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. Sankangoudpatil	Dr. Thippeswamy TMJ	Prof. Jijin Samuel
Designation	Principal	Principal.	Principal
Address	Rayashekaraiah Institute of Ayurveda Medical Sciences Ramnagara Dt.	Sri Nirvanaswamy College of Nsg. Kanakapur.	P.G College of Nsg. Hassan
Mobile No	9019587969	9964186525	9988866468
Email ID	ayursank@gmail.com	thippesh.tagalenmath@gmail.com	

For the Academic Year : 2025 – 2026 *Date of Inspection:* 19-8-25

(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	ANGEL COLLEGE OF NURSING #18 KIADB. B. Katehalli, Hassan – 573201	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	Sanjeevini Co-operative Hospital and Medical Education and Research Institution Ltd Bangalore, #12, Cholanagara, RT. Nagara, Hebbal. 560032, (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: angelcon2023@gmail.com.	Website: –	

Signature of Chairman (Dr. Sankangoud Patil)

Signature of Member (1) 12/08/2025 Dr. Thippeswamy TMJ

Signature of Member (2) 12/08/2025 [JISIN SAMUEL.G]

	(b). Name of the Owner of Trust/Society	Mr. Anil John Christopher.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 3 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	Details of Principal/Head of the institution	Name: Pandiarajan Qualification: MSCN Experience: 17 yrs Email: pariraja8395@gmail.com		Mobile No: 6361262321 Office No: 08172-241036 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	Continuation Affiliation.	ZCNB24409P42MO			31/12/2024	1,56,060
Post Basic B.Sc. Nursing	—	NA	—	—		—
					Total (A)	1,56,060
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					
	5.					
		NA			Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details: ZCNB24409P42MO, 31/12/2024.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/08/2025

[SISIN SAMUEL-G]

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	ME Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	–	
	Admissions Made for the Current Academic Year	08				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Paediatric e. Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	03	—	—	—	03
	Female	05	—	—	—	05
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

NA

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				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		1									
6	Tutor	8-16	16-24	2-10	--		5									
	Total	**16-24**	**24-40**	4-12			9									

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Pandiarajan.	Principal	MSCN (MSN)	2009	1894	4	15½			
2.	Prof. Rajalakshmi	Vice principal	MSCN (psy)	2012	21442	2	14			
3.	Mrs. Yogitha HN	Asst. Profe	MSCN (Obg)	2022	165286	1	4			
4.	Ms. Jilsa Mol MT	Tutor	MSCN (MSN)	2024	108810	1	1½			
5.	Ms. Kavitha V	Tutor	BSCN	2022	143947	3	–			
6.	Ms. Chandana SR.	Tutor	BSCN	2021	121499	3	–			
7.	Ms. Susmitha KV.	Tutor	BSCN	2022	143911	3	–			
8.	Ms. Pushpa Bhagoshi	Tutor.	BSCN	2022	135964	3	–			
9.	Mr. Likhith Gowda. P.R	tutor	BSCN	2022	138931	3	–			
10.										
11.										
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

Sl.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	30696	
	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	7 class room (1117 each) 7.820 sqft	
	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	548	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	5x250 = 1250	
	4. Professor/Assoc. Prof	800+2400=3200	900+2400	
	5. Lecturer/ Tutors		3300	
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		900	
	7. Accountants Office		300	
	8. Store Room		250	
	9. Record room		250	
	10. Room for maintenance staff		900	
	11. Xeroxing room		250	
	12. common room	1000	2x1000 = 2000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	2x1000 = 2000	
	15. A.V/Aids room	600	900	

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

S. No	Details	Required	Existing Sq.ft	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1700	
	Nutrition & Community Health Nursing	1200sq.ft	1300	
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600	

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

1	KA46-7404	41	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	2480	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	50	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	3000.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Mahadeva CM	M LISE	18	
2.	Mr. Benom Joseb.	D L'B	03.	

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 Nisarga Multispeciality Hospital and Research Center. KIADB, Industrial Area, Hassan.		100	0.5	82%.	
NAME OF THE TRUST/ Person owning The Hospital Sanjeevini co-operative Hospital and Medical Education and Research Inst, Bangalore.					
Name Of The Owner Of The Trust of Hospital Mrs. Archana Das.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other

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

specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	13		
Surgery including OT	10	8		

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

Obstetrics & Gynecology	20	17		
Pediatrics,	10	8		
Emergency Medicine	10	8		
Psychiatry	—			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	5	4		
Minor OT	5	4		
Dental, Otorhinolaryngology, Ophthalmology	—	—		
Burns and Plastic	—	—		
Neonatology care unit	—	—		
Communicable disease/Respiratory medicine/TB & chest diseases	—	—		
Dermatology	—	—		
Cardiology	5	4		
Oncology	—	—		
Neurology/Neuro-surgery	5	4		
Nephrology/Urology	5	4		
ICU/ICCU	10	8		
Geriatric Medicine	—	—		
Any other	—	—		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17 — N/A —
RURAL FILELD	
a. Name of CHC / PHC / SC	
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	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD : — NIA —	
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** ☐

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 18250	
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 : 5	Boys : 3
f.	Total No. of rooms	Girls : 50	Boys : 40
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		✓
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	✓	

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:

- Adequate faculties are available including eligible principal available.
- 100 Bedded hospital facilities available. and Verified KPME and KSPCB (parental
- All the labs are well equiped and adequate Manikins are available...
- Own building with adequate infrastructure as per Rgusts Norms available.
- Lic team Recomending continuation of affiliation for the 2025 - 2026 academic year

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 Angel college of Nursing Hassan which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this 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

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING

I/We,

_____

_ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at

_____

_____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

UNDERTAKING by Trust Management

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

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ 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.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10247023903610X**
Certificate Issued Date	:	05-Aug-2025 06:14 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ HASSAN10/ KA-HS
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836049510674349X
Purchased by	:	NISARGA MULTY SPECIALITY HOSP AND RES CENTER HSN
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	NISARGA MULTY SPECIALITY HOSP AND RES CENTER HSN
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	NISARGA MULTY SPECIALITY HOSP AND RES CENTER HSN
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA HASSAN BRANCH Authorized Signatory

Please write or type below this line

Undertaking

I Mr. ANIL JOHN CHRISTOPHER Chairman of NISARGA MULTI SPECIALITY HOSPITAL AND RESEARCH CENTRE HASSAN

Nisarga Multi Speciality Hospital and Research Center

NOTARY SEAL S.S. RENUKAPRASAD HASSAN Reg.No.139/LCL2005 Rnwd.LAW-LCL/59/2020 Expiry on:04-01-2026 "NOTARY" GOVT. OF KARNATAKA

NO OF CORRECTIONS

Notary, Hassan

Statutory Alert:

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

This is to confirm that our hospital NISARGA MULTI-SPECIALITY HOSPITAL AND RESEARCH CENTRE is registered under KPME and Karnataka State Pollution Control Board (KSPCB) with 100 beds.

This is to confirm that our hospital NISARGA MULTI-SPECIALITY HOSPITAL AND RESEARCH CENTRE is functioning as Affiliated/parent/own hospital for Angel College of Nursing Hassan

We also confirm that our hospital is solely affiliated to Angel College of Nursing, Hassan College and is not affiliated to any other Nursing college.

The information provided by us is true and correct.

Verify on this day 05th day of August -2025 at Hassan

Deponent

Nisarga Multi Speciality Hospital and Research Center

NOTARY SEAL
S.S. RENUKAPRASAD
HASSAN
Reg.No.139/LCL2005
Rnwd.LAW-LCL/59/2020
Expiry on:04-01-2026
"NOTARY"
GOVT. OF KARNATAKA

Signed and sworn to before me
On 05-08-25 at Hassan

Notary Public, Hassan

NO. OF CORRECTIONS

Notary, Hassan

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10245045265366X**
Certificate Issued Date	:	05-Aug-2025 06:11 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ HASSAN10/ KA-HS
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836045474833370X
Purchased by	:	SANJEEVINI CO OP HOSP AND MED EDU AND RES INST BNG
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SANJEEVINI CO OP HOSP AND MED EDU AND RES INST BNG
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	SANJEEVINI CO OP HOSP AND MED EDU AND RES INST BNG
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA HASSAN BRANCH Authorized Signatory

Please write or type below this line

NOTARY SEAL S.S. RENUKAPRASAD HASSAN Reg.No.139/LCL2005 Rnwd.LAW-LCL/59/2020 Expiry on:04-01-2026 "NOTARY" GOVT. OF KARNATAKA

UNDERTAKING By Trust Management

I **Mr. ANIL JOHN CHRISTOPHER** President of the trust **SANJEEVINI CO-OPERATIVE HOSPITAL AND MEDICAL EDUCATION AND RESEARCH INSTITUTION LTD, BANGALORE** are submitting the affidavit to University.

Sanjeevini Co-Operative Hospital & Medical Education & Research Institution Ltd

NO. OF CORRECTIONS

Notary, Hassan

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 trust is **SANJEEVINI CO-OPERATIVE HOSPITAL AND MEDICAL EDUCATION AND RESEARCH INSTITUTION LTD BANGALORE** running/managing the colleges

1. Angel College of Nursing Hassan.

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.

Deponent

Sanjeevini Co-operative Hospital & Medical Education & Research Institution Ltd Hassan

Verified on this 05th day of August 2025 at Hassan.

NOTARY SEAL S.S. RENUKAPRASAD HASSAN Reg.No.139/LCL2005 Rawd.LAW-LCL/59/2020 Expiry on:04-01-2026 "NOTARY" GOVT. OF KARNATAKA

NO. OF CORRECTIONS

Notary, Hassan

Signed and sworn to before me on 05-08-25 at Hassan

Notary Public Hassan