



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

EX-22

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shiva Sharan	Dr. Ramanath	Mr. Philip Sebastian
Designation	Senet Member	ACIE- MEMBER	Associate Professor
Address	PKV Bhadrapur 5 Chaples - Mary Rose	SHAMBHALA, 1 st Main intercray. panchavati Road app. canara Bank Salapame Road. Jayanagar	T. John College of Nsg Bannerghatta Road Bangalore
Mobile No	9448144399	Hdusa 9342266600	8073423956
Email ID	shivasharan@hotmail.com	gpramanath@gmail.com	Philipsebastian01@gmail.com

For the Academic Year : 2024-25

Date of Inspection: 05/09/24

(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	MRM College of Nursing Ashwini Hospital, Ashwini Road Mudikeri.		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	Mohan Reddy Memorial Trust, No. 9, 8 th Main, Sanganathipura, Mysore.			
		(Enclose copy of Registration documents of Society/Trust) Annexure – 1			
	Email:	svnithasaya@gmail.com	Website:		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Mrs. Suntha.		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Ganurathi. Qualification: MSc (Nursing) Experience: 18 yrs Email: Rmganurathi@gmail.com	Mobile No: 984520169. 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 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

Particulars of fees paid for		Amount			
Annual Fees	Renewal Fees		Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
Course Applied UG Courses	Continuation / Fresh Affiliation				
B.Sc. Nursing					6,21,085.60
Post Basic B.Sc. Nursing					
Total (A)					

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

Online Transaction Number or Details:

Transaction ID - BD0000005828652. Payment Ref. no. Z901163531297

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					
	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					
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

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					
	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—

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)

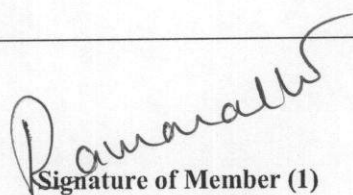
Annexure -10

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: _____

Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Signature of Chairman

P. Quinones
Signature of Member (1)

[Signature]
Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

12. Teaching Faculty

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*											
6	Tutor	8-16	16-24	2-10	--		4									
	Total	16-24	24-40	4-12			7									

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	1 st Year	2 nd Year	3 rd Year	4 th 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 After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									

Enclosed

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

14. Physical Facilities :

Annexure - 12

14.1. College Building:

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. 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	23,200sq.ft		
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	900x4	
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room 13. Seminar hall 14. Toilets 15. A.V/Aids room	 300 200 5 x 200 = 1000 800+2400=3200 1000 3000 1000 600	 600. 200 200x5 1200. 500 200 200 200 200 200 1000+500+500. 2000 1000 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	1700	
	Nutrition & Community Health Nursing	1200sq.ft	900	
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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)

Annexure – 12

Building Documents:

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

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.

Annexure – 13

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

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

			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	1500	YES ☒ No ☐	Good	Good	Good.
Total No. of Nursing Books available	700.	No. of Nursing Journals subscribed			—
No. of Thesis/Research titles available	—	Is internet facility available for Students?			Yes
No of e-books	—	How many books were purchased in last financial year?			N.A.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ramesh.	MLib.	2 years	

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

17. Academic activities :Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Conferences attended		
----------------------	--	--

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 <i>Ashwini Hospital</i>	<i>100</i>	<i>Indore</i>	<i>85%</i>	
NAME OF THE TRUST/ Person owning The Hospital <i>Mr. Mohandas.</i>				
Name Of The Owner Of The Trust of Hospital <i>Mr. Mohandas.</i>				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 <i>None</i>			
	2			

(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 (N)

Signature of Member

specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/CCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

- With effect from 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which 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, 2021 F.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, 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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25			
Surgery including OT	25			

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Obstetrics & Gynecology	15			
Pediatrics,	10			
Emergency Medicine	10			
Psychiatry	5			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	4	3		
Minor OT	2	6-7		
Dental, Otorhinolaryngology, Ophthalmology	3	15		
Burns and Plastic	2	1		
Neonatology care unit	1	1		
Communicable disease/Respiratory medicine/TB & chest diseases	1	-		
Dermatology	1	1		
Cardiology	2	-		
Oncology	-	-		
Neurology/Neuro-surgery	-	-		
Nephrology/Urology	5	5		
ICU/ICCU	5	2		
Geriatric Medicine	-	-		
Any other	-	-		

Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19 COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILED	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	Applied to
Administrated 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	
Adopted / Affiliated	<i>Applied</i>
Administrated 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
(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 5000	
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 : 12	Boys : 10
f.	Total No. of rooms	Girls : 12	Boys : 10
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	☒	☐

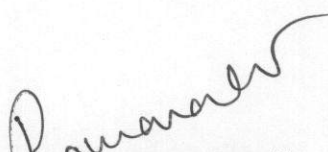
Signature of Chairman
(2)

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		✓
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval		✓
Annexure - 7	Approval Status : KNC Notification		✓
Annexure - 8	Status : INC Notification		✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers		
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel		
Annexure - 13	Vehicle Details : Bus		
Annexure - 14	Details of List of Library Books & others		
Annexure - 15	Academic Activities		
Annexure - 16	Details of Clinical/Hospital Facilities		
Annexure - 17	Details of Community Health Nursing Posting Facilities		
Annexure - 18	Master Rotation plans and Time tables		


 Signature of Chairman
 (2)


 Signature of Member (1)


 Signature of Member

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 of inspection
- Hospital is Run by charitable trust by name Sri Kaveri Krupa Vistwa Kalayana Seng Samathi (Rtd) & trust Sri B.V. Mohandas is also a trustee in MRM trust.
- Hospital is 100 bedded hospital which has the Nursing College.
- The Hostel is 3 km away from college
- The Bus taken on leave from the Hospital for leave deed is attached
- The faculty were present during inspection
- Anatomy, Nutrition & Foundation Practical Lab has been inspected

Signature of Chairman

Signature of Member (1)

Signature of Member

(2) Dr. Shrin Shrin

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)**

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 the 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