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 DILIP KUMAR N.R	Dr. LAGHNA GOWDA	Dr Laishram Debendro Devi
Designation	Senate Member.	A/C MEMBER, ASSOS. PROF	Professor
Address	Hno Prof & HOD - Surg. SABUMC Bangalore	M R AMBEDKAR COLLEGE Y36, CHINE ROAD, B'LORE-80	Global college of Nursing Bangalore.
Mobile No	9844288283	9986072069	7829325300
Email ID	DRDILIP54@GMAIL.COM	drlaghnagowda@mrade.in	sochi999.bhe@gmail.com

For the Academic Year :2025-26 *Date of Inspection:* 19/8/2025

(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**	SRI SRI INSTITUTE OF NURSING SCIENCES AND RESEARCH CENTER Sri Sri Ravishankar Educational Campus 21st KM, Kanakapura Road Udayapura P.O Bangalore -560082	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**	SRI SRI RAVISHANKAR VIDYA MANDIR TRUST III floor, Sri Sri College of Ayurvedic Science and Research Sri Sri Ravishankar Educational Campus, 21st KM, Kanakapura road Udayapura P.O Bangalore -560082.(Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email:info@ssrvm.org	**Website:www.ssrvm.org**	

Signature of Chairman
Dr DILIP KUMAR N.R
Senate Member.

Signature of Member (1)
Dr. LAGHNA GOWDA

Signature of Member (2) 19/8/25
Dr. Laishram Debendro Devi

	(b). Name of the Owner of Trust/Society	Board Of Trustees		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 05 (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:** **Dr.Reena Ravi S** **Qualification: Ph.D. Nursing** **Experience: 22 Years** **Email: principal@ssion.org**		**Mobile No:** **9844471729** **Office No:** **6366884187** **Fax No:** **Residential phone No: 9844471729**
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 nursinginstitution with full address Verify with theoriginal 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 UG or b) for UG and PGcourses c) NPCC**	**Amount**
B.Sc. Nursing	Continuation Affiliation		1,57,891.39			1,57,891.39
Post Basic B.Sc. Nursing						
					Total (A)	1,57,891.39
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribedfees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details: SSBI9080537784

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

19/8/25.

Dr. Lasha Debnath

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	Verified.
	Admissions Made for the Current Academic Year	4	4	4		
Post Basic B.Sc. Nursing NA –	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 ☐ -NA-	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)
Dr. LAKSHNA GOWDA

Signature of Member (2)
Dr Lakshmi Dabral

	Admissions Made for the Current Academic Year	04				

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**	01				04
	Female	03				
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:_____

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Laxman Dabadghao

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				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	--		6									
	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)
Dr. Lakshman Debashi

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualificationalong 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.	Dr.Reena Ravi S	Principal	PhD(Pediatric Nursing)	2025	15449	4 Years	18 Years	15-03-2021	—	
2.	Dr. Sheela J	Vice Principal	M.Sc(N) Obsterics And Gynaecological Nursing PH. D.	2009	RR TMN 2004 976 KAR	2 years 09 months	15 years 6 Months	30-07-2025		
3.	Mrs. Swasthika Das	Professor	M.Sc(N) Medical Surgical Nursing	2012	2.5	2.5 Years	10 Years	07-04-2025		
4.	Ms. Radhika S	Lecturer	M.Sc(N) Obsterics And Gynaecological Nursing	2024	103736	01 Year	1 year 04 Months	01-07-2024		
5.	Ms. Rajimol A	Lecturer	M.Sc(N) Obsterics And Gynaecological Nursing	2024	106280	02 Year	1 year 04 Months	01-07-2024		Medical leave
6.	Ms. Christina L	Lecturer	M.Sc(N) Mental Health Nursing	2023	94498	01 Year 03 Months	07 months	02-01-2025		Medical leave
7.	Ms. Sheetal Baghel	Tutor	BSc Nursing	2023	130343	01 year and 07 months		10-01-2025		
8.	Ms.SomaShree Ghorai	Tutor	BSc Nursing	2024		11 Months		01-03-2025		
9.	Ms.Arpita Mukarjee	Tutor	BSc Nursing	2025	171937	07 months		01-08-2025		
10.	Mr. Bidhan Manna	Tutor	BSc Nursing	2025	182388	2.5 Months		20-05-2025		
11.										
12.										
13.										
14.										

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 19/8/25. Dr. Lakshmi Dabanchi

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

Dr. Lakshman Dabadhi Dri

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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 year's 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.

Dilip

Signature of Chairman

Signature of Member (1)

19/8/25

Signature of Member (2)

Mr. Lakshman Debasish Das

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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	68,000 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	1884 sq.ft 1894 sq.ft 1894 sq.ft 1460 sq.ft	
	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	
	2. Vice-Principal Chamber	200	300 sq.ft	
	3. HOD	5 x 200 = 1000	852 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	1200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		364 sq.ft	Verified
	7. Accountants Office		324 sq.ft	
	8. Store Room		210 sq.ft	
	9. Record room		170 sq.ft	
	10. Room for maintenance staff		251 sq.ft	
	11. Xeroxing room		364 sq.ft	
	12. common room	1000	900 sq.ft	
	13. Seminar hall	3000	1500 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	677 sq.ft	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2394 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	Nutrition – 1431 sq.ft CHN – 1414 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1351 sq.ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	1663 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1042 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	900 sq.ft	

Note:

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

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

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

Dr. Laishram Dabashini

03	1)KA05MY2128 2)KA51B8344 3)KA51B8334	04 50 50	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	1300 sq.ft	YES ☑ No ☐			

Total No. of Nursing Books available	1048	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	05	**Is internet facility available for Students?**	Yes
No of e-books	08	**How many books were purchased in last financial year?**	63

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Narasimhamurthy. R	Master of Library and information Science	09 Months	Verified

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	1) Alterations in gut microbiota in response to Sudarshan Kriya Yoga	✓
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: Vasavi Hospitals, #15, 1st Stage, 70th Cross Road, Kumaraswamy Layout, Bengaluru, Karnataka – 560078		150	12 km		Verified.
NAME OF THE TRUST/ Person owning The Hospital : Sri Vasavi Trust					
Name Of The Owner Of The Trust of Hospital : Sri Vasavi Trust					
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).

Dilip.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

13/10/25.

Dr. Lakshmi Debadi

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 dtd20/04/2018).
- 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	20	18		
Surgery including OT	15	12		

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Dr. Lashman Dobashi

Obstetrics & Gynecology	05	03		
Pediatrics,	08	06		
Emergency Medicine	08	08		
Psychiatry	02	01		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	03		
Minor OT	02	02		
Dental, Otorhinolaryngology, Ophthalmology	05	03		
Burns and Plastic	05	02		
Neonatology care unit	05	04		
Communicable disease/Respiratory medicine/TB & chest diseases	08	06		
Dermatology	01	01		
Cardiology	08	06		
Oncology	05	03		
Neurology/Neuro-surgery	04	03		
Nephrology/Urology	10	08		
ICU/ICCU	12	12		
Geriatric Medicine	23	20		
Any other	00	00		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC	Community Health Center (Kaggalipura)		
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	4 km
b. Services Rendered by Health & Family Welfare Programmes	OPD, Immunization, Ante-natal, Post-natal, Emergency, Medicine, Minor OT
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	
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** ☐
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** ☐

Dilip

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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	**55520 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 : 42**	**Boys : 33**
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	-	✓
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 : 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	✓	
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:

Signature of Chairman (2)

Signature of Member (1)

Signature of Member 19/8/19

Observations

1) Infrastructure:
   - Academic Block: Available as per norms
   - Hospital: 150 bed Varani Hospital available
2) Faculty: Available as per norms
3) Students: One batch of BSc Nursing present
4) Clinical load: Adequate as per norms
5) Equipments: Available as per norm
6) Student Facilities: As per norms.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member 29/8/23

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sri Sai Institute of Nursing Which has applied for continuation ofaffiliation for the academic year 2025-26.

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman (2)	Signature of Member (1)	Signature of Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10866613339480X**
Certificate Issued Date	:	06-Aug-2025 01:37 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ KAGGALIPURA/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0837218057901594X
Purchased by	:	SRI SRI RAVISHANKAR VIDYA MANDIR TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI SRI RAVISHANKAR VIDYA MANDIR TRUST
Second Party	:	REGISTRAR OF R G U H S
Stamp Duty Paid By	:	SRI SRI RAVISHANKAR VIDYA MANDIR TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Undertaking by the Trust Management

I, the Chairman of Sri Sri Ravishankar Vidya Mandir Trust, hereby submit this affidavit to the University.

NOTARY
CHETHANA S.V
Area B.A.L., LL.B.
Throughout Bengaluru
Reg. No. 19880
Expiry Date : 08-03-2030
GOVT. OF INDIA

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.

The Sri Sri Ravishankar Vidya Mandir Trust (SSRVMT) is running & managing the following institutions since 1999:

1. Sri Sri University
2. 68 Sri Sri Ravishankar Vidya Mandirs
3. 10 Sri Sri Academies
4. 12 Bal mandirs
5. 2 Sri Sri College of Ayurvedic Science & Research
6. 3 B.Ed and PU Colleges

We are seeking permission to start Sri Sri Institute of Nursing Science & Research Center under our management.

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 will abide to the norms of Apex body / RGUHS as prescribed from time to time.

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

For Sri Sri Ravishankar Vidya Mandir Trust

Chairman

Chairman
SSRVM Trust

NOTARY
CHETHANA S.V
Area BA.L, LL.B.
Throughout Bengaluru
Reg. No. 19880
Expiry Date :
08-03-2030
GOVT. OF INDIA

SWORN TO BEFORE ME

CHETHANA S.V, BA.L.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#14, Dhavala, 3rd Main, 4th Cross
Kanakapura Main Road, Kaggalipura
Bangalore - 560 082. Karnataka

06/08/2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

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Certificate No.	:	**IN-KA10036565232338X**
Certificate Issued Date	:	05-Aug-2025 04:01 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ KAGGALIPURA/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0835654710896291X
Purchased by	:	VASAVI HOSPITALS A UNIT OF SREE VASAVI TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VASAVI HOSPITALS A UNIT OF SREE VASAVI TRUST
Second Party	:	RAGISTRAR R G U H S
Stamp Duty Paid By	:	VASAVI HOSPITALS A UNIT OF SREE VASAVI TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, Mr Srivatsa H A is the Chief Executive Officer of the Vasavi Hospitals (A Unit of Sree Vasavi Trust) Situated at # 15, 70th cross, 14th Main,1st Stage, road.Kumaraswamy Layout, Bengaluru, Karnataka-560078.

NOTARY CHETHANA S.V Area B.A.L., LL.B. Throughout Bengaluru Reg. No. 19880 Expiry Date : 08-03-2030 GOVT. OF INDIA

This is to confirm that our hospital Vasavi Hospitals is registered under KPMEA and PCB with 150 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Vasavi Hospitals is functioning as **Parent** hospital for Sri Sri Institute of Nursing Science & Research Center.

We also confirm that the hospital is solely affiliated to Sri Sri Institute of Nursing Science & Research Center and is not affiliated to any other nursing college.

The information provided by us is true and correct.

VASAVI HOSPITAL ★ BENGALURU

Mr. Srivatsa H A

Chief Executive Officer

Vasavi Hospital

(A Unit of Sree Vasavi Trust)

NOTARY
CHETHANA S.V
Area BA.L., LL.B.
Throughout Bengaluru
Reg. No. 19880
Expiry Date :
08-03-2030
GOVT. OF INDIA

SWORN TO BEFORE ME

CHETHANA .S.V, BA.L.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#14, Dhavala, 3rd Main, 4th Cross,
Kanakapura Main Road, Kaggalipura
Bangalore - 560 082. Karnataka

06/08/2025