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. Kiran Kumar K	Dr. Roopa K R	HAREESH MS
Designation	Associate Professor	Professor.	Asst. Professor
Address	SEAMCH&RC, #1 Papli Road, RPC layout Bengaluru	College of Dental Sciences, Davangere.	St. Alphonsa CON Mysore.
Mobile No	9448196546	9880380503	9743251742
Email ID	dr.kiranaiyer@gmail.com	roopakr25@gmail.com.	hareesh.04sharma@yahoo.co.in

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**	Smt Shakuntala Institute of Nursing Education 38, Javahar Layout, Near Kalki Apartment Chetana Colony, Vidyanagar, Hubballi - 580021 Karnataka.	2	**Year of Establishment** 2003
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**	Smt Shakuntala Memorial Charitable Trust (R) 50/51, Golden Town Hosur Hubballi - 580021, Karnataka (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: ssinehubli2003@gmail.com	**Website:** www.smtshakuntalainstitutions.org	
		Office No: 9380495507	**Mobile No:** 9900641054	

Signature of Chairman — Signature of Member (1) — Signature of Member (2) HAREESH MS

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr V.E Gadigi		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr Rouchal Alnes Qualification: PHd in Nursing Experience after MSc: 17 years Email: rauchelalnes@rediffmail.com	Mobile No: 9845215692 Office No: 9380495507 Fax No: 9380495507 Residential phone No: —	
	b) Drawing authority of the college	President & Principal		

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?** Smt Shakuntala Gadigi Institute of Nursing Science, Bailhongal Road, Kittur - 591115, Belgaum Dist.	**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 UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation of Affiliation	Rs 45,000/-	Rs 90,000/-	Rs 60,000/-	Rs 25,000/-	Rs 2,21,050/-
Post Basic B.Sc. Nursing	—	Not Applicable			—	
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.	Not Applicable	
	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)

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Remarks: Verified and Enclosed

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	MED 269 MSF 2024, Dated 06.05.2025 Annexure - 5	RGU/AFF/NSG/COA/01 2024-25 Dated 20/09/2024 Annexure - 6	1157/2024 dated 25 22/04/2024 Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	HFW 382 MPS 2003 dated 12/12/2003 50	50	50	—	
	Admissions Made for the Current Academic Year	50	50	50	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6 Not Applicable	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	Not				
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 Not Applicable	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure	Not applicable Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
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	Admissions Made for the Current Academic Year	Not	applicable			

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	11	11	15	20	57
	Female	39	37	29	24	129
Post Basic B.Sc Nursing	Male			Not Applicable		
	Female					
M.Sc Nursing	Male					
	Female		Not			
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——
		Not applicable				

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——
		Not Applicable				

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:

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

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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		Not Applicable					
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		4							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		–							
6	Tutor	8-16	16-24				2-10	--		16							
	Total	**16-24**	**24-40**				**4-12**			24							

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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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 Rachal Almes	Principal	M.Sc (N'sg) PhD Med-Surg Nsg	2008	16836 00024654	13yrs	17yrs	05/05/2019	yes	
2.	Dr Maayrani Divya. G.	Vice Principal	M.Sc (N'sg) PhD Paediatric Nsg	2014	20083	4yrs	11yrs	01/05/2019	yes	
3.	Mrs Padamavati Jedipalle	Professor	M.Sc Nsg Paediatric Nsg	2011	30982	0yrs	14yrs	03/10/2023	yes	Padmavati
4.	Mrs. Sreederi. R.	Prof & HOD	M.Sc Nsg OBG	2012	6438	2yrs	13yrs	01/09/2022	yes	
5.	Mr. Sunil. M. Mugali	Prof & HOD	M.Sc Nsg Psychiatric Nsg	2014	112165	—	11yrs	03/06/2019	yes	
6.	Mr Umesh Nijaguli	Prof & HOD	M.Sc (N'sg) Community H.N	2015	008755	2yrs	9yrs	07/06/2019	yes	
7.	Mr. Jonah	Asso prof	M.Sc (N'sg) Medsurg Nsg	2019	056695	3yrs	5yrs	03/05/2019	yes	
8.	Mr. Veeresh Sullad	Asso prof	M.Sc (N'sg) Medsurg Nsg	2018	49902	5yrs	7yrs	08/11/2018	yes	
9.	Mrs Prema Jamakandi	N'sg Tutor	PB B.Sc Nsg	2014	00001417	8yrs	—	02/05/2019	yes	
10.	Mr. Subhas Shellikeri	N'sg Tutor	PB B.Sc Nsg	2019	105026	3yrs	—	11/11/2020	yes	
11.	Mr Manjunath Hadimani	N'sg Tutor	PB B.Sc Nsg	2018	180694	4yrs	—	06/06/2019	yes	
12.	Ms. Megha Shindhe	N'sg Tutor	B.Sc Nsg	2018	194749	3yrs	—	06/02/2020	yes	
13.	Mr. Arjun Dodamani	N'sg Tutor	PB. B.Sc Nsg	2020	104971	5yrs	—	25/11/2020	yes	
14.	Ms Sheetal Naik	N'sg Tutor	PB. B.Sc Nsg	2022	211500	3yrs	—	01/03/2022	yes	
15.	Ms. Chaitra Shet	N'sg Tutor	PB. B.Sc Nsg	2022	211503	3yrs	—	01/03/2022	yes	
16.	Mrs Suneela Mallur	N'sg Tutor	PB. B Sc Nsg	2022	158259	3 yrs	—	1.3.2022	yes	
17.	Mr. Sateesh Gaji	N'sg Tutor	PB BSc Nsg	2023	131802	2 yrs	—	1.4.2023	yes	
18.	Mr. Mallappa M.	N'sg Tutor	PB BSc Nsg	2023	229645	2 yrs	—	5.4.2023	yes	
19.	Ms. Kashavva. B.D	N'sg Tutor	B.Sc Nsg	2019	100154	3yrs	—	1.11.2022	yes	
20.	Ms. Megha. Surkod.	N'sg Tutor	B.Sc Nsg	2023	151149	2yrs	—	14.12.23	yes	
21.	Ms. Sangeeta Turamari	N'sg Tutor	B.Sc Nsg	2023	150694	1 yr	—	2.12.24	yes	
22.	Ms. Megha. Tirumale	N'sg Tutor	B.Sc Nsg	2024	167005	6 month	—	3.3.25	yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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23.	Ms. Meghana. V. Mudhokekar	Nsg Tutor	B.Sc Nsg	2024	172171	3 months	–	15/05/2025	Yes	
24.	Mr. Sachin Kokakar	Nsg Tutor	B.Sc Nsg	2024	—	—	—	02/07/2025	—	
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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)**

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	38,000 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	900 sq/ft of each 4 class room	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	Not applicable	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq ft	
	2. Vice-Principal Chamber	200	200 sq ft	
	3. HOD	5 x 200 = 1000	5 x 200 = 1000 sq/ft	
	4. Professor/Assoc. Prof	800+2400=3200	800 + 2400 = 3200 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq ft	
	7. Accountants Office	**100**	100 sq ft	
	8. Store Room	**100**	100 sq ft	
	9. Record room	**100**	150 sq ft	
	10. Room for maintenance staff	**100**	100 sq ft	
	11. Xeroxing room	**100**	100 sq ft	
	12. common room (Girls & Boys)	600+400= 1000	400+600 = 1000 sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq ft	
	14. Toilets	1000	1000 sq ft	

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

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	15. A.V/Aids room	600		

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	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq/ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq/ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq/ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq/ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq/ft	

Note:

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

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

Building Documents: **Annexure – 12**

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

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

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- 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.

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	KA 25 AB 7280	48	Yes / No	Yes / No	Yes / No

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

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

Total No. of Nursing Books available	4483	**No. of Nursing Journals subscribed**	6
No. of Thesis/Research titles available	11	**Is internet facility available for Students?**	yes
No of e-books	yes	**How many books were purchased in last financial year?**	185

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs Bharathi KB	M. lib	6 yrs.	

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	12 Publications	

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Conferences conducted	02	
Conferences attended	20	

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

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 Smt Shakuntala memorial charitable hospital & Research Centre, 50/51 Golden Town, Hosur, Hubballi -580211 MOU(Registered parent hospital MOU)		150	2 Kms.	80%.	
NAME OF THE TRUST/ Person owning The Hospital Dr V.K. Gadigi					
Name Of The Owner Of The Trust of Hospital Dr V.K. Gadigi					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 KMCRI, Vidyanagar Hubballi	1650	2 Kms	100%.	
	2				
	3				

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

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	(MOU/Clinical permission letter)				

(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:

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

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18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	35	80%.		
Surgery including OT	30	80%.		
Obstetrics & Gynecology	20	80%.		
Pediatrics,	15	75%.		
Emergency Medicine	05	75%.		
Psychiatry	05	75%.		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90%.		
Minor OT	02	90%.		
Dental, Otorhinolaryngology, Ophthalmology	10	80%.		
Burns and Plastic	05	75%.		
Neonatology care unit	–			
Communicable disease/Respiratory medicine/TB & chest diseases	05	85%.		
Dermatology	–			
Cardiology	05	80%.		
Oncology	07	100%.		
Neurology/Neuro-surgery	02	75%.		
Nephrology/Urology	10	80%.		
ICU/ICCU	10	90%.		
Geriatric Medicine	–	—		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Noolvi PHC
Adopted / Affiliated		
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		15 kms.
b. Services Rendered by Health & Family Welfare Programmes		HFW, Vaccination, School Health, Antenatal Care, Health education, family planning
URBAN FEILD :		
a. Name of CHC / PHC / SC		Chitaguppi Hospital, Hubli
Adopted / Affiliated		
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute		5 kms.
b. Services Rendered by Health & Family Welfare Programmes		HFW, Vaccination, School Health programme, Antenatal care, Health education, FP.
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** ☐

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

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f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐
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	**Sq.ft** 10,000sq 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 :** 30	**Boys :** —
f.	Total No. of rooms	**Girls :** 10	**Boys :** —
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		Signature
		Yes	NO	
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	Yes		
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		No	
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	Yes		

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

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	affiliated hospitals.			
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		
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:

On the day of Inspection LIC committee observations as follows

→ Infrastructure built in 38,000 Sq.feet area containg 4 class rooms, 6 labs, Library & other required facilities for the curriculum.

→ 24 teaching staff are appointed including Principal on one faculty on team (CL)

→ Library having 4483 books, and 185 newly added books in previous academic year

→ Institution having Parent Smt. Shakuntala memorial hospital and referal center which is 1 KM from Institution, having good OPD & IPD flow of patients

→ vehicle facility available

→ Girls Hostel provided at 3rd floor of the Institution

→ All documents verified and enclosed.

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

HAREESHA MS

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Smt Shakuntala Institute of Nursing education, Hubli which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

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INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA13820119319028X
Certificate Issued Date	:	11-Aug-2025 10:53 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ HUBLI/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKACRSFL0842803559990112X
Purchased by	:	PRESIDENT SMT SHAKUNTALA MEMORIAL CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT SMT SHAKUNTALA MEMORIAL CHARITABLE TRUST
Second Party	:	THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	PRESIDENT SMT SHAKUNTALA MEMORIAL CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY GOVT OF INDIA HUBLI (KARNATAKA) Reg. No: 19840 Date: 08-03-2025 to five years भारत सरकार नोटरी

Please write or type below this line

Undertaking by Trust Management

I the President of the trust **Smt. Shakuntala Memorial Charitable Trust (R)** is submitting the affidavit to University.

No. of Corrections

NOTARY

Statutory Alert:

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

The trust **Smt. Shakuntala Memorial Charitable Trust (R)** is managing the college Smt Shakuntala Institute of Nursing education, Hubballi since 22 years.

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

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

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS as prescribed from time to time.

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

Signature of the Chairman

Signature of the Member-1

Signature of the Member-2

NOTARY GOVT. OF INDIA
MANTUR. A. V.
ADVOCATE
HUBLI (KARNATAKA)
Reg. No: 19840
Date: 08-03-2025
to five years
भारत सरकार नोटरी

SOLEMNLY AFFIRMED BEFORE ME

NOTARY.

11 AUG 2025

No. of Corrections

NOTARY

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA13821499949195X
Certificate Issued Date	:	11-Aug-2025 10:53 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ HUBLI/ KA-DW
Unique Doc. Reference	:	SUBIN-KAKACRSFL0842810633858735X
Purchased by	:	SMT SHAKUNTALA M H R C HUBLI DR V E GADAGI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SMT SHAKUNTALA M H R C HUBLI DR V E GADAGI
Second Party	:	THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	SMT SHAKUNTALA M H R C HUBLI DR V E GADAGI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

GOVT OF INDIA
MARUTI A V
ADVOCATE
HUBLI (KARNATAKA)
Reg. No: 19840
Date: 08-03-2025
to five years

UNDERTAKING

I Dr.V.E Gadigi is the owner of Smt Shakuntala memorial Hospital and Research Centre situated at 50/51 Golden Town, Hosur, Hubballi- 580021

No. of Corrections

NOTARY

Statutory Alert:

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

This is to confirm that our hospital Smt Shakuntala memorial Hospital and Research Centre is registered under KPMEA and PCB with 150 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Smt Shakuntala memorial Hospital and Research Centre is functioning as own hospital for Smt Shakuntala Institute of Nursing education, Hubballi.

We also confirm that our hospital is solely affiliated to Smt Shakuntala Institute of Nursing education, Hubballi and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Signature of the Chairman

Signature of the Member-1

Signature of the Member-2

NOTARY GOVT. OF INDIA
MANTUR. A. V.
ADVOCATE
HUBLI (KARNATAKA)
Reg. No: 19840
Date: 08-03-2025
to five years

SOLEMNLY AFFIRMED BEFORE ME

NOTARY.

11 AUG 2025

No. of Corrections

NOTARY.