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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Arvind Katti	Mr Mahesh C Gadag.	Mr. Varesh. G. Chilaphr
Designation	Asso Prof / Senate Member	Asso Prof / AC Member	Professor
Address	HKES Dr MR HMC. Kalburgi RGUHS.	Sana Inst of Health Sci RGUHS.	BVVS. Sajjalashree ION.S. Navanagar Bagalkot-
Mobile No	9481640062	8147652988	9945765177
Email ID	dr.aravindkatti@gmail.com	maheshgadag@gmail.com	varesh.chilaphr@gmail.com (9945765177)

For the Academic Year : 2024-25 *Date of Inspection:* 11/09/2024.

(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. NPCC	

1	**Name of the Institution with Full Address**	HCG - SUCHIRAYU NURSING COLLEGE - HUBBALI	2	**Year of Establishment**
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**	HCG FOUNDATION (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: HCGFoundation@gmail.com	**Website:** WWW.HCGFoundation.org	

Signature of Chairman 11/9/24
Dr. Arvind K
Senate Member

Signature of Member (1) 11/9

Signature of Member (2)
Varesh. G. Chilaphr
Subject Expert

	(b). Name of the Owner of Trust/Society	Dr. B.S. AJAIKUMAR		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	Details of Principal/Head of the institution	Name: SWAPNA MARY Qualification: MSc (N). Ph.D (N) Experience: 18 YRS. Email:	Mobile No: 9980875432 Office No: Fax No: Residential phone No: Details enclosed.	
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						DETAILS ENCLOSED
Post Basic B.Sc. Nursing						
					Total (A)	60084.40

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

Online Transaction Number or Details: ZSB12147551779

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks: Verified and enclosed two copies of fees paid documents.

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 Application
	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	N/A
	Sanctioned Intake					
	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	N/A
	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	N/A
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

3 11/9

	Admissions Made for the Current Academic Year					NA

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					
	Female					
Post Basic B.Sc Nursing	Male					
	Female			NA		
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: Fresh Affiliation college so not eqiured for PBBSc and MSc.

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				0									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		1									
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

(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.	DR. SWAPNA MARY A	PRINCIPAL	PhD MSc(N) Medical	2006 2020	RRTMN 2000 33471	34 years 7 mths	18 YRS	14/8/2024		
2.	THILAGAM	Asso. Prof	MSc(N)	2015	KNR					
3.	MOHAN	Asst Prof	MSc(N)	2019						
4.	MYTHILI	Professor	MSc(N)	2010						
5.	Nethravathi	Tutor				2020				
6.	SHALYMOL	Tutor				2022				
7.	NAVANEETHY	Tutor				2022				
8.	NAGESHA	Tutor				2021				
9.	SAHANA	Tutor				2016				
10.	Venugopalan	Tutor				2015				
11.	JAHANI	Tutor				2020				
12.	MARGRET MARY	Tutor				2017				
13.	Ramesh	Tutor				2013				
14.	Munimatha	Tutor				2018				
15.	Roopashika	Tutor				2021				
16.	Mudakappa Kadapur	Tutor				2021				
17.										
18.										
19.										
20.										
21.										
22.										

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
					NA

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	25.000 sqft	Details are enclosed.
	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	Presently 2 class rooms are ready.	Details are enclosed.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	Available	Details are enclosed.
	2. Vice-Principal Chamber	200	Available	
	3. HOD	5 x 200 = 1000	Available.	
	4. Professor/Assoc. Prof	800+2400=3200	Available.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		Available	
	7. Accountants Office		Yes	Details are enclosed.
	8. Store Room		Yes	
	9. Record room		Yes	
	10. Room for maintenance staff		Yes	
	11. Xeroxing room		Yes	
	12. common room	1000	Available (1050 sqft)	
	13. Seminar hall	3000	3125 sqft available.	
	14. Toilets	1000	900 sqft each for male/female.	
	15. A.V/Aids room	600	620 sqft available.	

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	1654sqft	Enclosed.
	Nutrition & Community Health Nursing	1200sq.ft	Available	Enclosed
	Obstetrics and Gynecology Laboratory	900sq.ft	Available	Enclosed
	Pediatrics Nursing Laboratory	900sq.ft	Available	Enclosed
	Pre-Clinical Sciences Laboratory	900sq.ft	Available.	Enclosed.
	Computer Lab (1: 5 computer :student)	1500sq.ft	1400sqft	Enclosed.

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

			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	2300sqft	YES ☑ No ☐	Yes	Yes	Enclosed.

Total No. of Nursing Books available	350	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	No.	**Is internet facility available for Students?**	Yes
No of e-books	40	**How many books were purchased in last financial year?**	NA

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Ms Nouda Befadu	M.Lib	01 Year	Enclosed.

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

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 HCG Sachirayu Hospital. Opp. KSRTC Bus Stand. Gokul Road Hubballi - 580030		250	Same Building	Available	Details are enclosed.
NAME OF THE TRUST/ Person owning The Hospital HCG Foundation / Dr BS Ajai Kumar.		-	-	Available	Details are enclosed.
Name Of The Owner Of The Trust of Hospital Dr B S Ajai Kumar.		-	-	Available	Details are enclosed
Affiliated hospitals-Full Name & Address of the Parent Hospital	1				NA
	2				NA

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

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:

HCG Suchiraya Hospital shown as parent hospital and KPME and PCB certificates are enclosed..

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	64	51		
Surgery including OT	41	32		

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

Obstetrics & Gynecology	10	07		
Pediatrics,	10	05		
Emergency Medicine	10	08		
Psychiatry	2	01		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	10		
Minor OT	01	05		
Dental, Otorhinolaryngology, Ophthalmology	01	1		
Burns and Plastic	—	—		
Neonatology care unit	05	03		
Communicable disease/Respiratory medicine/TB & chest diseases	03	01	NA	NA
Dermatology	02	01		
Cardiology	05	05		
Oncology	—	—		
Neurology/Neuro-surgery	18	15		
Nephrology/Urology	12	12		
ICU/ICCU	23	22		
Geriatric Medicine	—	—		
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		NA
Adopted / 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	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	NA
Adopted / Affiliated	
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	
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** ☑

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

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

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	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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	NA	
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	NA	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	ATTACHED	
Annexure - 13	Vehicle Details : Bus	QUOTE REQUIRED	
Annexure - 14	Details of List of LibraryBooks & others	QUOTE RECIVED	
Annexure - 15	Academic Activities	FRESH APPLICATI	
Annexure - 16	Details of Clinical/Hospital Facilities	ATTACHED	
Annexure - 17	Details of Community Health Nursing Posting Facilities	NA	
Annexure - 18	Master Rotation plans and Time tables	FRESH Application	

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	ATTACHED	
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:

LIC Inspection Committee had visited the SEC Sreenivasaya College of Nursing on 11/04/2024.

Observations:

1) Infrastructure, Building is available as per the norms.
2) College has established 5 laboratories, 4 classrooms, principal chamber, faculty room with adequate measurements and equipments.
3) Principal is appointed and faculties documents are verified and submitted as per the norms.
4) Books and journals are available as per the norms.
5) College has parent hospital, SEC Sreenivasaya Hospital, Hebbal for the having an bed strength of 250, as per KPME, PCB and BMW verified & enclosed.

Signature of Chairman (2) 11/04/24

Signature of Member (1) 11/4

Signature of Member

UNDERTAKING

I/~~We~~, **Dr. Ajay Singh**, **Chief Operating Officer**~~, Owners/ MD /CEO /Board Members~~ of the **Suchirayu Heatlh Care Solutions Limited** hospital situated at Survey No. 29, Javali Garden, Gokul Road, Hubli – 580030.

This is to confirm that our hospital Suchirayu Health Care Solutions Limited is registered under KPMEA and PCB with 250 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Suchirayu Health Care Solutions Limited is functioning as affiliated/parent/own hospital for HCG – Suchirayu Nursing College.

We also confirm that our hospital is solely affiliated to HCG Suchirayu Nursing college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

SUCHIRAYU HEALTH CARE SOLUTIONS LTD. HUBLI

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust HCG Foundation are submitting the affidavit to University.

The trust HCG Foundation is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college 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.

PRINCIPAL
HCG Suchirayu Nursing
College

HCG Foundation
Bengaluru

Signature of Chairman (2)

Signature of Member (1)

Signature of Member