



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

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INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Arvind Katti	Dr. Anand Hosur	Dr. Geetha A. Toravi
Designation	Associate Professor. Senate member	Professor.	Principal
Address	Dr. Malakareddy Homeopathy Medical College, Kataburagi	Bharatesh Homeopathic Medical College, Belagavi	Govt. College of Nursing, Vijayapur
Mobile No	9481640062	9449065665	8971988758
Email ID	dr.arvindkatti@yahoo.com		toravi.geetha@gmail.com

For the Academic Year : 2024/25

Date of Inspection: 30/08/24

(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	
	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	YIMS GOVERNMENT COLLEGE OF NURSING, YADGIRI, CHITTAPUR ROAD YADGIRI - 585 202		2	Year of Establishment
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	YADGIRI INSTITUTE OF MEDICAL SCIENCES, YADGIRI			
		(Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: directoryyimsyadgiri@gmail.com	Website: https://yimsyadgiri.karnataka.gov.in/		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	YADGIR INSTITUTE OF MEDICAL SCIENCES, YADGIRI 585202		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 10 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: SIDRAMAPPA. Qualification: M.Sc NURSING Experience: 12 Yrs. Email: sidram.sajjan@gmail.com	Mobile No: 8310850238 Office No: 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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Fresh.	Rs. 1000/-				Rs. 1000/-
Post Basic B.Sc. Nursing						
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
	1.					
	2.					
	3.					
	4.					
	5.					
	N/A					
	Total (B)					
NPCC						
	Total (C)					
Grand Total (A+B+C)						
Online Transaction Number or Details:						

Signature of Chairman

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	fresh Affiliation.
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☒ b. Medical Surgical ☒ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake					

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	Admissions Made for the Current Academic Year					
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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			

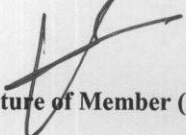
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

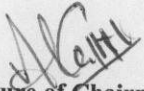
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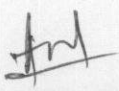
Remarks: _____

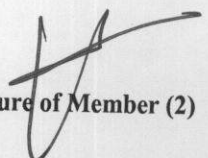

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Signature of Member (1)


Signature of Member (2)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				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*		03									
6	Tutor	8-16	16-24	2-10	--		08									
	Total	16-24	24-40	4-12			13									

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.)

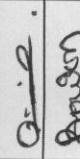
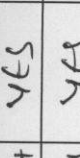
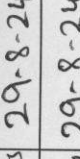
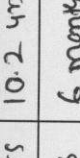
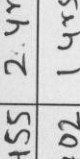
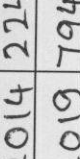
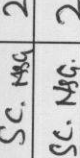
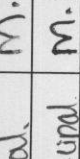
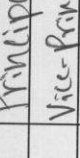
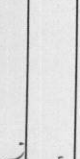
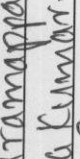
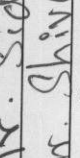
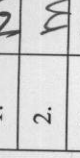
Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty 3 M.Sc. Nursing qualified faculty 2 Tutors	Total 8 Faculty 5 M.Sc. Nursing qualified faculty 3 Tutors	Total 12 Faculty 7 M.Sc. Nursing qualified faculty 5 Tutors	Total 16 Faculty 8 M.Sc. Nursing qualified faculty 8 Tutors
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

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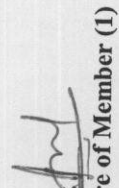
Signature of Member (1)

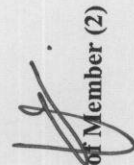
Signature of Member (2)

12.1. Teaching Faculty details :- Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG	Teaching experience After PG	Date of joining	Form-16 Submitted (Yes/No)	Signature of Faculty
1.	Mr. Sidramappa.	Principal.	M.Sc. Hg.	2014	22455	2 yrs	10.2 yrs	29-8-24	YES	
2.	Mr. Shiva Kumar.	Vice-Principal.	M.Sc. Hg.	2019	79402	1 yrs	6 months	29-8-24	YES	
3.	Mrs. Deena Smith	Lecturer	M.Sc. Hg.	2021	29331	5 yrs	-	29-8-24	YES	
4.	Mrs. Vijayan Kumari	Lecturer	M.Sc. Hg.	2016	52303	-	-	29-8-24	YES	
5.	Mr. Mahantesh	Lecturer	M.Sc. Hg.	2023	57314	-	-	29-8-24	YES	
6.	Mr. Rakesh	Tutor.	P.B. BSc Hg	2012	71510	4 yrs	-	29-8-24	YES	
7.	Mr. Hymanud pasha	Tutor	B.Sc. Hg	2016	73094	2 yrs	-	29-8-24	YES	
8.	Mr. Prashant Kumar.	Tutor	B.Sc. Hg	2011	40518	3 yrs	-	29-8-24	YES	
9.	Mrs. Sanitri	Tutor	B.Sc. Hg	2012	51875	-	-	29-8-24	YES	
10.	Mr. Kartik Kumar	Tutor	P.B. BSc. Hg	2019	200406	-	-	29-8-24	YES	
11.	Mrs. Laxmi	Tutor	P.B. BSc. Hg	2022	111218	-	-	29-8-24	YES	
12.	Mrs. Leyamegham Sonty	Tutor	B.Sc. Hg	2011	43822	-	-	29-8-24	YES	
13.	Mrs. Bhudewi	Tutor	P.B. BSc Hg	2018		-	-	29-8-24	YES	
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. Annexure - 11

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		— ENCLOSED —			

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	30.32 Acre (30000 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 900sq ft Each	1500 sq ft	 Hequale
	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		500	
	1. Principal's Chamber	300	AVAILABLE	
	2. Vice-Principal Chamber	200	300 AVAILABLE	
	3. HOD	5 x 200 = 1000	6 x 300 = 1800 AVAILABLE	
	4. Professor/Assoc. Prof	800+2400=3200	1000 + 3000 = 4000	
	5. Lecturer/ Tutors		AVAILABLE	Verified
	Institution office /Others			and
	6. Office of Administrative, clerical staff and PA (s)		AVAILABLE	
	7. Accountants Office		AVAILABLE	
	8. Store Room		AVAILABLE	found
	9. Record room		AVAILABLE	correct
	10. Room for maintenance staff		AVAILABLE	
	11. Xeroxing room		AVAILABLE	
	12. common room	1000	AVAILABLE (1000)	
	13. Seminar hall	3000	AVAILABLE (3000)	
	14. Toilets	1000	AVAILABLE (1000)	
	15. A.V/Aids room	600	AVAILABLE (600)	

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents:

Annexure – 12

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 Licence
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(2)

Signature of Member (1)

Signature of Member

			Yes / No	Yes / No	Yes / No
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16. Library facility :Enclose list of library books

- ENCLOSED -

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	(2500 sq.ft) AVAILABLE	YES ☒ No ☐	YES	YES	

Total No. of Nursing Books available	3000	No. of Nursing Journals subscribed	05
No. of Thesis/Research titles available	—	Is internet facility available for Students?	Yes
No of e-books	—	How many books were purchased in last financial year?	—

S. No.	Name of the Librarian	Qualification	Experience	Remarks

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.

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	NA	
Conferences conducted		

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Conferences attended		
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18. Details of Clinical / Hospital Facilities : (ENCLOSED)

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 YIMS TEACHING HOSPITAL YADGIRI	360 Beds.	WITHIN CAMPUS.	331 (85%)	
NAME OF THE TRUST/ Person owning The Hospital YIMS, YADGIRI				
Name Of The Owner Of The Trust of Hospital DIRECTOR, YIMS YADGIRI				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1			
	2			

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, 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

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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 hospita**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	60	60		
Surgery including OT	60	52		

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Obstetrics & Gynecology	60	53		
Pediatrics,	60	49		
Emergency Medicine	20	16		
Psychiatry	20	14		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	08		
Minor OT	02	02		
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic	10	07		
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases	30	28		
Dermatology	08	07		
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU	10	09		
Geriatric Medicine	30	26		
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC	PRIMARY HEALTH CENTRE, HONAGERA	
Adopted / Affiliated	ADOPTED	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	20 Kms.
b. Services Rendered by Health & Family Welfare Programmes	YES.
URBAN FEILD :	
a. Name of CHC / PHC / SC	UHC, YADHIRI DIST.
Adopted / Affiliated	ADOPTED
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	7 Km.
b. Services Rendered by Health & Family Welfare Programmes	YES.
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 ☐

h.	Extracurricular activities of students	YES ☒	NO ☐
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

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 2500 Sq.mtr. (27,000) 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 ☐

List of Annexures:

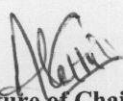
Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	Yes.	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	

Signature of Chairman
(2)

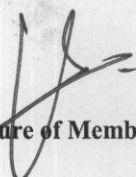
Signature of Member (1)

Signature of Member

Annexure - 3	Details of any other Nursing Institution under the same Trust		NO
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	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	YES.	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	YES.	
Annexure - 13	Vehicle Details : Bus	YES.	
Annexure - 14	Details of List of Library Books & others	YES	
Annexure - 15	Academic Activities	YES	
Annexure - 16	Details of Clinical/Hospital Facilities	YES	
Annexure - 17	Details of Community Health Nursing Posting Facilities	YES	
Annexure - 18	Master Rotation plans and Time tables	YES	


 Signature of Chairman
 (2)


 Signature of Member (1)


 Signature of Member

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	YES	
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		NO

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:

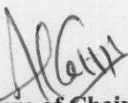
LIC team visited YIMS Govt. College of Nursing, Yadgiri on 30/8/24.

College has required infrastructure available as per the norms.

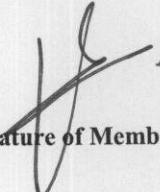
College has identified sufficient space for labs, classrooms, staff room, Seminar hall, library, office & Principal room.

Lab equipments will be procured post permission as per the Govt norms, as per Dean of the Institute.

College is attached to Yadgiri Institute of Medical Sciences, Hospital, Yadgiri. with 360 beds facility. Hospital has NPMR registration and other certificates as per Govt norms. College has bus facility and Hostels for students.


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at YIMS GOVERNMENT COLLEGE OF NURSING, VADUR which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 30/08/2024 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

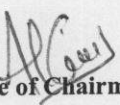
The information recorded by us in the LIC reports is true and correct.

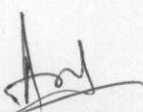
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

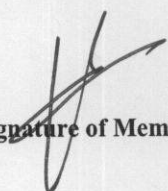

**Senate Member
(Chairman)**


**A C Member
(Member)**


**Subject Expert
(Member)**

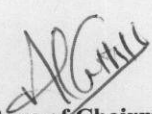

Signature of Chairman
(2)

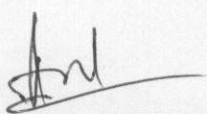

Signature of Member (1)

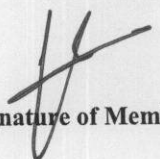

Signature of Member

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING

I/We,

Dr. SANDIP.V.H. Dean & Director.

— is/are the Owners/MD/CEO/Board Members of the
Yims Teaching Hospital Yadgiri hospital situated
at

YADGIRI

—
This is to confirm that our hospital
Yims Teaching Hospital Yadgiri is registered under
KPMEA and PCB with 610+60 beds and the bonafide certificate has
been attached.

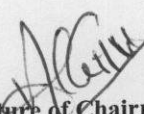
This is to confirm that the hospital
Yims Teaching Hospital Yadgiri is functioning as
affiliated/parent/own Parent hospital for
Yims Govt college of Nursing Yadgiri college.

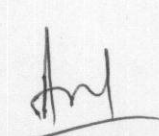
We also confirm that our hospital is solely affiliated to
Yims Govt. college of Nursing Yadgiri college and is
not affiliated to any other nursing college.

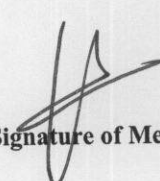
The information provided by us is true and correct.



DEAN & DIRECTOR
Yadgiri Institute of Medical Sciences
YADGIRI.


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust
YADGIR INSTITUTE OF MEDICAL SCIENCES YADGIRI are
submitting the affidavit to University.

The trust _____ is
running/managing the colleges 1.
YIMS, GOVERNMENT COLLEGE OF NURSING, YADGIRI
2. _____
3. _____ since
2022-23 years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

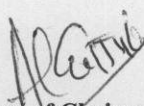
We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.



DEAN & DIRECTOR
Institute of Medical Sciences
YADGIRI.



Signature of Chairman
(2)



Signature of Member (1)



Signature of Member