06

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. SURESH. S.	Dr. Suresh. Janadri	Veerendrapatil. I.C.S.
Designation	KANAKANNAVAR. RL. PROFESSOR.	Asso. Professor.	Lecturer
Address	G-5, IIHR CAMPUS QUARTERS, HESARGHATTA LAKE POST. BANGALORE.	Acharya & BM Reddy College of Pharmacy Bangalore.	Bapuji College of Nursing S.S. General Hospital Campus. Davangere
Mobile No	9448033228	9591138201.	9844249106
Email ID	kanakannavar	sureshjanadri@acharya.ac.in.	Veerendrakikje@gmail.com

For the Academic Year : 2025-2026			Date of Inspection:	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation	-	4. Re-Inspection	-
	2.Continuation of Affiliation	YES	5.Surprise Inspection	-
	3.Enhancement of Seats	YES	6. Change of Name/Address	-

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	YES	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	Sarji Institute of Nursing Sciences Vajpayee Layout Malligenahalli ,Sagar Road, NH -206, Shimoga 577205	2	Year of Establishment 2024-2025
2	Status of the course conducting body	Government/University/Autonomous/Municipal Corporation/Missionary/Trust/Society/Company ✓		Trust.
3	Name of the Trust & complete postal address (if private)	Sarji Foundation, Sarji Hospital RMR Road, Park Extension, Shimoga – 577201. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		Copy enclosed
		Email:sarjinursing@gmail.com	Website: www.sarjigroupofinstitutes.com	

10/5/25

Signature of Chairman
Dr. SURESH. S. KANAKANNAVAR
LIC RGUHS
10/5/25

Signature of Member (1)
Dr. Suresh. Janadri
1 ACM. RGUHS.
10/5/2025

Signature of Member (2)
Veerendrapatil. I.C.S.
10/5/25
LIC Subject Expert

Rajiv Gandhi University of Health Sciences, Karnataka
4th T Block Jayanagar, Bangalore [illegible]
Website: [illegible] Phone: [illegible]

INSPECTION [illegible] FOR NURSING

[illegible]

4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 08 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure – 2	copy enclosed
5	Details of Principal/Head of the institution	Name: Mr. M. Thirumurugan Qualification: M.Sc. Nursing Experience: 19 years Email:thirumuruganm2009@gmail.com	Mobile No:8197688231 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 address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) NA Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	copy enclosed
B.Sc. Nursing	Continuation of Affiliation	30,000/-	60,000/-	40,000/-	25,000/-	1,55,050/-
Post Basic B.Sc. Nursing	-	-	-	-	-	NA
					Total (A)	1,55,050/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:
ZUTIPX9091VFHM enclosed

Remarks:

Annexure 1, 2, (3-NA) & 4 copies enclosed notes verified

Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman 10/5/25 | Signature of Member (1) | Signature of Member (2)

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	copy attached Annexure - 5	copy attached Annexure - 6	copy attached Annexure - 7	not applied Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	15				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Not applied Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

10/5/25

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	-	-	-	-	None
	Female	15	-	-	-	15
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	NA	-	-	-
M.Sc Nursing	Male	-	NA	-	-	-
	Female	-	-	-	-	-
M.Sc NPCC	Male	-	NA	-	-	-
	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: Biometry installed staff nurse Attendance not yet reflected. Undertaken

Signature of Chairman 10/5/22

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				1	-	-	-	-	Nil				
2	Vice-Principal	1	1				1	-	-	-	-	Nil				
3	Professor	1	1-2		1*		1	-	-	-	-	Nil				
4	Associate Professor	2	2-4		1*		1	-	-	-	-	Nil				
5	Assistant Professor	3	3-8	2	3*		3	-	-	-	-	(2)				
6	Tutor (Lecturer)	8-16	16-24	2-10	--		15	-	-	-	-	Nil				
	Total	**16-24**	**24-40**	**4-12**			**22**	-	-	-	-	(22)				

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 10/5/25

Signature of Member (1) 10/5/25

Signature of Member (2) (Veeranagouda. KS)

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.										
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Declaration forms attached

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

10/5/25

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Declaration from attached

Signature of Chairman 10/5/25 **Signature of Member (1)** **Signature of Member (2)**

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23.										

Declaration forms attached

Note : Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving License). 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)**

10/12/25

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. **Annexure - 11**

S.No.	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	**24,116 sq ft**	photo enclosed PE
	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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**900x4=3600**	PE
	PB.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**			photog enclosed
	Office 1. Principal's Chamber	300	**300**	PE
	2. Vice-Principal Chamber	200	**300**	PE
	3. HOD	5 x 200 = 1000	**800**	PE
	4. Professor/Assoc. Prof	800+2400=3200	**2500**	PE
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**500**	PE
	7. Accountants Office		**400**	PE
	8. Store Room		**300**	PE
	9. Record room		**300**	PE
	10. Room for maintenance staff		**200**	PE
	11. Xeroxing room		**200**	PE
	12. common room	1000	**1018**	PE
	13. Seminar hall	3000	**3000**	PE
	14. Toilets	1000	**1200**	PE
	15. A.V/Aids room	600	**920**	PE

Signature of Chairman 10/4/25 **Signature of Member (1)** **Signature of Member (2)**

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600sq. ft	**1600**	PE photos enclosed
	Nutrition & Community Health Nursing	1200sq.ft	**1846**	PE
	Obstetrics and Gynecology Laboratory	900sq.ft	**900**	PE
	Pediatrics Nursing Laboratory	900sq.ft	**900**	PE
	Pre-Clinical Sciences Laboratory	900sq.ft	**932**	PE
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500**	PE

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**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent/Lease	Lease
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	—
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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.

10/5/25

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License Copy enclosed **Annexure - 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Lenience
01	KA 14 C 9259	43	ENCLOSED	ENCLOSED	ENCLOSED

16. Library facility : Enclose list of library books Copy enclosed **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq. Ft	2300 Sq ft	YES ☑	YES ☑	YES ☑	Copy enclosed (PG)

Total No. of Nursing Books available	2110	**No. of Nursing Journals subscribed**	04 Received
No. of Thesis/Research titles available	05 Faculty theses copies available.	**Is internet facility available for Students?**	Yes YES.
No of e-books	Subscription alone payed	**How many books were purchased in last financial year?**	2110 Copy enclosed

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Ms. Kavana M V	B. lib	06 months	Present Physically

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 Copy enclosed **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Yet to be initiated as the college was started 4 months back.	Academic Plan enclosed
Conferences conducted	**Enclosed**	
Conferences attended		NA

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

10/5/25

18. Details of Clinical / Hospital Facilities : Enclosed. **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 **SARJI SUPER SPECIALITY HOSPITAL, NEAR SRI RAGHAVENDRA SWAMY MUTT, TILAK NAGAR, DURGIGUDI, SHIMOGA - 577201.**		**150**	**4 KM**	**96%**	
NAME OF THE TRUST/ Person owning The Hospital **Dr. Dhananjaya S R**					
Name of the Owner of the Trust **Dr. Dhananjaya S R**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	**1. SARJI HOSPITAL, RMR ROAD, PARK EXTENSION, SHIMOGA – 577201.**	**120**	**4 KM**	**90%**	
	2. MALLIKARJUNA NURSING HOME, SHIMOGA	**50**	**3.5 KM**	**88%**	
	3. MAHALAKSHMI MULTISPECIALITY HOSPITAL, SHIMOGA	**30**	**3.5 KM**	**86%**	

(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).

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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore 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

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

10/5/25

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: LIC inspection done on 10-5-2025 and on the said day college building, principal chambers, laboratories, library books, records, mannequins were verified and they conform to norms. College & picture enclosed. Parent hospital measured, which has 150 beds with 90% occupancy. Photos enclosed. The OPD statistics & inpatient statistics for 10/5/25 and the last 3 months taken from HRD are enclosed. Teaching staff, totally 22 are present out of which 14 staff have signed declaration forms (1 has applied CL, 1 sick, 1 has gone to get married invitation attached. Leave letters attached & remaining 5 persons have been given appointment letter and they have consented to join within a short period. The hospital, parent hospital is one building with all specialities and super specialities. College building is on lease. All facilities conformed to norms on the said day of inspection.

Dr. SURESH. S, 10-5-25

Signature of Chairman

Signature of Member (1)

Dr. Suresh. Sanadhi

10/5/25 Veeraendrapadu

Signature of Member (2)

18.1. Distribution of Beds:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	40	85%	.....	.....
Surgery including OT	30	80%	.....	.....
Obstetrics & Gynecology	20	95%	60	90%
Pediatrics,	4	95%	40	92%
Emergency Medicine	6	78%	20	85%
Psychiatry	.....	.....	.....	.....

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	06	70%		
Minor OT	01	85%		
Dental, Otorhinolaryngology, Ophthalmology	05	40%		
Burns and Plastic	10	55%		
Neonatology care unit	04	80%		
Communicable disease/ Respiratory medicine/TB & chest diseases	06	64%		
Dermatology	02	30%		
Cardiology	05	60%		
Oncology	0	0		
Neurology/Neuro-surgery	05	75%		
Nephrology/Urology	10	95%		
ICU/ICCU	12	96%		
Geriatric Medicine	0	0		
Any other	0	0		

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

Patient Hospital wise, dept wise Photo enclosed.

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

10/5/25

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		AHA - Community posting. Not yet sla-fed
Adopted / Affiliated		
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		NA
Adopted / Affiliated		
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		NA
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		Copy Enclosed
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** ☐ Enclosed
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 10/12/25 **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 ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	23500 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 : 10	Boys : 00
f.	Total No. of rooms	Girls : 25	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

10/5/25

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	enclosed.	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	enclosed	
Annexure - 3	Details of any other Nursing Institution under the same Trust	Not applicable	
Annexure - 4	Details of Affiliated fees paid receipts	enclosed	
Annexure - 5	Approval Status : GOK Order	enclosed.	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	enclosed	
Annexure - 7	Approval Status : KNC Notification	enclosed	
Annexure - 8	Status : INC Notification	applied	NO
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	N/A	NO
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A	NO
Annexure - 11	Details of External /Part time Teachers	enclosed	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	enclosed	
Annexure - 13	Vehicle Details : Bus	enclosed	
Annexure - 14	Details of List of Library Books & others	enclosed	
Annexure - 15	Academic Activities	enclosed	
Annexure - 16	Details of Clinical/Hospital Facilities	enclosed	
Annexure - 17	Details of Community Health Nursing Posting Facilities	N/A	NO
Annexure - 18	Master Rotation plans and Time tables	Yes.	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	enclosed	

10/5/25

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

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:

✓ LIC inspection done on 10/5/2025 and on the said day college building, principal chambers, Laboratories. Library books, charts, mankind were verified and they conform to RGUHS norms. College bus picture enclosed. Parent hospital was visited which was 250 beds with 90% occupancy. & photos enclosed. The OPD Statistics & inpatient statistics for 10/5/2025 and last 3 months taken from MRD are enclosed. Teaching staff totally 22 are present out of which 19 staff have declaration form signed, (1) has applied CL sick leave, (1) has gone to get married invitation attached. & leave letter attached. (3) Assistant professor have been given appointment order and they have consent to give within short period. The hospital, parent hospital is own building with all specialities and super specialities. College building is on leave, All the facilities confirmed to norms on the said day of inspection.

Signature of Chairman 10/5/25
Dr. SURESH. S.
Kanakapura

Signature of Member (1) Dr. Ramesh Janadri

Signature of Member (2) 10/5/25
(Veeranotapur.KA)
LIC Substantiators

UNDERTAKING

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

We have conducted LIC inspection of this college on 10/5/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
10/5/25	10/5/25	10/5/25 (Veerendrappa. K.S.)
Signature of Chairman (2)	Signature of Member (1)	Signature of Member 10/5/25

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

UNDERTAKING

I/We, Dr. Dhananjaya Sarji

is/are the Owners/MD/CEO/Board Members of the Sarji Super Speciality Hospital hospital situated at Tilak Nagar, Shimoga.

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

This is to confirm that the hospital Sarji Super speciality Hospital is functioning as affiliated/parent/own hospital for Sarji Institute of Nursing college.

We also confirm that our hospital is solely affiliated to Sarji Institute of Nursing college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Sarji Super Speciality Hospital
Near Sri Raghavendra Swamy Mutt
Tilak Nagara, Durgigudi
Shivamogga-577 201

Signature of Chairman (2) 10/5/25

Signature of Member (1) 10/5/25

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Sarji foundation are submitting the affidavit to University.

The trust Sarji foundation is running/managing the colleges 1. Sarji Institute of Nursing Sciences,

2.

3. since 6 months years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

Managing Trustee
Sarji Foundation

Signature of Chairman (2) 10/5/25

Signature of Member (1) 10/5/25

Signature of Member (Vicechancellor nominee)

Managing Trustee
Sarji Foundation