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	Dr Balaraj S Saradi	DR. SALEEMULLA KHAN	Dr D.A. Yathi Kumar Swamy Gowda.
Designation	Principal	PRINCIPAL AC MEMBER.	Principal
Address	Spoorthi Ayurveda Medical College Gangavathi	P.A. COLLEGE OF PHARM NEAR MILORE UNIVERSITY MANGALORE.	Alvas CON Moodabidri
Mobile No	98456 46885	9916877900	98453-17343
Email ID	drbssaradi123@gmail.com.	saleemulla@pace.co.in	yathikumar1967@yahoo.com

Inspection For the Academic Year : 2025-26 ***Date of Inspection:*** 07.08.2025

(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 (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**	FARAN COLLEGE OF NURSING Kannur Village & Post, Bagalur Main Road, Bengaluru - 560077	2	**Year of Establishment** 1991
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**	– COPY ENCLOSED – (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** **Email:** faran.chairman@gmail.com **Website:** www.faraneducationaltrust.com **Office No:** 080-28462525 **Mobile No:** 9880878744		
	(b). Name of the president/Secretary/	MR. MEER ARIFULLA		

Signature of Chairman
Dr Saradi 6/8/25

Signature of Member (1)
Dr. Saleemulla khan
AC Member.

Signature of Member (2)
Dr D.A. Yathi Kumar
Gowda
7/8/25

.	Chairman of Trust/Society & Phone No	9880878744		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 04 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) — COPY ENCLOSED — Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: TISHA JOHN VELIYATH Qualification: M.SC(N) Experience after MSc: 15YRS 3MON Email: tishareji@gmail.com	Mobile No: 9741295445 Office No: – Fax No: – Residential phone No: –	
	b) Drawing authority of the college	MR. MEER ARIFFULLA		
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 (Not enclosed)

7. Affiliation Fee Paid Details: — COPY ENCLOSED — **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	125000/-	-	-	32500/-	
Post Basic B.Sc. Nursing	CONTINUATION ADDITIONAL	125000/- AFFLIATION FEES → 1,40,050/-				
PG NURSING	CONTINUATION	50000/-			Total (A)	475550/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. MEDICAL SURGICAL NURSING (MSN)			05		
	2. COMMUNITY HEALTH NURSING			05		
	3. OBG NURSING			05		
	4. PEDIATRIC NURSING			05		
	5. PSYCHIATRIC NURSING			05		
				Total (B)		
NPCC	- NA -					
				Total (C)		
				Grand Total (A+B+C)		25

Online Transaction Number or Details:

Remarks: Verified.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	HFW 373 MSF 1991 26/08/1992 Annexure - 5	RGU/AFF/ NUR/N008 20/09/2024 Annexure - 6	KNC/704/ 1995 11/11/1992 Annexure - 7	11-10/99 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	52	52	52	52	Verified
Post Basic B.Sc. Nursing	Approval Letter No. and Date	HFW 106 MPS 2010 26/08/1992 Annexure - 5	RGU/AFF/ NUR/N008 20/09/2024 Annexure - 6	KNC/226/ 2009/10 19/06/2010 Annexure - 7	Annexure - 8	
	Sanctioned Intake	60	60	60	30	
	Admissions Made for the Current Academic Year	60	60	60	60	Verified.
a. ☑ M.Sc. Nursing in b. ☑ Community Health c. ☑ Medical Surg d. ☑ OBG e. ☑ Paediatric Psychiatry	Approval Letter No. and Date	HFW 106 MPS 2010 26/04/2017 Annexure - 5	RGU/AFF/ NUR/N008 20/09/2024 Annexure - 6	KNC/226/ 2009/10 10/06/2016 Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	20	
	Admissions Made for the Current Academic Year	25	25	25	25	Verified
M.Sc. NPCC	Approval Letter No. and Date	-NA- — Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	-NA-
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	—	—	—	—	
	Female	52	60	60	60	232
Post Basic B.Sc Nursing	Male	08	05			13
	Female	52	55			107
M.Sc Nursing	Male	03	02			05
	Female	22	11			33
M.Sc NPCC	Male	—	NA	—	—	—
	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——
	——	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: Yes

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc (N)	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

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

							B.Sc (N)	(N)*	NPCC		B.Sc (N)	c (N)	C	(N)	B.Sc (N)	c (N)	NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1								01						
2	Vice-Principal	1	1								01						
3	Professor	1	1-2					1*			05						
4	Associate Professor	2	2-4					1*			05						
5	Assistant Professor	3	3-8				2	3*			05						
6	Tutor	8-16	16-24				2-10	--			21						
	Total	**16-24**	**24-40**				**4-12**				41						

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
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				

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

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.	TISHA JOHN VELIYATH	PRINCIPAL	MSC OBG	2010	RR TMN 2010 1830	1.5	15YR 3 MON	1-06-2062	YES	
2.	SEELI MARGARETS	VICE PRINCIPAL	MSC MSN	2012	138114	1.4	13YRS	5-05-17	YES	
3.	JACQULIN JENETA BJ	PROFESSOR	MSC PED	2011	2018 3003	1.7	14 YRS 5 MON	4-11-23	YES	
4.	SALIMATH MUTTAYYA	ASSOC PROF	MSC COMM	2018	114289	4 YRS	7 YRS	18-12-18	YES	
5.	MONICA LUTHER	ASSOC PROF	MSC PED	2017	43238	6 YRS	8 YRS	15-5-17	YES	
6.	SRAVANA K PALLAVI	ASSOC PROF	MSC OBG	2017	RRANP2 0229961	5 YRS	8 YRS	8-07-24	YES	
7.	SHILPA V JOSE	PROFESSOR	MSC MSN	2013	RRKRL2 0143976	3 YRS	12 YRS	29-3-24	YES	
8.	PRIYA K AUGUSTINE	ASST. PROF	MSC PED	2020	20616	6 YRS	5 YRS	2-12-20	YES	
9.	ASHNA SHOUNDIK	ASST. PROF	MSC MSN	2020	85699	1 YR	5 YRS	3-02-25	YES	
10.	JHANSI K	ASST. PROF	MSC PSY	2020	RRANP2 0123786	7 YRS	5 YRS	1-04-24	YES	
11.	HEMAVATHI NG	LECTURER	MSC MSN	2023	103135	8 YRS	2 YRS	19-8-25	YES	
12.	MINAKSHI DEVI	LECTURER	MSC MSN	2024	2022101 HP RAK	4 YRS	1 YR	1-10-24	YES	
13.	KHUDISYA THAHASEEN	TUTOR	BSC	2024	171929	8 MON	—	9-6-25	YES	
14.	NITHYA.B	TUTOR	BSC	2021	126450	4 YRS	—	30-6-22	YES	
15.	LAVANYA K	TUTOR	BSC	2021	220202	4 YRS	—	2-6-22	YES	
16.	SUVARNA S Asst	LECTURER	BSC	2010	38265	15 YRS	—	13-11-18	YES	
17.	SUPRITHA V	TUTOR	BSC	2020	112434	5 YRS	—	20-8-22	YES	
18.	STEJI MONACHAN	TUTOR	BSC	2020	228321	5 YRS	—	20-10-21	YES	
19.	SHAINI P G	ASST PROF	MSC	2015	76272	1 YR	9 YRS	1-10-17	YES	
20.	AKHILA APPUKUTTAN	TUTOR	BSC	2022	140435	3 YRS	—	3-1-23	YES	
21.	KALESH SYAM	ASST. PROF	MSC PSY	2014	97018	2 YRS	11 YRS	20-8-22	YES	
22.	ALEENA K DEVASIA	TUTOR	BSC	2024	163789	1 YR	—	18-3-25	YES	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	SWATIKA SWARUPA	TUTOR	BSC	2021	126998	4YRS	—	10-1-2022	YES	
24.	RIMI SINGHA	TUTOR	BSC	2021	129296	4YRS	—	19-2-25	YES	
25.	SUSHMA PS	TUTOR	BSC	2022	141050	3YRS	—	14-8-24	YES	
26.	DORESH NAIK M	TUTOR	BSC	2023	149064	2YRS	—	21-2-24	YES	
27.	RAMESHA T	TUTOR	BSC	2014	159517	10YRS COMM	—	14-8-24	YES	
28.	VISHWANATH GOUDA M	TUTOR	BSC	2023	148348	2YRS	—	2-6-25	YES	
29.	VISHAL MURTHY M.K	TUTOR	BSC	2022	141699	3YRS	—	3-1-23	YES	
30.	MANOJ CM	TUTOR	BSC	2024	162917	1YR	—	14-2-25	YES	
31.	NAGARAJA H	TUTOR	BSC	2013	111438	10YRS	—	20-10-21	YES	
32.	KURUBA KRISHNA	TUTOR	BSC	2022	134635	3YRS	—	20-2-25	YES	
33.	SHARANA GOUDA	TUTOR	BSC	2021	120792	4YRS	—	11-2-22	YES	
34.	SATISH DANAPPA	TUTOR	BSC	2022	129706	3YRS	—	4-5-23	YES	
35.	GIRISHA	TUTOR	BSC	2021	223685	4YRS	—	3-5-22	YES	
36.	KUMARA M	TUTOR	BSC	2021	164415	4YRS	—	10-1-22	YES	
37.	LAKSHMI VADDAR	TUTOR	BSC	2021	123480	4YRS	—	21-8-23	YES	
38.	PARVATHI BIJU	TUTOR	BSC	2023	160518	2YRS	—	14-12-23	YES	
39.	BHARATI MANKALI	TUTOR	BSC	2024	188819	1YR	—	16-8-24	YES	
40.	ASWATHY S	TUTOR	BSC	2024	164097	1YR	—	16-8-24	YES	
41.	LATA DEVU GOUDA	TUTOR	BSC	2024	204534	1YR	—	4-5-25	YES	
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Signature of Chairman

Signature of Member (1)

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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)	43,091 Sq.ft	Verified.
	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	940 x 4	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	940 x 2	Verified
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	700 x 2	Verified.
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	Verified -
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	350	Verified
	2. Vice-Principal Chamber	200	250	Verified
	3. HOD	5 x 200 = 1000	200 x 5	Verified.
	4. Professor/Assoc. Prof	800+2400=3200	1150 x 3	Verified.
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	750	Verified
	7. Accountants Office	**100**	200	Verified
	8. Store Room	**100**	200	Verified
	9. Record room	**100**	300	Verified
	10. Room for maintenance staff	**100**	200	Verified
	11. Xeroxing room	**100**	150	Verified
	12. common room (Girls & Boys)	600+400= 1000	1050	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	65x55=3575	Verified.
	14. Toilets	1000	1000	Verified.
	15. A.V/Aids room	600	740	Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	2200 sq.ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1400 sq ft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 sq ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	1200 sq.ft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	1200 sq.ft	Verified.
	Computer Lab (1: 5 computer :student)	1500sq.ft	1800 sq.ft	Verified.

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)

Annexure – 12

Building Documents: — COPY ENCLOSED —

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

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

- Registered lease document in sub registrar office to be submitted. — COPY ENCLOSED —

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
02	KA01AH1017	40	Yes / No	Yes / No	Yes / No
	KA53A2861	41	✓	✓	✓
		~~27~~	✓	✓	✓

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	3300 sqft	YES ☑ No ☐	YES	YES	Verified

Total No. of Nursing Books available	3890	**No. of Nursing Journals subscribed**	17
No. of Thesis/Research titles available	400	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	180

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MR. SHIVKUMAR	M.LIB	13 YEARS	NIL
2.	MRS. NEERAJA	B.LIB	9 YEARS	NIL

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 — COPY ENCLOSED — **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	25	—
Conferences conducted	06	—
Conferences attended	06	—

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

* 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)		100	10.8 km		
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital			COPY ENCLOSED		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	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).

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

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:

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated

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

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,		COPY ENCLOSED		
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	03	70 %		
Minor OT	02	75 %		
Dental, Otorhinolaryngology, Ophthalmology	08	70 %		
Burns and Plastic	05	60 %		
Neonatology care unit	—	—		
Communicable disease/Respiratory medicine/TB & chest diseases	—	—		
Dermatology	10	60 %		
Cardiology	15	65 %		
Oncology	06	50 %		
Neurology/Neuro-surgery	15	75 %		
Nephrology/Urology	20	70 %		
ICU/ICCU	06	75 %		
Geriatric Medicine	10	80 %		
Any other	—	—		

COPY ENCLOSED

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	KADASONNAPPANHALLI

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

Adopted / Affiliated	AFFILIATED
Administrate red by	State Govt. ☐ Municipal Corporation ☑ Private ☐
Distance from the Nursing Institute	2 KM
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	K. NARAYANAPURA
Adopted / Affiliated ✓	
Administrate red by	State Govt. ☐ Municipal Corporation ☑ Private ☐
Distance from the Nursing Institute	3KM
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. — COPY ENCLOSED — 17

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

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

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

	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 20,000	
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 : 398	Boys : 02
f.	Total No. of rooms	Girls : 30	Boys :
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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/ 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	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

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

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: The LIC inspection was conducted at Faran College of Nursing Bungalow for Continuation of affiliation for Basic Bsc (N) Sixty Seats, for Post Basic Bsc (N) Sixty Seats and Msc nursing course for 5 Seats each in Medical Surgical Nursing Paediatric Nursing, Community health nursing. OBG in Nursing and Psychiatric Nursing Subject on 7.08.2025.

Following observations are made on the day of inspection.

1. College: The college was established in the year 1999 Total area of the college is 43091 Sq ft including 8 class rooms. 6 laboratories like Nursing foundation, Pre clinical, Nutrition, Community health Nursing. OBG Paediatric and computer lab with instruments and equipment are observed.
2. Teaching: Full time Principal present on the day of inspection 4 - Professor. 3 Associate Professor, 5 Asst Professor. 2 - lecturers and 27 Nursing Tutors present on the day of inspection. - 3 are on leave -
3. Library: The library has 3890 books, 17 Journals. 5 magazines. with sitting capacity 75 Students are observed.
4. Hospitals: Parent hospital one point city American hospital with KPME. PCB BMW Certificates are verified. Fully functional, Clinical OPD. IPD. X-Ray. ICU all modern facilities are observed.
5. Transport: Two Buses with 40 seater each are available
6. Inspection videos. Photos. 4 pendrive are enclosed.
7. Separate hostel facility are observed above college building for 130 Students.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Farah College of Nursing B'lore which has applied for continuation of affiliation for the academic year 2024-25. 2025-26

We have conducted LIC inspection of this college on 07/08/25 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)	Signature of Member (2)

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 he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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

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

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

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

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

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

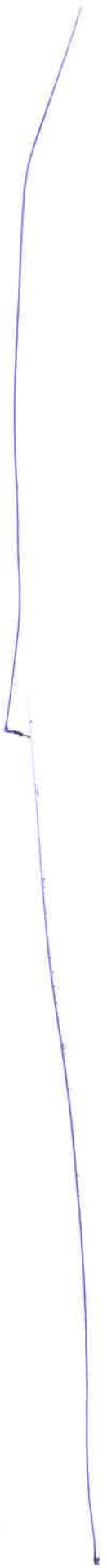
This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

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



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

CSC SEVA KENDRA KANNUR BRANCH Authorized Signatory

e-Stamp

Certificate No.	:	IN-KA09701341871248X
Certificate Issued Date	:	05-Aug-2025 01:21 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ KANNUR/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0835017344116904X
Purchased by	:	FARAN COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RGUHS
Second Party	:	FARAN COLLEGE OF NURSING
Stamp Duty Paid By	:	FARAN COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Affidavit

Undertaking by Trust MANAGEMENT

We the Chairman / President/Secretary/Member of the trust FARAN EDUCATIONAL TRUST (R) are submitting the affidavit to University.

The trust FARAN EDUCATIONAL TRUST is running/managing the college

1. FARAN COLLEGE OF NURSING since 1991 – 1992 (34) years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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

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

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

If any of the information declared is found to be false / misleading, principal and the Trust management can be held responsible and suitable action can be initiated by the University.

For FARAN EDUCATIONAL TRUST

CHAIRMAN

DEPONENT