



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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Vinutha Rao.	Dr. Baravara Chivade	HAREESH M.S
Designation	Principal.	Academic Council Member	Asst. Professor
Address	MVMC/NYS. Maruthi Nagar Yelahanka, Bangalore	S.V.E.T's College of Pharmacy, HBD	St. Alphonsa Con #67/Amh Road Agahata Mysore-28
Mobile No	9980181331	9886469816	9743251742
Email ID	drvinuthamvm@gmail.com	baravara.chivade@gmail.com	hareesh.04sharma@yahoo.co.in

For the Academic Year : 2024 - 2025

Date of Inspection: 16/11/2024.

(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	H.K.D.E TRUST'S Umadevi Patil College of Nursing Sindankera Cross HUMNABAD	2	Year of Establishment	2019
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company			
3	Name of the Trust & complete postal address (if private)	H.K.D.E Trust, Kallur Road, HUMNABAD BIDAR - 585330. (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: HKdetudpnc@gmail.com	Website:		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 04. (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2			

Signature of Chairman

Dr. Vinutha Rao.

Signature of Member (1)

Dr. Baravara

Signature of Member (2)

HAREESH M.S

5	Details of Principal/Head of the institution	Name: Prof Snehalatha Qualification: M.Sc(N) Experience: 18 yrs Email: snehayadgis@gmail.com	Mobile No: 8861556505 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/ <i>Increase Intake</i>	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrati ve Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
✓B.Sc. Nursing	40-60	Ref. NO - 25B12174189877/ - 25B12168583234/			18/7/2024 = 16/7/2024 =	25000/- 55000/-
Post Basic B.Sc. Nursing		- 25B12193451019/			23/7/2024	1050/-
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.		— NA —			
	5.					
	Total (B)					
NPCC						
	Total (C)					
Grand Total (A+B+C)						

Online Transaction Number or Details:

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

AREESH M

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	_____	ENCLOSED	_____	_____	
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40				
	Admissions Made for the Current Academic Year	40				
Post Basic B.Sc. Nursing	Approval Letter No. and Date			/		
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A			
	Admissions Made for the Current Academic Year	/				
M.Sc. Nursing	Approval Letter No. and Date			/		
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A			
	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		N/A			
	Admissions Made for the Current Academic Year	/				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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.Sc Nursing	Male	14	15	28	22	79
	Female	16	24	12	18	70
Post Basic B.Sc Nursing	Male		NA			
	Female					
M.Sc Nursing	Male		NA			
	Female					
M.Sc NPCC	Male					
	Female		NA			

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

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) — NA —

Annexure -10

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

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				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		14									
	Total	16-24	24-40	4-12			21									

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

Signature of Chairman

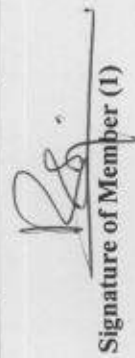
Signature of Member (1)

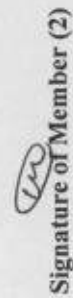
Signature of Member (2)

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 After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
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13.									
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		
	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	915 x 4 = 3600	
	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 —	
	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300 sq. ft	
	2. Vice-Principal Chamber	200	210 sq. ft.	
	3. HOD	5 x 200 = 1000	1000 sq. ft.	
	4. Professor/Assoc. Prof	800+2400=3200	3100 sq. ft.	Verified approximately applicable with this information data
	5. Lecturer/ Tutors			
	Institution office /Others			
3	6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office		900 sq. ft	
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room		200 sq. ft	
	12. common room	1000	1000 sq. ft	
	13. Seminar hall	3000	3000 sq. ft	
	14. Toilets	1000	1000 sq. ft	
	15. A.V/Aids room	600	600 sq. ft	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1620 sq.ft.	Verified appropriately applicable as per kit info note date
	Nutrition & Community Health Nursing	1200sq.ft	1250 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:

Enclosed

Annexure - 12

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure - 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA39A2821	73	Yes / No	Yes / No	Yes / No

[Signature]
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature]
Signature of Member (2)

16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300 Sq. ft	YES ☒ No ☐	✓	✓	

Total No. of Nursing Books available	980	No. of Nursing Journals subscribed	07.
No. of Thesis/Research titles available		Is internet facility available for Students?	Yes
No of e-books	Helinet	How many books were purchased in last financial year?	396

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Premila	M.Lib	2 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.

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

Enclosed.

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

Annexure - 16

1	Do you have parent Medical College?	YES ☒	NO ☐
2	Do you have parent hospital?	YES ☒	NO ☐
If Yes, Hospital Owned by		i. Trust/Society/Missionary ☒	
		ii. Trust member with MOU ☒	

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital H.K.D.E Trust's Lajarajeshwari Hospital Hunnabad	100	within the Campus	75%	Visited and verified available within Campus.
NAME OF THE TRUST/ Person owning The Hospital H.K.D.E Trust				
Name Of The Owner Of The Trust Dr. Chandershekar Patil				
Affiliated hospitals- Full Name & Address of the Parent Hospital				
1 Govt General Hospital Hunnabad		3 km	85%	
2 Sharwad Institute of Mental health science Sharwad			90%	

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

NOTE:

- If the college established, i.e., 2012-13 and before (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since 2013-14 shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore 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, 2021 F.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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 ;

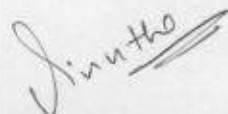
- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical 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, 2021 F.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:



Signature of Chairman



Signature of Member (1)



Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical M/F	20+20		26	75%.
Surgery including OT	19		02	78%.
Obstetrics & Gynecology Surgical	37		16	80%.
Pediatrics, / OT	10+2		05	75%.
Emergency Medicine / OPD	6+3		21	75%.
Psychiatry	-		Total 100	-

Additional/Other Specialties/Facilities for clinical experience:

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC	HUBAGI	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	25 kms	
b. Services Rendered by Health & Family Welfare Programmes	MCH services, vital statistics, camps, Family planning, survey, Govt schemes etc.	
URBAN FEILD :		
a. Name of CHC / PHC / SC	HALLIKHED	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	20 kms.	
b. Services Rendered by Health & Family Welfare Programmes	MCH services, vital statistics, camps, Family Planning, survey, Govt schemes, Referrals etc.	
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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

g.	Leave record	YES ☒	NO ☐
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h.	Extracurricular activities of students	YES ☒	NO ☐
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of Stock	YES ☒	NO ☐
o.	Annual report of activities and achievements	YES ☒	NO ☐
p.	Staff development programmes	YES ☒	NO ☐
q.	Anti ragging committee	YES ☒	NO ☐
r.	Student welfare committee	YES ☒	NO ☐

23	Hostel Facilities :Annexure - 12 NA		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	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 :	Boys :
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 ☐



Signature of Chairman



Signature of Member (1)



Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers		
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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:

On the day of inspection 16/11/24 LIC team visited the Umadevi Patil College of Nursing, following observations were made.

- ① Total. 21 teaching staffs were present.
- ② Hospital is within the campus has KPME, Pollution Control Board Certificate & fire safety. and all required clinical facilities are available as per norms.
- ③ Library is having sufficient books.
- ④ All labs were well equipped & as per norms.
- ⑤ Documents and GPS Photography enclosed for your perusal.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



UMADEVI PATIL
COLLEGE OF NURSING

GPS Map Camera

Humnabad, Karnataka, India
Q47x+wc6, Nh 65, Humnabad Rural, Humnabad,

Karnataka 585330, India
Lat 17.764362° Long 77.148746°

16/11/24 03:28 PM GMT +05:30

Google



ಉಮಾದೇವಿ ಪಾಟೀಲ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್ Umadevi Patil College of Nursing

Recognised by Govt. of Karnataka, Karnataka Nursing Council, Bangalore

& Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore

N.H. 65, Veerbhadragiri, Sindhankera Cross, HUMNABAD-585 330. Dist. Bidar (Karnataka)

Ref. No. : UPCON/

Date : 16/11/2024

UNDERTAKING BY TRUST MANAGEMENT

We the chairman / President / Secretary / Member of the trust

Dr. CHANDRASHEKAR PATIL are

Submitting the affidavit to university.

The trust H.K.D.E.T

Is running / managing the college

1. UMADEVI COLLEGE OF NURSING
2. _____
3. _____ since 5 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.

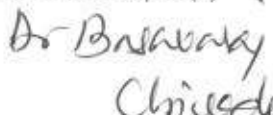
We also confirm that the college is solely managed by the trust and is not leased/ sub leased to any others trust / agency to manage the college.

We also confirm that 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


Signature of Chairman
CHIEF TRUSTEE
H. K. D. E. Trust
Humnabad


Signature of Member (1)

Signature of Member
Chinnade



ಉಮಾದೇವಿ ಪಾಟೀಲ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್ Umadevi Patil College of Nursing

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Ref. No. : UPCON/

Date : 16/11/2024

UNDERTAKING

I / We, are the owners

Is / are the Owners / MD / CEO / BOARD Members of the H.K.D.E.

Rajarajeshwari Hospital situated

At

Near Sindhenkera Cross

This is to confirm that our hospital

NH-9 is registered under

KPMEA and PCB with 100 beds and the bonafide certificate has

Been attached.

This is to confirm that the hospital Rajarajeshwari

Is function as affiliated / parent / own hospital

Umadevi Patil College

We also confirm that our hospital is solely affiliated to

Umadevi Patil College of Nursing college and is

Not affiliated to any other nursing college

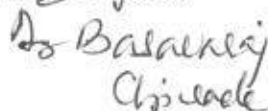
The information provided by us is true and correct.



Signature of Chairman
CHIEF TRUSTEE
H. K. D. E. Trust
Humnabad



Signature of Member (1)



Signature of Member

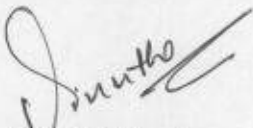
UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Umadevi patil college of Nursing which has applied for continuation of affiliation for the academic year 2024-25. Humnabad

We have conducted LIC inspection of this college on 16/11/2024 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)
Dr. Basavaraj Chivade


Subject Expert
(Member)
HAREESH M

H.K.D.E TRUST'S
UMADEVI PATIL COLLEGE OF NURSING HUMNABAD
 NEAR SINDENKERA CROSS HUMNABAD 585330

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
						UG	PG			
1	SNEHALATHA.P	PRINCIPAL	MSC Nursing Pediatric Nursing	2006	16452	10 yr	18yr	27-5-24	yes	
2	MR SHIVRAJ	VICE-PRINCIPAL	MSC Nursing CHN	2012	18568	2yrs	10yrs	02-11-24		
3	SULAVATHI	ASSOCIATE PROFESSOR	Msc Nursing pediatric Nursing	2017	68784	2yr	2yrs	01-07-22		
4	MS JOYSHEETAL	ASSOCIATE PROFESSOR	MSC Nursing CHN	2015	73235	2 yrs	2 yrs	02-11-24		
5	MS SHILPA	ASSOCIATE PROFESSOR	MSC Nursing MSN	2018	86794	1 yrs	3yrs	02-11-24		
6	SUSAN	ASSISTANT PROFESSOR	Msc Nursing pediatric Nursing	2020	82413	2yr	2yrs	13-08-24		
7	MD SHAREEF	ASSISTANT PROFESSOR	Msc Nursing cardiology Nursing	2024	19394	11yr	1yrs	22-09-24		
8	MICHEL	TUTOR	BbSc nursing	2021	127788	2yr 6m		02-05-22		
9	DEEPIKA	TUTOR	BbSc nursing	2022	140687	1yrs3m		10-05-22		
10	SUNIL RATHOD	TUTOR	BbSc nursing	2021	121717	2yrs		02-11-22		
11	VIRESH	TUTOR	BbSc nursing	2021	122635	2yrs		01-06-23		
12	MALLIKARJUN	TUTOR	BbSc nursing	2017	147963	4yrs3m		25-08-23		
13	AMBIKA	TUTOR	BbSc nursing	2021	124688	2yrs		25-08-23		
14	SHOBHA	TUTOR	BbSc nursing	2021	123701	1yrs		01-07-24		

15	SAPNA	TUTOR	BSc nursing	2022	133397	4month		13-08-24		<i>Sapna</i>
16	NITISH KUMAR	TUTOR	BSc nursing	2024	215017	2m		01-09-24		<i>Nitish</i>
17	ASHIRWAD	TUTOR	BSc nursing	2021	121818	2yr 10m		01-10-24		<i>Ashirwad</i>
18	DURGA PRASAD	TUTOR	BSc nursing	2024	163360	--		02-11-24		<i>Durga</i>
19	SANTOSH J	TUTOR	BSc nursing	2022	121705	--		02-11-24		<i>Santosh</i>
20	WILSON	TUTOR	BSc nursing	2020	113142	--		02-11-24		<i>Wilson</i>
21	DANIEL	TUTOR	BSc nursing	2021	123380	--		02-11-24		<i>Daniel</i>

Principal
Principal
H.K.D.E.T'S

UMADEVI PATIL
College of Nursing Sciences
Humnabad Dist: Bidar-585330