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. Santosh Jadi	Dr. SUNIL V DHADED	Mrs. MAMATHA
Designation	Asso. Prof	Professor & HOD	Principal
Address	BLDEA's College of Nursing Tikota	AME's Dental College, Raichur	St. Joseph's College of Nursing
Mobile No	8123374800	9844101555	9902704643
Email ID	mrssantoshindi16@gmail.com.		

Inspection For the Academic Year :2025-26 *Date of Inspection:* 17.08.25

(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**	**Sri Lakshmi College of Nursing #127/1, Magadi main road, Vishwaneedam Post, Sunkadakatte, Bangalore-560091**	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**	DANVANTHRI EDUCATION TRUST **#127/1, Magadi main road, Vishwaneedam Post, Sunkadakatte, Bangalore-560091** (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email:srilakshmicollegeofnursing@gmail.com	**Website: www.srilakshmi.edu.in**	
		Office No:080 23585832	**Mobile No: 9738465046**	

Signature of Chairman

Dr. Sunil Dhaded
Signature of Member (1)

Prof. Mamatha D-G
Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Ramachandraiah N Chairman 9845227354		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 02 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. Bhagyalakshmi R Qualification: M.Sc in OBG Nursing Experience after MSc: Email: spoorthygowda1@gmail.com	Mobile No: 9738465046 Office No:080-23585832 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	Rs.50/-	Rs.45,000/-	Rs.90,000/-	Rs.60,000/-	Rs.25,000/-	Rs.2,20,050/-
Post Basic B.Sc. Nursing	Rs.50/-	Rs.45,000/-	Rs.90,000/-	Rs.60,000/-	Rs.25,000/-	Rs.2,20,050/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
Rs.250/-	1.Medical Surgical Nursing	05X2000	Rs.10,250/-
	2.BG Nursing	05X2000	Rs.10,000/-
	3.Paediatric Nursing	05X2000	Rs.10,000/-
	4. Psychiatric Nursing	05X2000	Rs.10,000/-
	5. Community Health Nursing	05X2000	Rs.10,000/-
		Total (B)	Rs. 50,250/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	Rs. 4,90,350/-

Online Transaction Number or Details: ZSBIZ1X091K2UD, ZSBISDY091KTUF, ZSBI0L7091L0R2 Dated: 23/12/2024

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	HFW 307 MPS:2003 24/12/2003 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	46	46	46	46	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	HFW 76 MPS:2010 23/03/2010 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	50	50	50	50	
	Admissions Made for the Current Academic Year	50	50	50	50	
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	HFW 438 MPS:2007 27/06/2008 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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	10	30	21	31	92
	Female	36	29	23	27	115
Post Basic B.Sc Nursing	Male	13	06	-----	-----	19
	Female	37	44	-----	-----	81
M.Sc Nursing	Male	08	03	-----	------	11
	Female	17	22	------	------	39
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--------

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--------

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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1		1					
4	Associate Professor	2	2-4					1*		2		1					
5	Assistant Professor	3	3-8				2	3*		3	2	3					
6	Tutor	8-16	16-24				2-10	--		16	8	5					
	Total	**16-24**	**24-40**				**4-12**			24	10	10					

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				

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

intake				
200 students intake				
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.	Bhagyalakshmi. R	Principal	MSc.N-OBG	2010	1949	1	15	01/6/2010	Yes	
2.	Annapoorna S. H	Vice-Principal	M.Sc.N-Pead	2010	1921	1	15	7/11/2014	–	
3.	Sudha. G	Professor	MSc.N-Community	2012	46181	1	12	8/11/2023	–	
4.	Ravishankar Reddy	Professor	MSc.N-MHN	2014	26943	6	11	20/10/2010	–	
5.	Anush. K. J	Professor	MSc.N-MSN	2014	24469	1	11	01/03/2024	Yes	
6.	Anu. C. M	Professor	MSc.N-OBG	2014	7204	3	10	3/7/2019		
7.	Thirumoorthy. D	Asso. Professor	MSc.N-MHN	2019	72852	1	5	1/8/2024	–	
8.	Rakhi. R. S	Asso. Professor	MSc.N-Pead	2015	8623	1	10	1/6/2014	–	
9.	Shyamala. B	Asso. Professor	MSc.N-MSN	2019	79889	5	5	1/3/24	–	
10.	Kushma. R. V	Asst. Prof	MSc.N-OBG	2021	21909	6	0.4	4/11/2019	–	
11.	Nayana D.S	Asst. Prof	MSc.N-MHN	2021	87106	2	04	1/12/2023	–	
12.	Brishti Guha	Lecturer	MSc.N-MSN	2024	111986	1	1.8	13/2/24	–	
13.	Susmita Debnath	Lecturer	MSc.N-OBG	2024	118880	1	1.8	7/8/24	–	
14.	Sangeetha N	Lecturer	MSc.N-Pead	2024	186823	2	1.6	1/05/25	–	
15.	Cijo V.S	Asst. Lecturer	B.Sc.N	2016	71803	8	–	1/6/2015	–	
16.	Srija. E	Asst. Lecturer	B.Sc.N	2018	95978	7.7	–	1/1/2018	–	Srija.E
17.	Bhagyamma. D	Tutor	B.Sc.N	2020	114593	4.7	–	1/01/2018	–	Bhagya
18.	Anindita Das	Tutor	B.Sc.N	2018	97795	4	–	1/08/2022	–	
19.	Janani. A	Tutor	B.Sc.N	2021	120406	3.7	–	1/1/2022	–	
20.	Nayan Das	Tutor	B.Sc.N	2022	10170	3	–	1/5/2022	–	Nayan
21.	Shilpa M.	Tutor	B.Sc.N	2017	130114	2.10	–	11/11/2022	–	
22.	Thejaswini C	Tutor	B.Sc.N	2022	143882	2.8	–	2/1/2023	–	
23.	Naveen Kumar PB	Tutor	B.Sc.N	2023	151755	2.5	–	3/3/2023	–	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

24.	Snigdha Bhattacharjee	Tutor	B.Sc. N	2020	115559	02	—	1/8/2025	—	
25.	Ashwini D	Tutor	B.Sc. N	2021	175352	02	—	1/8/2025	—	
26.	Durga Devi. S	Tutor	B.Sc. N	2022	132982	2	—	10/8/23	—	
27.	Swathi Siddappa K	Tutor	B.Sc. N	2022	139005	2	—	11/7/23	—	
28.	Shubham Kumar Das	Tutor	B.Sc. N	2023	153202	2	—	1/10/23	—	
29.	Manjunath M.K	Tutor	B.Sc. N	2023	146215	2	—	1/10/23	—	
30.	Sayantani Nandi	Tutor	B.Sc. N	2023	152785	2	—	2/11/23	—	
31.	Prashanth G	Tutor	B.Sc. N	2021	189536	2	—	1/6/23	—	
32.	Swaranendu Nej	Tutor	B.Sc. N	2023	148769	2	—	1/6/24	—	
33.	Rodalin Halam	Tutor	B.Sc. N	2023	234591	2	—	1/6/23	—	
34.	Siddanna. R	Tutor	B.Sc. N	2023	207620	2	—	1/6/23	—	
35.	Jayashree	Tutor	B.Sc. N	2022	143783	2	—	5/5/23	—	
36.	Chandraprasada. G	Tutor	B.Sc. N	2023	135671	1.10	—	1/9/23	—	
37.	Anusha. K.C	Tutor	B.Sc. N	2022	123055	1.5	—	1/6/23	—	
38.	Potagoli Joyee	Tutor	B.Sc. N	2015	145778	1.10	—	5/9/23	—	
39.	Satya. U	Tutor	B.Sc. N	2023	150617	1	—	2/12/23	—	
40.	Sahil Ahmed	Tutor	B.Sc. N	2024	161413	1	—	1/6/24	—	
41.	Neda.	Tutor	B.Sc. N	2024	171172	0.6	—	1/1/25	—	
42.	Rachana. K	Tutor	B.Sc. N	2024	172886	0.6	—	1/1/25	—	
43.	Tanuja. C.S	Tutor	B.Sc. N	2024	162909	0.3	—	1/5/25	—	
44.	Najamin Tabbsum	Tutor	B.Sc. N	2024	179117	Fresh	—	1/8/25	—	
45.										

- **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)

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

- **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

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)	**51,600 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	**04X 1200 Sqft**	✓
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**02X1200 Sqft**	✓
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**02X1200 Sqft**	✓
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**1200 Sqft**	✓
	2. Vice-Principal Chamber	200	**600 Sqft**	✓
	3. HOD	5 x 200 = 1000	**1200 Sqft**	✓
	4. Professor/Assoc. Prof	800+2400=3200	**3200 Sqft**	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**1200 Sqft**	✓
	7. Accountants Office	**100**	**600 Sqft**	✓
	8. Store Room	**100**	**500 Sqft**	✓
	9. Record room	**100**	**300 Sqft**	✓
	10. Room for maintenance staff	**100**	**1200 Sqft**	✓
	11. Xeroxing room	**100**	**1200 Sqft**	✓
	12. common room (Girls & Boys)	600+400= 1000	**1200 Sqft**	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3500 Sqft**	✓
	14. Toilets	1000	**1000 Sqft**	✓

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

	15. A.V/Aids room	600	**600 Sqft**	✓

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1600 Sqft**	✓
	Nutrition & Community Health Nursing	1200sq.ft	**1200 Sqft**	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	**1200 Sqft**	✓
	Pediatrics Nursing Laboratory	900sq.ft	**1200 Sqft**	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	**1200 Sqft**	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1200 Sqft**	✓

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA02AK6790	55	Yes	Yes	Yes
02	KA02AK6791	36	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	2400 Sqft	YES ☑ No ☐	Yes	Yes	✓

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	343	**Is internet facility available for Students?**	Yes
No of e-books	20000	**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs. Mangala Gowramma	M.Lib	10 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		
Conferences conducted		

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

Conferences attended		

* 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: Sri Lakshmi Multi specialty Hospital, #127, Magadi main road, Vishwaneedam Post, Sunkadakatte Bangalore-560091 MOU(Registered parent hospital MOU)		150	Within Campus		✓
NAME OF THE TRUST/ Person owning The Hospital: Danvanthri Education Trsut					
Name Of The Owner Of The Trust of Hospital Dr. Ramachandraiah N					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Spandana Hospital Pvt.ltd 1/1, Pantharapalya Mysure road Bengaluru-560039	300	08 Kms		✓
	2 Vani Villas Hospital Fort KR Road, Bengaluru-560002	250	11 Kms		✓
	3 Victoria Hospiotal Fort KR Road, Bengaluru-560002 (MOU/Clinical permission letter)	1000	11 Kms		✓
	4 Indra Gandhi Hospital IGICH, Bangalore	900	16 Kms		✓

(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:

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

- If the college established. i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are:-OT. Eye/ENT. Burns &Plastic. Neonatology. Communicable disease. cardiology. oncology. Neuro. Nephro. ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY. Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program. regulations. 2020] 5th July. 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital. to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program. regulations. 2020] 5th July. 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents. pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter. fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	90%	150	95%
Surgery including OT	20	90%	120	95%
Obstetrics & Gynecology	15	80%	250	95%
Pediatrics,	10	90%	900	95%
Emergency Medicine	10	90%	185	95%
Psychiatry	05	90%	300	95%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	15	90%	55	95%
Minor OT	10	80%	40	95%
Dental, Otorhinolaryngology, Ophthalmology	02	90%	10	95%
Burns and Plastic	05	80%	20	95%
Neonatology care unit	10	90%	20	95%
Communicable disease/Respiratory medicine/TB & chest diseases	05	80%	20	95%
Dermatology	05	90%	20	95%
Cardiology	10	80%	30	95%
Oncology	05	90%	30	95%
Neurology/Neuro-surgery	05	80%	40	95%
Nephrology/Urology	10	90%	20	95%
ICU/ICCU	10	80%	150	95%
Geriatric Medicine	05	90%	50	95%
Any other				

Note : 1:3 student patient rationeeded. 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	**Tavarakere PHC**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	**8 Kms**
b. Services Rendered by Health & Family Welfare Programmes	**Yes**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**Herohalli PHC**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	**03 Kms**
b. Services Rendered by Health & Family Welfare Programmes	**Yes**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
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 ☐
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**	
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 :**	**Boys :**
f.	Total No. of rooms	**Girls :**	**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	✓	update	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	update	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	update	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

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

LIC Team Observations:

On the day of inspection the Shrilakshmi College of Nursing, meeting the following requirements

— physical infrastructure:- This institution is having total 51,600 sqft buildup area including classrooms, labs, library offices with well furnished, ~~& this insti~~

→ Clinical facility:- This institution established in 2003 & having the 150 beds parent hospital KPMBA & PCB certificate verified & found correct. and also having for affiliated Hospital like; Spandana Hospital Vanivilas, Victoria, & Indira Gandhi Hospital. Clinical fees paid Receipt verified & found correct

→ Teaching faculty:- On the day of inspection principal, teaching & non teaching staff were there all the original document verified & found correct

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 Sri Lakshmi 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 17/8/23 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	Signature of Member (1)	Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA16627903098735X
Certificate Issued Date	:	13-Aug-2025 01:12 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ NAGARABAVI/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0848165540792723X
Purchased by	:	SRI LAKSHMI MULTI SPECIALITY HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI LAKSHMI MULTI SPECIALITY HOSPITAL
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SRI LAKSHMI MULTI SPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, **Dr. Ramchandraiah N** is the Owners/MD/CEO/Board Members of the **Sri Lakshmi Multi Speciality Hospital** situated at **#127/1, Magadi Main road, Vishwaneedam Post, Sunkadakatte, Bangalore-560091**.

This is to confirm that our hospital **Sri Lakshmi Multi Speciality Hospital** is registered under KPMEA and PCB with **150beds** and the bonafide certificate has been attached.

This is to confirm that the hospital **Sri Lakshmi Multi Speciality Hospital** is functioning as affiliated/parent/own hospital for Sri Lakshmi College of Nursing college.

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

The information provided by us is true and correct.

N.K.L.
Deponent

Date: 14/08/2025

Place: Bangalore

SWORN IN BEFORE ME

DEVARAJA E., B.Sc., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
Reg. No. 20356
Expiry Dt: 09-03-2030
No.1/1B, Sandeepini School Road
Maramma Temple, Nagadevanahalli,
Jnanabharathi post, Bengaluru 560056

NOTARY
DEVARAJA E.,
B.Sc., LL.B.,
Nagadevanahalli,
Bengaluru City
Reg. No. 20356
GOVT. OF INDIA

14 AUG 2025

17/8/25

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	IN-KA16629648239111X
Certificate Issued Date	:	13-Aug-2025 01:13 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ NAGARABAVI/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0848155750768345X
Purchased by	:	DANAVANTHRI TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DANAVANTHRI TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	DANAVANTHRI TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Co-Operative Societies Ass. Karnataka Branch Nagarabhavi 560072

NOTARY DEVARAJA E., B.Sc., LL.B., Nagadevanahalli, Bengaluru City Reg. No. 2035 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I am the Chairman of the **Danvanthri Education Trust** are submitting the affidavit to university.

The **Danvanthri Education trust** is running/managing the Srilakshmi 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. .

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.

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.M.L.

Deponent

Date: 14/08/2025

Place: Bangalore

SWORN IN BEFORE ME

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14 AUG 2025

17/8/25