



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.BHARAT HANCHE	MAHESH C GADAG	MR. KUMAR T.S
Designation	SENATE MEMBER	PRINCIPAL, <i>Academic Council Member</i>	ASST. PROFFECER
Address	RGUHS Bangalore	SANA INSTITUTE OF HEALTH SCIENCES, SHANTHINIKETHAN, BAIRIDEVARKOPPA, HUBBALLI	GOVT COLLOGE OF NURSING, HASSAN,
Mobile No	9481640062 / 8892746974	8147452988	9036698125
Email ID	<i>drbharaat.hanche@gmail.com</i>	<i>maheshgadag@gmail.com</i>	tskumar002@gamil.com

For the Academic Year : 2024-25

Date of Inspection: 02/09/2024

(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	
	7. 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	SHRI PRABHULINGESHWAR INSTITUTE OF NURSING COLLEGE NEAR PRABHULINGESHWAR TEMPLE, CHIMMAD, Tq- RABAKAVI, BANAHATTI DIS- BAGALKOT PIN: 587312	2	Year of Establishment
				2024
2	Status of the course conducting body	Society		
3	(a). Name of the Society complete postal address	SHRI SIDDU SAVADI SHIKSHAN MATTU GRAMEENA ABHRUDDHI SAMSTE BASAVA NAGAR ASANGI MAIN ROAD BANAHATTI- 587311 Tq- RABAKAVI, BANAHATTI, DIS.- BAGALKOT (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: prabhulingeshwarnursing@gmail.com	Website:	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Society	PRESIDENT SHRI SIDDU SAVADI SHIKSHAN MATTU GRAMEENA ABHRUDDHI SAMSTE BASAVA NAGAR ASANGI MAIN ROAD BANAHAATTI- 587311 Tq- RABAKAVI, BANAHAATTI, DIS.- BAGALKOT.		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 09 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name : Dr. Siddharam Guddad Qualification: Msc Nursing, Ph.d (Nsg) Experience : 15 Years Email: prabhulingeshwarnursing@gmail.com	Mobile no : 9740668354 Office No: 9686776132 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)

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation ✓	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓					6,01,050
Post Basic B.Sc. Nursing						

Total (A) 6,01,050

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) 6,01,050

Online Transaction Number or Details: payment ref no ZHmp1588934612

Date : 7/12/2023

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

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	-	-	-	-	Fresh affiliation for the Academic Year 2024-25.
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
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 in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	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					
	Admission Made for the current academic year					

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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.ScNursing	Male					
	Female					
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-----
	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)

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

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

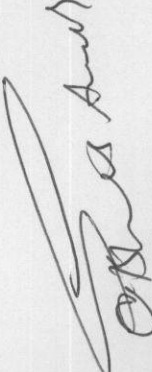
Signature of Chairman

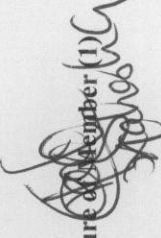
Signature of Member 1

Signature of Member (2)

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.	Dr.SIDDHARAM GUDDAD	PRINCIPAL	M.sc Nursing (Psychiatric Nursing) Ph.D (Nsg)	2015	008630	5	10	01/06/2024		
2.	Mr. MORDI RAME H BHAI RPPA	Vice Principal	M.Sc Nursing (Medical surgical Nursing)	2021	059813	5	3	01/06/2024		
3.	Miss. SYLVIA PAUL JENTLY	Lecturer	M.Sc Nursing (Pediatric Nursing)	2021	151077	2	3	01/06/2024		
4.	Miss. PALLAVI VITTAL MANE	Tutor	B.Sc Nursing	2023	137876	1	1	01/06/2024		
5.	Mr. SHRIKANT KOLLAR	Tutor	B.Sc Nursing	2023	135068	1	1	01/06/2024		
6.	Mr. SHREESHAIL	Tutor	B.Sc Nursing	2023	135108	1	1	01/06/2024		
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

NonTeaching Faculty details :-									
	Mrs. GOURI MATHAPATHI	LIBRIAN	M.Lib	2004				01/06/2024	
20									<i>Empoli</i>
21	Mr. KAVERI KIRAGATAGI	ACCOUNTANT	MBA	2021				14/04/2024	<i>Empoli</i>
22	Mr. MAHADEV NESUR	FDA	BA	2020				12/03/2024	<i>Empoli</i>
23	Mr. HANAMANT PATIL	SDA	B.Sc	2017	3			13/12/2023	<i>Empoli</i>
24	Mr. RAMESH PATIL	DRIVER	12						<i>R.M.P</i>
25	Mr. MANTESH	DRIVER	10						<i>M.C.H</i>
30.	Mr. NAZMA MIRZI	PEON	10						<i>N.A.M</i>
31.									
32.									
33.									
34.									
35.									
36.									
37.									
38.									
39.									
40.									
41.									
42.									
43.									
44.									
45.									

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Kunal T.S

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 :

College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	265505sqft	Adequate
	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	4x960 sqft =3840	Adequate
	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	
3	Administrative Facilities			Adequate
	Office		850sqft	
	1. Principal's Chamber	300sqft		Adequate
	2. Vice-Principal Chamber	200	850sqft	Adequate
	3. HOD	5 x 200 = 1000	5x250=1250sqft	Adequate
	4. Professor/Assoc. Prof	800+2400=3200	2500+1000=3500	Adequate
	5. Lecturer/ Tutors			
	Institution office /Others		300sqft	
	6. Office of Administrative, clerical staff and PA (s)			Adequate
	7. Accountants Office		240sqft	Adequate
	8. Store Room		220sqft	Adequate
	9. Record room		200sqft	Adequate
	10. Room for maintenance staff		200sqft	Adequate
	11. Xeroxing room		200sqft	Adequate
	12. common room	1000	1000+1000=2000	Adequate
	13. Seminar hall	3000	3500sqft	Adequate
	14. Toilets	1000	1200sqft	Adequate
	15. A.V/Aids room	600	650sqft	Adequate

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(2)

Signature of Member (1)

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S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1700sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1250sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000sqft	
	Pediatrics Nursing Laboratory	900sq.ft	1000sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600sqft	

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

1. Is the college building own or leased / rented?
2. Blue print of the building attested by competent authority.
3. Tax paid receipt (Latest / current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

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 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
1	KA 48 A 4055	36	Yes	Yes	Yes

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(2)

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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	2500sqft	YES ☒ No ☐	Adequate	Adequate	adequate

Total No. of Nursing Books available	1000	No. of Nursing Journals subscribed	05
No. of Thesis/Research titles available	—	Is internet facility available for Students?	Yes
No of e-books		How many books were purchased in last financial year?	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	GOURI MATHAPATHI	M. Lib	20 years	Good

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	NA	
Conferences conducted	NA	

Conferences attended		
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(2)

Signature of Member (1)

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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. Society ☒	
		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 Mali Hospital & ICU	100	6kms	90%	
NAME OF THE TRUST/ Person owning The Hospital Dr. Satish Mali				
Name Of The Owner Of The Trust of Hospital Dr. Satish Mali				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1			
	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, also verify the details in online website of KSPCB & KPMEA notifying the same).

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

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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 hospitale**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 ;

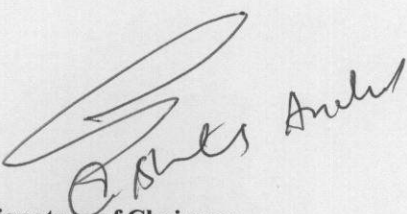
- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical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

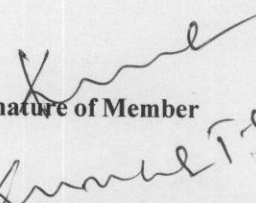
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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:

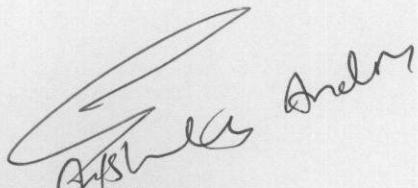

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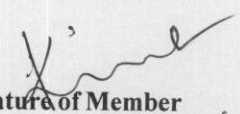

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Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	90%		
Surgery including OT	20	91%		
Obstetrics & Gynecology	30	92%		
Pediatrics,	10	90%		
Emergency Medicine	05	88%		
Psychiatry	—	—		


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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	05	88%		
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/CCU	10	92%		
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILED	
a. Name of CHC / PHC / SC	Primary Health centre chimmad
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐

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(2)

Signature of Member (1)

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Distance from the Nursing Institute	3km
b. Services Rendered by Health & Family Welfare Programmes	Home visiting survey Immunization, Antenatal care, Post natal Care
URBAN FEILD :	
a. Name of CHC / PHC / SC	Community Health center Rabakavi- banahatti antenatal care
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	8km
b. Services Rendered by Health & Family Welfare Programmes	Immunization antenatal care post natal care
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 ☒

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(2)

Signature of Member (1)

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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		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	10550+10550=21100 sqft	
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
(2)

Signature of Member (1)

Signature of Member

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	✓	
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

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:

It has been observed Shri Prabhulingacharya
Institute of Nursing College - Chimmad
has > 6 class Room > 1200 sq feet

Analysis lab > 1600 sq ft

Purband New > 2000 sq ft

Separate 2 floor building in 'L' shape

I & II floor building

Running under Shri Siddha Sanada Shiksha Mantra
Gramina Abhivuddhi Samiti Basava Nagar.

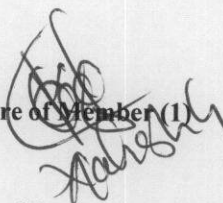
Banahatti.

Having Male Multispecialty Hospital at Rabakavi.

Bagalkot

→ All Teaching faculty are present at the time
of Inspection.


Signature of Chairman
(2)


Signature of Member (1)
20


Signature of Member
Kumari S

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Shri Prabhulingeshwar institute of nursing college chimmad which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 02/09/2024 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.

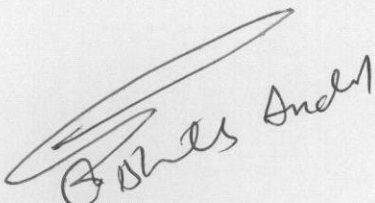
The information recorded by us in the LIC reports is true and correct.

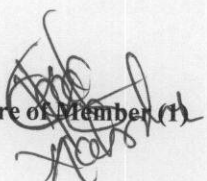
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

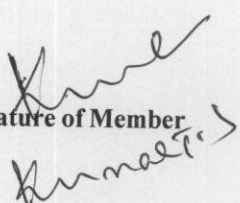
**Senate Member
(Chairman)**

**A C Member
(Member)**

**Subject Expert
(Member)**

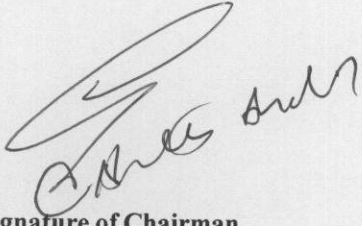

Signature of Chairman
(2)

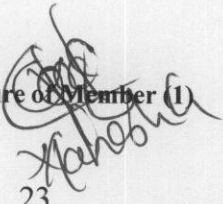

Signature of Member (1)

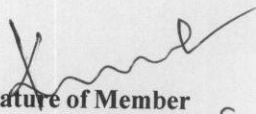

Signature of Member

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. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

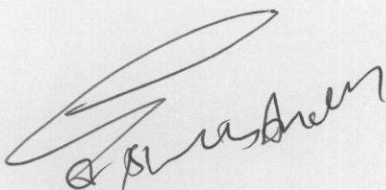
UNDERTAKING

I Dr Satish Mali is the owner of the Mali Hospital & ICU Situated at Opp CMC Rabakavi Banahatti Neelappagol Complex RAMPUR. This is confirm that our hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached

This is to confirm that the hospital is functioning as Parent hospital for the shri Prabhulingeshwar institute of nursing college

We Also confirm that our hospital is solely affiliated to the Shri Prabhulingeshwar Institute of Nursing College and is not affiliated to any other nursing college

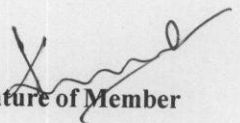
The information provided by me is true and correct



Signature of Chairman
(2)



Signature of Member (1)



Signature of Member

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the trust
Shri Siddu Savadi Shikshan Mattu Grameen Abhivruddi Samste® Banahatti are
submitting the affidavit to University.

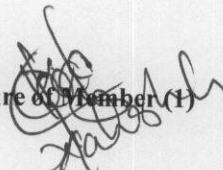
The trust Shri Siddu Savadi Shikshan Mattu Grameen Abhivruddi Samste®
Banahatti. Is Running the colleges 1 from 0 years

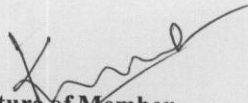
We confirm that all the information provided by us to the LIC team is true and
correct to the best of our knowledge. We confirm that the faculty in the college
are employed for full time in the college. We also confirm that the college is
solely managed by the trust and is not leased/sub leased to any 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.


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member