



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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish M/K	Dr. S. Srinivasulu Reddy	Prof. Nataraj. K
Designation	Dean & Director	Annexed	Principal
Address	Chikkamagaluru Jashli. & Medical Sciences - Chikkamagaluru.	Shri. Arul Bihun Vignapure medical college	Compass College of Nursing, Kumbhari
Mobile No	9448323157	9880656516	9844157222
Email ID	dermaharish@yahoo.com	Srinivasulu@gmail.com	raj.v222m1@gmail

Inspection For the Academic Year : 2025-26

Date of Inspection: 16/08/25

(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	Oriental College of Nursing NO 67, Andrahalli village, Near Andrahalli, Govt school, Bangalore-91	2	Year of Establishment	2004
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	Chaitanya Educational, Social and Charitable trust (R) (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
		Email: Orientalcollegeofnursing@gmail.com		Website: www.orientalcollegeofnursing.com	
		Office No: 6364054443		Mobile No: 9741226795	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(Dr. S. Srinivasulu Reddy)

Prof. Nataraj. K.

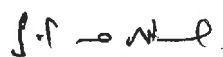
	(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No	MRS. M.R. BHARATHI		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Venkatalakshamma Qualification: M.Sc Nursing Experience after MSc: 14 years. Email: Vijayalakshmi73@gmail.com	Mobile No: Office No: 63 64054443 Fax No: Residential phone No: 9886982242	
	b) Drawing authority of the college	Chaitanya Trust		
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

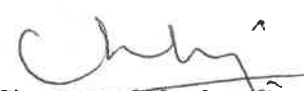
7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrati ve Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing		Enclosed				
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.		Enclosed			
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Online Transaction Number or Details:

Remarks:

nil

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	nil
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	nil
	Sanctioned Intake	50	50	-	-	
	Admissions Made for the Current Academic Year	50	50	-	-	
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	nil
	Sanctioned Intake	25	25	-	-	
	Admissions Made for the Current Academic Year	24	25	-	-	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NA	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	35	32	30	28	
	Female	25	28	30	32	
Post Basic B.Sc Nursing	Male	20	25			
	Female	30	25			
M.Sc Nursing	Male	12	10			
	Female	12	12			
M.Sc NPCC	Male	NA				
	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-----
		Enclosed				

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-----
		Enclosed				

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:

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									01					
2	Vice-Principal	1	1									01					
3	Professor	1	1-2					1*				03					
4	Associate Professor	2	2-4					1*				02					
5	Assistant Professor	3	3-8				2	3*				02					
6	Tutor	8-16	16-24				2-10	--				35					
	Total	16-24	24-40				4-12					42					

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	1 st Year	2 nd Year	3 rd Year	4 th 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

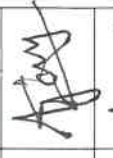
Signature of Member (1)

Signature of Member (2)

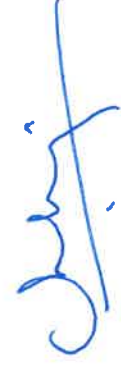
Teaching Faculty details

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10.	MR SANDESH	ASST.LECTURER	-	2021	114684	4 YEARS	-	22/02/2021	-	<i>Siddhant</i>
11.	MRS CHAITRA B M	ASST.LECTURER	-	2021	253034	03 YEARS	-	04/09/2022	-	<i>Chaitra</i>
12.	MR ABHISHEK B VANNUR	ASST.LECTURER	-	2024	161998	3 YEARS	-	04/09/2022	-	<i>Abhishek</i>
13.	MR MALLIKARJUN B M	ASST.LECTURER	-	2023	141215	3 YEARS	-	10/02/2022	-	<i>M</i>
14.	MR RAJESH KHAIDEM	ASST.LECTURER	-	2023	140849	2 YEARS 4 MONTHS	-	01/02/2023	-	<i>Rajesh</i>
15.	MS N MEGHALA	ASST.LECTURER	-	2023	140666	2 YEARS	-	06/02/2023	-	<i>MS</i>
16.	MR VASANTH KUMAR K	ASST.LECTURER	-	2024	165019	1 YEAR	-	20/11/2024	-	<i>V</i>
17.	MS. JENISHA M	ASST.LECTURER	-	2024	159703	3 YEAR	-	1/10/2022	-	<i>Jenisha</i>
18.	MR. MADHUSUDAN H	ASST.LECTURER	-	2023	141213	2 YEARS 4 MONTHS	-	10/02/2023	-	<i>M Madhus</i>
19.	MR MUNEEER	ASST.LECTURER	-	2023	140991	02 YEARS	-	09/02/2023	-	<i>Muneeer</i>
20.	MS. IPSITA MONDAL	ASST.LECTURER	-	2023	160130	2 YEARS	-	10/10/2023	-	<i>Ipsita</i>
21.	MR. SUBHENDU BERA	ASST.LECTURER	-	2024	160207	1 YEAR	-	17/04/2024	-	<i>Subendu</i>
22.	MS. ASHITHA JACOB	ASST.LECTURER	-	2024	158802	1 YEAR	-	28/04/2024	-	<i>Ashitha</i>
23.	MS. STENI WALTER	ASST.LECTURER	-	2023	143839	1 YEAR	-	30/04/2024	-	<i>Steni</i>
24.	MS. APARNA S	ASST.LECTURER	-	2025	183122	4 MONTHS	-	03/04/2025	-	<i>Aparna</i>
25.	MS. GURUPRABHA R	ASST.LECTURER	-	2025	163099	1 YEAR	-	20/09/2024	-	<i>Guruprabha</i>
26.	MS. KUHILI MONDAL	ASST.LECTURER	-	2025	167213	5 MONTHS	-	01/03/2025	-	<i>Kuhili</i>
27.	MR. ADITH VP	ASST.LECTURER	-	2025	167593	4 MONTHS	-	02/04/2025	-	<i>Adith</i>
28.	MR. ROHAN R	ASST.LECTURER	-	2023	134667	2 YEARS 2 MONTHS	-	06/06/2023	-	<i>Rohan</i>
29.	MS SHALUMOL TANKACHAN	ASST.LECTURER	-	2021	KL04202103720	4 YEARS	-	09/12/2024	-	<i>Shalumol</i>
30.	MR SOURAV MAITY	ASST.LECTURER	-	2024	163560	10 MONTHS	-	01/10/2024	-	<i>Sourav</i>

31.	MR AROMAL AIJUMAR	ASST.LECTURER	-	2025	181776	4 MONTHS	-	02/04/2025	-	
32.	MR. ANIMESH HAZRA	ASST.LECTURER	-	2024	163561	10 MONTHS	-	03/10/2024	-	
33.	MR. AJAY K	ASST.LECTURER	-	2025	167600	4 MONTHS	-	02/04/2025	-	
34.	MS ANEESHA SHAJI	ASST.LECTURER	-	2025	184044	4 MONTHS	-	02/04/2025	-	
35.	MS AJEESHA SHAJI	ASST.LECTURER	-	2025	167649	4 MONTHS	-	02/04/2025	-	
36.	MS NAVYA M PILLAI	ASST.LECTURER	-	2025	183665	4 MONTHS	-	02/04/2025	-	
37.	MS VRUNDA GOPAL	ASST.LECTURER	-	2025	167647	4 MONTHS	-	02/04/2025	-	
38.	MS ADHITHYA ANILKUMAR	ASST.LECTURER	-	2025	184047	4 MONTHS	-	02/04/2025	-	
39.	MR SUDEEP G M	ASST.LECTURER	-	2025	180523	3 MONTHS	-	03/05/2025	-	CL
40.	MR SANDEEP K RATHOD	ASST.LECTURER	-	2023	141214	02 YEARS	-	10/02/2023	-	CL
41.	MR AMITH	ASST.LECTURER	-	2025	182262	4 MONTHS	-	02/04/2025	-	
42.	MR ACHINTA PATRA	ASST.LECTURER	-	2022	143225	3 YEARS	-	30/10/2022	-	CL

8.1.22



Principal
PRINCIPAL
ORIENTAL COLLEGE OF NURSING
BANGALORE

2

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

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

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) 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	23,200sq.ft (40 – 60 intake)	36000sq.ft	Verified
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	1000sq.ft Each 650sq.ft Each 650sq.ft Each — NA —	Verified Verified Verified
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room (Girls & Boys) 13. Multipurpose hall / Seminar hall/ examination hall 14. Toilets	 300 200 5 x 200 = 1000 800+2400=3200 600 100 100 100 100 600+400= 1000 3000 1000	 320sq.ft 240sq.ft 1000sq.ft 3500sq.ft 600 140 500 400 200 100 1000 4000 14000	Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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	Verified
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, 2021 F.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 Licence
	Enclosed		Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400sqft	YES ☒ No ☐	YES	Good	Verified

Total No. of Nursing Books available	3000	No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	200	Is internet facility available for Students?	Yes
No of e-books	100	How many books were purchased in last financial year?	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
14	Mrs. Manpala Y.K	BA.LB	1 Year	Verified
24	Mr Ganesh	BBA	6 month	Verified

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 will increase/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	Enclosed	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Conferences conducted	02	Verified
Conferences attended	10	Verified

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital				
MOU(Registered parent hospital MOU)				
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 Victoria Hospital	1000	12km	821 (82%) Verified
	2 Manipal [Cunningham Road]	71	20km	56 (78.4%) Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	3				
	(MOU/Clinical permission letter)				

(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/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, 2021 F.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.)

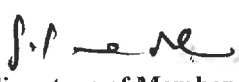
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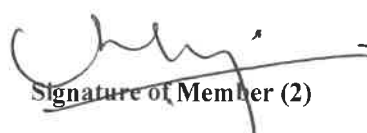
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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

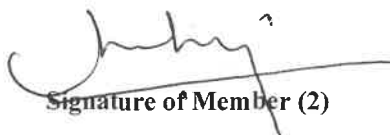
Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			220	99%
Surgery including OT			290	99%
Obstetrics & Gynecology			100	98%
Pediatrics,			100	97%
Emergency Medicine			30	95%
Psychiatry			20	96%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			03	02
Minor OT			06	05
Dental, Otorhinolaryngology, Ophthalmology			20,	18,
Burns and Plastic			Nil	Nil
Neonatology care unit			Nil	Nil
Communicable disease/Respiratory medicine/TB & chest diseases			10	09
Dermatology			Nil	Nil
Cardiology			Nil	Nil
Oncology			Nil	Nil
Neurology/Neuro-surgery			Nil	Nil
Nephrology/Urology			Nil	Nil


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

ICU/CCU			10	60
Geriatric Medicine			09	08
Any other			-	-

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

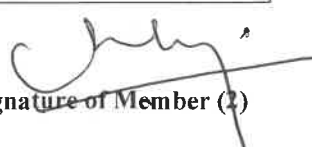
19	COMMUNITY HEALTH NURSING : Annexure - 17	
RURAL FIELD		
a. Name of CHC / PHC / SC		Tippenhalli
Adopted / Affiliated		
Administrate red by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		8 km
b. Services Rendered by Health & Family Welfare Programmes		Yes.
URBAN FIELD :		
a. Name of CHC / PHC / SC		Bangalore
Adopted / Affiliated		
Administrate red by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		20 km
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 ☐


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

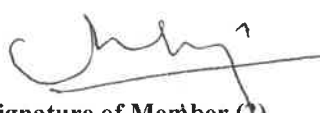
c.	Health Records	YES ☒	NO ☐
d.	Clinical and field experience record	YES ☒	NO ☐
e.	Practical record books - procedure record	YES ☒	NO ☐
f.	Practical record books - Midwifery case book	YES ☒	NO ☐
g.	Leave record	YES ☒	NO ☐

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 30x40x7 (9600sq.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 : 121	Boys : 57
f.	Total No. of rooms	Girls : 20	Boys : 10
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐


Signature of Chairman


Signature of Member (1)

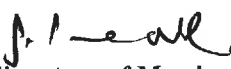

Signature of Member (2)

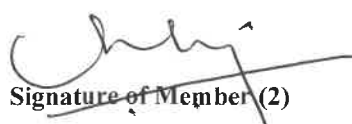
i.	Is Facilities available for outdoor games and indoor games?	YES	☒	NO	☐
j.	Is Sick room available?	YES	☒	NO	☐
k.	Whether the hostel mess is available with	YES	☒	NO	☐
l.	Safe drinking water facilities	YES	☒	NO	☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		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	☒	☐	
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	Yes	☐	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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	✓		
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	✓		

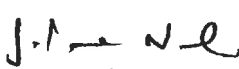
Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

- There are 1 Principal Professor, 1 Vice Principal Professor, 1 Professor, 2 Associate Professor, 2 Assistant Professors and 32 Tutors and 3 tutors are on leave (Total 35) Present on the day of inspection.
- There are 5 labs available on the day of inspection.
- There are 4 class rooms of capacity 60 students for BSc nursing, 2 class rooms of 50 capacity for MSc and 2 class rooms of 25 seats capacity for MSc nursing available on the day of inspection.
- Infrastructure and clinical material is available as per the apex body norms and RGUHS norms.

/ / / /


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



Government of Karnataka

Certificate No.	: IN-KA18738266606861X
Certificate Issued Date	: 16-Aug-2025 11:41 AM
Account Reference	: NONACC (FI)/ kagcs108/ HEGGANAHALLI CROSS2/ KA-RJ
Unique Doc. Reference	: SUBIN-KAKAGCSL0852174276214744X
Purchased by	: ORIENTAL COLLEGE OF NURSING
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: ORIENTAL COLLEGE OF NURSING
Second Party	: RGUHS
Stamp Duty Paid By	: ORIENTAL COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Please write or type below this line

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Oriental College of Nursing which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 16/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff

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.

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: 16/08/2025, 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
Dr. Harish M.K
(Chairman)

A C Member
Dr. Srinivasulu
Naidu.S
(Member)

Subject Expert
Prof. Nataraj K
(Member)



सत्यमेव जयते

INDIA NON JUDICIAL

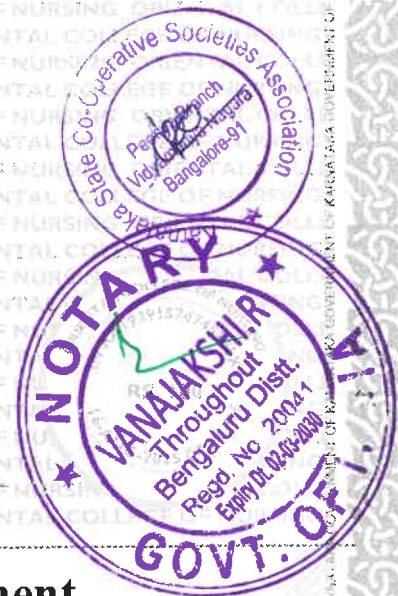
Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA19291574745705X
Certificate Issued Date : 16-Aug-2025 04:30 PM
Account Reference : NONACC (FI)/ kakscsa08/ PEENYA 2ND STAGE/ KA-GN
Unique Doc. Reference : SUBIN-KAKAKSCSA0853250489419119X
Purchased by : ORIENTAL COLLEGE OF NURSING
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
 (Zero)
First Party : ORIENTAL COLLEGE OF NURSING
Second Party : RGUHS
Stamp Duty Paid By : ORIENTAL COLLEGE OF NURSING
Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते



Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman person/President/Secretary/Member of the trust Chaithanya Educational, Social and charitable trust are submitting the affidavit to university. The trust Chaithanya Educational, Social and charitable trust is running/managing the Oriental College of Nursing.

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.shoilestamp.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.



Deponent

Place: Bangalore

Date: 16/08/2025

Sworn to before me




VANAJAKSHI. R.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No.443, 1st Main 2nd Cross, Venkatarangapura
Palace Guttahalli, Bengaluru - 560 003