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

OB

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. SRINIVAS. L. B	Dr. GEETA DOLLI	Dr. PRASHANTHA. S
Designation	Professor.	Professor	Principal
Address	J.J.M. Medical College Davanagere.	Basavaraj Patil Memorial AMC. Hunnabad. Bijapur	Sneha College of NSG Bangalore-72
Mobile No	7259920520	9886431714.	8660158659
Email ID	srinildpharma@gmail.com	drgeetamalole@gmail.com.	prasharlias@gmail.com

Inspection For the Academic Year : 2025 – 2026. *Date of Inspection:* 12/08/2025

(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	YASHODA COLLEGE OF NURSING, VIJAYAPUR, KHB COMPLEX, SOLAPUR ROAD, VIJAYAPURA. 586103	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 & Phone number	YASHODA TRUST, YASHODA HOSPITAL, K.H.B. COMPLEX, SOLAPUR ROAD, VIJAYAPURA. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: yashodnursing collegevjp@gmail.com	Website:	
		Office No: 9380844308.	Mobile No: 9741048714	

Signature of Chairman

Signature of Member (1)

Dr. Geeta Dolli
ACM RGUHS

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Raveendra, Mallappa. Madrak: Chairman of Yashoda Trust. 7259447111	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** Mr. Ramesh Choudhary **Qualification:** M.Sc. Nursing (Principal) **Experience after MSc:** 13 yr **Email:** rameshreddy5970@gmail.com	**Mobile No:** 9741048714 **Office No:** **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	Principal	

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**				
		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						1,56,050.00
Post Basic B.Sc. Nursing						-
					Total (A)	1,56,050.00

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED490/ MMC2023 19/09/2023 Annexure - 5	RGU/AFF/ YC-VPur/Fn BSC 2023-24 20/9/2023 Annexure - 6	KNC/2209/ 2023-24 19/10/2023 Annexure - 7	18-15/16302 Date 27/12/2024 Annexure - 8	
	Affiliation Sanctioned Intake	—	RGU/AFF/ NSG/GA/ 01/2024-25 20/9/24	KNC/2209/ 2024-25 Net copy		
	Admissions Made for the Current Academic Year		40 2024-25			
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year			NA		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	17	21	—	—	38
	Female	22	19	—	—	41
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---------
			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			

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									1					
2	Vice-Principal	1	1									1					
3	Professor	1	1-2					1*				0					
4	Associate Professor	2	2-4					1*				1					
5	Assistant Professor	3	3-8				2	3*				2					
6	Tutor	8-16	16-24				2-10	--		7		0					
	Total	16-24	24-40				4-12			7		05					

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)**

250 students				
* **Aadhar based biometric attendance for students**				

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. Ramesh. Choudary	Principal	MSC. Nursing Medical surgical Nursing	2012	12165	24y	12yrs	05-07-2012		
2.	Mrs. Geetha. S. R.	Professor/ Vice principal	MSC Nursing community health nursing	2012	13603	24y	11y	01/04/2024		
3.	Mrs. Sheetal Waghmare.	Asst. prof.	MSC Nursing community Health Nursing	2024	86821	4 year	1y	8-01-2024		
4.	Mr. Juber. Donur	Asst. prof	MSC Nursing medical surgical nursing	2024.	122235	1 year	7 Months	01-01-2025		
5.	Mr. Vaibhav. Patne	Asst. prof	MSC nursing community Health Nursing	2025	132903	-	Freshers	01-08-2025		
6.	Mr. Yallawwa. Y. Kadbagavi	SNR. Nursing Tutor	P.B.BSC	1998	854/00022 -799	22 yrs	-	10.10.2022		
7.	Ms. Laxmi. Bakannavar	Nursing Tutor	BSC.N	2022	219935	2yrs	-	01.09.2023		
8.	Mr. Shreedhar. Patanashetti	Nursing Tutor	BSC.N	2019.	99872	3yr	-	01.01.2025		
9.	Ms. Nisha. kattimani	Nursing Tutor	BSC.N	2024.	171797	7 months	-	01.01.2025		
10.	Ms. Reshma. Rathod	N. Tutor	BSC.N	2024.	171801	7 months	-	01.01.2025		
11.	Mr. Prashanth. Jadhav	N. Tutor	BSC.N	2024	163553	7 months	-	01.01.2025		
12.	Ms. Pooja. Pawar	N. Tutor	BS. N.	2024.	163222	7 months	-	01.01.2025		

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		— Copy 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	1020 Each	
	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	M	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1020	
	4. Professor/Assoc. Prof	800+2400=3200	3220	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	620	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	150	
	9. Record room	**100**	150	
	10. Room for maintenance staff	**100**	150	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1020	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3020	
	14. Toilets	1000	1020	

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

	15. A.V/Aids room	600	650	

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	
	Nutrition & Community Health Nursing	1200sq.ft	1220	
	Obstetrics and Gynecology Laboratory	900sq.ft	1020	
	Pediatrics Nursing Laboratory	900sq.ft	1020	
	Pre-Clinical Sciences Laboratory	900sq.ft	1020	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

Note:

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

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

Building Documents: **Annexure – 12**

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 **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
61	KA28 AB 1881	53+2	~~Yes~~ / No	~~Yes~~ / No	~~Yes~~ / No

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

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

Total No. of Nursing Books available	847	**No. of Nursing Journals subscribed**	05
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?**	210

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Bhagyashree	B.Com. B.Lib Sc	3 yrs	

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 Yashod Institute Of Medical Science & RC, Center MOU(Registered parent hospital MOU)		100	3.5KM	85%	
NAME OF THE TRUST/ Person owning The Hospital Dr. Ravindra Madaki					
Name Of The Owner Of The Trust of Hospital Dr. Ravindra Madaki					
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				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
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		Honnutagi
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		18 Kms
b. Services Rendered by Health & Family Welfare Programmes		All National Programs & Medical Services
URBAN FEILD :		
a. Name of CHC / PHC / SC		Dasra
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2Kms
b. Services Rendered by Health & Family Welfare Programmes		All National Programs & Medical 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 ☐
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 17060	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓		
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:

Yathedra College of Nursing, Vijayapura. applied for continuation of affiliation for the academic year 2025-26 for B.Sc-Nursing 40 seats. We the team of LIC conducted inspection on 12/8/25 with the following observation,

- Affiliation fee Paid
- Hospital Registered under KPME and PCB with 100 beds.
- class rooms, faculty, library adequate
- labs are adequate

So, Infrastructure, clinical facility, faculty are adequate for 40 B.Sc Nursing seats on the day of Inspection.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Yashoda College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 2/08/2025 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)
	2/8/25	

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.

12/8/25

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

Yashoda Trust's

YASHODA COLLEGE OF NURSING

3rd floor,KHB Complex, Solapur Road, Vijayapur – 586103 E-mail:yashodanursingcollegevjp@gmail.com

TEACHING FACULTY LIST

S.No	Name of the Faculty	Designation	Qualification Speciality	Name of University	Year of passing	RN & RM No.	Teaching Experience UG/PG	Date of Joining
01	MR.RAMESH CHOUDHARY	PRINCIPAL	M.SC.NURSING MEDICAL SURGICAL NURSING	RGUHS	2012	12165	14 YRS	05.07.2022
02	MRS. GEETHA S R	PROFESSOR / VICE PRINCIPAL	M.SC.NURSING COMMUNITY HEALTH NURSING	RGUHS	2012	13603	13 YRS	01.04.2024
03	MRS. SHEETAL WAGHMARE	ASST.PROF	M.SC NURSING COMMUNITY HEALTH NURSING	RGUHS	2024	86821	1.6 YRS	03.01.2024
04.	MR.JUBER DONUR	ASST.PROF	MSC NURSING MEDICAL SURGICAL NURSING	RGUHS	2024	122235	7 MONTH	01.01.2025
05	MR VAIBHAV PATNE	ASST.PROF	MSC NURSING COMMUNIITY HEALTH NURSING	RGUHS	2025	132903	FRESHER	01.08.2025

Secretary 2-D
12/8/25

06	MRS.YALLAWWA.Y. KADBAGAVI	SNR.NURSING TUTOR	P.B.BSC	RGUHS	1998	854/0002 2799	22YRS	10.10.2022
07	MS.LAXMI BAKANNAVAR	NURSING TUTOR	P.B.B.SC. NURSING	RGUHS	2022	219935	2.3 YRS	01.09.2023
08	MR SHREEDHAR PATANSHETTI	NURSING TUTOR	B.SC.NURSING	RGUHS	2019	99872	4YR	01.01.2025
9	MS NISHA KATTIMANI	NURSING TUTOR	B.SC. NURSING	RGUHS	2024	171797	7MONTH	01.01.2025
10	MS .RESHAMA RATHODA	NURSING TUTOR	B.SC. NURSING	RGUHS	2024	171801	7MONTH	01.01.2025
11	MR. PRASHANTH JADHAV	NURSING TUTOR	B.SC. NURSING	RGUHS	2024	163553	7MONTH	01.01.2025
12	MS. POOJA PAWAR	NURSING TUTOR	B.SC. NURSING	RGUHS	2024	163222	7MONTH	01.01.2025

PRINCIPAL
Yashoda College of Nurs
Vijayapura-586 10

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA12817744281937X**
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Account Reference	:	NONACC (FI)/ kaksfcl08/ BIJAPUR/ KA-BJ
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840875898214143X
Purchased by	:	REGISTRAR R G U H S
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	REGISTRAR R G U H S
Second Party	:	CHAIRMAN YASHODA TRUST
Stamp Duty Paid By	:	REGISTRAR R G U H S
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR. VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt.01-01-2022 Exp Dt.26-3-2026 GOVT. OF KARNATAKA, INDIA

NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR. VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt.01-01-2022 Exp Dt.26-3-2026 GOVT. OF KARNATAKA, INDIA

NOTARY L. P. LAMANI. ADVOCATE REG.NO. LAW/LCL/72/2021 MY COMMISSION EXPIRE DATE :26-3-2026

Authorised Signatory
Siddhasiri Souharda Sahaka
Sangha Niyamit., VIJAYAPUR

Please write or type below this line

NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR. VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt.01-01-2022 Exp Dt.26-3-2026 GOVT. OF KARNATAKA, INDIA

NOTARY EXPECTATIONS

Continued in Page 02

Statutory Alert:

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2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the **Yashoda Trust** are submitting the affidavit to University.

1. The **Yashoda Trust** is running/managing the college **Yashoda college of Nursing, Vijayapur since 2year.**

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

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

4. 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.

5. 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.

Dr.Ravendra Madraki
Chairman
Yashoda Trust

NOTARY
CORRECTIONS

NOTARY
L. P. LAMANI
ADVOCATE VIJAYAPUR
VIJAYAPUR REVENUE TALUK
LAW/LCL/72/2021
Dt:01-01-2022
Exp Dt:16-3-2026
GOVT. OF KARNATAKA, INDIA

SWORN BEFORE ME
NOTARY
L. P. LAMANI. B.A.LL.B. (Spl.)
ADVOCATE, VIJAYAPUR.

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	**IN-KA12819532938511X**
Certificate Issued Date	:	08-Aug-2025 12:17 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BIJAPUR/ KA-BJ
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840879715874133X
Purchased by	:	REGISTRAR R G U H S
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	REGISTRAR R G U H S
Second Party	:	DR RAVEENDRA MADARKI YIMS AND RC
Stamp Duty Paid By	:	REGISTRAR R G U H S
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY L. P. LAMANI, ADVOCATE REG.NO. LAW/LCL/72/2021 MY COMMISSION EXPIRE DATE :26-3-2026

Authorised Signatory
Siddhasiri Souharda Sahaka
Sangha Niyamit., VIJAYAPUR

Please write or type below this line

NOTARY L.P. LAMANI ADVOCATE VIJAYAPUR REVENUE TALUK LAW/LCL/72/2021 Dt:01-01-202 Exp Dt:26-3-2026 GOVT. OF KARNATAKA, INDIA

NOTARY CORRECTIONS

continued-D2

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2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING

I, **Dr.Ravendra Madraki is the Owner of the YASHODA INSTITUTE OF MEDICAL SCIENCES &RESEARCH CENTER** situated at 107/2B Bhutanal, solapur bypass Junction

1. This is to confirm that our **YASHODA INSTITUTE OF MEDICAL SCIENCES &RESEARCH CENTER** is registered under KPMEA and PCB with 100 **beds** and the bonafide certificate has been attached.

2. This is to confirm that the YASHODA HOSPITAL is functioning as own hospital for **Yashoda college of Nursing, Vijayapur**

3. We also confirm that our hospital is solely affiliated to **Yashoda college of Nursing** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr.Ravendra Madraki
Chairman

Yashoda Institute of Medical Science and Research Centre
Bhutanal, VIJAYAPUR-586103
Ph: 08352-264444 / 261117.

NOTARY
OATH COMMISSIONER

NOTARY
L.P. LAMANI
ADVOCATE VIJAYAPUR
VIJAYAPUR REVENUE TALUK
LAW/LCU/72/2021
Dt:01-01-2021
Exp Dt:26-3-2026
GOVT. OF KARNATAKA, INDIA

SWORN BEFORE ME
NOTARY
L. P. LAMANI. B.A.LL.B. (Spl.)
ADVOCATE, VIJAYAPUR.