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. Vinutha Rao	Prof. C S Sawan	Mrs. Prathiba S
Designation	Principal	Professor	Principal
Address	MVM CNVS, Yelahanka	RRK'S College of Pharmacy Bidar	Sri Muneshwara College of Nursing, Bangalore
Mobile No	9980181331	8050396080	9535369369
Email ID	drvinuthamvm@gmail.com	Csssawan888@gmail.com	Prathiba9369@gmail.com

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	SRI RAMANA MAHARSHI COLLEGE OF NURSING MARALENAHALLY, SIRA ROAD, TUMKURU-572106	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	SRI RAMANA MAHARSHI EDUCATIONAL TRUST ® SIRA ROAD, TUMKURU-572106 (Enclosed certified copy of the trust)		
		Email: ramanamaharshinursing@gmail.com		Website: www.sriramanamaharshinursing.org
		Office No: 9686687406		Mobile No: 9686687406

Signature of Chairman 11/8/25

Signature of Member (1) 11/8/25

Signature of Member (2) 11/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Raman M H Phone No: 9900094321		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclosed copy of Governing Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. Usha S Qualification: MSc Nursing Experience after MSc: 14 Years Email: daranesh22june@gmail.com		Mobile No: 7795371267 Office No: 9686687406 Fax No: 0816-2211923 Residential phone No: 7795371267
	b) Drawing authority of the college	Chairman		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation 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		45,000/-	90,000/-	60,000/-	25,000/-	1,95,000/-
Post Basic B.Sc. Nursing		45,000/-	90,000/-	60,000/-		1,95,000/-
					Total (A)	3,90,000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING	50,000/-	50,000/-
	2. CHILD HEALTH NURSING		
	3. MENTAL HEALTH NURSING		
	4. COMMUNITY HEALTH NURSING		
	5. O B G		
	-		7,500/
	Application Fees (BSc, P.B.BSc & MSc)		3,000/-
NPCC			
		Total	60,500/-
		Grand Total (A+B+C)	4,75,500/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: ZCNBKC308PBI3F, ZCNBWVH08PBA63, ZCNBN6J08PALR0, ZCBNOAG08PAUJ5, ZCNBQ4008PA87U, ZCNBDRP08PB2TA

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	RGUADM/BSCNURSING/NF158/2024-25 DATED: 16/04/2025 ADMISSION COPY ENCLOSED				Enclosed
	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	-	-	-	-	Enclosed
	Sanctioned Intake	45	45	45	45	
	Admissions Made for the Current Academic Year	0	0	0	0	
M.Sc. Nursing in a. Community Health √ b. Medical Surgical √ c. OBG √ d. Paediatric √ e. Psychiatry √	Approval Letter No. and Date	-	-	-	-	Enclosed
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	03	03	03	03	
M.Sc. NPCC	Approval Letter No. and Date	-	-	-	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	39	39	31	33	142
	Female	21	21	29	27	88
Post Basic B.Sc Nursing	Male	0	0	-	-	0
	Female	0	1	-	-	1
M.Sc Nursing	Male	0	1	-	-	1
	Female	2	2	-	-	4
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----------
COPY ENCLOSED - Annexure - 9						

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----------
COPY ENCLOSED - Annexure - 10						

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)**

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*				6			-	-	-
5	Assistant Professor	3	3-8				2	3*				4			-	-	-
6	Tutor	8-16	16-24				2-10	--		24	5	15			-	-	-
	Total	16-24	24-40				4-12			24	5	28			-	-	-

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				

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

intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

13.1. 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. USHA S	Principal	MSc [N][Paediatric]	2011	11571	1 Year	14 Years	21/02/2025	YES	
2.	Mrs.. AMBA	Vice Principal	MSc [N][Paediatric]	2009	12080	4 Year	15 Years	10/01/2022	YES	
3.	Mrs. YASHODA T L	Professor	MSc [N][Paediatric]	2014	87087	1 Year	11Years	10/09/2014	YES	
4.	Mrs.MANASA B R	Asst.professor	MSc [N][Paediatric]	2017	43077	1 Year	7 Years	21/01/2022	YES	
5.	Mr. GURUPRASAD T R	Asso.professor	MSc[N][MHN]	2015	67688	1 Year	10Years	01/11/2024	YES	
6.	Ms.VELENTINA MARY	Asso.professor	MSc[N][OBG]	2019	58917	1 Year	6 Years	19/03/2025	YES	
7.	Mrs. DEEPA	Asso.professor	Msc [N] Community	2011	8133	1 Year	8 Years	10/03/2025	YES	
8.	Mrs.VEENA MOL	Ass t. Professor	Msc [N] [MSN]	2016	52855	1 Year	6 Years	10/07/2023	YES	
9.	Ms.SUREKHA SUMALATHA	Lecturer	MSc[N][MHN]	2023	55646	1 Year	1 Years 6 Months	10/03/2025	NO	
10.	Mr .CHETHAN M	Lecturer	Msc [N] [MSN]	2024	99619	1 Year	1 Year 2 Months	29/05/2024	YES	
11.	Mr. BASAVARAJ I GANIGER	Lecturer	Msc [N] [MSN]	2024	121038	1 Year	3months	12/02/2025	NO	
12.	Mr.DARSHAN S R	Lecturer	MSc[N][MHN]	2025	109039	1 Year	3 months	12/02/2025	YES	
13.	Ms.ANJUM BANU	Lecturer	MSc[N][MHN]	2024	121919	1 Year	3 months	12/02/2025	NO	
14.	Ms.ASMA BANU R	Lecturer	MSc[N][OBG]	2024	100284	1 Year	6 months	26/02/2024	YES	
15.	Mrs.POOJA D C	Nursing Tutor	MSc[N][OBG]	2024	111257	1 Year	Fresher	01/03/2025	YES	
16.	Mrs.MAMATHA K	Lecturer	Msc [N] Community	2025	97077	2 Years	-	25/11/2024	NO	

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

17.	Ms.ANUSHA S	Lecturer	Msc [N] [MSN]	2024	122448	1 Year	-	12/02/2025	NO	
18.	Mr.PRASAD K V	Asso.professor	MSc [N][Paediatric]	2015	44086	1 Year	8 Years	01/05/2025	NO	
19.	Mr.MITHUN K S	Asso.professor	Msc [N] [MSN]	2016	30058	1 Year	5Years	21/05/2025	NO	
20.	Mr.RANGASWAMY T	Lecturer	Msc [N] [MSN]	2020	14520	1 Year	3 Months	15/04/2025	NO	
21.	Mrs .KAVYASHREE H V	Asso.professor	MSc[N][OBG]	2017	33574	1 Year	3 Months	06/04/2025	NO	
22.	Mrs.BHAGYAMMA D	Asso.professor	MSc[N][OBG]	2016	120324	1 Year	5 Years	01/10/2020	NO	
23.	Mr.RAVINDRA D M	Lecturer	MSc[N][MHN]	2017	43661	1 Year	4Years	14/04/2025	NO	
24.	Mr.ABHILASH K S	Lecturer	MSc[N][MHN]	2021	136889	1 Year	3 Years	01/06/2025	NO	
25.	Ms.LAKSHMI	Asst.professor	Msc [N] Community	2017	24949	1 Year	5 Years	01/08/2024	YES	
26.	Mr.SHILPANANDA	Asst.professor	MSc[N][MHN]	2018	65012	1 Year	-	05/05/2025	YES	
27.	Mr.PURUSHOTAM	Nursing Tutor	Msc [N] Community	2022	172197		fresher	02/04/2025	NO	
28.	Ms.SHOBA	Nursing Tutor	Msc [N] Community	2022	80089		Fresher	05/04/2025	NO	Leave.

29.	Mr. PANKAJA H	Nursing Tutor	BSc[Nursing]	2024	174150	**3 Months**	-	**01/04/2025**	NO	
30.	Ms..SANJANA M	Nursing Tutor	BSc[Nursing]	2024	183443	**3 Months**	-	**01/04/2025**	NO	
31.	Ms. NIDHI H M	Nursing Tutor	BSc[Nursing]	2024	181264	**4 Months**	-	**10/03/2025**	NO	
32.	Mrs.ANITHA B V	Nursing Tutor	PB.BSc[Nursing]	2020	189851	**2 Months**	-	**01/05/2025**	NO	
33.	Mrs. SUDHA K S	Nursing Tutor	PB.BSc[Nursing]	2022	106272	-	-	**01/08/2025**	NO	
34.	Ms.BHAGYASHREE S	Nursing Tutor	PB.BSc[Nursing]	2019	93146	**3 Months**	-	**15/04/2025**	NO	

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

35.	Ms.ANKITHA G V	Nursing Tutor	BSc[Nursing]	2024	175705	6 Months	-	03/02/2025	NO	
36.	Ms.NETHRA B C	Nursing Tutor	BSc[Nursing]	2020	109047	4 Months	-	25/03/2025	NO	
37.	Mr.ROHITH FADNIS	Nursing Tutor	BSc[Nursing]	2022	135142	4 Months	-	01/03/2025	NO	
38.	Ms.MOHAN KUMARI	Nursing Tutor	BSc[Nursing]	2022	141641	2 YEARS	-	07/01/2023	NO	
39.	Ms.SHRUTHI H V	Nursing Tutor	BSc[Nursing]	2024	173755	3 Months	-	05/04/2025	NO	
40.	Mr.PRAVEEN PANDITH GAYAKWAD	Nursing Tutor	BSc[Nursing]	2021	121597	4 Months	-	01/03/2025	NO	
41.	Mr.KUBENDRA	Nursing Tutor	BSc[Nursing]	2021	122505	2 Months	-	05/05/2025	NO	
42.	Ms.SOUNDARYA C	Nursing Tutor	BSc[Nursing]	2021	122520	3 Months	-	01/04/2025	NO	
43.	Ms.RUCHITHA H	Nursing Tutor	BSc[Nursing]	2025	180506	3 Months	-	01/04/2025	NO	
44.	Mr.KHALIL D	Nursing Tutor	BSc[Nursing]	2021	121232	-	-	01/08/2025	NO	
45.	Mr .KUMAR M	Nursing Tutor	PB.BSc[Nursing]	2022	164415	3 Months	-	01/04/2025	NO	
46.	Mr.VINAY KUMAR H	Nursing Tutor	.BSc[Nursing]	2024	177412	6Months	-	10/02/2025	NO	
47.	Ms.KUMUDA V	Nursing Tutor	BSc[Nursing]	2022	123305	1 year	-	04/01/2022	NO	
48.	Mr.ASHOK	Nursing Tutor	PB.BSc[Nursing]	2021	113394	3 Months	-	01/04/2024	NO	
49.	Mr.SANDESH G	Nursing Tutor	PB.BSc[Nursing]	2019	145719	3 Months	-	15/04/2025	NO	
50.	Mr.KARAN L V	Nursing Tutor	BSc[Nursing]	2021	109032	6Months	-	01/02/2025	NO	
51.	Mr.YOGESH	Nursing Tutor	BSc[Nursing]	2022	122528	2 Months	-	07/05/2025	NO	
52.	Mr.RAHUL MAYUR	Nursing	BSc[Nursing]	2021	109707	5Months	-	01/03/2025	NO	

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

		Tutor								
53.	Ms.KOKILA	Nursing Tutor	PB.BSc[Nursing]	2023	87271	**2 Months**	-	**01/05/2025**	NO	
54.	Mr.TULAJARAM S GONDALI	Nursing Tutor	BSc[Nursing]	2023	148485	**2 Months**	-	**05/05/2025**	NO	
55.	Ms.PRANITHA	Nursing Tutor	BSc[Nursing]	2023	234400	**2 Months**	-	**31/05/2025**	NO	
56.	Mr.NAGARAJ V BEOOR	Nursing Tutor	BSc[Nursing]	2023	148486	-	-	**01/08/2025**	NO	
57.	Ms.KOTRAPLA SHILPA	Nursing Tutor	BSc[Nursing]	2025	172465	-	-	**02/08/2025**	NO	

- **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
	COPY ENCLOSED - Annexure - 11				

14. Physical Facilities : COPY ENCLOSED

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)	**44,500 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	**4 Class rooms** 1250sq ft Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2 Class rooms** 900sq ft Each	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**10 Class rooms** 900sq ft Each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**450** sq.ft	Verified
	2. Vice-Principal Chamber	200	**400** sq.ft	
	3. HOD	5 x 200 = 1000	**1000** sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	**4350** sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**700** sq.ft	
	7. Accountants Office	**100**	**200** sq.ft	
	8. Store Room	**100**	**200** sq.ft	
	9. Record room	**100**	**200** sq.ft	
	10. Room for maintenance staff	**100**	**250** sq.ft	
	11. Xeroxing room	**100**	**150** sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	**2100** sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3200** sq.ft	
	14. Toilets	1000	**1200** sq.ft	

Signature of Chairman | Signature of Member (1) 11/8/25 | Signature of Member (2) 11/8/25

	15. A.V/Aids room	600	**750** sq.ft	

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	**1650** sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	**1250** sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1100** sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	**1200** sq.ft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	**1100** sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1800** 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**	**Yes**
2	**Is the college building own or leased?**	**Leased**
3	**Blue print of the building plan approved and attested by competent authority.**	**Yes**
4	**Building construction license from competent authority**	**Yes**
5	**Tax paid receipt (Latest / current year)**	**Yes**
6	**Occupancy certificate.**	**Yes**
7	**Sale deed / Lease deed of the building / Land.**	**Yes**
8	**Land Conversion order from DC**	**Yes**
9	**Town planning/Authorities approval order**	**Yes**

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.)

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

- 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 Licensee
01	KA06 AB 9575	50	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	2600 Sq.Ft	YES	YES	YES	

Total No. of Nursing Books available	3004	**No. of Nursing Journals subscribed**	11
No. of Thesis/Research titles available	15	**Is internet facility available for Students?**	**Yes**
No of e-books	16	**How many books were purchased in last financial year?**	250

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Manjanna S	MLISC KSET	14 Years	LIBRARIAN
2	Mr. Vijaykumar N M	BA	4 Years	LIBRARY ASST
3	Ms. Monika T A	BCOM	6 Months	LIBRARY ASST

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	**COPY ENCLOSED Annexure -15**	
Conferences conducted	**02**	Enclosed.

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

Conferences attended	11	

* 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 **SHRIDEVI HOSPITAL, MG ROAD, TUMKUR** MOU(Registered parent hospital MOU)		100	5 KMS	80%	
NAME OF THE TRUST/ Person owning The Hospital **Dr. M R HULINAYKAR**					Varified
Name Of The Owner Of The Trust of Hospital Dr. M R HULINAYKAR					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. **SHRIDEVI INSTITUTE OF MECICAL SCIENCE & RESEARCH HOSPITAL, SIRA ROAD, TUMKURU**	1000	500 METERS	80%	
	2				
	3 (MOU/Clinical permission	**COPY ENCLOSED- Annexure - 16**			

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

	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)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	COPY ENCLOSED			
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	**PHC BELLAVI**
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt** ☐ **Municipal Corporation** ☐ **Private** √
Distance from the Nursing Institute	**14 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**Clinical Services , Community Health Services**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**UHTC AMARJYOTHI NAGAR TUMKURU**
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** √
Distance from the Nursing Institute	**9 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**Clinical Services , Community Health Services**
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 Programs**		
a.	Basic B.Sc. Nursing	**YES** √	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** √	**NO** ☐
c.	M.Sc. Nursing	**YES** √	**NO** ☐

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

22	**Records of Students:** Are the following students records are maintained well?		
a.	Admission record	YES √	NO
b.	Daily Attendance Registers	YES √	NO
c.	Health Records	YES √	NO
d.	Clinical and field experience record	YES √	NO
e.	Practical record books - procedure record	YES √	NO
f.	Practical record books - Midwifery case book	YES √	NO
g.	Leave record	YES √	NO

h.	Extracurricular activities of students	YES √	NO
i.	Cumulative record of each	YES √	NO
j.	Course planning of each subject	YES √	NO
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 49818**	
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 : 210**	**Boys : 125**
f.	Total No. of rooms	**Girls : 60**	**Boys : 35**

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

g.	Water Supply	**YES** [√]	**NO** [ ]
h.	Electricity Supply	**YES** [√]	**NO** [ ]
i.	Is Facilities available for outdoor games and indoor games?	**YES** [√]	**NO** [ ]
j.	Is Sick room available?	**YES** [√]	**NO** [ ]
k.	Whether the hostel mess is available with	**YES** [√]	**NO** [ ]
l.	Safe drinking water facilities	**YES** [√]	**NO** [ ]

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	√		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	√		
Annexure - 3	Details of any other Nursing Institution under the same Trust		√	
Annexure - 4	Details of Affiliated fees paid receipts	√		
Annexure - 5	Approval Status : GOK Order	√		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	√		
Annexure - 7	Approval Status : KNC Notification	√		
Annexure - 8	Status : INC Notification	√		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	√		
Annexure - 10	List of M.Sc. Nursing Students as per format	√		
Annexure - 11	Details of External /Part time Teachers	√		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	√		

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

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	√		
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:

On the day of Inspection at Ramana Maharshree Institute of Nursing following observations were made.

Infrastructure :-

- Building documents were varified & found correct.
- Classrooms were spacious & well ventilated.

Academic

- Total. 57 teaching staff, out of that 55 were physically present.
- labs were well equipped & well ventilated
- Library has 3004 books.

Clinical.

- Hospital details & PG guideships letters are enclosed for your Personal.

Signature of Chairman | Signature of Member (1) 11/8/25 | Signature of Member (2) 11/8/25

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 11/8/25 *and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/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)
Dr. Vinutha Rao	Prof. C.S. Sawan	Ms. Prathiba.S
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-KA12353545497213X**
Certificate Issued Date	:	07-Aug-2025 04:14 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ TUMKUR6/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840053517743093X
Purchased by	:	Dr M R HULINAYKAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr M R HULINAYKAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	Dr M R HULINAYKAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ಜಿಲ್ಲಾ ಡಿ ಗ್ರೂಪ್ ನೌಕರರ ಸಂಘದ ಕಟ್ಟಡ, ಕ.ಪಿ. ಅಪೀಸ್ ಹಿಂಭಾಗ, ತುಮಕೂರು-572101

NOTARY P.T. THIPPANNA TUMKUR Reg.No. 10506 Exp. On: 04-11-2028 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I, **Dr. M R Hulinaykar** is the Managing Director of the **Shridevi Hospital situated at MG Road, Tumkuru-572101**.

NO OF CORRECTIONS: 2

This is to confirm that our hospital **Shridevi Hospital** is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital S**hridevi Hospital** is functioning as affiliated/parent/own hospital for **Sri Ramana Maharshi college of Nursing**.

We also confirm that our hospital is solely affiliated to **Ramana Maharshi college of Nursing** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Deponent

NOTARY
P.T. THIPPANNA
TUMKUR
GOVT. OF INDIA

NO OF CORRECTIONS: Nil

ATTESTED BEFORE ME
10/08/25
P.T. THIPPANNA, B.A., LL.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Ring Hospital,
Sira N.H-4 Road, Lingapura,
TUMKUR-572106. Karnataka

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA12362748613957X**
Certificate Issued Date	:	07-Aug-2025 04:19 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ TUMKUR6/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0840048007159485X
Purchased by	:	RAMAN M H
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RAMAN M H
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	RAMAN M H
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ಮಾತೃ ಸೌಹಾರ್ದ ಕ್ರೆಡಿಟ್ ಕೋ-ಆಪರೇಟಿವ್ ಸೊಸೈಟಿ ಲಿಮಿಟೆಡ್

ಜಿಲ್ಲಾ ಡಿ ಗ್ರೂಪ್ ನೌಕರರ ಸಂಘದ ಕಟ್ಟಡ, ಡಿ.ಸಿ. ಆಫೀಸ್ ಸಂಕೀರ್ಣ

NOTARY P.T. THIPPANNA TUMKUR Reg.No. 10506 Exp. On: 04-11-2028 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I, **Dr. Ramana M H**, the Chairman/President of the **Sri Ramana Maharshi Educational Trust ® Tumkuru**, are submitting the affidavit to University.

NO OF CORRECTIONS: Nil

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 **Sri Ramana Maharshi Educational Trust** ® is running/managing the college **Sri Ramana Maharshi College of Nursing** science 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 is employed for full time in the college.

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

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

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

Deponent

NOTARY
P.T. THIPPANNA
TUMKUR
Reg. No. 10506
Exp. On. 04-11-2028
GOVT. OF INDIA

NO OF CORRECTIONS: Nil

ATTESTED BEFORE ME
10/08/25
P.T. THIPPANNA, B.A., LL.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Rim Hospital
Sira N.H. 4 Road, Tiptur
TUMKUR-572101. Karnataka