Change of Name &
Change of address

# Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

## INSPECTION PROFORMA

*Please Tick the Appropriate Boxes*
***Type of inspection***

*Academic Year*_____

| | | | |
|---|---|---|---|
| 1.Fresh Affiliation | | | |
| 2..Enhancement of Seats | | 4. Re-Inspection | |
| 3 Continuation of affiliation | | 5.Surprise Inspection | |

**Nursing Programme under Inspection:**

| | | | |
|---|---|---|---|
| 1.Basic B.Sc (N) | | 2.Post Basic B.Sc (N) | |
| 3. M.Sc (N) | | | |

✓ Change of Name And change of Address

**General Information**

1. Name of the Institution : CIV College of Nursing
2. Full Address with Pin Code : #23/10, Hosahalli, Gollarapalya, Vishwaneedam [P], Nagadi Main road, Bengaluru - 91
3. Name of the Principal : Prof. Jyothi. R.
   a) Telephone Numbers of the Principal : (O) 080 2990 3758 (M) 9731857743
4. Telephone Numbers of the Institution : _____ Fax No. _____
5. Email of the Institution/Principal : jyothi24civ@gmail.com.
6. Name of the Trust/Society/Missionary Company (certified copy of the trust) : Sai Educational trust.
7. Administrative Control

| | | | |
|---|---|---|---|
| 1.Government | | 2.University | ✓ |
| 3.Munciple Corporation | | 4.Army | |
| 5. Autonomous | | 6. Voluntary | |
| 7. Missionary /Trust/Soc | | 8.Company | |

15/11/24

Verify& enclose a registration Document

Signature of Chairman
Dr. G. Manjunath Gowda
14/11/24

Signature of Member (1) 14/11/24
DR. S. A. Nithin.

Signature of Member 14/11/24
Mr. Mithun kumar. R.P
Subject Expert
RVSON
Mandya.

(2)**Affiliation Fee Paid Details.**

| Course Applied<br>UG Courses | | Particulars of fees paid for<br>Annual Fees | Renewal Fees | Administrative Charges | Helinet Inst Fee<br>a) only for UG<br>or<br>b) for UG and PG courses | Amount |
|---|---|---|---|---|---|---|
| | UG:<br>a)<br>Continuation | Fee paid As per Rules. | | | | |
| | | Fees Receipts Enclosed. | | | | |
| PG Course:- | PG : a) Continuation<br>1.<br>2.<br>3.<br>4.<br>5. | | | No of Seats X Prescribed fees of each faculty | | |
| | | | | Grand Total (A + B) | | |
| | | | | Name of The Bank<br>DD No and Date | | |

Remarks

N A

Verify & Enclose copy of Affiliation fee paid documents

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

8. **When was the college opened?**

Basic B.Sc (N)

| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
| 0 | 4 | 0 | 9 | 2 | 0 | 1 | 9 |

Post Basic B.Sc (N)

| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

M.Sc (N)

| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

9. **Do you have parent Medical College:** 1. Yes ☐ 2. No ☑

10. **Do you have parent hospital** : 1. Yes ☑ 2. No ☐

11. **Admission of students in current session**

| **Programme** | | **No. of seats Sanctioned** | | | **Number of Students Proposed by the Institution** |
|---|---|---|---|---|---|
| | | **State Govt.** | **INC** | **University** | |
| **B.Sc (N)** | | 40 | | 40 | 60 |
| **Post Basic B.Sc (N)** | | / | | / | / |
| M.Sc(N) | | | | | |
| | Med.Surg.Nsg | | | | |
| | Community Health Nursing | | | N.A | |
| | Paediatric Nsg | | | | |
| | OBG Nsg | | | | |
| | Psychiatric Nsg | | | | |

Attach a copy of Government of Karnataka order, INC & KNC recognition document and last three years RGUHS affiliation .

Verified the attendance registers and found attendance being marked regularly for all the courses: Yes/No. Give reasons if No

Remarks _____

Signature of Chairman

Signature of Member (1) 11/11/24

Signature of Member (2)

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

| Programme | | I year | II Year (3rd/4th sem) | III Year | IV Year | V Year | Total |
|---|---|---|---|---|---|---|---|
| B.Sc (N) | Male | 23 | 03 | 28 (32) | | | = 86 |
| | Female | 16 | 12 | 04 | | | |
| Post Basic B.Sc (N) | Male | | | | | | |
| | Female | | — No — | | | | |
| M.Sc (N) | Male | | | | | | |
| | Female | — | — No — | | | | |
| | | | | | | Total | |

13. **If the college has PBBSc(N) following details of the admitted students to be enclosed**

| Sl No | Name of the Student | Nursing Council Registration Number | Residence Address | Place & Address of work at the time admission | Board / University from where last exam qualified | Duration of Course with dates From------ To---------- |
|---|---|---|---|---|---|---|
| | | | | | | |
| 1 | | — No — | | | | |

Note: Separate list to be enclosed

14. **If the college has MSc(N) following details of the admitted students to be enclosed**

| Sl No | Name of the Student | Nursing Council Registration Number | Residence Address | Place & Address of work at the time admission | Board / University from where last exam qualified | Duration of Course with dates From------ To---------- |
|---|---|---|---|---|---|---|
| | | | | | | |
| 1 | | — No — | | | | |

Note: Separate list to be enclosed

Remarks: _____

Signature of Chairman

Signature of Member (1) 14/11/24

Signature of Member (2)

**Teaching Faculty details** -Attach a separate sheet with this pro forma.

| S.No | Name of the teaching Faculty | Designation | Qualification along with specialty | Name of the Instt./Uty | Year of passing | R.N & R.M.No | Teaching experience | | Date of joining | ID No | remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | UG | PG | | | |
| 1 | Mrs. Jy. | | | | | | | | | | |
| | | | | ENCLOSED | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

**Particular of External Teachers (Part time)** -Attach a separate sheet with this pro forma.

| Sl. No. | Name | Qualification | Subject | Number of Hours per Year | Remarks |
|---|---|---|---|---|---|
| 1. | | | ENCLOSED | | |
| 2. | | | | | |

**Remarks** _____

_____ **h**

**C. Teaching Book**

1. Built – up area of the building : 48,000 Sq feet 24,000/Sq feet. for (Nursing) _____ Sq.ft
2. Is the Institution : 1. Owned ☐ 2. Rented / Leased ☑
   If owned, proof of Owning the building to be enclosed : Appendix no.
3. Building Tax paid receipt/ certificate by Authority to be attached : 1. Yes ☑ 2. No ☐
4. Land deed to be attached : 1. Yes ☑ 2. No ☐
5. Does all the courses are imparted in this building If no, please specify : 1. Yes ☑ 2. No ☐
6. Whether Safe drinking water supply in available : 1. Yes ☑ 2. No ☐
7. Number of Vehicles – Bus : 02

Details in appendix No. _____

Signature of Chairman

Signature of Member (1) 14/11/24

Signature of Member (2)

**Physical Facilities**

**Classrooms and Laboratories (Verify & attach a copy of Building Plan)**

| Programme | No of class rooms | Size of the Each classrooms(sq ft) | Remarks |
|---|---|---|---|
| BSc(N) | | | |
| PBBSc (N) | | ENCLOSED | |
| MSc(N) | | | |

Ventilation of class rooms : Good ☑ Poor ☐

Lighting : Good ☑ Poor ☐

| Laboratories | Size in sq ft | No of Dummies available | Remarks |
|---|---|---|---|
| Fundamental | 1600 | 03 | |
| Nutrition | 600 | 02 | |
| MCH/OBG& Ped Lab | 1800 | 09 | |
| Community Health Nursing | 600 | 02 | |
| Computer Lab | 1500 | 10 | |
| Anatomy/Preclinical Lab | 900 | 03 | |

List of laboratory equipment to be enclosed. : -Enclosed-

Signature of Chairman

Signature of Member 14/12/24

Signature of Member (2)

**Physical Facilities**

| Administrative Facilities | Size In sqft | Remarks |
|---|---|---|
| • **Office** | | |
| 1. Principal's | 300 | |
| 2. Vice-Principal | 200 | |
| 3. Assoc. Prof | 5@200=1000 | |
| 4. Readers | 24000 | As per the norms of the Apex body & RGUHS/KSNC norms is been maintained |
| 5. Lecturer's | | |
| 6. Tutors/Clinical | 4@900=3600 | |
| - **Institution office** | | |
| 3. Office of Administrative, clerical staff and PA (s) | | |
| 4. Accountants Office | | |
| 5. Store Room | | |
| 6. Record room | | |
| 7. Room for maintenance staff | 600 | |
| 8. Xeroxing room | 300 | |
| 9. common room | 1000 | |
| 10. Seminar hall | 1000 | |

14/11/24

| | | |
|---|---|---|
| | | |

**Library facility**

| Library Facilities | Size in Sq ft | Separate Library 1. Yes 2. No | Ventilation | | Lighting | | Remarks |
|---|---|---|---|---|---|---|---|
| | | | ✓ | | ✓ | | |
| Reading Room | | | GOOD | POOR | GOOD | POOR | |

1. No. of Nursing Books available : 445

2.No. of thesis/Research titles available: 20

3.No of e-books: 10

4. No. of Nursing Journals subscribed : 10

5. Is internet facility available: 1. Yes [✓] 2. No [ ] for student

6. How many books were purchased in last financial year :

| SlNo | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01 | Mr. Nareena. | M. Lib. | 2 years | - |
| | | | | |
| | | | | |

Enclose a list of library books

Remarks on Usage of HELINET services:

Signature of Chairman

Signature of Member 11/11/21

Signature of Member (2)

**Academic activities**

| Academic activities | Particulars | Remarks |
|---|---|---|
| Research Projects | 02 | |
| Conferences conducted | 02 | |
| Conferences attended | 08 | |

**Clinical Facilities**

| | Name & Address of the Parent Hospital | Total No. Beds | Distance from the college | Occupancy on the day of inspection | Remarks |
|---|---|---|---|---|---|
| Attached hospitals | 1 MEDRAY HOSPITAL & CLINICS PRIVATE LIMITED Pollution board & KPMEA Certificate along with MOU copies enclosed | 105 | 20 kms. | | |
| | 2 | | | | |
| | 3 | | | | |



14/11/24

14/11/24

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | | | | |

**Remarks:**

Verify & Attach Clinical permission letter, fee paid receipts.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

**Distribution of Beds**

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. Of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical | | | | |
| Surgical & Orthopedic | | | | |
| Pediatrics | | | | |
| Gyne. & Obst. | | | | |
| Psychiatric | | | | |
| Eye, ENT | Copy Enclosed | | | |
| Coronary/ICCU/ICU | | | | |
| Nephrology | | | | |
| Neurology | | | | |
| Emergency/Causality | | | | |
| ICU Oncology | | | | |

**COMMUNITY HEALTH NURSING**

**I RURAL FILELD**

**a. Name of CHC / PHC / SC**

(i). Adopted / Affiliated Proposal Given to Government Health & Family Welfare

(ii) Administrate red by 1. State Govt. ☐ 2. Municipal Corporation ☐ 3. Private ☐

(iii) Distance from the Nursing Institute _____

b. Service Rendered Health and Family Welfare Programmes : Yes /No

**II. URBAN FIELD**

**a. Name of the MCH & F.W.Center**

1. Adopted ☐ 2. Affiliated ☐

**b. Details of MCH and F.W. center**

i) Distance from the Institution : _____

ii) Administrative by 1. State Govt. ☐ 2. Municipal Corporation ☐ 3. Private ☐

iii) Service Rendered _____

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) 11/11/24

Signature of Member (2)

iv) Master Plan for Theory Classes and practical for all Nursing Programmes

a. B.Sc. (N) 1. Yes ✓ 2. No _____
b. P.B. B.Sc. (N) 1. Yes _____ 2. No _____
c. M.Sc. (N) 1. Yes _____ 2. No _____

v) Time Table available for all Nursing Programmes

a. B.Sc. (N) 1. Yes ✓ 2. No _____
b. P.B. B.Sc. (N) 1. Yes _____ 2. No _____
c. M.Sc. (N) 1. Yes _____ 2. No _____

**Records of Students**

Are the following students records are maintained well?

a. Admission record 1. Yes ☑ 2. No. ☐
b. Daily attendance registers 1. Yes ☑ 2. No. ☐
c. Health record 1. Yes ☑ 2. No. ☐
d. Clinical and field experience record 1. Yes ☑ 2. No. ☐
e. Practical record books - procedure record 1. Yes ☑ 2. No. ☐
- Midwifery case book 1. Yes ☑ 2. No. ☐
f. Leave record 1. Yes ☑ 2. No. ☐
g. Extracurricular activities of students 1. Yes ☑ 2. No. ☐
h. Cumulative record of each 1. Yes ☑ 2. No. ☐

Signature of Chairman Signature of Member (1) 14/11/24 Signature of Member (2) 14/11/24

2. Are the following students records are maintained well?

a. Course planning of each subject — 1. Yes ☑ 2. No. ☐

b. Rotation plans — 1. Yes ☑ 2. No. ☐

c. Committee Meetings — 1. Yes ☑ 2. No. ☐

d. Affiliation records — 1. Yes ☑ 2. No. ☐

e. Records of Stock — 1. Yes ☑ 2. No. ☐

f. Annual report of activities and achievements — 1. Yes ☑ 2. No. ☐

g. Staff development programmes — 1. Yes ☑ 2. No. ☐

h. Anti ragging committee — 1. Yes ☑ 2. No. ☐

i. Student welfare committee — 1. Yes ☑ 2. No. ☐

**Hostel facilities**

1. Whether the college is having a separate hostel : 1. Yes ☑ 2. No. ☐

2. Built-up area of the hostel : _____ sq. ft.

3. Is the hostel : 1. Owned ☐ 2. Rented/Leased ☑

If owned proof of possession of hostel to be enclosed
Appendix No. [Sale deed/Building completion certificate]: Enclosed

4. Is there separate provision of Hostel for
Male and Female Students : 1. Yes ☐ 2. No. ☐

Total No. of students in the hostel Girls_____ Boys_____

No. of rooms Girls_____ Boys_____

. Water Supply 1. Yes ☑ 2. No. ☐

b. Electricity 1. Yes ☑ 2. No. ☐

Signature of Chairman

Signature of Member (1) 14/11/24

Signature of Member (2)

| | | |
|---|---|---|
| 7. Facilities for outdoor games and indoor games | 1. Yes ☑ | 2. No. ☐ |
| 8. Is Sick room available | 1. Yes ☑ | 2. No. ☐ |
| 9. Whether the hostel mess is available | 1. Yes ☑ | 2. No. ☐ |
| Safe drinking water facilities | 1. Yes ☑ | 2. 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:**

The Institution has applied for change of Name & Address Sai College of Nursing to CIV College of Nursing. Applied for Enchancement from 40 to 60

Old Address: BM Road Vondarakuppe Channapatna (Bangalore Rural)

New Address: Survey NO 23/10 Hosahalli Gollarapalya Vishwaneedam Post. Magadi Main Road Bengaluru Rural.9

=> ① Physical Infrastructure: the Land/Building Documents along with Lease Deed Enclosed the 7 Class rooms are having seating Capacity 100 in NO with Good Ventilation

② Library: Digital Library & (Computer Lab) & the Books As per INC norms Maintained

P.T.O

Signature of Chairman

Signature of Member (1) 14/11/24

Signature of Member (2)

All Clinical Laboratories are having Adequate Equipments as per the norms present.

⇒ Teaching Faculties :-
on the Day of Lie Inspection principal & Nursing Staffs were present. As per the Ratio
All the Declaration forms Enclosed
Labranian is Qualified & Maintained the Records

⇒ Hospital : MEDRAY Hospital Shown as Parent Hospital and the Director of the hospital in the Member of the trust has the MOU Copies along with KPMEA / Pollution Control Board certificate Enclosed ( Bed strength of 114 in NO)

⇒ we are forwarding to Consider Change of NAME & Address : As Mentioned above

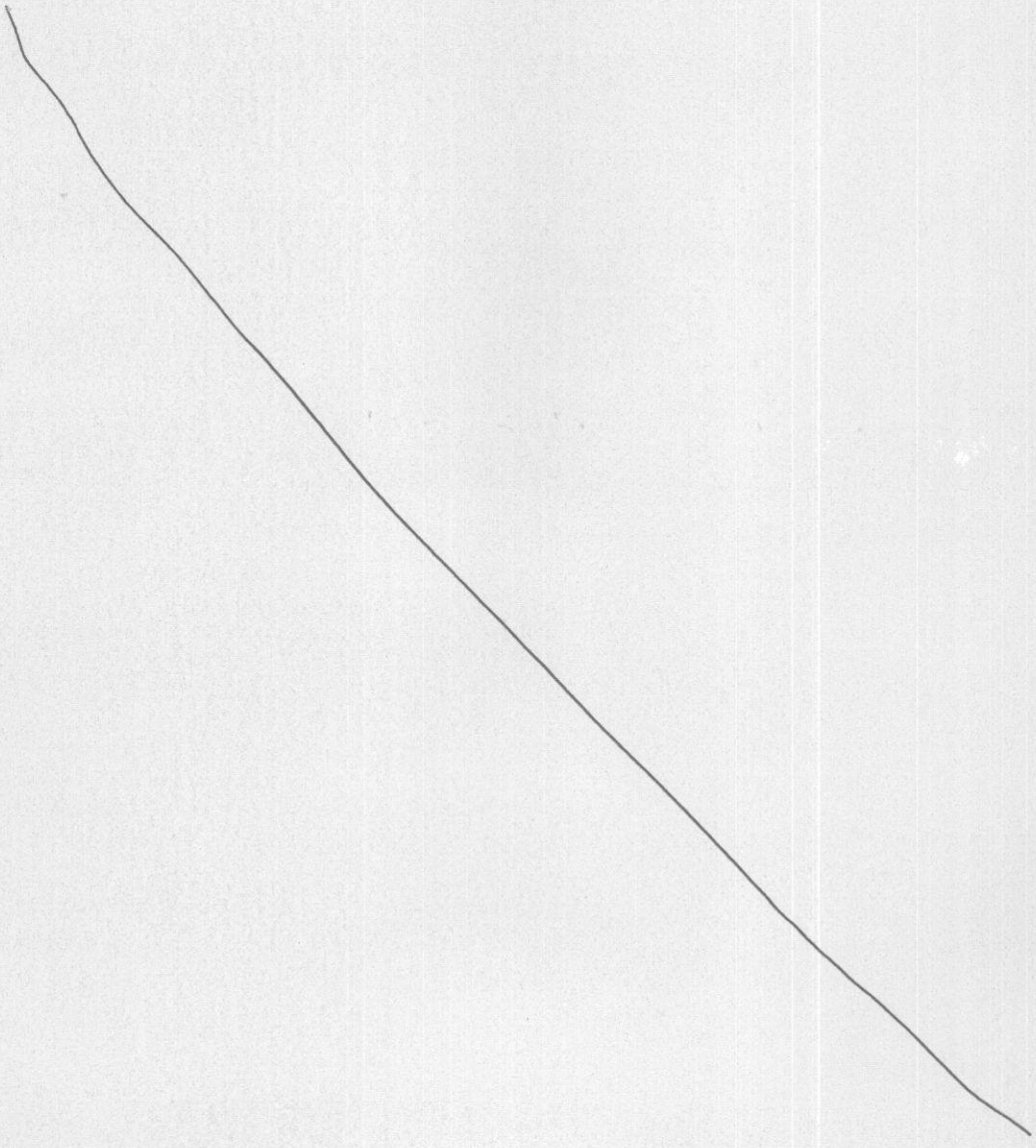
All Documents are Enclosed as per the Annexures

14/11/24.

14/11/24

**Name of the college:** CIV. College of Nursing

**Observations continued**



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

*Rajiv Gandhi University of Health Sciences, Karnataka*
*4th 'T' Block, Jayanagar, Bangalore - 560041*

RGUHS/NUR/LIC-INSP/2024-25 Date: 12/11/2024

**ORDER**

**To,**

Dr. G Manjunath Gowda,
Chief Medical Officer,
Matru Multi-Speciality Hospital
#91/2, 11th Main, Kamakshipalya,
Vrushabavathi Nagar,
Bengaluru -560079
Mobile: 9066679444

Sir,

**Sub:** Conduct of LIC inspections for Change of Address & Change of Name nursing colleges for the academic year 2024-25

****

As per the orders of the Hon'ble Vice-Chancellor, you have been appointed as the Chairman of the team to conduct LIC inspections to grant Change of Address for BSc Nursing course and following LIC team is constituted to conduct Inspection.

The Team Members are requested to complete the inspection and submit the inspection report in the scanned soft copy through email to registrar@rguhs.ac.in & nursing@rguhs.ac.in within 24 hours of inspection of each institution and hard copy of the report completely filled and duly signed by the team to the undersigned within 03 days from the conduct of inspection. **The inspection to be completed before 15.11.2024**

The members of the team are requested to co-ordinate with each other in order to complete the inspection.

| Type of Affiliation | College Name and Address with Contact Details | Academic Council Member | Subject Expert |
|---|---|---|---|
| **Change of Address & Change of Name** | **Sai College of Nursing Old Address**, B.M. Road, Vondaraguppe, Channapatna, Ramanagara - 562 161 Mob: 8105215834 **CIV College Of Nursing New Address** : Survey No: 23/10, Hosahalli, Gollarapalya, Vishwaneedam Post , Magadi Main Road , Bengaluru -560091 | Dr. S. A Nithin Principal, Rajeev Institute of Ayurvedic Medical Sciences & Research Centre, Hassan Mob: 9845293032 | Mithun, Principal, RVS college of nursing, Mandya 7899577737 |

REGISTRAR

**Note:** LIC Team to strictly follow the instructions for conduct of LIC as mentioned below.

**Copy to:**

1. The members of LIC Team.
2. The Finance Officer, RGUHS, Bangalore for Information and arranging payments for TA/DA bill.

## 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. The Team Shall submit the report of the Inspection within the stipulated time as mentioned above failing which the specific LIC Team's order shall be considered null and void and such institutions shall be reallocated.
3. Team shall also compulsorily visit the attached hospital along with the college and physically verify the bed strength facilities provided along with the KPMEA & PCB Certificates.
4. Team shall obtain an undertaking/affidavit from the college trust chairman/president and also from the parent /affiliated hospital MD/ CEO in the prescribed format.
5. Submission of soft copy of Video recording, geo tagged photographs during LIC inspection is mandatory.
6. The Checklists should have specific comments where applicable.
7. Report shall not use the words adequate /satisfactory /available /sufficient, where the specific information is sought such as Area of the land/ Dimensions of class rooms/ Number of teaching faculty /Number of class room /Laboratories /Number of book sets. Such reports will be rejected directly without the approval.
8. All Original Documents mentioned in the Checklist must be verified by the team before writing comments in the report.
9. After the verification of the original documents, photo copies of the same to be collected and the copies to be attested by the seal and signature of the Principal and college trust management.
10. Original land documents are to be verified using apps like Dishaank to confirm the owner's details of the particular institution.
11. **For any misleading / wrong information the whole LIC team shall be made responsible.**
12. **Each member of the LIC team shall individually be responsible for the facts given in the report, if any of the member wishes to differ, he/she can submit a separate report.**