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

F

(11)

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Arvind Katti	Mahesh Kumar Lui	Mahesh.
Designation	Asso Prof.	Asso Prof	Asso Prof
Address	Dr Malakreddy Homeo Pedic College Kalaburgi	Smt Padma G Mallegowda College of Nursing Mandya	Cavery College of Nursing
Mobile No	9481640062	9740395203	9964241408
Email ID	dr.arvindkatti@yahoo.com		

For the Academic Year : 2024 - 2025 *Date of Inspection:* 31 | 8 | 2024

(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. NP.CC	

1	**Name of the Institution with Full Address**	Gudage College of Nursing 8-11-4, opp Canara Bank Stadium Road Bidar 585401	2	**Year of Establishment** 2024
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**	Gudage Charitable Educational Trust 8-11-4, opp Canara bank Stadium Road Bidar (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: gudagenursing@gmail.com	**Website:**	

Signature of Chairman
(Dr. Arvind K)
Senate Member

Signature of Member (1)

Signature of Member (2)

B. Ashok 11/9/24

	(b). Name of the Owner of Trust/Society	Dr Chandrakant Gudage		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 02 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	Details of Principal/Head of the institution	Name: Leenaestel Aldin Qualification: MSc OBG4 Experience: 19 yrs Email: leenaaldin80@gmail.com		Mobile No: 8722023599 Office No: – 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 addressVerify 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	Fresh	6,00,000		1050		601050
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. NA		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ID → BD000000057 72395 Dated 11/12/23
Ref No - ZHDF1598491058

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	Fresh Affiliation 2024-2025
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	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. 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			NA		

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	fresh	Affiliation	2024-	2025	
	Female					
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--------
			NA			

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--------
			NA			

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)**

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

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

Sr. No	Name of the Teaching faculty	Designation	Qualification along with speciality	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form – 16 submitted (yes/no)	Signature of faculty
						After UG	After PG			
1	Leena Ester Alin.	Principal	M.Sc (N) OBG	2007	001909.	3y.	16y.	9/12/23	NO	
2	Mahesh Loosi	Associate professor	M. Sc (N) Med-Surg	2013	16753	2y	10y.	8/12/23	NO	
3	Kiran	Assistant professor	M. Sc (N) Med-surg	2019	13734	8y.	2y.	8/12/23	NO	
4	Chrisma	TUTOR	M. Sc (N) Paediatric.	2019	607511	2y.	-	7/12/23	NO	
5	Swetha	TUTOR	B.Sc (N)	2022	130303	-	-	7/12/23	NO	
6	Soniya	TUTOR	B. Sc (N)	2022	140771	-	-	7/12/23	NO	
7	Jyothi	TUTOR	PB.B.Sc (N)	2018	156608	-	-		NO	
8	Narsing	TUTOR	PB. B.Sc(N)	2022.	192996	-	-		NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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
		Annexure closed.			verified

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	3600 sqft	
	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	310	
	2. Vice-Principal Chamber	200	180	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	Yes	verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		Yes	
	7. Accountants Office		Yes	
	8. Store Room		Yes	
	9. Record room		Yes	
	10. Room for maintenance staff		Yes	
	11. Xeroxing room		Yes	
	12. common room	1000	1010	
	13. Seminar hall	3000	3050	
	14. Toilets	1000	900	
	15. A.V/Aids room	600	600	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	
	Nutrition & Community Health Nursing	1200sq.ft	1250	
	Obstetrics and Gynecology Laboratory	900sq.ft	950	Verified
	Pediatrics Nursing Laboratory	900sq.ft	880	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1560	

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

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

02	KA38A4542 KA38A4543	20 & 40	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	Remarks
Required 2300 Sq.Ft	2350	YES ☑ No ☐	Yes	Yes	verified

Total No. of Nursing Books available	3050	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	Yes
No of e-books	1050	**How many books were purchased in last financial year?**	1252

S. No.	Name of the Librarian	Qualification	Experience	Remarks
	Rajkumar	MLIB	10 yrs.	verified

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	NA	
Conferences conducted	NA	

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

Conferences attended	NA	

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 Gudage Hospital 8-11-4 Opp Canara Bank Stadium Road Bidar		100	2x10 km	82%	verified
NAME OF THE TRUST/ Person owning The Hospital Gudage Charitable Educational Trust		-	-	-	
Name Of The Owner Of The Trust of Hospital Dr Chandrakant Gudage		-	-	-	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Gudage Hospital 8-11-4 Opp	100	7x10 km	82%	verified
	2 Canara Bank Stadium Road Bidar				

(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

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

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 collegesshould 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 ;

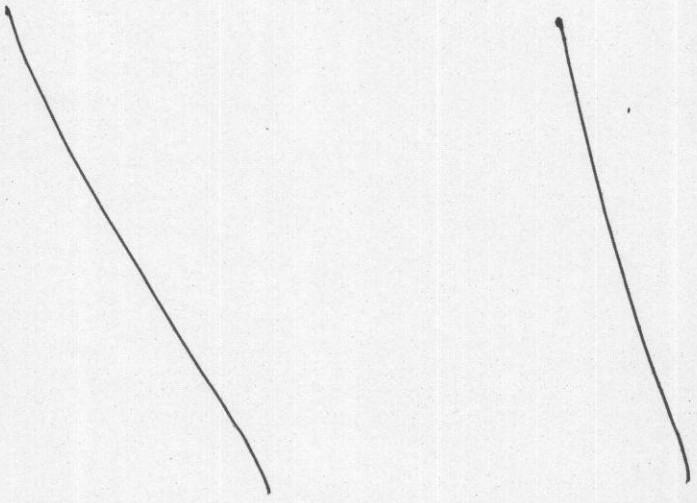
- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical 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:



18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	80%		
Surgery including OT	30	80%	NIL	

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

Obstetrics & Gynecology	20	82 %		
Pediatrics,	10	80 %		
Emergency Medicine	8	100 %	NIA	
Psychiatry	2	70 %		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	82 %		
Minor OT	02	80 %		
Dental, Otorhinolaryngology, Ophthalmology	02	65 %		
Burns and Plastic	02	70 %		
Neonatology care unit	05	100 %		
Communicable disease/Respiratory medicine/TB & chest diseases	30	85 %		
Dermatology	05	80 %		
Cardiology	15	100 %		
Oncology	02	75 %	NIA	
Neurology/Neuro-surgery	05	85 %		
Nephrology/Urology	10	82 %		
ICU/ICCU	13	96 %		
Geriatric Medicine	05	95 %		
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		PHC Jawada
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	8 km
b. Services Rendered by Health & Family Welfare Programmes	National Health Progarmes
URBAN FEILD :	
a. Name of CHC / PHC / SC	UPHC Navbad
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	4 km
b. Services Rendered by Health & Family Welfare Programmes	National Health Programme
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** ☐

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐

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

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	Sq.ft 30,000	
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 : NA	Boys : NA
f.	Total No. of rooms	Girls : 30	Boys : 30
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	Yes	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Annexure - 3	Details of any other Nursing Institution under the same Trust		NO
Annexure - 4	Details of Affiliated fees paid receipts	Yes	
Annexure - 5	Approval Status : GOK Order	NA	NO
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	NA	
Annexure - 7	Approval Status : KNC Notification	NA	
Annexure - 8	Status : INC Notification	NA	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	Yes	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	Yes	
Annexure - 13	Vehicle Details : Bus	Yes	
Annexure - 14	Details of List of LibraryBooks & others	Yes	
Annexure - 15	Academic Activities	Yes	
Annexure - 16	Details of Clinical/Hospital Facilities	Yes	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes	
Annexure - 18	Master Rotation plans and Time tables	Yes	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	NA	

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: Gudage College of Nursing, Stadium road, Bidar fresh Affiliation for 2024-2025 year. Inspection conducted on 31/8/2024

LIC team has visited Gudage college of Nursing, Bidar on 31/8/2024. At the time of inspection followings are observed.

1) The institution runs under Gudage charitable Educational Trust, Bidar established in 2021.
2) Institution is in own building, college has infrastructure as per norms and verified
3) College is having 6 labs, 4 classrooms, principal-1, staff room and are adequate
4) Institution has appointed 8 staffs along with principal.
5) Library is having 600 books and librarian appointed
6) Institution is having own/parent Gudage Hospital, Stadium road, a multispeciality 100 bed hospital. As per KPMEA, PCB, and Enviro Biotech and verified.
7) College is having own bus facility.
8) Hostel for girls and boys available.

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

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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 (2) | Signature of Member (1) | Signature of Member

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 (2)

Signature of Member (1)

Signature of Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA03151487683954W
Certificate Issued Date	:	31-Aug-2024 04:06 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BIDAR/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08566620716111161W
Purchased by	:	CHAIRMAN GUDAGE CHARITABLE EDUCATIONAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN GUDAGE CHARITABLE EDUCATIONAL TRUST
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN GUDAGE CHARITABLE EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY GOVT. OF INDIA

Authorised Signatory
For K.P.S.S.N. Bidar

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I the chairman/president/secretary/member of the trust **DR CHANDRAKANTH GUDAGE** are submitting the affidavit of university.

PRINCIPAL
Gudage College of Nursing
BIDAR-585 401. (K.S.)

Statutory Alert:

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

The truest is running/managing the colleges

1. **Gudage College of Nursing**

we are 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 truest and is not leased/sub leased to any other truest/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

Chairman

Gudage Charitable Educational Trust

NOTARY GOVT. OF INDIA
Satish Kumar K. Patil
BALLB(Spl.)
ADVOCATE & NOTARY
Reg. No. 18290
Exp. Date: 16-02-2029

31 AUG 2024
ATTESTED BY
Satish Kumar K. Patil
BALLB (Spl.)
ADVOCATE & NOTARY
GOVT. OF INDIA
Plo. CHIMKOD
Ta & Dist Bidar-585401

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA03153573692184W
Certificate Issued Date	:	31-Aug-2024 04:07 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ BIDAR/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08566574911138896W
Purchased by	:	CHAIRMAN GUDAGE HOSPITAL BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN GUDAGE HOSPITAL BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN GUDAGE HOSPITAL BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
For K.P.S.S.N. Bidar

Please write or type below this line

UNDERTAKING

We / **I Dr Chandraknat Gudage Owner of Gudage Hospital** Situated at 8-11-4, opp Canara Bank Stadium Road Bidar.

PRINCIPAL
Gudage College of Nursing
BIDAR-585 401. (K.S.)

Statutory Alert:

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

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

This is to confirm that the hospital Gudage Hospital is Functioning as the parent hospital for Gudage College of Nursing

We also confirm that our hospital is solely affiliated to Gudage College of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct

Chairman

Gudage Hospital, Bidar

3 1 AUG 2024

ATTESTED BY

Satish K. Patil

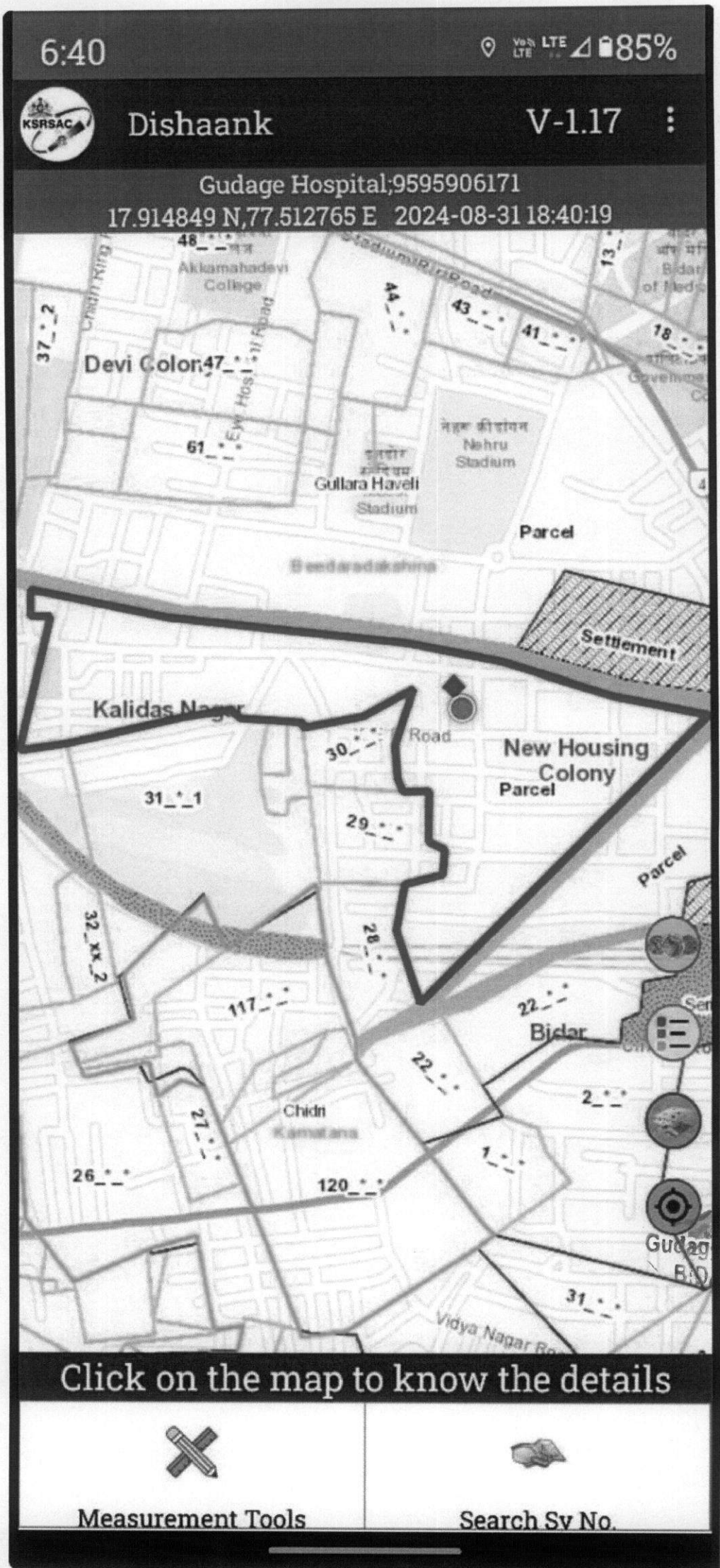
B.A.LL.B (Spl.)

ADVOCATE & NOTARY

GOVT. OF INDIA

R/o. CHIMKOD

Tq & Dist Bidar-585401.



PRINCIPAL
Gudage College of Nursing
BIDAR-585 401 (K.S.)

Rajiv Gandhi University of Health Sciences

4th T Block, Jayanagar, Bangalore, Karnataka, 560041

BillDesk
All your payments. Single location.

PAYMENT RECEIPT

Amount Paid : Rs. 601,085.40

Amount in words : Six Lakh One Thousand Eighty Five Rupees and Forty Paise Only.

Transaction Details

Transaction Status:	SUCCESSFUL
Transaction Date-Time:	11-12-2023 16:41:34
Transaction ID:	BD00000005772395
Payment Ref No:	ZHDF1598491058

Student Details

College Name :	GUDAGE COLLEGE OF NURSING
Faculty :	Nursing
Course Name :	BSC NURSING
Name of the Person Paying the amount :	DR CHANDRAKANT GUDAGE
Designation of the Person Paying the amount :	CHAIRMAN
Select Fee Type :	Fresh Affiliation
Mobile No :	9880966842
E Mail ID :	gudagec@gmail.com
Remarks :	NA

Payment Summary

Total :	601,050.00
Net-total :	601,085.40
	Surcharge : 35.4

Payment Description

Fee Details	Amount: Rs.601,050.00	Total: Rs. 601,050.00
Application Form Fee (-)	Amount: Rs. 1,000.00	Total: Rs. 1,000.00
Affiliation processing fee (-)	Amount: Rs. 50.00	Total: Rs. 50.00
Fresh Affiliation (-)	Amount: Rs. 600,000.00	Total: Rs. 600,000.00

Note : This is a computer generated receipt and does not require signature.

Receipt Generated Date & Time : 11/12/2023 04:42:53 PM