**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 VIDYARANI R |
| Designation | Professor | BOS Ay. (PG). | Principal |
| Address | Dept of Medicine JSS Medical College, Mysu | Sri Sri College of Ay. Science & Research, 21 Km, Kanakapura Road, Bangalore - 82 | Nagesh College of Nsg, Nagasandra Road, Channalagapura-573116 |
| Mobile No | 9448064613 | 9448176059 9538176059 | 7760091391 |
| Email ID | kcshashidhara@yahoo.com | drganeshputtur@gmail.com | vidyalaxmi@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<br>(Enclose copy of Registration documents of Society/Trust) Annexure – 1<br>Email: Pragathieducationtrust@gmail.com Website: pragathipmc.com | | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 5<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2 | | |

Signature of Chairman

Signature of Member (1)
DR. GANESH PUTTUR

Signature of Member (2)
Prof VIDYARANI R

| | | | | |
|---|---|---|---|---|
| 5 | Details of Principal/Head of the institution | Name: SUNIL.K<br>Qualification : Experience: MSc, Nursing 16 yrs<br>Email: sunilkk43@gmail.com | | Mobile No: Office No: 9188657671<br>Fax No:<br>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.<br>(Verify& enclose a copy of the registered trust Documents)<br>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 UGor b) for UG and PG courses c) NPCC | |
| B.Sc. Nursing | Fresh Affiliation | | | | | 6,00,000/- Application fee 1,000/- Fine. 25,000/- |
| 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) | 6,26,000/- |

Online Transaction Number or Details: BD000000062227595 (for 6 lacs + one thousand)
BD000000062227790 (for 25,000/-)

**Remarks:**

Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman

Signature of Member (1)

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 | Fresh Affiliation for 40 intake |
| | 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 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. NPCC N/A | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | | | | | |
| | Admissions Made for the Current Academic Year | | | | | |

Signature of Chairman

Signature of Member (1)

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.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)**

## 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 | 1st Year | 2nd Year | 3rd Year | 4th Year |
|---|---|---|---|---|
| 40 Students Intake | Total 5 Faculty<br>• 3 M.Sc. Nursing qualified faculty<br>• 2 Tutors | Total 8 Faculty<br>• 5 M.Sc. Nursing qualified faculty<br>• 3 Tutors | Total 12 Faculty<br>• 7 M.Sc. Nursing qualified faculty<br>• 5 Tutors | Total 16 Faculty<br>• 8 M.Sc. Nursing qualified faculty<br>• 8 Tutors |
| 60 Students Intake | Total 6 Faculty<br>• 3 M.Sc. Nursing qualified faculty<br>• 3 Tutors | Total 12 Faculty<br>• 5 M.Sc. Nursing qualified faculty<br>• 7 Tutors | Total 18 Faculty<br>• 7 M.Sc. Nursing qualified faculty<br>• 11 Tutors | Total 24 Faculty<br>• 8 M.Sc. Nursing qualified faculty<br>• 16 Tutors |
| 100 Students Intake | Total 10 Faculty<br>• 5 M.Sc. Nursing qualified faculty<br>• 5 Tutors | Total 20 Faculty<br>• 8 M.Sc. Nursing qualified faculty<br>• 12 Tutors | Total 30 Faculty<br>• 12 M.Sc. Nursing qualified faculty<br>• 18 Tutors | Total 40 Faculty<br>• 16 M.Sc. Nursing qualified faculty<br>• 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) | 23,200sq.ft | 24,000sq.ft | |
| | Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III— section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy | | | |
| 2 | CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft | 4 Class rooms 900sq ft Each | | |
| | P.B.B.Sc (N) : 600 sq ft | | | |
| | M.Sc (N) : 600 sq ft | | | |
| | NPCC : 600sq ft | | | |
| 3 | Administrative Facilities | | | |
| | Office 1. Principal's Chamber | 300 | 300 | |
| | 2. Vice-Principal Chamber | 200 | 200 | |
| | 3. HOD | 5 x 200 = 1000 | 1,050 | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | 3,200 | |
| | 5. Lecturer/ Tutors | | | |
| | 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

Signature of Member (1)

Signature of Member (2)

| | | | | |
|---|---|---|---|---|
| 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 Licience |
|---|---|---|---|---|---|
| 1 | KA21B2185 | 13 | YES | YES | YES |

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

**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 | 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<br>PRAGATHI SPECIALITY HOSPITAL.BOLWAR PUTTUR- 574201 | | 100 | 50Mtrs | 80% | |
| NAME OF THE TRUST/ Person owning The Hospital<br>Dr.U Sripathi Rao | | | | | |
| Name Of The Owner Of The Trust<br>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 hospitalexcept 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

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, 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:**

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 FILELD | Original Request Letter Verified and enclosed | |
| a. Name of CHC / PHC / SC | | Sarve |
| Adopted / Affiliated | | Adopted |
| Administrate red by | | State Govt. ☑ Municipal Corporation ☐ Private ☐ |
| Distance from the Nursing Institute | | 6 kms |
| b. Services Rendered by Health & Family Welfare Programmes | | YES |
| URBAN FEILD : | | |
| a. Name of CHC / PHC / SC | | Nellikatte |
| Adopted / Affiliated | | Adopted |
| Administrate red 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 Numbers | Details | Submitted (Tick Mark) | |
|---|---|---|---|
| | | Yes | NO |
| Annexure - 1 | Details of Trust/ Society related documents | YES | |
| Annexure - 2 | Details of Governing Council, its meetings & Audit report of Trust | YES | |
| 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 teaching faculties 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 feet 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 Consent 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 | Signature of the member (1) | Signature of member (2) |
|---|---|---|
| Dr. K. C. Shashidhara | 30/8/24<br>DR. GANESH PUTTUR | 30/08/24<br>PROF VIDYADHARAN |

## 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 | Signature of the member (1) | Signature of member (2) |
| D.K.C Shashidhara. | DR. GANGSH PUTTUR | PROF. VIDYARANI R.J |

# 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.

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

Rs. 100

**e-Stamp**

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| **Certificate No.** | : | **IN-KA02175631012069W** |
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| 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 |
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| Stamp Duty Paid By | : | DR U SRIPATHI RAO |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

For THE PUTTUR CO-OPERATIVE TOWN BANK LTD

Authorised 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. 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.

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.

सत्यमेव जयते

**INDIA NON JUDICIAL**

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| 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.

Authorised Signatory

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:**

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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