Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

F 39

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. SRINIVASAN VELU	Dr. T. Prakash	Prof. Jahnadeva Prasad
Designation	Senate Member	Principal	Principal
Address	No 790, 1st Cross, 2nd Main Kumangala 8th Block Bangalore -95	Alcathaya inelulti y pharmacy Tumkur	Chaitra College of Nursing, Mysore
Mobile No	9448060250	7892513404	9606364956
Email ID	drseena4333@yahoo.com	prakashtigari@gmail.com	principal@ccnmysore.ac.in

For the Academic Year : 2024-25 *Date of Inspection:* 31/08/2024

(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	
	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	Sai Samhita College of Nursing,	2	Year of Establishment
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	(a). Name of the Trust/Society&complete postal address	Sambhavana Trust. Behind Court, Mariyappa Layout. Anekal - 562106 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Saisamhitacon@gmail.com	Website:	

31/8/24
Signature of Chairman

31/8/2024
Signature of Member (1)

Signature of Member (2)

(1 Dr. T. Prakash)

	(b). Name of the Owner of Trust/Society	V. Raghunath Reddy	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 7 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2	
5	Details of Principal/Head of the institution	Name: Meena George. Qualification: M.Sc(N). Paediatric Experience: 12yrs Email: meenachiranjith@yahoo.com	Mobile No: 8296494668 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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	~~Application Renewal Fees~~	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Fresh	6.00.000/-	1.000/-	50/-		6.01.050/-
Post Basic B.Sc. Nursing						
					Total (A)	6.01.050/-

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

Online Transaction Number or Details:

2CUB1634869466, Dt: 29/12/2023

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

Remarks: Trust is 9 years old. 3 years under extension is enclosed.

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake: From Inspection

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male					
	Female					
Post Basic B.Sc Nursing	Male		NA			
	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) NA

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)

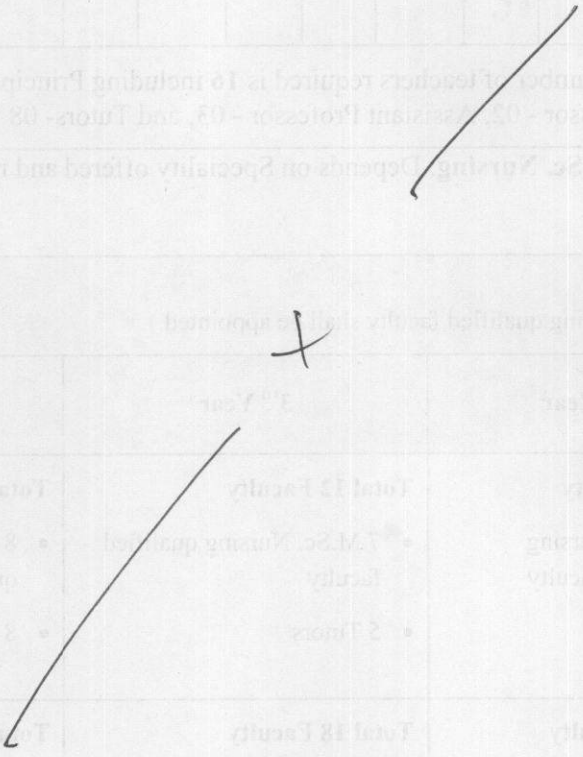
Annexure –10

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)** 31/5/2024 Dr. E. Prabhakar | **Signature of Member (2)**



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				01									
2	Vice-Principal	1	1				–									
3	Professor	1	1-2		1*		–									
4	Associate Professor	2	2-4		1*		–									
5	Assistant Professor	3	3-8	2	3*		02									
6	Tutor	8-16	16-24	2-10	--		03									
	Total	**16-24**	**24-40**	**4-12**			16									

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

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

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** • 8 M.Sc. Nursing qualified faculty • 16 Tutors
100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs. Meena George	Principal	M.Sc(N) Nae	2014	RRMOP 2011 3301 KAR	1	10	5/12/23	Yes	
2.	Mrs. Veena M	Asst. Prof.	M.Sc(N) Psy	2022	41293	1	1	5/12/23	Yes	
3.	Ms. 4 R Wungreiphy	Lecturer	M.Sc(N) MSN	2023	81289	1	1	5/12/23	Yes	
4.	Mr. Nasir Hussain	Asst. Lecturer	B.Sc(N)	2023	146345	1	–	2/12/23	Yes	
5.	Mr. Ubaid Ahmad Pala	Asst. Lecturer	B.Sc(N)	2022	137029	1	–	3/12/23	Yes	
6.	Mr. Zakir Maqbool Tantry	Asst. Lecturer	B.Sc(N)	2020	117236	3	–	5/12/23	Yes.	
7.										
8.										
9.										
10.										
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31/8/24

Signature of Chairman

Signature of Member (1)

(Dr. T. Praveen)

Signature of Member (2)

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31/8/24

Signature of Chairman

24/8/2024

Prof. Madaan

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)**

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	23,800 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			
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 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	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	400 sq.ft	
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000	—	
	4. Professor/Assoc. Prof	800+2400=3200	800 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		500 sq.ft	
	7. Accountants Office		—	
	8. Store Room		—	
	9. Record room		—	
	10. Room for maintenance staff		—	
	11. Xeroxing room		—	
	12. common room	1000	1000 sq.ft	
	13. Seminar hall	3000	2040 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	1000 sq.ft	

Signature of Chairman (2) 31/8/24

Signature of Member (1) 31/8/24

Signature of Member

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1100 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1,200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	900 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**

1. **Is the college building own or leased / rented?** Leased
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.**

} Enclosed

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience

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

01	KA01 MJ 7074	05	~~Yes~~ / No	~~Yes~~ / No	~~Yes~~ / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	1500 Sqft.	YES ☑ No ☐	Good	Good.	

Total No. of Nursing Books available	970	**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?**	—

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Range gowda	M.Lib	3yrs	

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		

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

Conferences attended		—

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital Sri Sai Hospital 109/B2, Raghavendra Swamy Layout, Yadavanahalli, Anekal Tq, Chandapura Bengaluru - 562107		100			
NAME OF THE TRUST/ Person owning The Hospital Dhananjaya H M					
Name Of The Owner Of The Trust of Hospital Dhananjaya H M					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Best Hospital Beside Railway Bridge, Chandapura - 560099	60			
	2				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other

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

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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	85%.	40	90%.
Surgery including OT	10	90%.	10	85%.

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Obstetrics & Gynecology	10	85%.		
Pediatrics,	10	80%.		
Emergency Medicine	05	80%.		
Psychiatry	05	90%.		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	80%.		
Minor OT	10	75%.		
Dental, Otorhinolaryngology, Ophthalmology	05	80%.		
Burns and Plastic	04	85%.		
Neonatology care unit	05	85%.		
Communicable disease/Respiratory medicine/TB & chest diseases	04	80%.		
Dermatology	03	75%.		
Cardiology	04	70%.		
Oncology	05	60%.		
Neurology/Neuro-surgery	05	75%.		
Nephrology/Urology	10	85%.		
ICU/ICCU	10	80%.		
Geriatric Medicine	15	80%.		
Any other	—	—		

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

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

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	—
b. Services Rendered by Health & Family Welfare Programmes	—
URBAN FEILD :	
a. Name of CHC / PHC / SC	—
Adopted / Affiliated	—
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	—
b. Services Rendered by Health & Family Welfare Programmes	—
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

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

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

k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : –	Boys : –
f.	Total No. of rooms	Girls : –	Boys : –
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	

Signature of Chairman

Signature of Member

Signature of Member

(2)

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)

3/9/2024

Dr. T. Prakash

Signature of Member

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓	

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

Observations: LIC inspection for Fresh Affiliation of Nursing College. of SAI SAMHITHA College of Nursing.

Trust: Sai Santhitha College of nursing applied under Sambhavana trust which is 9yrs old, 3yrs audit report & trust details enclosed University fees receipts enclosed. Trust norms are appraised as per norms. All documents of trust enclosed.

Infrastructure: Building is leased for 30yrs - documents enclosed Building plan & blue print enclosed. Plan area of 24000 Sq ft is enclosed. 1st, 2nd & ground floor is functioning. 3rd to 5th flor is under construction & in finishing stage. class rooms, 5 labs, principal room, staff room, are available & ready.

Faculty: Principal appointed along with other staff as per norms. all documents enclosed.

Library: Books ordered & invoices enclosed.

Hospital: Sri Sai hospital (Parental) @ 28kms from college. Hospital owner Dr. Dhananjaya is one of the trustee member of the trust. As per KPME & PCB hospital bed are 100 & hospital is well established & suitable for starting nursing college. Bed hospital: Affiliated hospital with 60 beds - MOU enclosed

Hostel: seperate for boys & female - agiments enclosed

Bus: 50 seater taken on rental - enclosed.

Signature of Chairman (2)	Signature of Member (1)	Signature of Member
	31/08/2024	31/08/24
	Dr. T. Prakash	(Mahadeva Prasad N S)
	(Academic Council) nmc	

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	**A C Member (Member)**	**Subject Expert (Member)**

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sai Samhita College of Nursing, which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 31/08/2024 and verified the infrastructure, Institutional facilities, ~~Student Strength~~, ~~Staff Post~~, ~~Staff Biome~~trics, ~~Students attendanc~~e 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.

31/8/24

Signature of Chairman (2)

31/8/2024

Signature of Member (1)

Dr. T. Prabhu

Signature of Member

Mahadeva Prasad N S

SAMBHAVNA

SAMBHAVNA TRUST

Regd.No. BNG (U) ANKL.S.R/D.No 441/15-15

Behind Court, Mariyappa Layout, Anekal – 562106

UNDERTAKING

I, Dhananjaya H M is the Owner of the Sri Sai Hospital situated at No.109/B2, Raghavendra Swamy Layout, Yadavanahalli, Anekal Taluk, Bangalore – 562107.

This is to confirm that our hospital is registered under KPMEA and PCB with 1 0 0 beds and the bonafide certificate has been attached.

This is to confirm that the hospital is functioning as parent hospital for Sai Samhita College of Nursing. We also confirm that our hospital is solely affiliated to Sai Samhita College of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.

SRI SAI HOSPITALS ATTIBELE BENGALURU - 562 107.

Signature of Chairman

(2)

SRI SAI HOSPITALS
109/B2, Sri Raghavendra Swamy Layout,
Yadavanahalli, Attibele Hobli,
Anekal Taluk, BENGALURU - 562 107.

Signature of Member (1)

Signature of Member

SAMBHAVNA

SAMBHAVNA TRUST

Regd.No. BNG (U) ANKL.S.R/D.No 441/15-15

Behind Court, Mariyappa Layout, Anekal – 562106

UNDERTAKING by Trust Management

I, V Raghunath Reddy, the Chairman of the Sambhavna Trust are submitting the affidavit to University.

The Sambhavna Trust is running the Sai Samhita 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.

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 SAMBHAVNA TRUST

Chairman

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

SAI SAMHITA COLLEGE OF NURSING

List of Teaching faculty detail

Sl. No.	Name of the Faculty	Qualification	Designation	Signature
1.	Mrs. Meena George	M.Sc (N)	Principal	
2.	Mrs. Veena M	M.Sc (N)	Asst. Prof	
3.	Ms. Y R Wungreiphy	M.Sc (N)	Lecturer	
4.	Mr. Nasir Hussain	B.Sc (N)	Asst. Lecturer	
5.	Mr. Zakir Maqbool Tantry	B.Sc (N)	Asst. Lecturer	
6.	Mr. Ubaid Ahmad Pala	B.Sc (N)	Asst. Lecturer	