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

F 58

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr.R.S.Madarkhandi	Dr. Prashant B. Kulkarni	Dayananda.Y
Designation	Senate Member	A/C member	Subject Expert
Address	Kurubarahalli Bengaluru - 86	B.V.V.S Sajjalashree, IXIS Navangar Bagalakot	Kidwai college of Nursing, Bangalore 560029
Mobile No	9980019673	9591085461	9535240053
Email ID		Prashantramar@gmail.com	daya7471@gmail.com

For the Academic Year : 2024-25 *Date of Inspection:* 6/9/24

(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**	Shri Sai Ram Trust committee ® TARINI INSTITUTE OF NURSING SCIENCES, GAJENDRAGAD.	2	**Year of Establishment** — NA —
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)**	SHRI SAIRAM TRUST COMMITTEE ®. GAJENDRAGAD (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** **Email:** gsjeere@gmail.com **Website:**		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 07. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		

6/9/24
Signature of Chairman
R.S. Madarkhandi

Signature of Member (1)

Dayananda.Y
Signature of Member (2)
6/9/2024

5	**Details of Principal/Head of the institution**	**Name:** Mrs. Vijayalaxmi. A. Honnakambli **Qualification:** M.Sc. Nursing **Experience:** 17 yrs **Email:**	**Mobile No:** 9591105030 **Office No:** 9448211064 **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 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					6,01,000/-
Post Basic B.Sc. Nursing						—
					Total (A)	6,01,000/-

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1. —		—
	2. —		—
	3. —		—
	4. —		—
	5. —		—
	—	**Total (B)**	—
NPCC	—		—
	—	**Total (C)**	—
		Grand Total (A+B+C)	6,01,000/-

Online Transaction Number or Details:

Transaction ID : BD000000056979 34 dated 21.11.2023

Remarks:

The RGUHS Fresh Affiliation fees paid receipt verified & Enclosed and found correct.

Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman 6/9/24 Signature of Member (1) Signature of Member (2)

6/9/2024

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	NA Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year		NA			
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year		NA			
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			NA		
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year		NA			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

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

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

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
			NA			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
			NA			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: FRESH AFFILIATION

6/9/24.

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

6/9/24

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*											
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		01									
6	Tutor	8-16	16-24	2-10	--		03									
	Total	**16-24**	**24-40**	**4-12**			06									

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

6/9/24.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

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. Vijayalaxmi . A. Honnakamble	Principal	M.Sc (N) (Medical Surg Ng)	2009	1031	2.5yrs	15 yrs	10:8:2024	YES	
2.	Mr. Sachin Kalpal	Vice Principal	M.Sc (N) (Med Surg)	2022	92188	1.8yrs	2.5 yrs	10.8.2024	✓	
3.	Mrs. Reshma Besti	Tutor	P.B.B.Sc(N)	2021	213486	3yrs	—	11.11.2023		R.D.Bisti
4.	Mr. Parasappa Pilibantar	Tutor	P.B.B.Sc(N)	2020	213548	3yrs	—	10.8.24		
5.	Ms. Megha. S. K.	Tutor	B.Sc (N)	2021	120613	3yrs	—	10-08-24		Megha.S.K
6.	Mr. Parappa . H. Goudar	Tutor	P.B.B.Sc(N)	2022	221461	2yrs	—	10.08.24		
7.	Ms. Chetana Malagi	Tutor	B.Sc(N)	2024	136617	6 months	—	10.08.24		Chmalagi
8.										
9.										
10.										
11.									✓	
12.										
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Not Applicable

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

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Not Applicable

- **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
	—	—	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	23612 Sq.ft	Found Correct
	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	4 Classroom 900 sq.ft each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— NA —	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— NA —	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	— NA —	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq.ft	Found and verified.
	2. Vice-Principal Chamber	200	200 Sq.ft	
	3. HOD	5 x 200 = 1000	1000 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	2400 Sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		500 Sq.ft	
	7. Accountants Office		200 Sq.ft	
	8. Store Room		200 Sq.ft	
	9. Record room		200 Sq.ft	
	10. Room for maintenance staff		300 Sq.ft	
	11. Xeroxing room		100 Sq.ft	
	12. common room	1000	800 Sq.ft	
	13. Seminar hall	3000	2800 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	600 Sq.ft	

6/9/24

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1500 Sq.ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq.ft	as found
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq. ft	correct
	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	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**

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

c/9/24

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA24 2552	40	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	2350 Sq.ft	YES ☑ No ☐	Good	Good	Verified & found correct

Total No. of Nursing Books available	912	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	NA	**Is internet facility available for Students?**	YES
No of e-books	300	**How many books were purchased in last financial year?**	—

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	SADIQ AFSAR	MLIB	8yrs	Qualified

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	NIL	NA
Conferences conducted	NIL	NA

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

Conferences attended	NIL	

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 DATTA MULTI SPECIALITY HOSPITAL, GAJENDRAGAD.	100	In campus	82%	Physical verification done. Found functioning.
NAME OF THE TRUST/ Person owning The Hospital Shri. Sai Ram Trust Committee, Gajendragad	Dr. Ramashastri .S. Jeere			-
Name Of The Owner Of The Trust Dr. Ramashastri. S. Jeere	-	-	-	-
Affiliated hospitals- Full Name & Address of the Parent Hospital 1		NA		
2		NA		

(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).

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

6/9/24

- 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:

→ The Own/Parent Hospital for Tarini Institute of Nursing Sciences Gajendragad is "Sai Dutta Multi Speciality Hospital" Gajendragad situated in the same Campus.

→ The Original KPME certificate and Original Pollution control certificate verified and found correct. The KPME website also, it shows 100 beds. The hospital is 100 beded with all amenities.

→ The undertaking Enclosed.

→ It has been treated as Parent Hospital for the Tarini Institute of Nursing Sciences, Gajendragad. It is 100 Bedded & used for clinical facilities of the institute.

→ The hospital is managed & Run by same trust. Hence it is Parent hospital only.

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

6/9/21

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25			
Surgery including OT	10			
Obstetrics & Gynecology	10			
Pediatrics,	10			
Emergency Medicine	02			
Psychiatry	—			

Verified.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01			
Minor OT	01			
Dental, Otorhinolaryngology, Ophthalmology	05			
Burns and Plastic	—			
Neonatology care unit	04			
Communicable disease/ Respiratory medicine/TB & chest diseases	04			
Dermatology	—			
Cardiology	10			
Oncology	—			
Neurology/Neuro-surgery	—			
Nephrology/Urology	05			
ICU/ICCU	10			
Geriatric Medicine	03			
Any other	—			

Verified

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

100 Beds.

6/9/24.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Community / Primary Health Centre, Mushrgori
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	14 Kms
b.	Services Rendered by Health & Family Welfare Programmes	Family welfare servies, Vaccination, OPD etc
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Community Health Centre, Gajendragad
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	2 Kms
b.	Services Rendered by Health & Family Welfare Programmes	Family welfare servies.
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** ☐

6/9/24.

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

6/9/24

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 7110 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 : 20	Boys : 10
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 ☐

6/9/24.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

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	✓	

6/9/24.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/9/24

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: Today on 6/09/2024 undersigned team of LIC of RGUHS, made the visit to Tarini Institute of Nursing Sciences, Gajendragad for FRESH AFFILIATION of LIC 2024-25. Our observations on the day of inspection as follows;

1. Shri Sai Ram Trust committee establishing this Tarini Institute of Nursing sciences, at Gajendragad. The original Trust deed is verified with copy of Trust deed. Both found same.
2. They have appointed Mrs. Vijayalaxmi. A. Honnakamble M.Sc (N) with 17 year of experience as a Principal & she is qualified as per norms.
3. The fresh affiliation fees have been paid online & document enclosed & verified.
4. They appointed 7 faculties including Principal as required for 1st year B.Sc Nursing.
5. The provided 4 classrooms which are as per norms & all other administrative institution office & others, laboratories (6 Nos) and circulation area plus amenities together, it is around 23,000 sq.ft to 24,000 sq.ft.
6. All infrastructure, building plan, approved by the concerned authority enclosed as an annexure. The building Tax paid receipt, copy of land deed are being enclosed along with this.

(P.T.O)

6/9/24.

Signature of Chairman
R.S. Madarkhandi

Signature of Member (1)

Signature of Member (2)
6/9/24

7. The institution is having its own vehicle transport with seating capacity of 40 Nos. Documents enclosed.

8. The Library with 900 plus, 04 Journals & 300 e-books made available. The size of the library is around 2400 Sq.ft.

9. Regarding Teaching faculty, Principal appointed along with joining letter. Remaining 6 teachers have been appointed & have given the consent of joining as and when the institute commences academic activities

10. The Hospital i.e. Sai Dutta Multispeciality Hospital Managed and Run by Same Trust. Hence it is treated as parent hospital only which is of 100 Bedded. The KPMEA and Pollution Control Board certificate are verified with original certificates with copies enclosed.

11. They have Saperate Hostel for Girls & Boys in the campus.

12. The overall our veiw on institution is found appropriate with facilities with intake of 40 students for the academic year 2024-25 may be considered.

13. The Dishank APP Map & Google Map photo's enclosed along with this.

14. The Photo's & Video of inspection are embedded in the Pendrive & Enclosed.

6/9/24.

Sign of Chairman

Sign of Member (1)

Sign of Member (2)

6/9/24

UNDERTAKING

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

We have conducted LIC inspection of this college on 06/09/24 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.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
6/9/24		
R. S. Madarkhandi.		

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA03304975586919W**
Certificate Issued Date	:	31-Aug-2024 05:39 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GAJENDRAGAD/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0856949585799699W
Purchased by	:	SHRI SAIRAM TRUST COMMITTE R
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI SAIRAM TRUST COMMITTE R
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SHRI SAIRAM TRUST COMMITTE R
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Undertaking

I the **Dr. Ramashashtri S Jeere** the Owner/Board member of the **Sai Datta Multi Speciality Hospital** situated at **Gajendragad**.

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.

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Unique Doc. Reference	:	SUBIN-KAKAKSFCL0856949585799699W
Purchased by	:	SHRI SAIRAM TRUST COMMITTE R
Description of Document	:	Article 4 Affidavit
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Stamp Duty Paid By	:	SHRI SAIRAM TRUST COMMITTE R
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Undertaking

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INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA03305540376799W**
Certificate Issued Date	:	31-Aug-2024 05:40 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GAJENDRAGAD/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0856948935445945W
Purchased by	:	SHRI SAIRAM TRUST COMMITTE R
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI SAIRAM TRUST COMMITTE R
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SHRI SAIRAM TRUST COMMITTE R
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಕ ಅಧಿಕಾರಿ
ಶ್ರೀ ವಿಜಯ ಮಹಾಂತೇಶ್ವರ ಪತ್ತಿನ
ಸಹಕಾರಿ ನಿ., ಗಜೇಂದ್ರಗಡ

Please write or type below this line

Undertaking By Trust Management

We the Chairman/President/Secretary/ Members of the Trust of **Shri Sairam Trust Committees (R), Gajendragad** submitting the affidavit to university.

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

The Trust **Shri Sairam Trust Committees (R), Gajendragad** is running the colleges

1. Shri Sushruta Para Medical College, Gajendragad (Diploma Programs under Paramedical Board)Since 3 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 fulltime 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 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.

Secretary

3/9/2024.

Karnataka State Pollution Control Board
Dharwad .Plot No. 4,
Lakkamanahalli Industrial Area
Dharwad – 580 004
Ph No. 0836-2462918

ಹಿರಿಯ ಪರಿಸರ ಅಧಿಕಾರಿಗಳ ಕಛೇರಿ
ಪ್ಲಾಟ್ ನಂ. 4, ಲಕ್ಕಮನಹಳ್ಳಿ ಕೈಗಾರಿಕಾ ಪ್ರದೇಶ
ಧಾರವಾಡ– 580 004
ಫೋನ್ ನಂ. 0836-2462918

ಕರ್ನಾಟಕ ರಾಜ್ಯ
ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ
ಮಂಡಳಿ

FORM-II

(See Rule 10 of BMW Management Rules 2016)

AUTHORISATION

No. KSPCB/PCB/SEO-DWD/BMW/2022-23/ 272 **Date:** 06 OCT 2022

1. Managing Director, an Occupier of **M/s Sai Datta Multi Speciality Hospital (Dr. Jeere Ramashastri Shankershastri), Sy.No. 48, TMC-5887, Plot No. 03, Kustagi Road, Opp. Sairam Temple, Gajendragad, Gadag Dist-582114** is hereby granted an Authorisation for generation, segregation, collection, storage, packaging, reception.
2. An Occupier of **M/s Sai Datta Multi Speciality Hospital (Dr. Jeere Ramashastri Shankershastri),** is hereby authorized for handling of biomedical waste as per capacity given below;
   - **Number of beds of HCF: 100**
   - **Quantity of Biomedical waste handled & its category are as given below:**

Category	Type of Waste Category	Quantity permitted for Handling	Treatment & Disposal
Yellow	(A) Human Anatomical Waste	2 kg/day	Shall hand over to CBMWTF
	(B) Animal Anatomical Waste	-	
	(C) Soiled Waste	1 kg/day	Shall hand over to CBMWTF
	(D) Expired or Discarded Medicines	1 Kg/day	Shall hand over to CBMWTF
	(E) Chemical waste	--	Shall hand over to CBMWTF
	(F) Chemical Liquid Waste	1 Lts LPD	As per condition No. 7
	(G) Discarded linen, mattress, beddings contaminated with blood or body fluid	2 kg/day	Shall hand over to CBMWTF
	(H) Microbiology, Biotechnology and other clinical laboratory waste	2 kg/day	Shall hand over to CBMWTF
Red	Contaminated Waste (Recyclables)	1 Kg/day	Shall hand over to CBMWTF
White (translucent)	Waste Sharps including Metals	1 kg/day	Shall hand over to CBMWTF
Blue	(a) Glassware	1 kg/day	Shall hand over to CBMWTF
	(b) Metallic Body Implants	-	

(A) This Authorisation shall be in force for **a period up to 30.09.2031** from the date of issue.
(B) This Authorisation is subject to the condition stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act 1986.

Date: 06.10.2022
Place: Dharwad

ಸಂ: 331
ದಿ: 27/10/22

SEO-Dharwad

DEO
27/10/22

Terms and Conditions of Authorisation

1. The authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorization or its renewal shall be produced for inspection at the request of an officer authorizes by the prescribed authority.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical waste without obtaining prior permission of the prescribed authority.
4. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
6. It is the duty of every occupier to ensure that, all the biomedical waste generated is handled and disposed scientifically as per the Rules without causing any adverse effect to human health and the environment.
7. The occupier is required to ensure that, discharge of Chemical liquid waste (Yellow Category) is in compliance with the standards stipulated in schedule – I & II of the Rules. The discharging effluents shall conform to the following limits-

PARAMETER	PERMISSIBLE LIMITS
PH	6.5 – 9.0
Suspended Solids	100mg/l
Oil and grease	10mg/l
BOD	30 mg/l
COD	250 mg/l
Bio-assay test	90% survival of fish after 96 hours in 100% effluent

8. The person authorized shall furnish Annual Report, Maintain Records and Report Accidents as contemplated under Bio-Medical Waste Management Rules, 2016.
9. The person authorized shall segregate Mercury waste from the Bio-Medical stream and same shall be stored in a secured place before its disposal as per relevant statute.
10. The applicant shall display this authorization at a prominent place like reception / entrance Etc.,

SEO – Dharwad

To,

The Occupier

M/s Sai Datta Multi Speciality Hospital
(Dr. Jeere Ramashastri Shankershastri),
Sy.No. 48, TMC-5887, Plot No. 03,
Kustagi Road, Opp. Sairam Temple,
Gajendragad, Gadag Dist-582114

Copy to:

1. **The Environmental Officer, KSPCB, Gadag,** for information and to ensure compliance
2. Case file.
3. Master file.

Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority

Gadag

CERTIFICATE OF REGISTRATION

This is to certify that SAI DATTA MULTI SPECIALITY HOSPITAL located at KUSHTAGI ROAD, OPP SAIRAM TEMPLE, GAJENDRAGAD owned by DR RAMASHASTRI S JEERE has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a Hospital (Level 2) under Allopathy system of medicine.

Signature valid

Digitally signed by
Date: 2023.01.07 12:40:22 +05:30

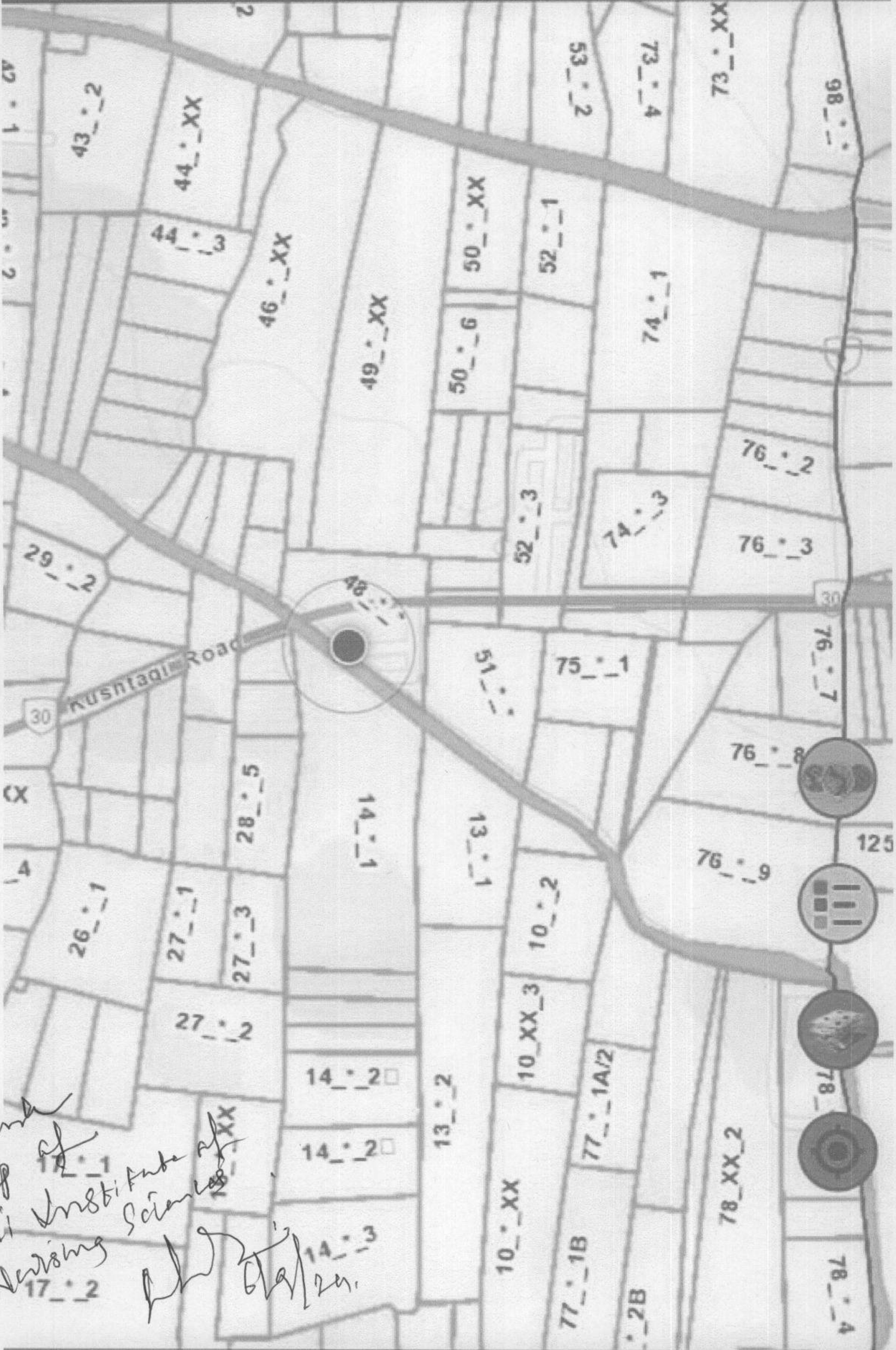
Reg No:	**GDG00177ALHL2**
Date of Issue:	07 Jan 2023
Valid Till:	06 Jan 2028
Place:	Gadag

Member Secretary And District Health And Welfare Officer
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
Gadag

Dishaank V-1.16

R S Madarkhandi;9980019673

15.732004 N,75.980705 E 2024-09-06 14:19:25



Click on the map to know the details

Satellite View


SHRI SAIRAM TRUST COMMITTE (R)
TARINI INSTITUTE OF NURSING SCIENCES
KUSHTAGI ROAD, GAJENDRAGAD - 582114 DIST : GADAG
GPS Map Camera
Gajendragad, Karnataka, India
Gajendragad, Karnataka 582114, India
Lat 15.732284°
Long 75.980745°
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Google


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