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. Sankanagoud Patil	Dr. Suresh. Jamadri	Dr. Santhosh kumar. KY
Designation	Principal	Asso. Professor.	prof. & HOD
Address	Rajasheekareeyah Institute of Ayurveda Medical Sciences & Hospital Sohar.	Acharya & BM Reddy college of Pharmacy. Bangalore	Madhavgnani Sri Raghavendra CON
Mobile No	9019587969	9591138301	9964202536
Email ID	ayursank@gmail.com.	sureshjamadri@gmail.com.	sksanthu500@gmail.com

For the Academic Year : 2024-2025			*Date of Inspection:*	
(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	**METROUNITED NURSING COLLEGE, NH 206, SAGAR ROAD, NEAR SHARAVATHI DENTAL COLLEGE, GOLDEN CITY LAYOUT, SHIMOGA-577204 KARNATAKA.**	2	Year of Establishment: **2021**
2	Status of the course conducting body	**SOCIETY**		
3	Name of the Trust & complete postal address (if private)	**IDEAL EDUCATION SOCIETY NH 206, SAGAR ROAD, NEAR SHARAVATHI DENTAL COLLEGE, GOLDEN CITY LAYOUT, SHIMOGA-577204 KARNATAKA.**		
		Email:metrounitednursingcollege@gmail.com	**Website: www.metrounitednursingcollege.com**	
4	Governing Council& Audit Report of Trust	**Total no of members in governing council: 07. Chairman-Mr. K S Eshwarappa, Vice President- Mr. Kantesh K E Secretary- Dr. Tejasvi T S, Tresurer- Mrs. Shalini Kantesh K E, Trustee- Mrs. Suma K E Tejasvi T S, Members- MRS. Jayalakshmi Eshwarappa K E & Mr. Pruthviraj N C**		

Signature of Chairman
(Dr. Sankanagoud Patil)

Signature of Member (1)
(Dr Suresh. Jamadri)

Signature of Member (2)
(SANTHOSH KUMAR. KY)

5	**Details of Principal/Head of the institution**	**Name: Mrs. KEERTHI DSOUZA** **Qualification: M.Sc (N) Child Health Nursing** **Experience: 14 years 6 months** **Email: principalmetrounitednc@gmail.com**	**Mobile No: 9148182751** **Office No: 9036535667**
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**NO**	

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Seat Enhancemet Affiliation	Particulars of fees paid for				
		Application Fees	Renewal Fees	Date	Helinet Inst Fee a) only for UG	Amount
B.Sc. Nursing	4,50,000/-	1,000/-		8/11/2024		4,51,000/- ✓
					Total (A)	4,51,000/- ✓

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	-
NPCC			
		Total (C)	-
		Grand Total (A+B+C)	4,51,000/- ✓

Online Transaction Number or Details:

1. ZBBCWZL04JMF05 ON 08/11/2024 BD00000007357408

Remarks: Verified

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

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

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 165 MPS 2022 Dt: 05/04/2022	RGU/AFF/NUR/N551/2022-23 29/10/2022	KNC:2071-2021-22 Dt:01-06-2022	18-15/15452-INC/1043 Dt: 11-10-2022	Verified
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40 (2024-25)				
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	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	-	-	-	-	
	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	03	08	05	-	16
	Female	37	32	31	-	100
Post Basic B.Sc Nursing	Male	-	-	-	-	
	Female	-	-	-	-	
M.Sc Nursing	Male	-	-	-	-	
	Female	-	-	-	-	
M.Sc NPCC	Male	-	-	-	-	
	Female	-	-	-	-	

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

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---------
	—	—	—	—	—	—

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---------
	—	—	—	—	—	—

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: Verified

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													
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		5									
6	Tutor	8-16	16-24	2-10	--		17									
	Total	**16-24**	**24-40**	**4-12**			24									

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	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** • 8 M.Sc. Nursing qualified faculty • 16 Tutors
100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MRS.KEERTHI DSOUZA	PRINCIPAL	MSc (N) Child Health Nursing	2010	5330	01 Year	13 Years 3 months	01/06/2022	yes	
2.	MRS. PRIYADARSHINI S	VICE PRINCIPAL	MSc (N) OBG	2017	144901	01 Year	6 Years 1 months	20/09/2022	yes	
3.	MRS.ROOPA R D	ASSISTANT PROFESSOR	MSc (N) OBG	2017	140742	01 Year	3 Year	01/06/24	yes	
4.	MR. SHAZAD AHAMED S N	LECTURER	M.Sc(N) Medical Surgical Nursing	2021	87321	01 Year	2 Years 6 months	29/05/2023	yes	
5.	MR. NAGARAJA B	LECTURER	M.Sc (N) Community Health Nursing	2023	94366	01 Year	1 months	01/06/2023	yes	
6.	MR. MAHAMED SHAFIULLA B H	LECTURER	M.Sc(N) Medical Surgical Nursing	2022	25990	10 years	1 year	20/01/2024	yes	
7.	MS. ASHA N	LECTURER	MSc (N) OBG	2023	97234	1 Year	6months	30/09/2024	NO	
8.	MS. SUSHMITHA SEN C	TUTOR	B.Sc (N)	2018	95435	5 years	-	01/06/2022	NO	
9.	MS. STELLA D	TUTOR	B.Sc (N)	2018	98336	5 years		19/09/2022	NO	
10.	Mr.MOHAMMADSUHEL M MANNANGI	TUTOR	B.Sc (N)	2021	121424	2 year		02/06/2022	NO	
11.	MS. ANJALI K	TUTOR	B.Sc (N)	2022	133682	6 months	-	09/01/2023	NO	
12.	MR. SHASHIKANTH L M	TUTOR	B.Sc (N)	2023	145874	1 Year	-	10/10/2023	NO	
13.	MR.GANESH P	TUTOR	B.Sc (N)	2022	133669	1.10 Year		01/12/2023	NO	
14.	MRS.CHANDRAKALA C	TUTOR	P.B BSc (N)	2022	181282	1.5 Year		06/06/2023	NO	
15.	MS.VANAJAKSHI	TUTOR	B.Sc (N)	2022	133672	1.5 year		15/05/2023	NO	
16.	MR.SACHIN M	TUTOR	B. Sc (N)	2022	133693	1.10 year		01/12/2023	NO	
17.	MS. ANANYA U K	TUTOR	B.Sc (N)	2023	151034	10 months		16/01/2024	NO	
18.	MS. VANITHA M	TUTOR	B.Sc (N)	2024	222322	Fresher		04/11/2024	NO	
19.	MR. SURESH S METI	TUTOR	B.Sc (N)	2023	145871	1 year		04/11/2024	NO	
20.	MR. RAJKUMAR NAYAK	TUTOR	B.Sc (N)	2022	133652	1 Year		04/11/2024	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

21.	MR. SAMPATHKUMAR J H	TUTOR	B.Sc (N)	2022	133665	1 year		04/11/2024	NO	
22.	MR.SURESH JEEVAPUR	TUTOR	B.Sc (N)	2022	133690	1 year		04/11/2024	NO	
23.	MS. VANISHREE M B	TUTOR	P.B B.Sc (N)	2024	164714	Fresher		04/11/2024	NO	
24.	MS.SURESHA H N	TUTOR	P.B B.Sc (N)	2024	259386	Fresher		04/11/2024	NO	
25.										
26.										

Note : Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)

- If required attach same extra pages.

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

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

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

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	**29,100/-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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**1000x7=7000 sq ft**	Verified.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 sq ft**	
	2. Vice-Principal Chamber	200	**200 sq ft**	
	3. HOD	5 x 200 = 1000	**800 sq ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**1200 sq ft**	Negotiated
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**300 sq ft**	
	7. Accountants Office			
	8. Store Room		**250 sq ft**	
	9. Record room		**250 sq ft**	
	10. Room for maintenance staff		**100 sq ft**	
	11. Xeroxing room			
	12. common room	1000	**500 sq ft**	
	13. Seminar hall	3000	**3000 sq ft**	
	14. Toilets	1000	**1000 x2=2000sq ft** **500x2=500 sq ft**	
	15. A.V/Aids room	600	**500 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	**1200 sq ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**900+900=1800 sq ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900 sq ft**	
	Pediatrics Nursing Laboratory	900sq.ft		
	Pre-Clinical Sciences Laboratory	900sq.ft	**500 sq ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**500 sq ft**	

Verified

Note:

*One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.

*At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.

*The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in *Critical Care Units*.

*For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.

*Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

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

Building Documents:

Annexure - 12

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	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.

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	KA14 B 4158	54	Yes	Yes	Yes

Signature of Chairman **Signature of Member (1)** **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	2500 Sq.Ft	**YES**	ADEQUTE	ADEQUATE	

Total No. of Nursing Books available	3257	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	05	**Is internet facility available for Students?**	yes
No of e-books		**How many books were purchased in last financial year?**	355

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MR.BABU KUMAR	M.Lib	11 years	Verified

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 willincrease/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		
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?**	**NO**
2	**Do you have parent hospital?**	**YES**
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary : NO**
		ii.Trust member with MOU: YES

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: METROUNITED HEALTH CARE LLP, SHIVAMURTHY CIRCLE, NEAR NEHRU STADIUM, SHIMOGA-577201	135	7 KM		Verified & all necessary Documents.
NAME OF THE TRUST Person owning The Hospital: DR. TEJASVI T S, M.B.B.S, M.D CEO METROUNITED HEALTH CARE LLP, SHIVAMURTHY CIRCLE, NEAR NEHRU STADIUM, SHIMOGA-577201	135	7 KM		
Name Of The Owner Of The Trust SRI. K S ESHWARAPPA- President, IDEAL EDUCATION SOCIETY				
Affiliated hospitals-Full Name & Address 1. Manasa Nursing Home Savarline road, Durgigudi, shimoga, Karnataka- 577201				
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).

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).

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

- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**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	30	25		
Surgery including OT	11	15		
Obstetrics & Gynecology	8	10		
Pediatrics,	2	10		
Emergency Medicine	8	13		
Psychiatry	2	02	100	

Additional/Other Specialties/Facilities for clinical experience:

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

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	2		
Minor OT	1	1		
Dental, Otorhinolaryngology, Ophthalmology	0	—		
Burns and Plastic	2	—		
Neonatology care unit	-	—		
Communicable disease/ Respiratory medicine/TB & chest diseases	3	1		
Dermatology	2	1		
Cardiology	4	3		
Oncology		—		
Neurology/Neuro-surgery	17	10		
Nephrology/Urology	18	15		
ICU/ICCU	25	15		
Geriatric Medicine	1	—		
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**HONALLI**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**20 KM**
b.	Services Rendered by Health & Family Welfare Programmes	**Antenatal care, Immunization, Vaccination**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**TAVARECHATNAHALLI**
	Adopted / Affiliated	**AFFLIATED**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐

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

Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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** ☐
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** ☐

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

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 23670	
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 : 90.	Boys : 10.
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 ☐

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	yes ✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	yes ✓	
Annexure - 4	Details of Affiliated fees paid receipts	yes ✓	
Annexure - 5	Approval Status : GOK Order	yes ✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	yes ✓	
Annexure - 7	Approval Status : KNC Notification	yes ✓	
Annexure - 8	Status : INC Notification	yes ✓	

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

Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		**no**
Annexure - 10	List of M.Sc. Nursing Students as per format		**no**
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 LibraryBooks & 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**	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**yes**	

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:

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	✓	
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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 LibraryBooks & 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:

LIC Team of RGUHS visited the Institution on 17/11/24

On the day of visitation :- Observation as follows.

→ Well Infrastructure made available as per the norms

→ All the nessassary teaching faculty are appointed & were present

→ Well equiped laboratories (7 nos) are made available.

→ 7 class-rooms are available with proper sitting arrangements.

→ Library is made with proper setting arrangements.

→ Parent hospital is ~~are~~ by name "Metro United Healthcare" with 135 bed, Covid-9 capacity is functioning

→ Presently the Institution is having INC recognition.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)