OB

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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. G. Manjunath Gowda	Dr. Hemanth M	Dr B.A. Yathi Kumar Swamy Gowda
Designation	RGUHS Senate Member	AC member	Principal
Address	#41/2, 4th Main, Kamakshipalya, Bangalore-79	D.S.C.D.S Kumaraswamy layout	Alvas College of Nursing Moodabidri
Mobile No	9066679444	9845459666	9845317317
Email ID	manjunathgowda5@rediffmail.com	dehemanth@yahoo.co.in	Yathikumar1967@yahoo.com

For the Academic Year : *Date of Inspection:*

(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	

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	Prajna College of Nursing, Anemahal, B.M. Road, Sakaleshpura - 573134	2	Year of Establishment: 2003
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust/Society / Company		
3	Name of the Trust & complete postal address (if private)	Prajna Education Trust, Bangalore (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: prajnacon@gmail.com	Website: www.ayurvedaprajna.com	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure – 2		

Signature of Chairman

Signature of Member (1)

16/6/21

Signature of Member (2)

5	**Details of Principal/Head of the institution**	**Name:** Sureetha Adapala **Qualification:** M.Sc(N) **Experience:** 14 years **Email:** sureetha@gmail.com	**Mobile No:** 9[illegible]1528063 **Residential phone No:**

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** [-]	**NO** [√]	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	CONTINUATION	—	Rs. 195000/-	—	25000/-	2,21,050/-
Post Basic B.Sc. Nursing	---	—	—	—	—	—
					Total (A)	

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

Online Transaction Number or Details:

ZSBI3MJ0957XN Dated 31/12/2024

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	HFW 364 MPS 2003 12/12/03 Annexure - 5	RGU/AFF/ NUR/NF169 Annexure - 6	1157-4:2004 18/06/2004 Annexure - 7		
	Affiliation Sanctioned Intake	50	50	50		
	Admissions Made for the Current Academic Year	NIL	NIL	NIL		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7		
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7		
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7		
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	NIL	21	05	03	29
	Female	NIL	26	05	07	38
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

No Admission 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----------

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)

– No Admission 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----------

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1					1	-	-	-	0	-	-	-	-
2	Vice-Principal	1	1					1	-	-	-	0	-	-	-	-
3	Professor	1	1-2		1*			-	-	-	-	0	-	-	-	-
4	Associate Professor	2	2-4		1*			-	-	-	-	0	-	-	-	-
5	Assistant Professor	3	3-8	2	3*			3	-	-	-	0	-	-	-	-
6	Tutor	8-16	16-24	2-10	--			16	-	-	-	0	-	-	-	-
	Total	**16-24**	**24-40**	**4-12**				20	-	-	-	0	-	-	-	-

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

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

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

Intake	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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs. Suneetha Adapala	Principal	M.Sc(N)	2011	RR Amp 2008 Hy	08	14	01/12/24	Yes	Suneetha
2.	Mr. Bijo Joseph	Lecturer	M.Sc(N)	2024	000558 365	01	01	22/01/24	Yes	
3.	Ms. Poornima. T.S.	Lecturer	M.Sc(N)	2024	129162	02	01	01/03/25	Yes.	
4.	Ms. Lanavi. C.R.	Lecturer	M.Sc(N)	2024	110106	01	01	01/04/25	Yes	
5.	Ms. Sumathi	Lecturer	M.Sc(N)	2024	129162	01	01	02/04/25	Yes	
6.	Ms. Divya Naidu. R.	Asst Lect	B.Sc(N)	2009.	23295	16	-	09/11/23	Yes	
7.	Ms. Divya. B.D.	NSG Tutor	PcBSc(N)	2023	234775	02	-	02/01/25	Yes	BD
8.	Ms. Lakshmamma. H.T	NSG Tutor	PcBSc(N)	2023	131884	02	-	15/01/25	Yes	Lakshma H.T
9.	Ms. S. Asha Subani	NSG Tutor	B.Sc(N)	2018	95209	01	-	02/02/25	Yes	
10.	Ms. Shruthi. K.R.	NSG Tutor	PcBSc(N)	2023	236567	01	-	01/02/25	Yes	K.R. Shruthi.
11.	Ms. Archana. H.P.	NSG Tutor	B.Sc(N)	2021	126326	-	-	02/02/25	Yes	Archana
12.	Mr. Mahesha. H.V.	NSG Tutor	PcBSc(N)	2024	224473	-	-	15/02/25	Yes	Mahesha H.V
13.	Mr. Puneeth. H.K.	NSG Tutor	B.Sc(N)	2018	93255	-	-	01/03/25	Yes	
14.	Ms. Arpitha. R.N.	NSG Tutor	PcBSc(N)	2024	245668	-	-	01/03/25	Yes	Arpitha
15.	Mr. Kowshik. M. Kanda	Clin. Instr	B.Sc(N)	2024	163711	-	-	01/03/25	Yes	
16.	Mr. Sudeep. M.S.	Clin. Instr	B.Sc(N)	2024	162487	-	-	01/03/25	Yes	Sudeep M.S
17.	Mr. Nireesh kumar. K.R	Clin. Instru	B.Sc(N)	2022	131389	-	-	09/03/25	Yes	Nireesh kumar K.R
18.	Mr. Akshaya. D.L.	Clin. Instru	PcB.Sc(N)	2024	245430	-	-	09/03/25	Yes	Akshaya Dinith
19.	Mr. Punith. M.S.	Clin. Instr.	B.Sc(N)	2022	121614	-	-	15/03/25	Yes	
20.	Mr. Bhimaraya Awaraki	Clin. Inst.	B.Sc(N)	2024	173047	-	-	01/04/25	Yes	Bhimaraya

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
.	ENCLOSED				Enclosed .

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	28,000 Sq ft	Available .
	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	1050 Sq Each 5 Class rooms	1050 sq ft each - 5 classrooms
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	---	—
	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	Verified and available .
	2. Vice-Principal Chamber	200	300 Sq.ft	Verified
	3. HOD	5 x 200 = 1000	1000 Sq.ft	Verified .
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq.ft	Verified .
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		300 Sq.ft	Verified
	7. Accountants Office		300 Sq ft	Verified .
	8. Store Room		400 Sq ft	Verified
	9. Record room		300 Sq.ft	Verified
	10. Room for maintenance staff		300 Sq ft	Verified
	11. Xeroxing room		300 Sq ft	Verified
	12. common room	1000	1000 Sq ft	Verified
	13. Seminar hall	3000	3000 Sq ft	Verified
	14. Toilets	1000	1000 Sq ft	Verified
	15. AV/Aids room	600	900 Sq ft	Verified

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

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

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	√	Rent /Lease	✓
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	√	Not Produced & Not Enclosed	✓
3.	Land deed to be attached	Produced & Enclosed	√	Not Produced & Not Enclosed	✓
4.	Does all the courses are imparted in this building	YES	√	No	✓ Yes
5.	Whether Safe drinking water supply in available	YES	√	No	✓ Yes.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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
1	KA21H4724	27	Yes	Yes	Yes

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

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft		YES [√] No [ ]	✓	✓	----

Total No. of Nursing Books available	2400	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	Yes
No of e-books	30	**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. Catherine Mary.L	Diploma	3 years	present
2.				

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

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

Academic activities	Particulars	Remarks
Research Projects	Yes	Students.
Conferences conducted	Yes (planning)	planning
Conferences attended	Yes	Yes

18. Details of Clinical /Hospital Facilities :

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

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%)**	**Remarks**
Full Name & Address of the Parent Hospital Hemavathi Hospital Hassan		50	28 kms	92%.	--- MOU attached
NAME OF THE TRUST/ Person owning The Hospital Prajna Education Trust Dr. Ramakrishna Butt					
Name Of The Owner Of The Trust Mr. Lakshmana. E.H.					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1. Manjunatha Hospital Hassan	50	28 kms	94%.	MOU attached
	2. Mahalakshmi Manjappa Multi-Speciality Hospital	45	28 kms	92%.	MOU attached

(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).

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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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)**

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.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:

On the day of the Inspection, as per the documents provided, the observation of LIC is as follows -

1) Infrastructure - Adequate as per norms.
2) Equipments - As per norms.
3) Staff - Adequate as per norms.
4) Clinical load - As per norms.

⇒ It can be considered for

i) Continuation of Affiliation for existing nursing Courses.

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	10	96%	10	92%
Surgery including OT	05	94%	10	94%
Obstetrics & Gynecology	10	95%	10	94%
Pediatrics,	10	96%	10	95%
Emergency Medicine	15	94%	10	94%
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

19	COMMUNITY HEALTH NURSING :	
RURAL FILELD		
a. Name of CHC / PHC / SC		Archalli, Sakaleshpura
Adopted / Affiliated		Adopted
Administrate red by		**State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ]
Distance from the Nursing Institute		6 kms
b. Services Rendered by Health & Family Welfare Programmes		Health & Family welfare
URBAN FEILD :		
a. Name of CHC / PHC / SC		Crawford Hospital
Adopted / Affiliated		Adopted
Administrate red by		**State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ]
Distance from the Nursing Institute		1 km
b. Services Rendered by Health & Family Welfare Programmes		Health & Family welfare
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 --

23	**Hostel Facilities :Annexure – 12**		
a.	Whether the college is having a separate Hostel?	YES √	NO --
b.	Built-up area of the Hostel		
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 :	Boys :
f.	Total No. of rooms	Girls :	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)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	√	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	√	
Annexure - 3	Details of any other Nursing Institution under the same Trust	----	✓
Annexure - 4	Details of Affiliated fees paid receipts	√	
Annexure - 5	Approval Status : GOK Order	√	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	√	
Annexure - 7	Approval Status : KNC Notification	√	
Annexure - 8	Status : INC Notification	----	✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	----	✓
Annexure - 10	List of M.Sc. Nursing Students as per format	----	✓
Annexure - 11	Details of External /Part time Teachers	√	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	√	
Annexure - 13	Vehicle Details : Bus	√	
Annexure - 14	Details of List of LibraryBooks & others	√	
Annexure - 15	Academic Activities	√	
Annexure - 16	Details of Clinical/Hospital Facilities	√	
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	√	

Signature of Chairman **Signature of Member (1)** 16/6/25 **Signature of Member (2)**