



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore - 560041

Website: www.rguhs.ac.in Phone: 080-26761933

F
(31)

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. K.C. Shashidhara	DR. GANESH PUTTUR	Prof. VIDYARANDRA
Designation	Professor	BOS AY. (PG)	Principal
Address	Dept of Medicine JSS Medical College, Mysore	Sri Sri College of Ay. Science & Research, 21 km, Kowakopur, Road, Bangalore - 82	Magadh College of Nagavardhaka Road, Channarayana - 5#316
Mobile No	9448064613	9448176059 9538176059	7760091341
Email ID	KCSHASHIDHARA@gmail.com	dr.ganeshputtur@gmail.com	vidyaranidra@gmail.com

For the Academic Year : 2024-25

Date of Inspection: 30/08/2024

(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	☐

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	PRAGATHI COLLEGE OF NURSING BOLWAR PUTTUR - 574201	2	Year of Establishment 2024 - 25
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company		
3	Name of the Trust & complete postal address (if private)	PRAGATHI Hospital EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust) Annexure - 1 Email: pragathieducationtrust@gmail.com Website: pragathimc.com		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 5 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

DR. GANESH PUTTUR

Prof. VIDYARANDRA

5	Details of Principal/Head of the institution	Name: SUNIL K Qualification: MSc, Nursing Experience: 16 yrs Email: sunilkr43@gmail.com	Mobile: 91886576671 No: 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

Course Applied UG Courses	Continuation / Fresh Affiliation	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	
B.Sc. Nursing	Fresh Affiliation					6,00,000/-
Post Basic B.Sc. Nursing						Application fee 1,000/- Fees - 25,000/-
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)						6,25,000/-
Online Transaction Number or Details: BD00000006227595 (for 6 lacs + one thousand) BD00000006227790 (for 25,000/-)						

Remarks:

[Signature]
Signature of Chairman

[Signature]
Signature of Member (1)

Verify & Enclose copy of Affiliation fee paid documents

[Signature]
Signature of Member (2)

8. Approval Status of the Institution & Sanctioned Intake: *Fresh Affiliation*

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	<i>Fresh Affiliation for intake</i>
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing <i>N/A</i>	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 <i>N/A</i>	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 <i>N/A</i>	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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Signature of Chairman

S. S. P.
Signature of Member (1)

P. S. S.
Signature of Member (2)

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.Sc Nursing	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-----
			NA			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

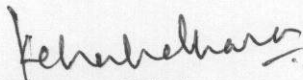
11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

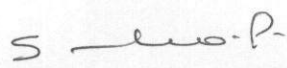
Annexure -10

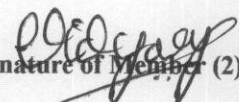
Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To-----
			NA			

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)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		2									
6	Tutor	8-16	16-24	2-10	--		5									
	Total	16-24	24-40	4-12			12									

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

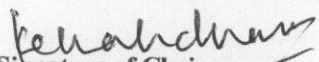
(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e.,

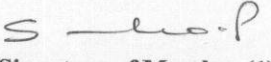
1:10 if they offer B.Sc Nursing Programme)

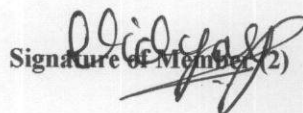
Year Wise Distribution of Faculty for B.Sc Nursing :

(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 Student s 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 Student s 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)

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
			ENCLOSED		

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) 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	24,000sq.ft	
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each		
	P.B.B.Sc (N) : 600 sq ft			
	M.Sc (N) : 600 sq ft			
	NPCC : 600sq ft			
	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1,000	
	4. Professor/Assoc. Prof	800+2400=3200	3,200	
	5. Lecturer/ Tutors			
3	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		1500	
	7. Accountants Office		500	
	8. Store Room		1000	
	9. Record room		1050	
	10. Room for maintenance staff		450	
	11. Xeroxing room		200	
	12. common room		1500	
	13. Seminar hall	1500	3000	

Signature of Chairman

Kelharvelhane

Signature of Member (1)

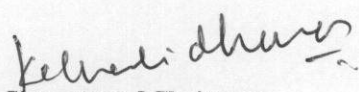
S. S. P.

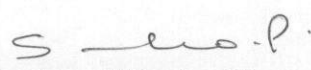
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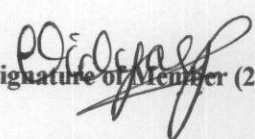
Signature of Member (2)

P. P. P.

14. Toilets	1000	3000	
15. A.V/Aids room		600	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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

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

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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 Licence
1	KA 21 B 2185	13	YES	YES	YES

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Kelavellu

S. S. S. S.

YES

16. Library facility :Enclose list of library books
Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Require d 2300 Sq.Ft	2300 Sq.Ft	YES ☒ No ☐	YES	YES	

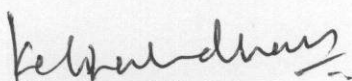
Total No. of Nursing Books available	492	No. of Nursing Journals subscribed	2
No. of Thesis/Research titles available		Is internet facility available for Students?	Enclosed
No of e-books		How many books were purchased in last financial year?	

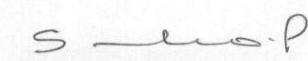
S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	PRABHAVATHI	M. Lib	6	
2	KAVITHA	D. Lib	3	

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

17. Academic activities :Enclose the details of past 3 years
Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18. Details of Clinical / Hospital Facilities:

Annexure - 16

1	Do you have parent Medical College?	YES ☒	NO ☒
2	Do you have parent hospital?	YES ☒	NO ☐
	If Yes, Hospital Owned by	i. Trust/Society/Missionary ☐	
		ii. Trust member with MOU ☒	

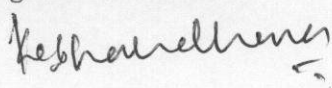
Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital PRAGATHI SPECIALITY HOSPITAL.BOLWAR PUTTUR- 574201	100	50Mtrs	80%	
NAME OF THE TRUST/ Person owning The Hospital Dr.U Sripathi Rao				
Name Of The Owner Of The Trust Dr. U. Sripathi Rao				
Affiliated hospitals- Full Name & Address of the Parent	1			
	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).

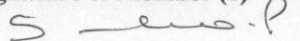
NOTE:

- 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 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 for Bangalore 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, 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

Signature of Chairman



Signature of Member (1)



Signature of Member (2)



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Signature of Chairman

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Signature of Member (1)

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Signature of Member (2)

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.)

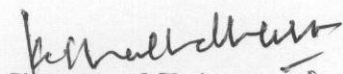
Note

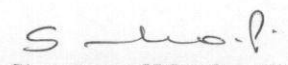
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU (undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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.

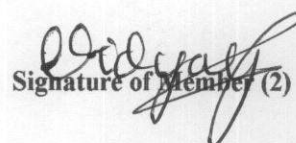
Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:

The Trust members with the own hospital with original documents and found correct. KPME and Pollution Control board certificates verified.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

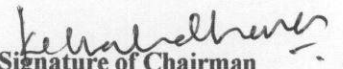
18.1. Distribution of Beds

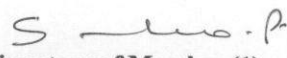
Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	11	10		
Surgery including OT	6	4		
Obstetrics & Gynecology	25	20		
Pediatrics,	10	10		
Emergency Medicine	15	13		
Psychiatry	08	04		

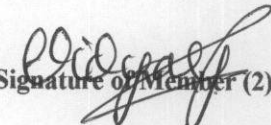
Additional/Other Specialties/Facilities for clinical experience:

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

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


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILED	Original Request letter verified and enclosed	
a. Name of CHC / PHC / SC	Saree	
Adopted / Affiliated	Adopted	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	6 kms	
b. Services Rendered by Health & Family Welfare Programmes	YES	
URBAN FILED :		
a. Name of CHC / PHC / SC	Nellikatte	
Adopted / Affiliated	Adopted	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	2 kms	
b. Services Rendered by Health & Family Welfare Programmes	yes	
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	☐ NA	NO ☐
b.	Daily Attendance Registers	YES	☐ NA	NO ☐
c.	Health Records	YES	☐ NA	NO ☐
d.	Clinical and field experience record	YES	☐ NA	NO ☐
e.	Practical record books - procedure record	YES	☐ NA	NO ☐
f.	Practical record books - Midwifery case book	YES	☐ NA	NO ☐
g.	Leave record	YES	☐ NA	NO ☐

Signature of Chairman

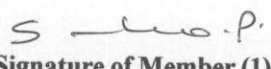
Signature of Member (1)

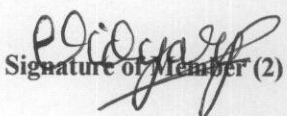
Signature of Member (2)

h.	Extracurricular activities of students	YES	☐ NA	NO	☒
i.	Cumulative record of each	YES	☐ NA	NO	☒
j.	Course planning of each subject	YES	☐ NA	NO	☒
k.	Rotation plans	YES	☐ NA	NO	☒
l.	Committee Meetings	YES	☐ NA	NO	☒
m.	Affiliation records	YES	☐ NA	NO	☒
n.	Records of Stock	YES	☒	NO	☐
o.	Annual report of activities and achievements	YES	☐ NA	NO	☒
p.	Staff development programmes	YES	☐ NA	NO	☒
q.	Anti ragging committee	YES	☒	NO	☐
r.	Student welfare committee	YES	☐ NA	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 :	NA	Boys : —
f.	Total No. of rooms	Girls :	12	Boys : 04
g.	Water Supply	YES	☒	NO ☐
h.	Electricity Supply	YES	☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES	☒	NO ☐
j.	Is Sick room available?	YES	☒	NO ☐
k.	Whether the hostel mess is available with	YES	☒	NO ☐
l.	Safe drinking water facilities	YES	☒	NO ☐

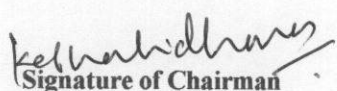

Signature of Chairman

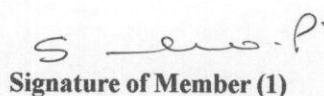

Signature of Member (1)

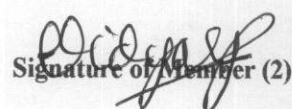

Signature of Member (2)

List of Annexures:

Annexure Number s	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	
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		Not applicable
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval		Not applicable
Annexure - 7	Approval Status : KNC Notification		Not applicable
Annexure - 8	Status : INC Notification		Not applicable
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		Not applicable
Annexure - 10	List of M.Sc. Nursing Students as per format		Not applicable
Annexure - 11	Details of External /Part time Teachers		NO
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 Library Books & others	Yes	
Annexure - 15	Academic Activities		Not applicable
Annexure - 16	Details of Clinical/Hospital Facilities	Yes	
Annexure - 17	Details of Community Health Nursing Posting Facilities		
Annexure - 18	Master Rotation plans and Time tables	YES	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	


Signature of Chairman


Signature of Member (1)

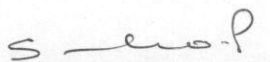

Signature of Member (2)

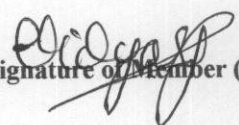
Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations:

1. on the day of Inspection the required faculty & staff were present as per the Norms.
2. Parent Hospital (own) documents are attached as per the norms with the prescribed bed occupancy as per the University guidelines.
3. Lab equipments, library books, clinical material are present as per the norms.
4. Separate hostel for girls and boys were available - own.
5. A 24000 Square foot new building construction was done for the College, 80% of the work has been completed, and the remaining work will be completed within one month as per the plan given by the trust authorities. (photos enclosed)
6. Attached Hospital is present since long time & will provide good clinical material for the students.

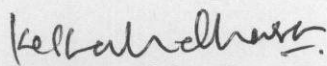

Signature of Chairman


Signature of Member (1)

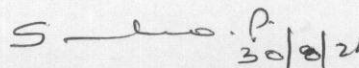

Signature of Member (2)

INTRUSTRUCTION FOR REPORTING OF LOCAL INSPECTIONS BY RGUHS

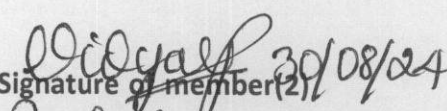
1. LIC Team shall submit an undertaking enclosed with the LIC order of having completed the inspection as per RGUHS norms
2. Team shall submit the report soft and hard copy with 48hrs of the inspection failing which
 - a) Team shall compulsorily visit the attached hospital and physically verify the bed strength facilities provided along with the KPME and PCB certificated
 - b) Team shall obtain an undertaking/ affidavit from the hospital in the prescribed format.
3. Submission of soft copy of video recording and geo tagged photography during LIC inspection is mandatory.
4. The checklist should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory available / sufficient etc where the specific information sought such as Area of the land/dimension of the 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: Dishank app may be used to verify the owner's details of the particular institution.
9. For any misleading/wrong information the whole LIC team will be made responsible.


Signature of the chairman

Dr. K. C. Shrinikumar


Signature of the member (1)

DR. GANGSHU PUTTUR


Signature of member (2)
Prof. VEDARANER

UNDERTAKING

We the chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Pragathi College Nursing, Puttur which has applied for Fresh of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 30/08/2024 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/CO/2024-25, Dated:11/12/2023, we have also visited the attached hospital and verified the bedstregth and clinical facility at the hospital.

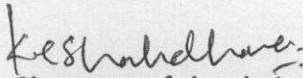
The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

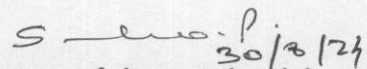
Senate member(Chairman)

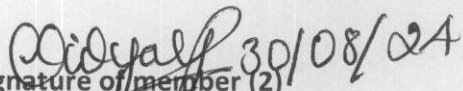
AC member(member)

Subject Expert(member)


Signature of the chairman

D.K.C. Shanmugasundaram


Signature of the member (1)
DR. GANESH PUTTUR


Signature of member (2)
PROF. P. V. S. REDDY



PRAGATHI HOSPITAL EDUCATION TRUST (R.)

Pragathi Speciality Hospital, Bolwar, Puttur - 574201
Ph: 08251-251046, 251086. Cell: 9844377347/9916373471
Email: pragathihospitaleducationtrust@gmail.com

Ref No : 25/PCN/2024-25

Date:30/08/2024

UNDERTAKING LETTER TO COMPLETE CONSTRUCTION

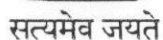
I Dr.U.Sripathi Rao, President of Pragathi Hospital Education Trust ®, here with assure you that the construction of the proposed Pragathi College of Nursing has been already constructed measuring 24,000Square feet will be ready within few weeks of time.


PRAGATHI HOSPITAL EDUCATION TRUST (R.)
BOLWAR, PUTTUR-574 201, D.K.



Parent Hospital: PRAGATHI SPECIALITY HOSPITAL

Bolwar, Puttur, Dakshina Kannada - 574201
Ph: 08251-251046, 251086, Cell: 9483787876/9448126326



Government of Karnataka

e-Stamp

Certificate No.	: IN-KA02175631012069W
Certificate Issued Date	: 30-Aug-2024 04:59 PM
Account Reference	: NONACC (BK)/ kakscub08/ PUTTUR/ KA-DK
Unique Doc. Reference	: SUBIN-KAKAKSCUB0854819980276982W
Purchased by	: DR U SRIPATHI RAO
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: DR U SRIPATHI RAO
Second Party	: RAJIV GANDHI UNIVERSITY BANGALORE
Stamp Duty Paid By	: DR U SRIPATHI RAO
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)

For THE PUTTUR CO-OPERATIVE TOWN BANK LTD



Authorized Signatory



Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

PRAGATHI HOSPITAL EDUCATION TRUST (R.)
BOLWAR, PUTTUR-574 201, D.K.

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.
2. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
3. The onus of checking the legitimacy is on the users of the certificate.
4. In case of any discrepancy please inform the Competent Authority.

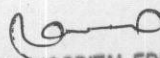
We confirm that all the information provided by us to the LIC team is True and correct to the best of our knowledge.

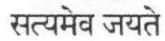
We confirm that the faculty in the college is employed for full time in the college.

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.

For Pragathi Hospital Education TRUST (R)


PRAGATHI HOSPITAL EDUCATION TRUST (R.)
BOLWAR .PUTTUR-574 201,D.K.



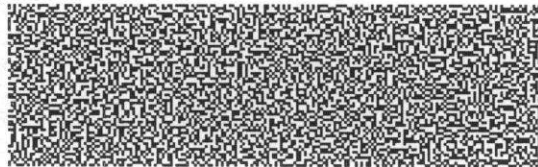
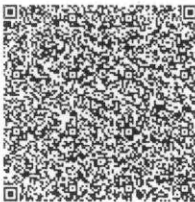
Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	: IN-KA02175945697446W
Certificate Issued Date	: 30-Aug-2024 04:59 PM
Account Reference	: NONACC (BK)/ kakscub08/ PUTTUR/ KA-DK
Unique Doc. Reference	: SUBIN-KAKAKSCUB0854818568224807W
Purchased by	: DR U SRIPATHI RAO
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: DR U SRIPATHI RAO
Second Party	: RAJIV GANDHI UNIVERSITY BANGALORE
Stamp Duty Paid By	: DR U SRIPATHI RAO
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)

For THE PUTTUR CO-OPERATIVE TOWN BANK LTD.



Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

PRAGATHI SPECIALITY HOSPITAL

**Main Road, Bolwar,
PUTTUR - 574 201, D.K.
Ph: 9448126326
DKA00456AAHP**



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 Pragathi Speciality Hospital, Puttur is Registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

We also confirm that Pragathi Speciality Hospital Puttur is solely affiliated to **Pragathi College of Nursing** and information provided by us is true and correct.

For Pragathi Speciality Hospital


PRAGATHI SPECIALITY HOSPITAL
Main Road, Bolwar,
PUTTUR - 574 201, D.K.
Ph: 9448126326
DKA00456AAHP

