



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

3 Continuation of
affiliation

1. Basic B.Sc (N)

3. M.Sc (N)

4. Re-Inspection

5. Surprise Inspection

2. Post Basic B.Sc (N)

Change of Name
And change of Address

Nursing Programme under Inspection:

General Information

1. Name of the Institution

2. Full Address with Pin Code

3. Name of the Principal

a) Telephone Numbers of the Principal

4. Telephone Numbers of the Institution

5. Email of the Institution/Principal

6. Name of the Trust/Society/Missionary
Company (certified copy of the trust)

7. Administrative Control

1. Government

3. Munciple Corporation

5. Autonomous

7. Missionary /Trust/Soc

2. University

4. Army

6. Voluntary

8. Company

Verify & enclose a registration Document

Signature of Chairman

Signature of Member (I)

Signature of Member

Dr. B. Manjunath bawda
14/11/24

DR. S. A. Nethin.
14/11/24

Mr. Mithun Kumar R.P
Subject expert
RV38W
Mandya
14/11/24

Pratt County University of Health Sciences & Services
1000 W. 10th St., Suite 100
Pratt, KS 66063-1000

LABORATORY REPORT

1. Patient Name

2. Date

3. Referring Physician

4. Test Requested

5. Test Results

6. Interpretation

7. Comments

8. Signature of Technician

9. Date of Report

10. Laboratory Name

11. Address

12. Phone Number

13. Fax Number

14. E-mail Address

15. Website

16. Other Information

17. Notes

18. Signature of Physician

19. Date of Signature

20. Laboratory Name

21. Address

22. Phone Number

23. Fax Number

24. E-mail Address

25. Website

26. Other Information

27. Notes

28. Signature of Physician

29. Date of Signature

30. Laboratory Name

31. Address

32. Phone Number

33. Fax Number

34. E-mail Address

35. Website

36. Other Information

37. Notes

38. Signature of Physician

39. Date of Signature

40. Laboratory Name

41. Address

42. Phone Number

43. Fax Number

44. E-mail Address

45. Website

46. Other Information

47. Notes

48. Signature of Physician

49. Date of Signature

50. Laboratory Name

51. Address

52. Phone Number

53. Fax Number

54. E-mail Address

55. Website

56. Other Information

57. Notes

58. Signature of Physician

59. Date of Signature

60. Laboratory Name

61. Address

62. Phone Number

63. Fax Number

64. E-mail Address

65. Website

66. Other Information

67. Notes

68. Signature of Physician

69. Date of Signature

70. Laboratory Name

71. Address

72. Phone Number

73. Fax Number

74. E-mail Address

75. Website

76. Other Information

77. Notes

78. Signature of Physician

79. Date of Signature

80. Laboratory Name

81. Address

82. Phone Number

83. Fax Number

84. E-mail Address

85. Website

86. Other Information

87. Notes

88. Signature of Physician

89. Date of Signature

90. Laboratory Name

91. Address

92. Phone Number

93. Fax Number

94. E-mail Address

95. Website

96. Other Information

97. Notes

98. Signature of Physician

99. Date of Signature

100. Laboratory Name

101. Address

102. Phone Number

103. Fax Number

104. E-mail Address

105. Website

106. Other Information

107. Notes

108. Signature of Physician

109. Date of Signature

110. Laboratory Name

111. Address

112. Phone Number

113. Fax Number

114. E-mail Address

115. Website

116. Other Information

117. Notes

118. Signature of Physician

119. Date of Signature

120. Laboratory Name

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122. Phone Number

123. Fax Number

124. E-mail Address

125. Website

126. Other Information

127. Notes

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129. Date of Signature

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131. Address

132. Phone Number

133. Fax Number

134. E-mail Address

135. Website

136. Other Information

137. Notes

138. Signature of Physician

139. Date of Signature

140. Laboratory Name

141. Address

142. Phone Number

143. Fax Number

144. E-mail Address

145. Website

146. Other Information

147. Notes

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149. Date of Signature

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154. E-mail Address

155. Website

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183. Fax Number

184. E-mail Address

185. Website

186. Other Information

187. Notes

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189. Date of Signature

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193. Fax Number

194. E-mail Address

195. Website

196. Other Information

197. Notes

198. Signature of Physician

199. Date of Signature

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201. Address

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203. Fax Number

204. E-mail Address

205. Website

206. Other Information

207. Notes

208. Signature of Physician

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212. Phone Number

213. Fax Number

214. E-mail Address

215. Website

216. Other Information

217. Notes

218. Signature of Physician

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223. Fax Number

224. E-mail Address

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226. Other Information

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246. Other Information

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285. Website

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293. Fax Number

294. E-mail Address

295. Website

296. Other Information

297. Notes

298. Signature of Physician

299. Date of Signature

300. Laboratory Name

301. Address

302. Phone Number

3

(2) Affiliation Fee Paid Details.

Course Applied		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	
UG Courses						
	UG: a)	Fee paid in per Receipts.				
	Continuation					
		Fees Receipts Enclosed.				
PG Course:-	PG : a) Continuation	No of Seats X Prescribed fees of each faculty				
	1.	N/A				
	2.					
	3.					
	4.					
	5.					
		Grand Total (A + B)				
		Name of The Bank DD No and Date				

Remarks

Verify & Enclose copy of Affiliation fee paid documents


Signature of Chairman

Signature of Member (I)

Signature of Member (2)

See Jones on page 10/11/12

Don't forget to check

A 4

1/6

1/6

1/6

8. When was the college opened?

Basic B.Sc (N)

D D M M Y Y Y Y
04 09 2019

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

☐

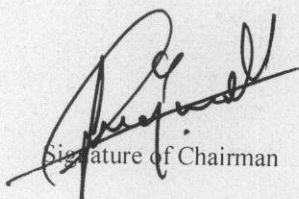
11. Admission of students in current session

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	/	/	/	/
	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)


Signature of Member (2)

REC'D 94 0145

71

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11/11

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

Programme	I year	II Year	III Year	IV Year	V Year	Total
B.Sc (N)	Male	23	03	28		= 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				

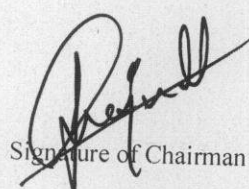
Note: Separate list to be enclosed

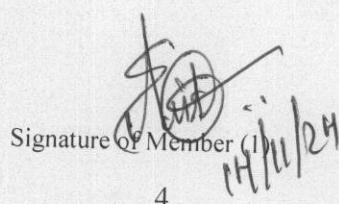
14.If the college has MSc(N) following details of the admitted students to be enclosed

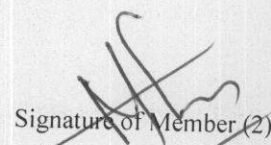
Sl No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time admission	Board / University from where last exam qualified	Duration of Course with dates From----- To-----
1		No				

Note: Separate list to be enclosed

Remarks: _____


Signature of Chairman


Signature of Member (1)
14/11/24


Signature of Member (2)

(28)

(28)

10/11/19

80 20 20
LPO 20 20

1/10

1/10

1/10

1/10

1/10

1/10

1/10

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.										

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.					
2.					

Remarks _____

_____ h

C. Teaching Book

1. Built – up area of the building : 48,000 sq feet Sq.ft
2. Is the Institution : 24,000/sq feet - Pol (Nursing)
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 : 1. Yes ☒ 2. No ☐
4. Land deed to be attached : 1. Yes ☒ 2. No ☐
5. Does all the courses are imparted in this building : 1. Yes ☒ 2. No ☐
- If no, please specify _____
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)

Signature of Member (2)

2/10/23

2/10/23

118,000 2d floor

2nd floor (moving)



(2)

Handwritten signature

Handwritten signature

Handwritten signature

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 :

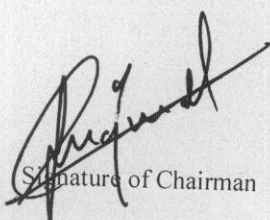
Good ☒

Poor ☐

Laboratories	Size in sq ft	No of Dummies available	Remarks
Fundamental	1600	03	
Nutrition	600	02	
MCH/OBG& Ped Lab	1800	02	
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
6


Signature of Member (2)

6/10/2020

03

02

01

00

00

03

- 3-10-20

10/10/20

10/10/20

Physical Facilities

Administrative Facilities	Size In sqft	Remarks
• Office 1. Principal's 2. Vice-Principal 3. Assoc. Prof 4. Readers 5. Lecturer's 6. Tutors/Clinical	300 200 5 @ 200 = 1000 24000 4 @ 900 = 3600	 This per As per the norms of the Apex body & RGUHS/KSNC norms is been maintained
- 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 8. Xeroxing room 9. common room	600 300 1000	
10. Seminar hall	1000	

[Signature]

[Signature]
14/11/24

[Signature]

1000	1000
200	200
500	500
1000	1000
2000	2000
3000	3000
4000	4000
5000	5000
6000	6000
7000	7000
8000	8000
9000	9000
10000	10000

10000
 9000
 8000
 7000
 6000
 5000
 4000
 3000
 2000
 1000
 0

11/1

11/1

11/1

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Library facility

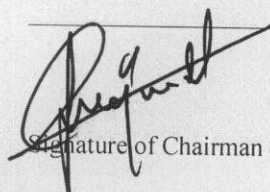
Library Facilities	Size in Sq ft	Separate Library 1. Yes 2. No	Ventilation		Lighting		Remarks
			GOOD	POOR	GOOD	POOR	
Reading Room			✓		✓		

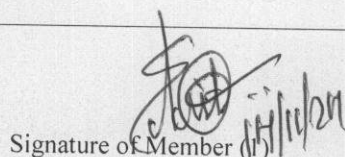
1. No. of Nursing Books available : <u>445</u>	4. No. of Nursing Journals subscribed : <u>10</u>
2.No. of thesis/Research titles available: <u>20</u>	5. Is internet facility available: 1. Yes ☒ 2. No ☐
3.No of e-books: <u>10</u>	6. How many books were purchased in last financial year : _____

SINo	Name of the Librarian	Qualification	Experience	Remarks
01	Ms. Naveena	M. Lib.	2 years	-

Enclose a list of library books

Remarks on Usage of HELINET services: _____


Signature of Chairman


Signature of Member


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
MEDRAY HOSPITAL	105	20 kms.		
& CLINICS PRIVATE LIMITED				
Pollution board				
& KPMEA Certificate				
along with MOU				
copies enclosed				

Attached hospitals

02

02

02

MEDICAL HOSPITAL FOR WOMEN

of various private
limited

Collection board
of KPMG & Co
Good with 1000
copies ordered

1/11/1914

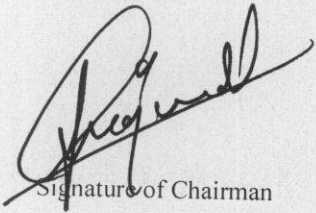
1/11/1914

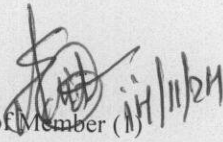
1/11/1914

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				
Coronary/ICCU/ICU				
Nephrology				
Neurology				
Emergency/Causality				
ICU Oncology				

COMMUNITY HEALTH NURSING

I RURAL FILED

a. Name of CHC / PHC / SC

(i). Adopted / Affiliated

(ii) Administrative by 1. State Govt. ☐

2. Municipal Corporation ☐

3. Private ☐

(iii) Distance from the Nursing Institute

Proposal given to Government
Hee H & Family Welfare

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)

Signature of Member (2)

Copy 2

Program given to Government

10/1/12

10/1/12

10/1/12

10/1/12

10/1/12

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)

Signature of Member (2)

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)

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 C.I.V College of Nursing. Applied for Enhancement from 40 to 60
Old Address: Bm Road Vondarakuppe Channarayana (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)

Signature of Member (2)

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

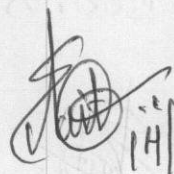
⇒ Teaching Faculties:-
on the Day of LEE Inspection principal & Nursing Staffs were present. as per the Ratio

All the Declaration forms Enclosed
Labrarian is qualified & maintain 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 KPMIA / Pollution Control Board certificate Enclosed (Red strength of 114 in No)

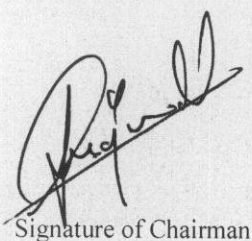
⇒ we are forwarding to consider change of NAME & Address: As Mentioned above

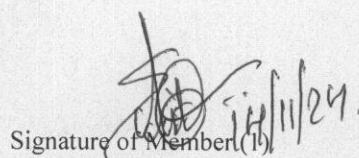
All Documents are Enclosed as per the Annexures


14/11/24
14/11/24

Name of the college: CTV. College of Nursing

Observations continued


Signature of Chairman


Signature of Member (1)

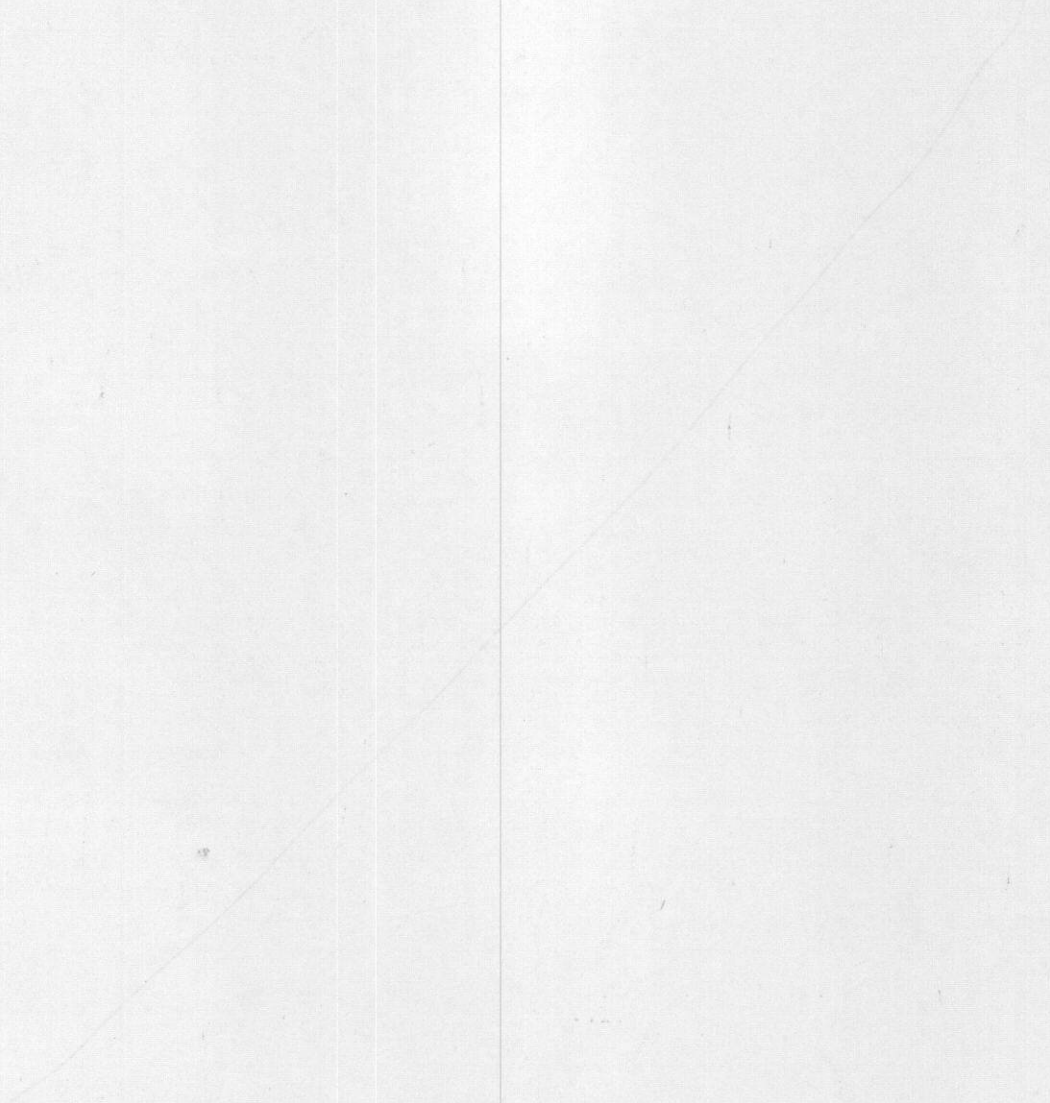

Signature of Member (2)

CTV College of Nursing

Journal of Nursing

Volume 1, Number 1

Page 1



1/1/2020

William

1/1/2020



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,

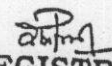
**Sub: Conduct of LIC inspections for Change of Address &
Change of Name nursing colleges for the academic year
2024-25**

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, Vishwancedam 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 Dishank 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.**