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**Rajiv Gandhi University of Health Sciences, Karnataka**  
 4<sup>th</sup> 'T' Block Jayanagar, Bangalore – 560041  
 Website: [www.rguhs.ac.in](http://www.rguhs.ac.in) Phone: 080-26761933

## INSPECTION PROFORMA FOR NURSING 2025-26 AY

| Details of LIC Inspectors : | Chairman                      | Academic Council Member                           | Subject Expert                                             |
|-----------------------------|-------------------------------|---------------------------------------------------|------------------------------------------------------------|
| Name                        | DR SUDARSHAN                  | Dr. Lingam S. Dantek                              | Dr. Udalbasha A. Dhandangi                                 |
| Designation                 | General member                | Chairman BOS (Ph) - Ph<br>Ac - Member             | Subject Expert -<br>BOS Member                             |
| Address                     | KKED and college<br>Bangalore | HRES's MRLPS<br>Sedam Road<br>Kataburagi - 561015 | BES, Bagalkot.<br>College of Nursing<br>Bagalkot - 587101. |
| Mobile No                   | 9449104314                    | 9590054297                                        | 9740750599                                                 |
| Email ID                    | Sudarshan.singh.25@gmail.com  | ldantek@gmail.com                                 | undhandangi@gmail.com                                      |

For the Academic Year : 2025-26

Date of Inspection: 20/05/2025

(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<br>(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                | Government College of Nursing<br>Victoria Hospital Campus<br>Fort, Bengaluru - 560002                                                                                                            | 2 | Year of Establishment | 1971 |
| 2 | Status of the course conducting body                     | Government / University / Autonomous / Municipal Corporation /<br>Govt. of Karnataka<br>Missionary / Trust / Society / Company                                                                   |   |                       |      |
| 3 | (a). Name of the Trust/Society & complete postal address | Dept. of Medical Education<br>Govt. of Karnataka -<br>(Enclose copy of Registration documents of Society/Trust) Annexure - 1<br>Email: dme.karnataka@yahoo.com Website: www.dme.karnataka.gov.in |   |                       |      |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

The following is a list of the names of the persons who have been  
 named in the report of the committee on the subject of the  
 proposed amendment to the constitution of the State of New York.  
 The names are given in alphabetical order, and are followed by the  
 names of the persons who have been named in the report of the  
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 committee on the subject of the proposed amendment to the  
 constitution of the State of New York.

|                                         |                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                     |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b). Name of the Owner of Trust/Society |                                                                                                                    | Department of Medical Education<br>Govt. of Karnataka                                                                                             |                                                                                                                                                                                                                                                     |
| 4                                       | Governing Council & Audit Report of Trust                                                                          | Total Number of Members in Governing Council :<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) <b>Annexure - 2</b> |                                                                                                                                                                                                                                                     |
| 5                                       | Details of Principal/Head of the institution                                                                       | Name: <b>Mr. Srikanth Phulasi</b><br>Qualification: <b>M.Sc. (N)</b><br>Experience:<br>Email: <b>nursingcollegebang@gmail.com</b>                 | Mobile No: <b>9448219919</b><br>Office No: <b>080-26708745</b><br>Fax No:<br>Residential phone No:                                                                                                                                                  |
| 6                                       | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | YES<br><input type="checkbox"/>                                                                                                                   | NO<br><input checked="" type="checkbox"/><br>If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.<br>(Verify & enclose a copy of the registered trust Documents) <b>Annexure - 3</b> |

#### 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<br>a) only for UG or<br>b) for UG and PG courses<br>c) NPCC |            |
| B.Sc. Nursing             | Increase in Intake               | Continuation                 | 1,000/-<br>1,000/- |                        | 2,10,000/-                                                                   | 2,12,000/- |
| Post Basic B.Sc. Nursing  | ✓                                |                              | 1,000/-            |                        | 15,400                                                                       | 16,400/-   |
| Total (A)                 |                                  |                              |                    |                        |                                                                              | 2,28,400/- |

| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation   | No of Seats X Prescribed fees of each faculty |                                                                                                             |
|-----------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|                             | 1. Community Health Nursing          | 04                                            | 2,000/-<br>42,000/-<br>Total (B) 44,000/-<br>2,000/-<br>Total (C) 2,000/-<br>Grand Total (A+B+C) 2,74,000/- |
|                             | 2. Medical Surgical Nursing          | 04                                            |                                                                                                             |
|                             | 3. Mental Health Nursing             | 03                                            |                                                                                                             |
|                             | 4. Obstetric & Gynecological Nursing | 03                                            |                                                                                                             |
|                             | 5. Paediatric Nursing                | 04                                            |                                                                                                             |
| NPCC                        |                                      | 05                                            |                                                                                                             |

Online Transaction Number or Details:

— Copy Enclosed —

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Director of Education  
 District of Columbia

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100-100000

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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                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Affiliation Sanctioned Intake                 | 100          | 100          | 100          | —            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Admissions Made for the Current Academic Year | 100          | 100          |              |              |         |
| Post Basic B.Sc. Nursing                                                                                                                                                                                                                                                                                                                                                                                                                          | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sanctioned Intake                             | 40           | 40           | 40           |              |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Admissions Made for the Current Academic Year | 14           |              |              |              |         |
| <b>M.Sc. Nursing in</b><br>a. Community Health <span style="border: 1px solid black; padding: 0 5px;">4</span><br>b. Medical Surgical <span style="border: 1px solid black; padding: 0 5px;">4</span><br>c. OBG <span style="border: 1px solid black; padding: 0 5px;">3</span><br>d. Paediatric <span style="border: 1px solid black; padding: 0 5px;">4</span><br>e. Psychiatry <span style="border: 1px solid black; padding: 0 5px;">3</span> | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sanctioned Intake                             | 18           | 18           | 18           |              |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Admissions Made for the Current Academic Year | 15           |              |              |              |         |
| M.Sc. NPCC                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sanctioned Intake                             | 05           | 05           | 05           |              |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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|  |                                                     |    |  |  |  |  |
|--|-----------------------------------------------------|----|--|--|--|--|
|  | Admissions Made<br>for the Current<br>Academic Year | 05 |  |  |  |  |
|--|-----------------------------------------------------|----|--|--|--|--|

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   | 28     | 30      | 37       | 09      | 104   |
|                            | Female | 72     | 66      | 59       | 33      | 230   |
| Post Basic B.Sc<br>Nursing | Male   | 02     | 04      | —        | —       | 06    |
|                            | Female | 12     | 10      | —        | —       | 22    |
| M.Sc Nursing               | Male   | 04     | 03      | —        | —       | 07    |
|                            | Female | 11     | 09      | —        | —       | 20    |
| M.Sc NPCC                  | Male   | 02     | 02      | —        | —       | 04    |
|                            | Female | 03     | 02      | —        | —       | 05    |

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— |
|--------|---------------------|-------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|
|        |                     |                                     | — Copy Enclosed — |                                                                                                           |                                                       |                                         |

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— |
|--------|---------------------|-------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|
|        |                     |                                     | — Copy Enclosed — |                                                                                                           |                                                       |                                         |

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)

|      |    |    |    |    |
|------|----|----|----|----|
| 1401 | 10 | 48 | 02 | 25 |
| 05   | 28 | 92 | 20 | 08 |
| 00   | -  | -  | 80 | 50 |
| 00   | -  | 01 | 01 | 01 |
| 10   | -  | -  | 00 | 00 |
| 00   | -  | -  | 00 | 00 |
| 110  | -  | -  | 00 | 00 |
| 20   | -  | -  | 00 | 00 |

Observed ppgs

(Observed ppgs)

*[Signature]*

## 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         |               |           |                      | 01       |           |               |          |         |          |           |               |          |           |
| 2      | Vice-Principal      | 1        | 1         |               |           |                      | 01       |           |               |          |         |          |           |               |          |           |
| 3      | Professor           | 1        | 1-2       |               | 1*        |                      | .        |           |               |          |         |          |           |               |          |           |
| 4      | Associate Professor | 2        | 2-4       |               | 1*        |                      |          |           |               |          |         |          |           |               |          |           |
| 5      | Assistant Professor | 3        | 3-8       | 2             | 3*        |                      |          |           |               |          |         |          |           |               |          |           |
| 6      | Tutor               | 8-16     | 16-24     | 2-10          | --        |                      |          |           |               |          |         |          |           |               |          |           |
|        | Total               | 16-24    | 24-40     | 4-12          |           |                      |          |           |               |          |         |          |           |               |          |           |

**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 1<sup>st</sup> Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

| Intake              | 1 <sup>st</sup> Year                                                                                                          | 2 <sup>nd</sup> Year                                                                                                           | 3 <sup>rd</sup> Year                                                                                                            | 4 <sup>th</sup> Year                                                                                                            |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 40 Students Intake  | <b>Total 5 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>2 Tutors</li> </ul>  | <b>Total 8 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>   | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul>   | <b>Total 16 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>8 Tutors</li> </ul>   |
| 60 Students Intake  | <b>Total 6 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>  | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>7 Tutors</li> </ul>  | <b>Total 18 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>11 Tutors</li> </ul>  | <b>Total 24 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>16 Tutors</li> </ul>  |
| 100 Students Intake | <b>Total 10 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul> | <b>Total 20 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>12 Tutors</li> </ul> | <b>Total 30 Faculty</b> <ul style="list-style-type: none"> <li>12 M.Sc. Nursing qualified faculty</li> <li>18 Tutors</li> </ul> | <b>Total 40 Faculty</b> <ul style="list-style-type: none"> <li>16 M.Sc. Nursing qualified faculty</li> <li>24 Tutors</li> </ul> |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

| SLNo. | Name | Qualification | Subject           | Number of Hours per Year | Remarks |
|-------|------|---------------|-------------------|--------------------------|---------|
|       |      |               | — Copy Enclosed — |                          |         |

14. Physical Facilities :

14.1. College Building:

Annexure - 12

| S. No | Details                                                                                                                                                                                                                                                                                                                                                   | Required                              | Existing                                 | Remarks |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------|---------|
| 1     | Built – up area of the building (in Sq. Ft)                                                                                                                                                                                                                                                                                                               | 23,200sq.ft                           | 61,932.59 sq.ft                          |         |
|       | <b>Note:</b> 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     | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft                                                                                                                                                                                                                                                               | <b>4 Class rooms</b><br>900sq ft Each |                                          |         |
|       | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                  | <b>2 Class rooms</b><br>600sq ft Each |                                          |         |
|       | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                      | <b>2 Class rooms</b><br>600sq ft Each |                                          |         |
|       | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                           | <b>2 Class rooms</b><br>600sq ft Each |                                          |         |
| 3     | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                          |                                       |                                          |         |
|       | <b>Office</b>                                                                                                                                                                                                                                                                                                                                             |                                       |                                          |         |
|       | 1. Principal's Chamber                                                                                                                                                                                                                                                                                                                                    | 300                                   | 586.37 sq.ft                             |         |
|       | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                                 | 200                                   |                                          |         |
|       | 3. HOD                                                                                                                                                                                                                                                                                                                                                    | 5 x 200 = 1000                        | 498.74 sq.ft (05)                        |         |
|       | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                  | 800+2400=3200                         | 1023.66 sq.ft (36)                       |         |
|       | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                       |                                       |                                          |         |
|       | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                         |                                       |                                          |         |
|       | 6. Office of Administrative, clerical staff and PA (s)                                                                                                                                                                                                                                                                                                    |                                       | 568.37 sq.ft                             |         |
|       | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                     |                                       | 568.37 sq.ft                             |         |
|       | 8. Store Room                                                                                                                                                                                                                                                                                                                                             |                                       |                                          |         |
|       | 9. Record room                                                                                                                                                                                                                                                                                                                                            |                                       |                                          |         |
|       | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                            |                                       |                                          |         |
|       | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                         |                                       |                                          |         |
|       | 12. common room                                                                                                                                                                                                                                                                                                                                           | 1000                                  | 263.78 x 1 (Male)<br>357.08 x 3 (Female) |         |
|       | 13. Seminar hall                                                                                                                                                                                                                                                                                                                                          | 3000                                  | 5254.24 sq.ft                            |         |
|       | 14. Toilets                                                                                                                                                                                                                                                                                                                                               | 1000                                  | 440.78                                   |         |
|       | 15. A.V/Aids room                                                                                                                                                                                                                                                                                                                                         | 600                                   | 600. sq.ft                               |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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| S. No | Details                                                                  | Required   | Existing                       | Remarks |
|-------|--------------------------------------------------------------------------|------------|--------------------------------|---------|
| 4     | <b>LABORATORIES</b>                                                      |            |                                |         |
|       | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | 1258.07 sq.ft.                 |         |
|       | Nutrition & Community Health Nursing                                     | 1200sq.ft  | 1727.22 sq.ft<br>1258.07 sq.ft |         |
|       | Obstetrics and Gynecology Laboratory                                     | 900sq.ft   | 1270.08 sq.ft                  |         |
|       | Pediatrics Nursing Laboratory                                            | 900sq.ft   | 1270.28 sq.ft.                 |         |
|       | Pre-Clinical Sciences Laboratory                                         | 900sq.ft   |                                |         |
|       | Computer Lab<br>(1: 5 computer :student)                                 | 1500sq.ft  | 1270.28 sq.ft                  |         |

**Note:**

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

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

**Building Documents:**

**Annexure – 12**

1. Is the college building own or leased / rented? — OWN —
2. Blue print of the building attested by competent authority. — NO —
3. Tax paid receipt (Latest / current year) — NO —
4. Occupancy certificate. — NO —
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 |
|--------------------------|-----------------------------|------------------|----------|-----------|------------------|
| 01                       | KA02G0057                   | 53               | Yes / No | Yes / No  | Yes / No         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

10-10-10  
11-11-11  
12-12-12  
13-13-13  
14-14-14  
15-15-15

16-16-16  
17-17-17  
18-18-18  
19-19-19  
20-20-20

21-21-21  
22-22-22  
23-23-23  
24-24-24  
25-25-25

16. Library facility :Enclose list of library books

Annexure - 14

| Library Facilities                      | Existing Size in Sq ft | Separate Library                                                    | Ventilation | Lighting | Remarks |
|-----------------------------------------|------------------------|---------------------------------------------------------------------|-------------|----------|---------|
| Required<br>2300 Sq.Ft                  | 2633.18<br>Sq.ft.      | YES <input checked="" type="checkbox"/> No <input type="checkbox"/> | ✓           | ✓        |         |
| Total No. of Nursing Books available    | 5927                   | No. of Nursing Journals subscribed                                  | —           |          |         |
| No. of Thesis/Research titles available | 182                    | Is internet facility available for Students?                        | Yes         |          |         |
| No of e-books                           | —                      | How many books were purchased in last financial year?               | —           |          |         |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks         |
|--------|-----------------------|---------------|------------|-----------------|
| 01     | Smt. Renuka. S.       | M. Libr.      | 08 years   | Contract Basic  |
| 02     | Sri. Mahesh. H        | M. Libr.      | 08 years   | Contract Basic. |
|        |                       |               |            |                 |

**Note :** A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/decrease according to the number of seats approved.

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

Annexure - 15

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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OR

# 18. Details of Clinical / Hospital Facilities :

Annexure - 16

|                           |                                     |                                                                                                                               |                             |
|---------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1                         | Do you have parent Medical College? | YES <input checked="" type="checkbox"/>                                                                                       | NO <input type="checkbox"/> |
| 2                         | Do you have parent hospital?        | YES <input checked="" type="checkbox"/>                                                                                       | NO <input type="checkbox"/> |
| If Yes, Hospital Owned by |                                     | i. Trust/Society/Missionary <input type="checkbox"/> Govt. of<br>ii. Trust member with MOU <input type="checkbox"/> Karnataka |                             |

| 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<br>Victoria Hospital<br>Fort, Bengaluru-02<br>Nani Vile - 02 | 1000<br>536<br>200<br>150 | Within Compound           | 100%                                         |         |
| NAME OF THE TRUST/Institution owning The Hospital<br>Dept of Med. Edn<br>Govt of Karnataka              |                           |                           |                                              |         |
| Name Of The Owner Of The Trust of Hospital<br>Govt. of Karnataka,                                       |                           |                           |                                              |         |
| Affiliated hospitals- Full Name & Address of the Parent Hospital                                        |                           |                           |                                              |         |
| 1. Jayadeva Hospital                                                                                    | 550                       | 12 km                     | 100%                                         |         |
| 2. NIMHANS                                                                                              | 850                       | 12 km                     | 100%                                         |         |
| 3. Kidwani Hospital                                                                                     | 1000                      | 12 km                     | 100%                                         |         |
| 4. PM 557<br>Bengaluru,                                                                                 | 203                       | Within Compound           | 100%                                         |         |

(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 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).
- 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



- 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] 5<sup>th</sup> 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] 5<sup>th</sup> July, 2021 F.NO. 11-1/2019-INC.)

**Note**

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated 'Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify & Attach Clinical permission letter, fee paid receipts.

**Remarks:**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



### 18.1. Distribution of Beds

| Clinical Areas          | Parent      |               | Affiliated  |               |
|-------------------------|-------------|---------------|-------------|---------------|
|                         | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical                 | 200         | 200           |             |               |
| Surgery including OT    | 166         | 166           |             |               |
| Obstetrics & Gynecology | 536         | 536           |             |               |
| Pediatrics,             |             |               |             |               |
| Emergency Medicine      | 180         | 180           |             |               |
| Psychiatry              | 17          | 17            |             |               |

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                     | 36          | 36            |             |               |
| Burns and Plastic                                              |             |               |             |               |
| Neonatology care unit                                          | 60          | 60            |             |               |
| Communicable disease/ Respiratory medicine/TB & chest diseases |             |               |             |               |
| Dermatology                                                    | 102         | 102           | 88          |               |
| Cardiology                                                     |             |               | 550         |               |
| Oncology                                                       | 86          | 86            | 1000        |               |
| Neurology/Neuro-surgery                                        | 42          | 42            | 850         |               |
| Nephrology/Urology                                             |             |               |             |               |
| ICU/CCU                                                        |             |               | 203         |               |
| Geriatric Medicine                                             |             |               |             |               |
| Any other                                                      | 111         | 111           |             |               |

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

Signature of Chairman

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|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| 19                                                                                               | COMMUNITY HEALTH NURSING : Annexure - 17                                                                                        |  |
| <b>RURAL FILELD</b>                                                                              |                                                                                                                                 |  |
| a. Name of CHC / PHC / SC                                                                        |                                                                                                                                 |  |
| Adopted / Affiliated                                                                             |                                                                                                                                 |  |
| Administrated by                                                                                 | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                              |                                                                                                                                 |  |
| b. Services Rendered by Health & Family Welfare Programmes                                       |                                                                                                                                 |  |
| <b>URBAN FEILD :</b>                                                                             |                                                                                                                                 |  |
| a. Name of CHC / PHC / SC                                                                        | Lions UPHC Gaviguram, Cottahalli Btwn.                                                                                          |  |
| Adopted / Affiliated                                                                             | Affiliated                                                                                                                      |  |
| Administrated by                                                                                 | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                              | 4.1 Km.                                                                                                                         |  |
| b. Services Rendered by Health & Family Welfare Programmes                                       | Yes ~                                                                                                                           |  |
| 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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| b. | Post Basic B.Sc. Nursing                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| c. | M.Sc. Nursing                                   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| 21 | Time Table available for all Nursing Programmes |                                         |                             |  |
| a. | Basic B.Sc. Nursing                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| b. | Post Basic B.Sc. Nursing                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| c. | M.Sc. Nursing                                   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |

|    |                                                                               |                                         |                             |  |
|----|-------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|--|
| 22 | Records of Students : Are the following students records are maintained well? |                                         |                             |  |
| a. | Admission record                                                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| b. | Daily Attendance Registers                                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| c. | Health Records                                                                | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| d. | Clinical and field experience record                                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| e. | Practical record books - procedure record                                     | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| f. | Practical record books - Midwifery case book                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| g. | Leave record                                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| h. | Extracurricular activities of students       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| i. | Cumulative record of each                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j. | Course planning of each subject              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| k. | Rotation plans                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l. | Committee Meetings                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m. | Affiliation records                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| n. | Records of Stock                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| o. | Annual report of activities and achievements | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| p. | Staff development programmes                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| q. | Anti ragging committee                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| r. | Student welfare committee                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                                                     |                                         |                                        |
|----|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 23 | <b>Hostel Facilities :Annexure - 12</b>                             |                                         |                                        |
| a. | Whether the college is having a separate Hostel?                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Built-up area of the Hostel                                         | Sq.ft 835.89 sq.ft.                     |                                        |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own <input checked="" type="checkbox"/> | Rented/Leased <input type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| e. | Total No. of students in the hostel                                 | Girls : 148                             | Boys :                                 |
| f. | Total No. of rooms                                                  | Girls : 31                              | Boys :                                 |
| g. | Water Supply                                                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| h. | Electricity Supply                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| i. | Is Facilities available for outdoor games and indoor games?         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| j. | Is Sick room available?                                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| k. | Whether the hostel mess is available with                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| l. | Safe drinking water facilities                                      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

Signature of Chairman

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**List of Annexures:**

| Annexure Numbers | Details                                                                                                                                                                                                                                                                                                                 | Submitted (Tick Mark)               |                                     |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
|                  |                                                                                                                                                                                                                                                                                                                         | Yes                                 | NO                                  |
| Annexure - 1     | Details of Trust/ Society related documents                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Annexure - 2     | Details of Governing Council, its meetings & Audit report of Trust                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 3     | Details of any other Nursing Institution under the same Trust                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Annexure - 4     | Details of Affiliated fees paid receipts                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 5     | Approval Status : GOK Order                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 6     | Approval Status : RGUHS Notification (Last 3 Years) Approval                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 7     | Approval Status : KNC Notification                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 8     | Status : INC Notification                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Annexure - 9     | List of Post Basic B.Sc. Nursing Students as per format                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 10    | List of M.Sc. Nursing Students as per format                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 11    | Details of External /Part time Teachers                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 12    | Physical Facilities :<br>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,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 13    | Vehicle Details : Bus                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 14    | Details of List of Library Books & others                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 15    | Academic Activities                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 16    | Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 17    | Details of Community Health Nursing Posting Facilities                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Annexure - 18    | Master Rotation plans and Time tables                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|               |                                                                               |   |  |
|---------------|-------------------------------------------------------------------------------|---|--|
| 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 | ✓ |  |

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:

As part of LIC Inspection the team visited Government College of Nursing, Victoria Hospital Campus Bangalore, on 20/5/2018. College is managed by Dept of Medical Education Govt of Karnataka. In its own Building.

Physical facilities :- College is permitted with Intake of 100 BSc Nursing Seats and 18 MSc. Seats with 5 MSc. NPCC. seats. Currently college has 6 class rooms with 1258 sqft 4 class rooms with 853 sqft. Total 10 class rooms present which can accommodate up to 800 students. Presently college has Speakers and well equipped laboratory. For Nursing Foundation, Community health Nursing, Maternity, OBG & Pediatrics.

- Library :- Approximately 2633 sqft space with 5927 Text Books present for students along with a library facility.

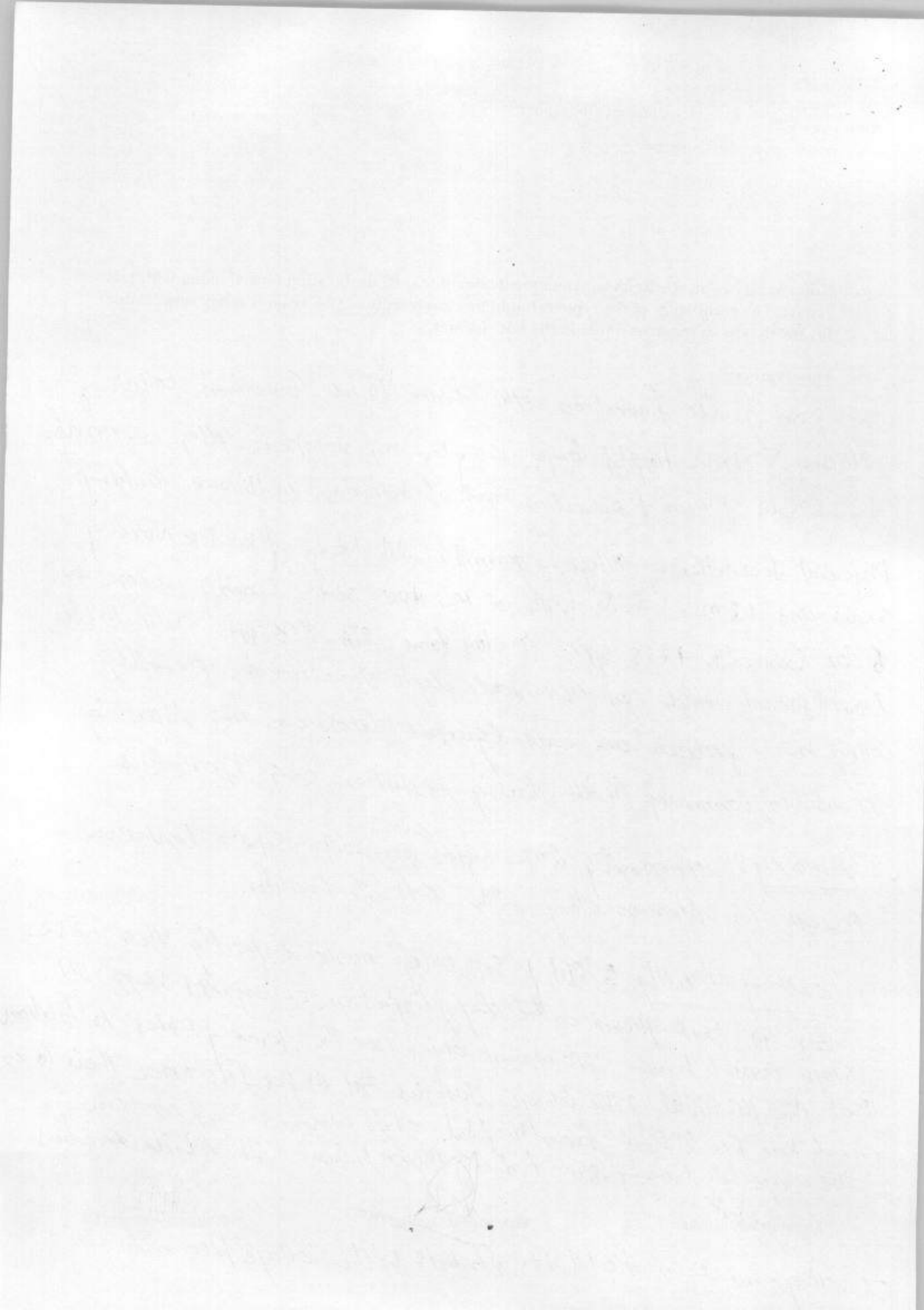
- Teaching faculty :- Out of 54 college mentioned faculty there were 41 staff present on the day of inspection. Among 41 staff 21 staff don't have appointment order nor the joining order to Institution. But the principal of the college justifies that as per LIC order there is a dual role for 21 staff from Hospital. There were 13 staff on leave. The college has 1866 beds present hospital with vehicle facilities.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

→ college has own Hostel for students in the college premises.



## UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Govt College of Nursing, Bengaluru. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20/05/2023 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

Signature of Member (1)

Dr. Lingaraj, S. D.

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Signature of Member (2)

MEMORANDUM

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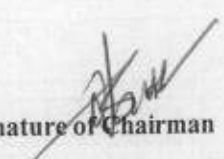
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**Instructions for reporting of Local inspections by RGUHS**

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: Dishank 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

  
Signature of Member (1)

  
Signature of Member (2)





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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU  
4<sup>th</sup> T Block, Jayanagar, Bengaluru - 560 041

## UNDERTAKING

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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/E Member  
(Member)

Dr. Lingaraj S.B

  
Subject Expert  
(Member)

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West. College of Nursing

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