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 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sankanagoud Patil	Dr Siddanagouda A Patil	Arunch. N
Designation	Principal.	Professor	Professor
Address	Rajashekaraiah Institute of Ayurveda Medical Sciences	Ayurveda mahavidyalaya Hanagal Hubli	Sahyadri College of Nursing, Bengaluru
Mobile No	9019587969.	9448585198	9632758060
Email ID	ayursank@gmail.com.	drsapatil@gmail.com	avinash281@gmail.com

For the Academic Year :2025-26			*Date of Inspection:09/05/2025*	
(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**	**SOWRABHA INSTITUTE OF NURSING SCIENCES** TAVAREKERE VILLAGE, NEAR TO THE MAHAN ANJANADRI VIDYAKENDRA, TAVAREKERE HOBLI,BANGALORE SOUTH TALUK,BANGALORE,KARNATAKA-562132	2	**Year of Establishment** 30/11/2004
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust ✓/Society /Company**		

Patil 9/5/2025
Signature of Chairman
(Dr. Sankanagoud Patil)

Signature of Member (1)

Signature of Member (2)

3	(a). Name of the Trust/Society & complete postal address	**SRI KRISHNA EDUCATIONAL AND CHARITABLE TRUST** PAMPA MAHAKAVI ROAD,RAGHAVENDRA NAGAR,TUMKUR, KARNATAKA (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** **Email:infosowrabha@gmail.com** **Website:www.sowrabhaedu.com**
	(b). Name of the Owner of Trust/Society	MRS. SOWBHAGYA RATHNA T G SRI KRISHNA EDUCATION CHARITABLLE TRUST
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council : ENCLOSED** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure – 2**
5	Details of Principal/Head of the institution	**Name: H H Dasegowda** **Qualification: MSC Nursing(PCN)** **Experience:26YRS** **Email:** **Mobile No:** 9449966438 **Office No:** 080 29556773 **Fax No:** **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	✓	---	--	--	--	74,035/-
Post Basic B.Sc. Nursing	✓	--	--	--	--	1,26,035/- 1,51,035/-
					Total	3,51,105/-
Change of address						3,00050/-
					Grand Total	**6,51,155/-**

Online Transaction Number or Details: BD0000007607350—74035/- DATED 02/01/2025
BD0000007602186---1,26,035/- DATED 01/01/2025
BD00000007602186--- 1,51,035/- DATED 01/01/2025
ZICO97J09Q07A1-----3,00,050/- DATED 31/12/2024

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

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	Annexure - 5	Annexure – 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	60	60	60	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure – 6	Annexure - 7	Annexure - 8	Not applicable
	Sanctioned Intake	30	30	30	--	
	Admissions Made for the Current Academic Year	30	30	30		
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	------	---------	------	---------	
M.Sc. NPCC	Approval Letter No. and Date	------- Annexure - 5	------- Annexure – 6	---- Annexure - 7	---- Annexure - 8	
	Sanctioned Intake	------	-----	----	----	

Signature of Chairman 9/5/25

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	21	24	19	27	91
	Female	39	29	35	33	143
Post Basic B.Sc Nursing	Male	12	09	----------	----------	21
	Female	18	21	----------	----------	39
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--------
			ENCLOSED			

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--------
	----------					

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: Verified & found correct

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

(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.	H H DASEGOWDA	Principal/Director	MSC NURSING(PSY)	1992	2292	2	26	10-05-2020		
2.	SIJO P C	Professor	MSC NURSING(PDN)	2012	15456	0	11	10-10-2019		
3.	SHEELA S	Professor	MSC NURSING(OBG)	2015	2782	7	10	10-10-2021		
4.	NAVEEN KUMAR	Associate Professor	MSC NURSING(MSN)	2016	055005	0	8	10-05-2021		
5	ASHISH CHITTE	Associate Professor	MSC NURSING(PDN)	2022	107984	1	2	10-10-2023		
6	SAHIN ISLAM	Lecturer	MSC NURSING(MSN)	2019	100567	0	5	04-01-2023		
7	MANU JOSE	Lecturer	MSC NURSING	2019	RR KRL2021 18610 KAR	0	4	15-02-2025		
8	MANU V MADHAV	Associate Professor	MSC NURSING(MSN)	2019	166674		5	06-06-2019		
9	ANKITA DATTA	Tutor	BSC NURSING	2022	TNC-10175	1	0	01-01-2024		
10	DHIRAJ KOUSE	Tutor	BSC NURSING	2022	139555	2	0	06-01-2023		
11	GOVARDHAN SHIRSAT	Tutor	BSC NURSING	2023	160963	1	0	14-07-2024		
12	SOVAM JAMATIA	lecturer	MSC NURSING	2024	224595	3	0	02-01-2025		
13	DEVIKA H N	Tutor	BSC NURSING	2022	138949	1	0	10/03/2024		

Signature of Chairman

Signature of Member (1)

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14	USHA A	Tutor	BSC NURSING	2022	138791	1	0	01/01/2024		
15	MOHONA AKTAR BANU	Tutor	BSC NURSING	2022	137426	1	0	05/01/2024		
16	DURGADEVI S	Tutor	BSC NURSING	2022	132982	1	0	10/04/2024		
17	SALMAN D	Tutor	BSC NURSING	2024		1	0	02/05/2024		
18	AVIJIT BERA	Tutor	BSC NURSING	2025			0	10/02/2025		
19	NILKAMAL MAITY	Tutor	BSC NURSING	2025			0	10/02/2025		
20	SOUGATA KAR	Tutor	BSC NURSING	2025			0	10/02/2025		
21.	J SANDHYA	Tutor	BSC NURSING	2023	160342	1	0	10/02/2024		
22.	RATHOD RAHUL MAROTI	Tutor	BSC NURSING	2025			0	10/02/2025		
23.	SHAHINA BANU	Tutor	BSC NURSING	2023	149244		0	03/01/2025		
24.	PALLAVI G H	Tutor	BSC NURSING	2022	135916	2	0	02/02/2023		
25.	SRIDHARA P	Tutor	BSC NURSING	2022	139648	2	0	02/01/2023		
26.	SANJU MONDAL	Tutor	BSC NURSING	2023	146145	1.9	0	01/08/2023		
27.	ARPITA PAL	Tutor	BSC NURSING	2020	115484	4	0	16/03/2021		
28.	PRADEEP V V	Tutor	BSC NURSING	2020	186743	5	0	02/03/2020		

- **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
1	DR. ASHA	BDS	ANATOMY & PHYSIOLOGY	120 hrs	
2	MS. LAKSHMI	MSC	BIOPHYSICS	30hrs	
3	MR. MANOJ KUMAR	MSC	MICROBIOLOGY	60 hrs	
4	MR. KRISHNA RAJ	M PHARM	PHARMACOLOGY	45hrs	
5	MR. GOVINDAPPA	MSC	PSYCHOLOGY & SOCIOLOGY	135hrs	
6	MR. RAGHAVENDRA CS	MA	ENGLISH	30hrs	
7	MR. VIKAS	MSC	BIOCHEMISTRY	30hrs	

Verified the Documents

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		
	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	27,500 Sq.fT	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**8 Class rooms** 900sq ft Each	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**4 Class rooms** 900sq ft Each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**		300 Sq.fT	
	Office 1. Principal's Chamber	300	200 Sq.fT	
	2. Vice-Principal Chamber	200	1000 Sq.fT	
	3. HOD	5 x 200 = 1000	600 + 3000 Sq.fT	
	4. Professor/Assoc. Prof	800+2400=3200	300 Sq.Ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		300 Sq.fT	
	7. Accountants Office		200 Sq.fT	
	8. Store Room		300 Sq.fT	
	9. Record room		200 Sq.fT	

Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	10. Room for maintenance staff		200 Sq.fT	
	11. Xeroxing room		----	
	12. common room	1000	1000 Sq.fT	
	13. Seminar hall	3000	3500 Sq.fT	
	14. Toilets	1000	1000 Sq.fT	
	15. A.V/Aids room	600	600 Sq.fT	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 sq.ft	2000 sq.ft
	Nutrition & Community Health Nursing	1200sq.ft	900sq.ft & 900 sq. ft	900sq.ft & 900 sq. ft
	Obstetrics and Gynecology Laboratory	900sq.ft	1200sq.ft	1200sq.ft
	Pediatrics Nursing Laboratory	900sq.ft		
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	900sq.ft
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	1500sq.ft

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **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.

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
1	KA 41 D 1325	53	Yes✓ / No	Yes ✓/ No	Yes✓ / No

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	3448	**No. of Nursing Journals subscribed**	20
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	1069

S. No.	Name of the Librarian	Qualification	Experience	Remarks
	R SHARADA	M.LISC	5YRS	----

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 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	----------	
Conferences conducted	STATE LEVEL WORKSHOP ON EFFECTIVE COMMUNICATION AT ENLIGHT AUDITORIUM ON 23 NOV 2024	8 KSNC CREDIT POINTS
Conferences attended	INTERNATIONAL CONFERENCE BRIDGING THE HEALTHCARE AND JUSTICE : THE ROLE OF FORENSIC ADVOCACY AND LEGAL INVESTIGATIONS – T JOHN COLLEGE OF NURSING ON 26/04/2025	8 KSNC CREDIT POINTS

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

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%)	Remarks
Full Name & Address of the Parent Hospital		----------	----------	----------	----------
NAME OF THE TRUST/ Person owning The Hospital		----------	----------	----------	----------
Name Of The Owner Of The Trust of Hospital		----------	----------	----------	----------
Affiliated hospitals - Full	1. KC GENERAL HOSPITAL , Malleshwaram , Bengaluru	600	15KM	400	Verified the documents & found correct
	2. SAGAR HOSPITAL	200	20KM	80	
	3. BANGALORE HOSPITAL	150	10 KM	80	
	4. BANSHANKARI REFERRAL HOSPITAL	50	14KM	30	
	5. CANDABAMS HOSPITAL	300	50KM	200	

(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-

Signature of Chairman 9/5/25

Signature of Member (1) 9/5/25

Signature of Member (2)

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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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:

Verified the documents of affiliated hospital.

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			300	240
Surgery including OT			100	80
Obstetrics & Gynecology			150	125
Pediatrics,			200	160
Emergency Medicine			50	40
Psychiatry			300	240

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			50	45
Minor OT			30	25
Dental, Otorhinolaryngology, Ophthalmology			20	16
Burns and Plastic			05	3
Neonatology care unit			10	8
Communicable disease/ Respiratory medicine/TB & chest diseases			10	8
Dermatology			05	3
Cardiology			05	3
Oncology			--	
Neurology/Neuro-surgery			50	40
Nephrology/Urology			50	40
ICU/ICCU			20	16
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		TAVAREKER PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		MACHOHALLI PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		6KM
b. Services Rendered by Health & Family Welfare Programmes		
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 9/5/25 **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	13,500 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 :	Boys :
f.	Total No. of rooms	Girls :28	Boys :32
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 : 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 Library Books & 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	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

*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.

Observations: On the day Inspection observations are as follows.

- Sowrabha Institute of Nursing Sciences, NO.92, Balaji Nagar, Harohalli Village, Near to Last Bus Stop of BEL Layout, Yeshwanthpur hobli, Bengaluru North - 560091, College was previously located in that address, this place was visited by LIC team & currently Sowrabha Institute of Nursing Sciences, Survey NO. ~~80/17~~ 82/17, Tavarekere village, Near to Mahan Aryavedic Vidyakendra, Tavarekere hobli, Bengaluru South Taluk, Bangalore - 562132, on the day of inspection i.e., 9/5/2025 by the LIC team, was found to be in this address (shifted).
- Well equipped infrastructure with 5+1 Laboratories Library with proper seating arrangement & sufficient books & Journals.
- Total 28 teaching faculties were present

Signature of Chairman 9/5/25 | Signature of Member (1) | Signature of Member (2)

- Institution is recognized by statutory body ie., INC
- Affiliated hospitals documents verified.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SAIRADHA INSTITUTE OF NURSING SCIENCES *which has applied for continuation of affiliation for the academic year 2024-25.*

We have conducted LIC inspection of this college on 09/05/25 *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)**