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. Harish. M.L	Rajarathinam. P	MRS. LATHA B.S
Designation	Dean & Director.	Principal.	VICE PRINCIPAL
Address	Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru.	#1515ADB, B.Katihally Hassan - 573201.	The R.R. COLLEGE OF NSG. K. HONNAIGERE MADDUR - 47
Mobile No	9448323157	8792353209	9535668067.
Email ID	dermaharish@yahoo.com	sadhikarajya@gmail.com	latha.bsgowda@gmail.

Inspection For the Academic Year : 2025-26 *Date of Inspection: 11-08-2025*

(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	SHRINIDHI COLLEGE OF NURSING 51/11, HURALICHIKKANAHALLI,,HESARAGHATA MAIN ROAD,CHIKKABANAVARA POST, BANGALORE -560090	2	Year of Establishment: 2003
2	Status of the course conducting body	SOCIETY		
3	(a). Name of the Trust/Society & complete postal address & Phone number	SRI VENTESHWARA EDUCATIONAL SOCIETY # 51/11, HURALICHIKKANAHALLI, HESARAGHATA MAIN ROAD,CHIKKABANAVARA POST, BANGALORE -560090		
		Email: shrinidhicollege@gmail.com	Website: WWW.SNI.AC.IN	
		Office No:8197665516	Mobile No:9663630666	

11/08/25 Dr. Harish. M.L Dean & Director CIMS Chikkamagaluru
Signature of Chairman

Signature of Member (1)
Rajarathinam P. Academic Council.

Latha BS 11/08/25
Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr.JAGADEESHA.S Mobile No:9663630666	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (SEVEN) AUDIT REPORT ENCLOSED (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**	
5	a) Details of Principal/Head of the institution	Name: Mrs.DEEPA SUDHAKARAN Qualification: M Sc NURSING Experience after MSc: 14.9 Years Email: kirangv2024@gmail.com	Mobile No:9164624102 Office No: 8197665516 Fax No: 8197665516 Residential phone No: 9164624102
	b) Drawing authority of the college	Sri Venkteshwara educational society	

		YES	NO	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	☐	✓	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 TrustDocuments) **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	1,95,000	Application Form fee - 1000		50	25000	2,21,050
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.Medical Surgical Nursing	NA	
	2.Pediatrics Nursing	NA	
	3.Psychiatric Nursing	NA	
	4.Obstrestical and Gynecological Nursing	NA	
	5.Community Health Nursing	NA	
		Total (B)	
NPCC		NA	
		Total (C)	
		Grand Total (A+B+C)	2,21,050

Online Transaction Number or Details:ZBBCB2X08VL26B Rs-2,21,050 Dated-20-12-2024

Remarks: nil

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
11/08/25

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	A KU KA 380 MPS 2003 BANGALORE DATED 12/12/2003 Annexure - 5	RGU/AFF/NSG /CoA/01 2024-25 DATE 20/09/2024 Annexure - 6	KNC: 1157-4:2004 Dated: 19/08/2004 Annexure - 7	18-15/1389 -INC Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	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. 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	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	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

11/08/24

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	02	01	00	05	08
	Female	58	59	54	54	225
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					

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: nil

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

11/08/22

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									01					
2	Vice-Principal	1	1									01					
3	Professor	1	1-2					1*				01					
4	Associate Professor	2	2-4					1*				02					
5	Assistant Professor	3	3-8				2	3*				04					
6	Tutor	8-16	16-24				2-10	--		19							
	Total	**16-24**	**24-40**				**4-12**			**19**		**09**					

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

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				
250 students				

* **Aadhar based biometric attendance for students**

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

11/08/25

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.	Mrs.DEEPA SUDHAKARAN	PRINCIPAL	Msc(N) OBG Nursing	2012	16419	1.9 Years	13 years	12/05/2025	No	
2.	Mr. LIGINGOPAL KM	VICE PRINCIPAL	Msc(N) Psychiatry Nursing	2014	30325	--	10.9 years	10/01/2020	Yes	
3.	Mrs.RESNA E	ASSOCIATE PROFESSOR	Msc(N) Paediatrics Nursing	2017	009310	02 years	8.2 years	06/06/2017	Yes	
4.	Mrs.LEA MARY ROY	ASSISTANT PROFESSOR	Msc(N) Medical surgical nursing	2014	007167	1.7 years	8.3 years	02/02/2024	Yes	
5.	Ms.MONISHA K	ASSISTANT PROFESSOR	Msc(N) Paediatrics Nursing	2021	72955	4.8 years	3.1 years	02/01/2023	Yes	
6.	Ms.PAONAM OMILA CHANU	LECTURER	Msc(N) Psychiatry Nursing	2024	RRMNP 2024 11091KAR	-	1 .5 years	03/03/2024	Yes	
7.	Ms. SANGITA KUMARI RAWAT	LECTURER	Msc(N) Psychiatry Nursing	2024	95857	01 years	1 .5 years	07/03/2024	Yes	
8.	Mrs.BHAVYA M V	LECTURER	Msc(N) Community health Nursing	2024	44930	02 years	6 months	10/02/2025	No	
9.	Mrs. ABHILASHA B H	LECTURER	Msc(N) Paediatrics Nursing	2024	63263	7.2 years	2 Months	02/06/2025	No	
10.	Ms. PUSHPA SRINIVAS	NURSING TUTOR	BSc(N)	2021	121543	3.4 years	-	15/09/2023	Yes	
11.	Ms. SURYA	NURSING TUTOR	BSc(N)	2022	141666	2.4 years	-	02/8/2025	No	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12.	Ms.DIVYA HP	NURSING TUTOR	BSc(N)	2022	137454	2.1 years	-	20/06/2023	Yes	
13.	Ms.NAGAVENI G T	NURSING TUTOR	BSc(N)	2022	140940	2.1 years	-	11/02/2023	Yes	
14.	Ms.PALLABI ADAK	NURSING TUTOR	BSc(N)	2023	147564	1.8 years	-	7/11/2023	Yes	
15.	Ms.PRATYUSHA RAY	NURSING TUTOR	BSc(N)	2023	147565	1.8 years	-	7/11/2023	Yes	
16.	Ms.SHANTA BAI	NURSING TUTOR	BSc(N)	2023	148070	1.8 years	-	8/11/2023	Yes	
17.	Ms.DEEPIKA DO	NURSING TUTOR	BSc(N)	2023	148488	1.8 years	-	8/11/2023	Yes	
18.	Ms. MEGHANA TC	NURSING TUTOR	BSc(N)	2023	149093	1.8 years	-	9/11/2023	Yes	
19.	Ms.ASHA LR	NURSING TUTOR	BSc(N)	2023	148073	1.8 years	-	11/11/2023	Yes	
20.	Ms.ATRAYEE GANGULY	NURSING TUTOR	BSc(N)	2023	147566	1.8years	-	7/7/2025	No	
21.	Ms.MEENAKSHI MG	NURSING TUTOR	BSc(N)	2023	146876	1.6 YEARS	-	8/1/2024	Yes	
22.	Ms.DEBATI SANYAL	NURSING TUTOR	BSc(N)	2023	155380	1.5 YEARS	-	17/02/2024	Yes	
23.	Ms.BOKUL LAYAK	NURSING TUTOR	BSc(N)	2024	173398	6 MONTH	-	24/1/2025	No	
24.	Ms.DIVYA KR	NURSING TUTOR	BSc(N)	2024	167254	6 MONTH	-	5/2/2025	No	
25.	Mrs.NAGMA S H	NURSING TUTOR	BSc(N)	2023	150807	1.5year	-	15/2/2024	Yes	

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

26.	Ms.AISHWARYA BEERAKABBI	NURSING TUTOR	BSc(N)	2024	167617	04 MONTH	-	5/4/2025	No	
27.	Ms.TEJASWINI NR	NURSING TUTOR	BSc(N)	2022	139708	03 MONTH	-	28/4/2025	No	
28.	Ms. KH .SARASWATHI	NURSING TUTOR	BSc(N)	2024	169786	02 MONTH	-	27/5/2025	No	
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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
01	**DETAILS ARE ENCLOSED AS PER THE FORMAT**				**Verified**

14. Physical Facilities:

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**25,600 Sq.Ft**	**Verified**
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**1.1360 Sq.Ft 2. 1394 Sq.Ft 3. 1365 Sq.Ft 4. 1156Sq.Ft**	**Verified**
	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**			
	Office 1. Principal's Chamber	300	**425 Sq.Ft**	**Verified**
	2. Vice-Principal Chamber	200	**300 Sq.Ft**	**Verified**
	3. HOD	5 x 200 = 1000	**5 X 255=1275 Sq.Ft**	**Verified**
	4. Professor/Assoc. Prof	800+2400=3200	**3320 Sq.Ft**	**Verified**
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**858 Sq.Ft**	**Verified**
	7. Accountants Office	**100**	**238 Sq.Ft**	**Verified**
	8. Store Room	**100**	**714 Sq.Ft**	**Verified**
	9. Record room	**100**		**Verified**
	10. Room for maintenance staff	**100**	**150 Sq.Ft**	**Verified**
	11. Xeroxing room	**100**	**160 Sq.Ft**	**Verified**
	12. common room (Girls & Boys)	600+400= 1000	**2340 Sq.Ft**	**Verified**
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3150 Sq.Ft**	**Verified**
	14. Toilets	1000	**1215 Sq.Ft**	**Verified**
	15. A.V/Aids room	600	**1020 Sq.Ft**	**Verified**

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

11/08/22

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		**Verified**
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1680 Sq.Ft**	**Verified**
	Nutrition & Community Health Nursing	1200sq.ft	**2005 Sq.Ft**	**Verified**
	Obstetrics and Gynecology Laboratory	900sq.ft	**915 Sq.Ft**	**Verified**
	Pediatrics Nursing Laboratory	900sq.ft	**910 Sq.Ft**	**Verified**
	Pre-Clinical Sciences Laboratory	900sq.ft	**925 Sq.Ft**	**Verified**
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1530 Sq.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**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	**Verified**
2	**Is the college building own or leased ?**	**Lease for 30 years and Verified**
3	**Blue print of the building plan approved and attested by competent authority.**	**Verified**
4	**Building construction license from competent authority**	**Verified**
5	**Tax paid receipt (Latest / current year)**	**Verified**
6	**Occupancy certificate.**	**Verified**
7	**Sale deed / Lease deed of the building / Land.**	**Verified**
8	**Land Conversion order from DC**	**Verified**
9	**Town planning/Authorities approval order**	**Verified**

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)**

11/08/21

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
01	1.KA 52 B 0415	42	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2378 Sq.Ft	YES ☑ No ☐	Adequate	Adequate	Verified

Total No. of Nursing Books available	**3140**	**No. of Nursing Journals subscribed**	**26**
No. of Thesis/Research titles available	**15**	**Is internet facility available for Students?**	**Yes**
No of e-books	**Helinet**	**How many books were purchased in last financial year?**	**150**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	NAMBRATHA DEVI C D	BLS	06	Verified

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 **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	**Details Are Enclosed**	**Verified**
Conferences conducted	**Conducted and Details Are Enclosed**	**Verified**
Conferences attended	**Certificates are enclosed**	**Verified**

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

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

11/08/20

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address	1.K C General Hospital ,Bangalore	452	6 KM	85	**Verified**
	2 Government Hospital,Doddaballapur (MOU/Clinical permission letter)	100	12 KM	82	**Verified**

(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

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

11/08/21

- 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:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated KC GENERAL HOSPITAL		Affiliated GOVT, HOSPITAL DODDABALLAPUR	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	NA	NA	110	110	20	15
Surgery including OT	NA	NA	79	75	15	10
Obstetrics & Gynecology	NA	NA	130	130	10	06
Pediatrics,	NA	NA	43	40	20	15
Emergency Medicine	NA	NA	08	08	05	02
Psychiatry	NA	NA	--	--	--	--

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated KC GENERAL HOSPITAL		Affiliated GOVT, HOSPITAL DODDABALLAPUR	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	NA	NA	04	03	02	01
Minor OT	NA	NA	02	02	02	01
Dental, Otorhinolaryngology, Ophthalmology	NA	NA	05	02	--	--
Burns and Plastic	NA	NA	05	01	02	01
Neonatology care unit	NA	NA	05	03	04	03
Communicable disease/Respiratory medicine/TB & chest diseases	NA	NA	06	03	04	03
Dermatology	NA	NA	08	05	--	--
Cardiology	NA	NA	10	06	05	03
Oncology	NA	NA	05	02	--	--
Neurology/Neuro-surgery	NA	NA	05	02	04	03
Nephrology/Urology	NA	NA	12	09	04	03
ICU/ICCU	NA	NA	10	07	05	03
Geriatric Medicine	NA	NA	06	03	---	--
Any other						

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

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

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19	COMMUNITY HEALTH NURSING :	Annexure - 17
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**Primary health centre ,Hesaraghata**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**05 km**
b.	Services Rendered by Health & Family Welfare Programmes	**Immunization programe ,MCH programe and Nutritional supplementary**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**Primary health centre ,Chikkabanavara**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**0.5 km**
b.	Services Rendered by Health & Family Welfare Programmes	**Antenatal care, Immunization programe ,MCH programe and Nutritional supplementary**
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)**

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

23	**Hostel Facilities :** **Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**Girls hostel-20520Sq.ft**	**Boys hostel-18276 Sq.ft**
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☐	**Rented/Leased** ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	**Girls : 195**	**Boys : 07**
f.	Total No. of rooms	**Girls : 50**	**Boys : 18**
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)

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List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	**Yes**		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Yes**		
Annexure - 3	Details of any other Nursing Institution under the same Trust		**No**	
Annexure - 4	Details of Affiliated fees paid receipts	**Yes**		
Annexure - 5	Approval Status : GOK Order	**Yes**		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Yes**		
Annexure - 7	Approval Status : KNC Notification	**Yes**		
Annexure - 8	Status : INC Notification	**Yes**		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		**No**	
Annexure - 10	List of M.Sc. Nursing Students as per format		**No**	
Annexure - 11	Details of External /Part time Teachers	**Yes**		
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	**Yes**		
Annexure - 13	Vehicle Details : Bus	**Yes**		
Annexure - 14	Details of List of LibraryBooks & others	**Yes**		
Annexure - 15	Academic Activities	**Yes**		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	**Yes**		
Annexure - 17	Details of Community Health Nursing Posting Facilities	**Yes**		
Annexure - 18	Master Rotation plans and Time tables	**Yes**		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**Yes**		

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

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Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	**No**		

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:

- There are 1 Principal Professor, 1 Vice principal Professor, 2 Associate Professor 2 Assistant Professor, 4 Lecturers and 19 tutors available on the day of inspection
- There are 5 labs available on the day of inspection
- There are 4 classrooms @ 50 Sitting Capacity of 60 Students available for BSc Nursing Course.
- There are 3140 books available on the day of inspection.
- Clinical material and infrastructure available as per the norms of Apex body and RGUHS norms

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA13905046115052X
Certificate Issued Date	:	11-Aug-2025 11:28 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ HAVANOOR LAYOUT/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842969642489701X
Purchased by	:	SRI VENKATESHWARA EDUCATIONAL SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI VENKATESHWARA EDUCATIONAL SOCIETY
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	SRI VENKATESHWARA EDUCATIONAL SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA HAVANOOR LAYOUT BRANCH Authorised Signatory

Please write or type below this line

UNDERTAKING by Trust Management

I Mr.**Jagadeesha S** Chairman of the **SRI VENKATESHWARA EDUCATIONAL SOCIETY** are submitting the affidavit to University. The **SRI VENKATESHWARA EDUCATIONAL SOCIETY** is running/managing the college **SHRINIDHI COLLEGE OF NURSING, BANGALORE** since 22 years.

I confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

I confirm that the faculty in the college are employed for full time in the college.

I 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.

I 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.

Date ;11-08-2025

Place :Bangalore

Deponent

11/08/25