



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 2026-27 AY

Details of LIC Inspector:	Chairman	Academic Council Member	Subject Expert
Name	Dr. Basavraj. Saradi	Rajarathnam P	RESHMA.T
Designation	Senate Member RGUHS	Principal.	Vice Principal
Address	Principal Sreebhagavata Medical College - Gangavathi 585222	#18, KADAB B. Kothally Industrial Area, Hosang - 573201.	Govt. College of Nsg. MMD 4th Mysuru.
Mobile No	9845646885	8792353209	8951023570
Email ID	drbssaradi123@gmail.com	sadhikaraja@gmail.com	reshmaparav2020@gmail.com

Date of Inspection:

10-04-2026

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation	☒	5. Re-Inspection	☐
	2. Continuation of Affiliation	☐	6. Surprise Inspection	☐
	3. Enhancement of Seats	☐	7. Change of Name/Address	☐
	4. Additional Course (M.Sc Nursing) only.	☐		☐

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	Shree Gurus Basaveshwara of Nursing College, Integrated Rural development Society, Naragund	Year of Establishment
			2026
2	Type of Institution	Government / University / Trust / Society / Company / Autonomous / Municipal Corporation / Missionary	

Signature of Chairman

Dr. Basavraj Saradi
10/4/2026

Signature of Member (1)

Rajarathnam P
10/4/2026

Signature of Member (2)

Reshma.T
10/4/2026

3	(a) Name of the Trust/Society & complete postal address & Phone number	Integrated Rural Development Society.		
	Email: —	Website: —		
	Office No: —	Mobile No: 9886916068		
	(b) Name of the President/Secretary/Chairman of Trust/Society & Phone No	Dr. Sangamesh Kolliyarar Mob: 9886916068		
4	Governing Council & Audit Report of the Trust for last three years	Total Number of Members in Governing Council: 07 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal /Head of the institution	Name: Ms. Komala.N Qualification: Principal Experience after M.Sc.: 14 years Email: arungichsd@gmail.com	Mobile No: 8088594402 Office No: 9886916068 Fax No: Residential phone No:	
	b) Drawing authority of the college	Ms. Komala.N Principal		
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	Particulars of fees paid for		Amount
		Bill desk Reference number	Online Transaction Number or Details	
B.Sc. Nursing	Fresh affiliation	1,58,050/-		1,58,050/-
Post Basic B.Sc. Nursing (Continuation of Affiliation only)	—	—	—	—
Total (A)				
PG Course (M.Sc. Nursing)	PG Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	Bill desk Reference number/ Online Transaction Number	Amount
Medical Surgical Nursing		Not applicable		
OBG Nursing				
Community Health				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Nursing				
Pediatrics Nursing				
Psychiatry Nursing				
NPCC				
		Total (B)		
			Grand Total (A+B)	

Remarks:

NA

Verify & Enclose copy of Affiliation fee paid documents

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year		FRESH			
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		FRESH NA			
M.Sc. Nursing in 1. Community Health ☐ 2. Medical Surgical ☐ 3. OBG ☐ 4. Paediatrics ☐ 5. Psychiatry ☐ 6. 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		FRESH NA			

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Program		I year	II Year	III Year	IV Year	Total
B.Sc. Nursing	Male					
	Female					
Post Basic B.Sc. Nursing	Male					
	Female					
M.Sc. Nursing	Male					
	Female					
M.Sc. NPCC	Male					
	Female					

10. If the college has P.B.B.Sc. (N) Course 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-----
			NA			

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

11. If the college has M.Sc.(N) Course 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-----
			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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 25.03.2017.

Remarks: NA

12. Teaching Faculty Requirements for all Nursing Programs:

SL	Designation	Required	Existing / Available	Deficit
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Signature of Chairman: 10/4/2026
Signature of Member (1):
Signature of Member (2): Reshma 10/4/2026

No.		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	60	100	150	200	250	20 to 100										
1	Principal	1	1	1	1	1	1			-	01	-	-	-	01	-	-	-
2	Vice-Principal	1	1	1	1	1	1			-	00	-	-	-	00	-	-	-
3	Professor	1	1	3	5	6	8		1*	-	00	-	-	-	00	-	-	-
4	Associate Professor	2	2	5	8	10	16		1*	-	01	-	-	-	01	-	-	-
5	Assistant Professor	3	4	10	15	20	30	2-10	3*	-	02	-	-	-	02	-	-	-
6	Tutor	8	15	20	30	42	44	2-10	-	-	03	-	-	-	03	-	-	-
	Total	16	24	40	60	80	100	4-20		-	07	-	-	-	07	-	-	-

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

Note:

- 1) Institute shall have sections (Classrooms) of 100/60 students (Maximum 100 students per section)
- 2) 1:10 teacher student ratios shall be ensured. (For sanctioned intake of existing batches)
- 3) 1:3 student patient ratios in the clinical areas prescribed in the syllabus shall be adhered.
- 4) Physical facilities including laboratories and having additional hospital(s) should be increased as per INC letter:

F.NO.1-6/LT/2023-INC dated: 06.03.2024

(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: depends on Specialty offered and ratio remains same i.e., 1:5 if they offer B.Sc. Nursing Program)

Year Wise Distribution of Faculty for B.Sc. Nursing:				
(Start the Program i.e., for 1 st 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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
150 Students Intake	Total 15 Faculty * 7 M.Sc. Nursing qualified faculty * 8 Tutors	Total 30 Faculty * 12 M.Sc. Nursing qualified faculty * 18 Tutors	Total 45 Faculty * 18 M.Sc. Nursing qualified faculty * 27 Tutors	Total 60 Faculty * 24 M.Sc. Nursing qualified faculty * 36 Tutors
200 Students Intake	Total 20 Faculty * 10 M.Sc. Nursing qualified faculty * 10 Tutors	Total 40 Faculty * 17 M.Sc. Nursing qualified faculty * 23 Tutors	Total 60 Faculty * 25 M.Sc. Nursing qualified faculty * 35 Tutors	Total 80 Faculty * 32 M.Sc. Nursing qualified faculty * 48 Tutors
250 students	Total 25 Faculty * 12 M.Sc. Nursing qualified faculty * 13 Tutors	Total 50 Faculty * 20 M.Sc. Nursing qualified faculty * 30 Tutors	Total 75 Faculty * 30 M.Sc. Nursing qualified faculty * 45 Tutors	Total 100 Faculty * 40 M.Sc. Nursing qualified faculty * 60 Tutors
* Aadhar based biometric attendance for students and Teachers				

Shree Gurubasaveshwara of Nursing College,
Integrated Rural Development Society
Nalagund. — FRESH —

Reshma
Signature of Chairman
10/4/2016

Reshma
Signature of Member (1)

Reshma
Signature of Member (2)
10/4/2016

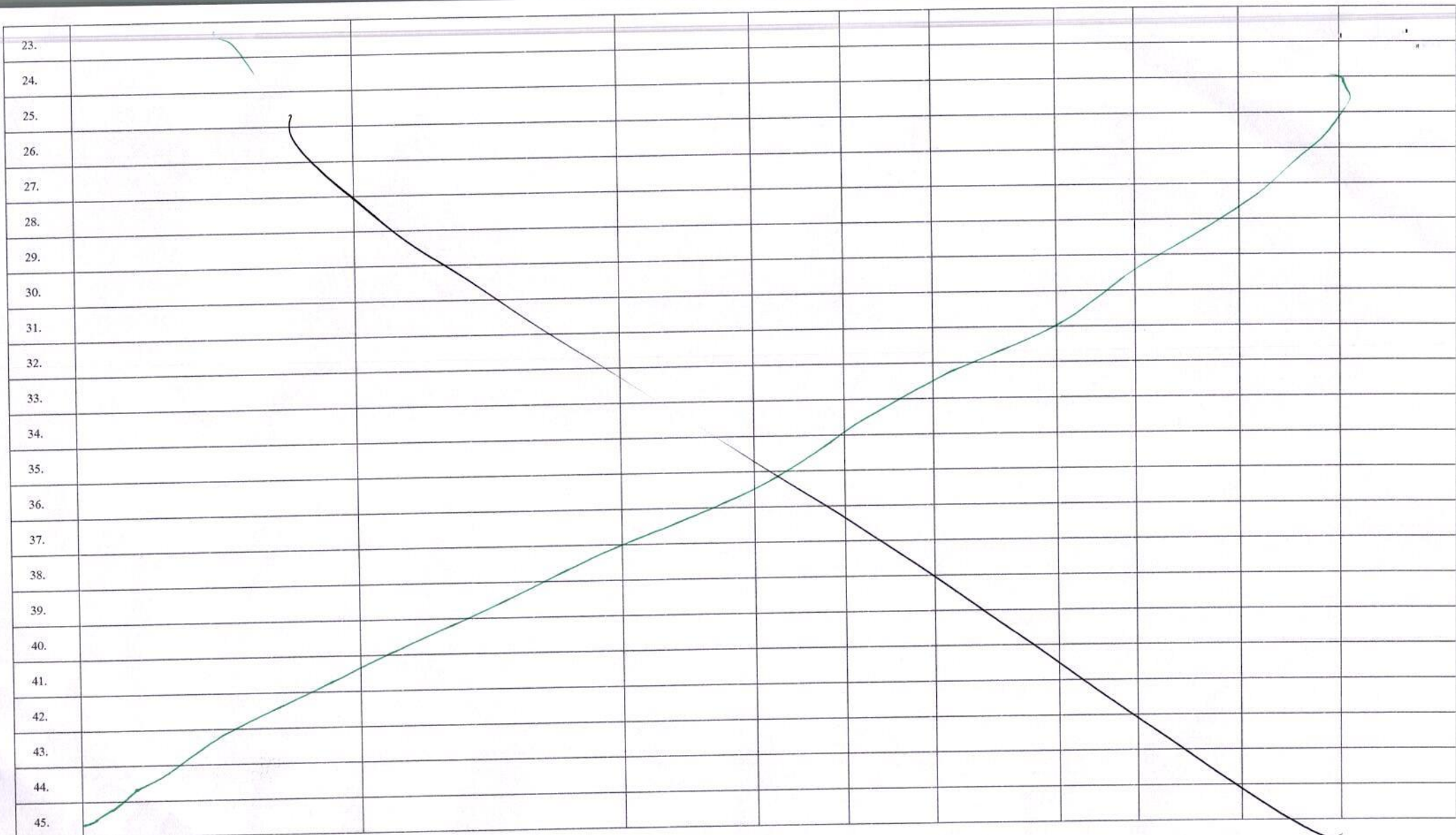
12.1. Teaching Faculty details: -Details should be written in format only.

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.	Komala. N	Principal	MSc Nursing	2012	8285	18	14	25/01/26	No	(kle)
2.	Pawath Gowda	Associate professor	M.Sc Nursing	2017	36406	3 & half	2 yrs	9/03/26	No	(Pawath)
3.	Manesh Koti	Assistant professor	MSc Nursing	2022	180961	8 years	4 yrs	10/03/26	No	(Manesh)
4.	Manjunath Naniger	Lecturer	MSc Nursing	2023	216043	1 year	3 yrs	01/4/26	No	(Manjunath)
5.	Pavitra Myageli	Nursing Tutor	BSc Nursing	2024	178435	Fresher	-	05/03/26	No	(Pavitra)
6.	Pooja Awali	Nursing Tutor	BSc Nursing	2024	180087	Fresher	-	10/03/26	No	(Pooja)
7.	Pundelika honnappa	Nursing Tutor	BSc Nursing	2022	226256	Fresher	-	04/04/26	No	(Pundelika)
8.										
9.										
10.										
11.										
12.										
13.										
14.										
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19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

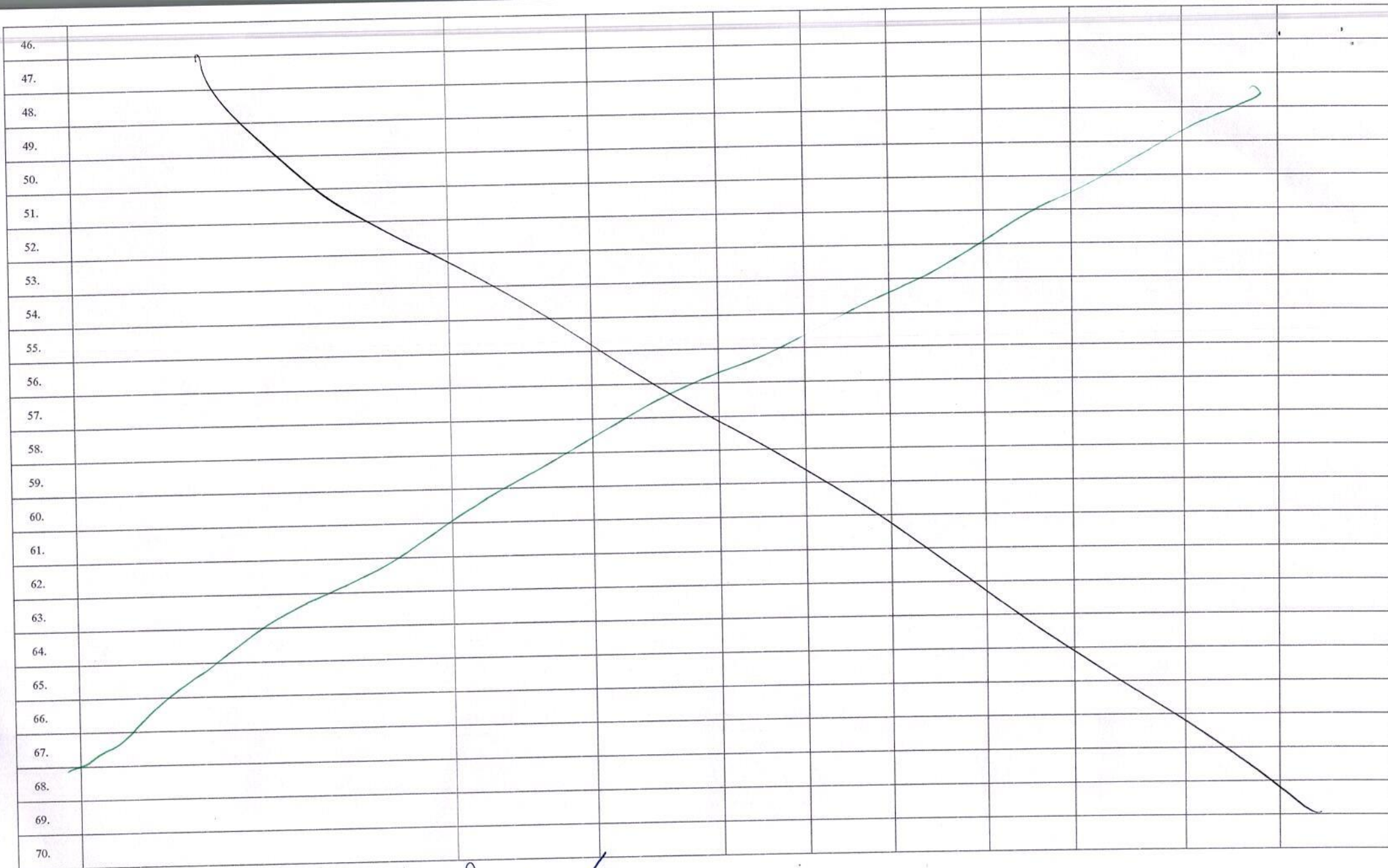
Signature of Member (2)



Reshma
Signature of Chairman
10/4/2020

[Signature]
Signature of Member (1)

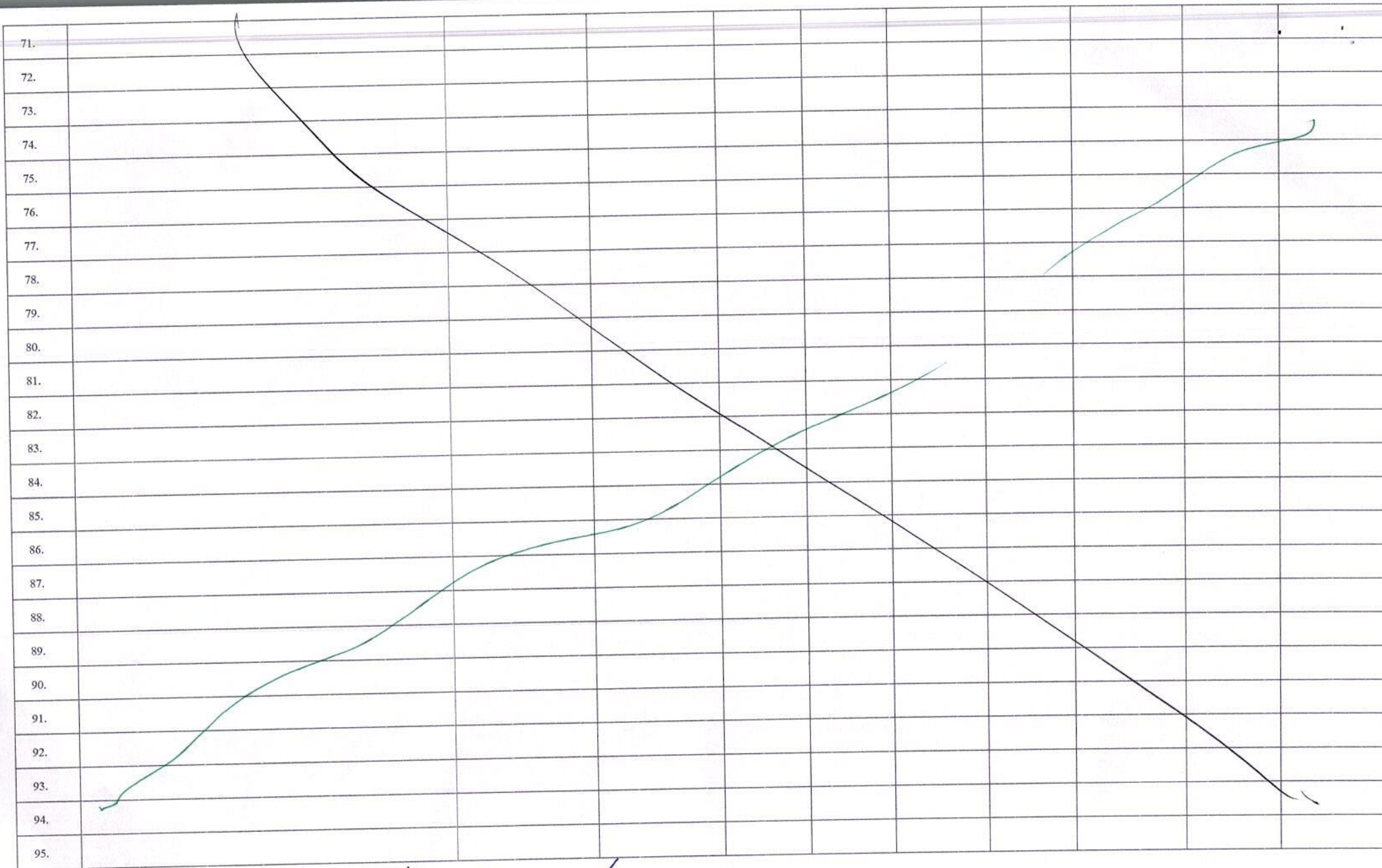
Reshma.T
Signature of Member (2)
10/4/2020



Rebecca
Signature of Chairman
10/4/2026

[Signature]
Signature of Member (1)

Rebecca
Signature of Member (2)
10/4/2026



Praveen
Signature of Chairman
20/4/20

[Signature]
Signature of Member (1)

Reshma
Signature of Member (2)
10/4/2020

Faculty verification: (to be checked with $\checkmark$ mark)

- Verified NOT working in any other institution ☒
- Aadhar linked biometric report for last three months for each faculty ☒
- Appointment order of present institute and reliving order from previous institute for each faculty ☒
- Teaching experience verified ☒
- Bank statement of Salary credit for last three months for each faculty ☒

For PG Programme

- Student guide ratio as per RGUHS norms ☒
- Original RGUHS Guide Approval letter of all eligible guides of each specialty ☒

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
LIST ENCLOSED					

Note: Details of External Faculties to be enclosed (Appointment/ GuestLecture official records/ Remuneration Credit details)

14. Physical Facilities:

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Compliance Status
1	Built - up area of the building (in 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	23,200sq. ft (40 - 60 intake)	19672.72	As per Sub register deed 5th July 2021
2	CLASS ROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc. (N): 900 sq ft P.B.B.Sc (N): 600 sq ft M.Sc (N): 600 sq ft NPCC :600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	2 Class rooms 1080 sq.ft for each — — —	Verified
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD	 300 200 5 x 200 = 1000	 300 200 1000	verified verified verified

Signature of Chairman
12/4/26

Signature of Member (1)

Signature of Member (2)
Reshma
10/4/26

4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	Verified
5. Lecturer/ Tutors			
Institution office /Others			
6. Office of Administrative, clerical staff and PA (s)	600	600 sq.ft	Verified
7. Accountants Office	100	100 sq.ft	Verified
8. Store Room	100	100 sq.ft	Verified
9. Record room	100	100 sq.ft	Verified
10. Room for maintenance staff	100	100 sq.ft	Verified
11. Xeroxing room	100	100 sq.ft	Verified
12. common room (Girls& Boys)	600+400= 1000	1000 sq.ft	Verified
13. Multipurpose hall / Seminar Hall/ examination hall	3000	2000 sq.ft	Verified
14. Toilets	1000	1000 sq.ft	Verified
15. A.V/Aids room	600	600 sq.ft	Verified.

S. No	Details	Required	Existing	Compliance Status
	LABORATORIES	(40-60 intake)		
4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	Verified
	Computer Lab	1500sq.ft	1500 sq.ft	Verified
	(1: 5 computer: student)			

Note:

- Do not use the ambiguous subjective remarks like "adequate"
- Mention compliance status accurately as Fully Compliant/ Partially Compliant / Non-Compliant considering compliance to the INC/RGUHS norms.
- 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. (All labs and Physical Infrastructure shall be increased as per enhanced no.of seats)
- 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/mannequins/ 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.
- I.e. As per INC for 60 students as 23,200 square feet teaching block is necessary, further intake of 250 students means
 $23,200 \times 4 = 92,800 \text{ sq ft}$

Signature of Chairman
10/4/2020

Signature of Member (1)

Signature of Member (2)

10/4/2020

- Classrooms for 60 students $4 \times 900 = 3600$ sq ft. [15 square for each student] for 250 students $3,750 \times 4 = 15,000$ sq ft (each classroom of B.Sc.(N) is equals to 3,750 sq ft, i.e. 4 B.Sc.(N) x 3750 Sq Ft = 15,000 Sq Ft.)

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

Building Documents:

Annexure - 12

SL NO	Particulars	Verified by the LIC team
1	Is the college building own or leased? If the college building is leased, whether registered leased document for 30 years (Subregistrar's office) is available	— Own — Verified
2	Registered documents in sub registrar office?	— Yes verified —
3	Blue print of the building plan approved and attested by competent authority.	— Yes verified —
4	Building construction license from competent authority and completion certificate	— Verified —
5	Tax paid receipt (Latest / current year)	upto 2025 paid
6	Occupancy Certificate	— Verified —
7	Sale deed / Registered lease deed of the building / Land	— DC-converted verified —
8	Land Conversion order from DC	— verified —
9	Town planning/Authorities' approval order	— —

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dated 29/10/2014).
- It is mandatory that all nursing institution shall have its own building within two years of its establishment
- If one of the trustee/member/directors 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 registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

Infrastructure verification: (to be checked with $\checkmark$ mark)

- Classroom size measured on site ☒
- All Labs size measured on site ☒
- Library, administrative block and other infrastructure measured on site ☒
- Cross verified compliance of blue print with onsite measurement ☒
- Geo tagged photos attached with date and time stamp ☒
- Simulation/skill Lab available as per INC norms ☒
- (Enclose the details for all the labs including Simulation Lab: Equipment available, Equipment Required, Functional (Yes/No), Enclose utilization chart of last three months) ☒

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 License
—	FRESH	—	Yes / No ☒	Yes / No ☒	Yes / No ☒

16. Library facility: Enclose list of library books

Annexure - 14

Signature of Chairman *[Signature]*
Signature of Member (1) *[Signature]*
Signature of Member (2) *[Signature]* 10/6/2026

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Compliance Status
	1092 sq.ft	YES ☒ No ☐	Good	Good	verified

Total No. of Nursing Books available	655	No. of Nursing Journals subscribed	—
No. of Thesis/Research titles available	—	Is internet facility available for Students?	Available ☒
No of e-books	—	How many books were purchased in last financial year?	—
Percentage of Latest Edition Books	—	Percentage of books older than 10 years	—

Sl No.	Name of the Librarian	Qualification	Experience	Compliance Status
01	Shree puornik Math	MLIC	03 years	verified

Note: A minimum of 500 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 seating capacity, number of titles of books and journals will increase/decrease according to the number of seats approved.

Verified Books and Journals Purchase Invoice for last academic year



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

Annexure - 1

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted	FRESH	FRESH
Conferences attended		

* Colleges should declare & attest tobacco free/drugs free campus (self-declaration from to be submitted)

For PG Programme

- Number of dissertations completed: NA
- Number of research papers published in indexed journals: NA

Signature of Chairman
12/4/20

Signature of Member (1)

Signature of Member (2)
10/4/2020

• Ethics Committee approval verified (Yes/No):

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 Registered MOU ☒ (Registered in Sub-registrar Office)	

Parent Hospital.	Total No. Beds	Distance from the college	OPD on the day of Inspection	OPD average for 03 months	Bed Occupancy on the day of inspection (to be mentioned as % of total beds)	Average BedOccupancy for last 03 months (to be mentioned as % of total beds)	Verified by LIC team
Full Name & Address of the Parent Hospital Shree Guru Basaveshwar hospital, A unit of Euphonic Dimensions private LTD. Alagawadi Road, Nagund DT: Gadag NAME OF THE TRUST/ Person owning The Hospital Dr. Sangamesh Kolli yavare MOU (Registered parent hospital MOU) Minimum 30 years	100	within the campus	427	1158	75%	75%	Verified
1 Community health centre Jagapura MOU/Clinical permission letter / Fee paid receipt (Yes/no)							— clinical permission letter enclosed —
2 MOU/Clinical permission letter / Fee paid receipt (Yes/no)							—
3 MOU/Clinical permission letter / Fee paid receipt (Yes/no)							—

Signature of Chairman
10/11/20

Signature of Member (1)

Signature of Member (2)

10/11/20

(MOU/Clinical permission letter / Fee paid receipt) (Yes/no)	—	—	—	—	—	—	—
--	---	---	---	---	---	---	---

(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, also verify the details in online website of KSPCB & KPMEA notifying the same)

NOTE:

- 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/CCU. (Reference: F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- The OPD & IPD registers of Last 3 months to be enclosed in annexures and verified, signed by the LIC team.
- With effect from 2022-23 AY, Nursing colleges for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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 authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)
- For any seat enhancement, no. of beds (i.e. more than 500 Bedded single Parent Hospital or Medical College Hospital for 250 Intake) in Parent hospital as well as Affiliated Hospital shall be maintained to ensure 1:3 student patient ratio.

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 as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify & Attach Clinical permission letter, fee paid receipts.

Verification of Clinical Facilities: (to be checked with ✓ mark)

- Hospital owned by the same trust/society/ company
- Registered long term MOU (Minimum 30 years)
- Hospital NOT Shared with any other Nursing Institution
- Notarized affidavit of non-sharing obtained from Affiliated or Parent Hospital
- Actual Physical bed strength as verified by the LIC team: 85



INC reference: INC F.No. 1-5/2014-INC dated 29.10.2014

Gazette of India Extraordinary, 05/07/2021 (Regulations 2020)

- Occupancy of previous 7 consecutive days
- Daily census register verified for both IPD & OPD (for the past three months)
- Random cross verification with ward in charge
- Calculate Student Patient Ratio (1 Student: 3 Patients (Minimum))



for all clinical areas for last 7 consecutive days (Certified copy to be enclosed)

Signature of Chairman
10/4/20

Signature of Member (1)

Signature of Member (2)
10/4/20

• Total OPD for the previous day of Inspection (Certified copy to be enclosed)



• Verified KPMEA Registration online with bed strength and enclosed true copy



(Mention Registration Number with Issue Date: G1DG100508ALHL3)

• Verified Pollution Control Board Certificate online for validity and bed strength and enclose the true copy

(Mention XGN No. CPE-FRESH-274868)



• Bed Strength Certificate



• Registered MOU (If applicable)



Clinical Compliance Decision

Fully Compliant



Partially Complaint (Specify Deficiency)



Non- Compliant (Specify INC Clause)



Remarks LIC Team observation on the day of inspection all the facilities are observed.

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Signature of Chairman

10/4/26

[Signature]
Signature of Member (1)

Resuma
Signature of Member (2)

10/4/26

18.1. Distribution of Beds (For UG Programs)

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	20	—	—
Surgery including OT	10	09	—	—
Obstetrics & Gynecology	10	08	—	—
Pediatrics,	15	13	—	—
Emergency Medicine	02	01	—	—
Psychiatry	—	—	—	—

Additional/Other Specialties/Facilities for clinical experience for PG programs as required

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01	00	—	—
Minor OT	05	03	—	—
Dental, Otorhinolaryngology, Ophthalmology	—	—	—	—
Burns and Plastic	04	03	—	—
Neonatology care unit	04	03	—	—
Communicable disease/Respiratory medicine/TB & chest diseases	—	—	—	—
Dermatology	00	00	—	—
Cardiology	10	08	—	—
Oncology	—	—	—	—
Neurology/Neuro-surgery	—	—	—	—
Nephrology/Urology	05	04	—	—
ICU/ICCU	10	08	—	—
Geriatric Medicine	03	03	—	—
Any other	—	—	—	—

Note : 1:3 student patient ratio needed. Verify and attach details of last 3 months.

19 COMMUNITY HEALTH NURSING: Annexure - 17

Signature of Chairman
12/7/26

Signature of Member (1)

Signature of Member (2)
Reshma
10/4/26

RURAL FIELD	
a. Name of CHC / PHC / SC	Community health centre - Jagapuz
Adopted / Affiliated ☒	Affiliated
Administrated by	State Govt. ☐ Municipal Corporation ☒ Private ☒
Distance from the Nursing Institute	06 Km
b. Services Rendered by Health & Family Welfare Programmes	FRESH
URBAN FIELD:	
a. Name of CHC / PHC / SC	NA
Adopted / Affiliated	NA
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	NA
b. Services Rendered by Health & Family Welfare Programmes	NA

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 ☒

Signature of Chairman
10/10/20

Signature of Member (1)

Signature of Member (2)

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	☒
s.	POSHE Committee (As per UGC and INC requirement)	YES	☐	NO	☒
t.	Prevention of Gender harassment committee	YES	☐	NO	☒
u.	Nodal officer appointed for RGUHS initiatives like Nasha Mukth Bharatha , Organ Donation , Green Campus etc. and any activities conducted.	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	7500 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:	FRESH	Boys:	FRESH
f.	Total No. of rooms	Girls:	05	Boys:	05
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	Verified as per originals documents		Signature
		Yes	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 1	Details of Trust/ Society related documents Parent trust deed with amended trust deeds as and when made.	Yes		Recd
Annexure - 2	Details of Governing Council, its meetings & 3 years Audit report of Trust	Yes		Recd
Annexure - 3	Details of any other Nursing Institution under the same Trust	Yes		Recd
Annexure - 4	Details of Affiliated fees paid receipts	Yes		Recd
Annexure - 5	Approval Status: GOK Order	No	✓	—
Annexure - 6	Approval Status: RGUHS Notification (Last 3 Years) Approval	No	✓	—
Annexure - 7	Approval Status: KNC Notification	No	✓	—
Annexure - 8	Status: INC Notification	No	✓	—
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	No	✓	—
Annexure - 12	Physical Facilities: 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel--	Yes Yes Yes *		Recd Recd Recd
Annexure - 13	Vehicle Details: Bus	No	✓	—
Annexure - 14	Details of List of Library Books & others	Yes		Recd
Annexure - 15	Academic Activities	No	✓	—
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals, OPD & IPD statistics and Distance between college/institution to hospital. (Google map- colour print out)	Yes		Recd
Annexure - 17	Details of Community Health Nursing Posting Facilities	No	✓	—
Annexure - 18	Master Rotation plans and Time tables	No	✓	—
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	01 - Principal declaration		Recd
Annexure - 20	RGUHS approved guideship letters of M.Sc Nursing faculty each Specialty wise	No	✓	

Signature of Chairman
10/4/26

Signature of Member (1)

Signature of Member (2)
10/4/26

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. All annexures should be signed by the LIC team members and to be submitted along with LIC report.

LIC Team Observations: Observation on the day of inspection 10/04/2026, Visited to Shree Gurus basaveshwara of Nursing college, Naragund, the following observations.

1. INFRASTRUCTURE: As per the Sub register deed dated 17/05/2023 land measuring 1,54,427.52 sq.ft as mentioned in 12 items, total Built up area as mentioned in the Sub register deed 19,672.72 sq.ft, Sub register deed as annexure.1.
2. DC converted order copy is annexure.02.
3. Tax paid receipt for the year 2025 is paid annexure 03.
4. Building occupancy certificate annexure 04.
5. College: College having eg Classroom, laboratories like nursing foundation, Nutrition & community, obstetrics & Gynaecology, pediatrics nursing, pre clinical, computer lab, library, TV Aids room, Separate room for male & female are observed.
6. Teaching Staff: 01 principal appointed remaining 06 members consent are given as 01 Associate, 02 Assistant professor, 03 Tutors are observed, Teaching Staff group photo Annexure 4A.
7. Library: Library having 655 books with seating Capacity of 60 students are observed on the day.
8. Hospital: Parent hospital with name Shree Gurus basaveshwara Hospital Naragund with 100 bed facility with KPMG register number G1DG00508ALHL3 as annexure 05, Pollution control annexure 06 & BMW Certificate annexure 07, above things are observed on the day of inspection, fire safety NOC Annexure 08
9. Bed occupancy is around 70 to 75% are maintained on the day of inspection, & Hospital statistics report annexure 09.
10. Pendrive with content of Geotag photo & videos annexure-10

Signature of Chairman

Dr B S Saver,
10/4/26

Signature of Member (1)

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

Reshma T
10/4/26

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ which has applied for continuation of affiliation for the academic year 2026-27.

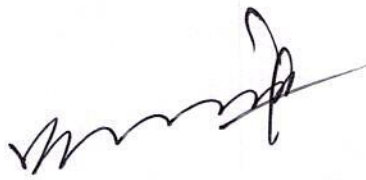
We have conducted LIC inspection of this college on _____ and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NUR/AFF/CONTI/34/2025-26 dated: 01/12/2025, 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.

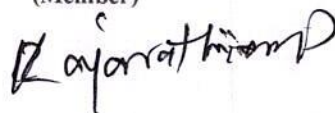
The LIC inspection report along with documents and soft copy is submitted to RGUHS.


Senate Member

(Chairman)


A C Member

(Member)



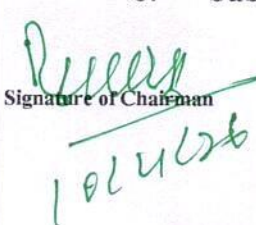

Subject Expert

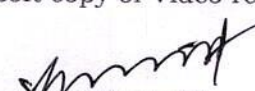
(Member)

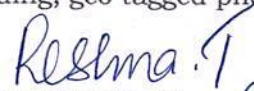

10/4/26

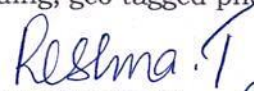
Instructions for reporting of Local inspections by RGUHS

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 should compulsorily visit the college & parent / attached hospital physically verify IPD & OPD along with the bed strength and facilities claimed & verify 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. Submit soft copy of Video recording, geo tagged photographs and LIC team in


Signature of Chairman


Signature of Member (1)


Signature of Member (2)


10/4/26

the permission of Hospital during LIC inspection by mail at nursing.lic.2026@rguhs.ac.in.

6. Team shall verify the IPD & OPD on the day of Inspection & certify the same.
7. Team shall verify clinical data submitted along with the Proforma & cross check the Hospital Ledger at random dates.
8. All Original Documents mentioned in the checklist must be verified by the team.
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 and counter signed by the LIC team.
10. Original land documents are to be verified using apps like Dishank to confirm the owner's details of the particular institution.
11. You are also to compulsorily use the E-Mail Id provided by the University to submit the LIC reports, photograph and video of the inspection.
12. The Checklists should have specific comments where applicable.
13. 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 Hospital Clinical Data. Such reports will be rejected directly without the approval.
14. For any misleading / wrong information the whole LIC team shall be held responsible.
15. 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.

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Signature of Chairman

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Signature of Member (1)

Reshma.T
Signature of Member (2)
10/6/26

We confirm that the faculty in the college is employed for full time in the college.

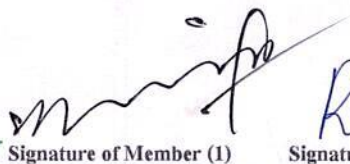
We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

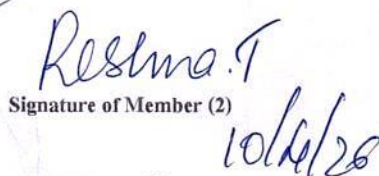
We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

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.

***Note Undertaking should be given in Notarized affidavit**


Signature of Chairman
10/4/20


Signature of Member (1)


Signature of Member (2)
10/4/20