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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	Dr. Arvind Kadti	Dr. ATS Giri	Mrs. Praveena Kadur
Designation	Associate Professor	Principal (Chairman of BOS)	Associate Professor
Address	HKE's Dr. Maala Karnaly Homeopathic Medical College Kalburgi	Goutham College of Nursing Bangalore	SS Institute of Nursing Davangere
Mobile No	9481640062	9845022057	9916240581
Email ID	arvindkadti@gmail.com	drgirits57@gmail.com	pbkadur@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection:* 09/08/2025	
(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	EBENEZER COLLEGE OF NURSING NO.19 EBEN EZER NAGAR, KOTHANUR POST 560077	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	EBEN EZER EDUCATIONAL CHARITABLE TRUST NO.19 EBEN EZER NAGAR, KOTHANUR POST - 560077 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: ebenezerchairman@gmail.com	Website: www.ebenezercollege.edu.in	
		Office No: 08050024 00	Mobile No: 9900640123	

Signature of Chairman
Dr. Arvind K

Signature of Member (1)
Dr. ATS Giri

Signature of Member (2)
PRAVEEN KADUR

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	N.K GEORGE 9900640123		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** KAVYA.R **Qualification:** MSC **Experience after MSc:** PEDIATRICS **Email:** Principal.nursing@benevercollege.edu.in		**Mobile No:** 9740191672 **Office No:** 08050024 00 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college			
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation Affliation	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
Post Basic B.Sc. Nursing	—	—	—	NA		
					Total (A)	2,20,000/-

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: BD00000007563529

Remarks: LIST 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	NO.HFW 447 MPS 2004 Annexure - 5	RGU/AFF/SG CON/01/2024-25 Annexure - 6	KNC/1157-V-II-2003 Annexure - 7	18/15/1650-INC Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	47	47	47	47	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	NA
	Sanctioned Intake	—	—	—	—	
	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	NA
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	NA

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

	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	23	29	25	31	108
	Female	24	28	34	29	115
Post Basic B.Sc Nursing	Male	—	—	—	—	
	Female					
M.Sc Nursing	Male			NA		
	Female					
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---------
	—	—	—	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: _____

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									1					
3	Professor	1	1-2					1*				2					
4	Associate Professor	2	2-4					1*				1					
5	Assistant Professor	3	3-8				2	3*				1					
6	Tutor	8-16	16-24				2-10	--		25							
	Total	**16-24**	**24-40**				**4-12**	Total =		32							

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

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

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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
	—	LIST 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)	42832	
	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	4x900Sqft	
	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	300 Sqft	
	2. Vice-Principal Chamber	200	200 Sqft	
	3. HOD	5 x 200 = 1000	1000 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 Sqft	
	7. Accountants Office	**100**	100 Sqft	
	8. Store Room	**100**	100 Sqft	
	9. Record room	**100**	100 sqft	
	10. Room for maintenance staff	**100**	100 Sqft	
	11. Xeroxing room	**100**	100 sqft	
	12. common room (Girls & Boys)	600+400= 1000	1000 sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sqft	
	14. Toilets	1000	1000sqft	

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

	15. A.V/Aids room	600	600 sqft	

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

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 ?**	
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
1	KA 53 D 8408	35	✓ 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	2300Sqft	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	3123	**No. of Nursing Journals subscribed**	13
No. of Thesis/Research titles available	—	**Is internet facility available for Students?**	✓
No of e-books		**How many books were purchased in last financial year?**	535

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	THRESIA GEORGE	M.LIB		NIL

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	—	—

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

Conferences conducted	—	—
Conferences attended	—	—

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 MANIPAL HOSPITALS HERBAL BANGALORE	100	10km	90%	
	2 SPARSH HOSPITAL YELAHANKA	200	9km	90%	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	3 MOTHER HOOD HOSPITAL KOTHANUR (MOU/Clinical permission letter)	1.2km	80%.		

(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:

X

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			100	100
Surgery including OT			37	25
Obstetrics & Gynecology			55	42
Pediatrics,			40	30
Emergency Medicine			40	28
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			05	03
Minor OT			03	01
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology ✓			20	13
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

ICU/ICCU			20	11
Geriatric Medicine				
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		K. NARAYANPURA
Adopted / Affiliated		AFFLIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2 Km
b. Services Rendered by Health & Family Welfare Programmes		IMMUNIZATION, MCH
URBAN FEILD :		
a. Name of CHC / PHC / SC		HORAMVU
Adopted / Affiliated		AFFLIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		6 km.
b. Services Rendered by Health & Family Welfare Programmes		IMMUNIZATION, MCH
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐

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

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

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**Sq.ft**	
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 :**	**Boys :**
f.	Total No. of rooms	**Girls :**	**Boys :**
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐

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

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	Awaiting		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format	X		
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	✓		

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 Ebnezer CON. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 9/08/2025 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)

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

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

LIC Team Observations: we the LIC inspection team member visited Ebenzer college of Nursing. Bangalore on 9-8-2025. College is running under Eben Ezar educational Trust and having its own building. The college is having required infrastructure, Departments. labs are fulfilled as per norms and all the departments are well equipped. College having good number of teaching faculty(25). college is having mou with the manipal Hospital (Hebbal), spondana hospital and sparsh Hospital. KPME, PCB and BMW verified of all hospital. The college is having bus facilities for transport. fire safety recommendation Letter given. college building Constration permition taken from affiliated gram panchayat. Library is having required amount of books & Journals. So can be consider for continuation affiliation for 2025-26.

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

7.1. 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.	Dr. Thressiamma P. M	Professor	M.Sc (N) CHN	23 yrs	12705	21 yrs	23yrs	2/8/24	No	
2.	Prof. Kavya. R	Principal	MSc (N) Paediatrics	14 yrs	6913	1yrs	13 yrs	6/9/24	No	
3.	Prof. Smitha Dennis	Vice principal	MSc (N) OBG	23 yrs	6771	15yrs	8 yrs	8/8/24	No	
4.	Prof. Phillis Sirra	Professor	MSc (N) Paediatrics	13 yrs	5531	1. 11yrs	12.1yrs	13/5/24	No	
5.	Asst. prof. Daisy D	Asst. Professor	MSc (N) MHN	5yr 10m.	80936	1.10 yrs	3.10yrs	7/11/22	No	
6.	Asst. Lect. Moho. Rafiq Sheikh	Asst. Lecturer	MSc (N) MSN	1.2 yrs.	17NR434	1.2yrs	–	9/2/25	No	
7.	Mr. Subhadip Mondal	Asst. Lectu	BSc (N)	2yr 10 mon	17NG843	2.10yr	—	26/10/22	No	
8.	Ms. Reimol Kuriachan	Lecturer	B.Sc (N)	1 yr	MUL60 3124	1yr	—	26/6/25	No	
9.	Ms. Jaisy John	Asst. Lectu	B.Sc (N)	1yr	—	1yr	—	16/10/24	No	
10.	MR. Subham Bera	Clinical Instruct	B.Sc (N)	2yrs	18N7687	2.1yr	—	25/1/23	No	
11.	MR. Avinandan Banerjee	Clinical Instructo	B.Sc (N)	2.8 yrs	135971	2.8yr	—	9/1/23	No	
12.	MR. Tanmoy Ghosh.	Clinical Instructo	B.Sc (N)	1.2yr	19N6614	1.2yrs	—	5/3/24	No	
13.	MS. Nikitha pramanik	Clinical Instructo	B.Sc (N)	1.8 yrs	139305	1.8yrs	–	23.1.24	No	
14.	MS. V. Soujanya.	Tutor	B.Sc (N)	3yrs	10794	3 yrs	–	1/8/25	No	
15.	Mr. Nagem Israel Meita	clinical	B.Sc (N)	1 yr	103862	1yr	—	9/7/23	No	Clinicals posting
16.	Mr. Bilal	Clinical Instruct	B.Sc (N)	7days	—	7days	—	2/8/25	No	
17.	MS Athira Mariya Baby	Tutor	B.Sc (N)	7.5yrs	175710	7.5yr	—	1/8/25	No	
18.	MR. Avisek Dey	Tutor	B.Sc (N)	2.2yrs	125430	2.2yr	—	26/10/22	No	
19.	MS. Vidya Gawade	Clinical Instru	B.Sc (N)	1 yr	177440	1yr	—	3/7/25	No	
20.	MS. Bristi Halder	Clinical Instru	B.Sc (N)	7 month	179304	6 month	—	02/06/25	No	
21.	MS. Sonu Uprety	Clinical Instru	B.Sc (N)	6 month	205192	6 mo	—	2/7/25	No	
22.	MR. Ajin viju	Asst - Lectu	B.Sc (N)	1.4 month	158590	1.4 month	–	15/4/24	No	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

PRAVEEN KAPOOR

23.	Ms. Mir Urbreen	Clinical Instructor	B.Sc (N)	6 months	168418	6 months	—	8/1/25	No	clinical posting
24.	Ms. Subimol	Tutor	B.Sc (N)	26 mon	1639982	6 mon	—	9/8/23	ND	
25.	Ms. Leelavathi	Asst Lecturer	B.Sc (N)	2 Yrs	17510	2 Yr	—	1.8.22	NO	
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

I/We, N.K GEORGE. EBENEZER COLLEGE OF NURSING is/are the Owners/MD/CEO/Board Members of the MANIPAL HOSPITALS hospital situated at HEBBAL BENGALURU.
This is to confirm that our hospital MANIPAL HOSPITALS is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for EBENEZER COLLEGE OF NURSING college.
We also confirm that our hospital is solely affiliated to EBENEZER NURSING COLLEGE 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**

For Ebenezer Educational Charitable Trust

AUTHORISED SIGNATORY

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust N.K. GEORGE EBENEZER EDUCATIONAL CHARITABLE TRUST are submitting the affidavit to University.

The trust EBENEZER EDUCATIONAL CHARITABLE TRUST is running/managing the colleges 1. EBENEZER COLLEGE OF NURSING

2. _____

3. _____ since 2003 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**

For Ebenezer Educational Charitable Trust

AUTHORISED SIGNATORY

Signature of Chairman

Signature of Member (1)

Dr. Ajis. Gill.

Signature of Member (2)

PRAVEEN KADUR