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. K.C SHASHIDARA	DR. ROOPA K T	Mrs. SHEELA KADDIMANI
Designation	PROFESSOR, DEPT. OF MEDICINE	PROFESSOR OF PROSTHODONTICS	PROFESSOR
Address	JSS MEDICAL COLLEGE, MYSORE	CROWN AND BRIDGE COLLEGE OF DENTAL SCIENCES DAVANAGERE	GOPAL GOWDA SHANTAVERI MEMORIAL COLLEGE OF NURSING MYSORE
Mobile No	9448064613	9880380503	9036056989
Email ID	kcshashidhara@gmail.com	roopakt25@gmail.com	sheela.dhaduti@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection: 19.08.2025*

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES, COLLEGE OF NURSING, EPIP AREA, WHITEFIELD, BENGALURU-560066	2	**Year of Establishment** 2008
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / ✓ Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	SRI SATHYA SAI CENTRAL TRUST PUTTAPARTHI, ANDRAPRADESH Enclosed -**Annexure – 1**		
		Email: secretary@sssct.org.in	**Website:** **https://www.srisathyasai.org/pages/index.html**	
		Office No: 08555289799	**Mobile No: 9845057485**	

Signature of Chairman Signature of Member (1) 19/8/25 Signature of Member (2) 19/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	SRI R J RATHNAKAR 9845057485		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Enclosed - Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: DR.A.R. MANJJURI Qualification: PHD Experience after MSc: 23 Years, 5 Months Email: principal.ncblr@sssihms.org.in		Mobile No: 9742799540 Office No: 080-2800 4764 Fax No: Residential phone No: 9742799540
	b) Drawing authority of the college			

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents)

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 UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation	Waiver of Fees				Enclosed
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. NA		
	2.		
	3.		
	4.		
	5.		
		Total (B)	NA
NPCC	NA		
		Total (C)	
		Grand Total (A+B+C)	NA

Online Transaction Number or Details: NA

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

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	07-12-2021 Annexure - 5	20-09-2024 Annexure - 6	2024-25 Annexure - 7	14-10-2024 Annexure - 8	Enclosed
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	39	39	39	39	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	

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Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

C9. 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	0	0	0	0	0
	Female	39	40	40	38	157
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	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	NA	NA	NA	NA	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	NA	NA	NA	NA	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: _____

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Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/8/25

12. Teaching Faculty Requirements for all Nursing Programs:

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

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

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

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

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

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

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

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

Intake	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
150 students intake				
200 students intake				

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250 students				

* Aadhar based biometric attendance for students

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Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	DR.A.R. MANJJURI	PRINCIPAL	PHD NURSING	1997	TMN20091031KAR	2YEARS 6 MONTHS	23YEARS 5MONTHS	13/09/2008	YES	
2.	DR. PRITHA L	VICE PRINICIPAL	PHD NURSING	2000	RRTMN2001540KAR	4 MONTHS	18YEARS 8 MONTHS	31.01.2009	YES	
3.	MRS. RUPA DEVI P	PROFESSOR	MSC NURSING (OBG)	2000	RRAMP20001035KAR	1 YEAR	17 YEARS 3 MONTHS	06/09/2008	YES	
4.	MRS. PREMALATHA	ASSISTANT PROFESSOR	MSC NURSING (PEADIATRICS	2012	24611		8YEARS 6MONTHS	28/02/2017	YES	
5.	MRS. TRYPHENA SHALLOMI	ASSISTANT PROFESSOR	MSC NURSING (PEADIATRICS)	2018	058296	2	4.5 YEARS	15-12-2024	YES	
6.	MRS. JYOTI MAJUMDAR	ASSISTANT PROFESSOR	MSC NURSING (PSYCHIATRIC)	2019	OAIDII511	1.7	5 YEARS	01-04-2025	NO	
7.	MRS. AKANSHA	LECTURER	MSC NURSING (MEDICAL SURGICAL NURSING)	2021	19RAKCMSNU000002	0 MONTH	-	01-07-2025	NO	
8.	MRS.GEETHANJALI .S	TUTOR	POST BASIC BSC NURSING	2005	01159526	13YEARS 9 MONTHS	-	3/11/2011	YES	
9.	MRS. BHUVANESHWARI	TUTOR	BSC NURSING	2019	93329	2YEARS 9 MONTHS	-	23/11/2022	NO	
10.	MRS. NUNNA. HIMABINDU	TUTOR	BSC NURSING	2020	117141	2 YEARS 7 MONTHS	-	01-01-2023	NO	
11.	MS. BUSANAGARI LIKHITHA	TUTOR	BSC NURSING	2022	133316	2 YEARS 8 MONTHS	-	02-01-2022	NO	
12.	MRS. AGLINENI SATHYAVENI	TUTOR	BSC NURSING	2022	133036	1 YEAR 7 MONTHS	-	02-12-2023	NO	
13.	MS. SAIHARITHA. B	TUTOR	BSC NURSING	2022	133338	8 MONTHS	-	15-12-2024	NO	
14.	MS. POULOMI CHAKRABORTY	TUTOR	BSC NURSING	2023	157836	1 YEAR 3 MONTHS	-	1/04/24	NO	

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15.	MS.KIRANMAI .G	TUTOR	BSC NURSING	2023	148531	4 MONTHS		03/03/25	NO	
16.	MS.NARMADA MUKHIA	TUTOR	BSC NURSING	2023	149362	6 MONTHS		1/02/2025	NO	
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Signature of Chairman **Signature of Member (1)** 19/08/25 **Signature of Member (2)** 19/8/25

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Signature of Chairman **Signature of Member (1)** 19/08/25 **Signature of Member (2)** 19/8/25

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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.

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19/08/25

Signature of Member (1)

19/8/25

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				**Annexure - 11**

14. Physical Facilities :

14.1. College Building: Enclosed **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	30025 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			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3623 sq.ft	**Enclosed**
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			**Enclosed**
	Office 1. Principal's Chamber	300	350 Sq.ft	**Enclosed**
	2. Vice-Principal Chamber	200	300 Sq.ft	**Enclosed**
	3. HOD	5 x 200 = 1000	1000 Sq.ft	**Enclosed**
	4. Professor/Assoc. Prof	800+2400=3200	3600 Sq.ft	**Enclosed**
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	647 Sq.ft	**Enclosed**
	7. Accountants Office	**100**	1000 Sq.ft	**Enclosed**
	8. Store Room	**100**	500 Sq.ft	**Enclosed**
	9. Record room	**100**	227 Sq.ft	**Enclosed**
	10. Room for maintenance staff	**100**	894 Sq.ft	**Enclosed**
	11. Xeroxing room	**100**	127 Sq.ft	**Enclosed**
	12. common room (Girls & Boys)	600+400= 1000	600 Sq.ft	**Enclosed**
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sq.ft	**Enclosed**
	14. Toilets	1000	1000 Sq.ft	**Enclosed**
	15. A.V/Aids room	600	600 sq.ft	

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S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	**Enclosed**
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	**Enclosed**
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	**Enclosed**
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	**Enclosed**
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	**Enclosed**
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	**Enclosed**

Note:

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

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

Building Documents:

Annexure – 12

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

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

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Enclosed Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1 2	KA 53 AA 0999 KA53 MC 5373	42 7	Yes Yes	Yes Yes	Yes Yes

16. Library facility : Enclose list of library books Enclosed **Enclosed Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	6496 sq ft	☑ YES NO ☐			

Total No. of Nursing Books available	2645	**No. of Nursing Journals subscribed**	31
No. of Thesis/Research titles available	92	**Is internet facility available for Students?**	YES
No of e-books	20	**How many books were purchased in last financial year?**	265

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MRS. BHARATHI HARIHARA	B.A MLISC	48YEARS	
2.	MRS. PRIYA KUMAR	B.A MLISC	3.6YEARS	

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

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

Academic activities	Particulars	Remarks
Research Projects	**39**	
Conferences conducted	**4**	

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Conferences attended	21	

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

18. Details of Clinical / Hospital Facilities : **Enclosed Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	☑ **NO**
2	**Do you have parent hospital?**	☑ **YES**	**NO** ☐
	If Yes, Hospital Owned by	☑ **i. Trust/Society/Missionary**	
		ii.Trust member with MOU ☐	

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital SRI SATHYA SAI INSTITUE OF HIGHER MEDICAL SCIENCES AND GENERAL HOSPITAL MOU(Registered parent hospital MOU)		330	Same Campus	78%	
NAME OF THE TRUST/ Person owning The Hospital SRI SATHYA SAI CENTRAL TRUST					
Name Of The Owner Of The Trust of Hospital SRI R J RATHNAKAR MANAGING TRUSTEE					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1.CADABAMS GROUP PSYCHO SOCIAL REHABIHTATION CENTERS Kanakapura road, Post Taralu, Bangaluru	662	51kms	85%	
	2. COMMUNITY HEALTH CENTRE- RURAL AVALAHALLI	08	15kms	75%	

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/8/25

	3. COMMUNITY HEALTH CENTRE-URBAN KADUGODI (MOU/Clinical permission letter)	06	7kms	75%	

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Nil

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	90	72		
Surgery including OT	152	120		
Obstetrics & Gynecology	20	15		
Pediatrics,	44	33		
Emergency Medicine	6	5		
Psychiatry	-		662	565

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	12	12		
Minor OT	-	-		
Dental, Otorhinolaryngology, Ophthalmology	10	7		
Burns and Plastic	-	-		
Neonatology care unit	-	-		
Communicable disease/Respiratory medicine/TB & chest diseases	-	-		
Dermatology	-	-		
Cardiology	50	40		
Oncology	-	-		
Neurology/Neuro-surgery	50	38		
Nephrology/Urology	10	7		
ICU/ICCU	136	110		
Geriatric Medicine	10	7		
Any other	18	15		

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

Signature of Chairman

Signature of Member (1) 19/8/25

Signature of Member (2) 19/8/25

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
• **Name of CHC**	
Adopted / Affiliated	**AVALAHALLI**
Administrate red by	☐✓ **State Govt.** **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**15kms**
• Services Rendered by Health & Family Welfare Programmes	**YES**
URBAN FEILD :	
a. Name of CHC	
Adopted / Affiliated	**AFFILIATED**
Administrate red by	☐ ✓ **State Govt.** **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**07kms**
b. Services Rendered by Health & Family Welfare Programmes	**ENCLOSED**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Enclosed 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)** 19/8/25 **Signature of Member (2)** 19/8/25

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

23	**Hostel Facilities : Enclosed Annexure - 12**		
a.	Whether the college is having a separate Hostel?	✓ YES	☐ NO
b.	Built-up area of the Hostel	**31,360Sq.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 : 157**	**Boys : NA**
f.	Total No. of rooms	**Girls : 68**	**Boys : NA**
g.	Water Supply	✓ YES	NO ☐
h.	Electricity Supply	✓ YES	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	✓ YES	NO ☐
j.	Is Sick room available?	✓ YES	NO ☐
k.	Whether the hostel mess is available with	✓ YES	NO ☐
l.	Safe drinking water facilities	✓ YES	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format			
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

(1) LIC inspection of Sri Sathya Sai Institute of Nursing Science Nursing college on 19/08/2025 for B.Sc (Nsg) Cource

(2) The infrasture, Clinical facilities are Sufficient for 40 intake of B.Sc (Nsg) student.

3) The hospital facilities, physical infraeture are sufficient.

4) Library facilities are up to date with Sufficient numbs of books.

(5) Hostel facilities are Sufficient with all facilities.

6) Teaching faculties are Sufficient in number.

7) Transportation facilities are adequately availabl

Signature of Chairman

19/8/25
Signature of Member (1)

19/8/25
Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at ---------- 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)
		19/8/25

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
	19/8/25	19/8/25

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 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

19/8/25

Signature of Member (1)

19/8/25

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 _____ are submitting the affidavit toUniversity.

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.

***Note Undertaking should be given in affidavit**

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.

***Note Undertaking should be given in affidavit**

Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Base Certificate No.	:	IN-KA17356707894172X
Certificate No.	:	**IN-KA17357965378064X**
Certificate Issued Date	:	14-Aug-2025 10:16 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ KADUGODI3/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL08495323205464422X
Purchased by	:	SSSIHMS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SSSIHMS COLLEGE OF NURSING
Second Party	:	RGUHS
Stamp Duty Paid By	:	SSSIHMS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA ★ KADUGODI BRANCH ★ Authorized Signatory

NOTARY PUBLIC ★ GOVT. OF KARNATAKA ★ M. KRISHNAMURTHY Area Hosakote Revenue Taluk, Bengaluru Rural Dist Reg. No.Law-LCL/157/2023 Expiry Dt: 23 Feb 2029

Please write or type below this line

UNDERTAKING by Trust Management

I R.J. Rathnakar, Managing trustee of Sri Sathya Sai Central Trust is submitting the affidavit to University.

The trust Sri Sathya Sai Central Trust is running/managing the colleges:-

1. Sri Sathya Sai Institute of Higher Medical Sciences – College of Nursing since 2008

2. Sri Sathya Sai Institute of Higher Medical Sciences – Allied Health Sciences since 2008.

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 faculties 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.

FOR SRI SATHYA SAI CENTRAL TRUST

Managing Trustee

R.J. Ratnakar

SRI SATHYA SAI CENTRAL TRUST PRASANTHI NILAYAM

NOTARY PUBLIC GOVT. OF KARNATAKA
M. KRISHNAMURTHY
Area Hosakote Revenue Taluk,
Bengaluru Rural Dist
Reg. No.Law-LCL/157/2023
Expiry Dt: 23 Feb 2029

ATTESTED BY ME

18/8/23

M. KRISHNAMURTHY B.Com.,LL.B.,
ADVOCATE & NOTARY PUBLIC
1st Floor, Varalakshmi Complex,
Near Mini Vidhana Soudha,
HOSKOTE - 562 114

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA17356707894172X**
Certificate Issued Date	:	14-Aug-2025 10:14 AM
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Unique Doc. Reference	:	SUBIN-KAKAGCSL08495297508164664X
Purchased by	:	SSSIHMS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SSSIHMS COLLEGE OF NURSING
Second Party	:	RGUHS
Stamp Duty Paid By	:	SSSIHMS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA ★ KADUGODI BRANCH ★ Authorized Signatory

Please write or type below this line

NOTARY PUBLIC ★ M. KRISHNAMURTHY Area Hosakote Revenue Taluk, Bengaluru Rural Dist Reg. No.Law-LCL/157/2023 Expiry Dt: 23 Feb 2029 ★ GOVT. OF KARNATAKA

UNDERTAKING

I, **Dr. D. C. Sundaresh** , Director, of Sri Sathya Sai Institute of Higher Medical Sciences, hospital situated at EPIP Area, Whitefield, Bangalore-560066.

This is to confirm that our hospital Sri Sathya Sai Institute of Higher Medical Sciences is registered under KPMEA and PCB with 330 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Sri Sathya Sai Institute of Higher Medical Sciences is functioning as parent/own hospital for Sri Sathya Sai Institute of Higher Medical Sciences – College of Nursing.

We also confirm that our hospital is solely affiliated to Sri Sathya Sai Institute of Higher Medical Sciences- College of Nursing and is not affiliated to any other nursing college.
The information provided by us is true and correct.

Dr.D.C.Sundaresh
Director

Dr. D.C. SUNDARESH
DIRECTOR
SRI SATHYA SAI INSTITUTE OF
HIGHER MEDICAL SCIENCES
EPIP AREA, WHITEFIELD
BANGALORE-560 066

NOTARY PUBLIC
M. KRISHNAMURTHY
Area Hosakote Revenue Taluk,
Bengaluru Rural Dist
Reg. No.Law-LCI/157/2023
Valid Upto 23 Feb 2029
GOVT. OF KARNATAKA

ATTESTED BY ME
18/8/23

M. KRISHNAMURTHY B.Com.,LL.B.,
ADVOCATE & NOTARY PUBLIC
1st Floor, Venkamma Complex,
Near Mini Vidhana Soudha,
HOSKOTE - 562 114