Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	MELBIN.MICHAEL	RAJARATHINAM.P	Nijas.A
Designation	LIC CHAIRMAN.	PRINCIPAL. Nisarga College of Nursing	Assistant Professor of Shans Dhama Con
Address	LAASYA COLLEGE OF NSG HILL ROCK SCHOOL MAGADI ROAD. BANGALORE	#18, KIADB, B Kathali - i Industrial area. Hassan. 573201	Shantidhama College of Nursing Bangalo
Mobile No	9739215124	8792353209	8095202706
Email ID	melbin000@gmail.com	Sadhikaraja@gmail.com	

Inspection 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	
	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**	GOUTAM COLLEGE OF NURSING SHARAN SIRASGI, APZALPUR ROAD KALABURAGI - 585103	2	**Year of Establishment** 2004
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**	GOUTAM WELFARE SOCIETY KALABURAGI. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: goutamcon@gmail.com	**Website:**	
		Office No:	**Mobile No:** 9663427999	

Signature of Chairman

Signature of Member (1) Raja Rathinam P.

Signature of Member (2) Nijas. A.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	ANILETUS . ARJUN . HATGUNDI .	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2 ENCLOSED	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Anileteus Able Qualification: MSc. Stejia Experience after MSc: 15yrs above Email: anileteus123@gmail.com	Mobile No: 9880007133 Office No: 08472250319 Fax No: — Residential phone No: 08472250319
	b) Drawing authority of the college		

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

7. Affiliation Fee Paid Details:

Annexure - 4 ENCLOSED

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	30,000	60,000	40,050	25,000	1,55,050
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: ZSBIZZY09G89RQ 23/12/2024
ZSB109Z09G07TV 28/12/2024

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks: ENCLOSED

FEES DETAILS OF BSC NURSING PROGRAMME.

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	A.KU.RA: 256 MPS 2003 Annexure - 5	RRU/AFF/ NSG/COA 01/9/2014 Annexure - 6	KSNC 11/57 2024-25 27/4/24. Annexure - 7	Annexure - 8	Photocopy of GOK RGUHS KSNC ENCLOSED
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	38	38	38		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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	15	18	12	12	57
	Female	23	22	28	28	101.
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)

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--------
		—	N/A	—		

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--------
	—	—	N/A	—		

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

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

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

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

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

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

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

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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

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

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.	ANILETUS ABLE STEGIA	PRINCIPAL	M.Sc. NSG O B G	2008	949	2	17	15/10/2021	YES	
2.	NAGARAJ	V PRINCIPAL	M.Sc. NSG C H N	2010	408	1	15	01/11/2021	YES	
3.	IBHRAHIM KHAN	ASS.PROFESSOR	M.Sc. NSG M S N	2019	41458	4	6	01/01/2024	YES	
4.	VASAVA RINKALBEN R	LECTURER	M.Sc. NSG M S N	2025	230490	2	FRESH	01/06/2025	YES	
5.	BHAGYASHREE CHAVAN	TUTOR	B.S.c NURSING	2020	111278	5	----	01/04/2023	YES	
6.	POOJA MOHAN	TUTOR	B.S.c NURSING	2020	116850	5	----	01/06/2024	YES	
7.	ANJALI BATWAL	TUTOR	B.S.c NURSING	2024	177292	1	----	01/06/2025	YES	
8.	SHIVA SAGAR	TUTOR	B.S.c NURSING	2022	138207	3	----	01/11/2022	YES	
9.	SUJATA	TUTOR	B.S.c NURSING	2023	150175	2	----	01/11/2023	YES	
10.	BHIMASHANKAR	TUTOR	B.S.c NURSING	2022	138464	3	----	01/11/2022	YES	
11.	BHAGAVANT	TUTOR	B.S.c NURSING	2022	142881	3	----	01/11/2022	YES	
12.	HARISH	TUTOR	B.S.c NURSING	2020	99655	5	----	26/06/2020	YES	
13.	MAHESH	TUTOR	B.S.c NURSING	2022	123036	3	----	22/01/2022	YES	
14.	MAHADEVI GADAGI	TUTOR	PB.B.S.c NURSING	2023	240298	2	----	01/11/2024	YES	
15.	ROOPA HADIMANI	TUTOR	PB.B.S.c NURSING	2023	240289	2	----	01/11/2024	YES	
16.	SIDRAMAPPA CHINIWAR	TUTOR	PB.B.S.c NURSING	2023	87338	2	----	01/11/2024	YES	
17.										
18.										
19.										
20.										
21.										
22.										

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

ENCLOSED

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	-	-

14. Physical Facilities :

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)	35,390sq.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	4x900sqft 3600sqft.	
	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	300sq ft	
	2. Vice-Principal Chamber	200	200sqft	
	3. HOD	5 x 200 = 1000	5x200=1000sqft	
	4. Professor/Assoc. Prof	800+2400=3200	800+2400 = 3200sqft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sqft	
	7. Accountants Office	**100**	300sq.ft	
	8. Store Room	**100**	300 Sqft	
	9. Record room	**100**	300sq.ft	
	10. Room for maintenance staff	**100**	300sq.ft	
	11. Xeroxing room	**100**	300sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	1000sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000sqft	
	14. Toilets	1000	1000 sqft	

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

	15. A.V/Aids room	600	600sq·ft	

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

ENCLOSED

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Verified
2	**Is the college building own or leased ?**	Own
3	**Blue print of the building plan approved and attested by competent authority.**	Verified
4	**Building construction license from competent authority**	Verified
5	**Tax paid receipt (Latest / current year)**	Verified
6	**Occupancy certificate.**	Verified
7	**Sale deed / Lease deed of the building / Land.**	Not applicable
8	**Land Conversion order from DC**	Verified
9	**Town planning/Authorities approval order**	Verified

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

- 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.

ENCLOSED

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	KA32AA1276	53	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	2300sqft	YES ☑ No ☐	✓	✓	–

Total No. of Nursing Books available	2451	**No. of Nursing Journals subscribed**	6
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	✓
No of e-books	–	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Rukappa	Msc	4 years	–

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	–	–

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

Conferences conducted	KAHER-Transforming Paediatric Nursing Bridging Research, advocay & Practice Belagavi	
Conferences attended		

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16
ENCLOSED

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 CURE Multispeciality Hospital	100	1.5 Km	85%	✓
	2 PUSHKAR Hospital	100	2 Km	75%	✓
	3				

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

	(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: ENCLOSED

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			70	93%
Surgery including OT			50	93%
Obstetrics & Gynecology			70	94%
Pediatrics,			50	92%
Emergency Medicine			20	95%
Psychiatry			25	95%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10	93%
Minor OT			10	94%
Dental, Otorhinolaryngology, Ophthalmology			20	92%
Burns and Plastic			10	91%
Neonatology care unit			20	92%
Communicable disease/Respiratory medicine/TB & chest diseases			60	92%
Dermatology			20	94%
Cardiology			40	90%
Oncology			30	92%
Neurology/Neuro-surgery			20	92%
Nephrology/Urology			20	92%
ICU/ICCU			20	92%
Geriatric Medicine			20	92%

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

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**	KALHANGAR
	Adopted / Affiliated	AFFILATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	20 Kms
b.	Services Rendered by Health & Family Welfare Programmes	IMMUNIZATION, FAMILY PLANNING, OTHER OBG SERVICES
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	ASHOK NAGAR
	Adopted / Affiliated	AFFILATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	06 · Kms
b.	Services Rendered by Health & Family Welfare Programmes	IMMUNIZATION, FAMILY PLANNING WELFARE SERVICE
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)**

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 22,000 Sq Ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 40	Boys : 35
f.	Total No. of rooms	Girls : 20	Boys : 20
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		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	✓		
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	✓		

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

	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:

We have Conducted LIC inspection of Goutham College of Nursing on 21/08/2025 for Continuation of affiliation for B.Sc. (N).
On the day of inspection all the documents related to the College building, hostel building both girls and boys. college vehicle details are verified and are available according to inc norms.
All the labs were well equipped with latest mannequins, instruments, Educative charts and models, Library was well equipped with latest journals, new edition textbooks for nursing, good Internet connection with qualified librarian was present.
Total faculties present on the day of inspection are 16, all their documents were verified. College has Cure multispeciality hospital, kalaburgi as a parent hospital it is 100 Bedded, the also have a 100 beded Pushkar hospital as affiliated hospital. The hospital documents including PCB, KPME, Permission letters and payment receipts are verified. Overall the college functioning and records are maintained. Students are getting efficient clinical Practices.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Goutam College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 21/08/25 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)
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)**

UNDERTAKING

I/We, Dr. Sanjiv K is/are the Owners/MD/CEO/Board Members of the care multispecialty hospital situated at Ram mandir, Gulbarga.
This is to confirm that our hospital care multispecialty Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
This is to confirm that the hospital care multispecialty is functioning as affiliated/parent/own hospital for Gautham College of Nursing college.
We also confirm that our hospital is solely affiliated to Gautham College of Nursing college and is not affiliated to any other nursing college.
The information provided by us is true and correct.

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

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA23062070563694X**
Certificate Issued Date	:	20-Aug-2025 08:01 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ GULBARGA/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAGCSL0860384140589018X
Purchased by	:	DR SANJIV K CURE MULTISPECIALTY HOSPITAL KLB
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SANJIV K CURE MULTISPECIALTY HOSPITAL KLB
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	DR SANJIV K CURE MULTISPECIALTY HOSPITAL KLB
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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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.

UNDERTAKING

I **DR SANJIV K** is Board Members of the **CURE MULTISPECIALTY HOSPITAL, Kalaburagi** situated at Kalaburagi.

This is to confirm that our hospital **CURE MULTISPECIALTY HOSPITAL, Kalaburagi** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **CURE MULTISPECIALTY HOSPITAL, Kalaburagi** is functioning as affiliated for **GOUTAM COLLEGE OF NURSING, KALABUARGI**.

We also confirm that our hospital is solely affiliated to **GOUTAM COLLEGE OF NURSING, KALABUARGI** and one more college of nursing, Kalaburagi.

The information provided by us is true and correct.

MEDICAL SUPERINTENDENT
CURE MULTISPECIALTY HOSPITAL
KALABURAGI

सत्यमेव जयते

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Rs. 100

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Account Reference	:	NONACC (FI)/ kagcsl08/ GULBARGA/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAGCSL0860384822461923X
Purchased by	:	DR ARUN J AWATI PUSHKAR HOSPITAL KLB
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR ARUN J AWATI PUSHKAR HOSPITAL KLB
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	DR ARUN J AWATI PUSHKAR HOSPITAL KLB
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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3. In case of any discrepancy please inform the Competent Authority.

UNDERTAKING

I **DR ARUN J AWATI** is Board Members of the **PUSHKAR HOSPITAL, Kalaburagi** situated at Kalaburagi.

This is to confirm that our hospital **PUSHKAR HOSPITAL, Kalaburagi** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **PUSHKAR HOSPITAL, Kalaburagi** is functioning as affiliated for **GOUTAM COLLEGE OF NURSING, KALABUARGI.**

We also confirm that our hospital is solely affiliated to **GOUTAM COLLEGE OF NURSING, KALABUARGI** and one more college of nursing, Kalaburagi.

The information provided by us is true and correct.

MEDICAL SUPERINTENDENT
PUSHKAR HOSPITAL
KALABURAGI

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA23061858156095X**
Certificate Issued Date	:	20-Aug-2025 08:00 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ GULBARGA/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAGCSL0860383547602088X
Purchased by	:	PRESIDENT GOUTHAM WELFARE SOCIETY KLB
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRESIDENT GOUTHAM WELFARE SOCIETY KLB
Second Party	:	RGUHS BENGALURU
Stamp Duty Paid By	:	PRESIDENT GOUTHAM WELFARE SOCIETY KLB
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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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.

UNDERTAKING BY TRUST MANAGEMENT

Ithe President of the trust **GOUTAM WELFARE SOCIETY, KALABURAGI** are submitting the affidavit to the RGUHS University.

The trust **GOUTAM WELAFRE SOCIETY, KALABURAGI** is running and managing the colleges since **22** years.

1. **GOUTAM COLLEGE OF NURSING, KALABURAGI**
2. _____
3. _____

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.

PRESIDENT
GOUTAM WELAFRE SOCIETY
KALABURAGI