Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

74

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	Dr. P. Muniyasamy
Designation	Associate professor	Principal	Principal
Address	Kittur. Gadag	Sri Nirvana Swamy Math Degree College Kanakapura	Sri Basavaraj college of Nursing, Haviyur
Mobile No	9620151813	9964186521	9916249524
Email ID	veereshblue1@gmail.com.	Thippesh.tgudemath@gmail.com	samykak.koor@gmail.com.

Inspection For the Academic Year : 2025-2026 *Date of Inspection:* 18/08/2025

(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	Chinai College of Nursing, No.378, 'A' Block, s.nadiwala, 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		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Thirumala charitable Trust (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Principalchinaicollege@gmail.com, thirumalacharitable444@gmail.com.	Website: www.chinaicollegeofnursing.com	
		Office No:	Mobile No: 9035073444	

Signature of Chairman
Dr. Veeresh K.H
18/08/2025

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

Signature of Member (2)
(Dr. P. Muniyasamy)

	(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:** Mrs. Rajeswari. R **Qualification:** MSc(N) MSN **Experience after MSc:** 17 years **Email:** rajemsensn@gmail.com		**Mobile No:** 9886908665 **Office No:** 7353187601 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college			

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation affiliation	45,000/-	90,000/-	60,000/-	25,000/-	2,21,050
Post Basic B.Sc. Nursing	Continuation affiliation	45,000/- Application Fee 2000/-	90,000/- Course Identification fee 50x2 = 100/-	60,000/-	25,000/-	2,21,050
					Total (A)	4,42,100 /-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	Application Fee = 1000/-
	1. Medical Surgical Nursing	5x2000 = 10,000/-	Course Identification Fee = 50/-
	2. Community Health Nursing	5x2000 = 10,000/-	
	3. child Health Nursing.	5x2000 = 10,000/-	Helinet fee – 7000
	4. mental Health Nursing	5x2000 = 10,000/-	
	5. Obstetric & Gynecology of Nursing	5x2000 = 10,000/-	
		Total (B)	58,550/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZSIB2HW09170HS, ZSIBN2I09182AEN
ZSIBML409192TB

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	16/01/2003 Akuka 2 NME 2003 Annexure - 5	RGU/AFFI NSG/COA/01/ 2024-25 Annexure - 6	30/4/24 1157 Fl no: 027 2024-25 Annexure - 7	18-15/5018 11/3/24 Annexure - 8	
	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	Akuka 148 MPS2010 19.04.2010 Annexure - 5	RGU/COA/01/ 2024-25 20/9/24 Annexure - 6	1157 30/4/24 Fl no: 027 2024/25 Annexure - 7	18-15/5018 11/3/24 Annexure - 8	
	Sanctioned Intake	50	50	50	50	
	Admissions Made for the Current Academic Year	50	50	50	50	
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	Akuka 137 MPS2008 28/06/2008 Annexure - 5	RGU/AFF/01 2024-25 20/9/24 Annexure - 6	30/4/24 1157 Fl.No: 027 2024-25 Annexure - 7	18-15/5018 11/3/24 Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	22	22	22	22	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	Sanctioned Intake	—	—	—	—	—

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	**Male**	16	12	18	21	67
	Female	44	48	42	39	173
Post Basic B.Sc Nursing	**Male**	03	46	-	-	49
	Female	47	4	-	-	51
M.Sc Nursing	**Male**	04	06	-	-	10
	Female	18	12	-	-	30
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——
		—	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 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*		1		1					
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*		2		1					
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*		4	9	3					
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--		29	16						
	Total	16-24	24 -40	36-60	48-80	60-100	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 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)**

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. Rajeswari. R	Principal	MSc(N)MSN	Apr-08	094404	3yrs	14yrs	01/07/2017	yes	
2.	Mrs. Saumya Xavier	Vice Principal	MSc(N)CHN	oct-05	8441	8yrs	13yrs	01/10/2019	yes	
3.	Mrs. Tittu Susan	Professor	MSc(N)CHN	Aug-05	RRMsc-146	1yr	17yrs	10/02/2020	Yes	
4.	Mrs. Deepa. J	Professor	MSc(N)OBG	Aug-06	189	1yr	14yrs	13/03/2018	yes	
5.	Mrs. Sumi. J	Asso. Professor	MSc(N)MSN	Nov-13	RRTMN2000 9986K AR	3yrs	4yr 7mon	04/01/2021	yes	
6.	Mr. Dinesh. G.G	Asst. Professor	MSc(N)MHN	Aug-13	RRKRL 20155014	—	5yr 9mon	01/11/2019	yes	
7.	Mrs. Asha. R.C	Asso. Professor	MSc(N)MSN	Sep-18	47030	4yr 4mon	6yr	10/12/2018	yes	
8.	Mrs. Laiji. K.J	Asst. Professor	MSc(N)OBG	Sep-15	75940	—	3yr 10mon	10/9/2021	Yes	
9.	Mr. Sinu. R	Professor	MSc(N)MHN	May-13	005760	—	3yr 5mon	17/3/2022	yes	
10.	Mrs. Princy. P. Sam	Asst. Professor	MSc(N)MSN	Sep-19	68876	—	5yr 8mon	15/12/2019	Yes	
11.	Mr. Robins. K. Thomas	Asst. Professor	MSc(N)MSN	Nov-20	79586	—	3yrs	20/8/2022	yes	
12.	Mrs. Shymi Scaria	Asst. Professor	MSc(N)CHN	Jul-21	73049	—	3yr 9mon	22/11/21	yes	
13.	Mrs. Jenifa Tamilarasi. J	Asst. Professor	MSc(N)MSN	Oct-21	RRTMN 20251145	—	1yr 6mon	1/2/24	Yes	
14.	Mrs. Nithya. T	Lecturer	MSc(N)CHN	Jan-24	RRTMN 20251547	—	1yr.	22/8/24	yes	
15.	Mr. Kavya Raj. A.P	Asst. lecturer	PBBSc(N)	Mar-14	010933	—	10yr 7mon	10/1/2015		
16.	Mrs. V.S. Salini	Asst lecturer	BSc(N)	Apr-14	006481	—	10yr.	1/4/2015		
17.	Mrs. Aleesha. P. vinod	Asst. lecturer	BSc(N)	Sep-19	104311	—	5yr 9m	10/10/19		
18.	Mrs. Kumudavalli K.G	lecturer	B.Sc(N)	Oct-7	9487	—	5yr 5m	10/2/2020		
19.	Mrs. Sabitha varghese.	lecturer	PBBsc(N)	Sep-15	94724	—	5yrs	5/8/20		
20.	Mrs. Asha Joy.	lecturer	PBBSc(N)	Sep-16	92243	-	5yrs	15/8/20		
21.	Mrs. Anila Varghese.	lecturer	PBBsc(N)	May-16	022455	-	4yr 8m	10/11/20		
22.	Mrs. Johny Rani. S	lecturer	BSc(N)	Sep-15	73630	-	4yr 1m	15/11/20		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mrs. Jis ann Joseph	lecturer	Bsc(N)	Mar-13	58034	—	4yrs4M	05/3/21	-	
24.	Mrs. Ranjitha.s	lecturer	Bsc(N)				4 yrs		-	
25.	Mr. Subin. M. Jacob	Asst. lecturer	BSc(N)	Feb-11	39859	-	3yrs9M	1/10/21	-	
26.	Mrs. Bingle. B. Abraham	lecturer	PBBSc(N)	Aug-12	70155	-	3yrs6M	1/1/22	-	
27.	Ms. chaithra.s	lecturer	PBBSc(N)	Nov-21	213378	-	3y 6m	6/1/23	-	
28.	Mrs Sripriya	lecturer	PBBSc(N)	Sep-18	17477	-	3yrs8m	10/2/22	-	
29.	Mrs. Nisha Thomas	Asst lecturer	Bsc(N)	Dec-13	9744	-	3yrs 3m	5/5/22	-	
30.	Ms Ansu Samuel	Asst-lecturer	Bsc(N)	Sep-22	130523	-	3yrs	13/8/22	-	
31.	Ms. Kavya.A	Asst-lecturer	Bsc(N)	Oct-22	139543	-	2yr8M	9/11/22	-	
32.	Mr. Amal krishna.M	Asst lecturer	Bsc(N)	Oct-22	131738	-	2yr 7M	19/12/22	-	
33.	Mr. shibin John. J	Asst. lecturer	Bsc(N)	Oct-22	131658	-	2yr7M	10/1/23	-	
34.	Ms. Anumol Sunny	Asst lecturer	Bsc(N)	Oct-23	136527	-	2yr4M	10/3/23	-	
35.	Ms. Saranya. S.R	Asst lecturer	BSc(N)	Jan-23	159822	-	1yr7M	12/1/24	-	
36.	Ms. Kausar Saba	Asst lecturer	Bsc(N)	Oct-23	151004	-	1yr5M	10/2/24	-	
37.	Mr. Manu Saji	lecturer	BSc(N)	Jan-24	159790	-	1yr4M	10/4/24	-	
38.	Ms. Tivya. V. Janeesh	Asst-lecturer	BSc(N)	Oct-23	159808	-	1yr4M	10/4/24	-	
39.	Ms. Tocy Roy	Asst. lecturer	BSc(N)	Oct-23	159792	-	1yr4M	3/4/24	-	
40.	Mr. Ajith. D	Asst lecturer	BSc(N)	Oct-23	159801	-	1yr 3m	1/4/24	-	
41.	Mrs. Aleyamma John	Asst. lecturer	PBBSc(N)	Oct-23	822476	-	1yr 3m	3/6/24	-	
42.	Mrs. Parvathy. V	Asst. lecturer	BSc (N)	May-16	159813	-	1yr 3m	15/4/24	-	
43.	Ms Sneha Sibi	Asst. lecturer	Bsc(N)	Oct-23	159806	-	1yr 3m	7/4/24	-	
44.	Mrs. Delphi punitha.D	Asst. lecturer	PBBSc(N)	Oct-23	238547	-	1yr 1m	12/8/24	-	
45.	Ms. Meenu mathew.	Asst lecturer	BSc(N)	Oct-23	156119	-	8months	24/4/24	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

46.	Ms. Aranika-P	Asst-lectura	Bsc(N)	Sep-24	166836	Y-	7month	5/1/25		
47.	Mrs. Sharan-y	Asst-lecturer	Bsc(N)	Sep-17	167170	-	5month	1/3/25		
48.	Mrs. Shirly Y	Asst-lecturer	Bsc(N)	Sep-17	88338	-	5month	1/3/25		
49.	Mrs. Dhakshayani-N	Asst-lecturer	Bsc(N)	Aug-19	08629	-	1month	3/1/25		
50.	Ms. Sandra Mariya Sibi	Asst-lecturer	Bsc(N)	Jun-23	143324	✓	-	1/8/24		
51.	Ms. Saritha. MR	Asst-lectura	Bsc(N)	Dec-24	169275	-	3month	11/5/25		
52.	Ms. Sneha-T	Asst-lecturer	Bsc(N)	Dec-24	169255	-	3month	10/5/25		
53.	Mrs. Chitrakavitha	Professor.	MSc(N)	Dec-12	62295	1yr.	11yr9m	1/12/15	yes	
54.	Mrs. Beksy Amie john.	Professor.	Msc(N)	Apr-12	475	8yr.	13yr8M	10/12/14.	yes	
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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
01.		—	Enclosed	—	

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)		
	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	3880sq·ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1940sq·ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1940 sq·ft.	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	600sq·ft.	
	2. Vice-Principal Chamber	200	350sq·ft.	
	3. HOD	5 x 200 = 1000	1500sq·ft.	
	4. Professor/Assoc. Prof	800+2400=3200	3500sq·ft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	800sq·ft.	
	7. Accountants Office	**100**	300sq ft.	
	8. Store Room	**100**	300sq·ft	
	9. Record room	**100**	300sqft	
	10. Room for maintenance staff	**100**	250sq·ft.	
	11. Xeroxing room	**100**	300sq·ft	
	12. common room (Girls & Boys)	600+400= 1000	1897sq·ft.	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	5000sq·ft.	
	14. Toilets	1000	1800sq·ft	
	15. A.V/Aids room	600	970sq·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	1940sq.ft.	✓
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft.	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	970 sq.ft.	✓
	Pediatrics Nursing Laboratory	900sq.ft	970sq.ft	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	970 sqft	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	1940sqft.	✓

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

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
02	KA592923 KA592924	50	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	3750 Sq.ft	YES ☑ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	4600	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	25	**Is internet facility available for Students?**	YES
No of e-books	12	**How many books were purchased in last financial year?**	1300

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. Dinesh Kumar.	MLIS	8yrs	

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	32	
Conferences conducted	2	

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

Conferences attended	3	

* 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, Electronic-city Bengaluru-100	200	18km	156	—
	2 Kidwai memorial Institute of oncology M.H marigowda road Bengaluru-029	800	25km	650	
	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 and Affidavit copies

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	–	–	80	60
Surgery including OT	–	–	50	38
Obstetrics & Gynecology	–	–	20	15
Pediatrics,	–	–	20	16
Emergency Medicine	–	–	15	14
Psychiatry	–	–	15	13

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	–	–	15	10
Burns and Plastic	–	–	30	12
Neonatology care unit			20	10
Communicable disease/Respiratory medicine/TB & chest diseases	–	–	30	12
Dermatology	–	–	15	13
Cardiology			20	8
Oncology			500	489
Neurology/Neuro-surgery			20	12
Nephrology/Urology			20	8
ICU/ICCU			30	14
Geriatric Medicine			30	8
Any other			50	30

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**	
	Adopted / Affiliated ✓	Attibele PHC
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	7km
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	8.5km
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 :** 340	**Boys :** 50
f.	Total No. of rooms	**Girls :** 80	**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		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/ 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 visited Chivai College of Nursing, Anekal Hosur Road, Bangalore on 18/8/2023 for physical verification.

→ The fee payment details for the continuation of affiliation were checked.

→ The college has 54 teaching faculties including principal, vice-principal, professors, Asst. professors and Nursing tutors

→ The said Documents are verified and Enclosed

→ They are ~~having~~ affiliated to convent Hospital - 200 bed and Kidwai Govt Hospital - 800 beds Documents verified and enclosed

→

→ Library have 4600 books with seating capacity of 100 students.

→ They are having seperate Hostel building for boys and 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 Chinai College of Nursing, Bengaluru which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 12/08/25 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.

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)**

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit to University.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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

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

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

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

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

***Note Undertaking should be given in Notarized affidavit**

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

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in Notarized affidavit**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)