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. Harish. M.K	Prof. Moid Sulaif	DR. Prof. Lalasaheb.
Designation	Dean & Director	Principal	Professor
Address	Chikkamagaluru Institute of Medical Sciences Chikkamagaluru.	Kanachur College of Physiotherapy Mangalore.	Govt. College of Nrg, Vijayapur.
Mobile No	9448325157	9663407439	8867860662
Email ID	dermaharish@yahoo.com	MSUHAIL@KANACH UR.EDU.IN	lalsabmbagalkot@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	Vcare college of Nursing, Hubballi Apoorva Nagar 5th main Road Arun colony Manjunath Nagar Hubli – 580030	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	Vcare Education Society Hosur 2nd cross Jain Temple Road opposite Canara Hotel Hubli – 580021 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: vcarenursingcollege@gmail.com	Website: —	

20/08/25 Dr. Harish. M.K Dean & Director CIMS Chikkamagaluru

Signature of Chairman

Signature of Member (1)

Dr. Lalasaheb Sub. expert.

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Dr. Vivekananda S Patil		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 8 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:** Mr. KenchaGowda P R **Qualification:** M.Sc (N) **Experience:** 14 **Email:** vcarenursingcollege@gmail.com	**Mobile No:** 7483327337 **Office No:** **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 addressVerify 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	✓		1.56,085/-	—Enclosed—		1,56,085/-
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.	—NA—				
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details:

-

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

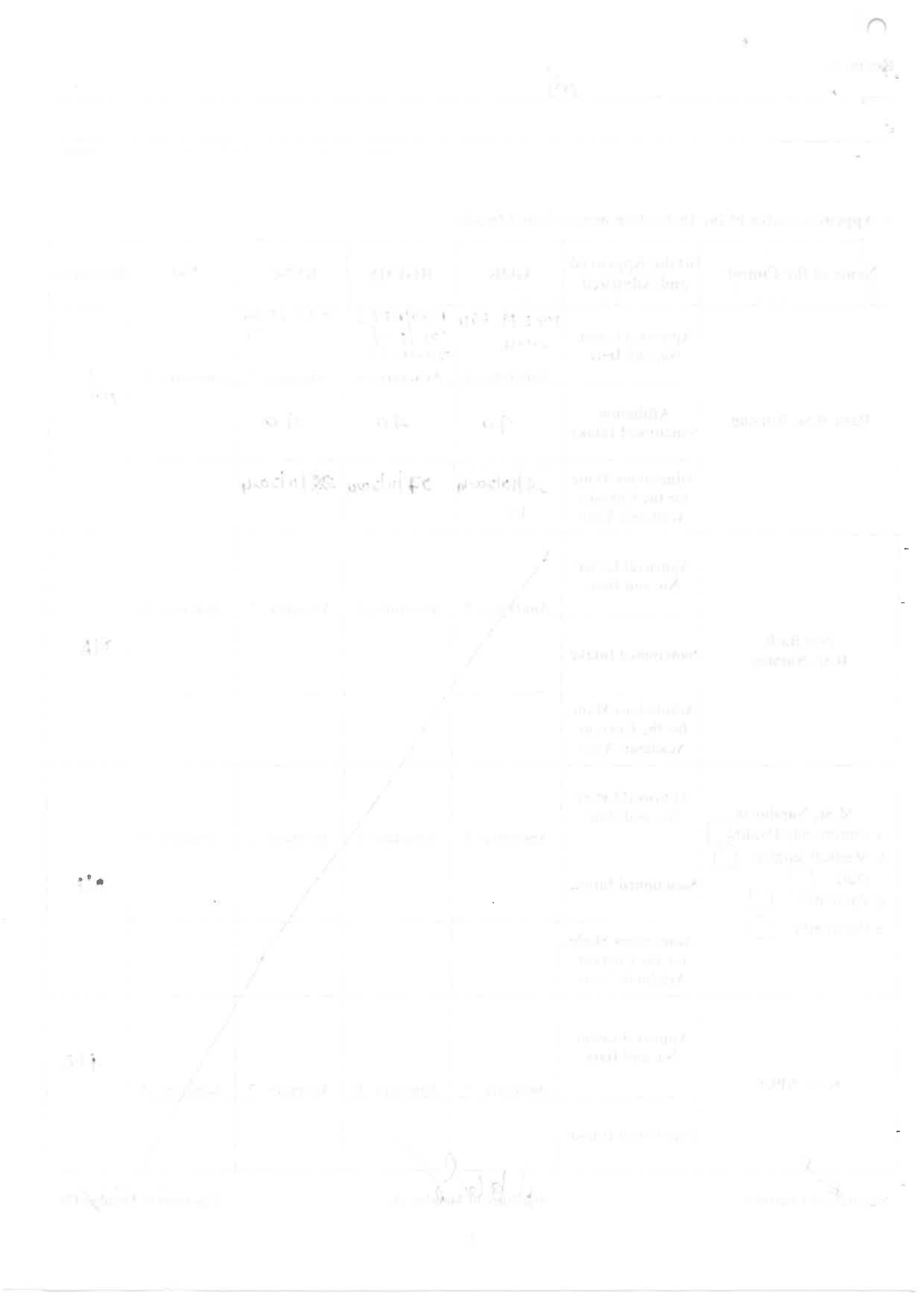
Remarks: nil

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 191 RGU 2024 Annexure - 5	RGU/AFF/COE/F-1/2024-25 Annexure - 6	2300/2024-25 Annexure - 7	— Annexure - 8	nil
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	2024-25 (19)				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	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.ScNursing	Male	02	–	–	–	02
	Female	17	–	–	–	17
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)

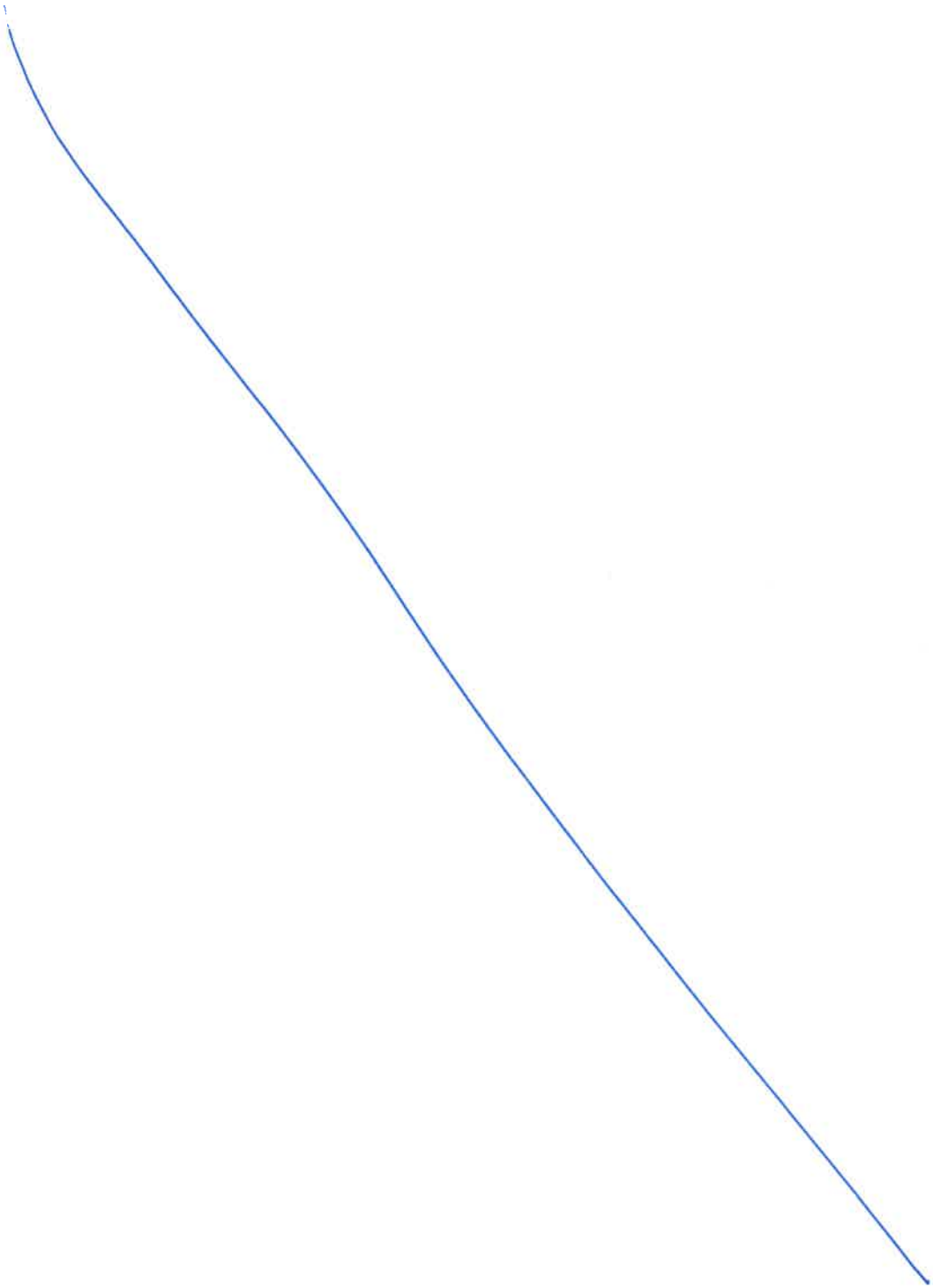
Annexure –10

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: nil

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

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.	Kenchegowda P.R	Principal	MSc(N)	2012	26251	–	11+1year	20/2/24	NO	
2.	Anilkumar S.R	Voice Principal	MSc(N)	2019	137491		05year	10/3/25	NO	
3.	Janaki N.S	Assistant Professor	MSc(N)	2020	150135	—	2year	1/2/25	NO	
4.	Uddarva	Lecturer	MSc(N)	2023	195678	—	2 year	26/2/24	NO	
5.	Kenchappa A.	Lecturer	MSc (N)	2024	187887	–	1 year	30/7/25	NO	
6.	Sharanappa .T	Lecturer	MSc(N)	2024	111088	—	–	31/7/25	NO	
7.	Prathima	Tutor	BSc(N)	2024	167643	—	–	5/7/25	NO	
8.	Santhosh	Tutor	BSc(N)	2024	167280	7months	–	5/8/25	NO	
9.	Megha	Tutor	BSc(N)	2024	167628	–	–	11/8/25	NO	
10.	santhoshkumar	Tutor	BSc(N)	2025	167643	–	–	8/8/25	NO	
11.										
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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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**

SLNo.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		Enclosed			

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	23.900 sq.ft	Verified
	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	3600 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	300 sq.ft	Verified
	2. Vice-Principal Chamber	200	200 sq.ft	Verified
	3. HOD	5 x 200 = 1000	900 sq.ft	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	Yes	300 sq.ft	Verified
	7. Accountants Office	Yes	100 sq.ft	Verified
	8. Store Room	Yes	300 sq.ft	Verified
	9. Record room	Yes	200 sq.ft	Verified
	10. Room for maintenance staff	Yes	300 sq.ft	Verified
	11. Xeroxing room	Yes	200 sq.ft	Verified
	12. common room	1000	700 sq.ft	Verified
	13. Seminar hall	3000	2800 sq.ft	Verified
	14. Toilets	1000	500 sq.ft	Verified
	15. A.V/Aids room	600	600 sq.ft	Verified

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?** Leased
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.**

Verified

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
			Enclosed		

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

01	KA 25 C9898	40	~~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 ☐	✓	✓	✓

Total No. of Nursing Books available	2925	**No. of Nursing Journals subscribed**	–
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	Yes
No of e-books	–	**How many books were purchased in last financial year?**	–

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mr. Ismail. T	B. Lib	05	–

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 — NA — **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	–	–
Conferences conducted	–	–

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

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** [ ]	
		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 Vcare Super Speciality Hospital Hubballi		100	4 Kms	80%.	nil.
NAME OF THE TRUST/ Person owning The Hospital Vcare Education Society Hubballi					
Name Of The Owner Of The Trust of Hospital Dr. Vivekananda S. Patil					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1				
	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 **Signature of Member (1)** **Signature of Member (2)**

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 ;

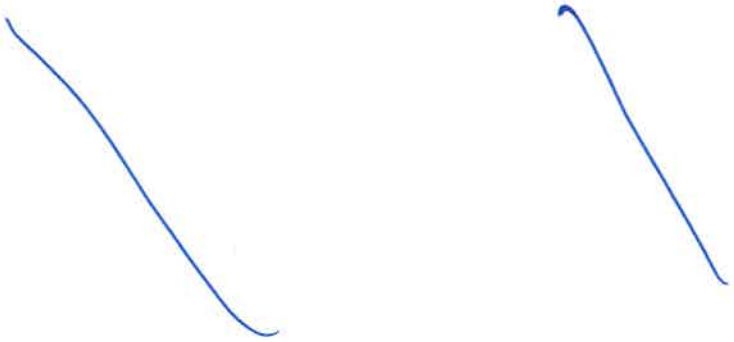
- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical 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:



18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	25		
Surgery including OT	20	17		

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

Obstetrics & Gynecology	10	08		
Pediatrics,	05	05		
Emergency Medicine	05	05		
Psychiatry	–	–		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	04		
Minor OT	10	08		
Dental, Otorhinolaryngology, Ophthalmology	–	–		
Burns and Plastic	–	–		
Neonatology care unit	05	04		
Communicable disease/Respiratory medicine/TB & chest diseases	–	–		
Dermatology	–	–		
Cardiology	–	–		
Oncology	05	02		
Neurology/Neuro-surgery	–	–		
Nephrology/Urology	–	–		
ICU/ICCU	05	02		
Geriatric Medicine	–	–		
Any other	–	–		

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

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

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

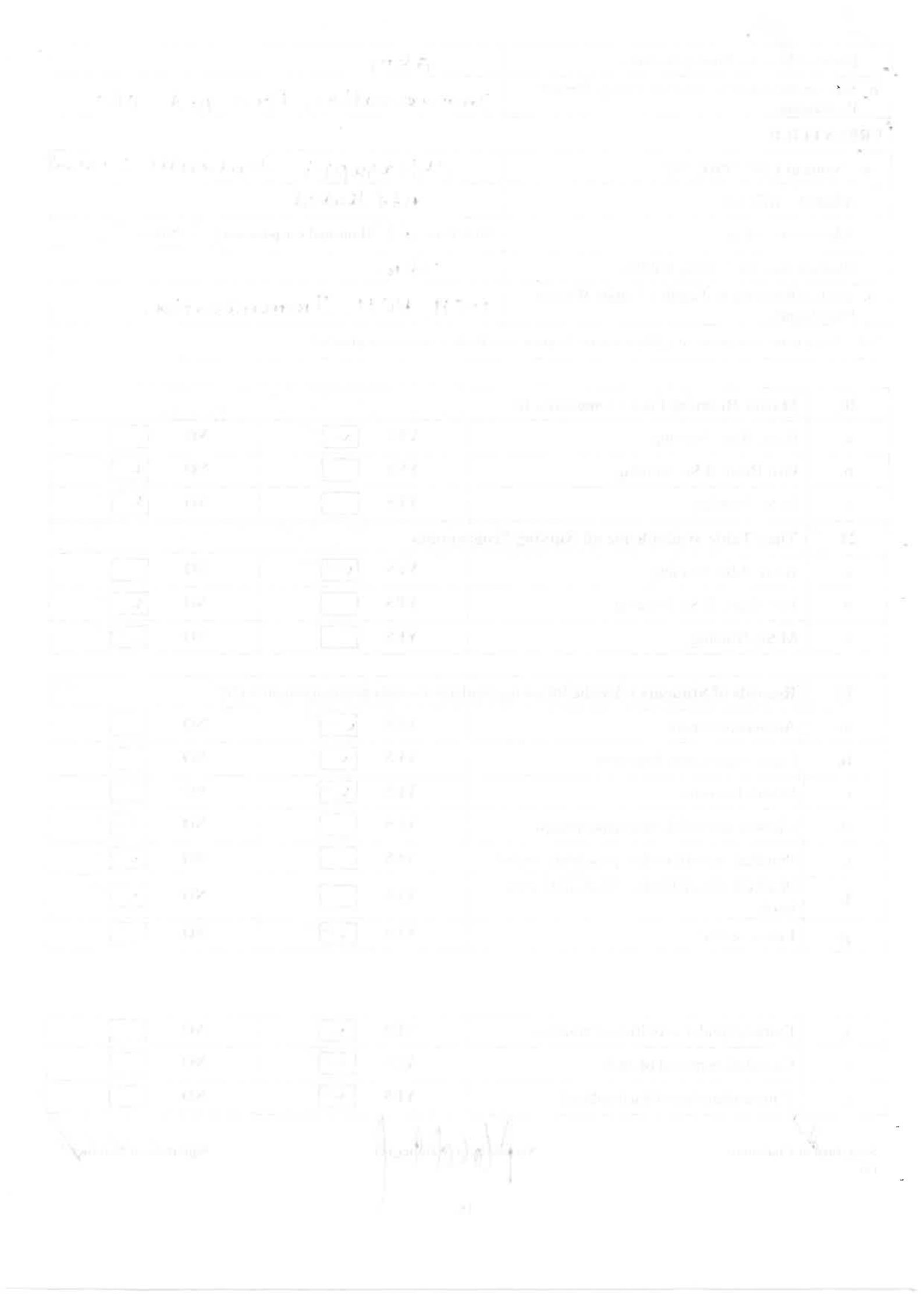
Distance from the Nursing Institute	6 Km
b. Services Rendered by Health & Family Welfare Programmes	Immunization, First Aid Etc.
URBAN FEILD :	
a. Name of CHC / PHC / SC	Chitaguppi Hubballi Dharwad
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	3 Km
b. Services Rendered by Health & Family Welfare Programmes	MCH, RCH, Immunization
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** 5700	
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 :** 04	**Boys :** 01
f.	Total No. of rooms	**Girls :** 20	**Boys :** 20
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	—	✓ NA
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	—	✓ NA
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	—	NA

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:

- There are 1 Principal Professor, 1 Associate Professor Vice principal 4 Assistant Professors and 04 Tutors available on the day of inspection.
- There are 5 labs available on the day of inspection.
- There are 4 classrooms of 40 Sitting Capacity is available on the day of inspection.
- There are 2925 books available in the Library on the day of inspection.
- Infrastructure, Clinical material is available as per the apex body norms and RGUHS norms.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA22198155963422X
Certificate Issued Date	:	20-Aug-2025 12:32 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ HUBLI/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAKSCSA085878370395272 3X
Purchased by	:	CHAIRMAN VCARE EDUCATION SOCIETY HUBLI
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN VCARE EDUCATION SOCIETY HUBLI
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN VCARE EDUCATION SOCIETY HUBLI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

State Co-operative Societies Association Branch HUBLI 580 023

NOTARY GOVT. OF INDIA
LOKESH. K. M.
ADVOCATE
HUBBALLI.
Regd. No: 22032
Dt: 08-03-2025
up-to Five Years
भारत सरकार नोटरी

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary,Member of the **VCARE Education Society Hubballi** are submitting affidavit to University.

We The Society **VCARE Education Society Hubballi** is running/managing the colleges **VACRE COLLEGE OF NURSING hubballi** since 05 years.

No. of Corrections

NOTARY

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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 trusVagency to mandge 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.

for VCare Education Society (R)

Authorised Signatory

Dr. VIVEK S. PATIL
KMC. No. 82892 MS (Ortho) MCH (Ortho)
Consultant Orthopedic & Joint Replacement Surg
VCARE SUPERSPECIALITY HOSPITAL
C/o. Patil Villa, 2nd Cross,
Hosur, HUBLI-580 021.

V CARE SUPER SPECIALITY HOSPITAL
Hosur 2nd Cross, Jain Temple Road,
Opp. Canara Hotel, HUBLI-580 021.

NOTARY GOVT. OF INDIA
LOKESH. K. M.
ADVOCATE
HUBBALLI.
Regd. No: 22032
Dt: 08-03-2025
Up-to Five Years
भारत सरकार

No. of Corrections

NOTARY

SOLEMNLY AFFIRMED BEFORE ME

NOTARY

20 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA22030637495669X
Certificate Issued Date	:	20-Aug-2025 11:39 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ HUBLI2/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAGCSL085845563156228 4X
Purchased by	:	THE PRINCIPAL VCARE EDUCATION SOCIETY HUBLI
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE PRINCIPAL VCARE EDUCATION SOCIETY HUBLI
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	THE PRINCIPAL VCARE EDUCATION SOCIETY HUBLI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA HUBLI Authorized Signatory

NOTARY GOVT. OF INDIA LOKESH, K. M. ADVOCATE HUBBALLI. Regd. No: 22032 Dt: 08-03-2025 Up-to Five Years

UNDER TAKING

I/We, **Dr Vivek Patil** is/are the Owners of the **Vcare Super Speciality Hospital Hubli** situated at Hosur 2nd Cross Jain Temple Road Opposite To Canara Hotel Hubli This is to confirm that our hospital Vcare Super Speciality Hospital registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached

No. of Corrections

Nil

NOTARY

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that the hospital Vcare Super Speciality Hospital Hubli is functioning as affiliated/parent/own hospital for VCARE COLLEGE OF NURSING HUBBALLI college

We also confirm that our hospital is solely affrliated to VCARE COLLEGE OF NURSING HUBBALLI College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

or VCare Education Society (R)

Authorised Signatory

Dr. VIVEK S. PATIL
KMC. No. 82892 MS (Ortho) MCH (Ortho)
Consultant Orthopedic & Joint Replacement Surgeon
VCARE SUPERSPECIALITY HOSPITAL
C/o. Patil Villa, 2nd Cross,
Hosur, HUBLI-580 021.

NOTARY GOVT. OF INDIA
LOKESH. K. M.
ADVOCATE
HUBBALLI.
Regd. No: 22032
Dt: 08-03-2025
up-to Five Years
भारत सरकार नोटरी

No. of Corrections

NOTARY

SOLEMNLY AFFIRMED BEFORE ME

NOTARY

20 AUG 2025