



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 NATURE, PATHY & YOGIC SCIENCE, YELANKA, BANGALORE	SHRI LAKSHMI COLLEGE OF NURSING, SHRI GANDHANA KAVAJI, MAGADI ROAD, BANGALORE, KA - 560091	RVS INSTITUTE OF NURSING SCIENCE'S MANDYA, B.M. ROAD,
Mobile No	9980 181331	9738465046	98866 22280
Email ID	drvinuthamvm@gmail.com	poonthygowdal@gmail.com	Mithunbp22@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 NAGAR BHAVI, BANGALORE, KARNATAKA	2	Year of Establishment	BSC-23.02.2002 PB BSC-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:	vijayanagar.nursing.college@gmail.com	Website:	https://www.vijayanagarcollegeofnursing.com	
	Office No:	08029555111	Mobile No:	99866391104	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Vinutha Rao

Mr. Mithun Kumar R.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 of Governing 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: 08629555111 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

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 UG or b) for UG and PG courses c) NPCC	
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)

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	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-304/ 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)

Signature of Member (2)

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					
	Female		NA			
M.Sc NPCC	Male					
	Female		NA			

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)					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	1 st Year	2 nd Year	3 rd Year	4 th 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

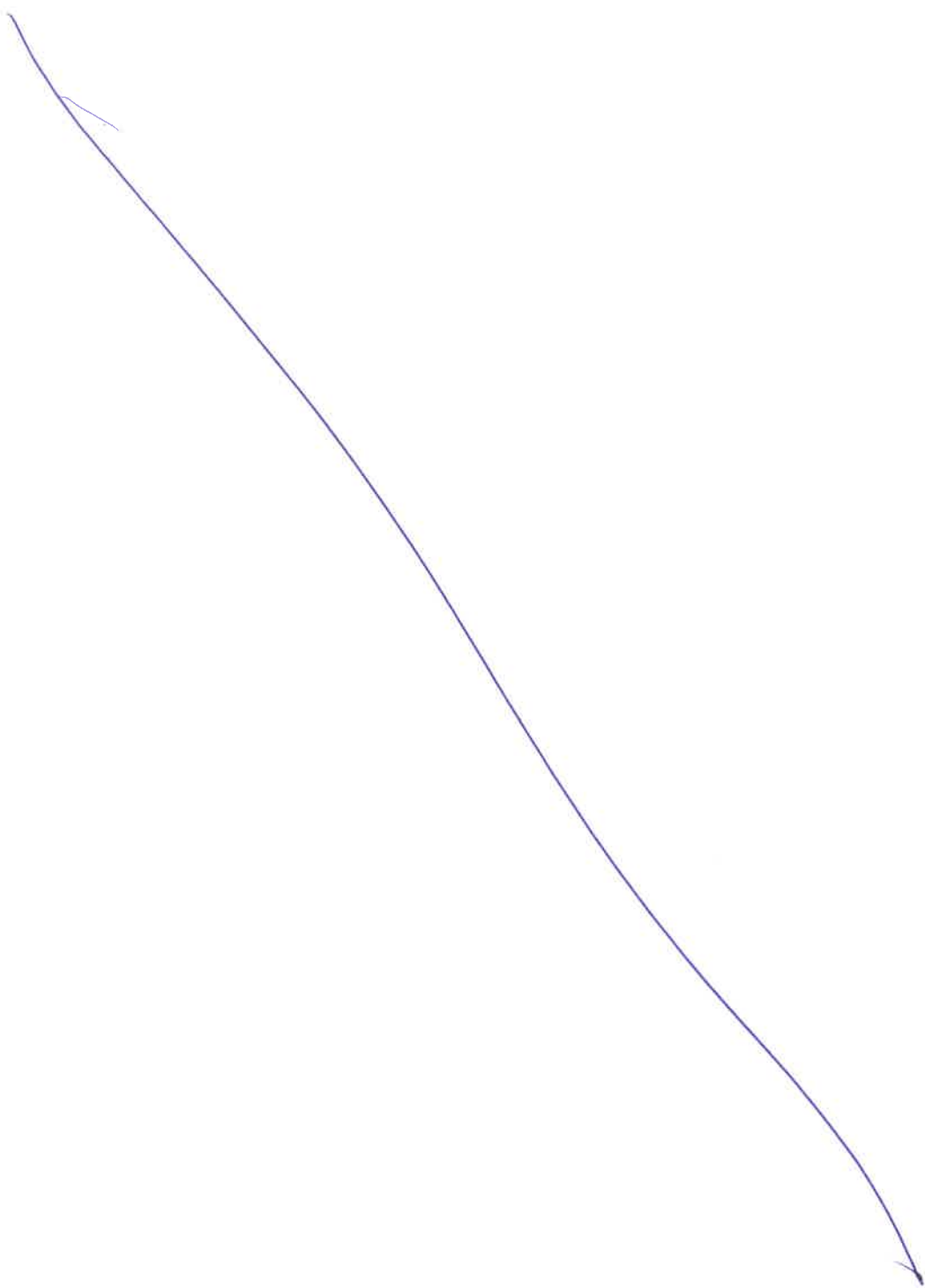
Signature of Chairman

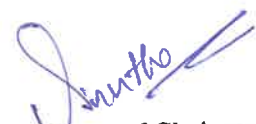
Signature of Member (1)

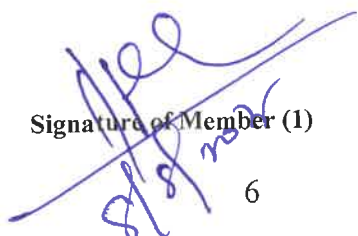
Signature of Member (2)

250 students				
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* 1. 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	RRKRL 2024/024 KAR	2	15	YES	
2.	MUTAMMA.	ASST. PROF	MSc. OBG	2020	77646	4	2	NO	
3.	MINOSH DAVID MATHEW	ASST. PROF	MSc. CHN	2019	127606	1	5	NO	
4.	SRUTHI. JOSEPH	ASST. PROF	MSc. MSN	2020	RRKRL 2024/024 KAR	1	4.6	NO	
5.	ALEXANDAR JOSE	ASST. PROF	MSc. MSN	2013	006135	1	12	NO	
6.	LINSA MARY SAM.	ASST. PROF	MSc. MSN	2014	1784	4	9	NO	
7.	SONY WILSON.	TUTOR	MSc. MHN	2023	RRKRL 2024/024 KAR	1	1.6	NO	
8.	RENJITH REJIKUMAR.	TUTOR	MSc. MHN	2025	114462	2		NO	
9.	BANUPRIYA. A	TUTOR	BSc.	2009	RRKRL 2016/032 KAR	16		NO	
10.	BIJO. SARA MAMMEN	TUTOR	BSc	2012	048099	13		NO	
11.	RAMYA. K.J.	TUTOR	PBBSc	2014	014260	11		NO	
12.	VANI. N	TUTOR	BSc	2017	88290	8		NO	
13.	USHA. M	TUTOR	BSc	2018	94600	6		NO	
14.	ABHIJITH. S	TUTOR	BSc	2020	114462	5		NO	
15.	SHALINI. K	TUTOR	BSc	2022	141759	2		NO	
16.	SUMALATHA. K	TUTOR	BSc	2022	205876	3		NO	
17.	NIKHILA. M	TUTOR	PBBSc.	2022	205861	3		NO	
18.	PALLABI. DUVARY	TUTOR	BSc.	2022	139023	2		NO	
19.	PRABIN. S	TUTOR	BSc.	2023	146073	2		NO	
20.	ASWANY. B	TUTOR	BSc	2023	156943	1		NO	
21.	SANJANA. B	TUTOR	BSc	2023	156953	2		NO	
22.	AYAN MATHY.	TUTOR	BSc	2022	141974	2		NO	

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	164313	1			10/06/2024	NO	Jincy
25.	JEENA VARGHESE	TUTOR	BSC	2023	156955	1			01/12/2023	NO	Jeena
26.	GILMIYA DENNIS. A	TUTOR	BSC	2020	115891	4			22/08/2022	NO	Gilmiya
27.	SHOBHA. GM.	TUTOR	PBSC	2023	196361	1-6			03/01/2024	NO	Medical leave.
28.	HARSHITHA	TUTOR	BSC	2024	161365	1			09/05/2025	NO	Harsha
29.	ANJANA. K.R	TUTOR	BSC	2024	178551	6mts			10/03/2025	NO	Anjana
30.	S. R. DEEPA	TUTOR	BSC	2024	179460	5mts			24/03/2025	NO	Deepa
31.	JINO JOHNSON	TUTOR	BSC	2024	173034	9mts			07/05/2025	NO	Jino
32.	THEJA. R	TUTOR	BSC	2024	198745	2mts			13/06/2025	NO	Theja
33.	ALEENA SHAJAHAN	TUTOR	BSC	2024	178749	2mts			16/06/2025	NO	Aleena
34.	RAJESHWART. H.M	TUTOR	BSC	2023	134491	2			03/07/2025	NO	Rajeshwari
35.	JAYA. HATI	TUTOR	BSC	2023	79141-NM				07/07/2025	NO	Jaya
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15. A.V/Aids room	600	600 sq.ft	
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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	Enclosed
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	
	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)

Building Documents:

Annexure – 12

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, 2021 F.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 Licence
	— 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 will increase/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	100	4 KM	95%.	
MOU(Registered parent hospital MOU)				
NAME OF THE TRUST/ Person owning The Hospital VIJAYANAGAR EDUCATIONAL TRUST.				
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 1ST STAGE	100	4 KM	80%.	
2 KCG GENERAL HOSPITAL #GROUND MALLESWARAM CIRCLE, POLICE ST. RD, KA - 56000003	503	11 KM	80%.	
3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				
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(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 collegesfor**Bangalore 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/CCU	05	90-95%	03	90-95%.
Geriatric Medicine				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILED		
a. Name of CHC / PHC / SC	HEGGANAHALLI PHC	
Adopted / Affiliated	AFFILIATED	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	5 KM	
b. Services Rendered by Health & Family Welfare Programmes	YES	
URBAN FILED :		
a. Name of CHC / PHC / SC	MACHOHALLI	
Adopted / Affiliated	AFFILIATED	
Administrated 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		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 at Vijayanagar College of Nursing on 8/8/20 following observation were made.

Infrastructure -

- ① Building documents were verified and found correct
- ② classrooms were spacious and well ventilated.

Academic

- ① Labs were spacious and well equipped & well ventilated
- ② Total 35 teaching staffs, out of that 28 were physically present
- ③ library has 3100 books.

Hospital

- ① 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)

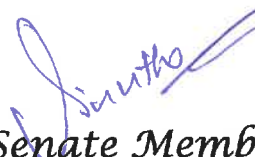
UNDERTAKING

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.

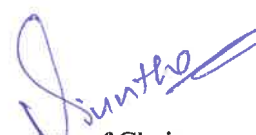
The information recorded by us in the LIC reports is true and correct.

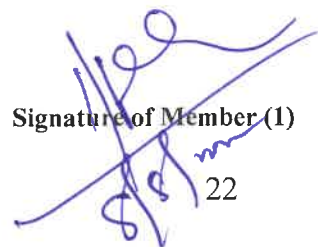
The LIC inspection report along with documents and soft copy is submitted to RGUHS.


Senate Member
(Chairman)


A C Member
(Member)


Subject Expert
(Member) 8/8/25


Signature of Chairman

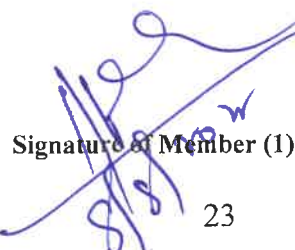

Signature of Member (1)


Signature of Member (2)

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 the 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

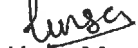
Subject - Leave application for maternity leave

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

Date – 26.7.25

Shobha GM

Bangalore ,

Karnataka -560089

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

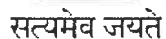
Sub: Regarding OD letter for following staffs on 08-08-2025

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



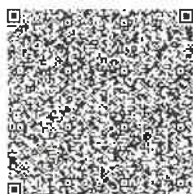
Government of Karnataka

e-Stamp

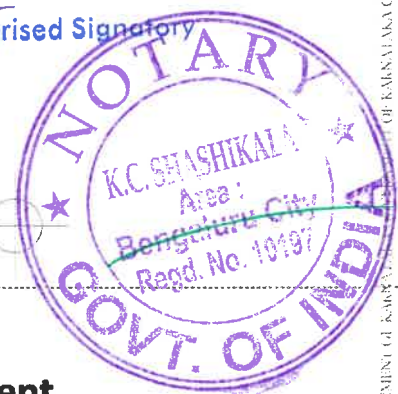
Certificate No.	: IN-KA12240897558307X
Certificate Issued Date	: 07-Aug-2025 03:19 PM
Account Reference	: NONACC (FI)/ kaksfcl08/ BANGALORE5/ KA-RU
Unique Doc. Reference	: SUBIN-KAKAKSFCL0839840800555212X
Purchased by	: VIJAYANAGAR EDUCATIONAL ACADEMY
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: VIJAYANAGAR EDUCATIONAL ACADEMY
Second Party	: RGUHS
Stamp Duty Paid By	: VIJAYANAGAR EDUCATIONAL ACADEMY
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)

For SPANDANA CREDIT SOUHARDA
SAHAKARI NIYAMITHA

Authorised Signatory



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.

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.