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. KIRAN KUMAR K	Prof. Mohammed Suhail	ANAND R
Designation	Professor	Principal, Kanachur college of physiotherapy, Mangalore.	ASSISTANT PROF Little flower college of nsg. Bangalore
Address	Senate member RGUHS. Blore.		
Mobile No	9481965646	9663407439	9741700722
Email ID			

For the Academic Year : 2025-26			*Date of Inspection:* 09/08/2025	
(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	SHRI CHANNABASAVESHWAR INSTITUTE OF NURSING SCIENCES, OPPOSITE INCOME TAX OFFICE NAVANAGAR, HUBLI, DHARWAD	2	Year of Establishment: 2024-25
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	SHRI CHANNABASAVESHWAR EDUCATION SOCIETY OPPOSITE INCOME TAX OFFICE, NAVANAGAR, HUBLI-25 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: principalscbncnursing@gmail.com	Website: www.scbedn.org	

Signature of Chairman

Signature of Member (1) Mohd Suhail

Signature of Member (2) Anand.R

	(b). Name of the Owner of Trust/Society	RAYANAGOUDA HOSUR	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	Details of Principal/Head of the institution	Name: DR. CHOHAN. B Qualification: Ph.D. NURSING Experience: 17 Years Email: naidumohan789@gmail.com	Mobile No: 9448339088 Office No: 08362223848 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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓					1,56050:00
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.		
	3. NA	—	
	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:

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 192 RGU 2024 25/10/2024 Annexure - 5	RGU/AFF/COE IF-1/01/2024-25 07/11/2024 Annexure - 6	2302: 2024-25 21/11/2024 Annexure - 7	— Annexure - 8	
	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	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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	05	—	—	—	05
	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: —

—

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				1									
2	Vice-Principal	1	1				–									
3	Professor	1	1-2		1*		0									
4	Associate Professor	2	2-4		1*		0					1 (Associate prof)				
5	Assistant Professor	3	3-8	2	3*		3						Advertisement given for Recruitment			
6	Tutor	8-16	16-24	2-10	--		5									
	Total	**16-24**	**24-40**	**4-12**			09									

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)

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 UG			
01	Dr. Mohan B	Principal	M.Sc. Nursing (MSN) Ph.D. Nursing	2009 2022	32982	1 year	17year	16/09/2024	Yes	
02	Mr. Holabasavayya	Asst. Professor	M.Sc. Nursing (CHN)	2019	56936	–	5 year	21/05/2025	No	
03	Mr. Prasanna D L	Nursing Tutor	B.Sc. Nursing	2023	156700	7months	–	29/10/2024	No	
04	Miss. Ashwini Y K	Nursing Tutor	B.Sc. Nursing	2023	156663	7months	–	29/10/2024	No	
05	Miss. Laxmi A	Nursing Tutor	B.Sc. Nursing	2023	148304	–	–	24/09/2024	No	
06	Mr. Raghavendra p	Nursing Tutor	B.Sc. Nursing	2023	161504	–	–	21/07/2025	No	
07	Mr. Shreekanth M	Nursing Tutor	B.Sc. Nursing	2023	162866	–	–	21/07/2025	No	
08	Mrs. Jyoti Ganji	Asst. Professor	M.Sc. Nursing (OBG)	2021	58514	–	2 year	28/07/2025	No	
09	Mrs. Chaitra Chalawadi	Asst. Professor	M.Sc. Nursing (Pediatric Nursing)	2024	108326	–	–	28/07/2025	No	
10										

Bank Statement copy

CL (Enclosed copy)

Chairperson

Member 1

Member 2

PRINCIPAL
Shri Channabasaveshwar
Institute of Nursing Science
Navanagar, Hubballi-25

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1	Dr. SAFIYA	PHYSIOTHERAPY	BIOCHEMISTRY	50 HRS	

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	26715sqft	
	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	1050	
	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	400	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1500	
	4. Professor/Assoc. Prof	800+2400=3200	3500	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		300	
	7. Accountants Office		200	
	8. Store Room		200	
	9. Record room		200	
	10. Room for maintenance staff		300	
	11. Xeroxing room		200	
	12. common room	1000	900	
	13. Seminar hall	3000	3200	
	14. Toilets	1000	900	
	15. A.V/Aids room	600	900	

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	
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	1080	
	Pediatrics Nursing Laboratory	900sq.ft	1080	
	Pre-Clinical Sciences Laboratory	900sq.ft	1080	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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?**
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**

02	KA25AR1664 KA25AA6550	52 52	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	2350	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	2800	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	40	**Is internet facility available for Students?**	YES
No of e-books	10	**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Seema Rao	B.Lib	09 Yrs	

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	—	—

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** ☐	
		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 Sushrutha multispeciality Hospital. Hubli		100	7.6 km	80%.	
NAME OF THE TRUST/ Person owning The Hospital Dr. Kadasiddeshwara G. Byakodi		100	7.6 km	80%.	
Name Of The Owner Of The Trust of Hospital Dr. Kadasiddeshwara G. Byakodi		100	7.6 km	80%.	
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 Vidya Nagar, Hubli.	—	—	—	—
	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:

→ 1 Reasonable Professor efficiency, Adequate ground

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	5	—	—
Surgery including OT	10	8	—	—

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

Obstetrics & Gynecology	10	8		
Pediatrics,	10	8		
Emergency Medicine	6	5		
Psychiatry	4	2		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	06	05	—	—
Minor OT	06	05	—	—
Dental, Otorhinolaryngology, Ophthalmology	06	05		
Burns and Plastic	02	01		
Neonatology care unit	04	03		
Communicable disease/Respiratory medicine/TB & chest diseases	06	05		
Dermatology	06	05		
Cardiology	04	03		
Oncology	02	01		
Neurology/Neuro-surgery	04	03		
Nephrology/Urology	04	03		
ICU/ICCU	06	05		
Geriatric Medicine	10	08		
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		HEBBALLI
Adopted / 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	15 km
b. Services Rendered by Health & Family Welfare Programmes	Polio Prgoamme, Screening, etc
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	CHAVACHALAR
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	1 km
b. Services Rendered by Health & Family Welfare Programmes	National Health Programmes, 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** 34000 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 :** 17	**Boys :** 05
f.	Total No. of rooms	**Girls :** 06	**Boys :** 06
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:

On the day of Inspection IEC committee have made following observation

→ Infra structure built in 26715 sq ft contains four (4) classrooms. 6 labs. Library and other facilities required for nursing curriculum

→ 9 teaching faculties were appointed and for 1 faculty was on leave on the day of Inspection

→ Library having 2800 books where 200 books were added in last financial year.

→ Institution has attached hospital i.e. Sri Muthu Multi Specialty hospital which is around 7.6km from college

→ Institution has separate boys and girls hostel facility and also transport facility

→ All documents verified and found to be correct

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

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

We have conducted LIC inspection of this college on 9/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Signature of Chairman (2)

Signature of Member (1)

Signature of Member
9/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA12389621273620X
Certificate Issued Date	:	07-Aug-2025 04:33 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ HUBLI4/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840124838837321X
Purchased by	:	CHAIRMAN M D SUSHRUTA MULTISPECIALITY HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN M D SUSHRUTA MULTISPECIALITY HOSPITAL
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN M D SUSHRUTA MULTISPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

MALLIKARJUN SOUHARD SAHAKARI LTD. BRANCH: NAVANAGAR. Authorised Signatory DHARWAD

Please write or type below this line

No. of Corrections

NOTARY.

AFFIDAVIT
UNDERTAKING

I/We, is/are the Dr. Kadasiddeshwara G Byakodi Owners/MD/CEO/Board Members of the Sushruta Multispecialty hospital and Research centre Pvt. Ltd. Hospital situated at Vidyanagar Hubballi.

This is to confirm that our hospital Sushruta Multispecialty hospital and Research centre Pvt. Ltd. Is registered under KPMEA and PCB with 100 beds and the Bonafide certificate has been attached. This is to confirm that our own hospital is parent hospital for Shri Channabasaveshwar Institute of Nursing Sciences Navanagar Hubballi. We also confirm that our hospital is solely affiliated to Shri Channabasaveshwar Institute of Nursing Sciences Navanagar Hubballi and is not affiliated to any other nursing college. The information provided by us is true and correct.

I have signed this before the notary at Dharwad today the Friday of 8th august 2025.

Deponent

Notary seal and signature

NOTARY GOVT. OF INDIA
P. S. SIRDESHPANDE
B.Com., LL.B. (Spl.), MBA
ADVOCATE
HUBLI-580 025.
Reg. No: 22394
Date: 17-08-2020
To five years
भारत सरकार नोटरी

Deponent

No. of Corrections
Nil
NOTARY.

SOLEMNLY AFFIRMED BEFORE ME
NOTARY.
08 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA12995766269019X**
Certificate Issued Date	:	08-Aug-2025 01:43 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ NAVANAGAR1/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0841238189553692X
Purchased by	:	CHAIRMAN SHRI CHANNABASAVESHWAR EDUCATION SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI CHANNABASAVESHWAR EDUCATION SOCIETY
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	SHRI CHANNABASAVESHWAR EDUCATION SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

P. S. SIRDESHPANDE B.Com, LL.B, Advt, MBA ADVOCATE HUBLI-580 029 Reg. No: 22394 Date: 17-03-2023 to five years

SHRI MALLIKARJUN CREDIT SOUHARDHA CO-OP. SOCIETY LTD. BRANCH: NAVANAGAR HUBBALLI

No. of Corrections

NOTARY.

AFFIDAVIT

UNDERTAKING BY TRUST MANAGEMENT

We The Chairman/President/Secretary/Member Of The Trust Are Submitting The Affidavit To University The Trust Shri Channabasaveshwar Education Society Is Running/Managing The College Shri Channabasaveshwar Institute Of Nursing Sciences Opposite Income Tax Office Navanagar Hubballi Since Year

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.

I have signed this before the notary at Dharwad today the Friday of 8th august 2025.

Notary seal and signature

Deponent

NOTARY GOVT. OF INDIA
P. S. SIRDESHPANDE
B.Com, LL.B, MBA
ADVOCATE
HUBLI-580 025.
Reg. No: 2236/
Date: 17-08-2020
to five years
भारत सरकार

No. of Corrections

NOTARY.

SOLEMNLY AFFIRMED BEFORE ME

NOTARY.

08 AUG 2025