Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	PROF. VAISHALI SREEJITH	DR. GURUBASAVARAJA SWAMY	Prof. Naveen Kumar MR
Designation	PROFESSOR.	professor	Principal.
Address	DR.M.V. SHETTY COLLEGE of PHYSIOTHERAPY, KULOOR, MANGALORE	Acharya & BM Reddy college of pharmacy Soladevanahalli	Cambridge college of Nursing SB Academy, Anekepalya Bangalore -
Mobile No	9845325069	9886001140	9739171273
Email ID	vaishalisreejith9@gmail.com	gurubasavaraj@acharya.ac.in	naveenmalya86@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 11/8/2025

(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	ST. JOHN COLLEGE OF NURSING 88/1, KAMMANAHALLI, GOTTIGERE(PO) BANNERGHATTA ROAD, BANGALORE-83	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	MAROUGEN EDUCATION FOUNDATION NO.17/1, CAMPBELL ROAD, AUSTIN TOWN BANGALORE- 560047 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: info@tjohngroup.com	Website: www.tjohncollege.com	
		Office No:	Mobile No: 9845040485	

Signature of Chairman
Prof. VAISHALI SREEJITH

Signature of Member (1)
Gurubasavaraja Swamy

Signature of Member (2)
Naveen Kumar MR

	(c). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. THOMAS P JOHN 9845040485		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 04 (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. JOSEPHINE CYNTHIA P Qualification: MSc NURSING Experience after MSc: 15 YEARS 5 MONTHS Email: tjcnprincipal@tjohngroup.com	Mobile No: 8095047280 Office No: 9845040205 Fax No: 080 2842928 Residential phone No:	
	b) Drawing authority of the college	PRINCIPAL T JOHN COLLEGE OF NURSING		
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 Rs	90,000 Rs	60,000 Rs	25,000 Rs	221050 Rs
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5. NIL		
NPCC		Total (B)	
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ENCLOSED

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks: 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	
	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	—	NIL	—	—	
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	NIL	—	—	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	—	NIL	—	—	
	Sanctioned Intake	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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	13	08	08	13	42
	Female	47	44	51	43	185
Post Basic B.Sc Nursing	Male					
	Female			NA		
M.Sc Nursing	Male					
	Female			NA		
M.Sc NPCC	Male					
	Female			NA		

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----
			NA			

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----
			NA			

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: Verified the attendance register & Biometrics

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							
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*		8							
4	Associate Professor	2	2-4					1*		3							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		10							
	Total	16-24	24-40				4-12			25							

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				

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

250 students				
* Aadhar based biometric attendance for students				

- Verified Staff Declaration forms of the faculty
- Students Biometric verified

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.	PROF. JOSEPHINE CYNTHIA. P	PROFESSOR CUM PRINCIPAL	Msc(N) PSYCHATRIC NSG	2009	ARTMN 206 109 KAR	2.6	15.5	08.03.2010	YES	
2.	PROF. LAKSHMI. S.	PROFESSOR	Msc(N) MSN	2008	RRTMN 2010 1669 KAR	3.10	16.5	01.09.2021	YES	
3.	PROF. ARCHANA SONAR	PROFESSOR	Msc(N) OBG	2009	2815	1.6	14	16.08.2022	YES	
4.	PROF. JINTU. C. FRANCIS	PROFESSOR	Msc(N) MSN	2011	9718	-	13	01.04.2025		
5.	PROF. CIBIL. L	PROFESSOR	Msc(N) COHN	2012	RRTMN 2024 10738 KAR	2.1	13	01.08.2023	YES	
6.	PROF. LIJO MONU JOHN	PROFESSOR	Msc(N) MSN	2013	6339	1	12	23.08.2023	YES	11/8/25
7.	PROF. N. MEMICHAND	PROFESSOR	Msc(N) PSYCHATRIC NSG	2013	RRANP 2014 4012 KAR	-	12	06.06.2024	YES	11/8/25
8.	PROF. KALAIMA	PROFESSOR	Msc(N) OBG	2013	22794	-	11.9	11.04.2023	YES	11/8/25
9.	PROF. ARUN SURENDRAN	PROFESSOR	Msc(N) CHN	2014	29630	-	10	12.04.2021	YES	11/8/25
10.	MRS. SONIA. N.R.	ASSOCIATE PROFESSOR	Msc(N) COHN	2014	25318	-	9.11	15.09.2021	YES	11/8/25
11.	MRS. GOLDA PUNITHAVATHY	ASSOCIATE PROFESSOR	Msc(N) OBG	2015	RRTMN 207 531 KAR	4.6	9.8	07.02.2025	YES	11/8/25
12.	MR. PHILIP SEBASTIAN	ASSOCIATE PROFESSOR	Msc(N) COHN	2016	21835	-	9.3	25.11.2017	YES	
13.	MRS. LENYA ANN MOHAN	ASSISTANT PROFESSOR	Msc(N) COHN	2019	RRKRL 2022 4610 KAR	1	6	01.09.2021	YES	11/8/25
14.	MRS. S. DIVYA	ASSISTANT PROFESSOR	Msc (N) MSN	2019	9418	2.6	5	06.02.2025	YES	11/8/25
15.	MRS. JYOTHI MENDONSA	ASSISTANT PROFESSOR	Msc(N) CHN	2020	69176	-	4.5	01.02.2021	YES	11/8/25
16.	MRS. GARGI MONDAL	LECTURER	Msc(N) COHN	2022	RRUTP 2025 11433 KAR	1	2	02.05.2025	YES	11/8/25
17.	MRS. ROOPA	LECTURER	Msc(N) CHN	2022	103278	-	2	03.06.2024	YES	11/8/25
18.	MRS. MOOLYA SHASHIKALA SUNDARA	LECTURER	Msc(N) COHN	2024	113317	10	1.6	05.05.2024		11/8/25
19.	MRS. FATHIMA	LECTURER	Msc(N) OBG	2024	RRKRL 2024 11123 KAR	-	10 M	03.10.2024		11/8/25
20.	MRS. A SILVESTER SUGIRTHA	ASSISTANT LECTURER	BSc(N)	2004	RRTMN 2012 2622 KAR	18	-	26.04.2007	YES	11/8/25
21.	MRS. JISHA YOHANNAN	ASSISTANT LECTURER	BSc(N)	2009	RRTMN 2013 3319 KAR	12	-	07.07.2019	YES	11/8/25
22.	MRS. SHILPA J	ASSISTANT LECTURER	BSc(N)	2008	59843	05	-	05.04.2021	YES	11/8/25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	MRS. ARCHANA M.R	ASSISTANT LECTURER	BSc(N)	2012	45335	9	-	11.05.2022	YES	
24.	SIS. KULANDAI THERESE	ASSISTAN LECTURER	BSc(N)	2022	142702	2	-	02.01.2023	YES	
25.	MRS. SAJI PREETHI	ASSISTANT LECTURER	BSc(N)	2012	RRTMN 2024 10752 KAR	2	-	10.07.2023	YES	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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Signature of Chairman

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For 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.

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)	68028 Sq.Ft	Checked
	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	4x900 = 3600 sq.ft	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	609 sq.ft	
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000	2595 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	1848 + 303 = 2151 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	3200 sq.ft	
	7. Accountants Office	**100**	700 sq.ft	
	8. Store Room	**100**	400 sq.ft	VERIFIED
	9. Record room	**100**	868 sq.ft	
	10. Room for maintenance staff	**100**	200 sq.ft	
	11. Xeroxing room	**100**	150 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	2241 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4104 sq.ft	
	14. Toilets	1000	1600 sq.ft	

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

	15. A.V/Aids room	600	280 sq.ft	Checked

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	3104 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1446 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	851 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1854 sq.ft	

Note:

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

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	✓
2	**Is the college building own or leased ?**	OWN
3	**Blue print of the building plan approved and attested by competent authority.**	✓
4	**Building construction license from competent authority**	✓
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy certificate.**	✓
7	**Sale deed / Lease deed of the building / Land.**	✓
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 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	KA51B 9719 KA51AA 8196	51	✓ 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	2241 Sq.ft	YES ☑ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	5075	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	86	**Is internet facility available for Students?**	YES
No of e-books	NIL	**How many books were purchased in last financial year?**	NIL

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. B REDDEMMA	M. Lib	6 YEARS	Checked

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	ENCLOSED	

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

Conferences conducted	ENCLOSED	
Conferences attended	ENCLOSED	

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)			NA		
NAME OF THE TRUST/ Person owning The Hospital				NA	
Name Of The Owner Of The Trust of Hospital				NA	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2		ENCLOSED		
	3				

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

	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**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 does not have own hospital. College was established in 2003
- MOU with affiliated hospitals available

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				
Surgery including OT				
Obstetrics & Gynecology	NIL		ENCLOSED	
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	NIL		ENCLOSED	
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	JIGANI
	Adopted / Affiliated	AFFILIATED
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	10 km
b.	Services Rendered by Health & Family Welfare Programmes	YES
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	GOTTIGERE
	Adopted / Affiliated	AFFILIATED
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	2 km
b.	Services Rendered by Health & Family Welfare Programmes	ANTENATAL AND POSTNATAL SERVICE AND IMMUNISATION

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 ☐

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 24000	
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 : 124	Boys : 10
f.	Total No. of rooms	Girls : 45	Boys : 08
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ 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)**

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		NA	

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:

→ LIC Team visited the college at the said address by RGUHS

→ Trust documents all are genuine & verified & registered

→ Infrastructure is good

→ Labs are available as per norms

→ Library available

→ Faculty available & principal also present

→ MOU with hospitals available.

→ Equipments are available as per norms

→ Students were present

11/8/16

Signature of Chairman

Prof. VASUDEVA SREEDHARA

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 _____T. Johns 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 11/8/25 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 toUniversity.

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 affidavit**

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

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 affidavit**

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 200

e-Stamp

Certificate No.	:	IN-KA43521253304562U
Certificate Issued Date	:	28-Sep-2022 09:44 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ HONGASANDRA/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKACRSFL089753987069678 8U
Purchased by	:	T JOHN SCHOOL AND COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SAKRA WORLD HOSPITAL
Second Party	:	T JOHN SCHOOL AND COLLEGE OF NURSING
Stamp Duty Paid By	:	T JOHN SCHOOL AND COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	200 (Two Hundred only)

सत्यमेव जयते

Mob: 8861952655

RS. 200

Please write or type below this line

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made on 28th day of September month 2022 Year between

Sakra World Hospital (A unit of Takshasila Hospitals Operating Private Limited), a Company incorporated under the Companies Act, 1956, and having its registered office at Sy.No. 52/2 & 52/3, Devarabeesanahalli, Varthur Hobli, Bengaluru, Karnataka - 560103, India, and represented by Mr. Yuichi Nagano, Managing Director, hereinafter referred to as "Sakra" which expression shall unless repugnant to the context mean and include its legal heirs, legalrepresentatives, executors and assigns of the ONE PART;

Sakra World Hospital ★ Unit of Takshasila Hospitals Operating Pvt. Ltd. ★ Bangalore

1

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.

And

Marougen Education Foundation is a society constituted under the Karnataka Societies Registration Act, 1960 and is having its registered office at No. 17/1, Campbell Road, Austin Town, Bangalore 560 047 and is running the T John College of Nursing represented by its duly authorized trustee as authorized signatory Mr. Roy M Raju, hereinafter referred to as **"T John"**, which expression shall unless repugnant to the context mean and include its legal heirs, legal representatives, executors and assigns of the **ONE PART**;

"Sakra" and **"T John"** are hereinafter singularly referred to as **"Party"** and jointly as the **"Parties**

WHEREAS

A. Sakra is engaged in providing medical services by running a multi-specialty hospital under the name of 'Sakra World Hospital', which is located at Sy No 52/2 & 52/3, Devarabeesanahalli, Varthur Hobli, Bengaluru - 560 103 **("Sakra World Hospital).**

B. T. John College of Nursing (hereinafter referred to as the college) is an education institution affiliated to Rajiv Gandhi University under the control and management of the T. John Group of Institutions and its office at No. 88/1 Kammanahalli, Gottigere Bannerghatta road, Bangalore-560083.

C. Sakra is desirous of collaborating with **"T John"** for providing (a) **"Clinical Exposure Training"** during their Nursing Course (b) **"Internship Nursing Training Program"** after course completion by the **"T John"** Nursing Students by hiring them on roles in accordance with the terms and conditions herein.

TERMS & CONDITIONS

1. Sakra will provide **Clinical Exposure Training** based on the Curriculum program designed by **"T John"/ Indian Nursing Council.**
2. The training for the students will be provided with nominal fees paid by the T John Management

Sakra World Hospital Pvt. Ltd. Bangalore (A Unit of Takshasila Hospitals Operating Pvt. Ltd.)

28/09/2022

3. Campus interview will be conducted for students after completion of course
4. **Internship Nursing Training Program** shall include Nursing Training Induction Program for 15 days and On Job Training Program for the remaining period.
5. The **Internship Nursing Training Program** will be given in various specialties like Neurosciences, Orthopedics, Department of Gastrointestinal Surgery and Liver Transplantation, Cardiac Sciences, Orthopaedics, Nephrology, Internal Medicine, Obstetrics and Gynaecology, Digestive and HPB Sciences, Renal Sciences, Rehabilitation Sciences, Pediatrics and Pediatric Super Specialty, OPD and Cath Lab etc.
6. The **Internship Nursing Training Program** will be given by Sakra Nursing Head, Sakra Nursing Education Department, Sakra In-charge of each Department along with Doctors.
7. After completion of the **Internship Nursing Training Program** at Sakra World Hospital, the 'Internship Training Program Certificate' will be given to all the Interns who have successfully completed 4 months training program.
8. Eligible candidates will be hired as staff nurse by Sakra after successful completion of **Internship Nursing Training Program.**

For Sakra World Hospital	For T John College of Nursing
Yuichi Nagano Managing Director Sakra World Hospital ★ A Unit of Takshasila Hospitals Operating Pvt. Ltd. ★ Bangalore	Authorised Signatory 28/09/2021 ADMINISTRATIVE OFFICER T. John Group of Institutions 88/1, Gottigere, Bannerghatta Road, Bangalore - 560 083

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Certificate No.	:	IN-KA13605577040073X
Certificate Issued Date	:	09-Aug-2025 02:43 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ J P NAGAR3/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0842406921012321X
Purchased by	:	T JOHN COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	T JOHN COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	T JOHN COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Please write or type below this line

UNDER TAKING BY TRUST MANAGEMENT

I Dr. Thomas P John, the Chairman of the trust Marougen Education Foundation submitting the affidavit to the University. The Trust Marougen Education Foundation is running T.John College of Nursing, Bangalore,-83 since 22 years from its inception in 2003 to till date.

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 is 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.

Management Representative

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