



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sankaragoud Patil	Dr. Vijayanand Pujari	Prof. Kundanathada Jayaraja
Designation	Principal	Principal	Principal
Address	Raishikharaiya Institute of Ayurveda Medical Sciences, Solur.	Kushma College of Pharmacy, Hebballi	Akshaya College of Nursing, Tumkur
Mobile No	9019587969	9542185209	8317318286
Email ID	ayurank@gmail.com	dr.vijj@gmail.com	rajoraj-fakur@gmail.com

Inspection For the Academic Year : 2025-2026

Date of Inspection: 16/08/2025

(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	SOPHIA COLLEGE OF NURSING Banashankari 2nd Stage Amara Jayathi Nagar Hemavath Extension Tumkur	2	Year of Establishment
				2023
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Sophia College of Nursing@gmail.com	Website: WWW.SOPHIA COLLEGE OF NURSING.COM	
		Office No: -	Mobile No: 9743216644	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No		ABDUL WAJEED Ph. No: 9743216644	
Governing Council & Audit Report of Trust		Total Number of Members in Governing Council : 07 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Ajoy Kumar R Qualification: MSc Experience after MSc: Email:	Mobile No: 9743216644 Office No: - Fax No: - Residential phone No: -
b) Drawing authority of the college			
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒
If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3			

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation Affiliation					1,55,050.00/-
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.		
	4.		
	5.		
	</		

Online Transaction Number or Details: Bank Name:- ICICI Bank

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Transaction ID:- BD00000007557350

Verify & Enclose copy of Affiliation fee paid documents

C. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	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	—	—	—	—	
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	—	—	—	—	
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					
	Female					
Post Basic B.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc NPCC	Male	—	—	—	—	—
	Female	—	—	—	—	—

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

Annexure - 9

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

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—
—	—	—	—	—	—	—

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:

Relevant documents are verified & found correct

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1	—	—	—				
2	Vice-Principal	1	1							1	—	—	—				
3	Professor	1	1-2					1*		1	—	—	—				
4	Associate Professor	2	2-4					1*			—	—	—				
5	Assistant Professor	3	3-8				2	3*			—	—	—				
6	Tutor	8-16	16-24				2-10	--			—	—	—				
	Total	16-24	24-40				4-12				—	—	✓				

For Example: For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e., 1:5 if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty * 3 M.Sc. Nursing qualified faculty * 2 Tutors	Total 8 Faculty * 5 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 7 M.Sc. Nursing qualified faculty * 5 Tutors	Total 16 Faculty * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	Total 6 Faculty * 3 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 5 M.Sc. Nursing qualified faculty * 7 Tutors	Total 18 Faculty * 7 M.Sc. Nursing qualified faculty * 11 Tutors	Total 24 Faculty * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	Total 10 Faculty * 5 M.Sc. Nursing qualified faculty * 5 Tutors	Total 20 Faculty * 8 M.Sc. Nursing qualified faculty * 12 Tutors	Total 30 Faculty * 12 M.Sc. Nursing qualified faculty * 18 Tutors	Total 40 Faculty * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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250 students				
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* Aadhar based biometric attendance for students


Signature of Chairman


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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.	Ajay Kumar . R	Principal	MSc(N) Psychi.Nursing	2013	58723	1 year	8y 3m	No	
2.	Murthy. N	Vice principal	MSc(N) MSN	2020	125631	3 yrs	34r 7 months 7/11/25	Yes	
3.	Suresh . S	Assist professor	MSc(N) CHN	2021	104703	-	34r 6 months 7/11/25	Yes	
4.	Mahadevaswamy . M	Assist. professor	MSc(N) CHN	2023	121051	-	1 year 2 months 30/6/25	No	
5.	Madhga. H	Nursing Tutor	PBBSc(N)	2020	199852	5 years	4/9/25	No	
6.	Latha. N	Nursing Tutor	PBBSc N	2020	199852	4 years 11 months 10/7/25	10/7/25	No	
7.	Talavara Neelesha. Girappa	Nursing Tutor	BSc(N)	2022	134672	2 years 4 months 11/7/25	11/7/25	No	
8.	Misba Tameem	Nursing Tutor	BSc(N)	2024	183244	-	10/7/25	No	
9.	Laxmi Pashapur	Nursing Tutor	BSc(N)	2024	156741	-	16/7/25	No	
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft) Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC./EC Copy/Rental Agreement registered copy	23,200sq.ft (40 – 60 intake)	27,150 sq.ft	
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	3800	
	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	—	
	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	400	
	2. Vice-Principal Chamber	200	800	
	3. HOD	5 x 200 = 1000	1300	
	4. Professor/Assoc. Prof	800+2400=3200	3,224	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600	
	7. Accountants Office	100	100	
	8. Store Room	100	100	
	9. Record room	100	121	
	10. Room for maintenance staff	100	100	
	11. Xeroxing room	100	105	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3200	
	14. Toilets	1000	1600	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	700	
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S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1650	
	Nutrition & Community Health Nursing	1200sq.ft	1300	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200	
	Pediatrics Nursing Laboratory	900sq.ft	950	
	Pre-Clinical Sciences Laboratory	900sq.ft	950	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1550	

Note:

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

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	
2	Is the college building own or leased ?	
3	Blue print of the building plan approved and attested by competent authority.	
4	Building construction license from competent authority	
5	Tax paid receipt (Latest / current year)	
6	Occupancy certificate.	
7	Sale deed / Lease deed of the building / Land.	
8	Land Conversion order from DC	
9	Town planning/Authorities approval order	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01		29	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400	YES ☐ No ☒			

Total No. of Nursing Books available	575	No. of Nursing Journals subscribed	03
No. of Thesis/Research titles available	10	Is internet facility available for Students?	YES
No of e-books	250	How many books were purchased in last financial year?	35

S. No.	Name of the Librarian	Qualification	Experience	Remarks
17	JAGDESH NAYAK	MLIB	10	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/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		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	—	
Conferences attended	—	

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)

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%)	Verified by LIC team
Full Name & Address of the Parent Hospital - Adarsha Nursing Home - Sheshadri Nagar OPP Mahatmagandhi stadium		100	4.7 Km		
MOU(Registered parent hospital MOU) YES					
NAME OF THE TRUST/ Person owning The Hospital					
DR. S.H. Keshavamurthy					
Name Of The Owner Of The Trust of Hospital					
DR. S.H. Keshavamurthy					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Adarsha Nursing Home - Sheshadri Nagar OPP Mahatmagandhi Stadium	100	4.7 Km		
	2 VIDAYA Hospital Banathankari	50	2 km.		
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)		Enclosed	
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(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before (before 2013 -14)** parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing collegesforBangalore Urban and Mangalore city should have **200 bedded Unitary/Singleallopathic parent/own hospital**.This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated 'Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Relevant documents are verified


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	15	100	90
Surgery including OT	20	14	100	90
Obstetrics & Gynecology	50	30	75	30
Pediatrics,	10	07	50	45
Emergency Medicine	02	01	10	02
Psychiatry	02	01	10	02

Additional/Other Specialties/Facilities for clinical experience:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19 COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD	
a. Name of CHC / PHC / SC	Shantinagar PHC
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	1 Km
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	Agrahara PHC
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	4 Km
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of Stock	YES ☒	NO ☐
o.	Annual report of activities and achievements	YES ☒	NO ☐
p.	Staff development programmes	YES ☒	NO ☐
q.	Anti ragging committee	YES ☒	NO ☐
r.	Student welfare committee	YES ☒	NO ☐
s.	POSHE Committee	YES ☐	NO ☐
t.	Prevention of Gender harassment committee	YES ☐	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☒
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls : 5	Boys : 5
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
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		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities			
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
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.

LIC Team Observations: On the day of inspection ~~and~~
 Observation made by the LIC Team are follows.

- Trust deed, Building plan, audit copy and relevant documents are verified and found to be correct.
- QT, ISO Sift of infrastructure having 6 labs
 A classrooms, library with the sufficient no. of books along with proper seating arrangements made available.
- 9 teaching staff are appointed with the eligible principal & were present.
- Parent hospital by name Adarsha Nursing home having 100 bedded capacity is available. KPME & PCB certificates are verified and found correct.


 Signature of Chairman


 Signature of Member (1)


 Signature of Member (2)

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Signature of Chairman

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Signature of Member (1)

[Handwritten signature]
Signature of Member (2)