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

F 52

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. Srinivasan Velu.	Dr. S. A. Nithin	Narayana Swamy. M.
Designation	Senate Member.	Principal	Prof & HOD.
Address	#790, 1st cross 2nd main Koramangala 8th Block Bangalore. 560095	Rajeev Institute of Ayurvedic medical Science Hassan.	Dept of Community Health Nursing, Shridevi College of Nursing, Tumkur.
Mobile No	9448060250.	9845293032.	8290689205.
Email ID	drseena4333@yahoo.com.	nithineshokkumar@gmail.com	narayanswamy70@gmail.com.

For the Academic Year :		*Date of Inspection:*	
(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**	Spatika Institute of Nursing Thimmasandra village, Lokkondahalli, Sulebele Road, Hoskote Taluk, Bangalore Rural district. - 562114.	2	**Year of Establishment** 2024
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**	Spatika Educational and charitable Trust No. 2489, 17th main, 25th B cross, Near BDA complex, BSK II Stage, Bangalore - 560070. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: spatikaeducationalandcharitable@gmail.com.	**Website:**	— Not available —

31/8/24
Signature of Chairman
Dr. Srinivasan Velu
Senate member

9/9/24

31/8/24
Signature of Member (1)
DR. S. A. Nithin
AC Member, LIC.

31/8/24
Signature of Member (2)
Prof. Narayanaswamy
Subject Expert
LIC

	(b). Name of the Owner of Trust/Society	Sri. Muthuraj V.K.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 04 [Four] (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	Details of Principal/Head of the institution	Name: Mrs. Lighty P.A. Qualification: MSc (N). Experience: 16 Yrs Email: lightypa68@gmail.com		Mobile No: 8792528114 Office No: 9HH88H8518 Fax No: — Residential phone No: 9HH88H8518.
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☑	NO ☒	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		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.	—	—	—	—	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. —	—	
	4. —	—	
	5. —	—	
		Total (B)	—
NPCC		—	
		Total (C)	—
		Grand Total (A+B+C)	

Online Transaction Number or Details: BD00000002G095, Payment Ref-No: 2FBK163349 2042. Dated 27-12-2023.

31/8/24
Signature of Chairman

31/8/24
Signature of Member (1)

Signature of Member (2)

Remarks:

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	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable, Regd Affiliation.
	Affiliation Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	-No-	-No-	-No-	-No-	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable.
	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	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable.
	Sanctioned Intake	NA	NA	NA	NA.	

31/8/24
Signature of Chairman

31/8/24
Signature of Member (1)

3
Signature of Member (2)

	Admissions Made for the Current Academic Year	NA	NA	NA	NA.	

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	Applied for fresh Affiliation,
	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----------
	- Not Applicable -					

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----------
	- Not Applicable -					

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:_____

31/8/24
Signature of Chairman

31/8/24
Signature of Member (1)

31/8/24
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				01									
3	Professor	1	1-2		1*		00									
4	Associate Professor	2	2-4		1*		01									
5	Assistant Professor	3	3-8	2	3*		02									
6	Tutor	8-16	16-24	2-10	--		13									
	Total	**16-24**	**24-40**	**4-12**			18.									

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

31/8/24
Signature of Chairman

31/8/24.
Signature of Member (1)

31/8/24
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. LIGHTY	PRINCIPAL	M.Sc (N) Med-Surg Nursing	2011	28449	18	14	16-08-2024	No	
2.	Mrs. SANGEETHA B V	VICE PRINCIPAL	M.Sc (N) Psychiatric Nursing	2013	26123	15	11	10-06-2024	No	
3.	Mr. DEVARAJA M K	Associate Professor	M.Sc (N) Psychiatric Nursing	2017	121379	13	7	10-07-2024	No	
4.	Mr. RANGASWAMY T	Lecturer	M.Sc (N) Med-Surg Nursing	2023	141520	10	1	01-06-2024	No	
5.	Mr. RANGASWAMY PN	Lecturer	M.Sc (N) CHN	2017	14249	16	7	12-07-2024	No	
6.	Mr. MOHAN M D	Lecturer	M.Sc (N) CHN	2023	19926	15	1	05-06-2024	No	
7.	Mrs. NANDINI B U	Tutor	B.Sc (N)	2020	113788	4		05-06-2024	No	
8.	Mr. KRISHNA VILAS PAWAR	Tutor	B.Sc (N)	2022	140836	2		12-07-2024	No	
9.	Mrs. SUMALATHA	Tutor	P.B.B.Sc (N)	2022	205876	2		10-06-2024	No	
10.	Mrs. RANGAMMA G H	Tutor	P.B.B.Sc (N)	2021	133624	3		01-06-2024	No	
11.	Mrs. NIKILA M	Tutor	P.B.B.Sc (N)	2022	205861	2		08-07-2024	No	
12.	Mr. SYED SHA KHADER MOHIUDDIN QUADRI	Tutor	B.Sc (N)	2010	33075	12		04-07-2024	No	
13.	Mr. LAKSHMISHA R R	Tutor	B.Sc (N)	2022	133414	2		06-07-2024	No	
14.	Mr. RAGHUNATHA R	Tutor	B.Sc (N)	2011	43072	12		05-06-2024	No	
15.	Mrs. REEAN DEVI	Tutor	P.B.B.Sc (N)	2020	176104	4		10-06-2024	No	
16.	Mrs. POORNIMA HIREGOURA	Tutor	B.Sc (N)	2023	133539	1		04-07-2024	No	
17.	Mr. MOHD USMAN	Tutor	B.Sc (N)	2018	96564	6		08-07-2024	No	
18.	Mr. CHANDAN MANDAL	Tutor	B.Sc (N)	2020	115952	4		06-07-2024	No	
19.										
20.										

31/8/24
Signature of Chairman

31/8/24.
Signature of Member (1)

31/8/24
Signature of Member (2)

23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

31/8/24

Signature of Chairman

31/8/24.

Signature of Member (1)

31/8/24

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

- **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.

31/8/24
Signature of Chairman

31/8/24.
Signature of Member (1)

31/8/24
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
	- List 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	33,569 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	H class Rooms 1000 Sq-ft-Each.	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	Not Applicable	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	Not Applicable	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	Not Applicable.	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 Sq-ft.	
	2. Vice-Principal Chamber	200	300 Sq-ft.	
	3. HOD	5 x 200 = 1000	5X250=1250Sqft.	
	4. Professor/Assoc. Prof	800+2400=3200	900+2600=3500 Sqft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		700 Sq-ft.	
	7. Accountants Office		1000 Sq-ft.	
	8. Store Room		550 Sq-ft.	
	9. Record room		400 Sq-ft.	
	10. Room for maintenance staff		400 Sq-ft.	
	11. Xeroxing room		450 Sq-ft.	
	12. common room	1000	1300 Sq-ft.	
	13. Seminar hall	3000	3500 Sq-ft.	
	14. Toilets	1000	1400 Sq-ft.	
	15. A.V/Aids room	600	800 Sq-ft.	

Signature of Chairman (2) 31/8/24

Signature of Member (1) 31/8/24.

Signature of Member 31/8/24

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 Sq-ft.	
	Nutrition & Community Health Nursing	1200sq.ft	1400 Sq-ft.	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 Sq-ft.	
	Pediatrics Nursing Laboratory	900sq.ft	1100 Sq-ft.	
	Pre-Clinical Sciences Laboratory	900sq.ft	1400 Sq-ft.	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600 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?**
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.**

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 (2) 31/8/24

Signature of Member (1) 31/8/24.

Signature of Member 31/8/24

– Quotation copy Enclosed –	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	4000 Sq.ft	YES ☑ No ☐	Ventilated	Natural & electrical lighting.	

Total No. of Nursing Books available	2568	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	Ticona Internet facility.
No of e-books	05	**How many books were purchased in last financial year?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Babu prasad. K.C.	M.Lib&Be.	13 yrs.	
02.	Nethiravathi. G.	B.Lise.	05 yrs.	

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	– Not Applicable –	
Conferences conducted	– Not Applicable –	

31/8/24

Signature of Chairman (2)

31/8/24

Signature of Member (1)

31/8/24

Signature of Member

Conferences attended	- Not - Applicable -	

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 Kempanna Hospital old Madras Road, Hosakote, Bng Rural Dist. 562114.		100	5.5 KMS.	85%	
NAME OF THE TRUST/ Person owning The Hospital Dr. Ranganath. M.N. Dr. Manjunath Reddy. T.					
Name Of The Owner Of The Trust of Hospital Dr. Ranganath. M.N.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Sri Sai Ranga Hospital Sulibele, Hoskote Tq.	50.			
	2 Jedigenahalli - PHC Avalahalli - PHC.	Request submitted for approval.			

(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) 31/8/24 **Signature of Member (1)** 31/8/24 **Signature of Member** 31/8/24

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	30	28		
Surgery including OT	10	09		

Signature of Chairman (2) 31/8/24

Signature of Member (1) 31/8/24

Signature of Member 31/8/24

Obstetrics & Gynecology	10	09		
Pediatrics,	10	09		
Emergency Medicine	10	09		
Psychiatry	05	04		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02		
Minor OT	02	01		
Dental, Otorhinolaryngology, Ophthalmology	02	01		
Burns and Plastic	02	01		
Neonatology care unit	02	01		
Communicable disease/Respiratory medicine/TB & chest diseases	02	02		
Dermatology	01	01		
Cardiology	02	02		
Oncology	02	02		
Neurology/Neuro-surgery	02	02		
Nephrology/Urology	01	01		
ICU/ICCU	04	03		
Geriatric Medicine	01	01		
Any other	00	00.		

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	Request submitted.	Jedigenahalli-PHC, Avalahalli-PHC.
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2) 31/8/24

Signature of Member (1) 31/8/24

Signature of Member 31/8/24

Distance from the Nursing Institute	12 kms
b. Services Rendered by Health & Family Welfare Programmes	- NA -
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	Request Submitted Avalahalli - PHC.
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	14 Kms.
b. Services Rendered by Health & Family Welfare Programmes	— NA —
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** ☑	Not Applicable
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** ☑	Not Applicable.
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** ☑	Not Applicable.
j.	Course planning of each subject	**YES** ☐	**NO** ☑	

Signature of Chairman (2) 31/8/24

Signature of Member (1) 31/8/24

Signature of Member 31/8/24

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 ☑

Not Applicable.

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 : No Students at present	Boys : No students at present.
f.	Total No. of rooms	Girls : 15	Boys : 35.
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	✓	

31/8/24

Signature of Chairman

3/8/24

Signature of Member (1)

Signature of Member (2)

31/8/24

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		

31/8/24

Signature of Chairman
(2)

31/8/24

Signature of Member (1)

31/8/24

Signature of Member

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: Inspection for Fresh Affiliation - Spatika Educational & Charitable trust for BSC Nursing for 60 intake for the year 2024-25

→ Trust: Norms of trust are maintained - enclosed documents. College Land & Building taken for Lease - Documents enclosed

→ Infrastructure: Building area is 33569 Sq ft. Documents enclosed Principal chamber, Vice principal chamber, faculty Rooms, HOD Room Preclinical Lab, Medical Surgical lab, Nutrition & Community lab, child health Lab, OBG Lab, Computer lab, 4 class room are available & good.

→ Library: is 4000 Sq ft with 2568 books - Well established Librian appointed..

→ Vehicle: Bus quotation obtained - (enclosed)

→ Hostel: Rental agreement made for both male & female which are seprate. (enclosed)

→ Hospital: Kempanna hospital is parental at a distance of 5.5 km from college. Hospital is 100 bedded, KPME & PCB obtained Dr. Ranganath owner of hospital is trustee in college. Lease with hospital obtained (enclosed)

→ Appointed Principal, Vice principal & othe teaching staff 18 nos

→ All othe non-teaching staff & teaching staff consent obtained

→ All norms has been followed for starting anuuing college.

31/8/24.
Signature of Chairman

31/8/24
Signature of Member (1)
DR. S. A. Nithin.

Signature of Member (2)
Prof. Nagaraj. M
Subject Expert LIC
31/8/24

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Spatika Institute of Nursing *which has applied for* ~~*continuation*~~ Fresh *of affiliation for the academic year 2024-25.*

We have conducted LIC inspection of this college on 31/8/24 *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.

31/8/24
Senate Member
(Chairman)

31/8/24
A C Member
(Member)
DR. S. A. Nithin.

Subject Expert
(Member)
Prof. Narayanaswamy
Subject Expert LIC
31/8/24

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

Prof. Narayanaswamy
Subject Expert LIC
31/8/24

SPATIKA INSTITUTE OF NURSING

[SPATIKA EDUCATONAL AND CHARITABLE TRUST (R)]

Thimmasandra Village, Lokkondahalli, Sulebele Road, Hoskote Taluk, Bengaluru Rural District - 562114

Email:-spatikaeducationalandcharitable@gmail.com Mob:-9448848518

Ref: SPIN|24|N-027 *Date:* 02/09/2024

Spatika Institute of Nursing Hoskote Bengaluru

To

Registrar
RGUHS
Jayanagar,4th Block
Bengaluru

Respected Sir

Sub: Submission of the Fresh Affiliation LIC Inspection Report on 31-08-2024

With reference to the above-mentioned Subject, we are submitting the Fresh Affiliation LIC inspection report which was held on **31-08-2024** with all Documents Pertaining to the Inspection Annexure wise of **SPATIKA INSTITUTE OF NURSING**.

Kindly consider our request and do the needful

Thanking you

Yours Faithfully

PRINCIPAL
Spatika Institute of Nursing
Bengaluru Rural

SPATIKA INSTITUTE OF NURSING

[SPATIKA EDUCATONAL AND CHARITABLE TRUST (R)]

Thimmasandra Village, Lokkondahalli, Sulebele Road, Hoskote Taluk, Bengaluru Rural District - 562114

Email:-spatikaeducationalandcharitable@gmail.com Mob:-9448848518

Ref: SPIN/24/N-028 *Date:* 02/09/2024

Spatika Institute of Nursing Hoskote Bengaluru

To

Registrar
RGUHS
Jayanagar,4th Block
Bengaluru

Respected Sir

Sub: Submission of the Fresh Affiliation LIC Inspection Report on 31-08-2024

With reference to the above-mentioned Subject, we are submitting the Fresh Affiliation LIC inspection report which was held on **31-08-2024** with all Documents Pertaining to the Inspection Annexure wise of **SPATIKA INSTITUTE OF NURSING**.

Kindly consider our request and do the needful

Thanking you

Yours Faithfully

PRINCIPAL
Spatika Institute of Nursing
Hoskote-562114.