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 SUDARSHAN	Prof VK. Ayyappan	MR. DAYANAND G. HIREMATH
Designation	Prof Senate member	Prof chairman BOS	Assist. Professor.
Address	KLE Dental College & Bangalore	Sanjay Gandhi Institute / Trauma. Banglore	Shri Atal Behari Vajpayee Institute of Nursing Bangalore
Mobile No	9449104316	9886291325	9096188264
Email ID	sudarsan2310@gmail.com	ayyappan28@gmail.com	manjugh007@gmail.

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 07/08/2025

(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**	SMT SHAKUNTALA GADIGI INSTITUTE OF NURSING SCIENCES, BAILHONGAL ROAD, RANI CHANNAMAN, KITTUR, 591115, BELAGAVI DIST	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**	SMT SHAKUNTALA MEMORIAL CHARITABLE TRUST (R) 50/51 GOLDEN TOWN, HOSUR, HUBLI – 580021 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: ssignskittur2020@gmail.com	**Website:** www.smtshakuntalainstitute.org	
		Office No: 91-8217643782	**Mobile No:** 91-9900641054	

Signature of Chairman 7/8/2025 Signature of Member (1) Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr VEERABHADRAPPA. E. GADIGI 91-9740675273
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: MRS BHARATI KONG NOLLI Qualification: M'SC NSG Experience after MSc: 17yrs Email: ssginskittur2020@gmail.com Mobile No: 9449802107 Office No: 91-8217643782 Fax No: 91-8217643782 Residential phone No: —
	b) Drawing authority of the college	Jointly by President and Principal

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust? SMT SHAKUNTALA INSTITUTE OF NURSING EDUCATION HUBLI, 5D/51 GOLDEN TOWN, HOSUR, HUBLI-580021	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	Continuation of Affiliation	30,000/-	60,000/-	40,000/-	25,000/-	Rs 1,55,000/-
Post Basic B.Sc. Nursing	—	Not	Applicable		—	—
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.	Applicable	
	4.		
	5. Not		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: BD0000000 7562690
BD000 0000 7563258

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8..Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 137 KUM 2023, 21/09/2023 Annexure - 5	RGU/AFF/NSG/CoA/01/2024-25, 20/09/2024 Annexure - 6	1157/2024-25, 27/02/2025 Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	34	34	34	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6 Applicable	Annexure - 7	Annexure - 8	
	Sanctioned Intake	Not				
	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 Applicable	Annexure - 7	Annexure - 8	
	Sanctioned Intake	Not	Applicable			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5 Not applicable	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman 27/02/2025

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	Not	applicable	—		

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	21	—	—	31
	Female	24	18	—	—	42
Post Basic B.Sc Nursing	**Male**					
	Female					
M.Sc Nursing	**Male**					
	Female					
M.Sc NPCC	**Male**					
	Female	Not	applicable			

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)**

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*		03							
6	Tutor	8-16	16-24				2-10	--		08							
	Total	**16-24**	**24-40**				**4-12**			14							

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.	Mrs Bharati Kongnolli	Principal	M.Sc Nsg OBG	2008	5530	20yrs	17yrs	01/08/2024	Yes	
2.	Mrs Sabina Antin	Vice Principal	M.Sc Nsg OBG	2018	21958	3years	7yrs	01/12/2024	Yes	
3.	Mrs Shirin A.	Asst Prof	M.Sc Nsg Med-Surg Nsg	2021	62253	13yrs	4yrs	01/04/2024	Yes	
4.	Ms. Asha Marihal	lecturer	M.Sc Nsg OBG	2022	92208	1 yr	3yrs	01/07/2025	—	
5.	Ms. Steffi Patil	Associate Prof	M.Sc Nsg OBG	2020	86442	1yr	5yrs.	01/04/2024	Yes	
6.	Mr. Vittal Gudigennavar	lecturer	M.Sc Nsg Psychiatric Nsg	2024	204492	—	1 yr.	04/12/2024	Yes.	
7.	Mrs Nagartna Kolli	Nsg Tutor	B.Sc Nsg	2023	150279	2yrs	—	01/10/2023	Yes.	
8.	Ms Shakuntala Gadigi	Nsg Tutor	B.Sc Nsg	2024	163574	1yr	—	11/10/2024	Yes.	
9.	Mr Anil Dinnimani	Nsg Tutor	PB B.Sc Nsg	2022	229338	1yr	—	01/04/2024	Yes	
10.	Ms Geeta Hadapad	Nsg Tutor	PB B.Sc Nsg	2024	241111	1yr	—	01/04/2024	Yes	
11.	Ms. Soujanya Kaur	Nsg Tutor	B.Sc Nsg	2023	152838	1yr	—	02/01/2024	Yes	
12.	Ms. Soumya Naik	Nsg Tutor	PB B.Sc Nsg	2024	241225	1yr	—	01/04/2024	Yes.	
13.	Ms. Savita. T.	Nsg Tutor	PB. B.Sc Nsg	2024	240937	1yr.	—	01/04/2024	Yes.	
14.	Ms. Netra Doddamani	Nsg Tutor	B.Sc Nsg	2023	164059	—	—	01/07/2025	—	
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Signature of Chairman

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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)**

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
—	LIST	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)	24,500 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	4 class room 900 sq ft each.	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— Not Applicable —	
	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	300 sq ft	
	2. Vice-Principal Chamber	200	200 sq ft	
	3. HOD	5 x 200 = 1000	5 x 200 = 1000 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	2400 sq ft + 800 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq ft	
	7. Accountants Office	**100**	100 sq ft	
	8. Store Room	**100**	100 sq ft	
	9. Record room	**100**	100 sq ft	
	10. Room for maintenance staff	**100**	100 sq ft	
	11. Xeroxing room	**100**	100 sq ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq ft	
	14. Toilets	1000	1000 sq ft	

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

	15. A.V/Aids room	600	600 sq ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	40	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq ft	
	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**

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

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
01	KA-25 B 1607	25	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	2300 sq ft	YES ☑ No ☐	sufficient	sufficient	

Total No. of Nursing Books available	3050	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	06	**Is internet facility available for Students?**	yes.
No of e-books	—	**How many books were purchased in last financial year?**	250.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Ganga Parvatagoudar Sangagouda.	B. Lib.	18 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	- A study to Evaluate the effectiveness of Breast massage on reduction of signs of Breast engorgement & many more projects.	

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

Conferences conducted	- Basic life support programme Dec 2024 - Anatomy model Exhibition - Cancer day conducted Feb 2025	
Conferences attended	- Attended workshops in SDM. - Attended conferences on BLS.	

* 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 Smt Shakuntala Grameena hospital, Bailhongal Road, Rani Channamma, Kittur - 591115 MOU(Registered parent hospital MOU)	100	0	75%.	
NAME OF THE TRUST/ Person owning The Hospital Dr V.E.Gadigi	100	0	75%.	
Name Of The Owner Of The Trust of Hospital Dr V.E.Gadigi	100	0	75%.	
Affiliated hospitals- Full Name & Address of the Parent Hospital 1	Not applicable			
2				
3				

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

	(MOU/Clinical permission letter)	—	Not applicable	—	

(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	28	80%.		
Surgery including OT	25	80%.		
Obstetrics & Gynecology	10	80%.		
Pediatrics,	10	75%.		
Emergency Medicine	05	75%.		
Psychiatry	02	75%.		

Not applicable

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	80%.		
Minor OT	01	80%.		
Dental, Otorhinolaryngology, Ophthalmology	05	80%.		
Burns and Plastic	—	—		
Neonatology care unit	—	—		
Communicable disease/Respiratory medicine/TB & chest diseases	—	—		
Dermatology	—	—		
Cardiology	05	75%.		
Oncology	05	90%.		
Neurology/Neuro-surgery	05	90%.		
Nephrology/Urology	05	75%.		
ICU/ICCU	05	75%.		
Geriatric Medicine	—	—		

Not applicable

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**	Bailur.
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	9 Kms.
b.	Services Rendered by Health & Family Welfare Programmes	Health & family welfare services, Vaccination school health programme.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	Kittur
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	9 Kms
b.	Services Rendered by Health & Family Welfare Programmes	Health & FW services. Vaccination & school Health programme.
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 19,000/-	
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 : 10	Boys : 10
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 KSRCB & KPME certificate, current academic year clinical fees paid receipts from			

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	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: As a part of the Inspection the team visited Smt. Shanmukhala Gadigi Institute of Nursing Science Kittur on 7/8/2018 which is functioning in its own building with managed by Smt. Shanmukhala Memorial Charitable trust.. College has parent hospital with 100 beds in the name of Smt. Shanmukhala Grameena Hospital in the same campus.

Physical facilities: College has permitted with 40 Intake of BSc Nursing seats and has 4 Class Rooms of 900 Sqft dimension and Laboratories in Nursing Foundation, Community Health Nursing, Nutrition, OBG & Pediatrics with adequate mannequins and Equipments along with Adequate Skill labs each laboratories.

Library: 2300 Sqft Library present with 3050 Text Books and adequate Space and Climate Condition.

Teaching faculties: There are 14 Teaching faculties in the College and 6 are Teachers out of 14.

College has 1 Bus for transportation with drivers to take the Students to Clinical posting & Hostel.

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 SMT SHAKUNTALA GADIGI INSTITUTE OF NURSING SCIENCE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 07/08/2024 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 SMT SHAKUNTALA MEMORIAL CHARITABLE TRUST, HUBLI are submitting the affidavit toUniversity.

The trust SMT SHAKUNTALA MEMORIAL CHARITABLE TRUST, HUBLI is running/managing the colleges 1. SMT SHAKUNTALA GADIGI INSTITUTE OF NURSING SCIENCE, KITTUR

2.

3. since 2 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)**