Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Mr. MELBIN MICHAEL	Dr. B.V. Marathi prof &	Mrs. M. SUNDARAM
Designation	Asso. Prof. [SENATE MEMBER]	chairman BOS PG (Medical)	vice principal cum HOD of OBG Dept
Address	LAASYA COLLEGE OF NURSING BANGALORE - 91	professor & HOD Biochemistry BMC & RC, Bangalore	Padmashree Institute of Nursing, Bangalore-60
Mobile No	9739215124	9980145271	9886201941 / 7795592522
Email ID	melbin000@gmail.com	marathibio2007@gmail.com	Sreesrithina@gmail.com

Inspection For the Academic Year :Date of Inspection:				
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	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	AECS PAVAN COLLEGE OF NURSING NH-75, BANGALORE CHEANNI BYE-PASS ROAD HAROHALLI GARDERNS , KOLAR-563101	2	Year of Establishment 1993
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society &complete postal address& Phone number	AMRITH EDUCATIONAL & CULTURAL SOCIETY NH-75, BANGALORE CHEANNI BYE-PASS ROAD HAROHALLI GARDERNS , KOLAR-563101 (Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email:pavancollegeklr@yahoo.com	Website: pavavninstutions.com	
		Office No:08152295055	Mobile No:9448209340	

Signature of Chairman Signature of Member (1) Signature of Member (2) 13/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Sri V KRISHNA REDDY 9972383333		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Copy Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: SWATHI S Qualification: Msc NURSING Experience: 13 YRS Email: pavancollegeklr@yahoo.com		Mobile No: 9449988763 Office No: 08152-222597 Fax No: 08152-295055 Residential phone No: N/A
	b) Drawing authority of the college			
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation	75,000/-	1,50,000/-	1,00,000/-	50,000/-	3,25,000/-
Post Basic B.Sc. Nursing	Continuation Affiliation	30,000/-	60,000/-	40,000/-		1,30,000/-
					Total (A)	5,05,000/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. Medical Surgical Nursing			1. Medical Surgical Nursing		10x2000
	2. Pediatric Nursing			2. Pediatric Nursing		10x2000
	3. Obstetrics & Gynecological Nursing			3. Obstetrics & Gynecological Nursing		10x2000
					Total (B)	60,000/-)
NPCC						0.00
					Total (C)	0.00
					Grand Total (A+B+C)	5,65,000/-

Signature of Chairman Signature of Member (1) Signature of Member (2) 15/8/25

C line Transaction Number or Details:

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	80	80	80	60	
	Admissions Made for the Current Academic Year	80	80	80	80	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	30	30	30	40	
	Admissions Made for the Current Academic Year	30	30	30	30	
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	30	30	30	30	
	Admissions Made for the Current Academic Year	27	27	27	27	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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**	35	45	44	41	**165**
	Female	45	33	36	31	**145**
Post Basic B.Sc Nursing	**Male**	01	02	-	-	**03**
	Female	29	28	-	-	**57**
M.Sc Nursing	**Male**	03	04	-	-	**07**
	Female	24	22	-	-	**46**
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------
			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------
			ELCOSED			

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)** 13/8/25

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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		2		2					
4	Associate Professor	2	2-4					1*		4		4					
5	Assistant Professor	3	3-8				2	3*		9	9	9					
6	Tutor	8-16	16-24				2-10	--		29	09	-					
	Total	**16-24**	**24-40**				**4-12**			**45**	**19**	**15**					

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:**1)** Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

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

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 6 Tutors	**Total 12 Faculty** * 4 M.Sc. Nursing qualified faculty * 8Tutors	**Total 18 Faculty** * 4 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 24 Faculty** * 4 M.Sc. Nursing qualified faculty * 9Tutors
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

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I students intake				
200 students intake				
250 students				
* Aadhar based biometric attendance for students				

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs SWATHI S	PRINCIPAL	Msc(N) Community	2013	22291	1	13	02/09/2024	YES	
2.	Mrs SUMA DC	VICE PRINCIPAL	Msc(N) OBG Nursing	2014	9558	2	11	02/03/2020	YES	
3.	Mrs SUMA K L	ASSO PROFESSOR	Msc(N) Pediatric Nursing	2017	9377	3	8	01/12/2017	YES	
4.	Mrs MAGARET GENTLY	ASSO PROFESSOR	Msc(N) OBG Nursing	2017	138380	2	8	01/03/2024	YES	
5.	Mr MANSOOR AHMED	ASST PROFESSOR	Msc(N) Psychiatric Nursing	2020	40658	8	5	01/01/2021	YES	
6.	Ms SATHYANADHAN ANNIE BELINDA	ASST PROFESSOR	Msc(N) Medical & surgical Nursing	2020	9167	1	5	02/01/2021	YES	
7.	Mrs. GRACE STALINA	ASST PROFESSOR	Msc(N) Pediatric Nursing	2021	93783	1	4	05/11/2021	YES	
8.	Ms N .UMA MAHESHWARI	ASST PROFESSOR	Msc(N) Psychiatric Nursing	2021	157093	1	4	08/03/2025	NO	
9.	Ms ANGELINE MONICA.K	ASST PROFESSOR	Msc(N) Medical & surgical Nursing	2021	89692	2	4	04/08/2025	NO	
10.	Mr .RANGACHAR T S	ASST PROFESSOR	Msc(N) Medical & surgical Nursing	2021	79625	1	3	05/05/2025	NO	
11.	Mr SAGAR B N	LECTRER	Msc(N) Medical & surgical Nursing	2023	116164	1	1	18/04/2025	NO	
12.	Ms .DORATHY DAYANA	LECTRER	Msc(N) Pediatric Nursing	2024	122927	-	-	22/07/2025	NO	

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13.	Ms DIVYA .N	LECTRER	Msc(N) Medical & surgical Nursing	2024	114210	1	1	10/03/2025	NO	
14.	Ms RESHMA J	LECTURER	Msc(N) Medical & surgical Nursing	2024	113990	-	-	14/07/2025	NO	
15.	Ms BABITHA B	LECTURER	Msc(N) Medical & surgical Nursing	2024	114804	2	1	01/12/2023	NO	
16.	Mr SARATH KUMAR	Clinical Instructor	Bsc(N)	2022	142568	1	-	05/05/2025	NO	
17.	Mr SRIKANTH E	Clinical Instructor	Bsc(N)	2024	180069	-	-	07/06/2024	NO	
18.	Ms TABITHA FLORENCE	Nursing Tutor	PBBsc(N)	2018	85413	-	-	05/07/2025	NO	
19.	Mr ANIL KUMAR GB	Nursing Tutor	Bsc(N)	2020	108422			07/07/2025	NO	
20.	Mr ALFRED ARUN KUMAR	Nursing Tutor	PBBsc(N)	2022	128223	-	-	09/06/2025	NO	
21.	Mr CHIRANJEEVI N	Nursing Tutor	PBBsc(N)	2022	194698	-	-	02/07/2025	NO	
22.	Mr ARAVIND R	Clinical Instructor	Bsc(N)	2023	140995	-	-	02/04/2025	NO	

23.	Mr ROOPA V	Nursing Tutor	PBBsc(N)	2020	181399	1	-	01/02/2024	NO	
24.	Ms MAITHRI	Nursing Tutor	Bsc(N)	2020	115208	4	-	06/02/2025	NO	
25.	Mr AAQUIB FAYAZ LONE	Nursing Tutor	Bsc(N)	2022	139692	-	-	12/05/2023	NO	
26.	Ms MANASA M	Nursing Tutor	Bsc(N)	2020	113374	-	-	07/01/2025	NO	
27.	Ms MAGDALENA B	Nursing Tutor	PBBsc(N)	2024	107660	-	-	10/07/2025	NO	
28.	Ms JANCYPRIYA A	Nursing Tutor	Bsc(N)	2022	138603	-	-	04/03/2025	NO	
29.	Mr N PAVAN	Nursing Tutor	Bsc(N)	2023	158960	-	-	12/05/2025	NO	
30.	Mr PRASANNA KUMAR M	Nursing Tutor	Bsc(N)	2011	41410	7	-	23/07/2025	NO	
31.	Mr SRINATH B M	Nursing Tutor	PBBsc(N)	2017	177830		-	07/07/2025	NO	

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 13/8/25

32.	Ms RAMYAKRISHNAN	Nursing Tutor	Bsc(N)	2022	129862	-	-	01/12/2023	NO	Ramya A
33.	Ms PUSHPALATHA V	Nursing Tutor	Bsc(N)	2022	130372	-	-	06/06/2022	NO	Leave
34.	Mr SHASHIKALA K S	Nursing Tutor	Bsc(N)	2021	122466	-	-	13/11/2022	NO	Shashi
35.	Mr ASVIN	Nursing Tutor	Bsc(N)	2022	138823	-	-	03/11/2024	NO	A
36.	Mr BHARGAVI N S	Nursing Tutor	Bsc(N)	2021	120525	-	-	07/04/2025	NO	Maternity Lea
37.	Mr SHIVAPPA	Nursing Tutor	Bsc(N)	2021	120525	-	-	07/08/2025	NO	
38.	Ms SHASHIKALA N	Nursing Tutor	PBBsc(N)	2020	249242	-	-	27/07/2025	NO	Shashikala N
39.	Ms JYOTHI S	Nursing Tutor	Bsc(N)	2022	143912	2	-	10/03/2025	NO	Jyothi
40.	Mr GIRISH H N	Nursing Tutor	Bsc(N)	2020	108445	-	-	04/05/2025	NO	Girish
41.	Ms SARASWATHI SP	Nursing Tutor	Bsc(N)	2021	120549	4	-	10/03/2025	NO	Leave
42.	Ms POORNIMA HIREGOWDA	Nursing Tutor	Bsc(N)	2022	133539	-	-	04/07/2025	NO	Absent
43.	Mrs SHYLA S	Clinical Instructor	PBBsc(N)	2024	177490	-	-	31/03/2025	NO	Shyla.S
44.	Mr NIKHILA M	Nursing Tutor	PBBsc(N)	2022	205861	3	-	10/07/2025	NO	Absent
45.	Ms GOWTHAMI S	Nursing Tutor	Bsc(N)	2020	113386	5	-	17/01/2025	NO	Gowthami
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 13/8/25

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

17/8/21

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

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

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

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	**1,200 sq. ft Each**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1,200 sq .ft Each**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1,200 sq.ft Each**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**850 sq.ft**	
	2. Vice-Principal Chamber	200	**750 sq.ft**	
	3. HOD	5 x 200 = 1000	**2400 sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3600 sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**1200. sq ft**	
	7. Accountants Office	**100**	**1200. sq.ft**	
	8. Store Room	**100**	**1200. sq.ft**	
	9. Record room	**100**	**1200. sq.ft**	
	10. Room for maintenance staff	**100**	**1200. sq.ft**	
	11. Xeroxing room	**100**	**1000. sq.ft**	
	12. common room (Girls & Boys)	600+400= 1000	**1000 sq.ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**4200 sq ft**	
	14. Toilets	1000	**1200 sq ft**	

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	15. A.V/Aids room	600	**1200 sq ft**	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1700**	
	Nutrition & Community Health Nursing	1200sq.ft	**1500**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1500**	
	Pediatrics Nursing Laboratory	900sq.ft	**1500**	
	Pre-Clinical Sciences Laboratory	900sq.ft	-	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500**	

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**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 13/8/25

- 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
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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
	ENCLOSED		Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400	YES	GOOD	-GOOD	

Total No. of Nursing Books available	5000	**No. of Nursing Journals subscribed**	20
No. of Thesis/Research titles available	200	**Is internet facility available for Students?**	✓
No of e-books	100	**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MR. BALAJI.K	M.LIB	3Years	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately 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

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Research Projects	**300 (DISSERTATION)**	–
Conferences conducted	–	–
Conferences attended	**10**	–

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ✓
2	**Do you have parent hospital?**	**YES** ✓	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☐	
		ii.Trust member with MOU ✓	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MARUTHI HOSPITAL		100	WITH IN CAMPUS	48	90%
NAME OF THE TRUST/ Person owning The Hospital DR. PRABHAKAR REDDY .A		100	WITH IN CAMPUS	48	90%
Name Of The Owner Of The Trust Er. V. KRISHNA REDDY					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. S.N.R HOSPITAL	550	2 KMS	425	90%
	2. ABHAYA HOSPITAL	660	120. KMS	500	90%
	3. VAMSHODAYA HOSPTAL	100	2 KMS	85	90%

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 3/8/25

(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/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 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city 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

- 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)** 17/8/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	13	**110**	**90**
Surgery including OT	05	03	**120**	**85**
Obstetrics & Gynecology	15	10	**90**	**80**
Pediatrics,	10	06	**60**	**55**
Emergency Medicine	05	02	**40**	**30**
Psychiatry			**20**	**08**

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02		15	10 (90%)
Minor OT	05		20	10 (90%)
Dental, Otorhinolaryngology, Ophthalmology	–		20	15 (90%)
Burns and Plastic	–		20	15 (90%)
Neonatology care unit	–		20	10 (90%)
Communicable disease/Respiratory medicine/TB & chest diseases	–		15	10 (90%)
Dermatology	–		15	10 (90%)
Cardiology	03		10	05 (90%)
Oncology	–		10	05 (90%)
Neurology/Neuro-surgery	-		20	10 (90%)
Nephrology/Urology	-		10	10 (90%)
ICU/ICCU	-		25	20 (90%)
Geriatric Medicine	03	03	25	20 (90%)
Any other	02		15	10 (90%)

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

13/8/25

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	**PHC VOKKALERI**
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**8. KMS**
b. Services Rendered by Health & Family Welfare Programmes	**MCH, IMMUNIZATION, NEW- BORN CARE, UNDER FIVE CLINIC. NUTRITION**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**DARGHA MOHALLA**
Adopted / Affiliated	**AFFILIATED**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 13/8/25

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 45,300 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☑	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 100	Boys : 175
f.	Total No. of rooms	Girls : 48	Boys : 40
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 Signature of Member (1) Signature of Member (2) 13/8/25

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
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	✓	NO	
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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

13/8/17

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	✓		

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.

LIC Team Observations:

LIC Inspection done for conenition of Affiliation for B.Sc(N), PBB.Sc(N) & M.Sc(N) on 13/8/25. On the day of Inspection, All documents pertaining to college building, hostel building (Boys & girls), electricity generator, Drinking water facilities, washrooms for boys & girls and college vehicle detailed verified and also available accordingly to INC norms.

All laboratory equipped with infrastructure, charts & models in each lab and Library with recent edition books and Internet Connection with qualified librarian were present At teaching staff documents verified. Total faculties 40 were present on the day of Inspection, One was on maternity leave, 2 were on Emergency leave & 2 were absent. College have 100 bedded patient hospital & multispeciality 550 bedded affiliated hospital verified with particular consent Board certificate as per norms.

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 13/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10744052195064X**
Certificate Issued Date	:	06-Aug-2025 12:57 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ KOLAR/ KA-KO
Unique Doc. Reference	:	SUBIN-KAKAKSFCL083697648804652 3X
Purchased by	:	SECRETARY PAVAN COLLEGE OF NURSING KOLAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY PAVAN COLLEGE OF NURSING KOLAR
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BLR
Stamp Duty Paid By	:	SECRETARY PAVAN COLLEGE OF NURSING KOLAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Sri Sai Sadharda Credit
Co- op. Society Ltd
Lions Club Building,Opp: KuvempuPark
Anthara Ganga Road, KOLAR - 563 101

Please write or type below this line

UNDERTAKING by TRUST MANAGEMENT

I V Krishnareddy the Secretary of the trust AECS PAVAN College of Nursing submitting the affidavit to University.

SECRETARY
PAVAN COLLEGE OF NURSING
KOLAR-563101.

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

The trust is running/managing the AECS PAVAN COLLEGE OF NURSING since 1993.

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.

SECRETARY

SECRETARY
PAVAN COLLEGE OF NURSING
KOLAR-563101.

Signature of Chairman

Signature of Member(1)

13/8/25

Signature of Member(2)

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	**IN-KA10750903391465X**
Certificate Issued Date	:	06-Aug-2025 12:59 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ KOLAR/ KA-KO
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0837000274976855X
Purchased by	:	PROPRIETOR MARUTHI HOSPITAL KOLAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PROPRIETOR MARUTHI HOSPITAL KOLAR
Second Party	:	AECS PAVAN COLLEGE OF NURSING KOLAR
Stamp Duty Paid By	:	PROPRIETOR MARUTHI HOSPITAL KOLAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Sri Sai Souharda Credit
Co- op. Society Ltd
Lions Club Building,Opp: KuvempuPark
Anthara Ganga Road, KOLAR - 563 101.

Please write or type below this line

UNDERTAKING

I /We ,A PRABHAKARA REDDY is /are the Owner of the Maruthi Hospital situated at PLOT/PHASE No. Sy.No 10 ,Municipal Katha No 235,NH 75 Harohalli Gardens,Banagalore – Chennai Bya-pass Road Kolar-563101.

This is to confirm that our Maruthi hospital is registered under KPMEA and PCB with 100beds and the bonafide certificate has been attached.

This is to confirm that the Maruthi hospital I is functioning as affiliated parent/own hospital for AECS PAVAN College of Nursing .

We also confirm that our Maruthi hospital is solely affiliated to AECS PAVAN college of Nursing and is not affiliated to any other nursing college.
The information provided by us is true and correct.

Director
Maruthi Hospital Kolar

MARUTHI HOSPITAL
PAVAN COLLEGE CAMPUS
BYE-PASS
KOLAR-563101

Signature of Chairman

Signature of Member(1)

Signature of Member(2)