Ob

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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sankanagoud Patil	Dr. Nethra SS	Vidyarani R.J
Designation	Principal	Professor.	Principal.
Address	Rajasekharaiah Institute of Ayurveda. Solur	Bangalore Medical College & Research Institute. Bengaluru	Nagesh College of Nursing. Channbora -gopalpura
Mobile No	9019587969	9448171403	7760091391
Email ID	ayursank@gmail.com	nethrasurhome@gmail.com	

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

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	ASHRAYA COLLEGE OF NURSING. NEAR SHRUTI AUTOWORKS PARVATHIPURA. K M ROAD CHIKKAMAGALURU - 577101	2	Year of Establishment: 2023
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust/Society /Company ✓		
3	(a). Name of the Trust/Society & complete postal address	ASHRAYA EDUCATION TRUST P.B.NO 17. NAIDU STREET. CHIKKAMAGALURU - 577101 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: principalashrayacon@gmail.com	Website: http: ashrayanursingcollege.com	

Signature of Chairman
15/5/25.
(Dr. Sankanagoud Patil)

Signature of Member (1)
15/5/25
AC Member
RGUHS

Signature of Member (2)
15/5/25
(VIDYARANI R J)

	(b). Name of the Owner of Trust/Society	Dr. D.L. VIJAY KUMAR
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 4 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**
5	Details of Principal/Head of the institution	**Name:** TEJASWINI. B.H **Qualification:** MSc. IN PSYCHIATRIC NURSING **Experience:** 15 YEARS **Email:** teju.bh@gmail.com **Mobile No:** 6361703883 **Office No:** 08262-234471 **Fax No:** — **Residential phone No:** 9900070186
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐ NO ☑ If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing		30,000/-	60,000/-	40,000/-	25,000/-	1,56,064/-
	ENHANCEMENT OF SEAT					1,51,064/-
	CHANGE OF ADDRESS					3,01,000/-
					Total	6,08,128/-

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)	

Not Applicable.

Online Transaction Number or Details: INCREASED INTAKE – BCNBOKTOGFPKTH
CHANGE OF ADRESS- ZCNB4LN095ZOJF
CONTINUATION OF AFFILIATION- ZCNDLMPO95Z3V3

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 18/05/25 (VEDHARANJ...)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified/Enclosed
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	–	–	–	–	
	Admissions Made for the Current Academic Year	–	–	–	–	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	–	–	–	–	
	Admissions Made for the Current Academic Year	–	–	–	–	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	–	–	–	–	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	10	03	-	-	13
	Female	30	25	-	-	55
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female	NA		NA		
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To--------
		Not applicable				

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--------
		Not applicable				

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)**

05/5/22

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

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)

(05/05/25)

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			
01	Mrs Tejaswini B H	Principal	Msc. Psychiatry	2011	9031	1yr,4m	14yr	30/10/23	YES	
02	Mrs Yashaswini	Vice - Principal	MSc Midwifery	2015	32518	1yr 7 m	10 yr.6m	01/08/22		
03	Mrs Bhuvaneswari	Professor	Msc OBG	2012	M002126 04242003	1 yr. 5 m	12yr. 1m	16/10/24		
04	Mr Parvata Gowda A S	Associate Professor	Msc (MSN)	2017	36406	4 yr. 10m	7yr 10 m	01/02/25		
05	Mr Dinesh S V	Associate Professor	Msc (MSN)	2017	26243	4yr 9 m	9yr.1 m	18/03/25		
06	Mrs Chaithra K	Asst. Prof	MSN (N)	2022	170788	1yr .8m	3yr, 3m	05/02/25		
07	Mrs Kanchana D N	Asst. Prof	Msc Paediatric	2022	171029	1yr 1m	4 yr. 3m	01/02/25		
08	Mr Madhu	Asst. Prof	Msc Paediatric	2022	135433	8m	5 yr. 11 m	10/04/24		
09	Ms Trecilla	Lecturer	Msc Community	2022	93852	1yr 8m	2 yr. 1 m	02/11/24		
10	Mrs Pavithra B	Lecturer	Msc Community	2023	21665	1yr 8 m	1yr 11m.	01/0125		
11	Mrs Twinkle Philip	Nursing Tutor	Ppbsc (N)	2010	54975	15yr.7 m		25/05/24		
12	Mrs Akshatha	Nursing Tutor	PPBSC (N)	2019	185402	5 yr. 11 m		02/11/24		
13	Mr Shekar M S	Nursing Tutor	Bsc (N)	2012	189182	4yr 4m		02//12/24		
14	Mrs Dhanya S	Nursing Tutor	Bsc (N)	2018	90249	6yr. 11m		03/02/25		
15	Ms Usha N R	Nursing Tutor	Bsc (N)	2022	140839	3 yr. 2m		22/02/25		
16	Ms Bindu J O	Nursing Tutor	Bsc (N)	2022	140571	2 yr. 5m		01/03/25		
17	Ms Komala	Nursing Tutor	Bsc (N)	2024	171860	1yr, 2m		25/02/25		
18	Ms Preethi S S	Nursing Tutor	Bsc (N)	2022	143605	2 yr. 5m		01/02/25		
19	Ms Bharathi P	Nursing tutor	Bsc (N)	2022	204613	3yr. 5m		04/12/21		
20	Ms Spurthi N B	Nursing tutor	Bsc (N)	2018	97743	6 yr.6 m		10/03/25		

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Signature of Member (1)

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21	Mr Nagesha S B	Nursing tutor	Bsc (N)	2021	145195	4 yr. 4m		01/04/25		
22	Mr Niranjan K J	Nursing tutor	Bsc (N)	2024	187055	1 yr. 2m		15/04/25		
23	Mrs Aliya	Nursing Tutor	Bsc (N)	2022	132269	2 yr, 7m		10/04/25		
24	Mr Sajeesh	Nursing Tutor	Bsc (N)	2013	52796	12 yr 6m		04/11/24		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15/8/25

(VIDYARANI R-T)

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

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

15/7/25

(VIDYARANI.RT)

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
1	Mr. Melvin	MA in English	Sociology	40	Verified & documents & found correct
2	Mrs. Anusha	MSc.in Nutrition and Dietetics	Nutrition	20	
3	Mr. Purushotham	MSc and MPhil in chemistry	Biochemistry	20	
4	Dr. Lavanya	MBBS, MD, Pathologist	Microbiology	40	
5	Mrs. Monika	MSc.in Pharmacology	Pharmacology	40	
6	Mrs. Pragathi	MSc MLT	Pathology	20	
7	Mrs. Sangeetha	MSc in Biochemistry	Microbiology	40	

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	23.720 Sq ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900x5 = 4,500 Total - 4500 Sq ft	Verified & building plan
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400	
	2. Vice-Principal Chamber	200	200	
	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)		500	
	7. Accountants Office		500	
	8. Store Room		500	
	9. Record room		600	

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

(05/05/25)

(GOVINDARAJ)

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

Note:

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

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

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?** → OWN
2. **Blue print of the building attested by competent authority.** → YES
3. **Tax paid receipt (Latest / current year)** → ENCLOSED
4. **Occupancy certificate.** → ENCLOSED
5. **Sale deed / Lease deed of the building / Land.** → ENCLOSED .

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	K-A18AA 1332	41+1	Yes / No	Yes / No	Yes / No

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

05/05/25

10. Room for maintenance staff		500	
11. Xeroxing room		250	
12. common room	1000	1000	
13. Seminar hall	3000	3500	
14. Toilets	1000	2000	
15. A.V/Aids room	600	900	

Verified

Signature of Chairman

Signature of Member (1)
15/5/25

Signature of Member (2)
05/05/25

AC Member
RGUHS

(VIDYARANYA)

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	3000 Sq ft	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	3
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	YES
No of e-books	1000	**How many books were purchased in last financial year?**	700

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Rashmi. S B	M.Lib	3 years	Verified
2	Mala	D. Lib	2 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	TO BE DONE	Verified & found correct
Conferences conducted	MENTAL HEALTH & WELLNESS FOR EDUCATORS. BLS. LEGAL & ETHICAL ISSUES IN NURSING	
Conferences attended	EMOTIONAL INTELLIGENCE FOR EDUCATORS. ETHICAL PRACTICES IN NURSING RESEARCH MENTAL HEALTH & ADOLESCENT COUNSELLING	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15/05/25

COORDINATOR

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

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital ASHRAYA MULTISPECIALITY HOSPITAL P.B. NO 77. NAIDU STREET CHIKMAGALUR.		100	3KM	100%.	
NAME OF THE TRUST/ Person owning The Hospital Dr. D.L. VIJAYKUMAR					
Name Of The Owner Of The Trust of Hospital Dr. D.L. VIJAYKUMAR.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 CHETHANA NURSING HOME. MALLANDUR ROAD. CHIKMAGALUR	30	3KM	100%.	Verified @ KPME & PCB found correct
	2 SPANDANA HOSPITAL PRABHU STREET CHIKMAGALUR	50	3KM	100%.	

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

NOTE:

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

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

15/04/25

- be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Verified & all the necessary documents & found Correct

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

A.C Member 15/5/25

15/05/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	100%.	20	100%.
Surgery including OT	5	95%.	5	90%.
Obstetrics & Gynecology	50	100%.	40	100%.
Pediatrics,	5	100%.	5	100%.
Emergency Medicine	10	100%.	10	100%.
Psychiatry				

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%.	2	100%.
Minor OT	2	100%.	2	100%.
Dental, Otorhinolaryngology, Ophthalmology	0	-	-	-
Burns and Plastic	0	-	-	-
Neonatology care unit	10	100%.	5	100%.
Communicable disease/ Respiratory medicine/TB & chest diseases	10	100%.	10	95%.
Dermatology	-	-	10	95%.
Cardiology	8	95%.	15	100%.
Oncology	-	-	0	-
Neurology/Neuro-surgery	5	95%.	12	100%.
Nephrology/Urology	5	100%.	12	100%.
ICU/ICCU	8	100%.	7	95%.
Geriatric Medicine	-	-	-	-
Any other	50	100%.	05	95%.

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15/5/18

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	KALASAPURA.
	Adopted / Affiliated	AFFILIATED.
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	20KM.
b.	Services Rendered by Health & Family Welfare Programmes	MCH SERVICE, SCHOOL HEALTH PROGRAM. ALL NATION.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	VIJAYPURA.
	Adopted / Affiliated	AFFILIATED.
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	4KM.
b.	Services Rendered by Health & Family Welfare Programmes	MCH SERVICE. 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 ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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

15/05/25

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 9000	
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 : 15	Boys : 2
f.	Total No. of rooms	Girls : 8	Boys : 8
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)
(15/05/25)
VEDYARANYA

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		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 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	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

15/05/25

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.

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

→ Pol built Infrastructure on 1.5 acr. about 26000 sq ft Contains 6 labs, 4 classrooms, 1 av room, library & proper seating arrangements.

→ 24 required teaching staff appointed for 40-60 intake 21 were present & 3 were in approved leave.

→ Library having 3000 no of books.

→ Institution having parent hospital. Ashraya Multi Speciality Hospital — 100 bed, Affiliated to Chetana Nursing home - 30 bed Spandana Multi speciality Hospital - 50 bed, & all the records are Verified & found correct.

→ The institution changed the address from "PB No 77, Naidu Street Chikkamagalur to Ashraya College of Nursing, KM road near Shreethi autoworks Paravathipura Chikkamagalur-577101

→ Boys & girls hostel made available seperately.

Signature of Chairman

15/5/25

Signature of Member (1)
A-C Member
18
RGUHS
15/5/25

Signature of Member (2)
CS/05/25
(CODYARANIRI

UNDERTAKING

We the chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Ashraya college of nursing which has applied for continuation of affiliation, intake increase, change of address for the academic year2025-2026.

We have conducted LIC inspection of this college on 15/05/2025 and verified the infrastructure, institutional facilities, student's strength, staff post, staff biometrics, student's 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/2025-26 , DATED:15/05/2025, 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	**A C Member**	**Subject Expert**
(chairman)	**(Member)**	**(Member)**
	15/5/25	
Signature of chairman	**signature of member(1)**	**signature of member(2)**
	15/5/25	

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)**

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

MEMO OF TRAVELLING ALLOWANCE

(For use by Non-Official Members of University bodies)

(To be filled in CAPITAL LETTERS only, all the columns are mandatory, bills are subject to rejection if all the columns are not filled & are submitted within 06 months of the event)

1. Name: Dr/~~Mr/Mrs~~. Sankanagoud Patil .... Designation... Principal.
2. CollegeAddress.. Rajashekaraiah Institute of Ayurveda Medical Sciences & Hospital Sohu, Magadi, Ramanagar Dt Mobile No:. 9019587969.
3. BasicPay..........
4. For the month of..........
5. Purpose of journey.......... LIC Inspection.

Date	Place of Journey				Amount Claimed				
	From	Hours	To	Hours	Train/Bus/ Air Fare	D.A	Mileage	Conveyance Allowance	Total
15/5/25 15/5/25	Sohu Chm	6am 4pm	Chiknagalur Sohu	 7-30pm	Inspection charges	1day x 900	220km x 15 2020		3300-00 3000-00 900-00 5000-00
									11900-00

Grand total (in figures and words).. Eleven thousand & nine hundred only.

PAN NUMBER CUZPP5305DH ACCOUNT NUMBER.... 67140100015870

BANK NAME ... BOB .... BRANCH NAME.... Sohu

IFSC CODE BARB0VJSOLU TIN NUMBER..........

1. Certified that I have travelled by Road ways/Rail/Bus/Air on this journey.
2. Certified that no.T.A and D.A have been claimed from any other sources.

Patil 15/5/25

"ACCEPTED"

CONTENTS RECEIVED

Receipt Stamp & Signature
Place ....
Date: ....

Office of the Finance Officer, RGUHS, Karnataka, Bangalore
(For Use in Finance Branch)

Head of Service..........
Passed for payment by cheque on the State Bank of India
For Rs.......... (Rupees..........
....
In favour of ....

Case Worker SO/AS AFO Finance Officer

(For use in Finance Branch)

1. Bill No..........
2. Voucher No..........
3. Chq.No. ....
4. Date: ....
5. Amount ....