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. VINUTHA RAO	Prof.Chandrashekar s sawan	Mr.Puneeth mani
Designation	PRINCIPAL	PROFESSOR	PRINCIPAL
Address	MVM college of Naturopathy & Yogic Science,Bangalore	RRK College of Pharmacy,Bidar	St Mary's Institute Of Nursing Sciences,Chitradurga
Mobile No	9980181331	8050396080	8660460791
Email ID	drvinuthamvm@gmail.com	Cssawan888@gmail.com	

For the Academic Year : 2025-26 *Date of Inspection: 11-08-2025*

(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	ARUNA COLLEGE OF NURSING, RING ROAD, MARALUR, TUMKUR.	2	Year of Establishment 2001
2	Status of the course conducting body	Trust – Annexure – 1		
3	(a). Name of the Trust/Society & complete postal address	ARUNA EDUCATIONAL TRUST® RING ROAD, MARALUR, TUMKUR (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:arunainstitute@gmail.com	Website: www.ainstumkur.com	

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

	(b). Name of the Owner of Trust/Society	DR.K.G.RAGHAVENDRA		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 8 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: PROF.SUNEETHA.C.J Qualification: MSc(N) Experience: 21 YEARS Email:sunitha.dharmadas@gmail.com		Mobile No: 9902972923 Office No: 9591701628 Fax No: - Residential phone No: -
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?		NO ✓	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) NOT APPLICABLE 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 Appl.fees 1000	75,000	1,50,000	1,00,000	25,000	Enclosed
Post Basic B.Sc. Nursing	Continuation Appl.fees 1000	30,000	60,000	40,000		
		Course identification fee 100			Total (A)	4,82,100
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.Medical Surgical Nsg			5x2000		10,000
	2.OBG Nsg			5x2000		10,000
	3.Psychiatric Nsg			5x2000		10,000
	4.Paediatric Nsg			5x2000		10,000
	5.Community health Nsg			5x2000		10,000
					Total (B)	50,000+50
NPCC						
PG	Appln fees+ Helient fees			1000+7500		8,500
					Grand Total (A+B+C)	5,40,650

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

Online Transaction Number or Details: BD00000007554747
PAYMENT REF.NO-ZHDF94G08XC9UK DATE – 21.12.2024

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKAKU149 MPS 2003 20.10.2003 Annexure - 5	RGU/AFF/ NSG/COA/01 20.09.2003 Annexure - 6	2025-26 75 Annexure - 7	2024-25 60 Annexure - 8	
	Affiliation Sanctioned Intake	75	75	75	75	
	Admissions Made for the Current Academic Year	2024-25 75				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKAKU MPS 2005 01.09.2005 Annexure - 5	RGU/AFF/ NSG/COA/01 20.09.2003 Annexure - 6	2025-26 40 Annexure - 7	Annexure - 8	
	Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	2024-25 40				
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Paediatric e. Psychiatry	Approval Letter No. and Date	AKUKA MPS 2005 01.09.2006 Annexure - 5	RGU/AFF/ NSG/COA/01 20.09.2003 Annexure - 6	2025-26 25 Annexure - 7	Annexure - 8	Enclosed
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	2024-25 25				
M.Sc. NPCC	Approval Letter No. and Date	-NA Annexure - 5	- Annexure - 6	- Annexure - 7	- Annexure - 8	

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

	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	12	09	12	3	36
	Female	63	65	55	72	255
Post Basic B.Sc Nursing	Male	01	01			02
	Female	39	39			78
M.Sc Nursing	Male	07	05			12
	Female	18	20			38
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----------
		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: Separate list enclosed and biometric attendance verified and enclosed.

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1					1								
2	Vice-Principal	1	1					1								
3	Professor	1	1-2		1*			1		2						
4	Associate Professor	2	2-4		1*			2								
5	Assistant Professor	3	3-8	2	3*			2	2							
6	Tutor	8-16	16-24	2-10	--			33	8							
	Total	**16-24**	**24-40**	**4-12**			TOTAL 52	40	10	2						

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

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

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)**

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.SUNEETHA C.J	Principal	Msc(N) MSN	2005	21905	6	20	2.11.2018	YES	
2.	PROF.JAGADEESH.M	Professor	Msc(N)PSY	2012	19719	1	13	30.05.2012	YES	
3.	PROF.SURESH	Professor	Msc(N)PAE	2012	13365	1	11	01.03.2014	NO	
4.	PROF.TAMILARASI.R	Professor	Msc(N)OBG	2015	20513	2	10	02.11.2018	YES	
5.	PROF.ANJU VARGHESE	Professor	Msc(N)OBG	2012	11950	1	11	02.11.2023	NO	Leave
6.	MRS.SHALINI	ASSO.PROF	Msc(N)OBG	2016	27358	1	9	01.08.2024	NO	
7.	MRS. KAVYA.B.T	ASSO.PROF	Msc(N)OBG	2017	88618	1	8	02.11.2023	NO	
8.	MRS.RABIYA BANU	ASSO.PROF	Msc(N)PAE	2019	77415	1	6	02.11.2019	YES	
9.	MRS. SARTAJ	ASSO.PROF	Msc(N)OBG	2020	77231	1	5	01.08.2024	NO	
10.	MRS.KAVANA.N	ASST.PROF	Msc(N)CHN	2021	73717	1	4	02.02.2022	YES	
11.	MR.GANGADHARA.H.J	ASST.PROF	Msc(N)PSY	2022	14700	1	3	01.08.2024	NO	
12.	MR.PRAVEEN DEINS DIAS	ASST.PROF	Msc(N)MSN	2022	80035	1	3	01.08.2024	NO	
13.	MS.VIJAYALAKSHMI	NSG.TUTOR	Bsc(N)	2022	215216	3	-	01.07.2022	NO	
14.	MS.JARUSH BIRNUR	NSG.TUTOR	Bsc(N)	2014	155977	11	-	03.08.2022	NO	
15.	MS. MANASA BHADRAN	NSG.TUTOR	Bsc(N)	2020	110656	5	-	13.07.2022	NO	
16.	MS.ANU GEORGE	NSG.TUTOR	Bsc(N)	2022	140830	3	-	02.11.2023	NO	
17.	MR.LOHITH.D.M	NSG.TUTOR	Bsc(N)	2015	73718	10	-	02.11.2023	NO	
18.	MS.UMA.K	NSG.TUTOR	Bsc(N)	2020	110080	2	-	04.11.2023	NO	
19.	MS.SHILPA.T.S	NSG.TUTOR	Bsc(N)	2020	176403	2	-	04.11.2023	NO	
20.	MS. ANGEL RANI JOSEPH	NSG.TUTOR	Bsc(N)	2023	155085	2	-	02.11.2023	NO	
21.	MS.RAMYA	NSG.TUTOR	Bsc(N)	2023	151931	1 year 5 month	-	02.11.2023	NO	
22.	MR.JETEENDRA	NSG.TUTOR	Bsc(N)	2021	121059	3	-	02.11.2023	NO	

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

23.	MS.DAKSHAYANI.E	NSG.TUTOR	Bsc(N)	2022	219335	1 year 5 month	-	02.11.2023	NO	
24.	MR.MANJAPPA.N	NSG.TUTOR	Bsc(N)	2022	109870	1 year 5 month	-	02.11.2023	NO	
25.	MS.DEMAVVA.S.K	NSG.TUTOR	Bsc(N)	2022	149968	1 year 5 month	-	02.11.2023	NO	
26.	MR.MADHUKAR	NSG.TUTOR	Bsc(N)	2022	130111	1 year 5 month	-	02.11.2023	NO	
27.	MS. VANISHREE.V.DESAI	NSG.TUTOR	Bsc(N)	2023	151456	1 year 5 month	-	03.11.2023	NO	
28.	MR.CHANDRAKANTH.H.M	NSG.TUTOR	Bsc(N)	2016	77285	9	-	02.11.2023	NO	
29.	MS.SUCHITHRA.R	NSG.TUTOR	Bsc(N)	2023	157502	1 year 5 month	-	22.04.2024	NO	
30.	MS.LATHA	NSG.TUTOR	Bsc(N)	2023	153746	1 year 3 month	-	22.04.2024	NO	
31.	MS.RAKSHITHA.R	NSG.TUTOR	Bsc(N)	2022	134450	1	-	11.06.2024	NO	
32.	MS.CHAYA.L	NSG.TUTOR	Bsc(N)	2016	82026	8 month	-	01.08.2024	NO	
33.	MS.MALA.H.N	NSG.TUTOR	Bsc(N)	2018	212110	11 month	-	01.08.2024	NO	
34.	MS.KAVITHA.K.S	NSG.TUTOR	Bsc(N)	2015	199607	11 month	-	01.08.2024	NO	
35.	MS.CHANDRAKALA.E	NSG.TUTOR	Bsc(N)	2018	219285	11 month	-	01.08.2024	NO	
36.	MS.DIVYASHREE.M.K	NSG.TUTOR	Bsc(N)	2018	217057	11 month	-	01.08.2024	NO	
37.	MR.VENKATESH.S	NSG.TUTOR	Bsc(N)	2023	145243	11 month	-	01.08.2024	NO	
38.	MR.SYED SADATH.S.B	NSG.TUTOR	Bsc(N)	2022	129694	11 month	-	01.08.2024	NO	
39.	MRS.HUSNA KHANUM	NSG.TUTOR	Bsc(N)	2022	143595	11 month	-	01.08.2024	NO	
40.	MR.ARUN.P.J	NSG.TUTOR	Bsc(N)	2023	150827	11 month	-	01.08.2024	NO	
41.	MR.SIDDARAJU.B.R	NSG.TUTOR	Bsc(N)	2015	73720	11 month	-	01.08.2024	NO	
42.	MRS.NOOR FATHIMA	NSG.TUTOR	Bsc(N)	2023	152932	10 month	-	02.09.2024	NO	
43.	MRS.SARITHA.K	NSG.TUTOR	Bsc(N)	2021	121498	7 month	-	01.01.2025	NO	
44.	MRS.RASHMI.M.S	NSG.TUTOR	Bsc(N)	2021	121063	7 month	-	01.01.2025	NO	Leave
45.	MRS.AMRUTHA BAI.T.R	NSG.TUTOR	Bsc(N)	2017	89161	7 month	-	01.01.2025	NO	
46.	MS.CHITHRASHREE.T.M	NSG.TUTOR	Bsc(N)	2024	166829	7 month	-	01.101.2025	NO	

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

47.	MR.KIRAN KUMAR.V	NSG.TUTOR	Bsc(N)	2015	73713	7 month	-	01.01.2025	NO	
48.	MR.PRAVEEN.D.B	NSG.TUTOR	Bsc(N)	2015	73719	7 month	-	01.01.2025	NO	
49.	MR.KEERTHI RAJ	NSG.TUTOR	Bsc(N)	2016	77286	7 month	-	01.01.2025	NO	
50.	MS.LATHA.R	NSG.TUTOR	Bsc(N)	2024	172463	2 month	-	02.05.2025	NO	
51.	MS.ASHWINI.D.M	NSG.TUTOR	Bsc(N)	2024	172459	2 month	-	02.05.2025	NO	
52.	MS.ATHIRA BABU.P	NSG.TUTOR	Bsc(N)	2024	179468	1 month	-	02.05.2025	NO	
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

- **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
			Enclosed		

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**47,810 sq.ft**	
	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	**3644 sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1396 sq.ft**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1200 sq.ft**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**-NA-**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**400 sq.ft**	
	2. Vice-Principal Chamber	200	**260 sq.ft**	
	3. HOD	5 x 200 = 1000	**1000 sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200 sq.ft**	Enclosed
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**1000 sq.ft**	
	7. Accountants Office		**260 sq.ft**	
	8. Store Room		**260 sq.ft**	
	9. Record room		**260 sq.ft**	
	10. Room for maintenance staff		**260 sq.ft**	
	11. Xeroxing room		**260 sq.ft**	
	12. common room	1000	**2000 sq.ft**	
	13. Seminar hall	3000	**3000 sq.ft**	
	14. Toilets	1000	**2000 sq.ft**	
	15. A.V/Aids room	600	**600 sq.ft**	

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

	16. Library		**3000 sq.ft**	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1603 sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1354 sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**998 sq.ft**	Enclosed
	Pediatrics Nursing Laboratory	900sq.ft	**998 sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**941 sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500 sq.ft**	
	Anatomy Lab		**960 sq.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**

1. **Is the college building own or ~~leased / rented?~~** **Own**
2. **Blue print of the building attested by competent authority.** Yes
3. **Tax paid receipt (Latest / ~~current year)~~** – Yes
4. **Occupancy certificate.** – Yes
5. **Sale deed / ~~Lease deed of~~ the build~~ing / Land.~~** – Yes

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	Ka06-AC5921	50	Yes	Yes	Yes

17. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3000 sq.ft	YES	GOOD	GOOD	

Total No. of Nursing Books available	**4599**	**No. of Nursing Journals subscribed**	**10**
No. of Thesis/Research titles available	**500**	**Is internet facility available for Students?**	**yes**
No of e-books	**25**	**How many books were purchased in last financial year?**	**50**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MS.SINDHU.G.A	M.LIB	3 YEARS	

Note : A minimum of 500 of 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.

18. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	**250**	
Conferences conducted	**10**	
Conferences attended	**20**	Enclosed

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital **ARUNA HOSPITAL**		125	4 KM	80%	
NAME OF THE TRUST/ Person owning The Hospital **MRS.SUJATHA RAGHAVENDRA**					
Name Of The Owner Of The Trust of Hospital **MRS.SUJATHA RAGHAVENDRA**			Enclosed		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 DIMHANS				
	2				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital

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

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:

- **ARUNA HOSPITAL PERMISSION LETTER**
- **MOU**
- **BED STRENGTH**
- **KPME**
- **POLLUTION CONTROL**

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	26		
Surgery including OT	20	18		
Obstetrics & Gynecology	20	15		
Pediatrics,	10	07		
Emergency Medicine	02	02		
Psychiatry	0	0		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	2		
Minor OT	3	2		
Dental, Otorhinolaryngology, Ophthalmology	0	0		
Burns and Plastic	1	1		
Neonatology care unit	2	1		
Communicable disease/ Respiratory medicine/TB & chest diseases	2	2		
Dermatology	1	1		
Cardiology	5	4		
Oncology	1	1		
Neurology/Neuro-surgery	2	1		
Nephrology/Urology	2	1		
ICU/ICCU	2	2		
Geriatric Medicine	0	0		
Any other	14	12		
	TOTAL	**125**		

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FIELD	
a. Name of CHC / PHC / SC	GULUR
Adopted / Affiliated	Affiliated
Administrate red by	State Govt
Distance from the Nursing Institute	3kms
b. Services Rendered by Health & Family Welfare Programmes	yes
URBAN FIELD :	
a. Name of CHC / PHC / SC	KYATSANDRA
Adopted / Affiliated	Affiliated
Administrate red by	State Govt
Distance from the Nursing Institute	5kms
b. Services Rendered by Health & Family Welfare Programmes	yes
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	
b.	Post Basic B.Sc. Nursing	✓ YES	
c.	M.Sc. Nursing	✓ YES	
21	Time Table available for all Nursing Programmes		
a.	Basic B.Sc. Nursing	✓ YES	
b.	Post Basic B.Sc. Nursing	✓ YES	
c.	M.Sc. Nursing	✓ YES	

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	✓ YES	
b.	Daily Attendance Registers	✓ YES	
c.	Health Records	✓ YES	
d.	Clinical and field experience record	✓ YES	
e.	Practical record books - procedure record	✓ YES	
f.	Practical record books - Midwifery case book	✓ YES	

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

g.	Leave record	✓ YES	

h.	Extracurricular activities of students	✓ YES	
i.	Cumulative record of each	✓ YES	
j.	Course planning of each subject	✓ YES	
k.	Rotation plans	✓ YES	
l.	Committee Meetings	✓ YES	
m.	Affiliation records	✓ YES	
n.	Records of Stock	✓ YES	
o.	Annual report of activities and achievements	✓ YES	
p.	Staff development programmes	✓ YES	
q.	Anti ragging committee	✓ YES	
r.	Student welfare committee	✓ YES	

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	✓ YES	
b.	Built-up area of the Hostel	**31400 Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	✓ Own	
d.	Is there separate provision of Hostel for Male and Female Students?	✓ YES	
e.	Total No. of students in the hostel	**Girls : 220**	
f.	Total No. of rooms	**Girls : 100**	
g.	Water Supply	✓ YES	
h.	Electricity Supply	✓ YES	
i.	Is Facilities available for outdoor games and indoor games?	✓ YES	
j.	Is Sick room available?	✓ YES	
k.	Whether the hostel mess is available with	✓ YES	
l.	Safe drinking water facilities	✓ YES	

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

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		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 affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	

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

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.

Observations: On the day of Inspection at Aruna College of Nursing following observations were made.

Infrastructure

- Building documents were varified & found correct.
- classrooms are spacious & well ventilated.

Academic

- Labs were spacious & well equipped.
- Library has 4599 books.
- Total teaching staffs are 52 out of that 50 were physically present.

Clinical

- Aruna Hospital is a parent hospital and enclosed KPME & PCB certificates.
- All necessary documents were enclosed for your personal.
- PG guideship letters are enclosed for your personal.

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 Aruna College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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) Dr. Vinutha Rao	A C Member (Member)	Subject Expert (Member) (G. Punithamani)
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)**

ARUNA INSTITUTE OF NURSING SCIENCES
Ring Road Maralur Tumakuru - 572 105.
GPS Map Came
Tumakuru, Karnataka, India
837x+h29, Ring Rd, Maralur, Saraswathipuram,
Tumakuru, Karnataka 572105, India
Lat 13.313427° Long 77.097397°
11/08/2025 09:56 AM GMT +05:30
Google

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA09595610319903X
Certificate Issued Date	:	05-Aug-2025 12:45 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ TUMKUR17/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0834792044836513X
Purchased by	:	MANAGING TRUSTEE ARUNA HOSPITAL TUMKUR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MANAGING TRUSTEE ARUNA HOSPITAL TUMKUR
Second Party	:	REGISTRAR RAJIV GANDHI UNIVERSITY OF HEALTH BLORE
Stamp Duty Paid By	:	MANAGING TRUSTEE ARUNA HOSPITAL TUMKUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY C. RAMESH NAIK TUMKUR REGN. No.10169 EXPIRY 06-09-2026 GOVT. OF INDIA

UNDERTAKING

I/We, **Mrs.Sujatha Raghavendra** is/are the Owners/MD/CEO/Board Members of the **Aruna hospital** situated at Dr. Radhakrishnan Road, SS puram, Tumkur.

This is to confirm that our hospital **Aruna hospital** is registered under KPMEA and PCB with **125** beds and the bonafide certificate has been attached.

NO. OF CORRECTIONS

This is to confirm that the hospital **Aruna hospital** is functioning as affiliated/parent/own hospital for **Aruna College of Nursing** college.

We also confirm that our hospital is solely affiliated to **Aruna College of Nursing** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Deponent

NOTARY
C. RAMESH NAIK
BA. LLB
TUMKUR
REGN. NO. 10189
EXPAIRY
06-09-2028
GOVT. OF INDIA

ATTESTED
C. RAMESH NAIK, BA., LL.B
ADVOCATE & NOTARY
GOVT. OF INDIA
Maruthi Nilaya, 2nd Main, 6th Cross
Vijayanagara, Tumkur - 572 102
Karnataka
- 6 AUG 2025

NO. OF CORRECTIONS

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA09438275100804X
Certificate Issued Date	:	05-Aug-2025 11:50 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ TUMKUR17/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0834496310419965X
Purchased by	:	PRINCIPAL ARUNA COLLEGE OF NURSING TUMKUR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRINCIPAL ARUNA COLLEGE OF NURSING TUMKUR
Second Party	:	REGISTRAR RAJIV GANDHI UNIVERSITY OF HEALTH BLORE
Stamp Duty Paid By	:	PRINCIPAL ARUNA COLLEGE OF NURSING TUMKUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY C. RAMESH KUMAR TUMKUR REGN NO 10186 EXPIRY 06-09-2028 GOVT. OF INDIA

For The Pragathi Sahakara Udyogapatha Co-operative Society Limited Devaraj Urs Road, Sampigeraya Main Road, TUMKUR-572 105.

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I the Chairman/President/Secretary/Member of the trust **Dr.K.G.Raghavendra** are submitting the affidavit to University.

The trust **Aruna Educational Trust** is running/managing the colleges

1. **Aruna college of Nursing** since **2001** years.

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

NO OF CORRECTIONS

I 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.

Deponent

NOTARY
C. RAMESH NAIK
BA, LLB
TUMKUR
REGN. No. 10189
EXPAIRY
06-09-2028
GOVT. OF INDIA

ATTESTED
C. RAMESH NAIK, BA., LLB
ADVOCATE & NOTARY
GOVT. OF INDIA
Maruthi Nilaya, 2nd Main, 6th Cross
Vijayanagara, Tumkur - 572 102
Karnataka

- 6 AUG 2025

NO. OF CORRECTIONS