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

F 54

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shivasharan Shetty	Dr. Poojya R	Mrs. Sharmila .N
Designation	Senate Member.	Prosthodontics	Vice Principal
Address	PKV Law College Mangalagangotri Mangalore	MR Ambdkar College of Dental Sciences Bengaluru	AVK college of Nursing Bengaluru
Mobile No	94481 45319.	9886327125	7411487303
Email ID	shivasharan@hotmail.com		

For the Academic Year : 2024-2025			*Date of Inspection: 03-09-2024*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation	√	4. Re-Inspection	
	2.Continuation of Affiliation		5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

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	VSH Nursing College 77005 & 10-RAJARAM MOHANRAI ROAD, SAMPANGIRAMNAGAR, BENGALURU-560027	2	Year of Establishment 2024-25
2	Status of the course conducting body	Trust- SHARAN FOUNDATION		
3	Name of the Trust & complete postal address (if private)	Sharan Foundation Sai Keshava No 87, Hoskote Main Road, Seegehalli Main Road, Bengaluru- 560 067 Enclose copy of Registration documents of Society/Trust) Trust Deed is enclosed **Annexure – 1**		
		Email:vymakcollege@gmail.com	Website:	

Signature of Chairman
Dr. Shiva Sharan
3/9/24

Signature of Member (1)
Dr. POOJYA. R
1
3/9/2024

Signature of Member (2)
Mrs. SHARMILA. N.
3/9/2024

8. Approval Status of the Institution &Sanctioned Intake: Applied for Fresh Affiliation from the year 2024-25

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	NA	NA	NA	NA	
	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	NA	NA	NA	NA	
	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	NA	NA	NA	NA	
	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	NA	NA	NA	
	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)

Sharmila.N. 3/9/24. SHARMILA.N.

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

Not Applicable at this stage since applied for fresh affiliation from the year 2024-25

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

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

Not Applicable

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----------

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):

Not Applicable

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----------

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

Remarks:_____

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
SHARMILA.N
3/9/24

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required for 1st Year					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	01	NA	NA	NA	NA	01	NA	NA	NA	NA	Nil	NA	NA	NA	NA
2	Vice-Principal	01	NA	NA	NA	NA	01	NA	NA	NA	NA	Nil	NA	NA	NA	NA
3	Professor	-	NA	NA	NA	NA		NA	NA	NA	NA	Nil	NA	NA	NA	NA
4	Associate Professor	-	NA	NA	NA	NA		NA	NA	NA	NA	Nil	NA	NA	NA	NA
5	Assistant Professor	02	NA	NA	NA	NA	02	NA	NA	NA	NA	Nil	NA	NA	NA	NA
6	Tutor	02	NA	NA	NA	NA	04	NA	NA	NA	NA	Nil	NA	NA	NA	NA
	Total	06	NA	NA	NA	NA	08	NA	NA	NA	NA	Nil	NA	NA	NA	NA

For Example: For **40 Students Intake** minimum number of teachers required is **06** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 00, Associate Professor - 00, Assistant Professor - 02, and Tutors- 02

(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)**
Chairman
SHARMILA.N.
3/9/24

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. Beena Chacko	Principal & Professor	M.Sc. Nursing (Medical Surgical Nursing)	M.Sc (N) 2002	RRTMM20155357KAR	5years	20 Years	04-12-2023	NA	
2.	Dr. Kavita Reddy	Vice Principal & Professor	M.Sc. Nursing, Ph.D (Pediatric Nursing)	M.Sc (N) 2010	GUJ20144588KAR	2.6 Years	14 Years	15-02-2024	NA	
3.	Mrs. Delphina	Asst Prof	M.Sc. Nursing (Medical Surgical Nursing)	M.Sc (N) 2018	RRANP20165812KAR	-	4.6 Years	01-07-2024	-	
4.	Mr. Koushik Patra	Lecturer	M.Sc. Nursing (Mental Health Nursing)	M.Sc (N) 2023	103974		9 Months	25-10-2023	-	
5.	Ms .Ankita Sarkar	Tutor	B.Sc. Nursing	2023	154303	-	-	07-02-2024	-	
6.	Ms .Ankita Saha	Tutor	B.Sc. Nursing	2023	158512	-	-	19-06-2024	-	
7.	Mrs. Jiss Ann Joseph	Tutor	B.Sc. Nursing	2013	58034	-	-	01-08-2024	-	
8.	Mrs. Athira P S	Tutor	B.Sc. Nursing	2018	RRKRL20198065KAR	-	-	20-06-2024	-	

- **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 M.Sc Nursing and NPCC Programme there should be full time Research Guides available which needs to be verified with the original Guide ship 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
1.	Dr. Betty Anna Jose	Ph.D., Anatomy	Anatomy	60 Hours	
2.	Mrs. Shabina K C	M.Sc., Physiology	Physiology	60 Hours	
3.	Mrs. Asha	M.A English, B.Ed.	English	60 Hours	
4.	Mrs. Komala H T	BA, MA Kannada, B.Ed.	Kannada	30 Hours	

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)	23,200 Sq.ft	**24886** 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 intake B.Sc (N): 900 Sq.ft	**4 Class rooms** 900 Sq.ft. Each	04 Class Rooms More than 900 Sq.ft Each	
	P.B.B.Sc (N) : 600 Sq.ft	**2 Class rooms** 600 Sq.ft Each	NA	
	M.Sc (N) : 600 Sq.ft	**2 Class rooms** 600 Sq.ft Each	NA	
	NPCC : 600 Sq.ft	**2 Class rooms** 600 Sq.ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq.ft	
	2. Vice-Principal Chamber	200	200 Sq.ft	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	3800 Sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		800 Sq.ft	
	7. Accountants Office		500 Sq.ft	
	8. Store Room		275 Sq.ft	
	9. Record room		250 Sq.ft	
	10. Room for maintenance staff		100 Sq.ft	
	11. Xeroxing room		250 Sq.ft	
	12. Common room	1000	1200 Sq.ft	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
SHARMILA.N.
3/9/24

	13. Seminar hall	3000	4700 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	640 Sq.ft	
	16. Computer Lab		1500 Sq.ft	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 Sq.ft	1600 Sq.ft	
	Nutrition Lab & Community Health Nursing	1200 Sq.ft	1200 Sq.ft	
	Obstetrics and Gynecology Laboratory	900 Sq.ft	900 Sq.ft	
	Pediatrics Nursing Laboratory	900 Sq.ft	900 Sq.ft	
	Pre-Clinical Sciences Laboratory	900 Sq.ft	1000 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500 Sq.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	Leased	√	Lease	√
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	√	Produced & Enclosed	√
3.	Land deed to be attached	Produced & Enclosed	√	Produced & Enclosed	√
4.	Does all the courses are imparted in this building	Only Nursing College	√	Only Nursing College	√
5.	Whether Safe drinking water supply in available	Yes	√	Yes	√

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.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

SHARMILA.N.
3/9/24

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 Licence
2 Vehicles			Yes / No	Yes / No	Yes / No
Vehicle-1	KA53B3616	32	Yes	Yes	Yes
Vehicle-2	KA53B3617	40	Yes	Yes	Yes

17. 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	2500 Sq.ft	YES [√] No [ ]	Adequate	Adequate	

Total No. of Nursing Books available	1200	**No. of Nursing Journals subscribed**	-
No. of Thesis/Research titles available	NA	**Is internet facility available for Students?**	Yes
No of e-books	-	**How many books were purchased in last financial year?**	1200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Moorthy	M LIB	8 Years	
2	Mr. Basavaraj T	M LIB	8 Years	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/decrease according to the number of seats approved.

18. Academic activities : Enclose the details of past 3 years

Academic activities	Particulars	Remarks
Research Projects	NA	
Conferences conducted	NA	
Conferences attended	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Sharmila N.
SHARMILA. N.
3/09/24.

19. 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 Vydehi Super Specialty Hospital #2, Vittal Mallya Road, Ashok Nagar, Bengaluru, Karnataka 560001	200 Beds	500 Mtrs	80%	
NAME OF THE TRUST/ Person owning The Hospital Vydehi Super Specialty Hospital				
Name Of The Owner Of The Trust Sharan Foundation				

Affiliated hospitals- Full Name & Address of the Parent Hospital	1	NA	NA	NA	NA
	2	NA	NA	NA	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 hospitals 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 colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/Single allopathic 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.)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
SHARMILA.N
3/9/24

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	82%	-	-
Surgery including OT	30	77%	-	-
Obstetrics & Gynecology	10	85%	-	-
Pediatrics	15	75%	-	-
Emergency Medicine	05	90%	-	-
Psychiatry	10	75%	-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	100%	-	-
Minor OT	05	100%	-	-
Dental, Otorhinolaryngology, Ophthalmology	10	90%	-	-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Sharmila N.
SHARMILA.N.
3/9/24

Burns and Plastic	05	75%	-	-
Neonatology care unit	05	75%	-	-
Communicable disease/ Respiratory medicine/TB & chest diseases	10	81%	-	-
Dermatology	10	85%	-	-
Cardiology	05	85%	-	-
Oncology	-	-	-	-
Neurology/Neuro-surgery	30	85%	-	-
Nephrology/Urology	05	80%	-	-
ICU/ICCU	10	90%	-	-
Geriatric Medicine	-	-	-	-
Any other	-	-	-	-

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

19	**COMMUNITY HEALTH NURSING : Not Applicable at this stage**	
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.		

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

SHARMILA.N
3/9/24

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: Since Fresh Affiliation Only Proposed**				
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?: **Not Applicable at this stage**				
a.	Admission record	YES		NO	
b.	Daily Attendance Registers	YES		NO	
c.	Health Records	YES		NO	
d.	Clinical and field experience record	YES		NO	
e.	Practical record books - procedure record	YES		NO	
f.	Practical record books - Midwifery case book	YES		NO	
g.	Leave record	YES		NO	
h.	Extracurricular activities of students	YES		NO	
i.	Cumulative record of each	YES		NO	
j.	Course planning of each subject	YES		NO	
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	

Signature of Chairman –

Signature of Member (1)

Signature of Member (2)

SHARMILA.N

3/9/24

p.	Staff development programmes	YES ☐	NO ☐
q.	Anti-ragging committee	YES ☐	NO ☐
r.	Student welfare committee	YES ☐	NO ☐

23	**Hostel Facilities :**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**Lease**	
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	**40 Students**	
f.	Total No. of rooms	**10 Rooms**	
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 ☐ Typ
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)
SHARMILA. N.
3/9/24

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	**NA**	
Annexure - 4	Details of Affiliated fees paid receipts	√	
Annexure - 5	Approval Status : GOK Order	**NA**	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**NA**	
Annexure - 7	Approval Status : KNC Notification	**NA**	
Annexure - 8	Status : INC Notification	**NA**	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	**NA**	
Annexure - 10	List of M.Sc. Nursing Students as per format	**NA**	
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 Library Books & others	√	
Annexure - 15	Academic Activities	**NA**	
Annexure - 16	Details of Clinical/Hospital Facilities	√	
Annexure - 17	Details of Community Health Nursing Posting Facilities	**NA**	
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)

Sharmila N.
Signature of Member (2)
SHARMILA.N
3/9/24

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:

Arjun Peritat is a trustee of Sharan Foundation who is also a Director of ~~the~~ VSH, (Vaidehi Speciality Hospital)

The tax paid certificate is in the name of the mother of the agreement holder ~~He~~ i.e. Mrs. Kalpuja.

The bus is in the name of Srinivasa Trust, which has leased it to Sharan Foundation.

For Community Health Centre, the college has written an application ~~to~~ for which it has been ~~processing~~. agreed to comply once the permission is granted.

The order for library books has been attached.

There were 8 teaching staff with 4 tutors and 4 MS's.

Signature of Chairman

Dr. Shiva Sharan

Signature of Member (1)

Dr. Poojya R

Signature of Member (2)

SHARMILA.N.

3/9/24