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. Shashi Kumar	Dr. LAGHNA GOWDA	Mr. Mohan. K
Designation	Secretary cum Controller	A/C Member	Vice Principal
Address	Bangalore	M R ADC 1/36, CLINE ROAD, COOKE TOWN B'LORE-84	Sri Shantinketan College of Nursing Bangalore
Mobile No	9980280487	9986072069	9844101216
Email ID	drshashikumar.rguhs@gmail.com	drlaghnagowda@mradc.in	mohankgowda11@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**	**ST.PHILOMENA'S COLLEGE OF NURSING** No.1, Mother Theresa Road, Viveknagar Post., Bangalore - 560047	2	**Year of Establishment** B.Sc(N) – 2000 M.Sc(N) - 2008
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**	**SOCIETY OF JESUS MARY JOSEPH, ST.STANISLAUS CONVENT,** No.1, Mother Theresa Road, Viveknagar Po., Bangalore - 560047 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: stphilomenascon@yahoo.com		**Website: www.philomenasnursingcollege.com**
		Office No: 080 – 25575705		**Mobile No: 7676084684**

Dr. Shashi Kumar
Signature of Chairman 26/08/25

Signature of Member (1)
Dr. LAGHNA GOWDA

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Sr.Thresiamma Phone No: 9916033950		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: SR.T Marthamma Qualification: M.Sc Nursing Experience after MSc: 23years Email: tmartha47@gmail.com		Mobile : No: 7676084684 Office No: 080 – 25575705 Fax No: Nil Residential phone No: 080 – 25571608
	b) Drawing authority of the college	Vice President & Principal		
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		List Enclosed				
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.	List Enclosed				
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
					Grand Total (A+B+C)	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online 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	60	60	60	100	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		Not Applicable			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☐ e. Psychiatry ☑	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	15	15	15	14	
	Admissions Made for the Current Academic Year	03				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake		Not Applicable			
	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	----	01	04	02	07
	Female	59	58	52	56	225
Post Basic B.Sc Nursing	Male	---	---	---	---	---
	Female	---	---	---	---	---
M.Sc Nursing	Male	---	---	---	---	---
	Female	03	03	---	---	06
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——
		Not Applicable				

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——
			List Enclosed			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

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

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														
3	Professor	1	1-2					1*				6					
4	Associate Professor	2	2-4					1*				5					
5	Assistant Professor	3	3-8				2	3*				1					
6	Tutor	8-16	16-24				2-10	--		15							
	Total	**16-24**	**24-40**				**4-12**					**28**					

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

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

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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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
		List 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)	64,529	
	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	**4800sq.ft**	
	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	**1200sq.ft**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**----**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**571sq.ft**	
	2. Vice-Principal Chamber	200	**305sq.ft**	
	3. HOD	5 x 200 = 1000	**975sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3763sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**455sq.ft**	
	7. Accountants Office	**100**		
	8. Store Room	**100**	**484.80sq.ft**	
	9. Record room	**100**		
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**		
	12. common room (Girls & Boys)	600+400= 1000	**1000sq.ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000sq.ft**	
	14. Toilets	1000	**1328.15sq.ft**	

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

	15. A.V/Aids room	600	**600sq.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	**1600sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1700sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**900sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1600sq.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 ?**	OWN
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 Licience
	List 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	2000 Sq.Ft	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	**3948**	**No. of Nursing Journals subscribed**	**07**
No. of Thesis/Research titles available	**101**	**Is internet facility available for Students?**	**Yes**
No of e-books	**150**	**How many books were purchased in last financial year?**	**110**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Eggidi Mallesu	MLISC	8years	
2.	Anil Kumar S N	MLISC	6years	

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	**List Enclosed**	adequate

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

Conferences conducted	**List Enclosed**	Adequate
Conferences attended	**List Enclosed**	

* 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 **ST.PHILOMENA'S HOSPITAL No.4, Campbell Road, Viveknagar Po., Bangalore - 560047** MOU(Registered parent hospital MOU)		371	Same Campus	List Enclosed	
NAME OF THE TRUST/ Person owning The Hospital **SOCIETY OF JESUS MARY JOSEPH, ST.STANISLAUS CONVENT**					Adequate
Name Of The Owner Of The Trust of Hospital **SOCIETY OF JESUS MARY JOSEPH, ST.STANISLAUS CONVENT**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

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

	(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**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)**

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	**List 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				
Communicable disease/Respiratory medicine/TB & chest diseases	**List Enclosed**			
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				

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

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		**JMJ HEALTH CENTRE [OWN]**
Adopted / Affiliated		**ADOPTED**
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute		**15km**
b. Services Rendered by Health & Family Welfare Programmes		**Copy Enclosed**
URBAN FEILD :		
a. Name of CHC / PHC / SC		**AUSTIN TOWN PHC**
Adopted / Affiliated		**ADOPTED**
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☑
Distance from the Nursing Institute		**1km**
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** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐

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

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** LIST ENCLOSED	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☑	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	**YES** ☑ ONLY FEMALE	**NO** ☐
e.	Total No. of students in the hostel	**Girls :** 231	**Boys :**
f.	Total No. of rooms	**Girls :** 100	**Boys :**
g.	Water Supply	**YES** ☑	**NO** ☐
h.	Electricity Supply	**YES** ☑	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	**NO** ☐

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

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/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		

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

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	✓		

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:

Infra structure and teaching faculty found to be adequate at the time of inspection.

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 St. philomenas College of Nursing, Bangalore *which has applied for continuation of affiliation for the academic year 2024-25.*

We have conducted LIC inspection of this college on 26/8/2024 *and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.*

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

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

	Dr. LAGHNA GOWDA	
Senate Member	***A C Member***	***Subject Expert***
(Chairman)	***(Member)***	***(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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA24604111364341X**
Certificate Issued Date	:	22-Aug-2025 12:05 PM
Account Reference	:	NONACC (BK)/ kakscub08/ BANGALORE4/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAKSCUB0863333332035447X
Purchased by	:	ST PHILOMENAS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ST PHILOMENAS COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	ST PHILOMENAS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY
GANGARAJU. B.N
B.A.LL.B
Bengaluru
Metropolitan Area
Reg No. 11257
Exp.Dt.25-12-2026
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING by Society Management

We the **President** of the **Society of Jesus Mary Joseph, St.Stanislaus Convent** are submitting the affidavit to university.

The **Society of Jesus Mary Joseph, St.Stanislaus Convent**, is running/managing the College.

1. **St.Philomena's Hospital College of Nursing** since **25years**.

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 society and is not leased/sub leased to any other society/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 Society management can be held responsible and suitable action can be initiated by the University.

Sr.Showrilu M R
(Vice President)

VICE-PRESIDENT
Society of Jesus Mary And Joseph
St. Stanislaus Convent
Bangalore-560 047

Sr.Koligila Elizabeth Rani
(Secretary)

Society of Jesus Mary And Joseph
ST. STANISLAUS CONVENT
No. 1, Nilasandra Road,
BANGALORE - 560 047.

NOTARY
GANGARAJU. B.N
B.A.LL.B
Bengaluru
Metropolitan Area
Reg No. 12257
Exp.Dt.25-12-2026
GOVT. OF INDIA

SWORN TO BEFORE ME
GANGARAJU. B.N., B.A.LL.B
ADVOCATE & NOTARY PUBLIC GOVT. OF INDIA
8, Opp. N.P. Factory,Behind Navaneeth Wines
Kavalbyrasandra, R.T. Nagar Post,
Bengaluru - 560 032
Mob: 9448537557 / 8660401967
25 AUG 2025

This is to confirm that **St.Philomena's Hospital** is registered under KPMEA and PCB with **371** beds and the bonafide certificate has been attached.

This is to confirm that **St.Philomena's Hospital** is functioning as parent hospital for **St.Philomena's Hospital College of Nursing, Bangalore**.

We also confirm that our hospital is solely affiliated to **St.Philomena's Hospital College of Nursing, Bangalore** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Sr.Showrilu M R
(Vice President)

VICE-PRESIDENT
Society of Jesus Mary And Joseph
St. Stanislaus Convent
Bangalore-560 047

Sr.Koligila Elizabeth Rani
(Secretary)

Society of Jesus Mary And Joseph
ST. STANISLAUS CONVENT
No. 1, Nilasandra Road,
BANGALORE - 560 047.

NOTARY
GANGARAJU. B.N
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Bengaluru
Metropolitan Area
Reg No. 12257
Exp.Dt.25-12-2026
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25 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA24603109481208X
Certificate Issued Date	:	22-Aug-2025 12:04 PM
Account Reference	:	NONACC (BK)/ kakscub08/ BANGALORE4/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAKSCUB0863326366475044X
Purchased by	:	ST PHILOMENAS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ST PHILOMENAS COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	ST PHILOMENAS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ಬೆಂಗಳೂರು-27

NOTARY
GANGARAJU. B.N
B.A.LL.B
Bengaluru
Metropolitan Area
Reg No:-12267
Exp.Dt.25-12-2026
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I / We the **board members of Society of Jesus Mary Joseph, St.Stanislaus Convent** are the Owners of the **St.Philomena's hospital situated at No.4, Campbell Road, Vivekngar Post., Bangalore – 560047, Karnataka**.

FACULTY DETAILS

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	Signature of the Faculty
						After UG	After PG			
1	T.Marthamma (Sr.Martha)	Principal cum Professor	M.Sc(N) - Medical Surgical Nursing	2002	31743	2yrs	23yrs	01.08.2025	Honorary	
2	Shanmuga Priya	Professor	M.Sc(N) - Medical Surgical Nursing	2005	RR TMN 2009 1304 KAR	2yrs 3months	19yrs 10months	04.05.2009	Yes	
3	Merina Joseph	Professor	M.Sc(N) - Medical Surgical Nursing	2007	1041	5yrs	17yrs 8months	19.07.2021	Yes	
4	Juby Rose Kuriakose	Professor	M.Sc(N) Child Health Nursing	2008	809	2yrs 4months	17yrs	04.09.2008	Yes	
5	Blaze Asheetha Mariarosario H	Professor	M.Sc(N) - OBG	2010	RR TMN 2010 1773 KAR	1yr	15yrs	01.12.2011	Yes	
6	J Jinila Jasphine	Professor	M.Sc(N) - Community Health Nursing	2010	RR TMN 2011 2077 KAR	3 yrs 6months	14 yrs 10months	04.07.2011	Yes	
7	Suja C Mathew	Professor	M.Sc(N) - Mental Health Nursing	2011	15154	8yrs	14yrs	16.01.2024	Yes	
8	Sr.Koligila Elizabeth Rani	Asso.Professor	M.Sc(N) - Child Health Nursing	2014	35867	3yrs	9yrs 3months	01.09.2024	Honorary	on duty in Nagpur.
9	Asha Rani	Asso.Professor	M.Sc(N) Child Health Nursing	2014	35510	1yr 6months	10yrs 10months	18.03.2024	Yes	
10	Nandhini M	Asso.Professor	M.Sc(N) - Medical Surgical Nursing	2013	RR TMN 2022 9959 KAR	-	10yrs	01.07.2022	Yes	
11	Sunitha P A	Asso.Professor	M.Sc(N) - OBG	2016	8211	5yrs	9yrs	19.12.2024	Yes	
12	Mini Sebastian	Asso.Professor	M.Sc(N) - Child Health Nursing	2009	554	-	7yrs	02.11.2024	Yes	
13	Kheyali Bag	Asst.Professor	M.Sc(N) - Medical Surgical Nursing	2019	71458	-	6years	05.11.2018	Yes	
14	Osuri Yamini	Tutor	M.Sc(N) - Mental Health Nursing	2021	RR ANP 2022 9579 KAR	-	3yrs 6months	01.02.2022	Yes	
15	Gali Mary Pranitha	Tutor	M.Sc(N) - Medical Surgical Nursing	2020	RR ANP 2014 4475 KAR	4yrs 6months	2yrs 6 months	06.02.2023	Bank Statement	

26/08/25

26/8/25

PRINCIPAL
COLLEGE OF NURSING
ST. PHILOMENA'S HOSPITAL
No. 1, Mother Theresa Road,
BANGALORE - 560 047

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	Signature of the Faculty
						After UG	After PG			
16	Grace Rimai	Tutor	M.Sc(N) - OBG	2024	124452	7months	3months	01.08.2024	Yes	
17	Sneha Das	Tutor	M.Sc(N) - Psychiatric Nursing	2024	124452	-	3months	05.05.2025	Yes	Psychiatric Posting
18	Atluru Sharmishta Subhash	Tutor	B.Sc(N)	2015	170475/170028	9yrs 2months	-	09.01.2023	Yes	
19	Sonia S	Tutor	B.Sc(N)	2016	79452	8yrs 6months	-	14.02.2017	Yes	
20	Sr.Magipogu Lakshumma	Tutor	B.Sc(N)	2015	72771	7yrs 6months	-	03.06.2025	Honorary	
21	Maria Magdalena T	Tutor	B.Sc(N)	2018	94983	6yrs 6 months	-	01.02.2019	Yes	
22	Sr.Stella A	Tutor	B.Sc(N)	2008	15792	3yrs 4months	-	01.04.2022	Honorary	
23	Shiny Margret	Tutor	PB B.Sc(N)	2012	8151	1yr 6months	-	03.03.2025	Bank Statement	
24	Aleena C J	Clinical Instructor	B.Sc(N)	2023	156672	1yr 5months	-	01.03.2024	Bank Statement	
25	Tania Judith S X	Tutor	B.Sc(N)	2023	158180	1yr 5months	-	01.03.2024	Bank Statement	
26	Joselyn Cladia A	Clinical Instructor	B.Sc(N)	2023	160031	1yr 3months	-	02.05.2024	Bank Statement	
27	Susanna Monica J	Tutor	B.Sc(N)	2023	155695	7months	-	24.12.2024	Bank Statement	
28	Aleena Elizabeth Joseph	Clinical Instructor	B.Sc(N)	2024	181842	4months	-	03.03.2025	Bank Statement	
29	Elizabeth Jose	Clinical Instructor	B.Sc(N)	2024	170618	4months	-	03.03.2025	Bank Statement	Psychiatric Posting

26/8/25