



## INSPECTION PROFORMA FOR NURSING

| Details of LIC Inspectors : | Chairman            | Academic Council Member  | Subject Expert       |
|-----------------------------|---------------------|--------------------------|----------------------|
| Name                        | Dr. Isomreddi JB    | Pritham N. Shetty        | Veeresh VB           |
| Designation                 | Prof & SOA          | Professor                | Principal            |
| Address                     | 22 AMK<br>Bangalore | BTD'S<br>Bangalore       | SS INS<br>Davangere  |
| Mobile No                   | 9739309658          | 9008400400               | 9972474258           |
| Email ID                    | dr.jis29@gmail.com  | prithamnshetty@gmail.com | veereshvbv@gmail.com |

For the Academic Year : 2025-2026

Date of Inspection: 18/08/25

(Please Tick the Appropriate Boxes Below)

|                     |                                           |                                     |                           |  |
|---------------------|-------------------------------------------|-------------------------------------|---------------------------|--|
| Type of Inspection: | 1. Fresh Affiliation                      | <input checked="" type="checkbox"/> | 4. Re-Inspection          |  |
|                     | 2. Continuation of Affiliation            | <input checked="" type="checkbox"/> | 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 | <input checked="" type="checkbox"/> | 2. Post Basic B.Sc. Nursing | <input checked="" type="checkbox"/> |
|                                     | 3. M.Sc. Nursing       | <input checked="" type="checkbox"/> | 4. M.Sc. NPCC               |                                     |

|   |                                                          |                                                                                                                                                                                          |                          |                       |      |
|---|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|------|
| 1 | Name of the Institution with Full Address                | B.M.S Hospital Nursing College<br>Syno 618, Sri Mallikarjuna Temple street<br>N.R colony. Bangalore 560019.                                                                              | 2                        | Year of Establishment | 2003 |
| 2 | Status of the course conducting body                     | Government / University / Autonomous / Municipal Corporation /<br>Missionary / Trust / Society / Company                                                                                 |                          |                       |      |
| 3 | (a). Name of the Trust/Society & complete postal address | International Educational Society<br>No: 78, Elephant Rock Road, Diagonal Road,<br>III Block, Jayanagar, Bangalore - 560011<br>(Enclose copy of Registration documents of Society/Trust) |                          |                       |      |
|   |                                                          | Email: bmsnhsng@gmail.com                                                                                                                                                                | Website:<br>Annexure - 1 |                       |      |

Signature of Chairman  
 Dr. Isomreddi JB  
 12.08.25

Signature of Member (1)  
 Pritham N Shetty  
 12/8/25

Signature of Member (2)  
 Veeresh VB

|                                         |                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                           |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b). Name of the Owner of Trust/Society |                                                                                                                    | H. G. Dayananda kumar                                                                                                                             |                                                                                                                                                                                                           |
| 4                                       | Governing Council & Audit Report of Trust                                                                          | Total Number of Members in Governing Council :<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) <b>Annexure - 2</b> |                                                                                                                                                                                                           |
| 5                                       | Details of Principal/Head of the institution                                                                       | Name: P. SIVA NARAN<br>Qualification: Ph.D in Nursing<br>Experience: 20 years (Ph.D)<br>Email: bmrsh.nsg@gmail.com                                | Mobile No: 9886504818<br>Office No:<br>Fax No:<br>Residential phone No:                                                                                                                                   |
| 6                                       | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>                                                                            | If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.<br>(Verify & enclose a copy of the registered trust Documents)<br><b>Annexure - 3</b> |

7. Affiliation Fee Paid Details:

List Enclosed

**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<br>a) only for UG or<br>b) for UG and PG courses<br>c) NPCC |            |
| B.Sc. Nursing               | Bsc (N)                              | Application fees                              |              | }                      | BD00000007591874                                                             | 220,050.00 |
| Post Basic B.Sc. Nursing    | PB Bsc (N)                           | Application fees                              |              |                        |                                                                              |            |
|                             |                                      |                                               |              | }                      | BD00000007591905                                                             | 220,050.00 |
| Total (A)                   |                                      |                                               |              |                        |                                                                              |            |
| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation   | No of Seats X Prescribed fees of each faculty |              |                        |                                                                              |            |
|                             | 1. Msc (N)                           | Application fees                              |              | }                      | BD00000007591913                                                             | 50,050.00  |
| Msc Nursing                 | 2. Msc (N)                           | Application fees                              |              |                        |                                                                              |            |
|                             | 3.                                   |                                               |              |                        |                                                                              |            |
|                             | 4.                                   |                                               |              |                        |                                                                              |            |
|                             | 5.                                   |                                               |              |                        |                                                                              |            |
| Total (B)                   |                                      |                                               |              |                        |                                                                              |            |
| NPCC                        | UG Helinet fees Bsc (N) & PB Bsc (N) |                                               |              |                        |                                                                              | 50,000.    |
| Total (C)                   |                                      |                                               |              |                        |                                                                              |            |
| Grand Total (A+B+C)         |                                      |                                               |              |                        |                                                                              |            |

Online Transaction Number or Details:

BD000000007591874  
BD00000000759187905, BD000000007591913

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/8/25  
Pranav Shetty

Neeraj VB



Remarks:

Fee paid receipts are verified & enclosed

Verify & Enclose copy of Affiliation fee paid documents

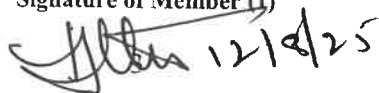
8. Approval Status of the Institution & Sanctioned Intake:

| 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 | verified            |
|                                                                                                                                                                                                                                                                                                | 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 | verified            |
|                                                                                                                                                                                                                                                                                                | Sanctioned Intake                             | 50           | 50           | 50           | 50           |                     |
|                                                                                                                                                                                                                                                                                                | Admissions Made for the Current Academic Year | 50           | 50           | 50           | 50           |                     |
| M.Sc. Nursing in<br>a. Community Health <input checked="" type="checkbox"/><br>b. Medical Surgical <input checked="" type="checkbox"/><br>c. OBG <input checked="" type="checkbox"/><br>d. Paediatric <input checked="" type="checkbox"/><br>e. Psychiatry <input checked="" type="checkbox"/> | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | verified & enclosed |
|                                                                                                                                                                                                                                                                                                | Sanctioned Intake                             | 25           | 25           | 25           | 25           |                     |
|                                                                                                                                                                                                                                                                                                | Admissions Made for the Current Academic Year | 20           | 20           | 20           | 20           |                     |
| M.Sc. NPCC                                                                                                                                                                                                                                                                                     | Approval Letter No. and Date                  | —            | —            | —            | —            |                     |
|                                                                                                                                                                                                                                                                                                | Sanctioned Intake                             | —            | —            | —            | —            |                     |

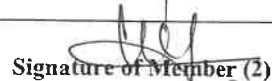
Signature of Chairman

 12.08.25

Signature of Member (1)

 12/8/25

Signature of Member (2)

 (N. Suresh VBS)





Admissions Made  
for the Current  
Academic Year

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

| Programme               |        | I year | II Year | III Year | IV Year | Total |
|-------------------------|--------|--------|---------|----------|---------|-------|
| B.Sc Nursing            | Male   | 15     | 12      | 12       | 19      | 58    |
|                         | Female | 45     | 47      | 47       | 40      | 179   |
| Post Basic B.Sc Nursing | Male   | 10     | 10      | —        | —       | 20    |
|                         | Female | 40     | 36      | —        | —       | 76    |
| M.Sc Nursing            | Male   | 03     | 05      | —        | —       | 08    |
|                         | Female | 16     | 12      | —        | —       | 28    |
| M.Sc NPCC               | Male   | —      | —       | —        | —       | —     |
|                         | Female | —      | —       | —        | —       | —     |

Boys: 86  
Girls: 283

Total: 369

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) List Enclosed

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) List Enclosed

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: Student Attendance register are verified and enclosed

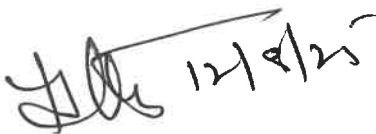
Signature of Chairman

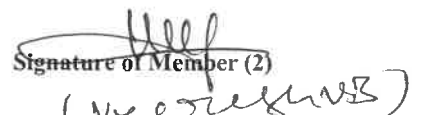
Signature of Member (1)

Signature of Member (2)



  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)  
(member 2)





## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. No | Designation         | Required |           |               |           |           | Existing / Available |           |               |          |      | Deficit  |           |               |          |           |
|--------|---------------------|----------|-----------|---------------|-----------|-----------|----------------------|-----------|---------------|----------|------|----------|-----------|---------------|----------|-----------|
|        |                     | B.Sc (N) |           | P.B. B.Sc (N) | M.Sc (N)* | M.Sc NPCC | B.Sc (N)             |           | P.B. B.Sc (N) | M.Sc (N) | NPCC | B.Sc (N) |           | P.B. B.Sc (N) | M.Sc (N) | M.Sc NPCC |
|        |                     | 40 to 60 | 61 to 100 | 20 to 60      |           |           | 40 to 60             | 61 to 100 |               |          |      | 40 to 60 | 61 to 100 |               |          |           |
| 1      | Principal           | 1        | 1         |               |           |           | 1                    | -         | 1             | 1        | -    |          |           |               |          |           |
| 2      | Vice-Principal      | 1        | 1         |               |           | -         | 1                    | -         | 1             | 1        | -    |          |           |               |          |           |
| 3      | Professor           | 1        | 1-2       |               | 1*        | -         | 4                    | -         | 4             | 4        | -    |          |           |               |          |           |
| 4      | Associate Professor | 2        | 2-4       |               | 1*        | -         | 2                    | -         | 2             | 2        | -    |          |           |               |          |           |
| 5      | Assistant Professor | 3        | 3-8       | 2             | 3*        | -         | 5                    | -         | 5             | 5        | -    |          |           |               |          |           |
| 6      | Tutor               | 8-16     | 16-24     | 2-10          | --        | -         | 28                   | -         | 28            | -        | -    |          |           |               |          |           |
|        | Total               | 16-24    | 24-40     | 4-12          |           | Total     | 41                   |           | 41            | 13       | -    |          |           |               |          |           |

**For Example:** For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

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

### Year Wise Distribution of Faculty for B.Sc Nursing :

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

| Intake                     | 1 <sup>st</sup> Year                                                                                                          | 2 <sup>nd</sup> Year                                                                                                           | 3 <sup>rd</sup> Year                                                                                                            | 4 <sup>th</sup> Year                                                                                                            |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>40 Students Intake</b>  | <b>Total 5 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>2 Tutors</li> </ul>  | <b>Total 8 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>   | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul>   | <b>Total 16 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>8 Tutors</li> </ul>   |
| <b>60 Students Intake</b>  | <b>Total 6 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>  | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>7 Tutors</li> </ul>  | <b>Total 18 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>11 Tutors</li> </ul>  | <b>Total 24 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>16 Tutors</li> </ul>  |
| <b>100 Students Intake</b> | <b>Total 10 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul> | <b>Total 20 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>12 Tutors</li> </ul> | <b>Total 30 Faculty</b> <ul style="list-style-type: none"> <li>12 M.Sc. Nursing qualified faculty</li> <li>18 Tutors</li> </ul> | <b>Total 40 Faculty</b> <ul style="list-style-type: none"> <li>16 M.Sc. Nursing qualified faculty</li> <li>24 Tutors</li> </ul> |

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            | KNSC Reg. Number | Teaching experience After UG After PG | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|--------|------------------------------|-----------------|-----------------------------------------|----------------------------|------------------|---------------------------------------|-----------------|-----------------------------|----------------------|
| 1.     | Dr. P. Sivamaran             | Principal       | MSc (W) Chem 1999 BSc (H) Ph.D 2004 Hsc | 1999 BSc (H) Ph.D 2004 Hsc | KNC 715          | 3 years                               | 4/11/2016       |                             |                      |
| 2.     | Mrs. P. Swarnalatha          | Vice Principal  | MSc (W) Chem 1997 BSc (H) 2004 Hsc      | 1997 BSc (H) 2004 Hsc      | KNC 307          | 1 year                                | 2/11/2007       |                             |                      |
| 3.     | Mrs. M. Sreedevi             | Professor       | MSc (W) Psy 2003 BSc (H) 2009 Hsc       | 2003 BSc (H) 2009 Hsc      | KNC 1404         | 2 yrs                                 | 2/10/2016       |                             |                      |
| 4.     | Mr. Dinesh M.                | Professor       | MSc (W) Pedagog 2003 BSc (H) 2009 Hsc   | 2003 BSc (H) 2009 Hsc      | KNC 869          | 1 yr                                  | 16/05/2011      |                             |                      |
| 5.     | Mr. Pradeep Gy.              | Professor       | MSc (W) Chem 2011 BSc (H) 2014 Hsc      | 2011 BSc (H) 2014 Hsc      | 048239           | 1 yrs                                 | 13/02/2014      |                             |                      |
| 6.     | Mrs. Shadiya Shaik           | Professor       | MSc (W) Comm 2016 Hsc                   | 2016 Hsc                   | 1678             | 3 yrs                                 | 10/11/2016      |                             |                      |
| 7.     | Mrs. Lakshmi                 | Asso. Professor | MSc (W) Comm 2009 BSc (H) 2009 Hsc      | 2009 BSc (H) 2009 Hsc      | 249149           | 7 yrs                                 | 20/11/2007      |                             |                      |
| 8.     | Mrs. Sumathatha              | Asso. Professor | MSc (W) Chem 2008 BSc (H) 2014 Hsc      | 2008 BSc (H) 2014 Hsc      | 9672             | 4 yrs                                 | 01/10/2020      |                             |                      |
| 9.     | Mr. Abhilash KS.             | Asst. Professor | MSc (W) Psy 2013 BSc (H) 2014 Hsc       | 2013 BSc (H) 2014 Hsc      | 136889           | 4 yrs                                 | 12/12/2021      |                             |                      |
| 10.    | Mrs. Flavia Marita Sequeira  | Asst. Professor | MSc (W) Chem 2011 BSc (H) 2014 Hsc      | 2011 BSc (H) 2014 Hsc      | 162449           | 1 yr                                  | 10/10/2019      |                             |                      |
| 11.    | Mrs. Eunice Maula            | Asst. Professor | MSc (W) Pedagog 2011 BSc (H) 2014 Hsc   | 2011 BSc (H) 2014 Hsc      | 42548            | 1 yr                                  | 01/03/2023      |                             |                      |
| 12.    | Mr. Nayneshwar               | Asst. Professor | MSc (W) Comm 2009 BSc (H) 2014 Hsc      | 2009 BSc (H) 2014 Hsc      | 10431            | 7 yrs                                 | 14/12/2020      |                             |                      |
| 13.    | Ms. K. N. Deepika Chandra    | Asst. Professor | MSc (W) BSc (H) 2017 BSc (H) 2020 Hsc   | 2017 BSc (H) 2020 Hsc      | 29485            | 1 yrs                                 | 7/12/2020       |                             |                      |
| 14.    | Ms. Deepa. K                 | Asst. Lecturer  | BSc (W) 2018                            | 2018                       | 38742            | 6 yrs                                 | 17/10/2019      |                             |                      |
| 15.    | Mr. Anand S.                 | Asst. Lecturer  | BSc (W) 2009                            | 2009                       | 22673            | 5 yrs                                 | 10/12/2019      |                             |                      |
| 16.    | Ms. Chaya N.                 | Asst. Lecturer  | BSc (W) 2019                            | 2019                       | 102424           | 5 yrs                                 | 18/11/2019      |                             |                      |
| 17.    | Ms. Deeksha B-N              | Asst. Lecturer  | BSc (W) 2019                            | 2019                       | 102552           | 5 yrs                                 | 18/11/2019      |                             |                      |
| 18.    | Mr. Raghavendra S.G          | Asst. Lecturer  | BSc (W) 2007                            | 2007                       | 9363             | 5 yrs                                 | 10/12/2019      |                             |                      |
| 19.    | Mr. Shashwatha Kumar M.      | Asst. Lecturer  | BSc (W) 2011                            | 2011                       | 98670            | 5 yr                                  | 10/12/2019      |                             |                      |
| 20.    | Mr. Akash                    | Asst. Lecturer  | BSc (W) 2020                            | 2020                       | 115501           | 4 yrs                                 | 15/02/2021      |                             |                      |
| 21.    | Mr. Ameer Jahn               | Asst. Lecturer  | BSc (W) 2015                            | 2015                       | 12247            | 4 yrs                                 | 13/12/2020      |                             |                      |
| 22.    | Mr. Esther Rani              | Asst. Lecturer  | BSc (W) 2020                            | 2020                       | 11404            | 4 yrs                                 | 10/12/2020      |                             |                      |

List enclosed

List enclosed

Signature of Chairman  
12/02/25

Signature of Member (1)  
12/02/25

Signature of Member (2)  
Veerababu





|     |                     |                         |      |        |         |   |            |
|-----|---------------------|-------------------------|------|--------|---------|---|------------|
| 23. | Ms. Lavanya. R      | Asst. Lecturer, B.Sc(N) | 2020 | 11526  | 4 Yrs   | — | 10/12/2020 |
| 24. | Ms. Mahalakshmi D   | Asst. Lecturer, B.Sc(N) | 2020 | 128418 | 4 Yrs   | — | 03/12/2020 |
| 25. | Mr. Nareesh M.      | Asst. Lecturer, B.Sc(N) | 2020 | 114412 | 4 Yrs   | — | 10/12/2020 |
| 26. | Ms. Subha           | Asst. Lecturer, B.Sc(N) | 2020 | 117846 | 4 Yrs   | — | 15/01/2021 |
| 27. | Mr. Kaathick. M     | Asst. Lecturer, B.Sc(N) | 2021 | 121147 | 3 Yrs   | — | 10/12/2021 |
| 28. | Mr. Ramyashree N.R  | Asst. Lecturer, B.Sc(N) | 2021 | 127865 | 3 Yrs   | — | 10/02/2022 |
| 29. | Ms. Chandana.D      | Asst. Lecturer, B.Sc(N) | 2022 | 141556 | 2 Yrs   | — | 10/01/2023 |
| 30. | Mr. Jakeer Husein   | Asst. Lecturer, B.Sc(N) | 2023 | 229486 | 2 Yrs   | — | 01/04/2023 |
| 31. | Ms. Laxmi Kodalli   | Asst. Lecturer, B.Sc(N) | 2023 | 229456 | 2 Yrs   | — | 01/04/2023 |
| 32. | Ms. Megha Marigi    | Asst. Lecturer, B.Sc(N) | 2022 | 138396 | 2 Yrs   | — | 10/01/2023 |
| 33. | Ms. Rasika Naganaja | Asst. Lecturer, B.Sc(N) | 2022 | 142667 | 2 Yrs   | — | 01/02/2023 |
| 34. | Ms. Roja Bagum      | Asst. Lecturer, B.Sc(N) | 2022 | 141097 | 2 Yrs   | — | 20/02/2023 |
| 35. | Ms. Tamanna         | Asst. Lecturer, B.Sc(N) | 2022 | 133403 | 2 Yrs   | — | 23/12/2022 |
| 36. | Ms. Vaishnavi.SM    | Asst. Lecturer, B.Sc(N) | 2022 | 135931 | 2 Yrs   | — | 23/12/2022 |
| 37. | Ms. Tulika Das      | Asst. Lecturer, B.Sc(N) | 2023 | 162289 | 9 month | — | 28/10/2024 |
| 38. | Mr. Anil G          | Asst. Lecturer, B.Sc(N) | 2024 | 214487 | 7 month | — | 20/12/2024 |
| 39. | Ms. Rukmani K       | Asst. Lecturer, B.Sc(N) | 2020 | 166934 | 6 month | — | 01/02/2025 |
| 40. | Ms. Dakshayini.     | Asst. Lecturer, B.Sc(N) | 2024 | 170621 | 3 month | — | 02/05/2025 |
| 41. | Ms. Manasea GC      | Asst. Lecturer, B.Sc(N) | 2024 | 171181 | 8 days  | — | 05/08/2025 |
| 42. |                     |                         |      |        |         |   |            |
| 43. |                     |                         |      |        |         |   |            |
| 44. |                     |                         |      |        |         |   |            |
| 45. |                     |                         |      |        |         |   |            |

enclosed

Signature of Chairman  
12.08.25

Signature of Member (1)  
12/08/25

Signature of Member (2)  
(Vedregha VB)









**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) |                          |         |

List Enclosed

**14. Physical Facilities :**

**14.1. College Building:**

**Annexure - 12**

| S. No             | Details                                                                                                                                                                                                                                                                                                                                                 | Required                              | Existing      | Remarks                             |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|-------------------------------------|
| 1                 | Built – up area of the building<br>(in Sq. Ft)                                                                                                                                                                                                                                                                                                          | 23,200sq.ft                           | 23,200sq.ft   | ✓                                   |
|                   | <b>Note:</b> 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                 | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for<br>40 to 60 intakeB.Sc (N): 900 sq ft                                                                                                                                                                                                                                                           | <b>4 Class rooms</b><br>900sq ft Each | 3,600sq.ft    | }                                   |
|                   | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                | <b>2 Class rooms</b><br>600sq ft Each | 600 sq.ft     |                                     |
|                   | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                    | <b>2 Class rooms</b><br>600sq ft Each | 600 sq.ft     |                                     |
|                   | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                         | <b>2 Class rooms</b><br>600sq ft Each | —             |                                     |
| 3                 | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                        |                                       |               | } Building plan verified & enclosed |
|                   | <b>Office</b>                                                                                                                                                                                                                                                                                                                                           |                                       |               |                                     |
|                   | 1. Principal's Chamber                                                                                                                                                                                                                                                                                                                                  | 300                                   | 350 sq.ft     |                                     |
|                   | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                               | 200                                   | 225 sq.ft     |                                     |
|                   | 3. HOD                                                                                                                                                                                                                                                                                                                                                  | 5 x 200 = 1000                        | 300sq.ft each |                                     |
|                   | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                | 800+2400=3200                         | 3,200sq.ft    |                                     |
|                   | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                     |                                       |               |                                     |
|                   | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                       |                                       |               |                                     |
|                   | 6. Office of Administrative,<br>clerical staff and PA (s)                                                                                                                                                                                                                                                                                               |                                       | 300 sq.ft     |                                     |
|                   | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                   |                                       | 300sq.ft      |                                     |
|                   | 8. Store Room                                                                                                                                                                                                                                                                                                                                           |                                       | 300 sq.ft     |                                     |
|                   | 9. Record room                                                                                                                                                                                                                                                                                                                                          |                                       | 200 sq.ft     |                                     |
|                   | 10. Room for<br>maintenance staff                                                                                                                                                                                                                                                                                                                       |                                       |               |                                     |
|                   | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                       |                                       |               |                                     |
|                   | 12. common room                                                                                                                                                                                                                                                                                                                                         | 1000                                  | 1000 sq.ft    |                                     |
| 13. Seminar hall  | 3000                                                                                                                                                                                                                                                                                                                                                    | 3000sq.ft                             |               |                                     |
| 14. Toilets       | 1000                                                                                                                                                                                                                                                                                                                                                    | 1400sq.ft                             |               |                                     |
| 15. A.V/Aids room | 600                                                                                                                                                                                                                                                                                                                                                     | 600sq.ft                              |               |                                     |

Signature of Chairman  
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Signature of Member (1)

Signature of Member

12-07-25

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(Vegetarian VB)





| S.No | Details                                                                  | Required   | Existing  | Remarks    |
|------|--------------------------------------------------------------------------|------------|-----------|------------|
| 4    | <b>LABORATORIES</b>                                                      |            |           |            |
|      | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | 1650sq.ft | } verified |
|      | Nutrition & Community Health Nursing                                     | 1200sq.ft  | 1300sq.ft |            |
|      | Obstetrics and Gynecology Laboratory                                     | 900sq.ft   | 1000sq.ft |            |
|      | Pediatrics Nursing Laboratory                                            | 900sq.ft   | 1000sq.ft |            |
|      | Pre-Clinical Sciences Laboratory                                         | 900sq.ft   | 1000sq.ft |            |
|      | Computer Lab (1: 5 computer :student)                                    | 1500sq.ft  | 1800sq.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:**

List Enclosed

Annexure – 12

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

yes } Enclosed  
yes  
yes  
yes  
yes

It is mandatory to enclose all the documents mentioned above.

**Note:**

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

**15. Vehicle Details :** Enclose a copy of RC Book / Insurance / Driving License

List Enclosed

Annexure – 13

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licence |
|--------------------------|-----------------------------|------------------|---------|-----------|-----------------|
|--------------------------|-----------------------------|------------------|---------|-----------|-----------------|

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member

*[Signature]*  
12.08.25

*[Signature]*  
12/8/25

*[Signature]*  
(Veeresh VB)



|               |    |          |          |          |
|---------------|----|----------|----------|----------|
| 00 KA51AF6979 | 41 | Yes / No | Yes / No | Yes / No |
|---------------|----|----------|----------|----------|

# 16. Library facility :Enclose list of library books

Annexure - 14

| Library Facilities     | Existing Size in Sq ft | Separate Library                                                    | Ventilation | Lighting | Remarks |
|------------------------|------------------------|---------------------------------------------------------------------|-------------|----------|---------|
| Required<br>2300 Sq.Ft | 2,500sqft              | YES <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes         | Yes      |         |

|                                         |      |                                                       |     |
|-----------------------------------------|------|-------------------------------------------------------|-----|
| Total No. of Nursing Books available    | 3620 | No. of Nursing Journals subscribed                    | 15  |
| No. of Thesis/Research titles available | 80   | Is internet facility available for Students?          | Yes |
| No of e-books                           | 10   | How many books were purchased in last financial year? | 200 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|--------|-----------------------|---------------|------------|---------|
| 1      | Umesh                 | MLIB          | 12         | —       |
|        |                       |               |            |         |
|        |                       |               |            |         |

**Note :** A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

# 17. Academic activities :Enclose the details of past 3 years

Annexure - 15

| Academic activities   | Particulars | Remarks |
|-----------------------|-------------|---------|
| Research Projects     | 10          | —       |
| Conferences conducted | 04          | —       |

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member



|                      |    |   |
|----------------------|----|---|
| Conferences attended | 10 | - |
|----------------------|----|---|

# 18. Details of Clinical / Hospital Facilities :

List Enclosed

Annexure - 16

|   |                                     |                                                                 |                                        |
|---|-------------------------------------|-----------------------------------------------------------------|----------------------------------------|
| 1 | Do you have parent Medical College? | YES <input type="checkbox"/>                                    | NO <input checked="" type="checkbox"/> |
| 2 | Do you have parent hospital?        | YES <input checked="" type="checkbox"/>                         | NO <input type="checkbox"/>            |
|   | If Yes, Hospital Owned by           | i. Trust/Society/Missionary <input checked="" type="checkbox"/> |                                        |
|   |                                     | ii. Trust member with MOU <input checked="" type="checkbox"/>   |                                        |

| Parent Hospital.                                                                                                                                                     | Total No. Beds    | Distance from the college         | Occupancy on the day of inspection (min 75%) | Remarks   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|----------------------------------------------|-----------|
| Full Name & Address of the Parent Hospital<br>1. B. N. S Hospital Toust<br>2. P. D Hinduja Sindhi hospital                                                           | 100<br>150        | 6 km                              | -                                            | verified. |
| NAME OF THE TRUST/ Person owning The Hospital<br>1. B. S Narayana<br>2. Dr. Chandrasekhar                                                                            | -                 | -                                 |                                              |           |
| Name Of The Owner Of The Trust of Hospital<br>1. B. S Narayana<br>2. Dr. Chandrasekhar                                                                               |                   |                                   |                                              |           |
| Affiliated hospitals- Full Name & Address of the Parent Hospital<br>1. Maharaj Agrasena hospital<br>2. Spandana hospital<br>3. Banashankari hospital<br>4. Community | 125<br>100<br>100 | 4 km<br>5.6 km<br>4.2 km<br>11 km |                                              |           |

(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

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12.08.25

12/8/25





specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

- With effect from 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5<sup>th</sup> 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} 5<sup>th</sup> July, 2021 F.NO. 11-1/2019-INC.)

**Note ;**

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5<sup>th</sup> 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 is established in the year 2003. The college is having affiliated hospitals: ① BMS Hospital ② Mahaj Agrowana ③ Spandana ④ Chelsea Hospital. The clinical fee paid receipts are enclosed

**18.1. Distribution of Beds**

| Clinical Areas       | Parent      |               | Affiliated  |               |
|----------------------|-------------|---------------|-------------|---------------|
|                      | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical              | 50          | 40            | 80          | 60            |
| Surgery including OT | 30          | 20            | 40          | 30            |

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(2)

Signature of Member (1)

Signature of Member



|                         |    |    |     |     |
|-------------------------|----|----|-----|-----|
| Obstetrics & Gynecology | 30 | 20 | 50  | 45  |
| Pediatrics,             | 30 | 15 | 40  | 20  |
| Emergency Medicine      | 30 | 20 | 40  | 30  |
| Psychiatry              | —  |    | 200 | 150 |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                | Parent      |               | Affiliated  |               |
|---------------------------------------------------------------|-------------|---------------|-------------|---------------|
|                                                               | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT                                                      | 02          | —             | 02          | —             |
| Minor OT                                                      | 01          | —             | 02          |               |
| Dental, Otorhinolaryngology, Ophthalmology                    | 20          | 15            | 20          | 10            |
| Burns and Plastic                                             | 10          | 9             | 20          | 15            |
| Neonatology care unit                                         | 06          | 5             | 15          | 10            |
| Communicable disease/Respiratory medicine/TB & chest diseases | 20          | 15            | 30          | 25            |
| Dermatology                                                   | 10          | 8             | 10          | 09            |
| Cardiology                                                    | 10          | 8             | 20          | 15            |
| Oncology                                                      | 10          | 7             | 20          | 20            |
| Neurology/Neuro-surgery                                       | 10          | 5             | 20          | 15            |
| Nephrology/Urology                                            | 10          | 9             | 20          | 19            |
| ICU/CCU                                                       | 06          | 5             | 10          | 9             |
| Geriatric Medicine                                            | 20          | 10            | 30          | 20            |
| Any other                                                     | —           | —             | —           | —             |

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 |                                         | —                                                                                                                                          |
| Adopted / Affiliated ✓    |                                         | Mallathalli                                                                                                                                |
| Administrated by          |                                         | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input checked="" type="checkbox"/> Private <input type="checkbox"/> |

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member



|                                                                                                  |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Distance from the Nursing Institute                                                              | 8km                                                                                                                             |
| b. Services Rendered by Health & Family Welfare Programmes                                       | Yes                                                                                                                             |
| <b>URBAN FEILD :</b>                                                                             |                                                                                                                                 |
| a. Name of CHC / PHC / SC                                                                        | Konankunte                                                                                                                      |
| Adopted / Affiliated                                                                             |                                                                                                                                 |
| Administrated by                                                                                 | State Govt. <input type="checkbox"/> Municipal Corporation <input checked="" type="checkbox"/> Private <input type="checkbox"/> |
| Distance from the Nursing Institute                                                              | 6km                                                                                                                             |
| b. Services Rendered by Health & Family Welfare Programmes                                       | Yes                                                                                                                             |
| N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached. |                                                                                                                                 |

|           |                                                        |                                         |                             |
|-----------|--------------------------------------------------------|-----------------------------------------|-----------------------------|
| <b>20</b> | <b>Master Rotation Plan : Annexure - 18</b>            |                                         |                             |
| a.        | Basic B.Sc. Nursing                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b.        | Post Basic B.Sc. Nursing                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c.        | M.Sc. Nursing                                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| <b>21</b> | <b>Time Table available for all Nursing Programmes</b> |                                         |                             |
| a.        | Basic B.Sc. Nursing                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b.        | Post Basic B.Sc. Nursing                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c.        | M.Sc. Nursing                                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|           |                                                                                      |                                         |                             |
|-----------|--------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| <b>22</b> | <b>Records of Students : Are the following students records are maintained well?</b> |                                         |                             |
| a.        | Admission record                                                                     | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b.        | Daily Attendance Registers                                                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c.        | Health Records                                                                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| d.        | Clinical and field experience record                                                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| e.        | Practical record books - procedure record                                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| f.        | Practical record books - Midwifery case book                                         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| g.        | Leave record                                                                         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                        |                                         |                             |
|----|----------------------------------------|-----------------------------------------|-----------------------------|
| h. | Extracurricular activities of students | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| i. | Cumulative record of each              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j. | Course planning of each subject        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member



|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| k. | Rotation plans                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l. | Committee Meetings                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m. | Affiliation records                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| n. | Records of Stock                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| o. | Annual report of activities and achievements | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| p. | Staff development programmes                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| q. | Anti ragging committee                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| r. | Student welfare committee                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                                                     |                                         |                                        |
|----|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 23 | <b>Hostel Facilities :Annexure - 12</b>                             |                                         |                                        |
| a. | Whether the college is having a separate Hostel?                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Built-up area of the Hostel                                         | Sq.ft                                   |                                        |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own <input type="checkbox"/>            | Rented/Leased <input type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES <input type="checkbox"/>            | NO <input type="checkbox"/>            |
| e. | Total No. of students in the hostel                                 | Girls : 160                             | Boys :                                 |
| f. | Total No. of rooms                                                  | Girls : 60                              | Boys : 30                              |
| g. | Water Supply                                                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| h. | Electricity Supply                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| i. | Is Facilities available for outdoor games and indoor games?         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| j. | Is Sick room available?                                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| k. | Whether the hostel mess is available with                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| l. | Safe drinking water facilities                                      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

**List of Annexures:**

| Annexure Numbers | Details                                                            | Submitted (Tick Mark)               |                          |
|------------------|--------------------------------------------------------------------|-------------------------------------|--------------------------|
|                  |                                                                    | Yes                                 | NO                       |
| Annexure - 1     | Details of Trust/ Society related documents                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Annexure - 2     | Details of Governing Council, its meetings & Audit report of Trust | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member





|                      |                                                                                             |   |   |
|----------------------|---------------------------------------------------------------------------------------------|---|---|
| <b>Annexure - 3</b>  | Details of any other Nursing Institution under the same Trust                               |   | ✓ |
| <b>Annexure - 4</b>  | Details of Affiliated fees paid receipts                                                    | ✓ |   |
| <b>Annexure - 5</b>  | Approval Status : GOK Order                                                                 | ✓ |   |
| <b>Annexure - 6</b>  | Approval Status : RGUHS Notification (Last 3 Years) Approval                                | ✓ |   |
| <b>Annexure - 7</b>  | Approval Status : KNC Notification                                                          | ✓ |   |
| <b>Annexure - 8</b>  | Status : INC Notification                                                                   | ✓ |   |
| <b>Annexure - 9</b>  | List of Post Basic B.Sc. Nursing Students as per format                                     | ✓ |   |
| <b>Annexure - 10</b> | List of M.Sc. Nursing Students as per format                                                | ✓ |   |
| <b>Annexure - 11</b> | Details of External /Part time Teachers                                                     | ✓ |   |
| <b>Annexure - 12</b> | Physical Facilities : College Building, Laboratories and Building related documents, Hostel | ✓ |   |
| <b>Annexure - 13</b> | Vehicle Details : Bus                                                                       | ✓ |   |
| <b>Annexure - 14</b> | Details of List of LibraryBooks & others                                                    | ✓ |   |
| <b>Annexure - 15</b> | Academic Activities                                                                         | ✓ |   |
| <b>Annexure - 16</b> | Details of Clinical/Hospital Facilities                                                     | ✓ |   |
| <b>Annexure - 17</b> | Details of Community Health Nursing Posting Facilities                                      | ✓ |   |
| <b>Annexure - 18</b> | Master Rotation plans and Time tables                                                       | ✓ |   |

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member



|               |                                                                               |   |  |
|---------------|-------------------------------------------------------------------------------|---|--|
| Annexure - 19 | List of Teachers with their Declaration forms & necessary documents           | ✓ |  |
| Annexure -20  | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise | ✓ |  |

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

Observations:

The LIC team had visited the BMS Hospital Nursing College for confirmation of affiliation for the year 2025-26 for the BSc Nursing - 60 seats, MSc Nursing - 5 speciality - 25 seats and PPBSc Nursing - 50 seats. On the day of inspection, the LIC team had made the following observations:

- ① General Information: The college is established in the year ~~2008~~ 2003, under International Education Society. The college is affiliated with RGUHS, ISAC & INAC certifications.
- ② Infrastructure: The Trust Deed, Audit report, Tax paid receipt, Land documents, Building plan and dishonors app are verified and found to be correct & enclosed.

  
12.08.25  
Signature of Chairman  
(2)  
Dr. Konevali  
TB

  
12/8/25 correct & enclosed  
Signature of Member (1)

Dr. Priyanka Shetty

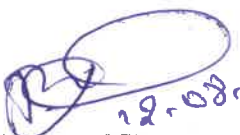
  
Signature of Member



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

Observations:

- ③ College: The college building is around 23,200 sq. ft. The Building plan approved by Competent Authority is verified & enclosed.
- The college is having 08 class rooms and 05 well equipped labs.
- ④ Library: The college Library is having 3620 Books, on the day of inspection Librarian physically present. Seating arrangements and ventilations are good.
- ⑤ Faculty: On the day of inspection, Principal and 40 faculties were physically present with required documents, total faculties: 41 nos.

  
12.08.25

Signature of Chairman

(2)

Dr. Yonareddi  
S B.



Signature of Member (1)

Dr. Prithvi N. Shetty

BIDS

Bangalore



Signature of Member

Prof. V. K. Reddy

SSions

Davanagere.





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

Observations: (contd):

- ⑥ Hospital: The college is established in the year 2003. The college is affiliated with 4 hospitals i.e. BMS Hospital and etc. Details are enclosed, clinical fee paid receipts are verified and enclosed.
- ⑦ Hostel: The college is having separate hostel for Boys & Girls.
- ⑧ Transportation: 2 Buses are available.

  
12.08.25

Signature of Chairman  
(2)



Signature of Member (1)

Dr Pritham N Shetty  
BIDS  
Bangalore



Signature of Member

Prof: Neeraj V B  
SSINS  
Daraongore,



# BMS HOSPITAL NURSING COLLEGE

## TEACHING - STAFF 2025-2026

| Sl. No. | Names              | Designation     | Qualification along with specialty    | Year of Passing |                            | KSNC Reg. Number | Teaching Experience |          | Date of joining | Form-16 Submitted (Yes/No) | Signature of Faculty                                                               |
|---------|--------------------|-----------------|---------------------------------------|-----------------|----------------------------|------------------|---------------------|----------|-----------------|----------------------------|------------------------------------------------------------------------------------|
|         |                    |                 |                                       | B.Sc(N)         | M.Sc(N)                    |                  | After UG            | After PG |                 |                            |                                                                                    |
| 1       | Dr. P Sivamaran    | Principal       | M.Sc.(N)<br>MSN.Ph.D                  | 1999            | 2004<br>Ph.D.<br>June 2022 | KNC-715          | 3 Years             | 18 Years | 04/11/2016      |                            |    |
| 2       | Mrs. P Swarnalatha | Vice Principal  | M.Sc.,(N)<br>OBG Nursing              | 1997            | 2004                       | KNC-307          | 01 Year             | 19 Years | 02/11/2007      |                            |    |
| 3       | Mrs. M Sreedevi    | Professor       | M.Sc.,(N)<br>Psychiatric Nursing      | 2003            | 2009                       | KNC-1404         | 2 Years             | 16 Years | 20/01/2016      |                            |    |
| 4       | Mr. Dinesh M       | Professor       | M.Sc.,(N)<br>Pediatric Nursing        | 2003            | 2008                       | KNC-869          | 1 Year              | 14 Years | 16/05/2011      | 10                         |    |
| 5       | Mr. Pradeep        | Professor       | M.Sc.,(N)<br>Medical Surgical Nursing | 2011            | 2014                       | KNC-041239       | 1 Year              | 11 Years | 18/08/2014      |                            |   |
| 6       | Mrs. Shadiya Shaik | Professor       | M.Sc.,(N)<br>Community Health Nursing | 2012            | 2016                       | KNC-1678         |                     | 8 Years  | 10/11/2016      |                            |  |
| 7       | Mrs. Lakshmi M     | Asso. Professor | M.Sc.,(N)<br>Community Health Nursing | 2009            | 2017                       | KNC-24949        |                     | 1 Years  | 20/12/2024      |                            |  |

 12/8/2025

 12/8/25

 12-08-25



| Narayangari | Professor                   | Medical Surgical Nursing |                                    |      | 9672 | Years      | Years   |         |
|-------------|-----------------------------|--------------------------|------------------------------------|------|------|------------|---------|---------|
| 9           | Ms. Abhilash K S            | Asst. Professor          | M.Sc.,(N) Psychiatric Nursing      | 2013 | 2021 | KNC-136889 | 4 Years | 3 Years |
| 10          | Mrs. Flavia Marita Sequeira | Asst. Professor          | M.Sc.,(N) Medical Surgical Nursing | 2016 | 2020 | KNC-166249 |         | 5 Years |
| 11          | Mrs. Eunice Maila           | Asst. Professor          | M.Sc.,(N) Pediatric Nursing        | 2011 | 2021 | KNC-42548  | 1 Year  | 2 Years |
| 12          | Mr. Mouneshwar              | Asst. Professor          | M.Sc.,(N) Community Health Nursing | 2009 | 2021 | KNC-19431  | 7 Years | 4 Years |
| 13          | Ms. K M Deepika Chand       | Asst. Professor          | M.Sc.,(N) OBG Nursing              | 2017 | 2020 | KNC-89485  | 1 Year  | 4 Years |
| 14          | Ms. Deepa K                 | Asst. Lecturer           | B.Sc.,(N)                          | 2010 |      | KNC-38742  | 6 Years |         |
| 15          | Mr. Ananda S                | Asst. Lecturer           | B.Sc.,(N)                          | 2009 |      | KNC-22633  | 5 Years |         |
| 16          | Ms. Chaya N                 | Asst. Lecturer           | B.Sc.,(N)                          | 2019 |      | KNC-102484 | 5 Years |         |
| 17          | Ms. Deeksha B N             | Asst. Lecturer           | B.Sc.,(N)                          | 2019 |      | KNC-102552 | 5 Years |         |
| 18          | Mr. Raghavendr S G          | Asst. Lecturer           | B.Sc.,(N)                          | 2007 |      | KNC-9363   | 5 Years |         |
| 19          | Mr. Shashwatha Kumara.M     | Asst. Lecturer           | B.Sc.,(N)                          | 2011 |      | KNC-92670  | 5 Years |         |
| 20          | Mr. Akash Richerd Newton    | Asst. Lecturer           | B.Sc.,(N)                          | 2020 |      | KNC-115501 | 4 Years |         |

12/8/2018

12/8/2018

12.08.2018



|    |                     |                |           |      |  |            |         |            |  |
|----|---------------------|----------------|-----------|------|--|------------|---------|------------|--|
| 21 | Mr. Ameerjahn M     | Asst. Lecturer | B.Sc.,(N) | 2015 |  | KNC-12247  | 4 Years | 13/12/2020 |  |
| 22 | Ms. Esther Rani     | Asst. Lecturer | B.Sc.,(N) | 2020 |  | KNC-114041 | 4 Years | 10/12/2020 |  |
| 23 | Ms. Lavanya R       | Asst. Lecturer | B.Sc.,(N) | 2020 |  | KNC-115276 | 4 Years | 10/12/2020 |  |
| 24 | Ms. Mahalakshmi D   | Asst. Lecturer | B.Sc.,(N) | 2020 |  | KNC-128418 | 4 Years | 03/12/2020 |  |
| 25 | Mr. Naresh M        | Asst. Lecturer | B.Sc.,(N) | 2020 |  | KNC-114412 | 4 Years | 10/12/2020 |  |
| 26 | Ms. Subha           | Asst. Lecturer | B.Sc.,(N) | 2020 |  | KNC-117846 | 4 Years | 15/01/2021 |  |
| 27 | Mr. Karthick M      | Asst. Lecturer | B.Sc.,(N) | 2021 |  | KNC-121147 | 3 Years | 10/12/2021 |  |
| 28 | Ms. Ramyashree N R  | Asst. Lecturer | B.Sc.,(N) | 2021 |  | KNC-127865 | 3 Years | 10/02/2022 |  |
| 29 | Ms. Chandana D V    | Asst. Lecturer | B.Sc.,(N) | 2022 |  | KNC-141556 | 2 Years | 10/01/2023 |  |
| 30 | Mr. Jakeer Husein   | Asst. Lecturer | B.Sc.,(N) | 2023 |  | KNC-229486 | 2 Years | 01/04/2023 |  |
| 31 | Ms. Lakshmi Kodalli | Asst. Lecturer | B.Sc.,(N) | 2023 |  | KNC-229456 | 2 Years | 01/04/2023 |  |
| 32 | Ms. Megha Majjigi   | Asst. Lecturer | B.Sc.,(N) | 2022 |  | KNC-138396 | 2 Years | 10/01/2023 |  |
| 33 | Ms. Rasika Nagaraja | Asst. Lecturer | B.Sc.,(N) | 2022 |  | KNC-142667 | 2 Years | 01/02/2023 |  |
| 34 | Ms. Rojabegum       | Asst. Lecturer | B.Sc.,(N) | 2022 |  | KNC-141097 | 2 Years | 20/02/2023 |  |
| 35 | Ms. Tammana         | Asst. Lecturer | B.Sc.,(N) | 2022 |  | KNC-133403 | 2 Years | 23/12/2022 |  |

11/6/2025

10/18/25

12.08.25





|    |                   |                |           |      |  |            |           |            |                                                                                  |
|----|-------------------|----------------|-----------|------|--|------------|-----------|------------|----------------------------------------------------------------------------------|
| 36 | Ms. Vaishnavi S M | Asst. Lecturer | B.Sc.,(N) | 2022 |  | KNC-135931 | 2 Years   | 23/12/2022 |  |
| 37 | Ms. Tulika Das    | Asst. Lecturer | B.Sc.,(N) | 2023 |  | KN 162289  | 9 Mont hs | 28/10/2024 |  |
| 38 | Mr. Anil S        | Asst. Lecturer | B.Sc.,(N) | 2024 |  | KNC-214487 | 7 Mont hs | 20/12/2024 |  |
| 39 | Ms. Rukmani K     | Asst. Lecturer | B.Sc.,(N) | 2020 |  | KNC-166934 | 6 Mont hs | 01/02/2025 |  |
| 40 | Ms. Dakshayini G  | Asst. Lecturer | B.Sc.,(N) | 2024 |  | KNC-170621 | 3 Mont hs | 02/05/2025 |  |
| 41 | Ms. Manasa G C    | Asst. Lecturer | B.Sc.,(N) | 2024 |  | KNC-171181 | 8 Days    | 05/08/2025 |  |

  
29.08.25

  
12/8/25

  
12/8/2025





INTERNATIONAL EDUCATION SOCIETY (Reg.)  
**BMS HOSPITAL NURSING COLLEGE**

AFFILIATED TO RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA  
APPROVED BY KARNATAKA STATE NURSING COUNCIL, INDIAN NURSING COUNCIL

Sy. No. 618, Mallikarjuna Swamy Temple Street, N.R. Colony, Bengaluru - 560 004.  
Telefax : +91-80-22423966 Ph.: +91-80-26676355, 26676356, 26676350, Email : bmsn.nsg@gmail.com

No. :

**UNDERTAKING by trust management**

We the Chairman/President/Secretary/Member of the trust  
H. G. DAYANANDA KUMAR are submitting the affidavit  
to university.

The trust INTERNATIONAL EDUCATION SOCIETY (R) is running / managing the  
college BMS HOSPITAL NURSING COLLEGE, NR COLONY,  
1 BANGALORE - 560004

2 \_\_\_\_\_

3 \_\_\_\_\_ since 22 years.

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

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

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

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

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

H. G. DAYANANDA KUMAR  
**Secretary**  
**International Education Society (R)**  
**No. 78, Elephant Rock Road, III Blok,**  
**Jayanagar, Bangalore - 560 011**



## UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at BMS Hospital Nursing College which has applied for continuation of affiliation for the academic year 2024-25.

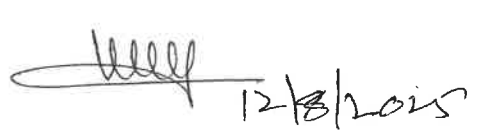
We have conducted LIC inspection of this college on 12.08.25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

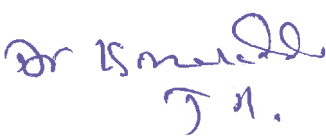
The information recorded by us in the LIC reports is true and correct.

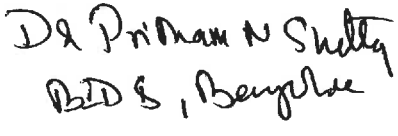
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

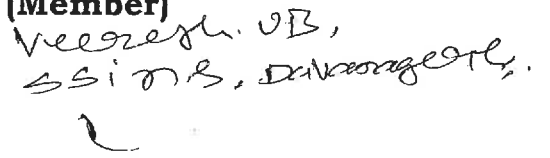
  
**Senate Member  
(Chairman)**

  
**A C Member  
(Member)**

  
**Subject Expert  
(Member)**

  
Dr. S. M. S. J. A.

  
Dr. Pritham N. Shetty  
BDS, Bangalore

  
Veeresha. VB,  
SSIBS, Davangere.

Signature of Chairman  
(2)

Signature of Member (1)

Signature of Member

