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. Nandeesh I	Dr. Siddaregowda A Patil	K. MUTHURAJU
Designation	Senate Member	B.O.S. Ay. Chairman	S.E RGUHS
Address	Aishwarya Institute of Nursing Science	RGUHS. prof. A. MV Attibele-24	S.V. College of Nursing Bangalore
Mobile No	9845471377	9448565198	9448848518
Email ID	nandeesh.aips@gmail.com	drsapatil@gmail.com	Muthuraju@rguhs.ac.in

Inspection For the Academic Year : 2025 - 2026 ***Date of Inspection:*** 09.08.2025

(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**	Rehoboth Institute of Nursing No.164, Kadusonapanahalli, Hosur Bandae Kannur-Bagalur Road, Bangalore 562149	2	**Year of Establishment** 2003
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**	Shekhar Medical Foundation And Research Institute (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: edu.rehoboth@gmail.com	**Website:** www.rehobothgi.com	
		Office No: 9740350269	**Mobile No:** 9448020269	

Signature of Chairman 9/8/25. (Dr. Nandeesh I)

Signature of Member (1) 9/8/25 b.o.s chairman RGUHS

Signature of Member (2) K MUTHURAJU 9/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Vishnumurthy Aithal 9740350269		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 6 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mr-Sibi Alexander Qualification: MSc Nursing Experience after MSc: 17 years Email: sibikurakar@gmail.com	Mobile No: 9448020269 Office No: 9740350269 Fax No: Residential phone No:	
	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		75,000/-	1,50,000/-	1,00,000/-	25,000/-	3,50,000/-
Post Basic B.Sc. Nursing						
					Total (A)	3,50,000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	5 x 2000	10,000/-
	2. Obstetrical & Gynaecology Nsg	5 x 2000	10,000/-
	3.		
	4.		
	5.		
		Total (B)	20,000/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	3,70,000/-

Online Transaction Number or Details:
BD000000075978 46, BD000000075972 64, BD000000075971 61

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	AKUKA 01 MME 2017 10/11/2017 Annexure - 5	RGU/AFF/NSG No53/2024-2025 07/04/2025 Annexure - 6	2401-2025-2026 21/05/2025 Annexure - 7	Annexure - 8	Verified the notifications of RGUHS, KNC and GOK orders.
	Affiliation Sanctioned Intake	80	80	80	40	
	Admissions Made for the Current Academic Year	57				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	NA	—		
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	AKUKA 147 HPS2008 Annexure - 5	RGU/AFF/NSG No53/2024-25 07/04/2025 Annexure - 6	2401-2025-2026 21/05/2025 Annexure - 7	Annexure - 8	
	Sanctioned Intake	10	10	10		
	Admissions Made for the Current Academic Year	10				
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	NA Annexure - 6	— Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	11	29	28	26	94
	Female	46	51	51	54	202
Post Basic B.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc Nursing	Male	1	0	—	—	
	Female	9	8	—	—	
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----------
		—	NA —			

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

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

Annexure –10

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

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

Remarks: Nil

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 9/8/25

12. Teaching Faculty Requirements for all Nursing Programs:

Sl.	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01							
2	Vice-Principal	1	1							01		01					
3	Professor	1	1-2					1*		01		01					
4	Associate Professor	2	2-4					1*		01		01					
5	Assistant Professor	3	3-8				2	3*		01							
6	Tutor	8-16	16-24				2-10	--		20	02	02					
	Total	**16-24**	**24-40**				**4-12**			05	24	03					

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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

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.	Mr. SIBI ALEXANDER	PRINCIPAL	M.Sc.(N). MSN	2008	289	5 Years	17Years	08/04/2025		
2.	Mrs. SHERINE SUSAN DANIEL	VICE- PRINCIPAL	M.Sc.(N) OBG	2011	1821	5 Years	13 Years	08/04/2025		
3.	Mr. AMAR SINGH SINDAL	PROFESSOR/ HEAD OF THE DEPARTMENT	M.Sc.(N) Psychiatry	2008	360		17 Years	08/04/2025		
4.	Mrs. SOUMYA N S	ASSOCIATE PROFESSOR	M.Sc.(N) Paediatric	2013	30821	10Years		08/04/2025		
5.	Mrs. SOUMYA G	ASST. PROFESSOR	M.Sc.(N) OBG	2020	048912		5Years	08/04/2025		
6.	Mrs. GREESHMA M M	LECTURER	BSc(N)	2020	048761	5 Years		08/04/2025		
7.	Mrs. ANCY PONNACHAN	LECTURER	M.Sc.(N) MSN	2021	149794	2 Years	3 Years	08/04/2025		
8.	Ms. MEKHA SAHADEVAN	LECTURER	M.Sc.(N) OBG	2023	100458		2Years	08/04/2025		
9.	Mrs. SONY BERIL	ASST. LECTURER	BSc(N)	2008	16064	1Year		08/04/2025		
10.	Mrs. SMINU SUSAN RAJAN	LECTURER	BSc(N)	2014	11549	9 Years		08/04/2025		
11.	Mrs. SIMI VARGHESE	LECTURER	BSc(N)	2015	011494	9 Years		08/04/2025		
12.	Mrs. JISMY M D	LECTURER	BSc(N)	2022	87435	6 Years		08/04/2025		
13.	Mr. SANOOP S	LECTURER	PBBSC (N)	2012	169989	4Years		08/04/2025		
14.	Mr. AJEESH NELSON	LECTURER	BSc (N)	2020	117342	2Years		08/04/2025		
15.	Ms. FEMI K REJI	ASST. LECTURER	BSc (N)	2020	117344	2Years		08/04/2025		
16.	Ms. MAHIMA HASDA	ASST. LECTURER	BSc (N)	2020	116502	4Years		08/04/2025		
17.	Ms. ABIYAMOL PRAVEEN	ASST.LECTURER	BSc(N)	2020	117346	1 Year		08/04/2025		
18.	Ms. KEERTHI V	LECTURER	BSc (N)	2021	128533	3Years		08/04/2025		
19.	Ms. VARSHA	LECTURER	BSc (N)	2021	128743	3 Years		08/04/2025		
20.	Ms. SUNITA B LAMANI	ASst. LECTURER	BSC(N)	2022	139805	2Years		08/04/2025		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

PRINCIPAL
REHOBOTH INSTITUTE OF NURSING

21.	Ms. THAMIL NILA	ASST.LECTURER	BSc(N)	2022	143485	6Month		08/04/2025		
22.	Ms. MERIN VARGHESE	ASST.LECTURER	BSc(N)	2023	141014	2Years		08/04/2025		
23.	Ms. ANANDINI RENAJIT	ASST. LECTURER	BSc(N)	2022	141013	3 Years		08/04/2025		
24.	Mr. BERIN BABU	ASST. LECTURER	BSC(N)	2023	153874	1 Year		08/04/2025		
25.	Mr. BIBIN SAJI	ASSt. LECTURER	PBBSc (N)	2022	258155	3Years		08/04/2025		
26.	Ms. NIKKI	ASST. LECTURER	PBBSC (N)	2024	243211	1Year		08/04/2025		
27.	Ms. MAMATA	ASST. LECTURER	BSc (N)	2025	175395	6Month		08/04/2025		
28.	Ms. SALOMI	TUTOR	BSC (N)	2025	153890	6Month		08/04/2025		
29.	Ms. SAPNA	TUTOR	BSc(N)	2023	160278	2 Years		08/04/2025		
30.	Ms. NARMATHA	TUTOR	BSC(N)	2025	181201	6Month		08/04/2025		
31.	Ms. ELISHIBA	TUTOR	BSc(N)	2025	183257	6 Month		08/04/2025		
32.	Ms. MADHU KIRAN TIRKEY	ASST.LECTURER	MSc(N)	2020		2 Years	1Month	10/07/2025		
33.	Ms. SUNITA	TUTOR	PBBSc(N)	2025		6Month		08/04/2025		
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

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

PRINCIPAL
REHOBOTH INSTITUTE OF NURSING

	15. A.V/Aids room	600	600 sq.ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		College has well equipped Laboratories as per the norms.
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1500 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	1025 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**	Available
2	**Is the college building own or leased ?**	Leased
3	**Blue print of the building plan approved and attested by competent authority.**	Available
4	**Building construction license from competent authority**	Obtained
5	**Tax paid receipt (Latest / current year)**	Available
6	**Occupancy certificate.**	Available
7	**Sale deed / Lease deed of the building / Land.**	Available
8	**Land Conversion order from DC**	Available
9	**Town planning/Authorities approval order**	Available

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.

5. 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
2	KA04AA7884 KA53D5272	31 37	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	2600 sq.ft	YES ☐ No ☑	Adequate	Adequate	

Total No. of Nursing Books available	3087	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	100	**Is internet facility available for Students?**	Yes
No of e-books	150	**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	BHAVANI. S	MLISC	2 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	68	—

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

Conferences conducted	22	—
Conferences attended	8	—

* 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 One Point Chris American Hospital MOU(Registered parent hospital MOU)		100	9 km	97%.	Institution has their parent hospital with the bed strength of 100 Beds. Verified the KPME and Pollution Control Board Certificates.
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital Dr. Robert Christopher					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Richardson face Hospital	22	1 km	95%.	
	2 Sri Jayadeva Institute of cardio vasular sc	1150	22 km	96%	
	3 Victoria (BMC)	1000	19 km	95%.	

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

	(MOU/Clinical permission letter)		– Enclosed –		

(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 & .PMEA 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: – College has started to function in the year 2003.
– They have their parent hospital with 100 Beds Strength and also affiliated to 03 speciality hospitals.

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	28	10	9
Surgery including OT	25	23	10	9
Obstetrics & Gynecology	10	8	10	9
Pediatrics,	10	8	10	9
Emergency Medicine	15	13	2	1
Psychiatry	10	8	10	8

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	50	48	20	19
Minor OT	10	9	10	9
Dental, Otorhinolaryngology, Ophthalmology	50	48	10	9
Burns and Plastic	30	28	10	9
Neonatology care unit	30	29	20	19
Communicable disease/Respiratory medicine/TB & chest diseases	30	28	30	28
Dermatology	40	38	10	9
Cardiology	150	145	20	20
Oncology	100	95	10	10
Neurology/Neuro-surgery	80	75	10	9
Nephrology/Urology	50	48	10	8
ICU/ICCU	180	178	15	14
Geriatric Medicine	50	48	10	9

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	KADUSONAPANNAHALLI
	Adopted / Affiliated ✓	Adopted.
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	1 km
b.	Services Rendered by Health & Family Welfare Programmes	Family welfare Programmes Antenatal, Immunization, Aganwadi
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Chikkagubbi
	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	Antenatal, Postnatal, Immunization Anganwadi, Family planning, Under five
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 16000 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 : 200	Boys : 94
f.	Total No. of rooms	Girls : 30	Boys : 25
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 LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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: The LIC Team had visited the college on 9/08/25 towards grant & continuation & affiliation ~~towards~~ for the year 2025-26 and made the following Observations:

1) College has provided the physical infrastructure in their own leased buildeng as per the norms to train U.G & P.G. Courses Students.
2) College has well equipped Laboratories in all the departments with required number & instruments, manikins & articles.
3) Institution has well furnished library with necessary textbook titles and Journals. as per the need & B.Sc(N) & M.Sc(N) Courses.
4) College has appointed qualified teaching faculty members and P.G. Guides as per the norms and they were present at the time & inspection.
5) Provided Clinical facilities at their parent hospital and also in their affiliated hospitals to train both U.G & P.G nursing students as per the norms & apex bodies.
6) College has provided hostel facilities Separately for both boys & girls.

Overall college has adequate physical infrastructure, Laboratories & Library facilities. Appointed qualified & experienced teaching faculty and provided clinical facilities in their parent hospital for both B.Sc(N) and M.Sc(N) students as per the norms.

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 Rebobath Institute of Nursing which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 9/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman 9/8/25.	Signature of Member (1) Dr. Siddaveerappa Apachi BOS chairman PG (Ayurveda) RGUHS, Bangalore	Signature of Member (2) 9/8/25

सत्यमेव जयते

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e-Stamp

Certificate No.	:	IN-KA13524858413417X
Certificate Issued Date	:	09-Aug-2025 12:45 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ KANNUR/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842256463236625X
Purchased by	:	SHEKHAR MEDICAL FOUNDATION AND RESEARCH INSTITUTE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHEKHAR MEDICAL FOUNDATION AND RESEARCH INSTITUTE
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	SHEKHAR MEDICAL FOUNDATION AND RESEARCH INSTITUTE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the members of the society Shekar Medical Foundation and Research Institute, are submitting the affidavit to university.

The society is managing the college, Since 2003

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

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the society and it 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 Society management can be held responsible and suitable action can be initiated by the University.

Signature of Chairman

Shekar Medical Foundation
and Research Institute

Signature of Member (1)

Signature of Member (2)

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Authorized Signatory

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Certificate No.	:	**IN-KA13525969794137X**
Certificate Issued Date	:	09-Aug-2025 12:46 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ KANNUR/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842258291390678X
Purchased by	:	ONE POINT CHRIS AMERICAN HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ONE POINT CHRIS AMERICAN HOSPITAL
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	ONE POINT CHRIS AMERICAN HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, Dr. Robert Christopher is Owner of the One Point Chris American hospital situated at No 349, 2nd Cross, Opp Manyata Tech Park, Vyalikaval, Nagavara, NBengaluru, Karanataka, 560045.

This is to confirm that our hospital One Point Chris American Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital One Point Chris American Hospital is functioning as parent hospital for Rehoboth Institute of Nursing.

We also confirm that our hospital is solely affiliated to Rehoboth Institute of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.

One Point Chris
American Hospital