Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

03

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mahendra. S.	Dr. Basavaya. U.H	Dr. Dinesh.
Designation	Senate Member.	Principal	Vice-Principal,
Address	Krishna Deva Raya College of Dental Science, Ramghe	RMSS Institute of Nursing Science	Smt. M.C. Vasantha College of Nursing BIDAR
Mobile No	9845568431	8618339489	9900777090.
Email ID	mahendraortho@gmail.com.	basavaya85@gmail.com	djoy143@gmail.com

Inspection For the Academic Year : 2025 - 26 *Date of Inspection:* 11/08/2025

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	ASM COLLEGE OF NURSING OLD RTO CROSS, SEDAM ROAD, KALBURAGI 585102	2	Year of Establishment: 2023 - 24
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	TASHKENT EDUCATION AND WELFARE TRUST #8, SY NO. 81/2, COMMERCIAL COMPLEX, OPP. BASAVESHWAR HOSPITAL, KALABURAGI (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: asmcollegeofnursingklbg@gmail.com		Website:
		Office No:		Mobile No: 9886851233

Signature of Chairman

Signature of Member (1)

Dr. Basavaya. U.H

Signature of Member (2)

	(b).Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MIRZA ANWAR BAIG - PRESIDENT Mobile No: 9886851233	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: GULAM SUBHANI AWAIS Qualification: M.Sc. NURSING Experience after MSc: 14 yr 3 mths Email: subhani.gulam@gmail.com	Mobile No: Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	PRESIDENT	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION	30,000/-	Rs. 60,500/-	Rs. 40,500/-	Rs. 25,500/-	Rs. 1,56,050/-
Post Basic B.Sc. Nursing				Application fees :		1,000/-
					Total (A)	Rs. 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)	Rs. 1,56,050/-

N. A.

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	MED445MPS 2023 Dated: 19-09-2023 Annexure - 5	RGU/AFF/NSG/ CoA/01/2024-25 20-09-2024 Annexure - 6	KNC/1757/ 2024-25 03/04/2025 Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	38	38	38		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N.A.			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N.A.			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N.A.			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year		N. A.			

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	18	05	—	—	23
	Female	20	05	—	—	25
Post Basic B.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc NPCC	Male	—	—	—	—	—
	Female	—	—	—	—	—

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1									01					
2	Vice-Principal	1	1									01					
3	Professor	1	1-2					1*				01					
4	Associate Professor	2	2-4					1*				01					
5	Assistant Professor	3	3-8				2	3*				03					
6	Tutor	8-16	16-24				2-10	--				05					
	Total	**16-24**	**24-40**				**4-12**					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

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

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

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

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

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

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

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

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. GULAM SUBHANI AWAIS	PRINCIPAL	M.Sc. COMMUNITY HEALTH NSG.	2008	14156	1yr 10mth	14yr 3mth	04/02/2025	Yes	
2.	Mrs. PARVEEN BEGUM	Asst Professor	M.Sc. PSYCHIATRIC	2020	136346		5yr 7mths	02/06/2025	Yes	
3.	Mrs. LAXMI BAI	Asst Professor	M.Sc. OBG	2020	116943		4yr 8mths	16/06/2025	Yes	
4.	Mrs. ASHA	LECTURER	M.Sc. PAEDIATRIC	2024	52757				Yes	
5.	Ms. SNEHA	NSG TUTOR	B.Sc. (N)	2024	162093	-	-		Yes	
6.	Mr. AHMED AMINUDDIN	Sr. NSG TUTOR	B.Sc. (N)	1999	29452	15yr 5mth	-	12/5/2025	Yes	
7.	Ms. AMBIKA	NSG TUTOR	B.Sc. (N)	2024	163201	-	-	02/06/2025	Yes	
8.	Mr. KIRAN KUMAR	NSG TUTOR	B. Sc. (N)	2024	163863	-	-	02/06/2025	Yes	
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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. GULAM SUBHANI AWAIS	PRINCIPAL	M.Sc. COMMUNITY	2008	14156	14yr 10 mth	14yr 3mth	04/02/2025		
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
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18.										
19.										
20.										
21.										
22.										

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**

S. No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		Enclosed			

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	1050 Sq.ft AVAILABLE	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	N.A	
	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	800 Sq. ft AVAILABLE	
	2. Vice-Principal Chamber	200	350 Sq ft AVAILABLE	
	3. HOD	5 x 200 = 1000	300 Sq ft AVAILABLE	
	4. Professor/Assoc. Prof	800+2400=3200	1050 + 2500 = 3550 Sq.ft.	
	5. Lecturer/ Tutors		AVALILABLE	
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	AVAILABLE	
	7. Accountants Office	**100**	AVAILABLE	
	8. Store Room	**100**	AVAILABLE	
	9. Record room	**100**	AVAILABLE	
	10. Room for maintenance staff	**100**	AVAILABLE	
	11. Xeroxing room	**100**	AVAILABLE.	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq ft AVAILABLE	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	AVAILABLE	
	14. Toilets	1000	1200 Sq ft AVAILABLE	

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

	15. A.V/Aids room	600		

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1650 Sq ft AVAILABLE	
	Nutrition & Community Health Nursing	1200sq.ft	1250 Sq ft AVAILABLE	
	Obstetrics and Gynecology Laboratory	900sq.ft	950 Sq ft AVAILABLE	
	Pediatrics Nursing Laboratory	900sq.ft	950 Sq ft AVAILABLE	
	Pre-Clinical Sciences Laboratory	900sq.ft	950 Sq ft AVAILABLE	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1550 Sq ft AVAILABLE.	

Note:

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

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

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

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500 sq. ft.	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	1500	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	—	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. SHREEKANT	M.Lib.Sc	10 yr.	

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

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

Academic activities	Particulars	Remarks
Research Projects		

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

Conferences conducted		
Conferences attended		

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital ASM SUPERSPECIALTY HOSPITAL, SEDAM ROAD, KALABURAGI - 585102 MOU(Registered parent hospital MOU)		100	SAME CAMPUS		
NAME OF THE TRUST/ Person owning The Hospital MIRZA ANWAR BAIG					
Name Of The Owner Of The Trust of Hospital MIRZA ANWAR BAIG					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

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

	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	12		
Surgery including OT	18	14		
Obstetrics & Gynecology	15	12		
Pediatrics,	12	08		
Emergency Medicine	10	08		
Psychiatry	03	01		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	02		
Minor OT	02	01		
Dental, Otorhinolaryngology, Ophthalmology	07	02		
Burns and Plastic	-	-		
Neonatology care unit	-	-		
Communicable disease/Respiratory medicine/TB & chest diseases	03	02		
Dermatology	-	-		
Cardiology	05	03		
Oncology	05	03		
Neurology/Neuro-surgery	03	01		
Nephrology/Urology	05	02		
ICU/ICCU	07	05		
Geriatric Medicine	-	-		

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	PRIMARY HEALTH CENTRE, NANDOOR
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	08 Kms
b.	Services Rendered by Health & Family Welfare Programmes	YES
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	URBAN PRIMARY HEALTH CENTRE, KHANAPUR
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	3 Kms
b.	Services Rendered by Health & Family Welfare Programmes	YES
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	Sq.ft 12,000 Sq.ft.	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ✓
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO ☐
e.	Total No. of students in the hostel	Girls : —	Boys : —
f.	Total No. of rooms	Girls : 05	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	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents			
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust			
Annexure - 3	Details of any other Nursing Institution under the same Trust			
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 LibraryBooks & others			
Annexure - 15	Academic Activities			
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from			

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

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

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

LIC Team Observations: Lic team visited on 11-8-2025 for the continuation affiliation of ASM College of Nursing On the day of inspection as per the documents provided and observations it was found that The College is established in the year 2023-24 under the Trust Tashkent education and welfare trust, with the required permissions from the competent authority The college is functioning in 3rd & 4th floor of hospital building. The physical infrastructure like classrooms, laboratory, AV rooms, hostel facilities are adequate as per the norms, The library has adequate seating capacity and books, for the additional books college has procured new books with purchase order and invoice copy enclosed. The college has own hospital in the ASM Super specialty hospital for the clinical facilities, KPME & PCR enclosed. Only 2 batches of students, 10 students in 2nd year and 38 students in first BSc nursing. The list of faculty who were present on the day of inspection and their signature is attached. All the required documents, annexures and Photos are enclosed.

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 _____ 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)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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

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

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

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

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

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

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

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

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INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13834629929032X**
Certificate Issued Date	:	11-Aug-2025 11:00 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GULBARGA1/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0842813770979780X
Purchased by	:	ASM COLLEGE OF NURSING KALABURAGI
Description of Document	:	Article 4 Affidavit
Property Description	:	Affidavit
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ASM COLLEGE OF NURSING KALABURAGI
Second Party	:	RAJIV GANDHI UNIVERSITY HEALTH SCIENCES BANGALORE
Stamp Duty Paid By	:	ASM COLLEGE OF NURSING KALABURAGI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
For : Mahila Souharda Sahakari
Niyamita, Kalaburagi.

Please write or type below this line

MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding (MOU) is made and entered into on 11 August, 2025, by and between:

Tashkent Education and Welfare Trust Represented by: **Mirza Anwar Baig**, Chairman

ASM Super speciality Hospital Gulbarga
Represented by: **Mirza Anwar Baig**, Managing Director

WHEREAS, **Tashkent Education and Welfare Trust** (R) has established ASM College of Nursing Kalaburagi; and

WHEREAS, **ASM Super speciality Hospital Gulbarga**
, is a 100-bedded hospital run under the Trust; and

WHEREAS, the Trust and the Hospital desire to establish a long-term affiliation for the purpose of providing clinical training and education to the students of the College.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, the parties agree as follows:

Article 1: Term

The term of this MOU shall commence on the date of execution and shall continue for a period of thirty (30) years.

Article 2: Parent Hospital

The Hospital shall function as the parent hospital for the College for the duration of this MOU. The Hospital shall provide all necessary support and facilities to the College, including clinical training and education to the students.

Article 3: Exclusivity

The Trust agrees that the Hospital shall be the exclusive parent hospital for the College for the duration of this MOU. The Trust shall not permit any other institution to be used as a parent hospital or affiliated hospital for the College.

Article 4: Obligations

The Hospital shall:

- Provide clinical training and education to the students of the College;
- Provide necessary support and facilities to the College;
- Ensure that the College meets all applicable accreditation and regulatory requirements.

The Trust shall:

- Ensure that the College operates in accordance with all applicable laws and regulations;
- Provide necessary support and resources to the College.

Article 5: Termination

This MOU may be terminated by either party upon written notice to the other party. Upon termination, the parties shall cooperate to ensure a smooth transition of the College's clinical training and education programs.

IN WITNESS WHEREOF, the parties have executed this MOU as of the date first above written.

Signed and executed in the presence of:

AFSAR SULTANA M...
SUPER SPECIALITY HO...
Old RTO Cross, Sedam Ro... HOSP...
KALABURAGI-585 105... Sedam Ro...

Mirza Anwar Baig
Managing Director
ASM Super speciality Hospital Gulbarga
&
Treasurer
Tashkent Education and Welfare Trust (R)

Mirza Anwar Baig , Chairman
Tashkent Education and Welfare Trust (R)

Mirza Anwar Baig
PRESIDENT
Tashkent Education & Welfare Trust
KALABURAGI

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Certificate No.	:	**IN-KA13834629929032X**
Certificate Issued Date	:	11-Aug-2025 11:00 AM
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Unique Doc. Reference	:	SUBIN-KAKAKSFCL0842813770979780X
Purchased by	:	ASM COLLEGE OF NURSING KALABURAGI
Description of Document	:	Article 4 Affidavit
Property Description	:	Affidavit
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ASM COLLEGE OF NURSING KALABURAGI
Second Party	:	RAJIV GANDHI UNIVERSITY HEALTH SCIENCES BANGALORE
Stamp Duty Paid By	:	ASM COLLEGE OF NURSING KALABURAGI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

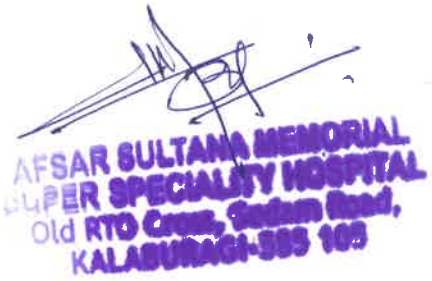
Authorised Signatory
For : Mahila Souharda Sahakari Niyamita, Kalaburagi.

Please write or type below this line

UNDERTAKING

I, **Mirza Anwar Baig** is the Owners& Managing Director &Board Members of the **ASM Super speciality Hospital Gulbarga** hospital situated at Old RTO Cross Sedam Road Kalaburagi . This is to confirm that our hospital **ASM Super speciality Hospital Gulbarga**

is registered under **KPMEA** and **PCB** with 100 beds and the bonafide certificate has been attached. This is to confirm that the hospital **ASM Super speciality Hospital Gulbarga**
is functioning as parent hospital for **ASM COLLEGE OF NURSING GULBARGA.** We also confirm that our hospital is solely affiliated to **ASM COLLEGE OF NURSING GULBARGA.**and is not affiliated to any other nursing college. The information provided by us is true and correct.



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Unique Doc. Reference	:	SUBIN-KAKAKSFCL0842811553530658X
Purchased by	:	TASHKENT EDUCATION AND WELFARE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	Affidavit
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	TASHKENT EDUCATION AND WELFARE TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY HEALTH SCIENCES BANGALORE
Stamp Duty Paid By	:	TASHKENT EDUCATION AND WELFARE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
For : Mahila Souharda Sahakari
Niyamita, Kalaburagi.

Please write or type below this line

UNDERTAKING by Trust Management

We the **Mr. Mirza Anwar Baig.** Chairman **Tashkent Education and Welfare Trust** Member of the trust **Tashkent Education and Welfare Trust (R)**are submitting the affidavit to RGUHS, Bangalore University. The trust **Tashkent Education and Welfare Trust (R)**is running/managing the colleges **ASM College of Nursing Kalaburagi**

since **02 years**. We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

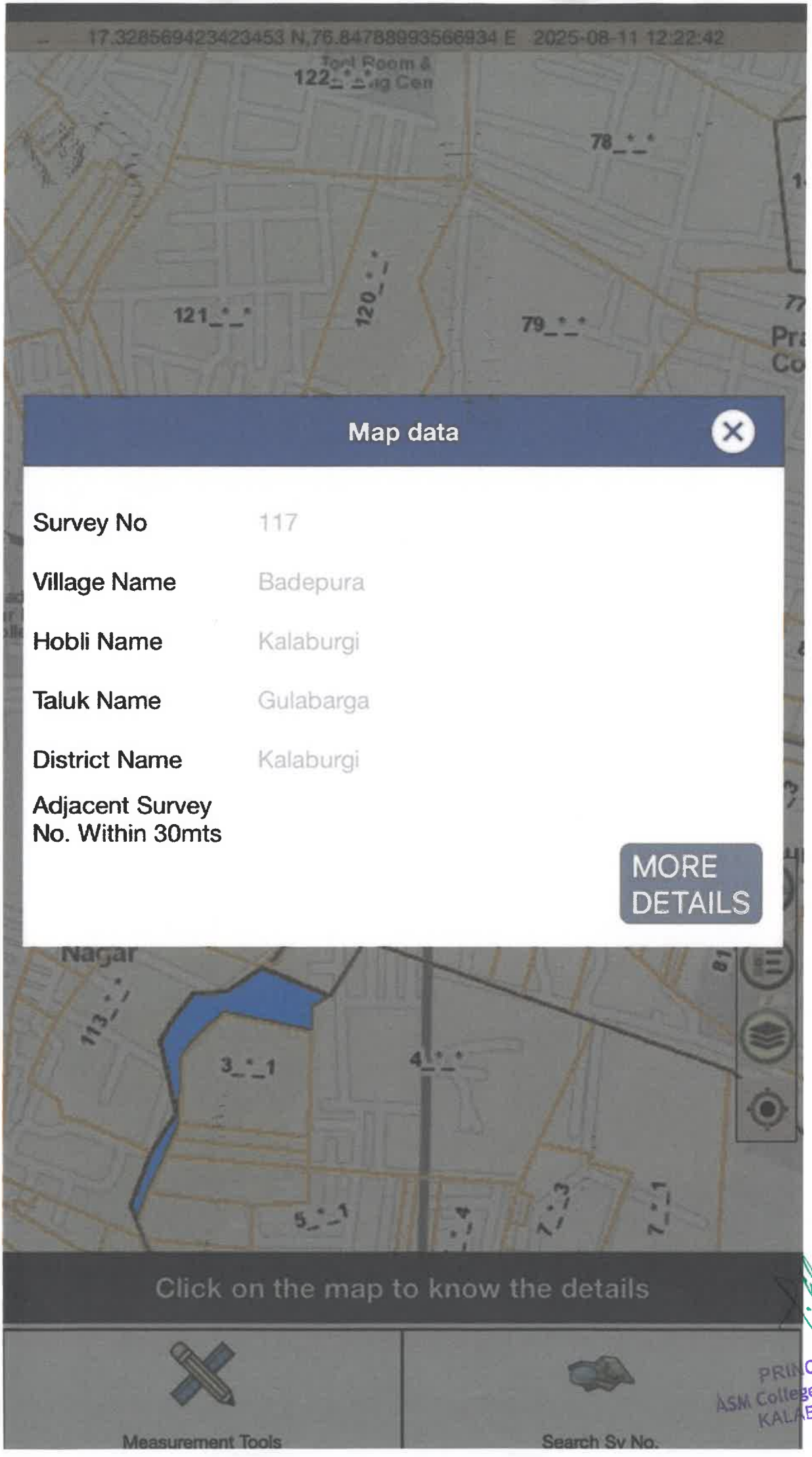
We confirm that the faculty in the college are employed for full time in the college.

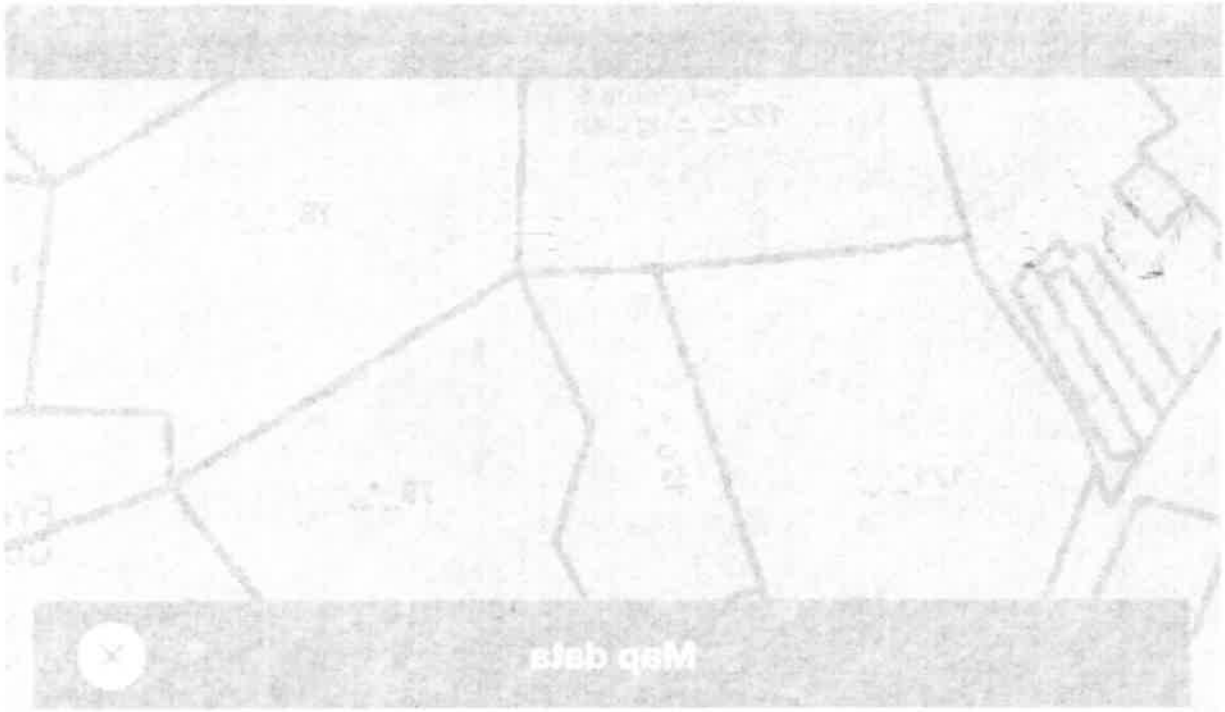
We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

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.

Mirza Anwar Baig
PRESIDENT
Tashkent Education & Welfare Trust
KALABURAGI

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PRINCIPAL
ASM College of Nursing
KALABURAGI

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Owner Details

Sumoc No. :

Hissa No. : 1+4

Owners | RTC

Owner Name	ಶಿವಶರಣಪ್ಪ. ತಂ.ಮಲೇಶಪ್ಪ ಅಗಸ್ತಿರ್ಥ -
Extent	3 : 10 : 0
Is he main owner?	YES
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
Is land alienated?	NO
Any Trnsc running?	NO

Owner Name	ಮಲ್ಲೇಶಪ್ಪ,ಜಗದೇವಿ,ವಿದ್ಯಾಸಾಗರ -
Extent	3 : 0 : 0
Is he main owner?	YES
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
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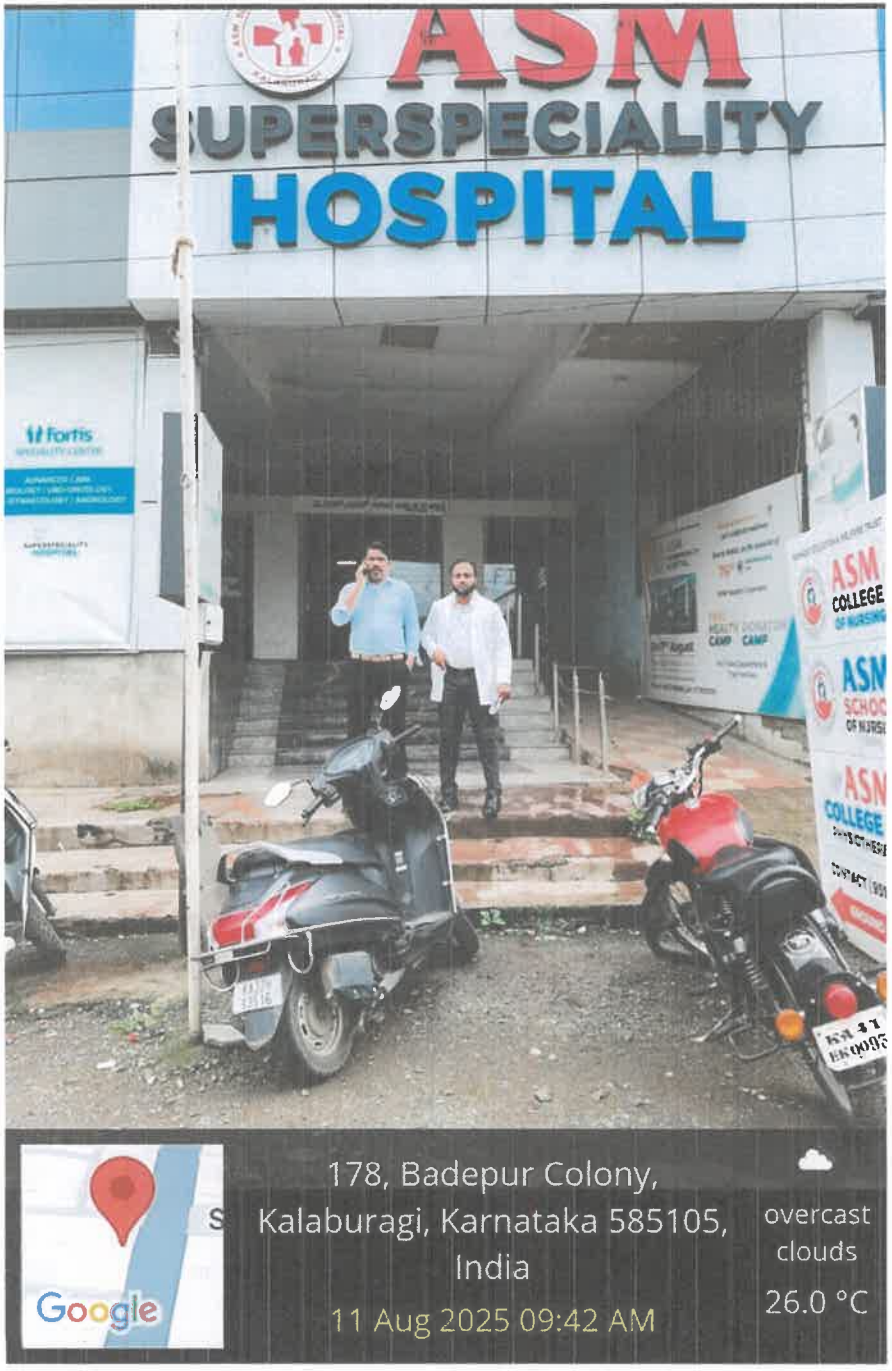
PRINCIPAL
ASM College of Nursing
KALABURAGI

For more details please visit https://landrecords.karnataka.gov.in/

Owner Details


ASM
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Kalaburagi, Karnataka 585105,
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OF NURSING
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Kalaburagi, Karnataka 585101,
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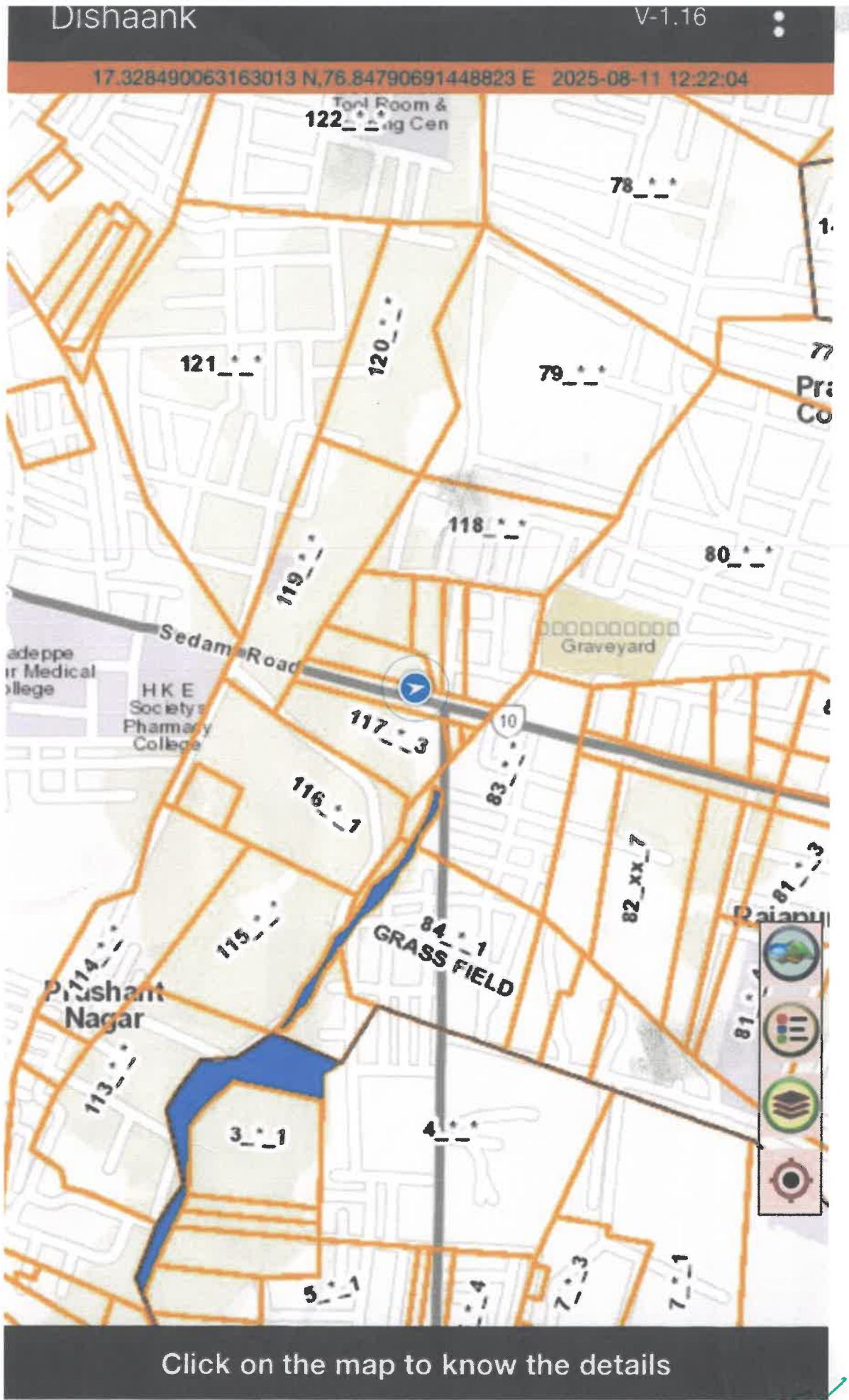

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Click on the map to know the details