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

F 40

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Srinivasan Velu	Dr Basavaraj Chivade	Dr. Juby Mary Chacko
Designation	Cardiologist (Non-Med)	Professor	Principal
Address	No 490, 1st Cross, 2nd Main, Kormangala 8th Block, Bline-95	S.U.E.T's College of pharmacy	Sahyadri College of Nursing
Mobile No	9448060250	9886469816	8050230555
Email ID	drseena4333@Yahoo.com	basavaraj chivade @gmail.com	juby mary@gmail.com

For the Academic Year : 2024-25			*Date of Inspection:* 29/8/24	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation	✓	4. Re-Inspection	
	2.Continuation of Affiliation		5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

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 Sidd College of Nursing No.46, 2nd Block, 2nd Stage, Madhuvana Layout, Srirampura Mysore - 570023	2	**Year of Establishment** 2018
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)**	Sai Sidd Education and Charitable Trust, Mysuru. No.46 2nd Block 2nd Stage, Madhuvana layout, Srirampura Mysore - 570023 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: ssect111@gmail.com	**Website:** www.saisiddcollege.com	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 5 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2** ✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

9/9/24

5	**Details of Principal/Head of the institution**	**Name:** T. Getzi Baby **Qualification:** M.Sc Nursing **Experience:** 15 yrs **Email:** getzi@carmelsolutions.in		**Mobile No:** 9036949764 **Office No:** 8867572117. **Fax No:** - **Residential phone No:** 9741945458
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** NA

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing						6,01,050/-
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. NA.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: Rs 6,01,050/- paid with reference number ZHDF1586488189 on 6-12-2023

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:

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	Not Applicable
	Affiliation Sanctioned Intake	-				
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake					
	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	-	-			NA
	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: Since its fresh affiliation no students are admitted

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													
3	Professor	1	1-2		1*					1						
4	Associate Professor	2	2-4		1*					1						
5	Assistant Professor	3	3-8	2	3*					2						
6	Tutor	8-16	16-24	2-10	--											
	Total	**16-24**	**24-40**	**4-12**						1+4						

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.	T. GIFTZI BABY	PRINCIPAL	MSC Food Nutrition	2004	1642	NIL	16	3/6/2024		
2.	Shaheenabegum N S	Lecturer	MSC Psychiatry	2020	023975	yes	04	01/07/2024		
3.	Mohan Raju. B.V	Assr. Professor	MSC Community	2020	024055	06	02	02/06/24		
4.	Shashidhara K S	Lecturer	PB BSc	2022	153533			01/07/2024		
5.	Chandrashekhara HC	Lecturer	PB BSc	2022	145511	NO		01/07/2024		
6.	~~Gifti Baby~~ Harikrishnaish	Tutor	B.Sc	2010						
7.	D Devaraja.	Tutor	B.Sc	2015	145883		9	7/7/2024		
8.	Teju C	Tutor	B-Sc	2020	109452		4	7/7/2024		
9.	Rema C	Tutor	B-Sc.	2020	121724		4	7/7/2024		
10.	Rekha D	Tutor	B-Sc	2020	~~121784~~ 129749		3	7/7/2024		
11.	Veda N A	Tutor	B.Sc	2020	114279		3	7/7/2024		
12.	Sneha G P	Tutor	B-Sc	2020	109458		3	7/7/2024		
13.	Arun S. Talli	Tutor	B-Sc	2022	131943		2	7/7/2024		
14.	Chandana M G	Tutor	B Sc.	2022	132814		2.	7/7/2024		
15.	~~Praveen K~~ Shivanakaraggi	Asst Prof	M.Sc Anat	2021						
16.	~~Chandrashekhara HC~~	~~Tutor~~	~~PB BSc~~	~~2022~~	~~145511~~		~~2~~	~~7/7/2024~~		
17.	Mani H-S	Tutor	PB BSc	2021	157233		3	7/7/2024		
18.	Shaila M D	Associate Prof.	M-Sc	2013	124366	NIL	11	7/7/2024		
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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	23,200 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		
	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	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		400 sq.ft	
	7. Accountants Office		400 sq.ft	
	8. Store Room			Available
	9. Record room			Available
	10. Room for maintenance staff			Available
	11. Xeroxing room			Available
	12. common room	1000	1000	Available
	13. Seminar hall	3000	3000	Available.
	14. Toilets	1000	1000	Available.
	15. A.V/Aids room	600	600	Available.

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	Adequate
	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
2	KA55 0938 MH43H1542	70	Yes / No	Yes / No	Yes / No

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 ☐			

Total No. of Nursing Books available		**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.	Rangamma K. M	M. Lib	2 YEARS.	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals 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	MA	
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 NAYANA KUMAR MULTISPECIALITY HOSPITAL NETHAJI CIRCLE, DATTAGALLI MYSORE		150	8 KM	80%	
NAME OF THE TRUST/ Person owning The Hospital POORNIMA M K SRI SAI EDUCATION & CHARITABLE TRUST					
Name Of The Owner Of The Trust POORNIMA M K					
Affiliated hospitals-Full Name & Address of the Parent Hospital	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 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

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:

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	50	30		
Surgery including OT	18	5		
Obstetrics & Gynecology	8	4		
Pediatrics,	6	4		
Emergency Medicine	10	6		
Psychiatry	5	2		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	25	10		
Minor OT	50	15		
Dental, Otorhinolaryngology, Ophthalmology	2	1		
Burns and Plastic	10	5		
Neonatology care unit	5	1		
Communicable disease/ Respiratory medicine/TB & chest diseases	10	5		
Dermatology	5	2		
Cardiology	12	5		
Oncology	3	1		
Neurology/Neuro-surgery	15	—		
Nephrology/Urology	5	1		
ICU/ICCU	50	50		
Geriatric Medicine	5	3		
Any other	—	—		

Note : 1:3 student patient rationeeded. 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		
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		
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** ☐

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

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 ☐
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 ☐

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	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
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		✓
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	

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:

- Sai Siddi College of Nursing was inspected with LIC team on 29th Aug 2024.
- Trust Deed & trustees are available (Documents have attached)
- Infrastructure is Appropriate for nursing college.
- 150 bedded hospital is available at 8.5 kms.
- Hospital owned by College.
- All the facilities of hospital are appropriate.
- Vehicle / Hospital facility is available.
- Faculty are appropriate. Principal is appointed & was present for inspection, other staff have given consent for joining.
- Library space is adequate with 1000 books. & others have been ordered.
- Laboratory equipments are adequate & others have been ordered. invoices are available.
- [illegible]

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