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. SANTOSH SUBHAS INDI	Dr. A.T.S. GIRI	PRAKASH. N. HALWAR
Designation			
Address	BLD'S college of nursing Tikota Vijapur Dist	Goutham College of nursing Bangalore.	Nandi Insti of nursing Scienc Bangalabo te
Mobile No	8123374800	9845022057	9880581284
Email ID	santoshindi16@gmail.com	drgiritss7@gmail.com	

Inspection For the Academic Year : 2025 – 2026 *Date of Inspection:* 16/08/2025

(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	SRI RAGHAVENDRA COLLEGE OF NURSING No. 29 Chimney hills. Chikkabanavar. Bangalore - 560090	2	Year of Establishment: 1998
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	SRI RAGHAVENDRA EDUCTIONAL INSTITUTIONS SOCIETY No. 29. Chimney hills. Chikkabanavar Bangalore - 560090 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: sriraghavendraconbng@gmail.com	Website:	
		Office No: 080-28392221	Mobile No: 9845754434	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. K.M. Venkataraman M.B.B.S 080-28392221		
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:** Prof. KENCHEGOWDA.P.R **Qualification:** MSC (CHN) **Experience after MSc:** 15yrs **Email:** sri.raghavendracon@gmail.com	**Mobile No:** 9845754434 **Office No:** 080-28392221 **Fax No:** **Residential phone No:**	
	b) Drawing authority of the college	DR. K.M. VENKATARAMANA		
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	75,000/-	1,50,000/-	1,00,000/-	32,550/-	3,25,000/- 1,95,000/- 32,550/-
Post Basic B.Sc. Nursing	CONTINUATION	45,000/-	90,000/-	60,000/-		
					Total (A)	5,54,550/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:

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

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	AKK-167 MPS 2003 DT 12/12/2003 Annexure - 5	RGU/AFF/NSG/ CoA/01/2024 -2025 Annexure - 6	KSNC/1157/ 2024-2025 Annexure - 7	18-15/8632- INC-2012 Annexure - 8	
	Affiliation Sanctioned Intake	80	80	80	50	
	Admissions Made for the Current Academic Year	21	21	21	21	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKK/S2MPS 2010 DT 22/04/2010 Annexure - 5	RGU/AFF/NSG/ CoA/01/2024- 2025 Annexure - 6	KSNC/1157/ 2024-2025 Annexure - 7	18-15/8632- INC-2012 Annexure - 8	
	Sanctioned Intake	50	50	50	30	
	Admissions Made for the Current Academic Year	50	49	49		
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NIL Annexure - 5	NIL Annexure - 6	NIL Annexure - 7	NIL Annexure - 8	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	NIL Annexure - 5	NIL Annexure - 6	NIL Annexure - 7	NIL Annexure - 8	
	Sanctioned Intake	—	—	—	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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	10	24	39	18	91
	Female	11	48	38	49	146
Post Basic B.Sc Nursing	Male	21	19	–	–	40
	Female	29	30	–	–	59
M.Sc Nursing	Male	–	–		–	–
	Female	–	–	–	–	–
M.Sc NPCC	Male	–	–	–	–	–
	Female	–		–	–	–

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
		ENCLOSED				

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11.If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
			NA			

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)

17 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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		02							
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		03							
6	Tutor	8-16	16-24				2-10	--		26	10						
	Total	**16-24**	**24-40**				**4-12**			33	10						

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)

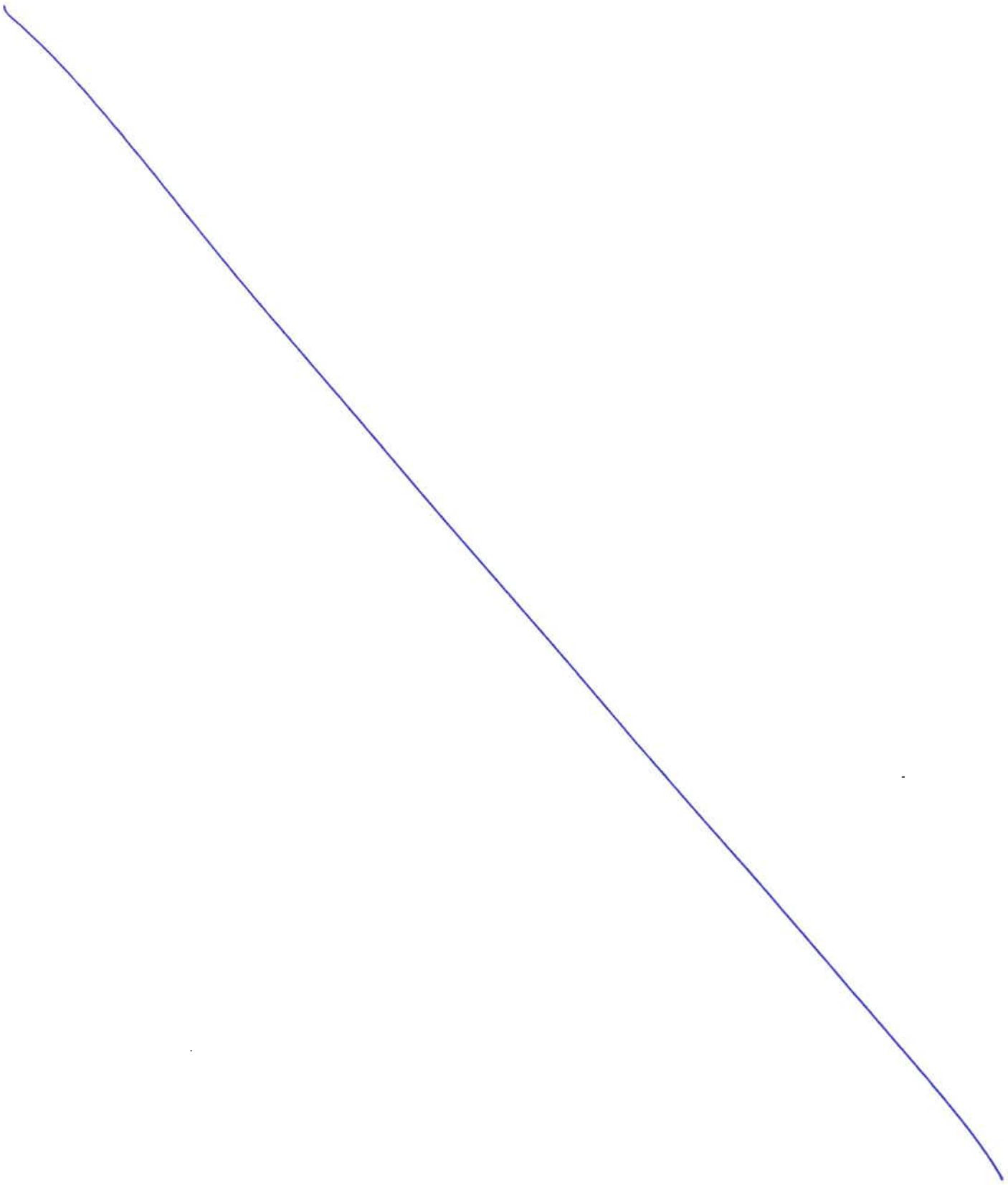
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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)

25(.udents				

* 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.	Prof. KENCHEGOWDA P R	Principal	M.SC (CHN)	2012	26251	15 yrs	13 yrs	5/5/2025	Yes	
2.	Prof. CHANDRASHEKAR	Professor	M.SC (MHN)	2020	79237	6y-3m	4y-9m	4/01/2021	Yes	
3.	Mr.S. DASARI KAVITHAMMA	Professor	M.SC (CHN)	2019	10277	8y-6m	5y-10m	9/10/2023	Yes	
4.	Mr. PURUSHOTHAMA.S G	Asst. Professor	MSC (CHN)	2021	172197	3y.-6m	1y-6m	26/12/2022	Yes	
5.	Mrs. CHANDRASHEKAR. D	Lecturer	M.SC (MSN)	2024	113785	2y-8m	8m	2/1/2025	Yes	
6.	Ms. NANDINI. B.U	Lecturer	M.SC (OBG)	2024	113788	2y-8m	8m	2/1/2025	Yes	
7.	Mrs. DEEPA. S	Lecturer	B.SC	2021	120576	2y-9m	-	2/1/2024	Yes	
8.	Mr. SRIDHARA P	Asst. Lecturer	B.SC	2022	139848	2y-6m	-	9/1/2023	Yes	
9.	Ms. MADHU. B	Asst. Lecturer	B.SC	2022	135937	2y-6m	-	5/1/2023	Yes	
10.	Ms. SHAMITHA	Asst. Lecturer	B.SC	2022	135936	2y-6m	-	10/1/2023	Yes	
11.	Ms. PALLAVI. G H	Asst. Lecturer	B.SC	2022	135918	2y-6m	-	16/1/2023	Yes	
12.	MS. KAVYA. M	Asst Lecturer	B.SC	2022	132061	2y-6m	-	20/1/2023	Yes	
13.	Ms. SAVITA NEERALAGIMAT. H	Asst. Lecturer	B.SC	2022	132052	2y-6m	-	1/2/2023	Yes	
14.	Mr. PAVAN. N	Asst. Lecturer	B.SC	2023	158960	1y-10m	-	4/12/2023	Yes	
15.	Mr. SHIVAPPA	Asst. Lecturer	B.SC	2022	136983	1y-8m	-	2/01/2024	Yes	
16.	Mr. CHANDRASHEKHAR	Asst. Lecturer	B.SC	2022	140944	2y-6m	-	10/1/2023	Yes	
17.	Ms. BHARATI. E	Asst. Lecturer	B.SC	2022	133506	2y-6m	-	6/2/2023	Yes	
18.	Mr. SRINIVASA. K.V	Asst. Lecturer	B.SC	2024		1y-3m	-	3/6/2024	Yes	
19.	Mr. PUTARAJA	Lecturer	B.SC	2010	31627	2y-6m	-	10/4/2023	Yes	
20.	Mrs. BHAGYASHREE. S.	Nursing Tutor	B.SC	2020	132589	1y	-	1/10/2024	Yes	
21.	Ms. AISHWARYA. S	Nursing Tutor	B.SC	2022	136846	1y	-	1/10/2024	Yes	
22.	Mr. AKASH MADAPUR	Nursing Tutor	B.SC	2022	139246	1y-9m	-	20/2/2023	Yes	

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

23.	SK AKASH HOSSAIN	Nursing Tutor	B.SC	2024	167147	1 y	-	3/6/2024	Yes	
24.	Mr. SUBHANKAR DAS	Nursing Tutor	B.SC	2024	163294	1y	-	10/6/2024	Yes	
25.	Mr. NASIM AKTAR	Nursing Tutor	B.SC	2024	183503	6m	-	3/2/2025	Yes	
26.	Mr. TUHIN SUBHRA MAITY	Nursing Tutor	B.SC	2023	160206	1y-3m	-	3/2/2024	Yes	
27.	Mr. BAHARUL. MOLLA	Nursing Tutor	B.SC	2023	159494	1y-3m	-	12/2/2024	Yes	
28.	MS. KARINA AKTAR BANU	Nursing Tutor	B.SC	2024	165129	1y-3m	-	10/6/2024	No	
29.	Mr. WAJED. SHEIKH	Nursing Tutor	B.SC	2024	164329	1y-3m	-	14/6/2024	Wi	
30.	MS. NOWRIN SULTANA NITU	Nursing Tutor	B.SC	2023	157917	1y-3m	-	19/2/2024	WO	
31.	MS. RIYA BAG	Nursing Tutor	B.SC	2023	159907	1y-3m	-	5/2/2024	WO	
32.	MS. SAMIMA AKTAR	Nursing Tutor	B.SC	2023	157912	1y-6m	-	20/2/2024	WO	
33.	MS. AFSANA PARVIN	Nursing Tutor	B.SC	2024	172461	6m	-	27/1/2025	WO	
34.	MS. ZELEKHA KHATUN	Nursing Tutor	B.SC	2024	165128	1y-3m	-	3/6/2024	WO	
35.	MS. ESHITA JASMIN	Nursing Tutor	B.SC	2023	156147	1y-3m	-	12/2/2024	WO	
36.	Mr. RAHUL	Nursing Tutor	B.SC	2019	174492	2y-9m	-	5/9/2022	WO	
37.	MS. SHALINI	Nursing Tutor	B.SC	2023	154162	1y	-	18/12/2023	WO	
38.	Mr. DEVARAJA. S N	Nursing Tutor	B.SC	2023	148149	1y	-	9/1/2023	WO	Devaraja. S N
39.	MS. ASHWINI L. BARMANAGOL	Nursing Tutor	B.SC	2024	180090	6m	-	3/2/2025	WO	
40.	Mr. MD. AZIZ	Nursing Tutor	B.SC	2024	180468	6m	-	10/2/2025	WO	
41.	Mr. SAMIM SARKAR	Nursing Tutor	B.SC	2024	165110	9m	-	19/12/2024	WO	
42.	AMIT MISHRA	Nursing Tutor	B.SC	2024	180466	6m	-	14/02/2025	WO	
43.	Mr. PRASHANTH KOMAR	Vice principal	MSC (CHN)	2016	22628	12y	09y	10/02/2025	WO	
44.										
45.										

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)	33,710 Sqft	✓
	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	4 Class 1000 x 4 = 4000sqft	✓
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 Class 900 x 2 = 1800sqft	✓
	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	650 sqft	✓
	2. Vice-Principal Chamber	200	300 sqft	✓
	3. HOD	5 x 200 = 1000	1000 sqft	✓
	4. Professor/Assoc. Prof	800+2400=3200	3,300 sqft	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	700 sqft	✓
	7. Accountants Office	**100**	100 sqft	✓
	8. Store Room	**100**	400 sqft	✓
	9. Record room	**100**	150 sqft	✓
	10. Room for maintenance staff	**100**	200 sqft	✓
	11. Xeroxing room	**100**	100 sqft	✓
	12. common room (Girls & Boys)	600+400= 1000	1000 sqft	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2800 sqft	✓
	14. Toilets	1000	1000 sqft	✓

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	15. A.V/Aids room	600	650sqft	✓

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	1600 sqft	✓
	Nutrition & Community Health Nursing	1200sq.ft	1200 sqft	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	900sqft	✓
	Pediatrics Nursing Laboratory	900sq.ft	900sqft	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	900sqft	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600sqft	✓

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 Licience
1	KA-04-B-6446	43	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	2300SqFt	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	2680	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	02	**Is internet facility available for Students?**	Yes
No of e-books	03	**How many books were purchased in last financial year?**	450

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. UPENDRA	MLISC	4yrs	
2	Mrs. SHEELA	B.LIB	2yrs.	
	-	-	-	

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	EFFECTIVENESS OF PLANNED TEACHI-NG PROGAMME ON PREVENTION OF PRESSURE SORES OF BEDRidden PATIENTS	

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

Conferences conducted	PROGRAM FOR MASTER TRAINERS OF "GERIATRIC CARE PROVIDERS	
Conferences attended	- ADVANCES IN NURSING PRACTICE AND EDUCATION	

* 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)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 SHRI ATAL BIHARI VAJPAYEE MEDICAL COLLEGE HOSPITAL	1046	18 KM	80%	✓
	2 SPANDANA HOSPITAL	150	16 KM	75%	✓
	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	30	28	254	190
Surgery including OT	25	24	250	195
Obstetrics & Gynecology	20	18	120	45
Pediatrics.	10	10	70	60
Emergency Medicine	10	08	16	15
Psychiatry	NIL	NIL	150	130.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			06	04
Minor OT			08	06
Dental, Otorhinolaryngology, Ophthalmology			10	08
Burns and Plastic			05	03
Neonatology care unit			05	03
Communicable disease/Respiratory medicine/TB & chest diseases	NIL		06	05
Dermatology			06	04
Cardiology			16	14
Oncology			10	08
Neurology/Neuro-surgery			20	18
Nephrology/Urology			12	10
ICU/ICCU			20	18
Geriatric Medicine			10	08

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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**	General Hospital Nelamangala.
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	12 Km
b.	Services Rendered by Health & Family Welfare Programmes	Immunization, MCH, Services.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Abbigere
	Adopted / Affiliated	Affiliated.
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	5.1 Km
b.	Services Rendered by Health & Family Welfare Programmes	Immunization, MCH. Services

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

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

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

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

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 24,000 Sqft	
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 : 138	Boys : 104
f.	Total No. of rooms	Girls : 57	Boys : 42
g.	Water Supply	YES ✓	NO
h.	Electricity Supply	YES ✓	NO
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO
j.	Is Sick room available?	YES ✓	NO
k.	Whether the hostel mess is available with	YES ✓	NO
l.	Safe drinking water facilities	YES ✓	NO

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
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 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	✓		

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

	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 16/8/2025, Sri Raghavendra College of Nursing established in 1998, this institution meeting requirements as follows.

→ Physical Infrastructure!. Sri Raghavendra College of Nsg having total 33,710 sqft own building this includes, 12 classrooms, labs. labrary, & offices with well furnished, related to this infrastructure documents verified & found correct

→ Clinical facilities!. Sri Raghavendra College of Nursing established in 1998, & this institution is affiliated with Govt Hospital Atal. Bakhari Vajapayee within 12 KM. & also affiliated with Spandana Hospital for mental Health. experiences, all the clinical fees paid reciept. verified & found correct.

→ Teachy facility!. This institution having total 43 staffs. all are present on the day of inspection, & all original documents. verified & found correct.

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 Sri. Raghavendra College of NSG which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 16/8/25 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)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18689242709090X**
Certificate Issued Date	:	16-Aug-2025 11:19 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ CHIKKABANAWARA/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKACRSFL0852069913733457X
Purchased by	:	SRI RAGHAVENDRA COLLAGE OF NURSING BANGALORE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI RAGHAVENDRA COLLAGE OF NURSING BANGALORE
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	SRI RAGHAVENDRA COLLAGE OF NURSING BANGALORE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY CHIDANANDAPPA RAMANNA HOSPAR Bengaluru GOVT. OF INDIA

Please write or type below this line

UNDERTAKING by Trust Management

We the Secretary of the trust **DR. K. M. VENKATARAMANA** are submitting the affidavit to University.

The trust **SRI RAGHAVENDRA EDUCATIONAL INSTITUTIONS SOCEITY** is running/managing the colleges 1. **SRI RAGHAVENDRA COLLEGE OF NURSING, CHIKKABANAVARA, BANGALORE-560090**. Since **26(Twenty Six)** 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.

Dr. K. M. Venkataramana
(Secretary)

NOTARY
CHIDANANDAPPA RAMANNA HOSPAR
Throughout Bengaluru
Regd. No 21596
Expiry Dt:09-03-2030
GOVT. OF INDIA

18 AUG 2025

ATTESTED BY ME
18/08/2025
CHIDANANDAPPA RAMANNA HOSPAR
ADVOCATE AND NOTARY PUBLIC
GOVT OF INDIA
51/1457, "Samartha Sadana"
Acharya College Road, Veerashettihalli,
Achit Nagar P.O., BENGALURU - 560 107

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)