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. Mahendra. S	Dr. Sudhakara Muniswamappa	Santosh Soma
Designation		Associate Professor	Principal
Address	Krishnadevaraya college of Dental Sciences, Bengalore	Krishnadevaraya college of Dental Sciences & Hospital, Bengalore	Smt. Saraswati Gurupadappa Nagamarpalli college of Nursing
Mobile No	9845563431	9845978858	9741174656
Email ID	mahendraortho@gmail.com	Sudhakarmop@gmail.com.	

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 18-8-25

(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**	Rajiv Gandhi Education Society's College of Nursing, RON.	2	**Year of Establishment** 2024
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**	Rajiv Gandhi Education Society Ron (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: ron.gspatil@gmail.com	**Website:** ww.rgescnursingron.org.	
		Office No:	**Mobile No:** 9448052079 / 9448236038	

Signature of Chairman
Dr. Mahendra S

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Shri G.S. Patil		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 12 (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. Chandrakanth. Qualification: M.Sc(N) MHN Experience after MSc: Email:		Mobile No: Office No: Fax No: Residential phone No:
	b) Drawing authority of the college			

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		30,000/-	60,000/-	40,000/-	25000/-	155000/-
Post Basic B.Sc. Nursing						
					Total (A)	

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male					
	Female	02				
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----------

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----------

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*		-							
4	Associate Professor	2	2-4					1*		-							
5	Assistant Professor	3	3-8				2	3*		02							
6	Tutor	8-16	16-24				2-10	--		05							
	Total	**16-24**	**24-40**				4-12			09							

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. Chandrakant	Principal	M.Sc (N) (MBN)	2011	9512	1.4 yr	13.6 yr	18/06/25	BS	
2.	Mrs. Prakash MS	Vice principal	M.Sc (Ne) (MBN)	2012	15312	1 yr	09 yr	02/09/24	BS	
3.	Mr. Amarayya	Asst. professor	M.Sc (N)	2021		—	04 yr	04/04/25	BS	
4.	Ms. Vidyavati	Asst professor	M.Sc (N) CHN	2015	123417	1 yr	04 months	20/02/25	BS	
5.	Mr. Manjeswamy	Tutor	B.Sc (N)	2020	82729	03	—	27/01/25	BS	
6.	Ms. Pallavi	Tutor	BSc (N)	2023	147699			21/07/25	BS	P S Madakatti
7.	Mr. Karthik	Tutor	B.Sc (N)	2024	169196			28/07/25	NO	
8.	Ms. Deepa	Tutor	B.Sc (N)	2024	175620			02/08/25	NO	
9.	Ms. Radhika	Tutor	B.Sc (N)	2024	169218		—	11/08/25	NO	
10.										
11.										
12.										
13.										

- **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

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	4200 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	332 sq.ft	
	2. Vice-Principal Chamber	200	220 sq.ft	
	3. HOD	5 x 200 = 1000	1620 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq.ft	Rentsheet
	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	1313 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3010 sq.ft	
	14. Toilets	1000	1050 sq.ft	

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

	15. A.V/Aids room	600	625 sq.ft	

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	1606 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1210 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	914 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	914 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	914 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1656 sq.ft	

verified

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
01	KA26A5188	36	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		YES ☑ No ☐	good	Sufficient	verified

Total No. of Nursing Books available	2010	**No. of Nursing Journals subscribed**	04
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?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. D V Gadaginmath	MLISc	25 years.	

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 MOU(Registered parent hospital MOU)		100	0.5 km	80%	Verified
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital Shri G.S Patil					
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	40	35		
Surgery including OT	20	18		
Obstetrics & Gynecology	20	17		
Pediatrics,	10	07		
Emergency Medicine	16	08		
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**	RON
	Adopted / Affiliated	RON
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	2 Kms
b.	Services Rendered by Health & Family Welfare Programmes	All Health and Family Welfare Programes
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Abbigeri, Sudi
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	10 Kms
b.	Services Rendered by Health & Family Welfare Programmes	All Health and Family Welfare Programes.
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	
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		
		Yes	NO	Signature
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 18-2-25, for the Continuation application of Rajiv Gandhi College of Nursing for B.Sc (40) seats.

General information: On the day of inspections as per the observation The College is established in the year 24-25 with one batch of students, under the trust name Rajiv Gandhi education Society, Rona. only two students are admitted as GOK scholarship On the last day of admissions in previous year.

The college has own level 4 teaching hospital for the clinical facilities with adequate OPD and IPD.

The physical infrastructures like, classrooms, library, Lab rotaries, digital Lab, and hostel facilities are adequate.

The list of teaching faculty whose present on the day of inspection with their due signature is attached. All the enquired documents, Affidavits, Photos, GPS photos enclosed for your kind Perusal

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 Rajiv Gandhi Education society's College of Nursing RGN. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 1[illegible]25 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**

copy attached

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA19001147594050X
Certificate Issued Date	:	16-Aug-2025 01:29 PM
Account Reference	:	CSCACC (GV)/ kacsceg07/ KA-GDSHI0592/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKACSCEG07526952656708 80X
Purchased by	:	PRINCIPAL RGES COLLEGE OF NURSING RON
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRINCIPAL RGES COLLEGE OF NURSING RON
Second Party	:	REGISTRAR RGUHSK BANGALORE
Stamp Duty Paid By	:	PRINCIPAL RGES COLLEGE OF NURSING RON
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ಶ್ರೀ ಬನಶಂಕರಿ ಕ್ರೆಡಿಟ್ ಸೌಹಾರ್ದ
ಸಹಕಾರಿ ನಿಯಮಿತ ರೋಣ-582209

Please write or type below this line

UNDERTAKING

I/We, **Shri. G. S. Patil** is/are the Owners/MD/CEO/Board Members of the **Rajiv Gandhi Education Society's Hospital** situated at **Ron - 582209, District Gadag, State Karnataka.**

NO OF CORRECTION

NOTARY

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
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.

This is to confirm that our hospital **Rajiv Gandhi Education Society's Hospital Ron (Allopathy)** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Rajiv Gandhi Education Society's Hospital** is functioning as affiliated/parent/own hospital for **B.Sc Nursing** college.

We also confirm that our **Hospital** is solely affiliated to **B.Sc Nursing** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

PRESIDENT
RAJIVA GANDHI EDUCATION
SOCIETY, RON-582209

PRINCIPAL
Rajiv Gandhi Education Society's
COLLEGE OF NURSING
RON-582209 (Dist.Gadag)

NO OF ...
NOTARY

GOVERNMENT ★ NOTARY ★ OF KARNATAKA
M.N. HULKOTI B.A.,LL.B.(Spl.)
RON TALUKA
R.No: Law 197
LCL / 99

Solemnly affirmed before me
at RON on ... day
... 201
NOTARY

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18995687255498X**
Certificate Issued Date	:	16-Aug-2025 01:27 PM
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Purchased by	:	PRINCIPAL RGES COLLEGE OF NURSING RON
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRINCIPAL RGES COLLEGE OF NURSING RON
Second Party	:	REGISTRAR RGUHSK BANGALORE
Stamp Duty Paid By	:	PRINCIPAL RGES COLLEGE OF NURSING RON
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ಶ್ರೀ ಬನಶಂಕರಿ ಕ್ರೆಡಿಟ್ ಸೌಹಾರ್ದ
ಸಹಕಾರಿ ನಿಯಮಿತ ರೋಣ-582209

GOVERNMENT OF KARNATAKA
M.N. HULKOTI B.A.,LL.B.(Spl.)
ROM.TALUKA
R. No: Law 197
LCL / 99

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Rajiv **Gandhi Education Society's Ron** are submitting the affidavit to University.

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
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.

The trust **Rajiv Gandhi Education Society's Ron** is running/managing the colleges Girls High School (Govt Aided), Ayurvedic Medical College, ITI, B.ed, Bp.ed, Primary High School, PUC, Degree College, D Pharmacy - since 32 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.

PRESIDENT
RAJIVA GANDHI EDUCATION
SOCIETY, RON-582209

PRINCIPAL
Rajiv Gandhi Education Society's
COLLEGE OF NURSING
RON-582209 (Dist.Gadag)

NO OF CORRECTION

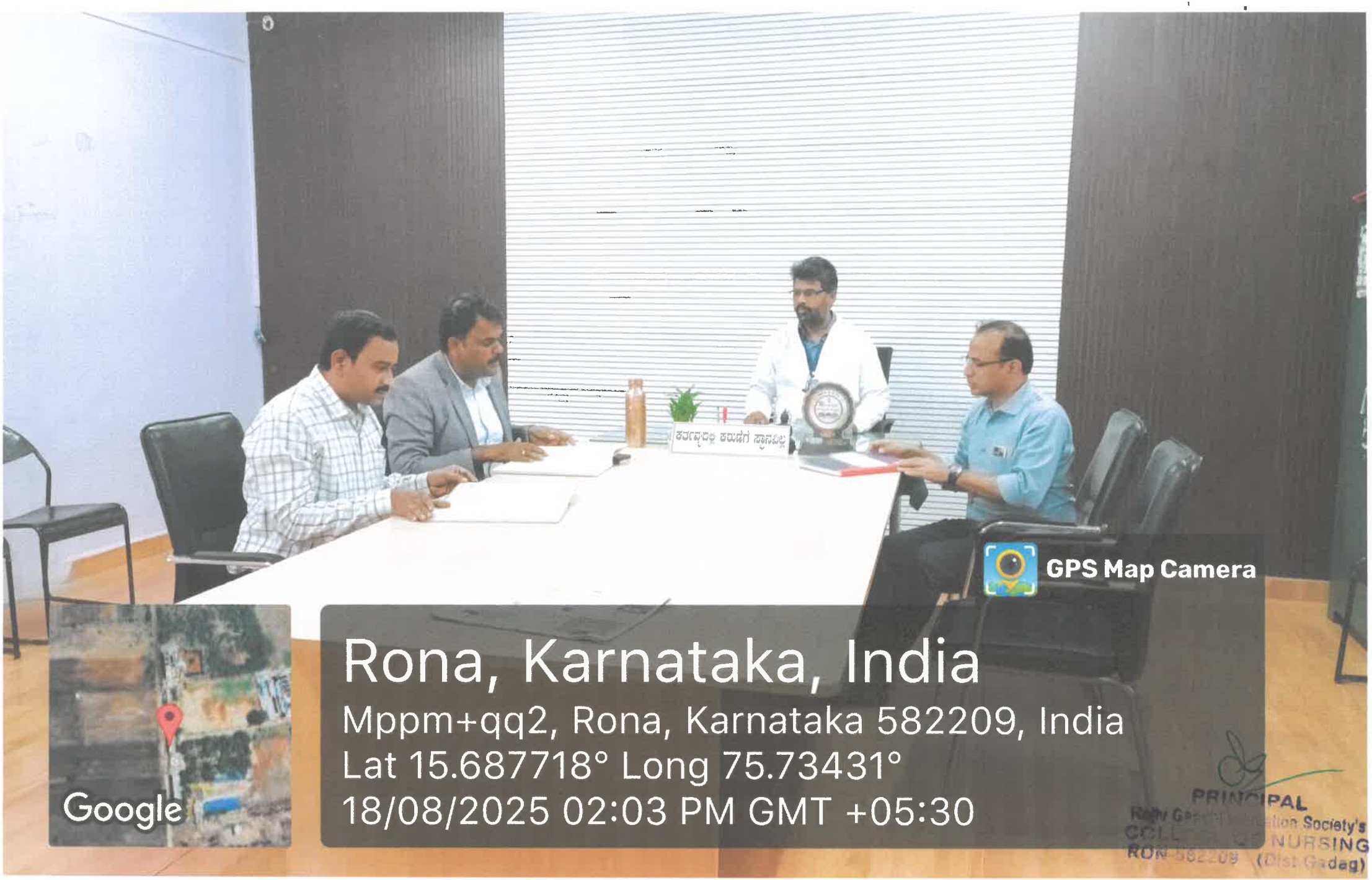
NOTARY

GOVERNMENT ★ NOTARY ★ OF KARNATAKA
M.N. HULKOTI B.A.,LL.B.(Kan.)
RON TALUKA
R. No: Law 197
LCL / 99

Solemnly affirmed before me
at RON on 16 day
201

NOTARY


ರಾಜೀವಗಾಂಧಿ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಯ ಆಸ್ಪತ್ರೆ, ರೋಣ
Rajiv Gandhi Education Society's Hospital, Ron
GPS Map Camera
Chikkamannur, Karnataka, India
Mppp+qjq, Chikkamannur, Karnataka 582209, India
Lat 15.688125° Long 75.735984°
18/08/2025 12:05 PM GMT +05:30
Google
PRINCIPAL
Rajiv Gandhi Education Society's
COLLEGE OF NURSING
RON-582209 (Dist.Gadag)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GPS Map Camera
Rona, Karnataka, India
Mppm+qq2, Rona, Karnataka 582209, India
Lat 15.687718° Long 75.73431°
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Google
PRINCIPAL
NURSING
(Dist.Gadag)


AYURVEDIC MEDICAL COLLEGE, HOSPITAL & PG RESEARCH CENTRE
ರಾಜೀವಗಾಂಧಿ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಯ ಆಸ್ಪತ್ರೆ, ರೋಣ
Rajiv Gandhi Education Society's Hospital, Ron
GPS Map Camera
Rona, Karnataka, India
Mpqp+57v, Sh 57, Rona, Karnataka 582209, India
Lat 15.68814° Long 75.735974°
18/08/2025 12:06 PM GMT +05:30
Google
PRINCIPAL
COLLEGE OF NURSING


ರಾಜೀವಗಾಂಧಿ ವಿಕ್ಷಣ ಸಂಸ್ಥೆಯ
ನರ್ಸಿಂಗ್ ಕಾಲೇಜ್
ಪಿನ್ ಕೋಡ್-582209
RAJIV GANDHI EDUCATION SOCIETY'S
COLLEGE OF NURSING
DIST.GADAG
RON - 582209
STATE: KARNATAKA
PRINCIPAL
Rajiv Gandhi Education Society's
COLLEGE OF NURSING
RON-582209 (Dist.Gadag)
GPS Map Camera
Rona, Karnataka, India
Mppm+qq2, Rona, Karnataka 582209, India
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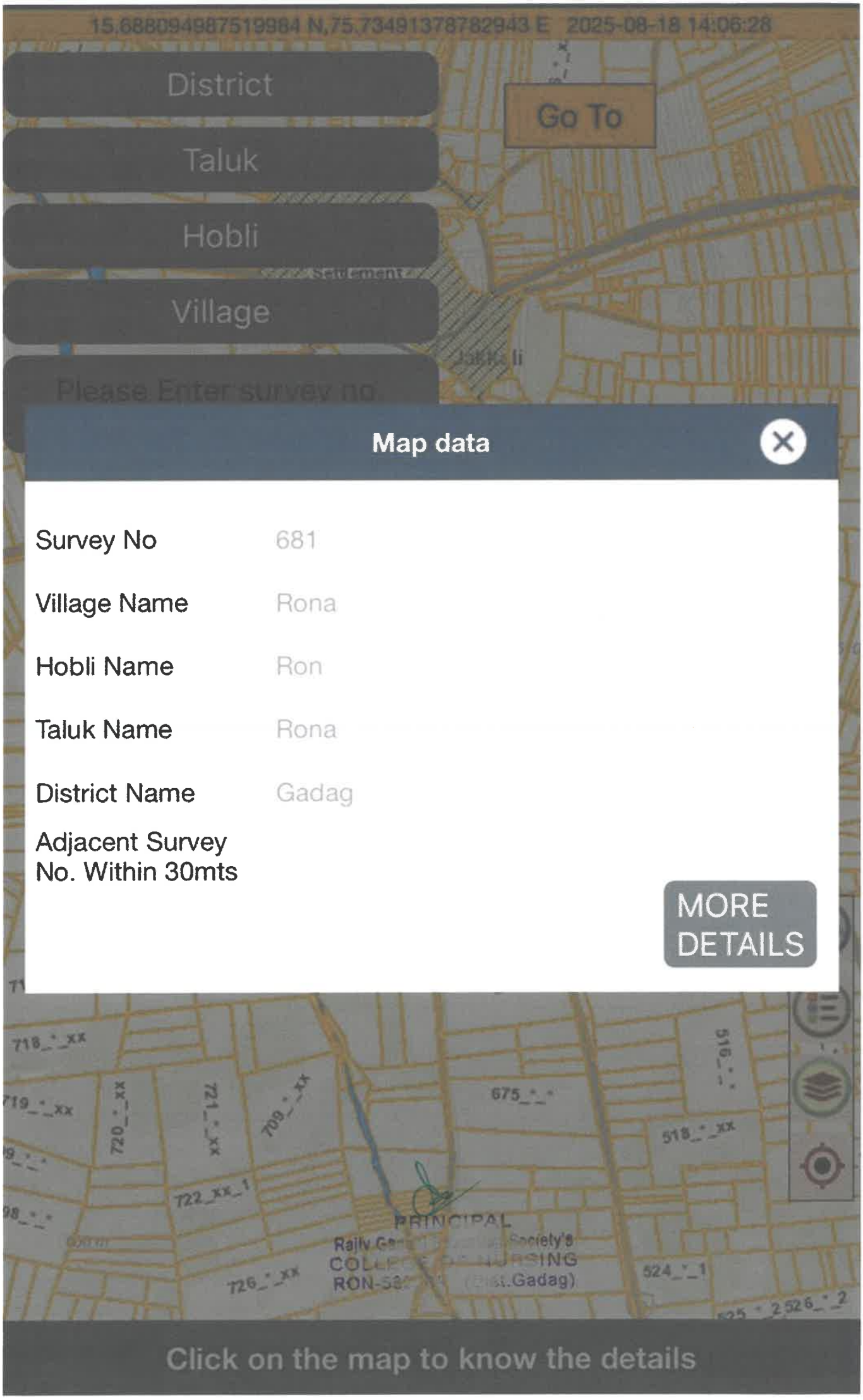
Google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District
Taluk
Hobli
Village
Please Enter survey no
Go To
Map data
Survey No 681
Village Name Rona
Hobli Name Ron
Taluk Name Rona
District Name Gadag
Adjacent Survey No. Within 30mts
MORE DETAILS
718_*_xx
719_*_xx
720_*_xx
721_*_xx
709_*_xx
675_*_*
516_*_*
518_*_xx
722_xx_1
726_*_xx
524_*_1
PRINCIPAL
Click on the map to know the details

Owner Details

Surnoc No. :

Hissa No. : 1+2B/2

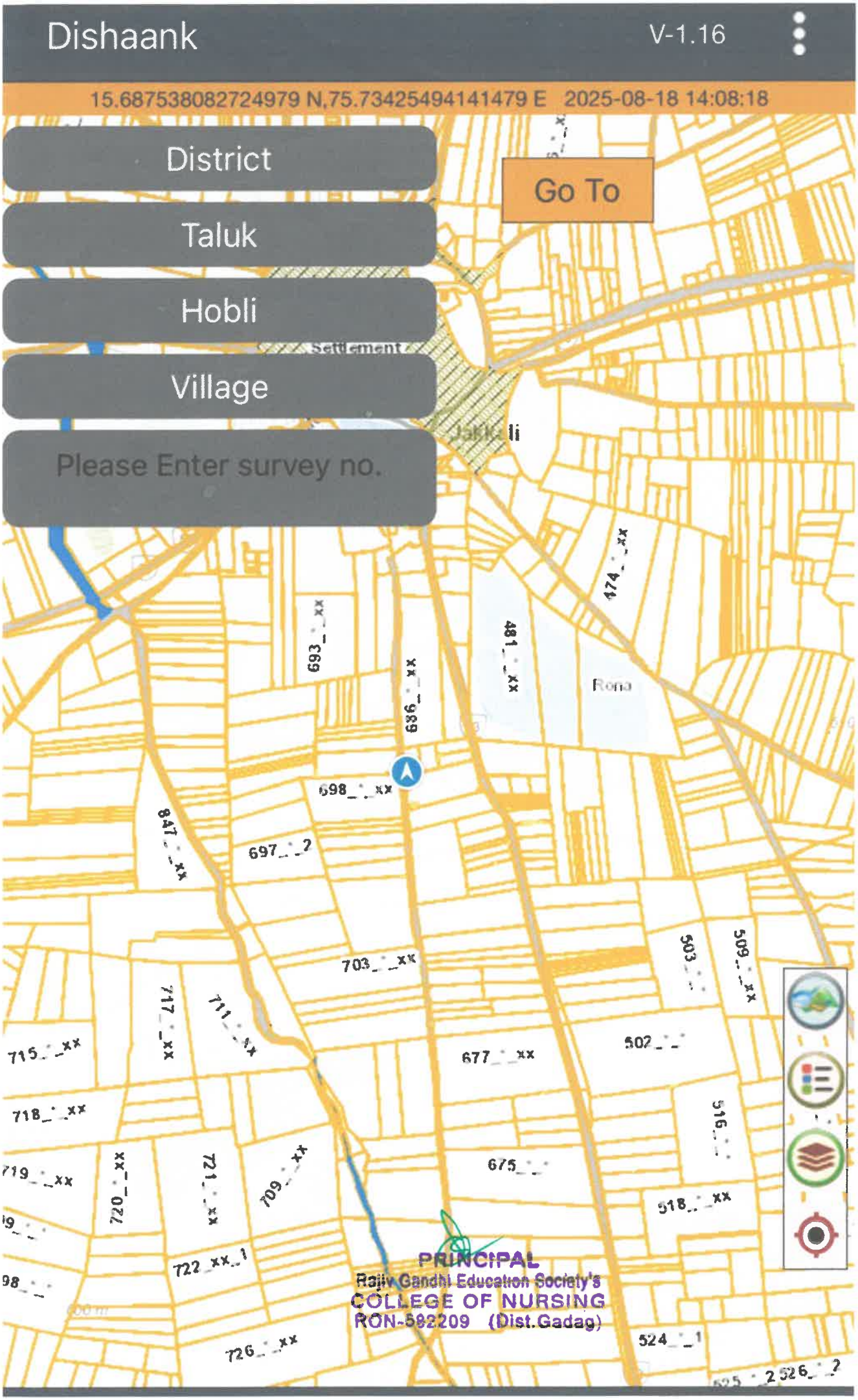
Owners | RTC

Owner Name	ಮಾರುತಿ:-ಬೀಮರಾಯಪ್ಪ ಗುಡಿಸಾಗ - ಗೋವಿಂದಪ್ಪ
Extent	4 : 20 : 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	.. -
Extent	Joint Owner
Is he main owner?	NO
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
Is land alienated?	NO
Any Trnsc running?	NO

Owner Name	2.ರಾಮಕೃಷ್ಣಪ್ಪ ಉರ್ಫ ಕೃಷ್ಣಪ್ಪ -
Extent	Joint Owner
Is he main owner?	NO
Land Type?	PRV
Is land Govt. restricted?	NO

For more details please visit https://landrecords.karnataka.gov.in/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District
Taluk
Hobli
Village
Please Enter survey no.
Go To
Settlement
Rona
698_*_xx
697_*_2
703_*_xx
677_*_xx
675_*_*
502_*_*
503_*_*
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518_*_xx
524_*_1
526_*_2
715_*_xx
718_*_xx
719_*_xx
722_xx_1
726_*_xx
PRINCIPAL
Rajiv Gandhi Education Society's
COLLEGE OF NURSING
RON-582209 (Dist.Gadag)

Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority

Gadag

CERTIFICATE OF REGISTRATION

This is to certify that RAJIV GANDHI EDUCATION SOCIETYS HOSPITAL RON located at RAJIV GANDHI EDUCATION SOCIETY'S HOSPITAL GADAG ROAD RON 582209 owned by Shri G S Patil has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a Hospital (Level 4)(Teaching) under Allopathy system of medicine.

Signature valid

Digitally signed by
Date: 2024.03.16 16:13:37 +05:30

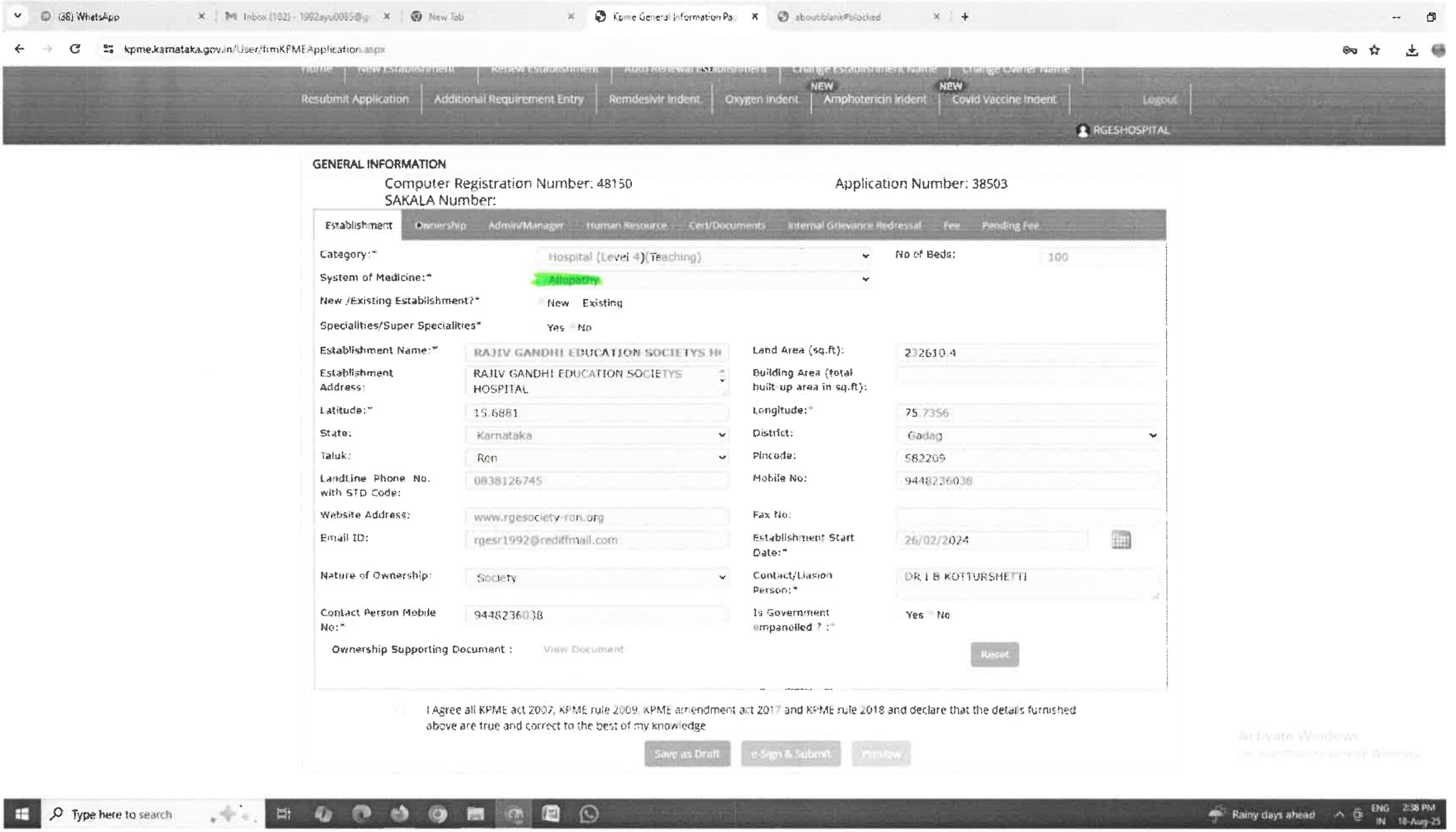
Reg No: GDG00394ALHL4

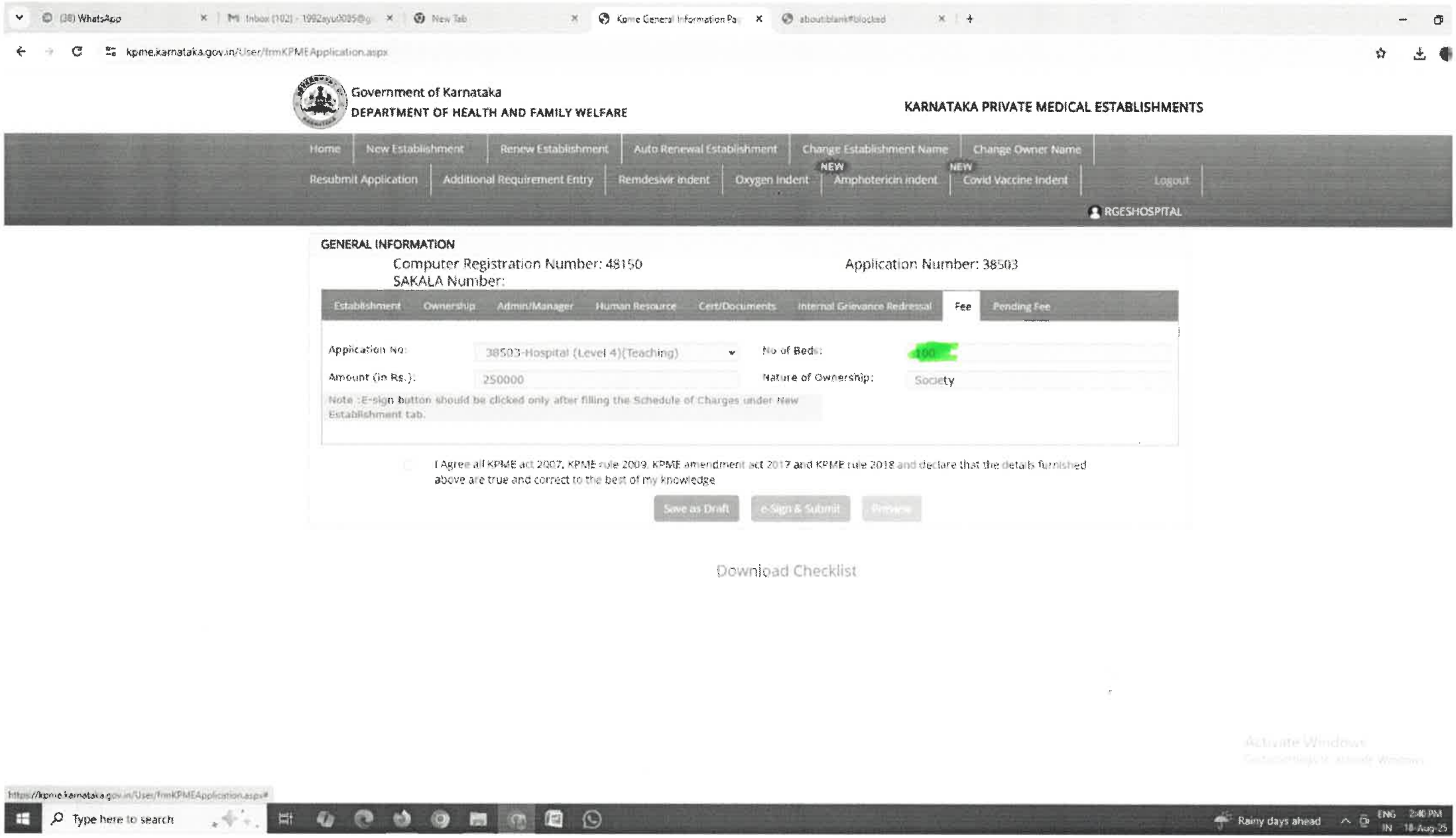
Date of Issue: 16 Mar 2024

Valid Till: 15 Mar 2029

Place: Gadag

Member Secretary And District Health And Welfare Officer
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
Gadag


kpme.karnataka.gov.in/User/frmKPMEApplication.aspx
Resubmit Application
Additional Requirement Entry
Remdesivir Indent
Oxygen Indent
NEW
Amphotericin Indent
NEW
Covid Vaccine Indent
Logout
RGESHOSPITAL
GENERAL INFORMATION
Computer Registration Number: 48150
Application Number: 38503
SAKALA Number:
Establishment
Ownership
Admin/Manager
Human Resource
Cert/Documents
Internal Grievance Redressal
Fee
Pending Fee
Catagory:*
Hospital (Level 4)(Teaching)
No of Beds:
100
System of Medicine:*
Allopathy
New /Existing Establishment?*
New
Existing
Specialities/Super Specialities*
Yes
No
Establishment Name:*
RAJIV GANDHI EDUCATION SOCIETYS H
Land Area (sq.ft):
232610.4
Establishment Address:
RAJIV GANDHI EDUCATION SOCIETYS HOSPITAL
Building Area (total built-up area in sq.ft):
Latitude:*
15.6881
Longitude:*
75.7356
State:
Karnataka
District:
Gadag
Taluk:
Ron
Pincode:
582209
LandLine Phone No. with STD Code:
08378126745
Mobile No:
9448236038
Website Address:
www.rgesociety-ron.org
Fax No:
Email ID:
rgesr1992@rediffmail.com
Establishment Start Date:*
26/02/2024
Nature of Ownership:
Society
Contact/Liasion Person:*
DR I B KOTTURSHETTI
Contact Person Mobile No:*
9448236038
Is Government empanelled ? :*
Yes
No
Ownership Supporting Document :
View Document
Reset
I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge
Save as Draft
e-Sign & Submit
Preview
Activate Windows
Type here to search
Rainy days ahead
ENG
IN
2:38 PM
18-Aug-25


kpme.karnataka.gov.in/User/frmKPMEApplication.aspx
Government of Karnataka
DEPARTMENT OF HEALTH AND FAMILY WELFARE
KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS
Home
New Establishment
Renew Establishment
Auto Renewal Establishment
Change Establishment Name
Change Owner Name
Resubmit Application
Additional Requirement Entry
Remdesivir indent
Oxygen Indent
NEW
Amphotericin indent
NEW
Covid Vaccine Indent
Logout
RGESHOSPITAL
GENERAL INFORMATION
Computer Registration Number: 48150
Application Number: 38503
SAKALA Number:
Establishment
Ownership
Admin/Manager
Human Resource
Cert/Documents
Internal Grievance Redressal
Fee
Pending Fee
Application No:
38503-Hospital (Level 4)(Teaching)
No of Beds:
100
Amount (in Rs.):
250000
Nature of Ownership:
Society
Note :E-sign button should be clicked only after filling the Schedule of Charges under New Establishment tab.
I Agree all KPME act 2007, KPME rule 2009, KPME amendment act 2017 and KPME rule 2018 and declare that the details furnished above are true and correct to the best of my knowledge
Save as Draft
e-Sign & Submit
Preview
Download Checklist
Type here to search
Rainy days ahead
ENG
IN
2:40 PM
18-Aug-25