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

F 49

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Aravind Katti	Mahesh Kumar G Loni	Mahesha M
Designation	Senate Member	AC Member	Subject Expert
Address	Dr Malakreddy Homeopathic Medical college Kalaburagi	Smt Padma G Madegowda College of Nursing, bharatinagar, Mandya	Cauvery College of Nursing, Mysuru
Mobile No	9481640062	9740395203	9964241408
Email ID	Dr.aravindkatti@gmail.com		

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	X
	2.Continuation of Affiliation	X	5.Surprise Inspection	X
	3.Enhancement of Seats	X	6. Change of Name/Address	X

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	X
	3. M.Sc. Nursing	X	4. M.Sc. NPCC	X

1	Name of the Institution with Full Address	SRI YELLALING EDUCATION SOCIETY's SMT SUNANDA COLLEGE OF NURSING, NAUBAD, BIDAR	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)	SRI YELLALING EDUCATION SOCIETY's NAUBAD, BIDAR (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:smtsunandacollegenursing@gmail.com	Website: smtsunandacollegenursing.org	

Signature of Chairman
(Senate member)

Signature of Member (1)

Signature of Member (2)
Mahesha M

B. R. Akshay 11/9/2024.

4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 09** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:Mrs Ratnamala Bailur** **Qualification: Bsc Msc** **Experience: 18 Years** **Email: smtsunandacollegenursing@gmail.com**		**Mobile No:7676760811** **Office No: 7676760811** **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	**Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	**Fresh Affiliation**	--	--	--	--	**301000.00**
Post Basic B.Sc. Nursing	--	--	--	--	--	--
					Total (A)	**301000.00**
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5. N/A					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details: ZHMP163H675402, Dated - 27/12/2023

Remarks:

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

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Fresh Affiliation
	Affiliation Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Fresh Affiliation
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Fresh Affiliation
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Fresh Affiliation
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

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	NA	NA	NA	
	Female	NA	NA	NA	NA	
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
M.Sc Nursing	Male	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
M.Sc NPCC	Male	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	

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	NA	NA	NA	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	NA	NA	NA	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: NA

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*											
6	Tutor	8-16	16-24	2-10	--		3									
	Total	**16-24**	**24-40**	**4-12**			6									

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

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

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

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

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

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.	RATNAMALA BAILUR	PRINCIPAL	M.Sc Nursing	2011	6867		13	01-12-2023	Yes	
2.	Kashinath Sajjan	Professor	M.Sc Nursing	2015	19011		10	01-08-2024	Yes	
3.	Basa Reddy	Associate.Professor	M.Sc Nursing	2014	11437		8	01-08-2024	Yes	
4.	Syam Dnyasagar	Tutor	B.Sc N	2023	225812		1	01-08-2024	Yes	
5.	Sahana	Tutor	B.Sc N	2023	225812		1	01-08-2024	Yes	
6.	Priyanka	Rutor	B.Sc N	2021	126122		1	01/08/2024	Yes	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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N/A

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

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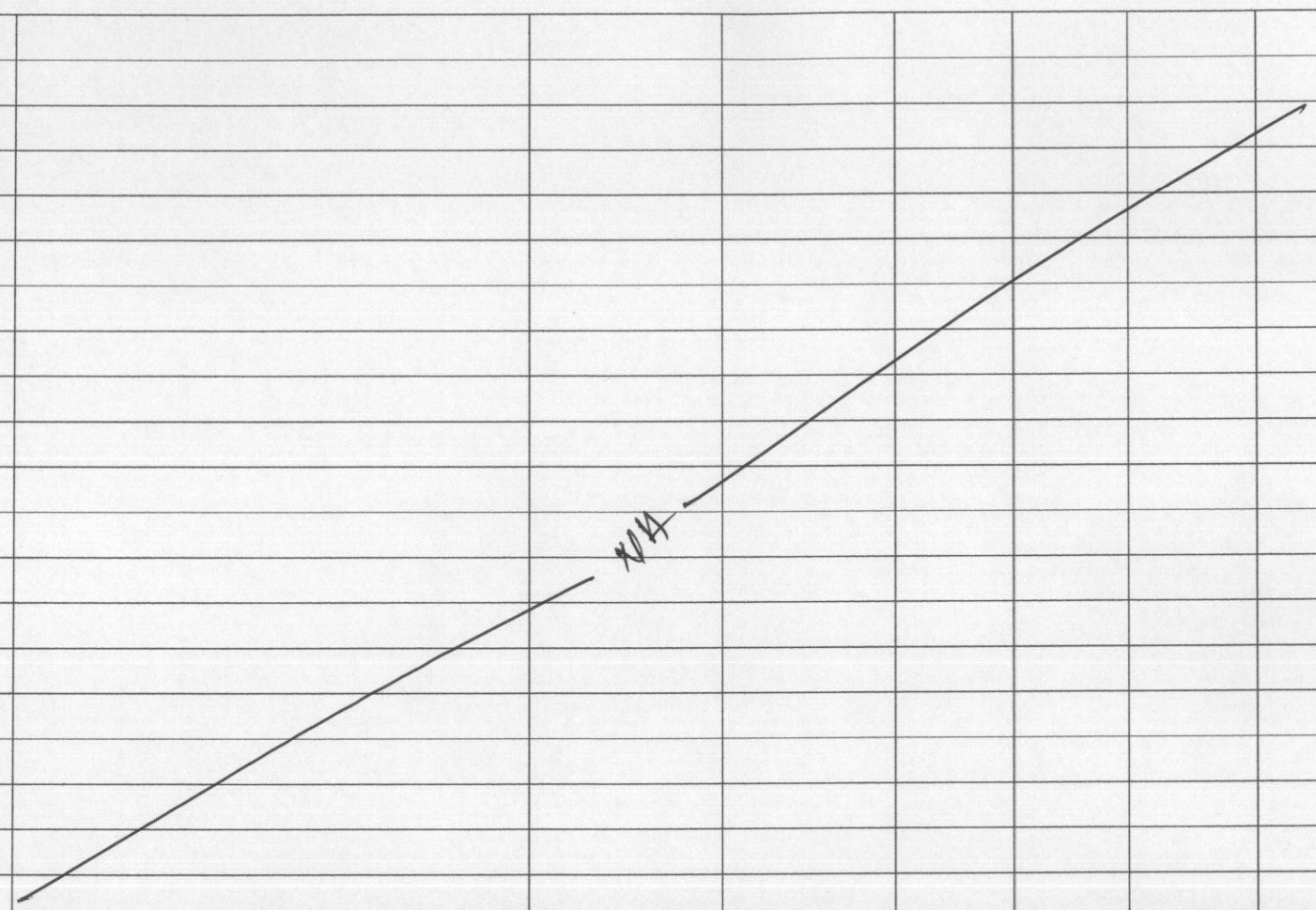


- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years 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
		copy Enclosed			verified

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	24000 sq.ft	verified
	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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**4 Class rooms 3600 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	320	
	2. Vice-Principal Chamber	200	230	
	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)		**500**	
	7. Accountants Office		**200**	
	8. Store Room		**100**	
	9. Record room		**100**	
	10. Room for maintenance staff		**100**	
	11. Xeroxing room		**100**	
	12. common room	1000	**1100**	
	13. Seminar hall	3000	**3050**	
	14. Toilets	1000	**1200**	
	15. A.V/Aids room	600	**650**	

verified

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	1800 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1400sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.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	-	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.

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
01	KA38 A 6500	32	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	2400 Sqft	YES ☑ No ☐	AVAILABLE	AVAILABLE	verified

Total No. of Nursing Books available	500	**No. of Nursing Journals subscribed**	8
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	YES
No of e-books	12	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs Sangita	MLSc	4YEARS	verified
2	Mallikarjun	MLSc	3YEARS	

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	NA	
Conferences conducted	NA	
Conferences attended	NA	

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 SAI PREET BHALKE MULTI HOSPITAL	100	8KM		verified
NAME OF THE TRUST/ Person owning The Hospital SRI YELLALING EDUCATION SOCIETY NAUBAD BIDAR	—	—	—	verified
Name Of The Owner Of The Trust DR. SOMASHEKHAR BHALKE	—	—	—	verified
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

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

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:

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	40	79		
Surgery including OT	20	81		
Obstetrics & Gynecology	11	77		
Pediatrics,	15	80		
Emergency Medicine	10	79		
Psychiatry	04	81		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	81		
Minor OT	10	80		
Dental, Otorhinolaryngology, Ophthalmology	00	00		
Burns and Plastic	10	78		
Neonatology care unit	15	79		
Communicable disease/ Respiratory medicine/TB & chest diseases	04	82		
Dermatology	00	00		
Cardiology	10	78		
Oncology	05	77		
Neurology/Neuro-surgery	05	81		
Nephrology/Urology	05	80		
ICU/ICCU	10	79		
Geriatric Medicine	06	78		
Any other	10	81		

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		
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** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

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 16000 sqft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : -	Boys : -
f.	Total No. of rooms	Girls : 15	Boys : 14
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: Smt. Sunanda College of Nursing, Bidar for fresh affiliation for 2024-25 years inspection conducted on 31/8/2024

LIC team members has visited smt. Sunanda College of Nursing, Bidar on 31/8/2024. At the time of inspection followings are observed.

1) The nursing institution runs runs under Sri Yellaling education society, Bidar established in 1992
2) Institution is in lease building, Lease is for 30 years. College has infrastructure as per norms and verified.
3) Institution is having 6 Labs, 4 classrooms, principal-1, staff room, are adequate
4) Institution has 6 staffs including principal
5) Library is having 600 books and librarian appointed
6) Institution is having Saipreet Bhalke Hospital, Devi Colony Bidar, a parent own multispeciality hospital as per KPMEA, PCB and BM waste (Enviro Biotech) and verified.
7) Institution is having own bus facility
8) Hostel for Boys and Girls available

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Smt. Sunanda College of nursing, Bidar which has applied for ~~continuation~~ Fresh of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 31/8/2024 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

UNDERTAKING

I/We,

_____

_ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at

_____

_____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit to University.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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 are 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.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

NOTARY
THAKUR VEERENDRA SINGH
ADVOCATE
BIDAR TALUKA
Law 30/LCL/2019
Date of Expiry
03-04-2025
GOVT. OF KARNATAKA

Certificate No.	:	**IN-KA03236975065292W**
Certificate Issued Date	:	31-Aug-2024 04:51 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ BIDAR12/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0856825889217695W
Purchased by	:	CHAIRMAN OF SRI YELLALING EDUCATION SOCIETY BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN OF SRI YELLALING EDUCATION SOCIETY BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN OF SRI YELLALING EDUCATION SOCIETY BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA BIDAR BRANCH Authorized Signatory

Please write or type below this line

UNDERTAKING BY THE MANAGEMENT

We the Chairman of Sri Yallaling Education Society Bidar are Submitting the affidavit to University .

The Trust Sri Yallaling Education Society is managing the Millennium College of Nursing Since 2024

PRESIDENT
Sri Yellaling Education Society
BIDAR-585 402

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 are employed for full time in the college .

We also confirm that the college is 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 .

NOTARY
THAKUR VEERENDRA SINGH
ADVOCATE
BIDAR TALUKA
Law 30/LCL/2019
Date of Expiry
[illegible]-04-2025
GOVT OF KARNATAKA

PRESIDENT
Sri Yellaling Education Society
BIDAR-585 402

ATTESTED BY ME
31 AUG 2024
THAKUR VEERENDRA SI
B.Com.,LL.B.
ADVOCATE & NOTAR
H.No. 8-9-239, Guru Na
BIDAR-585401 (K.S)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

NOTARY
THAKUR VEERENDRA SINGH
ADVOCATE
BIDAR TALUKA
Law 30/LCL/2019
Date of Expiry
03-04-2025
GOVT. OF KARNATAKA

Certificate No.	:	**IN-KA03236430335646W**
Certificate Issued Date	:	31-Aug-2024 04:51 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ BIDAR12/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0856823443816078W
Purchased by	:	CHAIRMAN SAI PREET BHALKE HOSPITAL BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SAI PREET BHALKE HOSPITAL BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN SAI PREET BHALKE HOSPITAL BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA BIDAR BRANCH
Authorised Signatory

Please write or type below this line

UNDERTAKING

I Dr Somshekhar Bhalke is the MD of the Sai Preet Bhalke Hospital situated at Devi Colony Bidar This is to confirm that our Sai Preet Bhalke Hospital is Registered under KPMEA and PCB with 100 Beds and the bonafide Certificate has been attached .

PRESIDENT
Sri Vellaling Education Society
BIDAR-585 402

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that the Sai Preet Bhalke Hospital is functioning as OWN hospital for Smt Sunanda College of Nursing .

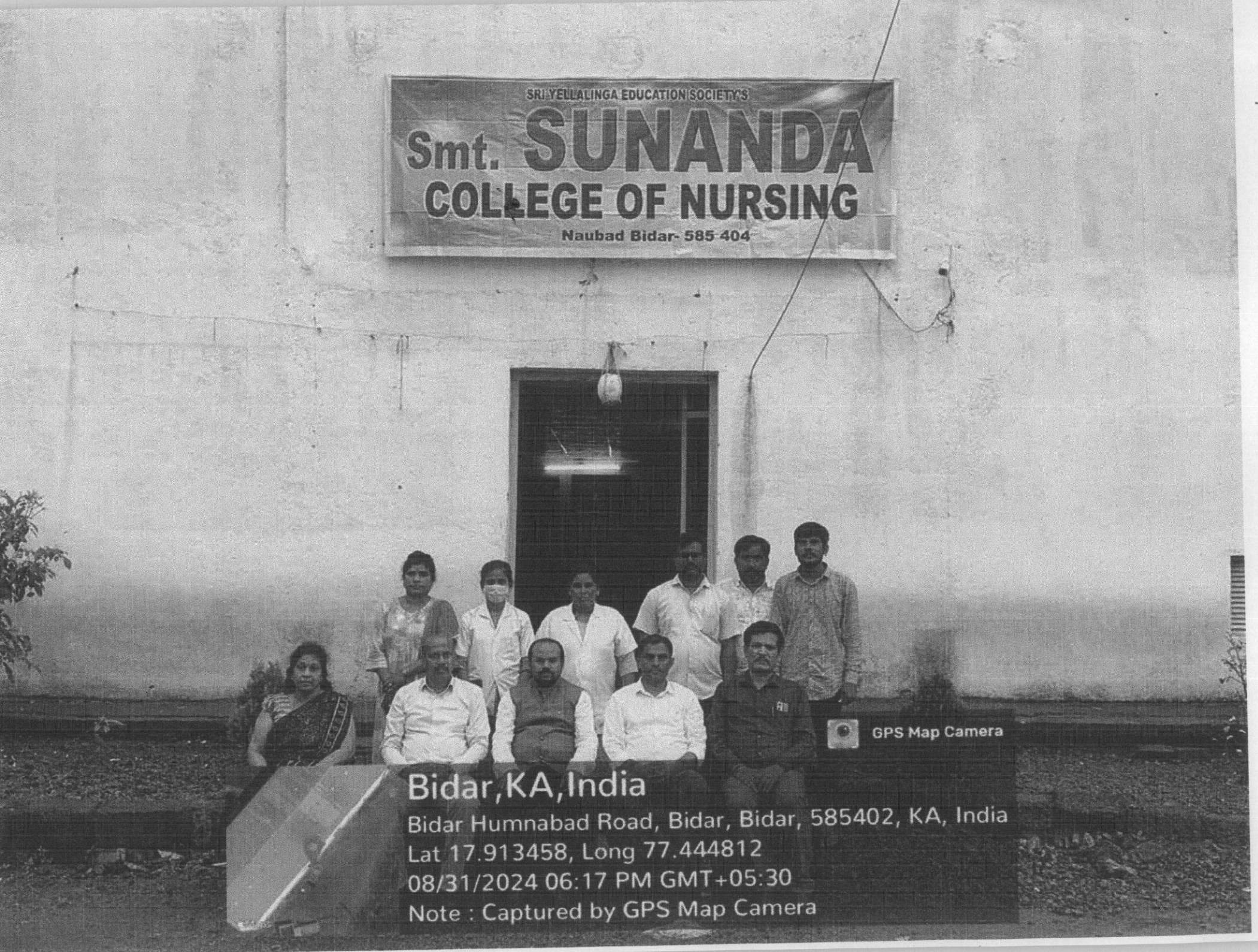
We also confirm that our hospital is solely affiliated to Smt Sunanda College of Nursing and is not affiliated to any other nursing college .

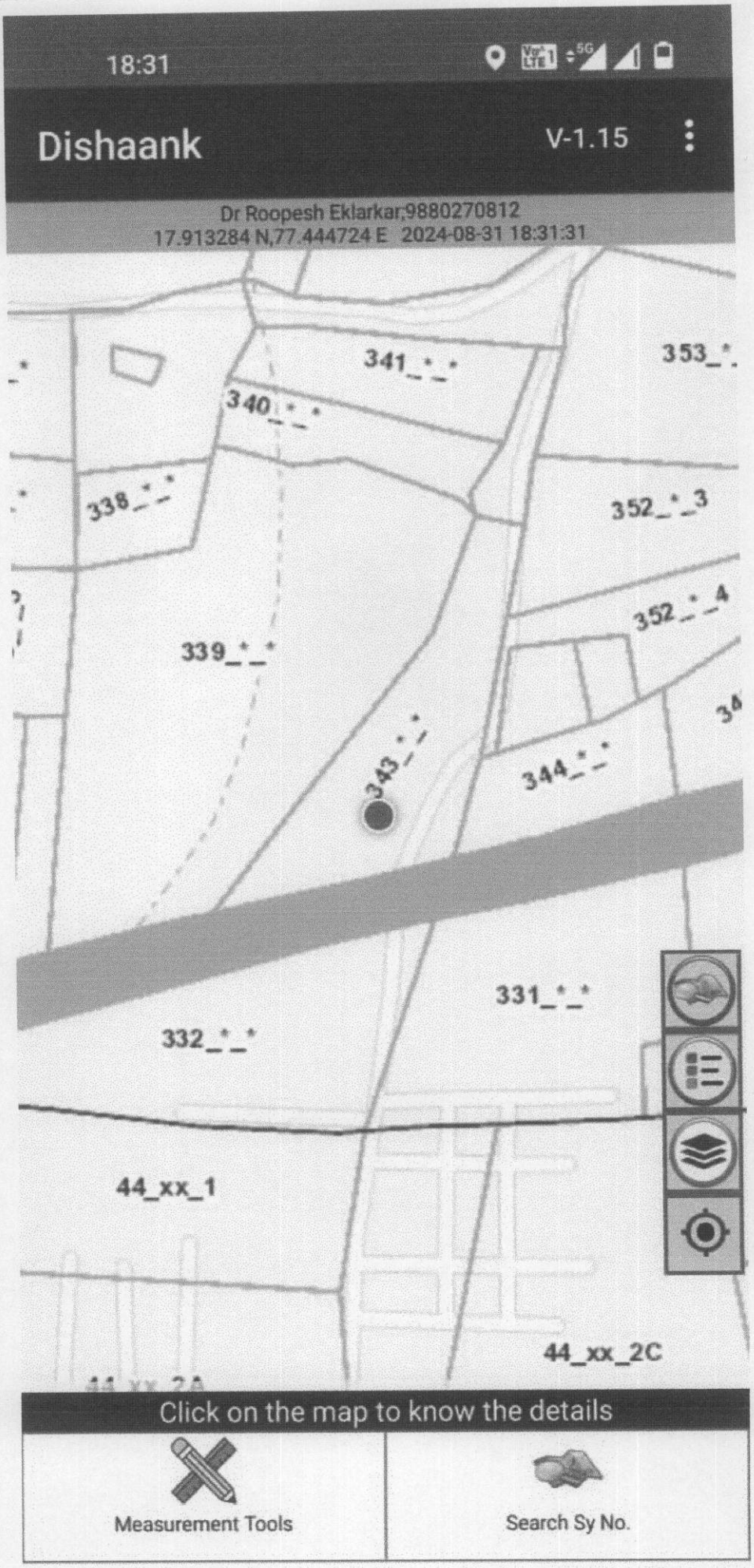
The information provided by us is true and Correct.

NOTARY
THAKUR VEERENDRA SINGH
ADVOCATE
BIDAR TALUKA
Law 30/LCL/2019
Date of Expiry
03-04-2025
GOVT. OF KARNATAKA

PRESIDENT
Sri Yellaling Education Society
BIDAR-585 402

ATTESTED BY ME
31 AUG 2024
THAKUR VEERENDRA SIN
B.Com.,LL.B.,
ADVOCATE & NOTARY
H.No. 8-9-239, Guru Naga
BIDAR-585401 (K.S)


SRI YELLALINGA EDUCATION SOCIETY'S
Smt. SUNANDA
COLLEGE OF NURSING
Naubad Bidar- 585 404
GPS Map Camera
Bidar,KA,India
Bidar Humnabad Road, Bidar, Bidar, 585402, KA, India
Lat 17.913458, Long 77.444812
08/31/2024 06:17 PM GMT+05:30
Note : Captured by GPS Map Camera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Dr Roopesh Eklarkar,9880270812
17.913284 N,77.444724 E 2024-08-31 18:31:31
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Click on the map to know the details
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Rajiv Gandhi University of Health Sciences

4th T Block, Jayanagar, Bangalore, Karnataka, 560041

BillDesk
All your payments. Single location.

PAYMENT RECEIPT

Amount Paid : Rs. 304,551.80

Amount in words : Three Lakh Four Thousand Five Hundred Fifty One Rupees and Eighty Paise Only.

Transaction Details

Transaction Status:	SUCCESSFUL
Transaction Date-Time:	27-12-2023 18:43:47
Transaction ID:	BD00000005828003
Payment Ref No:	ZHMP1634675402

Student Details

College Name :	Smt. SUNNDA COLLEGE OF ~~PHARMACY~~ Nursing BIDAR
Faculty :	Nursing
Course Name :	B.Sc NURSING
Name of the Person Paying the amount :	MURLIDHAR M EKLARKAR
Designation of the Person Paying the amount :	PRESIDENT
Select Fee Type :	Fresh Affiliation
Mobile No :	9448110319
E Mail ID :	sscopbdr@gmail.com
Remarks :	ST management fresh application

Payment Summary

Total :	301,000.00
Net-total :	304,551.80
	Surcharge : 3551.8

Payment Description

Fee Details	Amount: Rs.301,000.00	Total: Rs. 301,000.00
Application Form Fee (-)	Amount: Rs. 1,000.00	Total: Rs. 1,000.00
Fresh Affiliation (-)	Amount: Rs. 300,000.00	Total: Rs. 300,000.00

Note : This is a computer generated receipt and does not require signature.

Receipt Generated Date & Time : 27/12/2023 06:44:47 PM

PRINCIPAL
Smt. Sunanda College of Nursing
Naubad, BIDAR