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 Inspector's :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Veeresh. K.H	Dr. Thippeswamy. T.M.T	Nagaraj. Kallalli
Designation	Associate professor	Principal	Principal
Address	RHPTMJ. Gadag	Sri Nirvaneshwar CON Sri Degula Mattha Camp Kunakapura	lakeview college of Nursing Belgaum
Mobile No	9620151813	9964186525	9916329421
Email ID	veereshblue1@gmail.com	thippesh.tojalaintl@gm	nagarajgk1983@gmail.com

Inspection For the Academic Year : 2025 - 2026				*Date of Inspection:* 19/08/2025
(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**	Mother theresa College of Nursing No:378, 'B'-Block, S Madiwala, Samandur Post, Anekal Hosur Main Road, Bengaluru-562106	2	**Year of Establishment** 2003.
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** (Trust ticked)		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	Angel Educational and Charitable trust (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: principalmothertheresacon@gmail.com	**Website:** www.mothertheresacollege.com	
		Office No:	**Mobile No:** 903507344	

Signature of Chairman 19/8/25 Dr. Veeresh. K.H

Signature of Member (1) Dr. Thippeswamy T.M.T

Signature of Member (2) Dr Nagaraj.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. Shine. K. Antony		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Sudhabharathi A Qualification: MSc (OBG) Experience after MSc: 18 Years Email: Sudhabharathi1983v@gmail.com	Mobile No: 9626352460 Office No: 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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation Affiliation	45,000/-	90,000/-	60,000/-	25,000/-	2,20,050/-
		course identification fee = 1250 = 50				
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.		
	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)

Dr. Nagaraj

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	Aruka 370 MPS 2005 15/09/2006 Annexure - 5	RGU/AFE/ NSG/CoA/01/ 2024-25 20/09/2024 Annexure - 6	1157/ FILE No: N1031 2024-25 30/04/2024 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60		
	Admissions Made for the Current Academic Year	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		—			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure -	— Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Nagaraj

	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.Sc Nursing	**Male**	5	3	9	15	32
	Female	55	57	51	45	208
Post Basic B.Sc Nursing	**Male**		—			—
	Female					
M.Sc Nursing	**Male**		—			—
	Female					
M.Sc NPCC	**Male**		—			—
	Female					

10. If the college has P.B.B.Sc(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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 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	1	1				1							
2	Vice-Principal	1	1	1	1	1				1							
3	Professor	1	1-2	2-3	3-5	5-6		1*									
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*		2							
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*		3							
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--		22							
	Total	16-24	24-40	36-60	48-80	60-100	4-12			29							

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 INC letter: F.NO.1-6/LT/2023-INC dated: 06.03.2024

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

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 Students Intake	**Total 15 Faculty** * 7 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty *18 Tutors	**Total 45 Faculty** * 18 M.Sc. Nursing qualified faculty *27Tutors	**Total 60 Faculty** * 24 M.Sc. Nursing qualified faculty *36 Tutors

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

200 Students Intake	**Total 20 Faculty** * 10 M.Sc. Nursing qualified faculty * 10 Tutors	**Total 40 Faculty** * 17 M.Sc. Nursing qualified faculty *23Tutors	**Total 60 Faculty** * 25 M.Sc. Nursing qualified faculty *35 Tutors	**Total 80 Faculty** * 32 M.Sc. Nursing qualified faculty *48 Tutors
250 students	**Total 25 Faculty** * 12 M.Sc. Nursing qualified faculty * 13 Tutors	**Total 50 Faculty** * 20 M.Sc. Nursing qualified faculty *30 Tutors	**Total 75 Faculty** * 30 M.Sc. Nursing qualified faculty * 45Tutors	**Total 100 Faculty** * 40 M.Sc. Nursing qualified faculty *60Tutors
* **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.	Mrs. Sudhabharathi. A	Principal	MSc. OBG	2012	10358	4 years	14 years	10/12/2021		
2.	Mrs. Nagadevi	vice principal	MSc. Community health Nsg	2005	107	5 years	11 years	1/08/2014		
3.	Mrs. Kalpana. C	Asso. Professor	MSc. Paediatric Nursing	2005	RPMSC 143	5 years	13 years	01/08/2014		
4.	Mrs. Anitha. M	Asso. Professor	MSc. Community health Nsg	2008	239	4 years	7 years	31/12/2014		
5.	Ms. Tena Paul	Asst. Professor	MSc. MSN	2012	20374	5 years	12 years	6/6/2022		
6.	Ms. Jisha. MV	Asst. Professor	MSc. OBG.	2013	RPMSC 442	1 year	10 years	1/8/2014		LEAVE
7.	Ms. Jinu George	Asst. professor	MSc. MSN	2024	RRRPL2021 19729 KAR	7 years	8 months	10/12/2024		
8.	Mrs. Krishnammal. L.T	Asst. lecturer	BSc (N)	2007	RPBSC 1331	15 years	—	22/6/2009		
9.	Mrs. Binumol Thomas	lecturer	BSc (N)	2008	11946	16 years	–	1/12/2008		
10.	Mrs. Lekshmi Vijayan	lecturer	BSc (N)	2016	83134	8 years	–	1/8/2017		
11.	Mr. Binoy	Asst. lecturer	BSc (N)	2021	119875	3 years	–	10/2/2022		
12.	Mrs. Nimmi Kuriakose	lecturer	PBBSc (N)	2016	RRANP 2017/13397	5 years	–	10/8/2020		
13.	Mrs. Jaseela. M	lecturer	PBBSc (N)	2018	178587	5 years	–	1/4/2019		
14.	Mr. Jijo. PB	lecturer	BSc (N)	2013	12065	10 years	–	1/4/2015		
15.	Mrs. Merly Sebastian	Asst. lecturer	BSc (N)	2014	14508	9 years	–	1/9/2015		
16.	Mr. Joshy varghese	lecturer	BSc (N)	2013	72151	8 years	–	1/8/2013		
17.	Mrs. Pallavi. S	lecturer	BSc (N)	2018	191322	4 years	–	15/11/2020		
18.	Mrs. Lohitha.	lecturer	BSc (N)	2019	103925	5 years	–	10/2/2020		
19.	Mrs. Mahadevamma	lecturer	PBBSc (N)	2020	205590	4 years	–	13/12/2021		
20.	Mrs. Adithya anil	Ass. lecturer	BSc (N)	2021	119881	3 years	–	16/02/2022		
21.	Mr. Stephen Raj	Ass. lecturer	BSc (N)	2021	119877	3 years	–	13/5/2022		
22.	Mrs. Hema. V	Ass. lecturer	BSc (N)	2020	116159	4 years	–	5/1/2021		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mrs. MAIU MOI	Asst.lecturer	BSC(N)	2021	119880	3 years	–	13/1/2021		Mallum
24.	Ms. Gokhila Prasad	Asst.lecturer	BSC(N)	2021	119884	3 years	–	20/4/2022		Prasad
25.	Mr. Alwin Davis	Asst.lecturer	BSC(N)	2021	119878	3 years	–	1/1/2022		Alwin
26.	Ms. Yatmi lungleng	Asst.lecturer	BSC(N)	2021	119872	3 years	–	18/4/2022		Yatmi
27.	Ms. Veena venu	Asst.lecturer	BSC(N)	2019	106813	4 years	–	17/10/2020		Veena
28.	Ms. Asha Anand . M	Asst.lecturer	PBBSc(N)	2024	26833	8 Months	–	10/10/2024		Asha
29.	Mr. Pravin Jacob varghese	Asst.lecturer	PBBSc(N)	2025	58847	1 Month	–	1/8/2025		Pravin
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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 M.Sc 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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	28079 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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3708 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	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	450 Sq.ft	
	2. Vice-Principal Chamber	200	350 Sq.ft	
	3. HOD	5 x 200 = 1000	1500 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3500 Sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	800 Sq.ft	
	7. Accountants Office	**100**	350 Sq.ft	
	8. Store Room	**100**	350 Sq.ft	
	9. Record room	**100**	300 Sq.ft	
	10. Room for maintenance staff	**100**	400 Sq.ft	
	11. Xeroxing room	**100**	300 Sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	2100 Sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3500 Sq.ft	
	14. Toilets	1000	1400 Sq.ft	
	15. A.V/Aids room	600	927 Sq.ft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1854 Sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1400 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	927 Sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	927 Sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	927 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	2100 Sq.ft	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office?**	
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 / Registered lease deed of the building / Land**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

Verified

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 dated 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- 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.

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

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	KA592923	52	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3700Sq.Ft	YES ☑ No ☐			

Total No. of Nursing Books available	4600	**No. of Nursing Journals subscribed**	8
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	YES
No of e-books	8	**How many books were purchased in last financial year?**	1000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs Sudharani	MLIS	5 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	25	
Conferences conducted	2	

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%)**	**Remarks**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)		–	–	–	–
NAME OF THE TRUST/ Person owning The Hospital		–	–	–	–
Name Of The Owner Of The Trust of Hospital		–	–	–	–
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Kaveery hospital 92/1.A&B Konappana agrahara Bengaluru	200	18KM	165	
	2 Sri Sai hospital Sri Ragavendra swami layat, Yedavanahalli Bengaluru	100	12KM	70	
	3 (MOU/Clinical permission letter)				

Signature of Chairman **Signature of Member (1)** **Signature of Member (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 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 & Copy Enclosed

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	—	—	75	60
Surgery including OT	—	—	55	35
Obstetrics & Gynecology	—	—	15	18
Pediatrics,	—	—	25	20
Emergency Medicine	—	—	10	10
Psychiatry	—	—	20	3

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	—	—	10	8
Minor OT	—	—	10	8
Dental, Otorhinolaryngology, Ophthalmology	—	—	10	7
Burns and Plastic	—	—	25	10
Neonatology care unit	—	—	15	10
Communicable disease/Respiratory medicine/TB & chest diseases	—	—	20	10
Dermatology	—	—	12	10
Cardiology	—	—	10	8
Oncology	—	—	15	10
Neurology/Neuro-surgery	—	—	15	8
Nephrology/Urology	—	—	10	7
ICU/ICCU	—	—	15	10
Geriatric Medicine	—	—	10	7
Any other	—	—	20	15

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 FIELD		
a.	**Name of CHC / PHC / SC**	Attibele PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	7 KM
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FIELD:		
a.	**Name of CHC / PHC / SC**	Jigani PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	8.5 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** ☐
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 :** 212	**Boys :** 28
f.	Total No. of rooms	**Girls :** 70	**Boys :** 20
g.	Water Supply	**YES** ☑	**NO** ☐
h.	Electricity Supply	**YES** ☑	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	**NO** ☐
j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☑	**NO** ☐
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		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/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryB ooks & 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)**

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

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

LIC Team Observations:

The LIC team from RGUHS visited college for physical verification for continuation affiliation B.Sc MLS Basic for the Academic year 2025-26 on 19/08/2025. The following observations made on the day of inspection.

→ Infrastructure :- The college is having 4 class rooms and 6 labs as per norms of the RGUHS total area of the building is 28070 Sq ft.

→ The college is affiliated to convey Hospital 100 beds and Sri Sai Hospital 100 beds

→ The Library is well ventilated and seating capacity for the students. with 4600 books, Journals, E Journals and has well as Helinet facility for Students

→ The total no of teaching faculties are 29, out of which 7 faculties are belongs M.Sc post graduates) including Principal

→ college is having transport facility for Students

→ college have separate Hostel for boys & girls

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 Mother Theresa 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 _____ 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)

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.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA207103850647531X**
Certificate Issued Date	:	19-Aug-2025 10:34 AM
Account Reference	:	NONACC (FI)/ kacardb08/ ANEKAL/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKACARDB08559401225464481X
Purchased by	:	ANGEL EDUCATIONAL AND CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ANGEL EDUCATIONAL AND CHARITABLE TRUST
Second Party	:	THE REGISTRAR ADMISSION AND AFFILIATION RGUHS
Stamp Duty Paid By	:	ANGEL EDUCATIONAL AND CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ADVOCATE & NOTARY PUBLIC GOVT. of India
MUNISWAMY. T
Reg No. 19927
Anekal.

Authorised Signatory
P C A & R D Bank Ltd.
Anekal.

Please write or type below this line

AFFIDAVIT

Mr. SHINE K. ANTONY, S/O Mr. K. C ANTONY residing at #07,Chandapura,Hosur main Road, Bangalore – 560099, Chairman of the trust ANGEL EDUCATIONAL AND CHARITABLE TRUST are submitting the affidavit to University.

Contd....2

NO OF CORRECTIONS

The trust ANGEL EDUCATIONAL AND CHARITABLE TRUST is running/managing the colleges

1. MOTHER THERESA COLLEGE OF NURSING since 2003.
   We confirm that all the information provided by us to the LIC team is true and Correct to the best of our knowledge.

2. We confirm that the faculty in the college are employed for full time in the college.
3. 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.

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

5. 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.

That the deponent hereby declares that the above information is true and correct as pert official records and that no information has been suppressed herewith.

Deponent

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 had not suppressed any material fact.

Verified on this 19 day of August 2025 at Bangalore.

Deponent

19 AUG 2025

NOTARY PUBLIC Govt of India ADVOCATE
MUNISWAMY.T Reg No: 1992 Anekal

MUNISWAMY.T B.A.,LL.B.
ADVOCATE & NOTARY PUBLIC
Govt of India
@ Court Complex, Anekal Tq
Bangalore Dist-562 106

NO OF CORRECTIONS 2

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA20709526912482X**
Certificate Issued Date	:	19-Aug-2025 10:34 AM
Account Reference	:	NONACC (FI)/ kacardb08/ ANEKAL/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKACARDB0855937435416837X
Purchased by	:	THIRUMALA CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THIRUMALA CHARITABLE TRUST
Second Party	:	THE REGISTRAR ADMISSION AND AFFILIATION RGUHS
Stamp Duty Paid By	:	THIRUMALA CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ADVOCATE & NOTARY PUBLIC GOVT. OF INDIA
MUNISWAMY T
Reg No: 19927
Anekal.

Authorised Signatory
P C A & R D Bank Ltd.
Anekal.

Please write or type below this line

AFFIDAVIT

Mr. SHINE K. ANTONY, S/O Mr. K. C ANTONY residing at #07,Chandapura,Hosur main Road, Bangalore – 560099, Chairman of the trust THIRUMALA CHARITABLE TRUST are submitting the affidavit to University.

Contd....2

NO OF CORRECTIONS 2

The trust THIRUMALA CHARITABLE TRUST is running/managing the colleges

1. CHINAI COLLEGE OF NURSING since 2003.
   We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

2. We confirm that the faculty in the college are employed for full time in the college.
3. 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.

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

5. 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.

That the deponent hereby declares that the above information is true and correct as pert official records and that no information has been suppressed herewith.

Deponent

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 had not suppressed any material fact.

Verified on this 19 day of August 2025 at Bangalore.

Deponent

19 AUG 2025

NOTARY PUBLIC Govt of India
MUNISWAMY.T
Reg No. 19527
Anekal
ADVOCATE

MUNISWAMY.T B.A.,LL.B.,
ADVOCATE & NOTARY PUBLIC
Govt of India
@ Court Complex, Anekal Tq
Bangalore Dist-562 106

NO OF CORRECTIONS 9