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. Shashikumar	Dr. Vijayananda, Pujari	Mr. Rajakannan
Designation	professor	principal.	principal.
Address	RRDC - Bangalore	Kushma college of pharmacy, Hubballi	Cauvery college of Nursing Mysore
Mobile No	9980280485	9542185209	9019352025
Email ID	drshashiorthog@gmail.com	dr.vjpj@gmail.com	

Inspection For the Academic Year : 2025-26. *Date of Inspection:* 13/08/2025

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	YIMS, GOVT. COLLEGE OF NURSING, CHITTAPUR MAIN ROAD, YADGIRI 585202	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	YADGIRI INSTITUTE OF MEDICAL SCIENCES, YADGIRI. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: principalyimsgcon@gmail.com.	Website: http://yimsyadgiri.karnataka.gov.in.	
		Office No: –	Mobile No: 8310850238.	

Dr. Shashikumar
Signature of Chairman
13/08/25

Signature of Member (1)
Dr. Vijayananda Pujari

Signature of Member (2) 13/8/25
Dr. Rajakannan.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No			
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : ENCLOSED. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: SIDRAMAPPA Qualification: M.Sc. NURSING. Experience after MSc: 13 YRS Email: sidram.sajjan@gmail.com	Mobile No: 8310850238 Office No: 9481623299 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			1050/-			1050/-
Post Basic B.Sc. Nursing				NA		
					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.	NA	
	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)

13/8/25

Dr. Rajkannan.N

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 81 MPS 2024 Annexure - 5	R4U/AFF/ COE/FII/ 01/2024-25 Annexure - 6	2273/ 2024-25- Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	100	100	100		
	Admissions Made for the Current Academic Year	100	100	100		
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	———	NA	———		
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	———	NA	———		
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

13/8/25

	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	35	—	—	—	35
	Female	65	—	—	—	65
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male		NA			
	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)**

13/8/25

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*		1							
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		04							
6	Tutor	8-16	16-24				2-10	--		09							
	Total	**16-24**	**24-40**				**4-12**			16							

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)**

13/8/25

250 students				

* **Aadhar based biometric attendance for students**

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

13/8/25

YIMS GOVERNMENT COLLEGE OF NURSING YADGIRI
TEACHING FACULTY DETAILS

SL NO	NAME OF THE TEACHING FACULTY	DESIGNATION	QUALIFICATION ALONG WITH SPECIALITY	YEAR OF PASSING	KSNC REG. NO.	TEACHING EXPERIENCE		DATE OF JOINING	FORM NO. 16 SUBMITTED		SIGNATURE OF THE FACULTY
						AFTER UG	AFTER PG		YES	NO	
1	Mr. Sidramappa	Principal	M.Sc Nursing (Community Health Nursing)	2009	22455	2 Years	11.2 Years	29/08/2024	Yes		
2	Mr. Basavaraj Biradar	Vice-Principal	M.Sc Nursing (Mental Health Nursing)	2009	23023	7 Years	0.9 Years	11/11/2024	Yes		
3	Mr. Srikant Pullari	Professor	M.Sc Nursing (Community Health Nursing)	1999	13924	16 Years	4 Years	15/07/2025	Yes		OOD University AR
4	Mr. Shivukumar S S	Asst. Professor	M.Sc Nursing (Mental Health Nursing)	2010	31565	7 Years	0.9 Years	11/11/2024	Yes		
5	Mr. Rafiq	Asst. Professor	M.Sc Nursing (Medical Surgical Nursing)	2014	11406	3 Years	3 Years	1/8/2025	Yes		
6	Mr. Shivakumar Chavan	Asst. Professor	M.Sc Nursing (Medical Surgical Nursing)	2020	79402	1 Years	11 Months	29/08/2024	YES		
7	Mrs. Deena Smitha	Asst. Professor	M.Sc Nursing (OBG Nursing)	2020	29331	5 years	11 Months	29/08/2024	YES		
8	Mrs. Deepika	Asst. Professor	B.Sc Nursing	2024	122646			1/8/2025	Yes		
9	Mr. Rakhesh	Tutor	Post Basic B.Sc Nursing	2012	71510	4 Years		29/08/2024	Yes		OOD Higher Education

10/8/25

10	Mr. Hymadpasha	Tutor	B.Sc Nursing	2015	73094	2.9 Years		29/08/2024	Yes		OOD Higher Education
11	Mr. Prashantkumart	Tutor	B.Sc Nursing	2010	40518	6 Years		29/08/2024	Yes		
12	Mr Vishwanath	Tutor	B.Sc Nursing	2023	150303			1/8/2025			Vishwanath
13	Ms. Roopa	Tutor	B.Sc Nursing	2023	150310			1/8/2025			
14	Mr. Nagaraj	Tutor	B.Sc Nursing	2024	161455			1/8/2025			
15	Mr. Hanumanth reddy	Tutor	B.Sc Nursing	2023	153082			1/8/2025			
16	Mr. Bhimappa	Tutor	Post Basic B.Sc Nursing	2024	262900			1/8/2025			

Principal

Principal
MMS,Government College of Nursing
Yadgiri-585202

13/08/24

13/8/25

12.1. Teaching Faculty details: – Details should be written in format only.

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
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Signature of Chairman

Signature of Member (1)

Signature of Member (2) 13/8/25

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

13/8/25

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/8/25

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

12/18/25

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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)** 13/8/25

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)	30,300 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	2000 X 4 = 8000 sq ft.	Verified.
	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	500	
	2. Vice-Principal Chamber	200	500	
	3. HOD	5 x 200 = 1000	6 X 300 = 1800	
	4. Professor/Assoc. Prof	800+2400=3200	1000 + 3000 = 4000	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	700	
	7. Accountants Office	**100**	200	Verified.
	8. Store Room	**100**	200	
	9. Record room	**100**	200	
	10. Room for maintenance staff	**100**	200	
	11. Xeroxing room	**100**	200	
	12. common room (Girls & Boys)	600+400= 1000	600 + 600 = 1200	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 13/8/25

	15. A.V/Aids room	600	600	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 Sq ft.	Verified.
	Nutrition & Community Health Nursing	1200sq.ft	1500 Sq ft.	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 Sq ft.	
	Pediatrics Nursing Laboratory	900sq.ft	1000 Sq ft.	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 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**	✓
2	**Is the college building own or leased ?**	OWN
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)** 13/8/25

- 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		60	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 Sq ft.	YES ☑ No ☐	✓	✓	✓

Total No. of Nursing Books available	1000	**No. of Nursing Journals subscribed**	
No. of Thesis/Research titles available		**Is internet facility available for Students?**	✓
No of e-books		**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. Rahul	M.Lib.Sc.	05 years.	
02	Mr. Sanjeev Reddy	M.Lib.Sc.	05 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	ENCLOSED	

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 YIMS. YADAGIRI MOU(Registered parent hospital MOU)		360	WITHIN CAMPUS		Verified
NAME OF THE TRUST/ Person owning The Hospital YIMS, YADAGIRI					
Name Of The Owner Of The Trust of Hospital					
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	90	75		
Surgery including OT	50	30		
Obstetrics & Gynecology	80	60		
Pediatrics,	35	20		
Emergency Medicine	20	18		
Psychiatry	10	04		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	08		
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology	20	16		
Burns and Plastic				
Neonatology care unit	15	12		
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology	10	7		
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU	10	8		
Geriatric Medicine				
ENT	10	9		

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:

- Infra structure and teaching faculty found to be adequate at the time of inspection.

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

Dr. Shashi Kumar
17/08/23

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at YIMS, YSR COLLEGE OF NSG, YEDDURI which has applied for continuation of affiliation for the academic year 2024-25. 25-26.

We have conducted LIC inspection of this college on 13/8/25 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**

YMS- GOVERNMENT COLLEGE OF NURSING, YADGIRI.

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**

YIMS- GOVERNMENT COLLEGE OF NURSING. YADGIRI

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 13/8/25

Dr. Rajkumar.M.