Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Ishwaradd T B	DR. PRAVIN G U	Prof Mary Praveethi
Designation	Professor	Prof. & Principal	Principal.
Address	IIAMR Bangalore	SCMCH & RI Channapatna	Shetty Nsg College. Kalaburagi.
Mobile No	9739309658	9844455599	9449140825
Email ID	dr.ijs29@rediffmail.com.	dpravingu.rad@gmail.com	Mary Praveethi7@gmail.com.

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 07.08.25

(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	HIRANDA COLLEGE OF NURSING C.A-29, 5TH PHASE, KHB COLONY YELAHANKA NEW TOWN, BANGALORE-560 064	2	Year of Establishment: 2002
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	MIRANDA EDUCATION SOCIETY C.A.52, 6TH CROSS 10TH MAIN, HAL 3RD STAGE, BANGALORE-560 075 (ENCLOSED) (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: info@mirandanursing.edu.in	Website: www.mirandanursing.edu.	
		Office No:	Mobile No:	

07.08.25

Signature of Chairman

Dr Ishwaradd T B

Signature of Member (1)

Dr Pravin G U

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	PROF. S.N. KATARKI		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 09 (ENCLOSED) (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. S. JAYASREE Qualification: M.Sc (N) Experience after MSc: 19 YR's Email: Jayamahesh1972@gmail.com		Mobile No: 9[illegible] Office No: 080-29791071/72 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	60	45,000	90,000	60,000 50	25,000	1,95,050/-
Post Basic B.Sc. Nursing	30	30,000	60,000	40,000 50		1,30,050/-
					Total (A)	3,50,100/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL - SURGICAL NSG	5 X 2050	10,250
	2. COMMUNITY HEALTH NSG	5 X 2050	10,250
	3. OBG	4 X 2050	8,200
	4. PAEDIATRIC NSG	4 X 2050	8,200
	5. MENTAL HEALTH NSG	4 X 2050	8,200
		Total (B)	45,100
NPCC		HELINET	7,500
		APPLICATION **Total (C)**	3000
		Grand Total (A+B+C)	4,05,700

Online Transaction Number or Details: ZBBCXHM094E60K / BD000000075638 24 @ 422,150/- / 23.12.2024

06.08.25

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

Remarks: Fee paid receipt verified & enclosed

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	Verified & found in the enclosed
	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	
	Sanctioned Intake	30	30	30	30	
	Admissions Made for the Current Academic Year	30	30	30	30	
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	Verified
	Sanctioned Intake	community-5 Med-Surg-5 OBG-4 Paediatric-4 Psychiatry-4				
	Admissions Made for the Current Academic Year	community-0 Med-Surg-05 OBG-04 Paediatric-0 Psychiatry-2				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

07.08.25

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

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	08	03	04	15	30
	Female	52	57	56	45	208
Post Basic B.Sc Nursing	Male	03	01	–	–	04
	Female	27	29	–	–	56
M.Sc Nursing	Male	02	02	–	–	04
	Female	10	14	–	–	24
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----------
			-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: Attendance registers are verified & signed copy is enclosed

Signature of Chairman 07.08.25

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

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 intake				
200 students intake				

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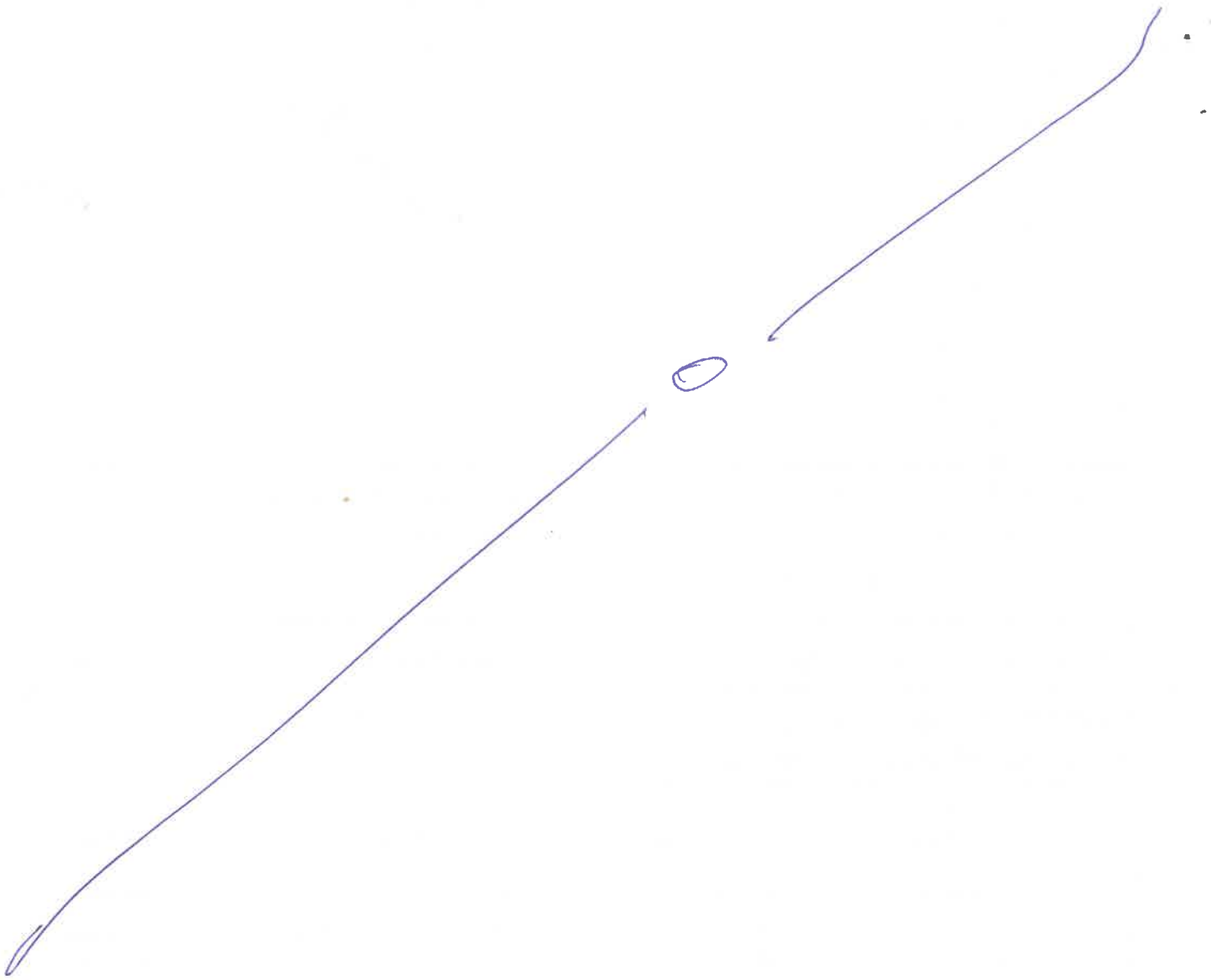
250 students				

* **Aadhar based biometric attendance for students** Yes in List enclosed.



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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			
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07.08.25

Signature of Chairman

7/8/25

Signature of Member (1)

Signature of Member (2)

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07.08.25

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

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

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07.08.25

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

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

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	31,497 sq ft	44.
	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	900sq ft	Building plan approved by Competent Authority is verified & enclosed
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	900sq ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600 sq ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	336	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof 5. Lecturer/ Tutors	800+2400=3200	3500	
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	900	
	7. Accountants Office	**100**	900	
	8. Store Room	**100**	300	
	9. Record room	**100**	300	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4200	
	14. Toilets	1000	1000	

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	15. A.V/Aids room	600	941 Sq ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	Verified
	Nutrition & Community Health Nursing	1200sq.ft	930	
	Obstetrics and Gynecology Laboratory	900sq.ft	930	
	Pediatrics Nursing Laboratory	900sq.ft	930	
	Pre-Clinical Sciences Laboratory	900sq.ft	930	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1000	

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 & found to be correct.
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

07.08.25

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
02	① KA50A-5289 ② KA05AP4669	40+1	✓ 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		YES ☑ No ☐			

Total No. of Nursing Books available	3984	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	63	**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	135

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	NAYANA. A.S	M.LISc	3 YEAR'S	✓

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 (ENCLOSED) **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Enclosed	

07.08.25 7/8/25

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

Conferences conducted	Enclosed	verified
Conferences attended	Enclosed	

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

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 MANIPAL HOSPITAL YESHWANTHPUR MOU(Registered parent hospital MOU)		160	11KMS. Affiliated Hospital.		verified & enclosed
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 INDIRA GANDHI INSTITUTE OF CHILD HEALTH BANGALORE-560029	430	19KMS.	93%.	verified & enclosed
	2 GENERAL HOSPITAL YELAHANKA. BANGALORE-560064	100	3KMS.	93%.	
	3 SPANDANA HEALTH CARE BANGALORE-560096	150	12KMS.	90%.	

Signature of Chairman 07.08.25 **Signature of Member (1)** **Signature of Member (2)**

	(MOU/Clinical permission letter)		Enclosed		

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

NOTE:

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

The college is established in the year 2002. The college is affiliated with
- Manipal Hospital - 160 Bed Strengths
- Indira Gandhi Institute of child care - 430 Bed Strengths
- General Hospital - 100 Bed Strengths
- Spandana hospital - 50 Bed Strengths,

All KSPME & PCB Certificates are verified. Clinical Fee paid receipts are enclosed

07.08.25

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

18.1. Distribution of Beds (ENCLOSED)

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

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Any other				

Note : 1:3 student patient rationeeded. Verify and attach details of previous month. Enclosed

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		PHC. BETTALSOOR
Adopted / Affiliated		
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		10 Kms
b. Services Rendered by Health & Family Welfare Programmes		YES
URBAN FEILD :		
a. Name of CHC / PHC / SC		PHC, ATTUR
Adopted / Affiliated		
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		01 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** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐

07.08.25

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

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 16,000 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 : 348	Boys : —
f.	Total No. of rooms	Girls : 74 ROOMS	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 07.08.25

Signature of Member (1)

Signature of Member (2)

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	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

07.08.25

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		Verified
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 had visited the Miranda college of Nursing on 07.08.25 for the continuation of affiliation for the year 2025-26 for BSc Nursing - 60 intake seats. MSc Nursing - 05 comm - 22 seats & PBBSc Nursing - 30 seats. On the day of inspection, LIC team made following observation:

(1) General Information: The college is estb: shed in the year 2002 under Miranda Education Society.

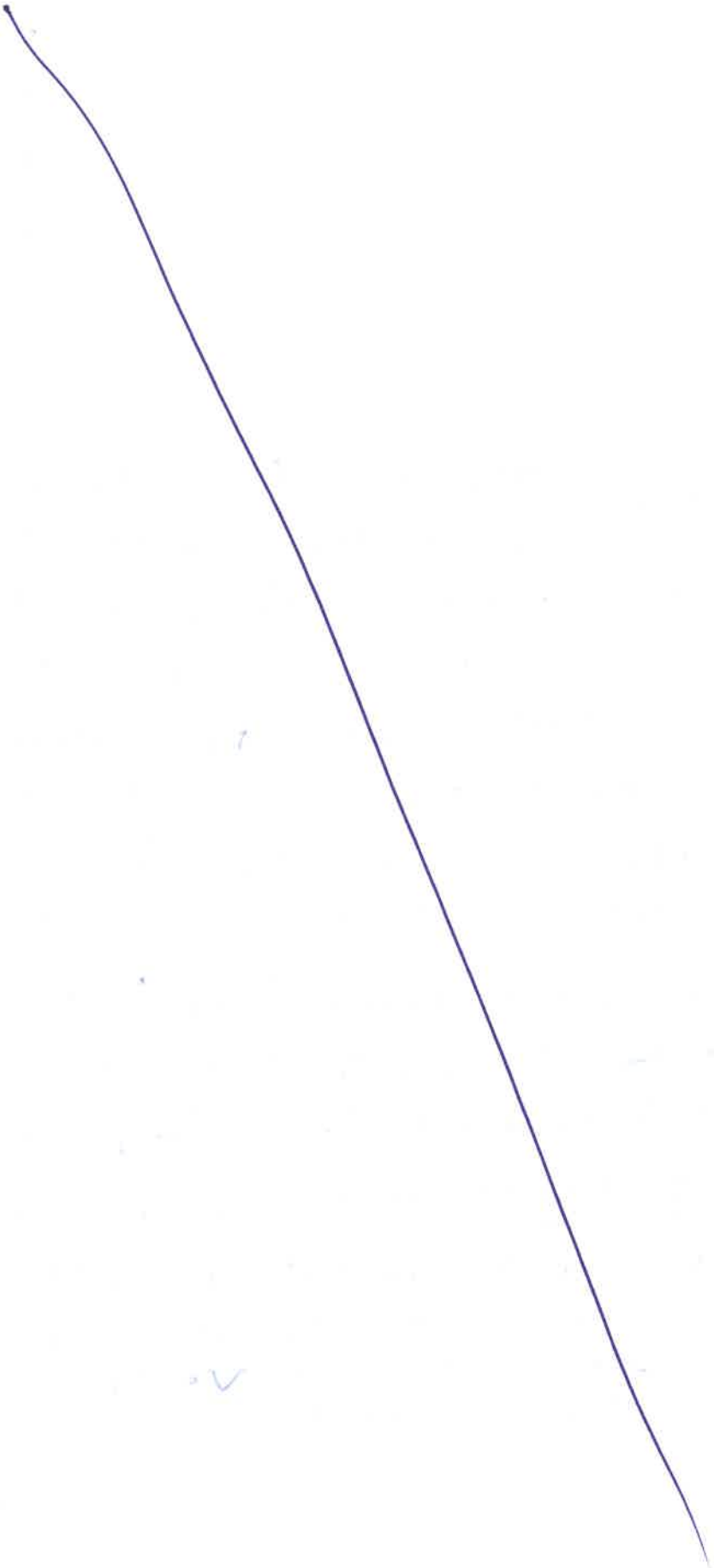
(2) Intrastructure: The Trust Deed, Land document, Audit report for 3 years, Dishants app. Tax paid receipts are verified and found to be correct.

(contd)

07.08.25
Signature of Chairman
Dr Ismail
I/C D.

7/8/25
Signature of Member (1)
Dr Praveen G M

Signature of Member (2)



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 college building is around 31497 Sq.ft. Building plan is approved by competent Authority is verified & enclosed and found to be correct. The College is having 11 classrooms and 5 Lab with well equipped.

(3) Library: 3984 books are available. Seating arrangements, Ventillation & Lighting are good. Librarian physically present on the day of inspection.

(4) Hospital: The college is established in the year 2002. college is having 4 affiliated hospital. The same hospital Details like Bed strength, ISME & PCB certificate etc are enclosed. The clinical fee paid receipts are enclo verified and enclosed.

(5) Faculty: On the day of inspection Principal & 32 faculty are physically present with required documents. 2 were on Leave. Leave Letters are enclosed.

Total : 35 faculty

Signature of Chairman

Dr Konareddy
JR.

Signature of Member (1)

Signature of Member (2)

(contd)

05 faculties → 05 faculties are having PG approved Guideship from RGUHS. Guideship letters are verified and found to be correct.

(6) Hostel : The college is having hostel for girls.

07.08.25
Dr Ismail J B.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at HIRANDA 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 07.08.25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

07.08.25

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr Ismail [illegible] J R.		

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

सत्यमेव जयते

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Certificate No.	:	**IN-KA10371992406706X**
Certificate Issued Date	:	06-Aug-2025 10:31 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ YELAHANKA2/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0836271220043299X
Purchased by	:	PROF S N KATARKI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PROF S N KATARKI
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	PROF S N KATARKI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

MAHAYOGI VEMANA SOUHARDA PATTINA SAHAKARA SANGHA YELAHANKA

Please write or type below this line

UNDERTAKING

I the Chairman of the trust PROF.S.N. KATARKI submitting the affidavit to university.

MIRANDA COLLEGE OF NURSING
C.A.-29, 5th Phase, K.H.B. Colony,
Yelahanka New Town, Bangalore-560106.

...2

CHAIRMAN

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

The trust MIRANDA EDUCATION SOCIETY is running/ managing the Miranda College of Nursing since 2002.

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

We confirm that 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 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 Trust management can be held responsible and suitable action can be initiated by the university.

MIRANDA COLLEGE OF NURSING
C.A.-29, 5th Phase, K.H.B. Colony,
Yelahanka New Town, Bangalore-560106.

DEPONENT

CHAIRMAN

MIRANDA COLLEGE OF NURSNG

YELAHANKA NEW TOWN

TEACHERS LIST 2025-2026

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	SIGNATURE
						After UG	After PG			
1	Prof.S.Jayasree	Principal	MSC.(N) Medical surgical Nursing	2006	31997	8YEARS	19YEARS	01.06.2013	yes	
2	Kavya H C	vice principal	M.Sc (N) OBG	2013	23983	1year	13years	01.01.2021	NO	
3	Tinu Mariya Peter	Asso.Prof	M.Sc (N) Paediatric Nursing	2012	4078	1year	11years	02.06.2014	No	
4	Usha Pavan	Asso.Prof	M.Sc (N) COMMUNITY HEALTH NURSING	2013	5707	1year 6months	11years	07.12.2023	No on informed leave	
5	Jyothi A P	Asso .Prof	MSC(N) PYSCHIATRIC NURSING	2015	8712		9years	01.06.2015	No on Sick Leave	
6	Lakshmi Nirmala	Lecturer	M.Sc (N) Paediatric Nursing	2012	8249		4yrs	01.06.2023	No	
7	Priyanka Augustine	Asst.prof	M.Sc (N) paediatric nursing	2012	42462	1year 6months	4years	20.07.2021	No	
8	Lenthoi Heikrujam	Asst.prof.	M.Sc (N) OBG	2021	97453	1years	3years	15.12.2021	No	
9	Bincy Johnson	LECTURER	MSC(N) PYSCHIATRIC NURSING	2024	49957	8YEARS	1YEAR	15.02.2024	No	
10	Harisha A .S	lecturer	M.Sc (N) COMMUNITY HEALTH NURSING	2025	50234	6YRS	fresher	01.07.2022	NO	

07.08.25

7/8/25

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	SIGNATURE
						After UG	After PG			
11	Reena m samuel	Asst.lecturer	B.Sc Nursing	2001	23338	8years		26.05.2025	NO	
12	Suchitra R	Asst.Lecturer	B.Sc Nursing	2012	53669	7YEARS		09.05.2018	No	
13	Sumesh B	Asst.Lecturer	B.Sc Nursing	2018	72824	6YEARS		30.08.2018	No	
14	Sudharani	Clinical Instructor	B.Sc Nursing	2017	88729	6YEARS		25.07.2019	No	
15	Anjali Kumari	Asst.Lecturer	B.Sc Nursing	2021	126751	3YEARS		25.12.2021	No	
16	Anushka Kumari	Asst.Lecturer	B.Sc Nursing	2021	126769	3YEARS		25.12.2021	No	
17	Puja Sharma	Asst.Lecturer	B.Sc Nursing	2021	120717	3YEARS		25.12.2021	No	
18	Anu kumari	Asst.Lecturer	Bsc.nursing	2019	102074	3year		15.06.2022	No	
19	Nivetha	Clinical Instructor	B.Sc Nursing	2022	141136	2YEARS		10.02.2023	NO	
20	Bishaka chetry	Clinical Instructor	B.Sc Nursing	2022	140572	2YEARS		27.11.2022	NO	

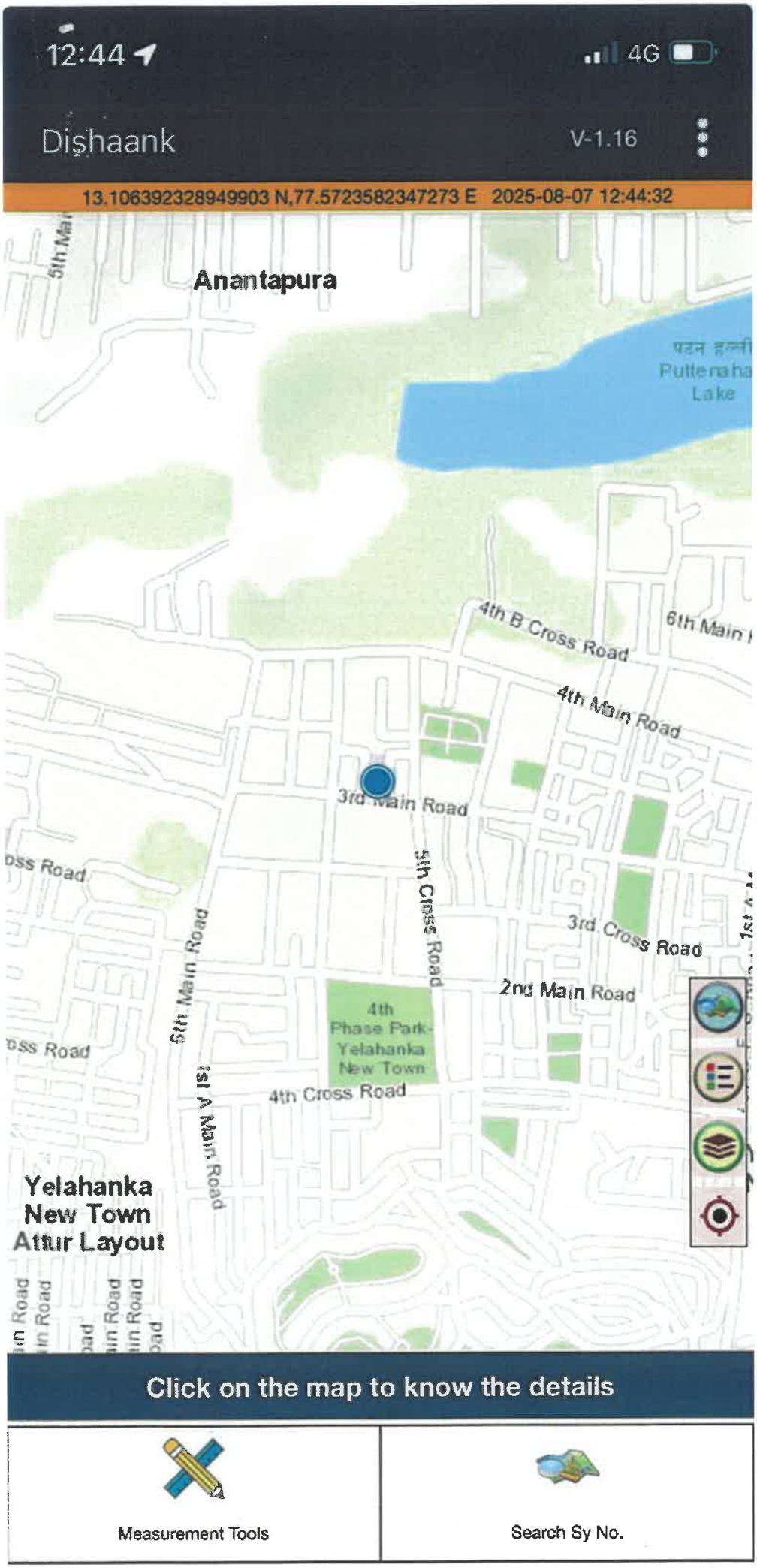
07.08.25

7/8/25

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	SIGNATURE
						After UG	After PG			
21	Himangshu Mondal	Clinical Instructor	B.Sc Nursing	2022	139675	2YEARS		30.01.2023	No	
22	MD.Amir Sohel	Clinical Instructor	B.Sc Nursing	2021	122252	2YEARS		02.01.2023	No	
23	Md.Asraful Islam	Clinical Instructor	B.Sc Nursing	2022	139673	2YEARS		28.06.2023	No	
24	Sinuja	Clinical Instructor	B.Sc Nursing	2022	144815	2YEARS		13.07.2023	No	
25	Bithika SARKAR	Clinical Instructor	B.Sc Nursing	2023	149107	1YEARS		01.12.2023	No	
26	PRIYANKA T R	Clinical Instructor	B.Sc Nursing	2023	150785	1YEAR		01.01.2024	No	
27	Lakshmi c k	Clinical Instructor	B.Sc Nursing	2022	141141	1YEAR		01.03.2024	NO	
28	SHREYA SARKI	Clinical Instructor	B.Sc Nursing	2024	168718	6MONTHS	-	15.01.2025	No	
29	DIKSHA PRADHAN	Clinical Instructor	B.Sc Nursing	2024	175216	5MONTHS		17.02.2025	No	
30	ISHA GUPTA	Clinical Instructor	B.Sc Nursing	2024	168707	6MONTHS		15.01.2025	No	

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	SIGNATURE
						After UG	After PG			
31	NIRUPAM BASAK	Clinical Instructor	B.Sc Nursing	2023	151002	1YEAR		01.08.2024	NO	
32	RAJANI	Clinical Instructor	P.B.B.Sc Nursing	2013	165815	FRESHER		01.07.2025	NO	
33	RIYA CHAKRABORTY	Clinical Instructor	B.Sc Nursing	2023	149652	FRESHER		01.07.2025	NO	
34	KAUSAR SABA	Clinical Instructor	B.Sc Nursing	2023	151004	FRESHER		01.04.2025	NO	
35	GOWTHAMI G V	Clinical Instructor	B.Sc Nursing	2022	135438	FRESHER		01.04.2025	NO	
36	SRIDEVI	ASST.PROF	MSC.NURSING	2013	RNRRB SC3991		3YEARS	25.04.2024	NO	

07.08.25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2nd Main Road
6th Main Road
1st A Main Road
4th Phase Park-Yelahanka New Town
4th Cross Road
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