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. Bharath Anche	Dr. Anand J Hosur	Varesh G. Chilapur
Designation	Senate Member	Chairman BOS Homoeopathy PG Professor	Professor, SIONS Bagalkot
Address	Sri. Venkateshwara Nilaya, Kuvempu Nagar,Kote, Kadur, Chikkamagaluru	Bharathesh Homeopathic College & Hospital, Belgavi	Sajjalashree Institute of Nsg Sciences, Bagalkot
Mobile No	8892746974	9449065665	9945765177
Email ID	Bharath.dr12@gmail.com	ajhosur@gmail.com	varesh.chilapur@gmail.com

Inspection For the Academic Year :	*2025-2026*		*Date of Inspection: 28/08/2025*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation	NA	4. Re-Inspection	NA
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats	NA	6. Change of Name/Address	NA
	7. Additional Course (M.Sc Nursing) only.	NA		

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

1	**Name of the Institution with Full Address**	Amatybharati college of Nursing Sector No:4 Huballi Bypass Road Navanagar Bagalkote.587103	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**	Shri Saibaba Educational Trust Plot No:41/43 Sai Krupa Belur Nagar Navanagar Bagalkot.587103 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: amatybharati@gmail.com	**Website:** www.amatybharati.in	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(Varesh. G. Chilapur)

		Office No: 08354 200477	**Mobile No:** 9448102222
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Shri. Amateppa Kolhar President Shri Saibaba Educational Trust Bagalkot Mb: 9480114322	
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: Dr.** Asif Iqbal Savanur **Qualification:** Ph.D Nursing **Experience after MSc:** 16 years **Email:** ***asifiqbalsavanur@gmail.com***	**Mobile No: 8904253083** **Office No:** 08354-200477 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	Treasurer and Principal	

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

7. Affiliation Fee Paid Details: Annexure-4

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	**30,000/-**	**60,000/-**	**40,000/-**	**25000/- Course fee:50**	**155050/-**
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**	
	NOT APPLICABLE		
	NOT APPLICABLE	**Total (B)**	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

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

Online Transaction Number or Details: **Payment Ref no:** ZSBI25409PJ81N **Dt:** 31/12/2024

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:632:MPS Dt:25/10/24 Annexure - 5	RGU/AFF/COE /F-I/01/2024-25 Annexure - 6	KNC/2024-25/6 Dt: 22/11/24 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	NA	
	Admissions Made for the Current Academic Year	09 Students for the academic year 2024-25				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NOT APPLICABLE				
	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	NOT APPLICABLE				
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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

	Sanctioned Intake	NOT APPLICABLE				
	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	03	----------	----------	----------	09
	Female	06	----------	----------	----------	
Post Basic B.Sc Nursing	Male	NOT APPLICABLE				
	Female					
M.Sc Nursing	Male	NOT APPLICABLE				
	Female					
M.Sc NPCC	Male	NOT APPLICABLE				
	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----------
	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*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		3							
	Total	**16-24**	**24-40**				**4-12**			**8**							

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				

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

intake				
200 students intake				
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.	Dr. Asif Iqbal Savanur	Principal	M.Sc/Ph.D Nursing (PsychiatryNsg)	2009	2794	1 year	15 years	13/11/2024	Yes	
2.	Mrs. Shami Savanur	Vice- principal	M.Sc Nsg (OBG Nsg)	2014	22656	3 years	11 years	13/11/2024	Yes	
3.	Mrs. Rajeshvari Nimbargi	Asst.Professor	M.Sc Nsg (OBG Nsg)	2019	63097	1 year	6 years	25/08/2025	No	
4.	Mrs. Neelamma Yatnatti	Asst.Professor	M.Sc Nsg (OBG Nsg)	2020	146540	----------	4 years	18/11/2024	No	
5.	Ms. Khan Reema Mujib	Asst.Professor	M.Sc Nsg (OBG Nsg)	2024	109172	1 year	Fresher	05/08/2025	No	
6.	Mr. Manappa Narayani	Tutor	Post Basic B.Sc	2023	128678	Fresher	-------	20/08/2025	No	
7.	Mrs. Vishalakshi	Tutor	Post Basic B.Sc	2023	184521	Fresher		25/11/2024	No	
8.	Mr.Shashibhushan Udakeri	Tutor	Post Basic B.Sc	2023	128681	Fresher		25/11/2024	No	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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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
	Furnished in Annexure no 11				

14. Physical Facilities :

14.1. College Building: Annexure-12 **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)	**26156.52 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	**900sq.ft each class**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300sq. ft**	
	2. Vice-Principal Chamber	200	**200sq.ft**	
	3. HOD	5 x 200 = 1000	**1000sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200sq,ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600sq.ft**	
	7. Accountants Office	**100**	**100sq.ft**	
	8. Store Room	**100**	**100sq.ft**	
	9. Record room	**100**	**100sq.ft**	
	10. Room for maintenance staff	**100**	**100sq.ft**	
	11. Xeroxing room	**100**	**100sq.ft**	
	12. common room (Girls & Boys)	600+400= 1000	**1000sq.ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000sq.ft**	
	14. Toilets	1000	**1000sq.ft**	

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

,	15. A.V/Aids room	600	**600sq 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	**1600sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1200sq.ft**	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	**900sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**900sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500sq.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 ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	Verified & found correct
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 License
01	KA29 C0610	50	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	2300sq.ft	YES ☑ No ☐	Adequate	Adequate	

Total No. of Nursing Books available	3150	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	NA	**Is internet facility available for Students?**	Yes
No of e-books	----------	**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Muttappa Rotti	B. Lib	5 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	**Furnished in Annexure 15**	

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 form to be submitted)	**Furnished in Annexure 15**

18. Details of Clinical / Hospital Facilities : Annexure-16 **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: 1.B.M Hospital, Mahaveer road Bagalkot. 2. Guled Hospital, Mahaveer road Bagalkot MOU (Registered parent hospital MOU): **Furnished in Annexure-16**		100 +100=200	6KM	85%	
NAME OF THE TRUST/ Person owning The Hospital		Dr. Bailappa Kolhar Dr. Guled			
Name Of The Owner Of The Trust of Hospital		Dr. Bailappa Kolhar Dr. Guled			
Affiliated hospitals-Full Name & Address of the Parent Hospital	1. Mural Inamdar Hospital Bagalkote	50	6Km	85%	
	2				

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

	3 (MOU/Clinical permission letter) **Furnished in Annexure no 16**				

(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	20	85%	5	85%
Surgery including OT	30	85%	7	86%
Obstetrics & Gynecology	15	82%	3	85%
Pediatrics,	20	85%	5	83%
Emergency Medicine	8	85%	2	81%
Psychiatry	7	80%	2	82%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	8	85%	2	84%
Minor OT	8	85%	2	81%
Dental, Otorhinolaryngology, Ophthalmology	9	82%	2	81%
Burns and Plastic	6	80%	1	82%
Neonatology care unit	8	86%	2	83%
Communicable disease/Respiratory medicine/TB & chest diseases	10	80%	2	81%
Dermatology	7	85%	2	84%
Cardiology	8	85%	3	82%
Oncology	8	80%	2	82%
Neurology/Neuro-surgery	8	82%	2	81%
Nephrology/Urology	8	80%	2	81%
ICU/ICCU	8	80%	2	83%
Geriatric Medicine	4	82%	2	81%
Any other	———	———		

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

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

19	COMMUNITY HEALTH NURSING :Annexure – 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		**SHIRUR**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		10km
b. Services Rendered by Health & Family Welfare Programmes		Productive health care, immunization, MCH services, Health education and disease prevention
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administratered by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
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: Annexure-18**		
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** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

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 21000 and 6500.	Total : 27500 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 : 30	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		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	**Yes**		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Yes**		
Annexure - 3	Details of any other Nursing Institution under the same Trust		**NO**	
Annexure - 4	Details of Affiliated fees paid receipts	**Yes**		
Annexure - 5	Approval Status : GOK Order	**Yes**		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Yes**		
Annexure - 7	Approval Status : KNC Notification	**Yes**		
Annexure - 8	Status : INC Notification		**NO**	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		**NO**	
Annexure - 10	List of M.Sc. Nursing Students as per format		**NO**	
Annexure - 11	Details of External /Part time Teachers	**Yes**		
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	**Yes**		
Annexure - 13	Vehicle Details : Bus	**Yes**		
Annexure - 14	Details of List of LibraryBooks & others	**Yes**		
Annexure - 15	Academic Activities	**Yes**		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	**Yes**		
Annexure - 17	Details of Community Health Nursing Posting Facilities	**Yes**		

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

Annexure - 18	Master Rotation plans and Time tables	**Yes**		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**Yes**		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		**NO**	

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:

It has been observed on Day 1 LIC Inspection AMATYBHARATI COLLEGE OF NURSING, Navanagar. Bagalkot - 587103, Running under SHRI. SAIBABA EDUCATIONAL TRUST. Since 2024.

Having Building Infrastructure → 26156.52 sq ft

⇒ Including 4 class Room > 900 sq ft

Nursing Foundation > 1600 sq ft

Nutrition & community hall > 1200 sq ft

OBG & Paed > 900 sq ft each

⇒ All teaching faculty were present at time of Inspection

5 MSc faculty & 3 BSc faculty.

⇒ Having Parent Hospital B.M Hospital having 100 bed

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 Amrutybharati college of Nursing Bagalkot which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 28/8/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA16741702186629X
Certificate Issued Date	:	13-Aug-2025 01:56 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ BAGALKOT1/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKAGCSL0848362161242922X
Purchased by	:	SHRI SAIBABA EDUCATIONAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI SAIBABA EDUCATIONAL TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SHRI SAIBABA EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorized Signatory

NOTARY STAMPS NOT SUPPLIED HENCE NOT AFFIXED

Please write or type below this line

NOTARY M.D. KIRAGI BAGALKOT District Area Reg. No. 12589 GOVT. OF INDIA

UNDERTAKING by Trust Management

We the Chairman of the trust **Shri Saibaba Educational Trust** are submitting the affidavit to University.

The trust **Shri Saibaba Educational Trust** is running/managing the colleges 1. **Amatybharati College of Nursing** since November-2024.

No. of Corrections....Nil

NOTARY BAGALKOT.

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.

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 is 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.

Place: Bagalkot

Date: 14/08/2025

Chairman
Shri Saibaba Education Trust
BAGALKOT

NOTARY
M.D. KIRAGI
BAGALKOT
District Area
Reg. No. 12589
GOVT. OF INDIA

Executed before me
14/8/25
M D. KIRAGI
B.A. LL.B. (Spl.)
ADVOCATE & NOTARY
BAGALKOT. Bagalkot Dist

No. of Corrections...Two...
NOTARY BAGALKOT.

सत्यमेव जयते

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Government of Karnataka

Rs. 100

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Unique Doc. Reference	:	SUBIN-KAKAGCSL0848353320030541X
Purchased by	:	BAGALKOT MULTISPECIALITY HOSPITAL BAGALKOT
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BAGALKOT MULTISPECIALITY HOSPITAL BAGALKOT
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	BAGALKOT MULTISPECIALITY HOSPITAL BAGALKOT
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA BAGALKOT BRANCH Authorized Signatory

NOTARY STAMPS NOT SUPPLIED HENCE NOT AFFIXED

Please write or type below this line

NOTARY M.D. KIRAGI BAGALKOT District Area Reg. No. 12589 GOVT. OF INDIA

UNDERTAKING

I/We, **Dr. Bailappa Kolhar** is/are the Owners/MD/CEO/Board Members of the **Bagalkot. Multispecialty. Hospital** hospital situated at **Bagalkot** This is to confirm that our hospital

No. of Corrections.....Nil
NOTARY BAGALKOT.

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.

Bagalkot. Multispecialty. Hospital is registered under KPMEA and PCB with **100 beds** and the bonafide certificate has been attached.

This is to confirm that the hospital **Bagalkot. Multispecialty. Hospital** is functioning as parent Hospital for **Amatybharati College of Nursing** College.

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

The information provided by us is true and correct.

① Place: Bagalkot ①

② Date: 14/08/2025 ②

Dr. B. A. KOLHAR
KMC No: 62851
B M. HOSPITAL, BGK

BAGALKOT MULTISPECIALITY HOSPITAL
BAGALKOT

NOTARY
M.D. KIRAGI
BAGALKOT
District Area
Reg. No. 12589
GOVT. OF INDIA

No. of Corrections.....Two (2) only
NOTARY BAGALKOT.

Executed before me
14/8/2025
M. D. KIRAGI
B.A. LL.B. (Spl.)
ADVOCATE & NOTARY
BAGALKOT. Bagalkot Dist

सत्यमेव जयते

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Government of Karnataka

Rs. 100

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Certificate Issued Date	:	13-Aug-2025 01:55 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ BAGALKOT1/ KA-BG
Unique Doc. Reference	:	SUBIN-KAKAGCSL0848357120351601X
Purchased by	:	GULED HOSPITAL BAGALKOTE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GULED HOSPITAL BAGALKOTE
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	GULED HOSPITAL BAGALKOTE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

BAGALKOT BRANCH Authorized Signatory

NOTARY STAMPS NOT SUPPLIED HENCE NOT AFFIXED

Please write or type below this line

NOTARY M.D. KIRAGI BAGALKOT District Area Reg. No. 12589 GOVT. OF INDIA

UNDERTAKING

I/We. **Dr. Udaykumar Guled** is/are the Owners/MD/CEO/Board Members of the **Guled Hospital** hospital situated at **Bagalkot**.

This is to confirm that our hospital **Guled Hospital** is registered under KPMEA and PCB with **100 beds** and the bonafide certificate has been attached.

No. of Corrections....Nil
NOTARY BAGALKOT.

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 the hospital **Guled Hospital** is functioning as parent Hospital for **Amatybharati College of Nursing** college.

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

The information provided by us is true and correct.

Place : Bagalkot

Date : 14/08/2025

Dr. UDAYKUMAR GULED
M.S.Ortho (PGIMER)
Orthopaedic Surgeon,
Dr. Guled [illegible] Hospital
KMC. [illegible]
BAGALKOT - 587 101

Executed before me
14/8/25
M. D. KIRAGI
B.A. LL.B. (Spl.)
ADVOCATE & NOTARY
BAGALKOT. Bagalkot Dist

NOTARY
M.D. KIRAGI
BAGALKOT
District Area
Reg. No. 12589
GOVT. OF INDIA

No. of Corrections.....
NOTARY BAGALKOT.