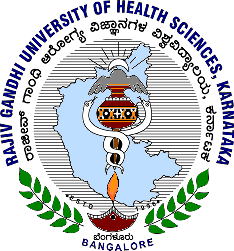
hhh



Rajiv Gandhi University of Health Sciences, Karnataka

4th ‘T’ Block Jayanagar, Bangalore – 560041

Website: [www.rguhs.ac.in](http://www.rguhs.ac.in) Phone: 080-26761933

**INSPECTION PROFORMA**

*Academic Year\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please Tick the Appropriate Boxes*

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

***Type of inspection***

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

**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 : (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (R)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone Numbers of the Institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Email of the Institution/Principal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name of the Trust/Society/Missionary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company (certified copy of the trust)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

7. Administrative Control

Verify& enclose a registration Document

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Applied  UG Courses |  | Particulars of fees paid for | | | |  |
| Annual Fees | Renewal Fees | Administrative Charges | Helinet Inst Fee  a) only for UG  or  b) for UG and PG courses | Amount |
|  | UG:  a) Continuation |  |  |  |  |  |
|  |  |  |  |  |
| PG Course:- | PG : a) Continuation  1.  2.  3.  4.  5. | | | No of Seats X Prescribed fees of each faculty | |  |
|  |  | | | 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 (1) Signature of Member (2)

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

Basic B.Sc (N) Post Basic B.Sc (N)

D D M M Y Y Y Y

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

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)** | |  |  |  |  |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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** |  |  |  |  |  |
| **Female** |  |  |  |  |  |
| **Post Basic B.Sc (N)** | **Male** |  |  |  |  |  |
| **Female** |  |  |  |  |  |
| **M.Sc (N)** | **Male** |  |  |  |  |  |
| **Female** |  |  |  |  |  |
| 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 |  |  |  |  |  |  |

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 |  |  |  |  |  |  |

Note: Separate list to be enclosed

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Chairman Signature of Member (1) 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 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h**

**C. Teaching Book**

1. Built – up area of the building : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sq.ft

1. Is the Institution : 1. Owned 2. Rented / Leased

If owned, proof of Owning the building to be enclosed : Appendix no.

1. Building Tax paid receipt/ certificate by Authority : 1. Yes 2. No

to be attached

1. Land deed to be attached : 1. Yes 2. No
2. Does all the courses are imparted in this building : 1. Yes 2. No

If no, please specify

1. Whether Safe drinking water supply in available : 1. Yes 2. No

7. Number of Vehicles – Bus : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details in appendix No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chairman Signature of Member (1) 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) |  |  |  |
| MSc(N) |  |  |  |

Ventilation of class rooms : Good Poor

Lighting : Good Poor

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Laboratories | | Size in sq ft | | No of Dummies available | | | Remarks | |
| Fundamental | |  | |  | | |  | |
| Nutrition | |  | |  | | |  | |
| MCH/OBG& Ped Lab | |  | |  | | |  | |
| Community Health Nursing | |  | |  | | |  | |
| Computer Lab | |  | |  | | |  | |
| Anatomy/Preclinical Lab | |  | |  | | |  | |
|  |  | |  | |  |  | |
|  | |  | |  |

List of laboratory equipment to be enclosed.

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

**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   - **Institution office**   1. Office of Administrative, clerical staff and PA (s) 2. Accountants Office 3. Store Room 4. Record room 5. Room for   maintenance staff     1. Xeroxing room 2. common room 3. Seminar hall |  |  |

**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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.No. of thesis/Research titles available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.No of e-books:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. No. of Nursing Journals subscribed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Enclose a list of library books

Remarks on Usage of HELINET services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Academic activities**

|  |  |  |
| --- | --- | --- |
| **Academic activities** | **Particulars** | **Remarks** |
| Research Projects |  |  |
| Conferences conducted |  |  |
| Conferences attended |  |  |

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

**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 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
|  | 5 |  |  |  |  |
|  | 6 |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Verify & Attach Clinical permission letter, fee paid receipts.  **Remarks:**  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 FILELD**

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

(i). Adopted / Affiliated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(iii) Distance from the Nursing Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**II. URBAN FIELD**

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

1. Adopted 2. Affiliated

1. **Details of MCH and F.W. center**
2. Distance from the Institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Administrative by 1. State Govt. 2. Municipal Corporation 3. Private
4. 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)

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

B.Sc. (N) 1. Yes \_\_\_\_\_\_\_\_\_ 2. No \_\_\_\_\_\_\_\_\_

P.B. B.Sc. (N) 1. Yes \_\_\_\_\_\_\_\_\_ 2. No \_\_\_\_\_\_\_\_\_

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]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:**

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

**Name of the college:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observations continued**

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