Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. M Krishnappa	Dr SUDHAKARA.	Dr HANUMANTAPPA HAITARKIHAL
Designation	Senate Member	Director professor.	Associate professor
Address	KCDS, Bangalore	K.C.D.S. Bangalore.	Govt College of Nursing Vijayapura
Mobile No	9845563431.	9845978858	8660990190
Email ID	[illegible] gmail.com.	Sudhakar.mgo@gmail.com.	hrhattarki@gmail.com

Inspection For the Academic Year : *Date of Inspection:* 6/8/25

(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	FLORENCE COLLEGE OF NURSING # 509, 1 'D' MAIN, 3RD BLOCK HRBR LAYOUT, KALYANNAGAR, BANGALORE - 560043	2	Year of Establishment: 1996
2	Status of the course conducting body	University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	DEVANAHALLI RURAL EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:florenceinstitute@rediffmail.com	Website: www.florenceinst.com	
		Office No: 080-25448311	Mobile No: 9731254588	

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

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mrs. B KALPANA President	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : COPY ENCLOSED (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: AMUDHA K Qualification: M Sc Nursing, Phd Experience after MSc: Email:amudhak1973@gmail.com	Mobile No: 9880763420 Office No: 080-2544831 Fax No: Residential phone No:
	b) Drawing authority of the college	Mrs. B Kalpana	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation	20,000/-	1,50,000/-	80,000/-	32,500/-	2,51,000/-
Post Basic B.Sc. Nursing	Continuation	20,000/-	1,25,000/-	55,000/-		2,32,500/-
					Total (A)	4,83,500/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	05	
	2. OBG Nursing	05	
	3. Child Health Nursing	05	
	4. Mental Health Nursing	05	
	5. Community Health Nursing	05	
		Total (B)	51,000/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	5,34,500/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details:BD00000007562998, BD00000007563032, & BD00000007563039, dtd: 23/12/2024

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	HFW200MPS2003, dtd: 16/12/2003 Annexure - 5	RGUHS/AFF/NSG/COA/01/2024 -25, dtd: 20/09/2024 Annexure - 6	Annexure - 7	31/12/2024 Annexure - 8	
	Affiliation Sanctioned Intake	75	75	75	60	
	Admissions Made for the Current Academic Year	73	73	75	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	HFW110MPS2010, dtd: 27/03/2010 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	60	60	60	40	
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Paediatric e. Psychiatry	Approval Letter No. and Date	HFW478MPS2006, dtd: 23/05/2007 HFW196MPS2008, dtd: 28/10/2008 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	11	11	25	25	

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

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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	13	03	-	-	16
	Female	60	66	65	61	252
Post Basic B.Sc Nursing	Male	08	04	-	-	12
	Female	52	54	-	-	106
M.Sc Nursing	Male	-	01	-	-	01
	Female	11	07	-	-	18
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----------

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----------

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

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: _____

_____

_____

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														
2	Vice-Principal	1	1														
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

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 * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors

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

100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
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			
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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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.

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
			COPY 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	✓	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	✓	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	✓	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	✓	
3	**Administrative Facilities**		✓	
	Office 1. Principal's Chamber	300	✓	
	2. Vice-Principal Chamber	200	✓	
	3. HOD	5 x 200 = 1000	✓	
	4. Professor/Assoc. Prof	800+2400=3200	✓	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	✓	
	7. Accountants Office	**100**	✓	
	8. Store Room	**100**	✓	
	9. Record room	**100**	✓	
	10. Room for maintenance staff	**100**	✓	
	11. Xeroxing room	**100**	✓	
	12. common room (Girls & Boys)	600+400= 1000	✓	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	✓	
	14. Toilets	1000	✓	

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	15. A.V/Aids room	600	✓	

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	✓	
	Nutrition & Community Health Nursing	1200sq.ft	✓	
	Obstetrics and Gynecology Laboratory	900sq.ft	✓	
	Pediatrics Nursing Laboratory	900sq.ft	✓	
	Pre-Clinical Sciences Laboratory	900sq.ft	-	
	Computer Lab (1: 5 computer :student)	1500sq.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

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:

- 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

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

- 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 License
COPY ENCLOSED			Yes	Yes	Yes

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	2500 sq ft	✓	✓	✓	

Total No. of Nursing Books available	3380	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	141	**Is internet facility available for Students?**	YES
No of e-books	05	**How many books were purchased in last financial year?**	151

S. No.	Name of the Librarian	Qualification	Experience	Remarks
	BASAVARAJA SHARANAPPA	B A , M.LIBSC	5 YEARS	

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
Research Projects		

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

Conferences conducted		
Conferences attended		

* 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 MOU(Registered parent hospital MOU)		Zion Hospital & Research Centre			
NAME OF THE TRUST/ Person owning The Hospital		Radhakrishnana T P			
Name of the Owner of the Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Sir C V Raman General Hospital				
	2 Ovum Hospital				

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

	3 (MOU/Clinical permission letter)				

(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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital 'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 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)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology		COPY ENCLOSED		
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
Neonatology care unit		COPY ENCLOSED		
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				

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Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**KADUSONAPANAHALLI**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**10 KMS**
b.	Services Rendered by Health & Family Welfare Programmes	**COPY ENCLOSED**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**K NARAYANAPURA**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**6 KMS**
b.	Services Rendered by Health & Family Welfare Programmes	**COPY ENCLOSED**
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** ☐

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

b.	Daily Attendance Registers	YES ☐	NO ☐
c.	Health Records	YES ☐	NO ☐
d.	Clinical and field experience record	YES ☐	NO ☐
e.	Practical record books - procedure record	YES ☐	NO ☐
f.	Practical record books - Midwifery case book	YES ☐	NO ☐
g.	Leave record	YES ☐	NO ☐

h.	Extracurricular activities of students	YES ☐	NO ☐
i.	Cumulative record of each	YES ☐	NO ☐
j.	Course planning of each subject	YES ☐	NO ☐
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**	
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 : 85**	**Boys :**
f.	Total No. of rooms	**Girls :**	**Boys :**
g.	Water Supply	YES ☐	NO ☐

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

h.	Electricity Supply	**YES** ☐	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☐	**NO** ☐
j.	Is Sick room available?	**YES** ☐	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☐	**NO** ☐
l.	Safe drinking water facilities	**YES** ☐	**NO** ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		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			
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/ Ramping working condition, 2. Laboratories 3. Building related documents 4. Hostel			

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

Annexure - 13	Vehicle Details : Bus			
Annexure - 14	Details of List of Library Books & others			
Annexure - 15	Academic Activities			
Annexure - 16	Details of Clinical/Hospital Facilities- 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			
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:

On the day of inspection as per the document provided and observations made it was found that, the college is established in the year 1998, for the Clinical facilities the college is attached to Ziem and other two hospitals, The physical infrastructure like, Classrooms, labs, library and hostel facility and adequate as per norms, The list of faculty who were present on the day are enclosed with the signatures, All the required documents and annexures are enclosed for your kind perusal.

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

LIC INSPECTION TEACHING FACULTY DETAILS 2025-26

SL.NO	NAME OF THE TEACHING FACULTY	DESIGNATION	QUALIFICATION ALONG WITH SPEACIALITY	YEAR OF PASSING	KSNC REG. NO.	TEACHING EXPERIENCE		DATE OF JOINING	FORM-16 SUBMITTED (YES/NO)	SIGNATURE OF FACULTY
						AFTER UG	AFTER PG			
1	AMUDHA K	PROFESSOR	M.SC (N) OBG	2004	RRTMN2008857KAR	7 YEARS	18.5 YEARS	05-02-2007	YES	
2	DIVYA REGHUNATH	PROFESSOR	M.SC (N) PEDEATRIC	2010	RRANP20112067KAR	1 YEAR	15 YEARS	10-05-2012	YES	
3	LEELA DEVAMONY	PROFESSOR	M.SC (N) PSYCHIATRIC	2010	RRTMN20144093KAR	2 YEARS	13.5 YEARS	03-03-2014	YES	
4	ASMA JAVID	ASSISTANT PROFESSOR	M.SC(N) COMMUNITY	2020	RRPSB20219383KAR	1 YEAR	4 YEARS	15-02-2021	YES	
5	PRIYANKA D	LECTURER	M.SC (N) PEDEATRIC	2023	RRTMN20165500KAR	1 .6 YEAR	2 YEARS	01-04-2023	YES	
6	POOJA G	ASSISTANT PROFESSOR	M.SC (N) MSN	2018	66026	-	5.6 YEARS	19-02-2024	YES	
7	MERIN MATHEW	ASSOCIATE PROFESSOR	M.SC (N) MSN	2017	17726	-	8 YEARS	01-03-2017	YES	
8	SHIMLANG MARBIANIANG	LECTURER	M.SC (N) PEDEATRIC	2024	81278	-	6 MONTHS	05-02-2025	YES	
9	DEEPIKA S	LECTURER	M.SC (N) MSN	2024	RRTMN202210056KAR	-	6 MONTHS	08-02-2025	YES	
10	ANUGRAHA DAVID	LECTURER	M.SC (N) PSYCHIATRIC	2022	RRMDP202210113KAR	1 YEAR	3 YEARS	14-02-2022	YES	
11	VEERESH TUPPAD	ASSISTANT LECTURER	PCBSC (N)	2016	175553	2 YEARS		12-09-2022	NO	
12	SUJAY KUMAR	ASSISTANT LECTURER	PCBSC (N)	2014	152633	2 YEARS		16-03-2023	NO	
13	T VEDAVATHI	ASSISTANT LECTURER	PCBSC (N)	2012	RRANP20135540KAR	4 YEARS		07-09-2022	NO	
14	MEGHARAJA B	ASSISTANT LECTURER	PCBSC (N)	2021	222695	3 YEARS		24-08-2022	NO	
15	DIVYA I	ASSISTANT LECTURER	PCBSC (N)	2022	143482	1 YEAR		12-03-2024	NO	
16	TINCY SAMUEL	ASSISTANT LECTURER	B.SC (N)	2021	126062	1 YEAR		19-02-2024	NO	
17	THOTA L TIRUPATHAMMA	ASSISTANT PROFESSOR	M.SC (N) PSYCHIATRIC	2019	PRANP20234261KAR	-	2.5 YEARS	07-11-2022	YES	
18	MOLU SAMUEL	ASSISTANT LECTURER	B.SC (N)	2023	149554	6 MONTHS		02-01-2025	NO	

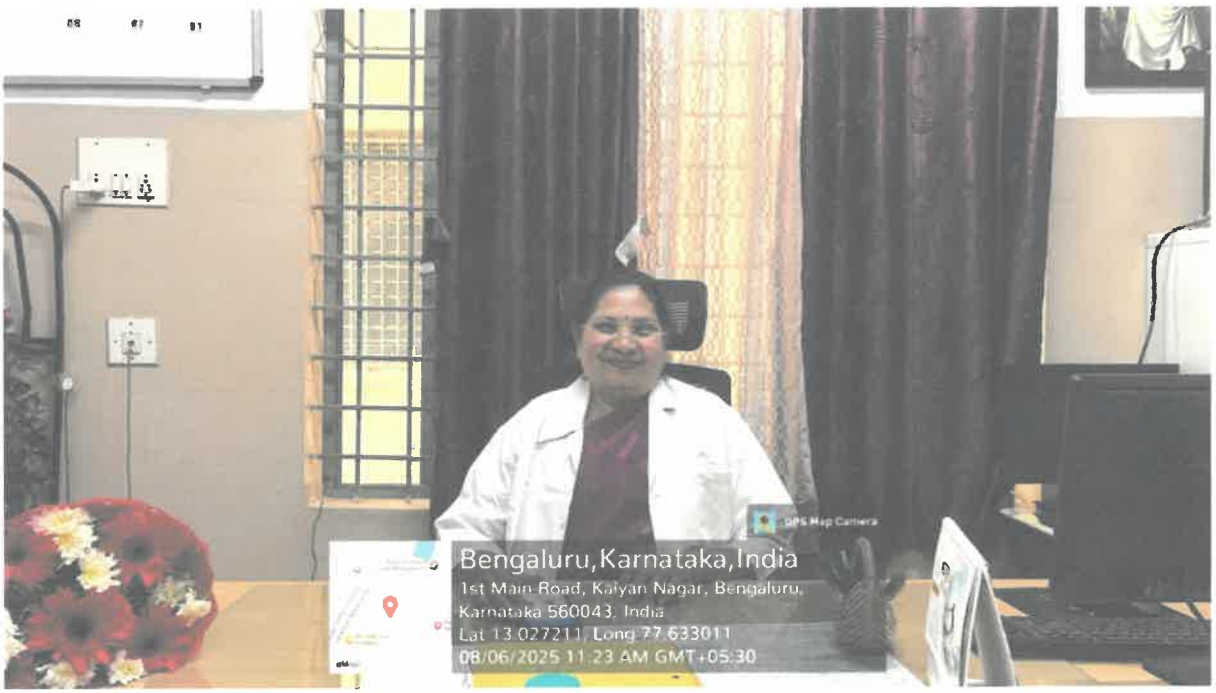
19	BINCY B	ASSISTANT LECTURER	B.SC (N)	2024	152606	6 MONTHS		02-01-2025	NO	
20	POORNIMA V	ASSISTANT LECTURER	B.SC (N)	2023		6 MONTHS		05-01-2025	NO	
21	SRIDHARA P	ASSISTANT LECTURER	B.SC (N)	2022	139648	2 YEARS		02-01-2023	NO	
22	HEJAL	ASSISTANT LECTURER	B.SC (N)	2024	136381	6 MONTHS		02-01-2025	NO	
23	MERCY RAJANNA	LECTURER	M.SC (N) MSN	2024	118866	6 MONTHS		02-01-2025	NO	
24	HEMA U	ASSISTANT LECTURER	B.SC (N)	2020	116159	2 YEARS		03-04-2023	NO	
25	PALLAVI G H	ASSISTANT LECTURER	B.SC (N)	2022	135916	2 YEARS		20-02-2023	NO	
26	BLESSY JOSEPH	ASSISTANT PROFESSOR	M.SC (N) MSN	2015	RRMDP20122528KAR	2.6 YEARS	7 YEARS	19-07-2018	YES	
27	RASHMI SOLOMON	LECTURER	M.SC (N) COMMUNITY	2016	8803	1.2 YEAR	9 YEARS	02-05-2016	YES	
28	ANJU ANN JOHN	ASSISTANT PROFESSOR	M.SC (N) PEDEATRIC	2012	RN 110559	1 YEAR	8 YEARS	09-08-2017	YES	
29	JIPSA THOMAS	ASSISTANT PROFESSOR	M.SC (N) PEDEATRIC	2015	841	-	6 YEARS	06-02-2019	YES	Death of father in law
30	CHINJU T	LECTURER	M.SC (N) OBG	2021	59281	1.9 YEAR	8 YEARS	20-03-2017	YES	
31	SHEBA M	LECTURER	M.SC (N) MSN	2021	RRANP20165733KAR				YES	
32	VANDANA SUBRAMANYA	ASSISTANT LECTURER	B.SC (N)	2012	53357	2.5 YEARS		01-10-2021	NO	
33	VIJAYA LAKSHMI	ASSISTANT LECTURER	B.SC (N)	2010	20150	12 YEARS		17-10-2012	NO	
34	DEEPA S	ASSISTANT LECTURER	B.SC (N)	2022	120578	2 YEARS		01-12-2022	NO	
35	ANDRIA D SOUZA	ASSISTANT LECTURER	B.SC (N)	2018	85640	7 YEARS		04-07-2018	NO	Maternity leave
36	SAMPADA R	ASSISTANT LECTURER	B.SC (N)	2022	143154	2 YEARS		16-01-2023	NO	Engaged
37	KEERTHANA M	LECTURER	M.SC (N) MSN	2023	RRDLW202310727KAR		1 YEAR	08-01-2024	YES	
38	SHANU THOMAS	ASSISTANT LECTURER	B.SC (N)	2021	111335	2 YEARS		01-08-2022	NO	
39	SEJI KOSHY	ASSISTANT LECTURER	B.SC (N)	2020	111212	2 YEARS		12-09-2022	NO	divorce

40	ANJU BHARGAVI	ASSISTANT LECTURER	B.SC (N)	2022	111211	2 YEARS		23-09-2022	NO	Divorcee
41	SUDHA R	ASSISTANT LECTURER	B.SC (N)	2017	157399 A	4 YEARS		24-08-2022	NO	Maternity leave
42	KONEINO	LECTURER	M.SC (N) OBG	2020	81003		1 YEAR	21-01-2024	YES	
43	LALREMRUATI	ASSISTANT LECTURER	B.SC (N)	2023	140934	1 YEAR		13-03-2024	NO	Father's sickness.
44	JULIE GEORGE	ASSISTANT LECTURER	B.SC (N)	2021	121476	6 MONTHS		02-01-2025	NO	

SIGNATURE OF CHAIRMAN

SIGNATURE OF MEMBER (1)

SIGNATURE OF MEMBER (2)



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