F 29

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. K. C SHASHIDHAR	MAHESH C. GADAG	Dr. VEENA G. TAURO
Designation	PROFESSOR	PRINCIPAL	PRINCIPAL
Address	JSS MEDICAL COLLEGE MYSORE	SANA INSTITUTE OF HEALTH SCIENCES SHANTHINIKETHAN BAIRIDEVARKOPPA, Hubballi	MASSOD COLLEGE OF NURSING BIKARNAKATTE KULSHEKAR POST, MANGALORE
Mobile No	9448064613	8147452988	7204014849
Email ID	keshashidhara@gmail.com	maheshgadag@gmail.com	Venatauro@hotmail.com

For the Academic Year : 2024-25 *Date of Inspection:* 29/8/2024

(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. NPCC	

1	Name of the Institution with Full Address	NET COLLEGE OF NURSING JAINPETE, BELTHANGADY, KARNATAKA, PIN-574214	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	NITHI EDUCATIONAL TRUST, PUTHUVELIL HOUSE THOTTATHADY POST, KAKKINJE VIA, BELTHANGADY PIN-574228 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: nithieducationaltrust.in@gmail.com	Website:	

Signature of Chairman

29/8/24

4/9/24

Signature of Member (1)

Signature of Member (2)

Dr. Veena G. Tauro

	(b). Name of the Owner of Trust/Society	SAJI P R.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 08 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	Details of Principal/Head of the institution	Name: G. M. PARAMESH. Qualification: MSc NURSING Experience: 15 years Email: maddenuparameshgm@gmail.com	Mobile No: 9483450940 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 NA

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 Affiliation Rs. 600050	600050		1000		Rs. 601,050.00
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)	601050.00

Online Transaction Number or Details: Transaction Id BD000000005769998
Date & Time: 11/12/2023, 11.34; Payment Ref No-2CNB15977757472.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. Veena. Y. Tavri

Remarks:
Verified the online transaction details and the copy is enclosed.

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	N A Annexure - 5	N A Annexure - 6	N A Annexure - 7	N A Annexure - 8	Fresh Affiliation
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing N/A	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 ☐ N/A.	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
N/A. 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)
Dr. Veena G. Tavare

	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			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: _____

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. Veena G. Tavas

Signature of Chairman

29/8/24

Signature of Member (1)

Signature of Member (2)

N. Veena G. Tarao

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	--		3					-				
	Total	**16-24**	**24-40**	**4-12**			6					-				

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)
Dr Veena. G. Tavare

.1. **Teaching Faculty details :–** Details should be written in format only

lo	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.	Prof. PARAMESH G. M.	Principal.	MSC N Psychiatric N	2010	001781	14yr 3m	14yr 3m	20/08/2024		
2.	Prof. MANOJ M	Vice Principal	MSc(N) MSN	2013	25878	1yr 10m	10yr 2m	01/12/2023		
3.	Mr. PARVATHA GOWDA S	Asst. Professor	MSc(N) MSN	2017	36406	8yr 9 m	6yrs 9m	16/08/2024		
4.	Ms. PEARL D SILVA	Nsg Tutor	BSc Nursing	2022	134142	Nil	—	12/08/2024		
5.	Ms. MAHALAXMI	Nsg. Tutor	BSc Nursing	2017	180377	Nil	—	12/08/2024		
6.	Ms. SHWETHAL S	Nsg. Tutor.	BSC Nursing	2021	120464	Nil	—	16/08/2024		

K.C. Shivadhara
nature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. Veena. Y. Tarur

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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)

Dr. Veena G. Tanno

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 :

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	9650 Sqft-	Ground floor
	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	900 sqft x 2 1800 sqft-	1st floor & 2nd floor work is under process
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	N/A	
	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	300 sqft-	
	2. Vice-Principal Chamber	200	200 Sqft-	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	800 sqft-	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		300 sqft-	
	7. Accountants Office		200 sqft-	
	8. Store Room		200 sqft-	
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	900 sqft-	
	13. Seminar hall	3000	—	
	14. Toilets	1000	300 sqft-	
	15. A.V/Aids room	600	600 sqft-	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Dr. Veena. G. Tavas

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1200 Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1100 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	—	
	Pediatrics Nursing Laboratory	900sq.ft	—	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	700 Sqft	

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

1	KANNADA	48	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	2600 Sq Ft	YES ☑ No ☐	Adequate	Adequate.	

Total No. of Nursing Books available	600	**No. of Nursing Journals subscribed**	–
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	✓
No of e-books	–	**How many books were purchased in last financial year?**	600

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Nirmala	M.Lib. Sc	6 Yrs.	

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 NA

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	NA	NA
Conferences conducted		

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Dr. Veena. Y. Tamo

Conferences attended	NIL	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 Hospital, Abhaya, Jain Pete, Belthangady, D.K, Pin-574214		100	100 Meters	98%.	Sufficient
NAME OF THE TRUST/ Person owning The Hospital 1. Dr. M. Vidhya Gowri 2. Dr. Srihari K.					
Name Of The Owner Of The Trust of Hospital 1. Dr. M. Vidhya Gowri 2. Dr. Srihari K.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Shri Dharmasthala Manjunatheswara Multi speciality Hospital, Ujire Pin-574240	200	7 kms	90%.	Sufficient.
	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)

29/8/14

Signature of Member (1)

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Signature of Member

Dr. Veena G. Tanvi

'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:

Trust member with MOU of the parent hospital
Original documents varified & found correct.
KPME and pollution control is for 100.

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	27	27	65	60
Surgery including OT	21	18	43	40

Signature of Chairman (2)

Signature of Member (1)

Signature of Member
Dr. Veena Y. Tamo

Obstetrics & Gynecology	10	9.	20	18
Pediatrics,	10	9	23	22
Emergency Medicine	10	9	10	9
Psychiatry	–	–	–	–

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	2	5	4
Minor OT	1	1	3	3
Dental, Otorhinolaryngology, Ophthalmology	3	2	5	4
Burns and Plastic	–	–		
Neonatology care unit	2	2	5	4
Communicable disease/Respiratory medicine/TB & chest diseases	2	2	4	3
Dermatology	5	3	3	3
Cardiology	2	2	3	3
Oncology	–	–	–	–
Neurology/Neuro-surgery	–	–	–	–
Nephrology/Urology	–	–	–	–
ICU/ICCU	5	3	8	7
Geriatric Medicine	3	2	6	6
Any other	–	–	5	4

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD	copy of the Request letter enclosed Regional	
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Dr. Veena. G. Tavare

Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD : Regional Application letter of the Request for release & recival field received and endorsed.	
a. Name of CHC / PHC / SC	
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	N/A	**YES**	☐	**NO** ☐
c.	M.Sc. Nursing	N/A	**YES**	☐	**NO** ☐
21	**Time Table available for all Nursing Programmes**				
a.	Basic B.Sc. Nursing	N/A	**YES**	☐	**NO** ☐
b.	Post Basic B.Sc. Nursing	N/A	**YES**	☐	**NO** ☐
c.	M.Sc. Nursing	N/A	**YES**	☐	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?				
a.	Admission record		**YES**	✓	**NO** ☐
b.	Daily Attendance Registers	N/A	**YES**	☐	**NO** ☐
c.	Health Records		**YES**	✓	**NO** ☐
d.	Clinical and field experience record	N/A	**YES**	☐	**NO** ☐
e.	Practical record books - procedure record	N/A	**YES**	☐	**NO** ☐
f.	Practical record books - Midwifery case book	N/A	**YES**	☐	**NO** ☐
g.	Leave record		**YES**	✓	**NO** ☐
h.	Extracurricular activities of students	N/A	**YES**	☐	**NO** ☐
i.	Cumulative record of each	N/A	**YES**	☐	**NO** ☐
j.	Course planning of each subject		**YES**	✓	**NO** ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Dr. Veena G. Tawa

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 N/A	YES ☐	NO ☐
p.	Staff development programmes N/A	YES ☐	NO ☐
q.	Anti ragging committee N/A	YES ☐	NO ☐
r.	Student welfare committee N/A	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** 10,250	
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 :** 15	**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
Dr. Veena. G. Tanno

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 LibraryBooks & 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
Dr. Veena G. Tamo

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.

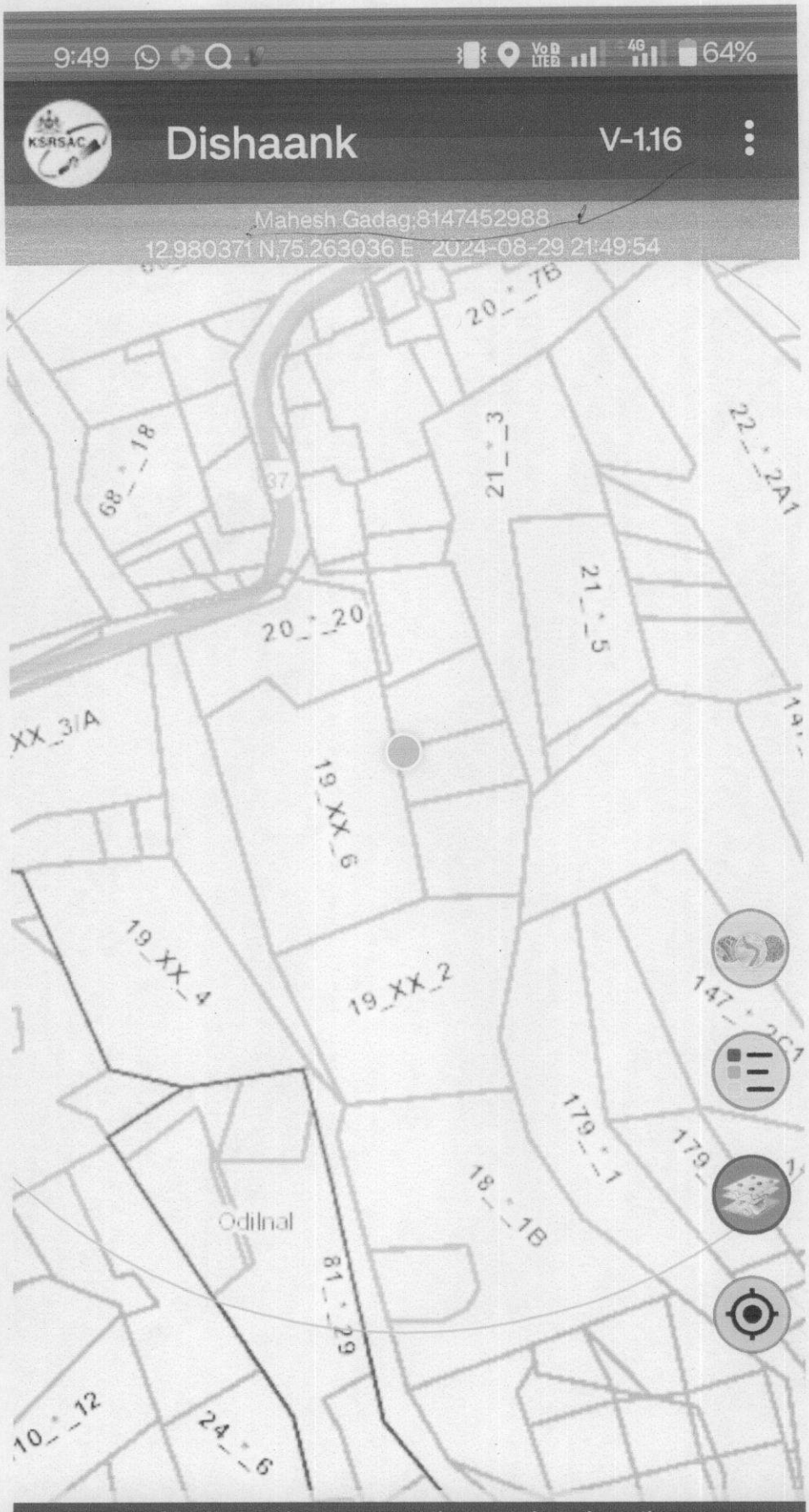
Observations: 29/8/24

- on the day of Inspection, the teaching faculty were present as per the norms.
- Parent Hospital documents are attached as per the norms with prescribed bed occupancy as per the university guidelines. and additional 200 bedded Affiliated Hospital som. um attached & MOU verified and attached.
- Lab. Equipments, Library books, clinical Material are present as per the norms.
- Rental Hostel agreement for boys and girls is available & verified.
- Infrastructure. As per the norms ground floor with 9650 Sq. ft is available. in addition to that first & second floor work is under progress. & management has agreed to Completed it in one month.

Signature of Chairman
(2)
29/8/24

Signature of Member (1)

Signature of Member
DV. Veena Y. Tavare



PRINCIPAL
N.E.T COLLEGE OF NURSING
Jainpete, Belthangady
Karnataka - 574 214

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at N.E.T COLLEGE OF NURSING, JAINPETTE which has applied for ~~continuation~~ Fresh of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 29/8/2024 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)	Subjeet Expert (Member)
K.C. Shashidhara		Dr. VEENA.G.TAVARO
Signature of Chairman (2)	Signature of Member (1)	Signature of Member
Kshashidhara		Dr. Veena G Tavaro

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

Dr. Veena G. Tavare

INDIA NON JUDICIAL

सत्यमेव जयते

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA00144934435752W**
Certificate Issued Date	:	29-Aug-2024 11:41 AM
Account Reference	:	NONACC/ kakscsa08/ BELTANGADY/ KA-DK
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0850980579135344W
Purchased by	:	DR VIDHYA GOWRI
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RAJIV GANDI UNIVERSITY OF HEALTH SCIENCE BANGALORE
Second Party	:	DR VIDHYA GOWRI
Stamp Duty Paid By	:	DR VIDHYA GOWRI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Karnataka State Co-Operative Association Branch Belthangady 574214

Please write or type below this line

UNDERTAKING

ABHAYA HOSPITAL
JAINPETE, BELTHANGADY
DAKSHINA KANNADA - 574214
... 08256-298412, 9483387554

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.

I, Dr. VIDHYA GOWRI M and Dr. SRIHARI K. are the owners of the Abhaya Hospital situated at Jain Pete, Belthangady-574 214

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

This is to confirm that the hospital Abhaya is functioning as own hospital for Nursing college. We also confirm that our hospital is solely affiliated to NET College of Nursing.

Belthangady and is not affiliated to any other nursing college.

The information provided by us is true and correct.

ABHAYA HOSPITAL
JAINPETE, BELTHANGADY
DAKSHINA KANNADA - 574214
Ph: 08256-298412, 948338755

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

Dr. Veena. G. Tanna.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA00139810817834W**
Certificate Issued Date	:	29-Aug-2024 11:39 AM
Account Reference	:	NONACC/ kakscsa08/ BELTANGADY/ KA-DK
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0850963833490049W
Purchased by	:	SAJI P R
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING BY TRUST MANAGEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RAJIV GANDI UNIVERSITY OF HEALTH SCIENCE BANGALORE
Second Party	:	SAJI P R
Stamp Duty Paid By	:	SAJI P R
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Please write or type below this line

NITHI EDUCATIONAL TRUST (R)
Puthuvelil House, Thottathady Post
Kakkinje Via, Belthangady - 574 228
Dakshina Kannada District

UNDERTAKING BY TRUST MANAGEMENT

NITHI EDUCATIONAL TRUST (R)
Puthuvelil House, Thottathady Post
Kakkinje Via, Belthangady - 574 228
Dakshina Kannada District

I the President of the Trust Mr. SAJI P R is submitting the affidavit to University the Trust Nithi Education Trust is running/managing NET College of Nursing

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

I confirm that the faculty in the college is employed for full time in the college.

I 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.

I 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 declare is found to be false/misleading, principal and the Trust management can be held responsible and suitable action can be initiated by the University.

NITHI EDUCATIONAL TRUST (R)
Puthuvelil House, Thottathady Post
Kakkinje Via, Belthangady - 574 228
Dakshina Kannada District

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. Veena. G. Tanna