



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. BASAVARAJ SAVADI	DR. Leeladhar DV	Mr. Stephen John
Designation	PRINCIPAL - SAME	ROS Chairman	Asso. Prof & HOD
Address	SAME, Gangavati	18/5, Ay. Medical College, Sullia	GIMS GCON, Gangavati
Mobile No	98456 46 885	9449717171	8296685339
Email ID	drbs.savadi123@gmail.com	leeladhar.dv@gmail.com	stephenjohn@guhs.ac.in

For the Academic Year : 2025-26

Date of Inspection: 18/06/2025

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	GOVERNMENT COLLEGE OF NURSING, YELBUR - GA, Dt. Leppal - 583236		2	Year of Establishment
					2025-26
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	Govt. of Karnataka.			
		(Enclose copy of Registration documents of Society / Trust) Annexure - 1			
		Email: hboamduge@gmail.com	Website: -		

Signature of Chairman

Dr. Basavaraj Savadi
18/6/25

Signature of Member (1)

Dr. Leeladhar DV
18/6/25

Signature of Member (2)

Stephen John
18/6/25

(b). Name of the Owner of Trust/Society	Government.		
4 Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 07		Annexure - 2
(Enclose copy of Governing Council Members & Audit report of Society/Trust)			
5 Details of Principal/Head of the institution	Name: H.B. Randurg Qualification: M.N.C (N) Experience: 21 Years Email: hb.randurg@gmail.com	Mobile No: 9448430794 Office No: - Fax No: - Residential phone No: 9680530794	
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 or b) for UG and PG courses c) NPCC		
B.Sc. Nursing	FRESH	TRANSITION	ID- BD	00000007714192	1035.00		
Post Basic B.Sc. Nursing			NA				
Total (A)							
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty				
1.	NA		NA				
2.							
3.							
4.							
5.							
Total (B)							
NPCC							
Total (C)							
Grand Total (A+B+C)							

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	Verified
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year		FRESH			
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		NA			
M.Sc. Nursing in a. Community Health ☒ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA.
	Sanctioned Intake					

Admissions Made
for the Current
Academic Year

NA

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male			FRESH		
	Female					
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male			NA		
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Annexure -10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: FRESH

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	01									
2	Vice-Principal	1	1			1	00									
3	Professor	1	1-2		1*	1	00									
4	Associate Professor	2	2-4		1*	1	00				NA					
5	Assistant Professor	3	3-8	2	3*	NA	03									
6	Tutor	8-16	16-24	2-10	--	1	02									
	Total	16-24	24-40	4-12		1	06									

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.)

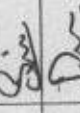
Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty 3 M.Sc. Nursing qualified faculty 2 Tutors	Total 8 Faculty 5 M.Sc. Nursing qualified faculty 3 Tutors	Total 12 Faculty 7 M.Sc. Nursing qualified faculty 5 Tutors	Total 16 Faculty 8 M.Sc. Nursing qualified faculty 8 Tutors
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

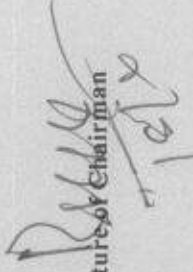
Signature of Chairman

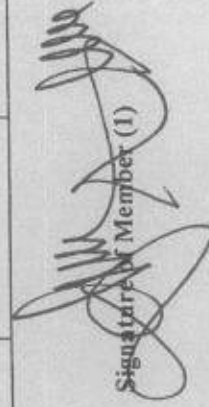
Signature of Member (1)

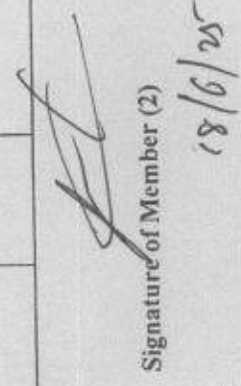
Signature of Member (2)

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 After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	H B Ramadurg	Principal	MSc(N)	2003	203	10 yr	18/6/25	Yes	
2.	Manjunath. Meehigeri	Vice Principal	MSc(N)	2024	5045	-	18/6/25	Yes	
3.	Shoba	Lecturer	MSc(N)	2024	66596	-	18/6/25	Yes	
4.	Veeresh Badiger	Lecturer	MSc(N)	2024	166338	-	18/6/25	Yes	
5.	Subhasoumya T.	Clinical instructor	BSc(N)	2016	74693	-	18/6/25	Yes	
6.	Devendragouda	Clinical instructor	BSc(N)	2024	24308	-	18/6/25	-	
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									

Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18/6/25

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

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

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) 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		
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	01 classroom 900 sq.ft.	Verified
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	NA
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	NA	
	Administrative Facilities	-	-	-
	Office			
	1. Principal's Chamber	300	300	Verified
	2. Vice-Principal Chamber	200	200	Verified
	3. HOD	5 x 200 = 1000	1000	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3200	Verified.
	5. Lecturer/ Tutors			
	Institution office /Others			
3	6. Office of Administrative, clerical staff and PA (s)	-	Fresh	Verified
	7. Accountants Office	-	Fresh	Verified
	8. Store Room	-	Fresh	Verified
	9. Record room	-	Fresh	Verified
	10. Room for maintenance staff	-	Fresh	Verified
	11. Xeroxing room	-	Fresh	Verified
	12. common room	1000	1000	Verified
	13. Seminar hall	3000	3000	Verified
	14. Toilets	1000	1000	Verified
	15. A.V/Aids room	600	600	Verified.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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
—	FRESH Government.	—	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	2300 sq.ft	YES ☒ No ☐	Available	Available	Verified
Total No. of Nursing Books available		900	No. of Nursing Journals subscribed		—
No. of Thesis/Research titles available		—	Is internet facility available for Students?		—
No of e-books		—	How many books were purchased in last financial year?		—

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MARUTU SAB HULAYEM	B. Lib	— 01 years	Verified.
		NA		

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 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	FRESH	FRESH
Conferences conducted	FRESH	
Conferences attended	FRESH	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6

11

18/6/24

18/6/24

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 ☐	Government
		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 Government General Hospital Yelburga.	100	< 1km	85-1.	Verified
NAME OF THE TRUST/ Person owning The Hospital		Government		
Name Of The Owner Of The Trust of Hospital		Government		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1	Government		
	2	Government		

(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 colleges for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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, 2021 F.NO. 1-1/2019-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. 1-1/2019-INC.)

Note

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

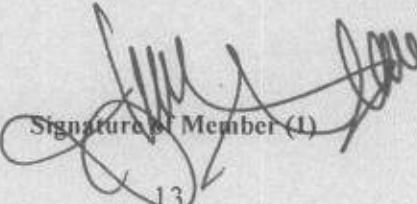
Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:

- 1) Government General Hospital, Yelburga, Koppal.
- 2) Community Health Center - Bevoor.


Signature of Chairman

12/6


Signature of Member (1)

13


Signature of Member (2)

18/6/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	17		
Surgery including OT	20	15		
Obstetrics & Gynecology	30	23		
Pediatrics,	10	06	NA	
Emergency Medicine	10	04		
Psychiatry	10	03		

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			Not Applicable	
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/CCU				
Geriatric Medicine				
Any other				

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18/6/25

18/6/25

19 COMMUNITY HEALTH NURSING :Annexure - 17

RURAL FILELD

a. Name of CHC / PHC / SC	
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	02 kms.
b. Services Rendered by Health & Family Welfare Programmes	

URBAN FEILD :

a. Name of CHC / PHC / SC	UHC
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	01 kms.
b. Services Rendered by Health & Family Welfare Programmes	NA

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 ☒

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Extracurricular activities of students	YES ☐	NO ☒
i.	Cumulative record of each	YES ☐	NO ☒
j.	Course planning of each subject	YES ☐	NO ☒
k.	Rotation plans	YES ☐	NO ☒
l.	Committee Meetings	YES ☐	NO ☒
m.	Affiliation records	YES ☐	NO ☒
n.	Records of Stock	YES ☐	NO ☒
o.	Annual report of activities and achievements	YES ☐	NO ☒
p.	Staff development programmes	YES ☐	NO ☒
q.	Anti ragging committee	YES ☐	NO ☒
r.	Student welfare committee	YES ☐	NO ☒

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft 7500	
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 : FRESH	Boys : FRESH
f.	Total No. of rooms	Girls : FRESH	Boys : FRESH
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	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	✓	
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 Library Books & 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 affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables		✓

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18/6/25

18/6/25

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: LIC Team visited to Government College of Nursing, Yelburga on

18/06/2025, observation on the day.

1) COLLEGE - College have 23,500 sq.ft building including five laboratories like Foundation of Nursing, Obsy Nursing, preclinical, Nutrition & Community Health Nursing lab with Equipment, & instrument & models are observed on the day of inspection.

2) LIBRARY - Library have 900 books with seating Capacity of 40 students are observed on the day of inspection.

3) TEACHING STAFF - 01 full time principal is appointed, 03 Assistant professor, 02 tutors/CT are present on the day of inspection.

4) HOSPITAL - 100 bedded Government General Hospital. is a parent hospital, All the clinical facilities are observed. Document like KPME, PCB, BMW, fire safety are observed on the day.

COLLEGE - Government College of Nursing, Yelburga, applied for fresh affiliation for A.Y. 2025-26

Signature of Chairman
18/6

Signature of Member (1)
18/6/25

Signature of Member (2)
18/6/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Govt. College of Nursing, Ferozga. which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 18/6/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2025-26, 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

18/6

Signature of Member (1)

18/6/25

Signature of Member (2)

18/6/25

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the 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)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust
H.B. RAMADUR G. are submitting the affidavit

to University.

The trust GOVERNMENT 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.

PRINCIPAL

Govt College of Nursing

YELBURGA - 583236

Dist: Koppal

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

I/We, H. B. RAMADURY is/are the
Owners/MD/CEO/Board Members of the GOVERNMENT 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.

PRINCIPAL
Govt College of Nursing
YELBURGA - 583236
Dist: Koppal

Signature of Chairman
LSH

Signature of Member (1)
18/6/25

Signature of Member (2)
18/6/25

Signature of Chairman

Reed
20/6

Signature of Member (1)

[Signature]
23
18/6/25

Signature of Member (2)

[Signature]
18/6/25