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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Veeresh. K. Hanchinal	Dr. Leeladhar D. V	Dr. Lakshmidevi
Designation	Associate Professor	BOS Chairman UG (Ayu)	Principal
Address	KHPIMs. Gadag	KVG Ayurveda Medical College Sullia	Sparsh College of Nursing R R Nagara Bengaluru
Mobile No	9620151813	9449717171	9844667370
Email ID	veereshblue1@gmail.com	drleeladhar_dv@rediffmail.com	lakshmigowda136@gmail.com

For the Academic Year : 2025-26 *Date of Inspection:20-08-2025*

(Please Tick the Appropriate Boxes Below)

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

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

1	**Name of the Institution with Full Address**	Pragathi College of Nursing Sciences (A unit of Pragathi Hospital Education Trust) Near Pragathi Specialty Hospital, Bolwar Puttur D.K 574201	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**	Pragathi Hospital Education Trust Near Pragathi Speciality Hospital, Bolwar Puttur D.K 574201 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email:pcnprincipal24@gmail.com	**Website: www.pragathinursingcollege.com**	

Signature of Chairman

Dr. veeresh K Hanchinal

Signature of Member (1)

Dr Leeladhar D V

Signature of Member (2)

Dr. LAKSHMIDEVI B

	(b). Name of the Owner of Trust/Society	Dr. U Sripathi Rao			
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	Details of Principal/Head of the institution	**Name: Prof. Hemalatha G** **Qualification: M.Sc(N)** **Experience:15 Years** **Email:** **hema_sullia@yahoo.co.in**		**Mobile No:** **9686442246** **Office No:** **08251** **231036** **Fax No: Residential phone No:**	
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	Enclosed					156085.40
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. NA	NA	
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: BD000000075566 34

Payment Ref NO - ZSBJ1LP0847BK1 Date-21/12/2024

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	Verified.
	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	NA
	Sanctioned Intake	NA	NA	NA		
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Peadiatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	NA	NA	NA		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	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.Sc Nursing	Male	-----	Students Admission Not done			
	Female	-----				
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To----------
		NA				

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To----------
		NA				

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*		01									
5	Assistant Professor	3	3-8	2	3*		01									
6	Tutor	8-16	16-24	2-10	--		04									
	Total	**16-24**	**24-40**	**4-12**			08									

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

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:10** if they offer B.Sc Nursing Programme)

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

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.	Prof. Hemalatha G	Principal	M.Sc (N) OBG Nsg	2010	1388	3 years 2 Months	15 years	01.08.2025	✓	
2.	Mrs. Rekha	Vice- Principal	M.Sc (N) OBG Nsg	2013	005887	4 years	10 years	05.08.2024		
3.	Mr. Rangaswamy P. N	Associate Professor	M.Sc (N) Community health Nursing	2017	14249	5 Years	7 years	05.08.2024		
4.	Mr. Rangaswamy. T	Assistant professor	M.Sc (N) Med.Surg.Nsg	2019	141520	3 years	6 years	05.11.2024		
5.	Mrs. Anitha K	Tutor	M. Sc (N) Community health Nursing	2024	37588	5 years 2 Months	1 year 5 Month	08.11.2024		
6.	Mrs. Reshma M S	Tutor	M. Sc (N) Child health Nursing	2025	34150	7 years	6 months	01.08.2025		
7.	Mrs. Pushpalatha	Tutor	B. Sc (N)	2009	15231	5 years	--	05.08.2024		
8.	Mrs. Shalet D Souza	Tutor	B. Sc (N)	2017	86870	4 years	----	01.08.2025		
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										

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

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
		Enclosed			Verified.

14. **Physical Facilities :**

14.1. **College Building:** **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	23400 sqft	
	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 X 4 3600sq.ft	Verified.
	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	300 sq.ft	
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000	1000 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)		500 sq.ft	
	7. Accountants Office		400 sq.ft	
	8. Store Room		300 sq.ft	
	9. Record room		200 sq.ft	
	10. Room for maintenance staff		400 sq.ft	
	11. Xeroxing room		100 sq.ft	
	12. common room	1000	1000 sq.ft	
	13. Seminar hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	600 sq.ft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	Verified.
	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)

Annexure – 12

Building Documents:

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

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

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

	Enclosed		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	Remarks
Required 2300 Sq.Ft	2300 Sq.Ft	YES ☑ No ☐	Good	Good.	Good.

Total No. of Nursing Books available	1200	**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
1.	**Mrs. Indira B B**	**M. Lib**	**11 years**	Verified.

Note : A minimum of 500 of 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		
Conferences conducted	College started 2024.	

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

Conferences attended		

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**	Trust
		ii.Trust member with MOU	☐

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital Pragathi Specialty Hospital Bolwar, Puttur D. K 574201		100	550 mtr	76%	Verified.
NAME OF THE TRUST/ Person owning The Hospital Pragathi Hospital Education Trust					
Name Of The Owner Of The Trust of Hospital Dr U Sripathi Rao					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1. Government Hospital Puttur, D. K	100	1.3km	70%	
	2				

(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

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

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

Paragathi Specialty Hospital is Parent Hospital with 100 beds. Paragathi Hospital owned by Dr Saipathi Government Hospital Puttur is affiliated Hospital.

- KPMEA of Hospital Verified Paragathi Specialty Hospital Puttur.

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	26	20	20
Surgery including OT	10	08	40	36

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

Obstetrics & Gynecology	15	13	35	32
Pediatrics,	10	08	20	18
Emergency Medicine	10	07	10	07
Psychiatry	02	01	01	00

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	03	05	03
Minor OT	05	03	05	03
Dental, Otorhinolaryngology, Ophthalmology	02	01	02	02
Burns and Plastic	02	01	02	02
Neonatology care unit	05	02	05	03
Communicable disease/Respiratory medicine/TB & chest diseases	05	04	05	04
Dermatology	03	01	02	02
Cardiology	05	02	02	02
Oncology	05	01	02	02
Neurology/ Neuro -surgery	02	01	02	02
Nephrology/Urology	05	02	02	02
ICU/ICCU	05	04	05	03
Geriatric Medicine	02	02	02	02
Any other	00	00	-	-

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		C H C, Vittal
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	13.4 Km
b. Services Rendered by Health & Family Welfare Programmes	Thayi Bhagya, HDC, Swasthya Karyakrama
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	Nellikatte, Puttur
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	2km
b. Services Rendered by Health & Family Welfare Programmes	Swasthya Karyakrama, AIDS control programme
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
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** ☐

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

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 ☐

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 20000	
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 ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, 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	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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.

Observations:

College Started in the year 2024
College is having their own building which is approved by

Peragathi college of Nursing Puttur LIC Inspection was conducted on 20/08/2025 following observation are made.

* Physical facilities :- own Building with 234008q-ft
* Laboratory :- Adult Health Nursing, Nursing Foundation, Nutrition & Community Health Nursing, Child Health Nursing OBG, Pre-clinical Science labs are available with suitable Sq.ft measurment. Laboratory Instruments Manquins are available as per requirement computer lab and Avaids room also available.
* Hospital :- Peragathi Specialty Hospital is parent Hospital for Peragathi college of Nursing Science. physical observation of Hospital done. Bed strength is 100 Beds.
* Staff :- Total Number of Staff 08 are there all are present Eligible Principal 1, Vice principal 1, Associate Asst 1. OH Nursing tutors.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

* Vechile :- physically verified the Bus.

* Library :- Library located with 2300 sq ft
1200 textbooks Accessory and issue Register verified.

* Hostel :- Hostel building is leased.

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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 (2)	Signature of Member (1)	Signature of Member

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 (2)

Signature of Member (1)

Signature of Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA22757505832616X
Certificate Issued Date	:	20-Aug-2025 04:07 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ PUTTUR1/ KA-DK
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0859799823462569X
Purchased by	:	DR SRIPATHI RAO M D PRAGATHI SPECIALITY HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SRIPATHI RAO M D PRAGATHI SPECIALITY HOSPITAL
Second Party	:	THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	DR SRIPATHI RAO M D PRAGATHI SPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

For NANDANA VIVIDODDESHA SOUHARDA SAHAKARI SANGHA (N.) PUTTUR

Authorised Signatory

RS 100

Please write or type below this line

UNDERTAKING

Dr. U Sripathi Rao, Chairman

Pragathi Hospital Education Trust, Bolwar Puttur, D. K, 574201

and

The Registrar

Rajiv Gandhi University Of Health Sciences Bangalore, Karnataka

4th T Block, Jayanagar, Bengaluru 560041.

PRAGATHI HOSPITAL EDUCATION TRUST (R.)
BOLWAR ,PUTTUR-574 201,D.K.

Trust Seal

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.

UNDERTAKING BY THE TRUST MANAGEMENT

We the CHAIRMAN of the trust PRAGATHI HOSPITAL EDUCATION TRUST Bolwar, Puttur, D. K are submitting the affidavit to university the Trust DR. U SRIPATHI RAO is running the colleges

1. PRAGATHI COLLEGE OF NURSING SCIENCES
2. PRAGATHI INSTITUTE OF ALLIED HEALTH SCIENCE
3. PRAGATHI COLLEGE OF PARAMEDICAL SCIENCE Since 2024 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 a biding 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.

Date: 20-08-2025

Place: Puttur

Dr. U Sripathi Rao

PRAGATHI HOSPITAL EDUCATION TRUST (R.)
BOLWAR ,PUTTUR-574 201,D.K.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA22801041397748X
Certificate Issued Date	:	20-Aug-2025 04:25 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ PUTTUR1/ KA-DK
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0859876385719242X
Purchased by	:	DR S RAO CHAIRMAN PRAGATHI HOSP EDUCATION TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR S RAO CHAIRMAN PRAGATHI HOSP EDUCATION TRUST
Second Party	:	THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	DR S RAO CHAIRMAN PRAGATHI HOSP EDUCATION TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

For NANDANA VIVIDODDESHA SOUHARDA SAHAKARI SANGHA (N.) PUTTUR
Authorised Signatory

IN-KA22801041397748X RS. 100

Please write or type below this line

UNDERTAKING

Dr. U Sripathi Rao, Managing Director
Pragathi Speciality Hospital, Bolwar Puttur, D. K, 574201
and
The Registrar
Rajiv Gandhi University Of Health Sciences Bangalore, Karnataka
4th T Block, Jayanagar, Bengaluru 560041.

PRAGATHI SPECIALITY HOSPITAL
Main Road Bolwar
PUTTUR - 574 201, D.K.
Reg. No.: DKA00456AAHP

UNDERTAKING

I/ we Dr. U Sripathi Rao is the Owners of the Pragathi Speciality hospital situated at Bolwar, Puttur D.K 574201

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

This is to confirm that the hospital Pragathi Speciality Hospital is functioning as OWN Hospital for Pragathi College of Nursing Sciences, Puttur.

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

The information provided by us is true and correct.

Date: 20/08/2025

Place: Puttur

Dr. U Sripathi Rao

PRAGATHI SPECIALITY HOSPITAL
Main Road Bolwar
PUTTUR - 574 201, D.K.
Reg. No.: DKA00456AAHP