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. VINUTHA RAO	PROF. BHAGYALAKSHMI. R	MR. MITHUN KUMAR
Designation	PRINCIPAL	PRINCIPAL	PRINCIPAL
Address	MVM COLLEGE OF NATURO-PATHY & YOGIC SCIENCE, YELANKA, BANGALORE	SHRI LAKSHMI COLLEGE OF NURSING, SHRI GANDHANA KAVAL, MAGADI ROAD BANGALORE, KA-560091	RVS INSTITUTE OF NURSING SCIENCE'S MANDYA, B.M. ROAD,
Mobile No	9980181331	9738465046	9886622280
Email ID	drvinuthamvm@gmail.com	poonthygowdal@gmail.com	Mithunbp222@gmail.com

Inspection For the Academic Year : 2025-2026 *Date of Inspection:* 08 | 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	VIJAYANAGAR COLLEGE OF NURSING #43, 1ST MAIN, 1ST ACROSS NAGARBHAVI, BANGALORE, KARNATAKA	2	Year of Establishment: BSC-23.02.2002 PBBSC-28.09.201
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	VIJAYANAGAR EDUCATIONAL ACADEMY (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: vijayanagarnursingcollege@gmail.com		Website: https://www.vijayanagarcollegeofnursing.com
		Office No: 08029555111		Mobile No: 9986039110 4

Signature of Chairman — Dr. Vinutha Rao — 8/8/25

Signature of Member (1) — 8/8/25

Signature of Member (2) — Mr. Mithun Kumar B.P

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. S. RAJU		
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: DR. PROF. CHRISTINA R Qualification: PhD IN NURSING Experience after MSc: 18 YEARS Email: christina84smiles@gmail.com	Mobile No: 9742980988 Office No: 08029555111 Fax No: 9986039404 Residential phone No: 9742980988	
	b) Drawing authority of the college			
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		—	196050	—	25000/-	196050/-
Post Basic B.Sc. Nursing		—	196050	—		196050/- 25000/-
					Total (A)	417,100,00

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

Online Transaction Number or Details: BD000000007591657

BSC(N) & PB.BSC(N)

Signature of Chairman

Signature of Member (1) 8/8/16

Signature of Member (2) 8/8/16

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	ACA:NS.49/(2003-2004) 18/01/2004 Annexure - 5	COA/01/2024-25 20/9/24 Annexure - 6	1157/24-25 29/4/24 Annexure - 7	334/24-25 31/12/24 Annexure - 8	Enclosed
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	RGU/AFF/FNS-3041/2010-11 17/08/2010 Annexure - 5	COA/01/2024-25 20/9/24 Annexure - 6	1157/24-25 29/4/24 Annexure - 7	334/24-25 31/12/24 Annexure - 8	Enclosed
	Sanctioned Intake	45	45	45	45	
	Admissions Made for the Current Academic Year	45	45	45	45	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1) 8/8/2025

Signature of Member (2) 8/8/25

	Admissions Made for the Current Academic Year	NA	NA	NA	NA	

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	31	23	28	09	91
	Female	29	37	32	51	149
Post Basic B.Sc Nursing	Male	12	03	-NA-	-NA-	15
	Female	33	42	-NA-	-NA-	75
M.Sc Nursing	Male	—	NA	—		
	Female					
M.Sc NPCC	Male	—	NA	—		
	Female					

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

Annexure - 9

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

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							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		02							
5	Assistant Professor	3	3-8				2	3*		02	1						
6	Tutor	8-16	16-24				2-10	--		20	7						
	Total	**16-24**	**24-40**				**4-12**			27	8						

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	N/A	N/A	N/A	N/A
200 students intake	N/A	N/A	N/A	N/A

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

250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12.1. Teaching Faculty details: – Details should be written in format only.

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	DR. PROF. CHRISTINA. R	PRINCIPAL	MSc. CHN	Phd-2021 MSc, 2010	RRTMN 20243506 KAR	2	15	19/08/2019	YES	
2.	MUTHAMMA.	ASST. PROF	MSc. OBG	2020	77646	4	2	05/12/2022	NO	
3.	MINOSH DAVID MATHEW	ASST. PROF	MSC. CHN	2019	127606	1	5	05/12/2019	NO	
4.	SRUTHI. JOSEPH	ASST. PROF	MSc. MSN	2020	RRKRL 20219624 KAR	1	4.6	01/12/2020	NO	
5.	ALEXANDAR JOSE	ASST. PROF	MSc, MSN	2013	006135	1	12	08/06/2025	NO	Alexandar. (Maternity leave)
6.	LINSA MARY SAM.	ASST. PROF	MSc, MSN	2014	1784	4	9	05/02/2019	No	
7.	SONY WILSON.	TUTOR	MSc, MHN	2023	RRKRL 202410024 KAR	1	1.6	05/03/2025	No	
8.	RENJITH REJIKUMAR.	TUTOR	MSc, MHN	2025	114462	2		10/07/2025	No	
9.	BANUPRIYA. A	TUTOR	BSc.	2009	RRTMN 20165932 KAR	16		03/06/2024	No	
10.	BIJO. SARA MAMMEN	TUTOR	BSc	2012	048099	13		25/08/2019	No	OD
11.	RAMYA. K.J.	TUTOR	PBBSc	2014	014260	11		16/07/2015	No	OD
12.	VANI. N	TUTOR	BSc	2017	88290	8		12/12/2021	No	
13.	USHA. M	TUTOR	BSc	2018	94600	6		10/10/2018	No	OD
14.	ABHIJITH. S.	TUTOR	BSC	2020	114462	5		28/09/2020	No	
15.	SHALINI. K	TUTOR	BSC	2022	141759	2		10/11/2022	No	
16.	SUMALATHA. K	TUTOR	BSC	2022	205876	3		05/01/2023	No	
17.	NIKHILA. M	TUTOR	PBBSc.	2022	205861	3		12/09/2022	No	Medical leave.
18.	PALLABI. DUARY	TUTOR	BSc	2022	139023	2		10/04/2023	NO	Pallabi Duary.
19.	PRABIN. S	TUTOR	BSc.	2023	146073	2		02/12/2025	No	
20.	ASWANY. B	TUTOR	BSc	2023	156943	1		01/12/2023	NO	
21.	SANJANA. B	TUTOR	BSc	2023	156953	2		27/02/2024	NO	
22.	AYAN MAITY.	TUTOR	BSc	2022	141974	2		01/12/2023	NO	OD

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	DIVYA. J	TUTOR	BSc.	2023	156952	1		01/12/2023	NO	Diya
24.	JINCY MOHANAN	TUTOR	BSc	2024	164713	1		10/06/2024	No	
25.	JEENA VARGHESE	TUTOR	BSc	2023	156955	1		01/12/2023	NO	
26.	SILMIYA. DENNIS. A	TUTOR	BSc	2020	115891	4		22/08/2022	No	
27.	SHOBHA. GM.	TUTOR	PBBSc	2023	196361	1.6		03/01/2024	NO	Medical leave.
28.	HARSHITHA	TUTOR	BSc	2024	161365	1		09/05/2025	NO	
29.	ANJANA. K.R	TUTOR	BSc	2024	178551	6mts		10/03/2025	No	
30.	S. R. DEEPA	TUTOR	BSc	2024	179460	5mts		24/03/2025	No	
31.	JINO JOHNSON	TUTOR	BSc	2024	173034	9mts		07/05/2025	NO	
32.	THEJA. R	TUTOR	BSc	2024	178745	2mts		13/06/2025	NO	Theja
33.	ALEENA SHAJAHAN	TUTOR	BSc	2024	178749	2mts		16/06/2025	NO	Aleena
34.	RAJESHWARI. H.M	TUTOR	BSc	2023	134491	.2		03/07/2025	No	Rajesh
35.	JAYA. HATI	TUTOR	BSc	2023	79141-NM			07/07/2025	No	
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Signature of Chairman

Signature of Member (1)

8/8/25

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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
		— 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)	24,000 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	3,600 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	12,00 sq.ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq.ft	
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq.ft	
	7. Accountants Office	**100**	200 sq.ft	
	8. Store Room	**100**	200 sq.ft	
	9. Record room	**100**	200 sq.ft	
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**	200 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	

Enclosed

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

	15. A.V/Aids room	600	600 sq.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	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	Enclosed
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1300 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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	YES
2	**Is the college building own or leased ?**	YES (OWNED)
3	**Blue print of the building plan approved and attested by competent authority.**	YES
4	**Building construction license from competent authority**	YES
5	**Tax paid receipt (Latest / current year)**	YES
6	**Occupancy certificate.**	YES
7	**Sale deed / Lease deed of the building / Land.**	YES
8	**Land Conversion order from DC**	YES
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
	– 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	2300	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	3100	**No. of Nursing Journals subscribed** 10 HELINET (E-JOURNALS)	618 HELINET
No. of Thesis/Research titles available	50	**Is internet facility available for Students?**	YES
No of e-books (HELINET)	32	**How many books were purchased in last financial year?**	350

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	DEVARAJU	MLISc	18 years	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	ENCLOSED.	

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

Conferences conducted	ENCLOSED	
Conferences attended		OTHERS 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 VIJAYANAGAR HOSPITAL MOU(Registered parent hospital MOU)		100	4 KM	95%	
NAME OF THE TRUST/ Person owning The Hospital VIJAYANAGAR EDUCATIONAL TRUST.					Enclosed
Name Of The Owner Of The Trust of Hospital DR RAJU. S					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 KANGAROO CARE #505, KALIDAS ROAD, OPPOSITE TOMUDA, VIJAYANAGAR IST STAGE	100	4 KM	80%	
	2 KC GENERAL HOSPITAL #GROUND MALLESWARAM CIRCLE, POLICE ST. RD, KA - 560000003	503	11 KM	80%	
	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 VIJAYANAGAR HOSPITAL K-C GENERAL HOSPITAL

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	24	90-95%	112	90-95%
Surgery including OT	18+02	90-95%	95	90-95%
Obstetrics & Gynecology	15	90-95%	62	90-95%
Pediatrics,	07	90-95%	48	90-95%
Emergency Medicine	05	90-95%	04	90-95%
Psychiatry	01	90-95%	10	90-95%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90-95%	10	90-95%
Minor OT	02	90-95%	10	90-95%
Dental, Otorhinolaryngology, Ophthalmology	03	90-95%	19	90-95%
Burns and Plastic	01	90-95%	05	90-95%
Neonatology care unit	07	90-95%	15	90-95%
Communicable disease/Respiratory medicine/TB & chest diseases	NIL	—	02	90-95%
Dermatology	NIL	—	—	—
Cardiology	03	90-95%	40	90-95%
Oncology	02	90-95%	03	90-95%
Neurology/Neuro-surgery	02	90-95%	02	90-95%
Nephrology/Urology	01	90-95%	25	90-95%
ICU/ICCU	05	90-95%	03	90-95%
Geriatric Medicine				

Signature of Chairman

Signature of Member (1) 8/8/2025

Signature of Member (2) 8/8/25

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		HEGGANAHALLI PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		5 KM
b. Services Rendered by Health & Family Welfare Programmes		YES
URBAN FEILD :		
a. Name of CHC / PHC / SC		MACHOHALLI
Adopted / Affiliated		AFFILIATED
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		5 KM
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 ☑	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 22,000 sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☑	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 193	Boys : 99
f.	Total No. of rooms	Girls : 33	Boys : 20
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		
		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	✓		
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 at Vijayanagar College of Nursing on 8/8/25 following observation were made

Infrastructure :-

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

Academic :-

- has were spacious and well equipped & well ventilated
- Total 35 teaching staffs. out of that 28 were physically present.
- Library has 3100 books.

Hospital

- College has a parent hospital named Vijayanagar Hospital & KPME & pollution control certificates are enclosed

All necessary documents were 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 Vijayanagar 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 8/8/25 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) 8/8/25

Signature of Chairman	Signature of Member (1)	Signature of Member (2) 8/8/25

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)**

LEAVE LETTER

From

Date –31.7.25

Linsa Mary Sam

K vila,angadiakal north,

North Kerala -689648

To

The Principal

Vijayanagar College Of Nursing

Bangalore , Karnataka – 560072

Subject - Leave application for maternity leave

Respected Madam,

With due respect I Mrs. Linsa Mary Sam writing this to inform you that, I want to avail casual leave which is from 6.8.25 to 11.8.25 for maternity leave. I have completed all my tasks for all the day and will be in touch with you.

If you grant my leave I would be highly obliged to you.

Yours sincerely,

Linsa Mary Sam

PRINCIPAL
VIJAYANAGAR COLLEGE OF NURSING
43, 1st Main, 1st 'A' Cross,
Nagarbhavi, Bangalore - 560 072.
Phone : 09986039404, 09742266721

LEAVE LETTER

From

Date –31.7.25

Nikhila M

Parasuranaapura

Challakere, Chitradurga

Karnataka - 577538

To

The Principal

Vijayanagar College Of Nursing

Bangalore , Karnataka – 560072

Subject - Leave application for medical leave

Respected Madam,

With due respect I Ms. Nikhila M writing this to inform you that, I want to avail yearly leave which is from 4.8.25 to 13.8.25 for medical purpose. I have completed all my tasks for all the day and will be in touch with you.

If you grant my leave I would be highly obliged to you.

Yours sincerely,

Nikhila M

PRINCIPAL
VIJAYANAGAR COLLEGE OF NURSING
43, 1st Main, 1st 'A' Cross,
Nagarbhavi, Bangalore - 560 072.
Phone : 09986039404, 09742266721

LEAVE LETTER

From

Shobha GM

Bangalore ,

Karnataka -560089

Date – 26.7.25

To

The Principal

Vijayanagar College Of Nursing

Bangalore , Karnataka – 560072

Subject - Leave application for medical issue

Respected Madam,

With due respect I Mrs. Shobha GM writing this to inform you that , I want to avail yearly leave which is from 28.7.25 to 9. 8.25 for medical purpose. I have completed all my tasks for all the day and will be in touch with you.

If you grant my leave I would be highly obliged to you.

Yours sincerely,

Shobha GM

PRINCIPAL
VIJAYANAGAR COLLEGE OF NURSING
43, 1st Main, 1st 'A' Cross,
Nagarbhavi, Bangalore - 560 072.
Phone : 09986039404, 09742266721

VIJAYANAGAR COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
Approved by Government of Karnataka
RECOGNISED BY INC & KNC

Ref No.:

Date :

Ref No: VCON/152/2025

Date : 08-08-2025

To,

The LIC Inspectors,

RGUHS LIC Committee

Sub: Regarding OD letter for following staffs on 08-08-2025

With reference to the above subject I am here with Informing you that below Mentioned staffs are went to KCG Clinical posting with 1st year & 2nd year PBBSc Nursing Students, Kindly accept and do the needful

Staffs Names:

1. Ms. Ramya K J
2. Ms. Bijo Sara Mammen
3. Ms. Ayan Maity
4. Ms. Usha M

PRINCIPAL
VIJAYANAGAR COLLEGE OF NURSING
43, 1st Main, 1st 'A' Cross,
Nagarbhavi, Bangalore - 560 072.
Phone : 09986039404, 09742266721

सत्यमेव जयते

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Second Party	:	RGUHS
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For SPANDANA CREDIT SOUHARDA SAHAKARI NIYAMITHA

Authorised Signatory

NOTARY
K.C. SHASHIKALA
Area : Bengaluru City
Regd. No. 10197
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I/We, **Dr. S RAJU** is/are the Owners/MD/CEO/Board Members of the **VIJAYANAGAR HOSPITAL** situated at **#46,17TH CROSS,NEAR VIJAYANAGAR METRO STATION, M.C ROAD , VIJAYANAGAR, BENGALURU-560040.**

Statutory Alert:
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For SPANDANA CREDIT SOUHARDA SAHAKARI NIYAMITHA

Authorised Signatory

NOTARY K.C. SHASHIKALA Area : Bengaluru City Regd. No. 10197 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Dr. S. Raju is submitting the affidavit to University.

The trust **VIJAYANAGAR EDUCATIONAL ACADEMY** is running/managing the colleges **VIJAYANAGAR COLLEGE OF NURSING** Since 2002 years.

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