Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Kiran Kumar	Dr. Pravin G U	Amitha R
Designation	Senate Member	Principal	Asso. Professor
Address	SKAMCH & RC RPC Layout, #10, pipeline Road , Jayanagar, Bangalore-560104	Sri Chamundeshwari Medical College Hospital and Research Institute 29/1, Bangalore Mysore High way, Channapatna Taluk, Ramnagara District 562160	BGS college of Nursing, Mysore
Mobile No	9481965646	9844455599	9844428387
Email ID	dr.kiran.ayur@gmail.com	drpravingu.rad@gmail.com	Amithabgs22@gmail.com

Inspection For the Academic Year :	*2025-2026*		*Date of Inspection: 06-08-2025*	
(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**	MALLIGE COLLEGE OF NURSING 71, SILVEPURA, CHIKKABANAVARA POST, BANGALORE - 560090	2	**Year of Establishment** 2002
2	**Status of the course conducting body**	/ **Trust**		
3	**(a). Name of the Trust/Society & complete postal**	MALLIGE EDUCATION FOUNDATION (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 6/8/25

	address & Phone number	**Email:** malligenursing2019@gmail.com	**Website:** malligenursing.com
		Office No: 9035419801	**Mobile No:** 9035419801
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. A C Sreeram 9845033076	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council : 8** (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. G. Rajeswari **Qualification:** Ph.D(N) **Experience:** 14.6 years **Email:** rajeshwari87.g@gmail.com	**Mobile No:** 8072574618 **Office No:** 9035419801 **Fax No:** **Residential phone No:** 9952822554
	b) Drawing authority of the college	Dr. G. Rajeswari	8072574618

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	Continuation	45,000	90,000	60,000	32,500	2,27,500
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	**2,27,500**

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	5	10,000
	2. Community Health Nursing	5	10,000
	3. Paediatric Nursing	3	6,000
	Application Fee UG & PG, Course Identification Fee Rs. 2000+ Rs. 100		2100
		Total (B)	28,100

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NPCC			
		Total (C)	
		Grand Total (A+B)	2,55,600

Online Transaction Number or Details: ZSBILOS095NZJQ

Remarks: Verified

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	MED-488 MMC-2023 15/9/2023 **Annexure - 5**	RGU/AFF/N054 Increase/2022-2023 22/9/2023 **Annexure - 6**	MCN-15/KSNC/2023-2024 09/1/2024 **Annexure - 7**	11 – 77/2001-INC 24/01/2002 **Annexure - 8**	Applied for Increase Intake (INC)
	Affiliation Sanctioned Intake	60	60	60	50	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	**Annexure - 5**	**Annexure - 6**	**Annexure - 7**	**Annexure - 8**	
	Sanctioned Intake	-	-	-	-	
	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	HFW – 192 MPS – 2009 15/01/2010 HFW 131 MPS 2008 28/06/2008 **Annexure - 5**	ACA/NS-54/2008-09 21/7/2008 ACA/NS-54/209-10 02/06/2010 **Annexure - 6**	80- 2008-09 12/03/2009 192/MPS: 2009 15/01/2010 **Annexure - 7**	18 – 15/4856-INC 08/07/2009 **Annexure - 8**	Applied for Increase Intake (INC)
	Sanctioned Intake	5+5+3	5+5+3	5+5+3	3+3+3	

Signature of Chairman

Signature of Member (1)

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	Admissions Made for the Current Academic Year	01	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	-	-	-	-	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	6	12	8	18	44
	Female	54	48	41	31	174
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	1	0	-	-	-
	Female	0	0	-	-	-
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----------
			Not Applicable			

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)

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----------
1	Mahendra S N	133700	Thirumani post, Nagalamadike Hobli, Tumkur-572136	Sri Ramana Maharshi College of Nursing , Sira Road Tumkur, -572106	RGUHS	2 years 04-09-23 to till date

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure –10

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: Verified

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														
3	Professor	1	1-2					1*		3							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		19							
	Total	16-24	24-40				4-12			28							

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	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty

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	* 3 Tutors	* 7 Tutors	* 11 Tutors	* 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				
250 students				
* **Aadhar based biometric attendance for students**				

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 6/8/25

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. Rajeswari G	Principal	Ph.d-Community	2021	9233	1.6 years	13 years	17-1-2022	Yes	
2.	Mrs. Gincy Samuel	Vice Principal	M.Sc-MSN	2013	928	1 year	12 years	2-3-2022	Yes	
3.	Mrs. Manjula T	Professor	M.Sc-OBG	2013	22022	1.6 years	12 years	2-2-2023	Yes	
4.	Mrs. Kapu Manjula	Professor	M.Sc-MSN	2013	6729	1.6 years	12 years	1-3-2023	Yes	
5.	Mr. Divya Darshan	Asso.Professor	M.Sc-Community	2014	22626	3 Years	11 years	1-1-2020	Yes	
6.	Mrs. Rency Saji	Asso.Professor	M.Sc -MHN	2019	61079	1.7 Years	6 years	10.6.2020	Yes	
7.	Mrs. Lavanya	Asst.Professor	M.Sc -MSN	2020	80863	1 year	4 years	1.7.2025	Yes	
8.	Mrs. Doddamaiah	Asst.Professor	M.Sc -Paediatric	2020	65161	1 year	4 years	5.5.2025	Yes	
9.	Mrs. Shalet Kurian	Asst Lecturer	M.Sc -Paediatric	2024	3099	18 years	1 year	19.1.2021	Yes	
10.	Ms. Anusha Kirthana	Asst Lecturer	B.Sc Nursing	2018	95765	3 years	-	13.12.2020	Yes	
11.	Miss. Jyothi K U	Nursing Tutor	PBBSC Nursing	2020	31129	3 year	-	20.6.2022	Yes	
12.	Ms. Arpita Barat	Nursing Tutor	B.Sc Nursing	2022	141670	2.6 months	-	08.12.2022	Yes	
13.	Mr. Pavan Kalyan N	Nursing Tutor	B.Sc Nursing	2022	135967	3 years	-	4.1.2023	Yes	
14.	Ms. Deepa	Nursing Tutor	B.Sc Nursing	2022	134063	3 years	-	1.2.2023	Yes	
15.	Mr. Muniraja	Nursing Tutor	B.Sc Nursing	2022	143158	2.4 years	-	11.4.2023	Yes	
16.	Ms. Parvathi	Nursing Tutor	B.Sc Nursing	2022	136736	2.4 years	-	11.4.2023	Yes	
17.	Ms. Sahana K M	Nursing Tutor	B.Sc Nursing	2022	132821	3 years	-	26.5.2023	Yes	
18.	Ms. Teena Anna Thomas	Nursing Tutor	B.Sc Nursing	2021	126691	2 years	-	1.6.2023	Yes	
19.	Ms. Keya Shill	Nursing Tutor	B.Sc Nursing	2021	126059	2 years	-	3.10.2023	Yes	
20.	Ms. Sneha	Nursing Tutor	B.Sc Nursing	2023	152172	1.9 years	-	1.11.23	Yes	
21.	Ms. Roopa	Nursing Tutor	PBB.Sc Nursing	2023	230288	2. 5 months	-	28.3.23	Yes	
22.	Mr. Rajesh	Nursing Tutor	B.Sc Nursing	2022	133587	1 year	-	3.6.2024	Yes	

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23.	Ms. Siddeshwari	Nursing Tutor	PBB.Sc Nursing	2023	222034	1.5 years	-	25.03.24	Yes	
24.	Mr. Prasanth	Nursing Tutor	B.Sc Nursing	2023	154606	1.4 years	-	07.04.24	Yes	
25.	Mr. Jayaram	Nursing Tutor	B.Sc Nursing	2023	154405	1.2 years	-	02.06.25	Yes	
26.	Mrs. Reshma	Nursing Tutor	B.Sc Nursing	2024	205104	1.4 years	-	08.04.24	Yes	
27.	Mr. Yadhukrishnan	Nursing Tutor	B.Sc Nursing	2024	168440	5 months	-	01.3.25	Yes	
28.	Mrs. Sushma	Nursing Tutor	PBB.Sc Nursing	2020	183615	1 year	-	01.08.24	Yes	
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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)	42,517sq.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	1200X4=4800 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600X6=3600 sq.ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300 sq.ft	733 sq.ft	
	2. Vice-Principal Chamber	200 sq.ft	647 sq.ft	
	3. HOD	5 x 200 = 1000 sq.ft	1200 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200 sq.ft	3300 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600** sq.ft	600 sq.ft	
	7. Accountants Office	**100** sq.ft	600 sq.ft	
	8. Store Room	**100** sq.ft	750 sq.ft	
	9. Record room	**100** sq.ft	500 sq.ft	
	10. Room for maintenance staff	**100** sq.ft	1000 sq.ft	
	11. Xeroxing room	**100** sq.ft	400 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000 sq.ft	1200 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000 sq.ft	3200 sq.ft	
	14. Toilets	1000 sq.ft	1000 sq.ft	

Signature of Chairman

Signature of Member (1)

6/8/25
Signature of Member (2)

	15. A.V/Aids room	600 sq.ft	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 sq.ft	1600 sq.ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft sq.ft	1820 sq.ft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft sq.ft	900 sq.ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft sq.ft	900 sq.ft	Yes
	Pre-Clinical Sciences Laboratory	900sq.ft sq.ft	3X900=2700 sq.ft	Yes
	Computer Lab (1: 5 computer :student)	1500sq.ft sq.ft	1600 sq.ft	Yes

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**	Registered
2	**Is the college building own or leased ?**	Own
3	**Blue print of the building plan approved and attested by competent authority.**	Approved
4	**Building construction license from competent authority**	Verified
5	**Tax paid receipt (Latest / current year)**	Attached
6	**Occupancy certificate.**	Attached
7	**Sale deed / Lease deed of the building / Land.**	Attached
8	**Land Conversion order from DC**	Verified
9	**Town planning/Authorities approval order**	Approved

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)** 6/8/25 **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
2	KA02A47622 KA52B6413	56	Yes	Yes	Yes

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	2700	YES ☑ No ☐		8	

Total No. of Nursing Books available	3878	**No. of Nursing Journals subscribed**	13
No. of Thesis/Research titles available	16	**Is internet facility available for Students?**	Yes
No of e-books	90	**How many books were purchased in last financial year?**	882

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. Sowmya k	MLIS	21 years	✓
2.	Mrs. Suvarna G	MLIS	3 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	16	✓

Signature of Chairman

Signature of Member (1)

6/8/25

Signature of Member (2)

Conferences conducted	3	✓
Conferences attended	4	✓

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities :

Annexure - 16

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☑	
		ii.Trust member with MOU ☑	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)		126	17Km	110	Yes
NAME OF THE TRUST/ Person owning The Hospital		Mallige medical centre Dr. A. C. Sreeram			
Name Of The Owner Of The Trust of Hospital		Dr. A. C. Sreeram S/O Sri Late Agrahar Chowdappa			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Cadambams Bangalore	662	30 km		
	2. Hesaraghatta phc Bangalore	30	3 km		
	3. Vanivilas Hospital	564	20 km		

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

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	4. Victoria Hospital (MOU/Clinical permission letter)	964	20 km		

(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:

Verified and found as per norms.

Signature of Chairman

Signature of Member (1)

6/8/25

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	50	42	448	422
Surgery including OT	05	05	258	238
Obstetrics & Gynecology	02	02	564	546
Pediatrics,	05	04	331	312
Emergency Medicine	05	04	40	30
Psychiatry	05	03	600	520

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	03	23	12
Minor OT	02	02	-	-
Dental, Otorhinolaryngology, Ophthalmology	02	02	25	12
Burns and Plastic	02	01	30	15
Neonatology care unit	02	01	130	122
Communicable disease/Respiratory medicine/TB & chest diseases	04	02	72	54
Dermatology	02	01	19	08
Cardiology	02	02	98	72
Oncology	02	02	92	75
Neurology/Neuro-surgery	02	02	94	83
Nephrology/Urology	04	02	123	115
ICU/ICCU	05	05	112	100
Geriatric Medicine	01	01	88	70
Any other	-	-	-	-

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

Signature of Chairman

Signature of Member (1)

6/8/25

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Hesaraghatta PHC
Adopted / Affiliated		Affliated
Administrate red by		**State Govt.** ✓ ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		3 Km
b. Services Rendered by Health & Family Welfare Programmes		Family welfare services MCH/ Immunization
URBAN FEILD :		
a. Name of CHC / PHC / SC		Abbigere
Adopted / Affiliated		Affliated
Administrate red by		**State Govt.** ✓ ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		5 Km
b. Services Rendered by Health & Family Welfare Programmes		Family welfare services MCH/ Immunization
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** ☐
f.	Practical record books - Midwifery case book	**YES** ✓	**NO** ☐
g.	Leave record	**YES** ✓	**NO** ☐

Signature of Chairman **Signature of Member (1)** 6/8/25 **Signature of Member (2)**

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** 29,300	
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 : 151**	**Boys :**
f.	Total No. of rooms	**Girls : 61**	**Boys :**
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 affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 6/8/25

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:

Infrastructure, faculty, Lecture halls, Museum, Teaching materials, Library, Labs, Space for Curricular, Co-Curricular, and extracurricular activities are adequate.

Signature of Chairman 26/02/25

Signature of Member (1)

Signature of Member (2) 6/2/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Mallige College of Nursing, Cottonpet which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 6/8/2024 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)
		6/8/25

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 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.

We have read the above

06/08/25

Signature of Chairman

Signature of Member (1)

6/8/25

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA08551042327388X**
Certificate Issued Date	:	04-Aug-2025 01:36 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ CHIKKABANAWARA/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0832839265346633X
Purchased by	:	MALLIGE EDUCATION FOUNDATION
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MALLIGE EDUCATION FOUNDATION
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	MALLIGE EDUCATION FOUNDATION
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SCRSSN (R) Branch ★ Authorised Signatory ★ Bengaluru-560018

Please write or type below this line

AFFIDAVIT

I Mr. Nagendra, is/are the CEO of the Mallige Medical Centre hospital situated at 31, crescent road, Bangalore-560001

For Mallige Medical Centre Pvt. Ltd.

Chief Accounts Officer

This is to confirm that our hospital Mallige Medical Centre is registered under KPMEA and PCB with 126 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Mallige Medical Centre hospital is functioning as parent hospital for Mallige College of Nursing.

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

The information provided by us is true and correct.

For Mallige Medical Centre Pvt. Ltd.

Deponent

Chief Accounts Officer

I the above named deponent do hereby verify that the facts mentioned in the affidavit are true and correct to the best of my knowledge and belief and that I had not suppressed any material fact.

Verified on this 5th day of August 2025 at Bangalore.

For Mallige Medical Centre Pvt. Ltd.

Deponent

Chief Accounts Officer

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA08553343070201X
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Account Reference	:	NONACC (FI)/ kakscsa08/ CHIKKABANAWARA/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0832836445458134X
Purchased by	:	MALLIGE EDUCATION FOUNDATION
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MALLIGE EDUCATION FOUNDATION
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	MALLIGE EDUCATION FOUNDATION
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SRBSSN (R) Branch
Authorised Signatory
Bengaluru-560090

Please write or type below this line

AFFIDAVIT

I Sri N. Ramesh S/o Mr. C Nagaraj, Secretary of the trust Mallige Education Foundation are submitting the affidavit to University.

N. Ramesh
Secretary
Mallige Education Foundation

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.

The trust Mallige Education Foundation having is running/managing the colleges

Mallige College of Nursing Since 23 years

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

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

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University

N. Ramesh

Deponent

Secretary

Mallige Education Foundation

I the above named deponent do hereby verify that the facts mentioned in the affidavit are true and correct to the best of my knowledge and belief and that I had not suppressed any material fact.

Verified on this 5th day of August 2025 at **Bangalore**.

N. Ramesh

Deponent

Secretary

Mallige Education Foundation