Online Only Mode.

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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DB

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Veeresh. Hanchinal	Gurubasavaraja Swamy	SHASHIKALA.V
Designation	Associate Professor	professor	Asst. PROFESSOR
Address	KHPJMS. Gadag.	Acharya & BM Reddy College of Pharmacy Bangalore	SHARADADEVI COM BANGALORE
Mobile No	9620151813	9886001140	9022706939
Email ID	veereshblue1@gmail.com	Gurubasavaraj@acharya.ac	ShashiPhilip.Kala@gmail.

For the Academic Year : *Date of Inspection:* 05/08/2025

(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**	INDIAN COLLEGE OF NURSING # TILAK NAGAR, CANTONMENT, BELLARY	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**	JAWAHAR MINORITY EDUCATIONAL AND CHARITABLE TRUST, # TILAK NAGAR, CANTONMENT, BELLARY (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: indiancollege2017@gmail.com	**Website:** www.indiancollegeofnursing.com	

7/8/25

Dr. Veeresh. Hanchinal

Signature of Chairman

9620151813.

Signature of Member (1)

Dr. Gurubasavaraja Swamy

9886001140

Signature of Member-2

9022706939

	(b). Name of the Owner f Trust/Society	ABDUL SUBHAN		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 09 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	Details of Principal/Head of the institution	Name: PANDIARAJAN. K Qualification: MSC (N) in MED-SURG Experience: 15 YRS Email: indianicnbly@gmail.com	Mobile No: 7892154244 Office No: 08392-200225 Fax No: Residential phone No: –	
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 addressVerify 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	CA	ZINBFFL09PSNIB			31/12/2024	1,96,060/-
Post Basic B.Sc. Nursing	CA	ZINBOLS09PTVF2			31/12/2024	1,56,060/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
CA	1. MEDICAL SURGICAL NURSING 2. COMMUNITY HEALTH NURSING 3. PAEDIATRIC NURSING 4. OBSTRETIC & GYNAECOLIGICALNG 5. PSYCHIATRIC NURSING	25 X 2000 = 50,000/- APPLICATION FEE = 1,000/- COURSE FEE = 60/-	
	ZINBTP409PV47L ,	31/12/2024 **Total (B)**	51,060/-
NPCC			
		Total (C)	–
		Grand Total (A+B+C)	4,03,180/-

Online Transaction Number or Details:

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	Annexure - 5	ENCLOSED Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	ENCLOSED Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	30	30	30	20	
	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	ENCLOSED Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	15	
	Admissions Made for the Current Academic Year	11	11	11	11	
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.ScNursing	Male	32	23	18	30	103
	Female	28	37	42	30	137
Post Basic B.Sc Nursing	Male	03	09	–	–	12
	Female	27	21	–	–	48
M.Sc Nursing	Male	02	04	–	–	06
	Female	09	12	–	–	21
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: _____

_____

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

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
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

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

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

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

TEACHING FACULTY DETAILS

Sl. No	NAME	DESIGNATION	QUALIFICATION WITH SPECIALITY	YEAR OF PASSING	KSNC REG NO	Teaching experience		DATE OF JOINING	FORM-16 SUBMITTED (YES/NO)	SIGNATURE
						After UG	After PG			
1.	MR. PANDIARAJAN K	PRINCIPAL	M.Sc (N) Medical Surgical Nursing	2010	1894KAR	5 YEARS	13 YEARS	16/02/2023		
2.	MRS. MADHAVILATHA BOGGULA	PROFESSOR	M.Sc (N) Psychiatric Nursing	2014	008406	2 YEARS	09 YEARS	10/06/2022		
3.	MR. YATHISHA H S	ASSOCIATE PROF	M.Sc (N) Medical Surgical Nursing	2015	17486	4YEARS	8 YEARS	22/07/2022		
4.	MR. VANNINDAR KUMAR B C	ASSOCIATE PROF	M.Sc (N) Community Health Nursing	2018	43691	5 YEARS	5 YEARS	05/05/2022		
5.	Mr. RAVI KAMBLE	ASST PROF	M.Sc (N) Medical Surgical Nursing	2023	147569	4 YEARS	2 YEARS	06/01/2024		
6.	MRS. HIMABINDU.R	VICE PRINCIPAL	M.Sc (N) Community Health Nursing	2015	3611	6 YEARS	10 YEARS	30/06/2020		
7.	MS. NEELAMMA MATH	ASSO. PROF	M.Sc (N) Psychiatric Nursing	2021	146539	5 YEARS	4 YEARS	10/03/2023		
8.	Ms. UDDAVVA URF RATHNAVVA HARUGOPPA	ASST. PROF	M.Sc (N) Medical Surgical Nursing	2023	195678	3 YEARS	2 YEARS	12/03/2022		
9.	Ms. DYAMAVVA BANDRAGALL	ASST.PROF	M.Sc (N) OBG	2023	211940	2 YEARS	2 YEARS	24/08/2023		
10.	MS YASHODA HADIMANI	ASST. PROF	M.Sc (N) OBG	2023	100498	3 YEARS	2 YEARS	05/09/2025		
11.	Mr. ABHILASH K S	ASST. PROF	M.Sc (N) Psychiatric Nursing	2021	136889	7 YEARS	4 YEARS	20/11/2021		
12.	MRS SUDHA R	ASSO PROF	M.Sc (N) Medical Surgical Nursing	2018	132768	7 YEARS	7 YEARS	10/03/2023		

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13.	MR N.HONNURA SWAMY	ASSO. PROF	M.Sc (N) Community Health Nursing	2020	142457	4 YEARS	5 YEARS	30/06/2022		
14.	MS VIJAYALAXMI MAHADEV KOTI	ASST. PROF	M.Sc (N) Psychiatric Nursing	2023	100520	5 YEARS	2 YEARS	05/09/2023		
15.	MR NAGARAJA B	ASST. PROF	M.Sc (N) Community Health Nursing	2022	94366	8 YEARS	3 YEARS	02/06/2023		
16.	MRS.SAVITHA G S	ASST. PROF	M.Sc (N) Psychiatric Nursing	2018	52651	11 YEARS	7 YEARS	25/05/2020		
17.	Mr. SIDDESHA S V	Nursing Tutor	P.B.B.Sc (N)	2021	221891	4 Years	-	31/03/2023		
18.	MR. SIDDESH H N	Nursing Tutor	P.B.B.Sc (N)	2015	90280	7 Years	-	23/03/2022		
19.	MR. NAYAKARA RAVI	Nursing Tutor	B.Sc (N)	2020	107145	2.5 Years	-	04/01/2021		
20.	MS. DYAMAKKA S R	Nursing Tutor	P.B.B.Sc (N)	2021	149633	1.5 Years	-	28/01/2022		
21.	MR. SHREEKANTHA	Nursing Tutor	P.B.B.Sc (N)	2019	201039	3.5 Years	-	21/01/2020		
22.	MR. MOHAMMED ABBAS	Nursing Tutor	B.Sc (N)	2021	124208	1.5 Years	-	06/02/2022		
23.	MR. NAGARAJA A	Nursing Tutor	P.B.B.Sc (N)	2020	201076	2.5 Years	-	05/01/2021		
24.	MR. SOMALAPURADA THIPPANNA	Nursing Tutor	P.B.B.Sc (N)	2020	107144	2.5 Years	-	04/03/2021		
25.	MS. T UMA KANTHAMMA	Nursing Tutor	P.B.B.Sc (N)	2021	19V2954	1 Years	-	06/07/2022		
26.	MR. SHIVAKUMAR	Nursing Tutor	P.B.B.Sc (N)	2019	70947	5 Years	-	03/06/2023		
27.	MR. DURUGAPPA	Nursing Tutor	B.Sc (N)	2020	115607	5 Years	-	10/05/2023		
28.	MS. AFREEN	Nursing Tutor	B.Sc (N)	2022	17N9467	1 year	-	10/08/2022		
29.	Mr. SHIVARAJ	Nursing Tutor	B.Sc (N)	2022	135483	3 YEARS		23/09/2022		
30.	Mr. LINGAPPA M	Nursing Tutor	P.B.B.Sc (N)	2021	155753	4 Years	-	11/02/2023		

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31.	Mr. AMBAREESHA	Nursing Tutor	P.B.B.Sc (N)	2021	122216	4 Years	-	30/09/2022		
32.	Ms. NAVYASHREE	Nursing Tutor	B.Sc (N)	2021	124136	4 YEARS		05/05/2023		
33.	Ms. SUMITHRA	Nursing Tutor	P.B.B.Sc (N)	2020	213112	5 Years	-	02/04/2021		
34.	Ms. BUSHRA	Nursing Tutor	B.Sc (N)	2023	157053	2 YEARS		17/07/2025		
35.	Mrs. VENKATALAKSHMI	Nursing Tutor	B.Sc (N)	2023	149072	2 YEARS	-	02/01/2024		
36.	Mr. MAHAMMAD SAIFUDDIN	Nursing Tutor	B.Sc (N)	2022	135489	3 YEARS	-	13/04/2023		
37.	Mr. VIJAYAMMA	Nursing Tutor	B.Sc (N)	2010	39306	15 YEARS	-	21/02/2022		

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

S. 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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	31,000 sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	1100 sq.ft x 05	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1160 sq.ft x 02	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	900 sq.ft x 04	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	548	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	5 x 250 = 1250	
	4. Professor/Assoc. Prof	800+2400=3200	3500	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		900 sq.ft	
	7. Accountants Office		600 sq.ft	
	8. Store Room		300 sq.ft	
	9. Record room		300 sq.ft	
	10. Room for maintenance staff		400 sq.ft	
	11. Xeroxing room		500 sq.ft	
	12. common room	1000	1000 sq.ft	
	13. Seminar hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	600 sq.ft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.ft	

Note:

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

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

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

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

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

..			Yes / No	Yes / No	Yes / No

ENCLOSED

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	2500 sq.ft	YES ☑ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	3500	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available	60	**Is internet facility available for Students?**	YES
No of e-books	-	**How many books were purchased in last financial year?**	350/-

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	MOHAN KUMAR. N	M.LIB	10 YRS	
02.	PRANEET KUMAR	B LIB	04 YRS	

Note : A minimum of 500 of 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	ENCLOSED	✓
Conferences conducted	WEBINAR ON - EMERGENCY CARE - BREAST FEDING	✓

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

Conferences attended	OUR NURSE / OUR FUTURE ABUSE AGAINST HEALTH CARE WORKERS.	

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					
NAME OF THE TRUST/ Person owning The Hospital			N/A		
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 VIMS HOSPITAL BELLARY	1300	1 KM	100%.	
	2 DMHNS DHARWAD	300	300KM	90%.	

(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

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

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			50	86%
Surgery including OT			300	87%

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

Obstetrics & Gynecology			150	90%.
Pediatrics,			150	92%.
Emergency Medicine			100	90%.
Psychiatry			300	85%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10	90%.
Minor OT			05	92%.
Dental, Otorhinolaryngology, Ophthalmology			50	85%.
Burns and Plastic			10	85%.
Neonatology care unit			190	95%.
Communicable disease/Respiratory medicine/TB & chest diseases			05	90%.
Dermatology			05	85%.
Cardiology			10	92%.
Oncology			10	90%.
Neurology/Neuro-surgery			50	92%.
Nephrology/Urology			05	85%.
ICU/ICCU			30	92%.
Geriatric Medicine			-	-
Any other			-	-

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	ENCLOSED
RURAL FILELD		
a. Name of CHC / PHC / SC		KOLURU, BELLARY
Adopted / Affiliated		AFFILIATED
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	18 KM
b. Services Rendered by Health & Family Welfare Programmes	–
URBAN FEILD :	
a. Name of CHC / PHC / SC	KURUGOD, BELLARY
Adopted / Affiliated	AFFILIATED
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	20 KM
b. Services Rendered by Health & Family Welfare Programmes	–
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐

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

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

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 18256 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 : 208	Boys : 139
f.	Total No. of rooms	Girls : 30	Boys : 30
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

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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 : College Building, Laboratories and Building related documents, 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	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

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.

Observations:

- Trust is established in the year of 2003.
- on the day of inspection, we had taken in person declaration all the staffs were present according to the University guiding for the BSC, PBBe, MSC courses.
- College has its own Building which is around 31,000 square feet along with adequate labs and classrooms.
- College has its own Principal, Vice Principal & adequate Peripherals.
- College is attached to VIMS Hospital which is 1300 bedded, on the day of inspection patient load was full.
- They have seperate hostel for girls & boys.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at INDIAN CLG OF NURSING, BELLARY which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 04/08/25 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)
Dr. Veeresh. K. Hanchinal	Dr. Gurubasavaraja Swamy P.H.	Mrs. SHASHIKALA. V
Signature of Chairman (2)	Signature of Member (1)	Signature of Member

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 (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust JAWAHAR MINORITY EDUCATIONAL AND CHARITABLE TRUST are submitting the affidavit to University.

The trust JAWAHAR MINORITY EDUCATIONAL AND CHARITABLE TRUST is running/managing the colleges 1. INDIAN COLLEGE OF NURSING

2._____

3._____ since 22 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.

Principal,
Indian College of Nursing
Ballari.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

I/We,

DIRECTOR, VIMS HOSPITAL, BELLARY.

is/are the Owners/MD/CEO/Board Members of the VIMS HOSPITAL BELLARY hospital situated at

CANTONMENT, BELLARY.

This is to confirm that our hospital VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES is registered under KPMEA and PCB with 1300 beds and the bonafide certificate has been attached.

This is to confirm that the hospital VIJAYANAGAR INSTITUTE OF MEDICAL SCIENCES is functioning as affiliated/parent/own hospital for INDIAN COLLEGE OF NURSING college.

We also confirm that our hospital is solely affiliated to INDIAN COLLEGE OF NURSING, BELLARY college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

BALLARI MEDICAL COLLEGE * RESEARCH CENTRE * Date: 05/6/20 BALLARI

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

JAWAHAR MINORITY EDUCATIONAL & CHARITABLE TRUST (REG.,)

INDIAN COLLEGE OF NURSING BELLARY

Recognised by Govt. of Karnataka, Approved by Karnataka Nursing Council & Indian Nursing Council
Office : Tilak Nagar, Bypass Road, Cantonment, BELLARY - 583 104. KARNATAKA
Ph.: 08392-200225, Telefax: 241625, Mobile : 9900288277, 9972266990.
Email : indiancollege2017@gmail.com

Ref. : ICN/COA/125/25 Date : 05/08/2025

To,

The Registrar
R.G.U.H.S,
4th 'T' Block,
Jayanagar,
Bangalore.

Respected Sir/Madam,

Subject: Regarding submission of continuation of affiliation for the academic year 2025-2026.

With reference to the above cited subject we are submitting continuation of affiliation for the academic year 2025-2026. So kindly we are requesting you to accept this and do the needful.

Thanking you

Yours faithfully

PRINCIPAL

Principal
Indian College of Nursing
Ballari.

Enclosure:

1. **Documents (Hard copy)**
2. **Scanned documents (Pendrive)**