phone No:	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ✓	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	1,30,000/-			1,050/-	25,000/-	1,56,050/-
Post Basic B.Sc. Nursing						
					Total (A)	1,56,050/-
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)	1,56,050/-

Online Transaction Number or Details: BD0000000F668F38 Dt: 15.01.2025

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 22 KUM 2023 25-01-2023 Annexure - 5	N620/2022-23 06-02-2023 Annexure - 6	KNC 2182/2022-23 04-03-2023 Annexure - 7	-- Annexure - 8	Verified the G.O.K, RGUHS and KNC letters and found correct.
	Affiliation Sanctioned Intake	40	40	40	--	
	Admissions Made for the Current Academic Year	22	22	22	--	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake	NA	NA	NA	NA	

	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	05	06	15	NA	26
	Female	17	22	15	NA	54
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
M.Sc Nursing	Male	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
M.Sc NPCC	Male	NA	NA	NA	NA	
	Female	NA	NA	NA	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	NA	NA	NA	NA	NA	NA

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

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

Annexure –10

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

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

Remarks:_____

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1	NA	NA	NA	NA	0	NA	NA	NA	NA
2	Vice-Principal	1	1				1	NA	NA	NA	NA	0	NA	NA	NA	NA
3	Professor	1	1-2		1*		0	NA	NA	NA	NA	1	NA	NA	NA	NA
4	Associate Professor	2	2-4		1*		2	NA	NA	NA	NA	0	NA	NA	NA	NA
5	Assistant Professor	3	3-8	2	3*		3	NA	NA	NA	NA	0	NA	NA	NA	NA
6	Tutor	8-16	16-24	2-10	--		8	NA	NA	NA	NA	0	NA	NA	NA	NA
	Total	**16-24**	**24-40**	**4-12**			15	NA	NA	NA	NA	1	NA	NA	NA	NA

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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mr. Siddharam	Principal	M.Sc. Pediatric Nursing, Ph.D.	2013	00796	03	12	17-11-2025	Yes	
2.	Mr. Kiran Hegade	Vice Principal	M.Sc. Psychiatric Nursing	2009	13941	05	11	11-08-2025	Yes	
3.	Mrs. Kanchanmala Mokhashi	Associate Professor	M.Sc. OBG Nursing	2017	149694	03	05	15-09-2025	Yes	
4.	Mrs. Seema Chandaragi	Associate Professor	M.Sc. MSN	2024	220940	03	01	18-09-2025	Yes	On leave
5.	Mr. Shankar Nagare	Assistant Professor	M.Sc. MSN	2021	108319	02	01	18-09-2025	Yes	
6.	Mr. Jayaraj Basavaraj Kajagar	Assistant Professor	M.Sc. CHN	2020	231438	02	01	15-08-2025	Yes	
7.	Mr. Prabhu	Assistant Professor	M.Sc. MSN	2022	118788	01	01	20-09-2025	Yes	
8.	Mr. Kiran Metri	Nursing Tutor	B.Sc. Nursing	2024	156325	01	00	20-02-2025	Yes	
9.	Miss. Aishwarya Kumbar	Nursing Tutor	B.Sc. Nursing	2024	147467	01	00	15-09-2025	Yes	
10.	Miss. Vijayalaxmi Pujari	Nursing Tutor	B.Sc. Nursing	2021	108912	04	00	15-07-2025	Yes	
11.	Miss. Sujata Uppar	Nursing Tutor	B.Sc. Nursing	2024	175754	01	00	10-09-2025	Yes	
12.	Mr. Rajakumar Devamane	Nursing Tutor	B.Sc. Nursing	2024	149971	01	00	15-09-2025	Yes	
13.	Mr. Sachin Talawar	Nursing Tutor	B.Sc. Nursing	2015	189243	10	00	10-09-2025	Yes	
14.	Mr. Anil Ganachari	Nursing Tutor	B.Sc. Nursing	2016	77429	09	00	15-10-2025	Yes	
15.	Mr. Ashwath Chikkodikar	Nursing Tutor	B.Sc. Nursing	2020	211648	05	00	01-11-2025	Yes	
16.										

- **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)**

Dr. Siddharam 18/11/25
PRINCIPAL
Shikshan Prasarak Mandal's
Institute of Nursing Sciences
Raibag-591317 Dist-Belagavi

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	Shri. A. M. Chougale	MA., B.Ed.	English	40 Hrs	
02	Shri. Akshay Banaj	M.A.	Sociology	60 Hrs	
03	Shri. Shrimant Bane	MBBS	Anatomy	60 Hrs	
04	Smt. Gayatri Bane	MBBS	Physiology	60 Hrs	
05	Smt. Pallavi Majukar	M.Pharma	Pharmacology	60 Hrs	

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	**24,096.37 Sq. Ft.**	Verified.
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**5292 Sq.ft**	Infrastructure for B.Sc (N) programme as per the norms. College has the required
	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	**300 Sq.ft**	
	2. Vice-Principal Chamber	200	**200 Sq.ft**	
	3. HOD	5 x 200 = 1000	**1000 Sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200 Sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**900 Sq.ft**	
	7. Accountants Office		**200 Sq.ft**	
	8. Store Room		**600 Sq.ft**	
	9. Record room		**600 Sq.ft**	
	10. Room for maintenance staff		**300 Sq.ft**	
	11. Xeroxing room		**50 Sq.ft**	
	12. common room	1000	**1000 Sq.ft**	
	13. Seminar hall	3000	**3000 Sq.ft**	

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

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

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?** - **Own**
2. **Blue print of the building attested by competent authority.** - **Enclosed** Available
3. **Tax paid receipt (Latest / current year)** - **Enclosed** paid. on 22/01/25
4. **Occupancy certificate.** - **Enclosed** Available.
5. **Sale deed / Lease deed of the building / Land.** - **NA** Sale Deed.

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Total Number	Vehicle Registration	Seating Capacity	RC Book	Insurance	Driving Licience

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

of Vehicles	Number				
01	KA 23 A 6128	24	Yes	Yes	Yes

. **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	2526 Sq.ft	YES ✓ No ☐	Adequate	Adequate	

Total No. of Nursing Books available	1150	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	Yes
No of e-books	02	**How many books were purchased in last financial year?**	580

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Shri. P. S. Kamble	M.L.I.S	10 Years	

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	NA	
Conferences conducted	NA	
Conferences attended	NA	

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

1o. **Details of Clinical / Hospital Facilities :** **Annexure - 16**

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital **Ajit Nursing Home Raibag**		**100**	**4 KM**	**75 %**	Verified the KPME and Pollution Control Board Certificate. Found correct.
NAME OF THE TRUST/ Person owning The Hospital **Dr. Gayatri Bane**					
Name Of The Owner Of The Trust of Hospital **Dr. Gayatri Bane**					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 Ajit Nursing Home, Raibag Ankali Road, Raibag-591317, Dist:Belagavi	**100**	**4 KM**	**75 %**	
	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, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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.)

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

- 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.)

N ;

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks: - College has parent hospital with 100 Beds Strength.
- Verified the KPME and PCB certificates.

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	10	80 %	NA	NA
Surgery including OT	20	78 %	NA	NA
Obstetrics & Gynecology	35	85 %	NA	NA
Pediatrics,	10	75 %	NA	NA
Emergency Medicine	10	75 %	NA	NA
Others	15	75 %	NA	NA

Additional/Other Specialties/Facilities for clinical experience:

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

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

Any other	NA	NA	NA	NA

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**	**Primary Health Centre, Morab**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**4 KM**
b.	Services Rendered by Health & Family Welfare Programmes	Health and family Welfare Services.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**Taluka Govt. Hospital Raibag**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**4 KM**
b.	Services Rendered by Health & Family Welfare Programmes	M.C.H. Services.
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 ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	9016 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ✓	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO ☐
e.	Total No. of students in the hostel	Girls : 05	Boys : 00
f.	Total No. of rooms	Girls : 15	Boys : 05
g.	Water Supply	YES ✓	NO ☐
h.	Electricity Supply	YES ✓	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO ☐
j.	Is Sick room available?	YES ✓	NO ☐
k.	Whether the hostel mess is available with	YES ✓	NO ☐
l.	Safe drinking water facilities	YES ✓	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	**Yes**	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Yes**	
Annexure - 3	Details of any other Nursing Institution under the same Trust	**Yes**	
Annexure - 4	Details of Affiliated fees paid receipts	**Yes**	
Annexure - 5	Approval Status : GOK Order	**Yes**	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Yes**	
Annexure - 7	Approval Status : KNC Notification	**Yes**	
Annexure - 8	Status : INC Notification	**--**	**No**
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	**NA**	**No**
Annexure - 10	List of M.Sc. Nursing Students as per format	**NA**	**No**
Annexure - 11	Details of External /Part time Teachers	**Yes**	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	**Yes**	
Annexure - 13	Vehicle Details : Bus	**Yes**	
Annexure - 14	Details of List of Library Books & others	**Yes**	
Annexure - 15	Academic Activities	**Yes**	
Annexure - 16	Details of Clinical/Hospital Facilities	**Yes**	
Annexure - 17	Details of Community Health Nursing Posting Facilities	**Yes**	
Annexure - 18	Master Rotation plans and Time tables	**Yes**	

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

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

Observations: The LIC team had visited the college on 18.11.2025 and made the following observation towards the grant of continuation & affiliation for the year 2025-26.

1) The institution has own land and building in the name of the Society. They have provided required infrastructure for B.Sc (N) programme as per the norms.
2) College has provided required laboratory facilities with necessary equipments, Manikins, instruments to train B.Sc(N) students.
3) College has parent hospital with 100 Beds strength for their Students clinical facilities. Verified the PCB and KPME certificates and found correct.
4) They have appointed required number of P.G. and U.G qualified teachers and they were present on the day of inspection (College has started functioning from 2023-24 yr)
5) Provided library facilities with required number of text books, titles and journals as per the norms.
6) College has hostel facilities and provided transportation facilities for both Staffs and Students.

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 **Shikshan Prasarak Mandal's Institute of Nursing Sciences, Raibag** which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on **18-11-2025** and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
(Dr. Nandeesh. I)	Dr. Vijayanand Pujari	Prof. Siddareddy B. Pujari
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Dr. Shrimant S. Bane
M.S., F.A.I.S.
Consulting Surgeon
Reg. No. 29838
Raibag

Dr. Gayatri S. Bane
M.D.(Obs/Gyn)
OBSTETRICIAN & GYNAECOLOGIST

Ref. _____

Date : 18.11.2025

UNDERTAKING

I, **Dr. Gayatri Bane** is the Owners/MD/CEO/Board Members of the **Ajit Nursing Home Raibag** hospital situated at Raibag.

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

This is to confirm that the hospital **Ajit Nursing Home, Raibag** is functioning as parent hospital for **Shikshan Prasarak Mandal's Institute of Nursing Sciences, Raibag** college.

We also confirm that our hospital is solely affiliated to **Shikshan Prasarak Mandal's Institute of Nursing Sciences, Raiba** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. GAYATHRI. S. BANE
MBBS, MD (OBS/GYN)
KMC Reg. No. 35796

AJIT NURSING HOME
640, CHIKODI ROAD,
RAIBAG - 591317
Ph: 08331-225603, 9448372241

ಶಿಕ್ಷಣ ಪ್ರಸಾರಕ ಮಂಡಳ, ರಾಯಬಾಗ
ನೊಂ. ಸಂಖ್ಯೆ : ಎಫ್-28(ಬಿಜಿಎಂ) ದಿ. 30-01-1963
ರಾಯಬಾಗ-591317. ಜಿ. ಬೆಳಗಾವಿ.
ಕರ್ನಾಟಕ ರಾಜ್ಯ
PAN - AARTS4477N
E-mail : trikalpatil@hotmail.com

Estd.: 30-01-1963

SHIKSHAN PRASARAK MANDAL, RAIBAG
Regd. No.: F-28 (BGM) Dt. 30-01-1963
RAIBAG - 591317. Dist. Belagavi,
Karnataka State
PAN - AARTS4477N
spmandalraibag@gmail.com

Shri Trikal A. Patil
President

Shri Amarsinh V. Patil
Chairman
Ex. MP Belagavi

Smt. S.S. Singadi
Secretary
Mobile : 9986436982

Ref. No. : _____

Date : 18-11-2025

UNDERTAKING by Trust Management

We the Chairman of the trust **Shikshan Prasarak Mandal, Raibag** are submitting the affidavit to University.

The trust **Shikshan Prasarak Mandal, Raibag** is running the college

1. Shikshan Prasarak Mandal's Institute of Nursing Sciences, Raibag since 04 years.

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

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

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

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

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

SECRETARY
Shikshan Prasarak Mandal
RAIBAG-591317 Dist:Belagavi