



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish MR	Dr. Srinivasulu Naidu	Sidramappa Sajjan
Designation	Dean and Director	Chairman of BOS Pre Clinical	Subject Expert
Address	Chickmangalur Institute of Medical Sciences	Principal Shri Atal Bihari Vajpayee Medical College and Research Institute	Principal YIMS Yadgiri
Mobile No	9448323157	9880656516	8310850238
Email ID	dermaharish@yahoo.com	Srinvslnaidu@gmail.com	Sidram.sajjan@gmail.com

Inspection For the Academic Year : 2025 - 26

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	DIANA COLLEGE OF NURSING NO. 18, BYRATHI EXTENSION, HENNUR BAGALUR MAIN ROAD, KOTHANUR POST, BANGALORE - 560077	2	Year of Establishment
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	DIANA EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust) Annexure - 1		
		Email: dianainstitutions@gmail.com	Website: www.diana-group-of-institutions.com	
		Office No: 080 28445926	Mobile No: 9880462926	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No			
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: MRS. ARULMANI . D Qualification: M.Sc (N) Experience after MSc: 17 YEARS Email: arulmandominic032@gmail.com	Mobile No: 8277126217 Office No: 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

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 UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation Affiliation	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
Post Basic B.Sc. Nursing	"	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
Total (A)						4,40,000/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.	MED - SURG	5	2000	10,000/-	
	2.	PEDIATRIC	5	2000	10,000/-	
	3.	OBG	5	2000	10,000/-	
	4.	PSYCHIATRY	5	2000	10,000/-	
	5.	COMMUNITY	5	2000	10,000/-	
	Total (B)				50,000/-	
NPCC	NA					
	Total (C)				NA	
Grand Total (A+B+C)						4,91,350/-
Online Transaction Number or Details: ZBOIR2X0968N2S						
DATE:- 24-2-2024						

Online Transaction Number or Details: ZBOIR2X0968N2S

DATE:- 24-2-2024

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	AKUKA-226 MPS 2003 18-09-2003 Annexure - 5	RGU/AFF/ NSG/NOA/ 2024-25 Annexure - 6	KSNC/1157/ VII 2003 16-12-2003 Annexure - 7	Annexure - 8	nil
	Affiliation Sanctioned Intake	60	60	60		
	Admissions Made for the Current Academic Year	34	34	34		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA-91 MME-2011 22-07-2011 Annexure - 5	RGU/AFF/ NSG/CoA/ 01-2024-25 Annexure - 6	KNC/392/ 2011-12 26-09-2011 Annexure - 7	Annexure - 8	nil
	Sanctioned Intake	45	45	45		
	Admissions Made for the Current Academic Year	45	45	45		
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	AKUKA 421 MPS-2007 27-06-2008 Annexure - 5	RGU/AFF/ NSG/CoA/ 01-2024-25 Annexure - 6	KNC/272/ 2008-09 25-03-2009 Annexure - 7	Annexure - 8	nil
	Sanctioned Intake	25	25	25		
	Admissions Made for the Current Academic Year	23	23	23		
M.Sc. NPCC	Approval Letter No. and Date	—	—	NA	—	
	Sanctioned Intake	—	—	NA	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					
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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	14	30	29	30	
	Female	20	30	31	17	
Post Basic B.Sc Nursing	Male	09	04			
	Female	36	41			
M.Sc Nursing	Male	01	02			
	Female	22	10			
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-----
			LIST 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-----
			LIST 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: nil

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							-		01					
2	Vice-Principal	1	1							-		01					
3	Professor	1	1-2					1*		-		-					
4	Associate Professor	2	2-4					1*		-		02					
5	Assistant Professor	3	3-8				2	3*		-		06					
6	Tutor	8-16	16-24				2-10	--		25							
	Total	16-24	24-40				4-12		Total:-		35						

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 :

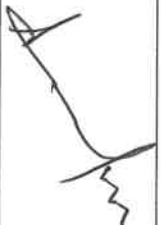
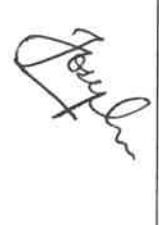
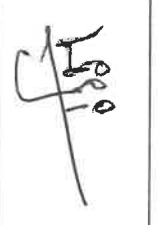
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1 st Year	2 nd Year	3 rd Year	4 th 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)

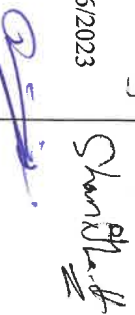
Signature of Member (2)

Sl. No	Name	Designation	Qualification/ Specialization	Year of Passing	KSNC Registration No.	Teaching Experience		Date of Joining	Signature
						After UG	After PG		
01	Mrs. Arulmani D	Principal	MSc. (N) OBG	2008	00043236	06 yrs	17 yrs	05/05/2022	
02	Mrs. Josephine Produku	Vice Principal	MSc.(N) Psychiatry	2012	RRANP20122507KAR	03 yrs	13 yrs	01/08/2022	
03	Mrs. Liji Joseph	Asso. Professor	MSc. (N) Paediatric	2012	15681	3 yrs	13 yrs	01/05/2014	
04	Mrs. Bibi Elsa Chacko	Asso. Professor	MSc(N) OBG	2015	008751	4 yrs	10 yrs	04/06/2018	
05	Mrs. Silpa P S	Asst. Professor	MSc.(N) Medical Surgical Nursing	2019	66325	02 yrs	06 yrs	01/10/2021	
06	Mrs. Sappam Guni devi	Asst. Professor	MSc. (N) Paediatric	2021	78968	3 yrs	4 yrs	01/10/2022	

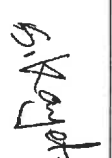
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01/10/2022

07	Ms. Nameirakpam Soniya Devi	Asst. Professor	MSc.(N) Medical Surgical Nursing	2021	78969	3 yrs	4yrs	15/10/2022	
08	Ms. Chaitra K N	Asst. Professor	MSc(N) Community Health Nursing	2020	131739	02 yrs	05 yrs	01/01/2021	
09	Mrs. Divya Prabhakar	Asst. Professor	MSc.(N) Psychiatry	2015	KARL 20176974 KAR	03 yrs	10 yrs	01/01/2016	
10	Ms. Nandini R	Asst. Professor	Msc N Community Health nursing	2023	104349	1 yr	2 years	01/03/2023	
11	Ms. Mahua Dolai	Tutor	BSc.(N)	2022	140990	3 Yrs	-	02/02/2023	
12	Ms. Pallavi G H	Tutor	BSc.(N)	2022	135916	3 yrs	-	10/05/2023	
13	Ms. Sharmitha H	Tutor	BSc.(N)	2022	135936	3 yrs	-	15/06/2023	

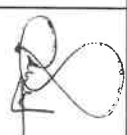
14	Ms. Madhu B	Tutor	BSc.(N)	2022	135937	3 yrs	-	15/06/2023	<u>Madhu B</u>
15	Mr. Sridhara P	Tutor	BSc.(N)	2022	139648	3 yrs	-	20/07/2023	<u>Sridharan P</u>
16	Mr. Suvajit Manna	Tutor	BSc(N)	2022	144618	02 yr	-	10/08/2023	<u>Suvajit Manna</u>
17	Ms. Garmia	Tutor	BSc(N)	2022	142699	2 yrs		01/05/2023	<u>Garmia</u>
18	Mr. Subham Giri	Tutor	BSc(N)	2024	163181	01 yr	-	05/07/2024	<u>Subham Giri</u>
19	Mr. Sourav Mandal	Tutor	BSc(N)	2023	163173	01 yr	-	10/07/2024	<u>Sourav Mandal</u>
20	Mr. Pritam Guria	Tutor	BSc(N)	2024	163179	01 yr	-	01/07/2024	<u>Pritam Guria</u>
21	Mr. Soumyadeep Adhikari	Tutor	BSc(N)	2024	163176	01 yr	-	08/07/2024	<u>Soumyadeep Adhikari</u>

22	Mrs.Soumili Kayet	Tutor	BSc(N)	2022	143123	2 yrs	-	15/01/2023	
23	Mr.MD Anam	Tutor	BSc(N)	2024	161776	2 yrs	-	01/05/2024	
24	Mr. MD Masidur Rahaman	Tutor	BSc(N)	2024	166950	1 yrs	-	10/06/2025	
25	Ms. Jincymol BS	Tutor	BSc(N)	2024	174102	6 months	-	10/07/2025	
26	Mr. Alamgir Khan	Tutor	BSc(N)	2024	167343	1 yr	-	10/05/2025	
27	Mr.Abhilash	Tutor	BSc(N)	2021	119407	3 yrs 6 month	-	01/01/2022	
28	Mr.Ramavva Sali	Tutor	BSc(N)	2022	129986	2 yrs	-	01/08/2022	
29	Ms.Aishwarya	Tutor	BSc(N)	2021	120459	2 yrs	-	01/12/2021	







30	Ms. Anuradha	Tutor	BSc(N)	2022	139224	2 yrs	-	01/02/2022	
31	Ms. Nimmi Scaria	Tutor	BSc(N)	2010	33239	15 yrs	-	10/02/2025	
32	Ms. Rimpa Banerjee	Tutor	BSc(N)	2022	138923	3 yrs	-	10/11/2022	
33	Mr. Sachin	Tutor	BSc(N)	2023	148708	2 yrs	-	15/10/2023	
34	Mr. Anubab Das	Tutor	BSc(N)	2022	143094	3 yrs	-	02/02/2023	
35	Ms. Ashwita BP	Tutor	BSc(N)	2020	115940	4 yrs	-	15/01/2022	







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) 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	23,200sq.ft (40 – 60 intake)	23,200 sq.ft	Yes
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	4x900 sqft 2x600 sqft 2x600 sqft 2x600 sqft	Available
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room (Girls & Boys) 13. Multipurpose hall / Seminar hall/ examination hall 14. Toilets	 300 200 5 x 200 = 1000 800+2400=3200 600 100 100 100 100 100 600+400= 1000 3000 1000	 300 sq.ft 200 sq.ft 1000 sq.ft 3200 sq.ft 600 Sq.ft 100 Sq.ft 100 sq.ft 100 sq.ft 100. sq.ft 100. sq.ft 1000. sq.ft 5000 sq.ft 1000 sq.ft	 Available Available Available Available Available Available Available Available Available Available Available Available Available

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600 sq.ft	
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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 sq.ft	Available
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	Available
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	Available
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	Available
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	Available
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.ft	Available

Note:

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

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

Building Documents:

Annexure – 12

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

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 Licence
01	KA50A9516	43	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	2300 sq.ft	YES ☒ No ☐	✓	✓	✓

Total No. of Nursing Books available	2421	No. of Nursing Journals subscribed	
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?	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. ALLAHUDIN	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 will increase/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. TRILIFE HOSPITAL NO.216, 7 th MAIN ROAD, HRBR LAYOUT, KALYAN NAGAR, B'LORE-560043	120	5.2 KM	80 %	Verified
	2. SPARSH HOSPITAL NEW AIRPORT, KOGILU CROSS, B'LORE-560064	200	6.5 KM	80 %	Verified
	3				
	✓				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have **200 bedded Unitary/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, 2021 F.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:


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			20	
ICU/CCU ✓			20	11
Geriatric Medicine				

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Any other				
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING : Annexure - 17		
RURAL FILED			
a. Name of CHC / PHC / SC		KADUSONAPPANAHALLI	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		5 KM	
b. Services Rendered by Health & Family Welfare Programmes		IMMUNIZATION, MCH	
URBAN FILED :			
a. Name of CHC / PHC / SC		K. NARAYANAPURA	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		2 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 ☐
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)

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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 : 170	Boys : 149
f.	Total No. of rooms	Girls : 30	Boys : 20
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

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

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:

- There are 1 Professor Principal, 1 Professor Vice Principal, 2 Associate Professors, 6 Assistant Professors, 25 tutors available on the day of inspection.
- There are 6 Labs available on the day of inspection.
- There are 8 Lecture halls having 60 seats Capacity available on the day of inspection.
- They are having well furnished library with 3200 books available on the day of inspection.
- Clinical material, infrastructure, are available as per the apex body norms and RGUHS norms.


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 the 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: Dishank 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)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member ✓ of the trust
DIANA EDUCATION TRUST are submitting the affidavit
to University.

The trust DIANA EDUCATION TRUST is running/managing
the colleges 1. DIANA COLLEGE OF NURSING

2. _____
3. _____ since 22 Yrs.

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**

MEMBER
DIANA EDUCATION TRUST
BANGALORE

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

MEMBER
DIANA EDUCATION TRUST
BANGALORE