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.	Dr. Bailappa Kollur	Dr, Mrutyunjaya. Mathad
Designation	Principal.	Prof.	Prof
Address	MVMCNYS Yelahanka, Bangalore	S.N. Medical college Bagalkot	The Unity Institute of Nursing sciences
Mobile No	9980181331	9448102222	9035586973
Email ID	drvinutha.mvm@gmail.com.	dsbasavaraj.k@gmail.com	unitycollegeofnursing@gmail.com

For the Academic Year : 2025-26 ***Date of Inspection: 24/08/2025***

(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**	FLORIDA COLLEGE OF NURSING #505,3RD BLOCK, KALYAN NAGAR, HRBR, BANGALORE - 560043	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**	SRINIDHI EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: mm99909@gmail.com	**Website:**	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	SRI. C. MALLIKARJUNA	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 5 **Attached** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**	
5	**Details of Principal/Head of the institution**	**Name:** MRS. DR. MOHINI H **Qualification:** Ph. D. PAEDIATRIC NURSING **Experience: 45** Years **Email:** floridacollege2018@gmail.com	**Mobile No: 7005381586** **Office No:08028445950** **Fax No:** **Residential phone No:**

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 addressVerify 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	✓					2,21,050
Post Basic B.Sc. Nursing						
					Total (A)	

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

Online Transaction Number or Details:

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: Enclosed

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	RGU/AFF/BCN /RGU BLR/FR-BSC(N) 2022-23 25/11/2022 Annexure - 5	RGU/AFF/NSG/ CoA/01/2024-25 20/09/2024 Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	55	55	55	55	
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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	—	—	NA	—	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	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	23	27	35	22	107
	Female	32	33	24	38	127
Post Basic B.Sc Nursing	Male		—	NA	—	
	Female					
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——
		—	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——
		—	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:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		4									
6	Tutor	8-16	16-24	2-10	--		13									
	Total	**16-24**	**24-40**	**4-12**			**22**									

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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MRS. DR. MOHINI H	PRINCIPAL	Ph. D. PAEDIATRIC NURSING	2017	8018	25 YEARS	20 YEARS	01/07/2025	✓	
2.	MRS. KOTLA SUNEETHA	VICE - PRINCIPAL	MSc. MENTAL HEALTH NURSING	2014	RRANP 20176356 KAR	6 YEARS	4 YEARS 7 MONTH	01/05/2025	No -	
3.	MS. VINODHINI C	PROFESSOR	MSc. OBSTERICS AND GYNAECOLOGY	2011	RRTMN20 08810KAR	17 YEARS	13 YEARS	01/08/2025	- 4 -	
4.	MS. JOBIMOL MATHEW	ASSOCIATE PROFESSOR	MSc. MEDICAL SURGICAL NURSING	2015	RRMDP20 155270KA R	15 YEARS	9 YEARS	05/0802025	- 4 -	
5.	MS. TINTU MARY ABRAHAM	ASSOCIATE PROFESSOR	MSc. CHILD HEALTH NURSING	2018	71036	9 YEARS	7 YEARS	01/09/2022	- 4 -	
6.	MRS. PREETI KORIMATH	LECTURER	MSc. PAEDIATRIC NURSING	2022	101452	1 YEAR	1 YEARS	18/09/2024	- 4 -	
7.	MS. URIKKHINBAM SONIA DEVI	LECTURER	MSc. OBSTERICS AND GYNAECOLOGY	2023	RRMNP 202310169 KAR	2 YEARS	2 YEAR 4 MONTHS	19/11/2024	- 4 -	
8.	MRS. DIPANWITA BISWAS	LECTURER	MSc. MEDICAL SURGICAL NURSING	2024	19227	1 YEAR	1 YEAR	08/07/2024	- 4 -	
9.	MR. DILAWAR RASOOL DAR	LECTURER	MSc. MEDICAL SURGICAL NURSING	2025	128971	2 YEARS 8 MONTHS		07/01/2023	- 4 -	
10.	MRS. MUTHUPRIYA R	NURSING TUTOR	BSc. Nursing	2015	TMN20251 1411KAR	1YEAR 11 MONTHS		01/09/2023	- 4 -	
11.	MS. RALLY SINHA	NURSING TUTOR	BSc. Nursing	2021	118151	1 YEAR 11 MONTHS		10/03/2024	- 4 -	
12.	MS. SANDHRA SOJAN	NURSING TUTOR	BSc. Nursing	2024	163911	1 YEAR 7 MONTHS		08/01/2024	- 4 -	
13.	MS. LIYA JOY	NURSING TUTOR	BSc. Nursing	2021	119044	1 YEAR 5 MONTHS		01/03/2024	- 4 -	
14.	MR. TAHIR AHAMAD PIR	NURSING TUTOR	BSc. Nursing	2022	227273	7 MONTHS		13/03/2025	- 4 -	

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

15.	MRS. LATHA G S	NURSING TUTOR	BSc. Nursing	2015	64951			21/07/2025		
16.	MR. RAGHUNATH R	NURSING TUTOR	BSc. Nursing	2012	43072			21/07/2025		
17.	MRS. MONISHA P G	NURSING TUTOR	BSc. Nursing	2015	77833			23/07/2025		
18.	MR. SANDESH S	NURSING TUTOR	BSc. Nursing	2021	11484			24/07/2025		
19.	MRS. VEENA MANJARI	NURSING TUTOR	BSc. Nursing	2010	24064			28/07/2025		
20.	MS. ARYA SAJI	NURSING TUTOR	BSc. Nursing	2020	109543	2YEARS 08 MONTHS		19/09/2024		
21.	MS. KAVANA. H. N	NURSING TUTOR	BSc. Nursing	2025	179679	1 MONTHS		01/07/2025		
22.	MS. MONISHA B M	NURSING TUTOR	BSc. Nursing	2025	181246			01/08/2025		
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
					Attached

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200 Sq. ft	36,000 Sq. Ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900 sq ft x 4	copy Enclosed
	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		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq.ft	
	2. Vice-Principal Chamber	200	200 Sq.ft	
	3. HOD	5 x 200 = 1000	1000 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		3400 Sq.ft	copy Enclosed
	7. Accountants Office		1200 Sq.ft	
	8. Store Room		3000 Sq.ft	
	9. Record room		1450 Sq.ft	
	10. Room for maintenance staff		1800 Sq.ft	
	11. Xeroxing room		1500 Sq.ft	
	12. common room	1000	1000 Sq. ft x 2	copy Enclosed
	13. Seminar hall	4000	4000 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	600 Sq.ft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1650 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300 Sq ft	Copy Enclosed
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1300 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above. - Yes.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA51AG2029	52	Yes	Yes	Yes

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

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2500 Sq. Ft	Yes ☐ No ☐	Yes	Yes	

Total No. of Nursing Books available	**3100**	**No. of Nursing Journals subscribed**	**Yes**
No. of Thesis/Research titles available	**06**	**Is internet facility available for Students?**	**Yes**
No of e-books		**How many books were purchased in last financial year?**	**Attached**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Ms. Anlitta Dias	M. Lib. I. Sc	1 Year	

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

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

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended	10	

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

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%)**	**Remarks**
Full Name & Address of the Parent Hospital			—	NA	—
NAME OF THE TRUST/ Person owning The Hospital Mr. Praveen K P			—	NA	—
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. General Hospital KR Puram	100	15 Km	85%	
	2				

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

NOTE:

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

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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

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			15	90%
Surgery including OT			10	88%
Obstetrics & Gynecology			8	87%
Pediatrics,			15	90%
Emergency Medicine			4	86%
Psychiatry			-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT			3	86%
Dental, Otorhinolaryngology, Ophthalmology			2	85%
Burns and Plastic			2	85%
Neonatology care unit			25	88%
Communicable disease/ Respiratory medicine/TB & chest diseases			2	90%
Dermatology			1	90%
Cardiology			2	88%
Oncology			2	85%
Neurology/Neuro-surgery			2	85%
Nephrology/Urology			1	90%
ICU/ICCU			2	95%
Geriatric Medicine			2	90%
Any other			Ortho 2	90%

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	KODATHI
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	4.8 Km
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	HALANAYAKANAHALLI
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	
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)** **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** ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**24170 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 : 108**	**Boys : 93**
f.	Total No. of rooms	**Girls : 35**	**Boys : 30**
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	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations:

On the day of Inspection at Florida College of Nursing following observations were made.

Infrastructure :-

- Trust and Building documents were Varified & found correct.
- classroom were spacious and well ventilated.

Academics

- Teaching total faculty were 22 all were present.
- Labs were well equipped and well ventilated.
- Library has 3100 books.

clinical

- Affiliated hospital is General Hospital KR Puram and required documents were enclosed

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 Florida 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 24/8/25 *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)***
Dr. Vinutha Rao	24/8/2025	Dr. Mrityunjaya Muttad 24/08/2025
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.

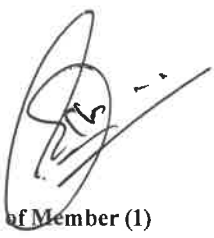
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

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)

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA26407081884606X
Certificate Issued Date	:	25-Aug-2025 12:29 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ BTM LAYOUT/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08668116888819343X
Purchased by	:	GENERAL HOSPITAL K R PURAM
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GENERAL HOSPITAL K R PURAM
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	GENERAL HOSPITAL K R PURAM
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

UNDERTAKING

I the AMO (Administrative Medical Officer) of the GENERAL HOSPITAL KR PURAM situated at KR Puram.

This is to confirm that our hospital GENERAL HOSPITAL KR PURAM is registered under government and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the GENERAL HOSPITAL KR PURAM is functioning as affiliated for Florida College of Nursing.

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

The information provided by us is true and correct.

PRINCIPAL
FLORIDA COLLEGE OF NURSING
BANGALORE

ಆಡಳಿತ ವೈದ್ಯಾಧಿಕಾರಿಗಳು
ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ,
ಕೃಷ್ಣರಾಜಪುರ, ಬೆಂಗಳೂರು-36

NOTARY
GOVT. OF KARNATAKA

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA25815663887311X
Certificate Issued Date	:	23-Aug-2025 03:33 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ BTM LAYOUT/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0865674052512103X
Purchased by	:	FLORIDA COLLEGE OFNURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	FLORIDA COLLEGE OFNURSING
Second Party	:	RGUHS
Stamp Duty Paid By	:	FLORIDA COLLEGE OFNURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SBBSSN(R) Bengaluru Authorised Signatory

UNDERTAKING by Trust Management

I the Chairman of the trust Mr. C. Mallkiarjuna are submitting the affidavit to University.

The Srinidhi Education Trust is running/managing the Florida College of Nursing since 22 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.

C. Mallikarjuna

29/9/15