Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Basavaraj Savadi	Prof. Dr. A.T.S. Giri	Dr. Vonamala
Designation	Professor	Chairman of BOS Nursing PG Principal	Principal
Address	Koppal	Gouthami College of Nursing, Bangalore	Tadikela Subbaiah College of Nursing
Mobile No	9845646885	9845022057	9448301355
Email ID		drgiriits57@gmail.com	

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 05/08/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	✓
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	JES Mother Teresa College of Nursing MES Ring Road Jalahalli, Bangalore-560013	2	**Year of Establishment** 2003
2	**Status of the course conducting body**	**Government / University / Autonomous ✓ / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	Jalahalli Education Society (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: mothertheresanrsg@gmail.com	**Website:** www.mothertheresanrsg.com	
		Office No: 080-28381763	**Mobile No:** 9844007115	

Signature of Chairman

Dr Savadi 5/8/25

Signature of Member (1)

LIC-05/08/25 FT-875.QK

Signature of Member (2)

Dr Vanamala Lathish 5/8/2025

Remarks: Verified

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	50	
	Admissions Made for the Current Academic Year	60	60	60	50	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Sanctioned Intake	50	50	50	40	
	Admissions Made for the Current Academic Year	50	50	50	40	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	NA
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	NA
	Sanctioned Intake	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
5/8/25

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	08	20	09	37	74
	Female	51	39	49	20	159
Post Basic B.Sc Nursing	Male	–	–	–	–	–
	Female	50	50	–	–	100
M.Sc Nursing	Male	–	–	–	–	–
	Female	–	–	–	–	–
M.Sc NPCC	Male	–	–	–	–	–
	Female	–	–	–	–	–

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To--------
			Enclosed			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11.If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents)

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To--------
			NA			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: Verified

Signature of Chairman

Signature of Member (1)

5/8/25

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		3	2						
6	Tutor	8-16	16-24				2-10	--		16	5						
	Total	**16-24**	**24-40**				**4-12**			23	7						

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

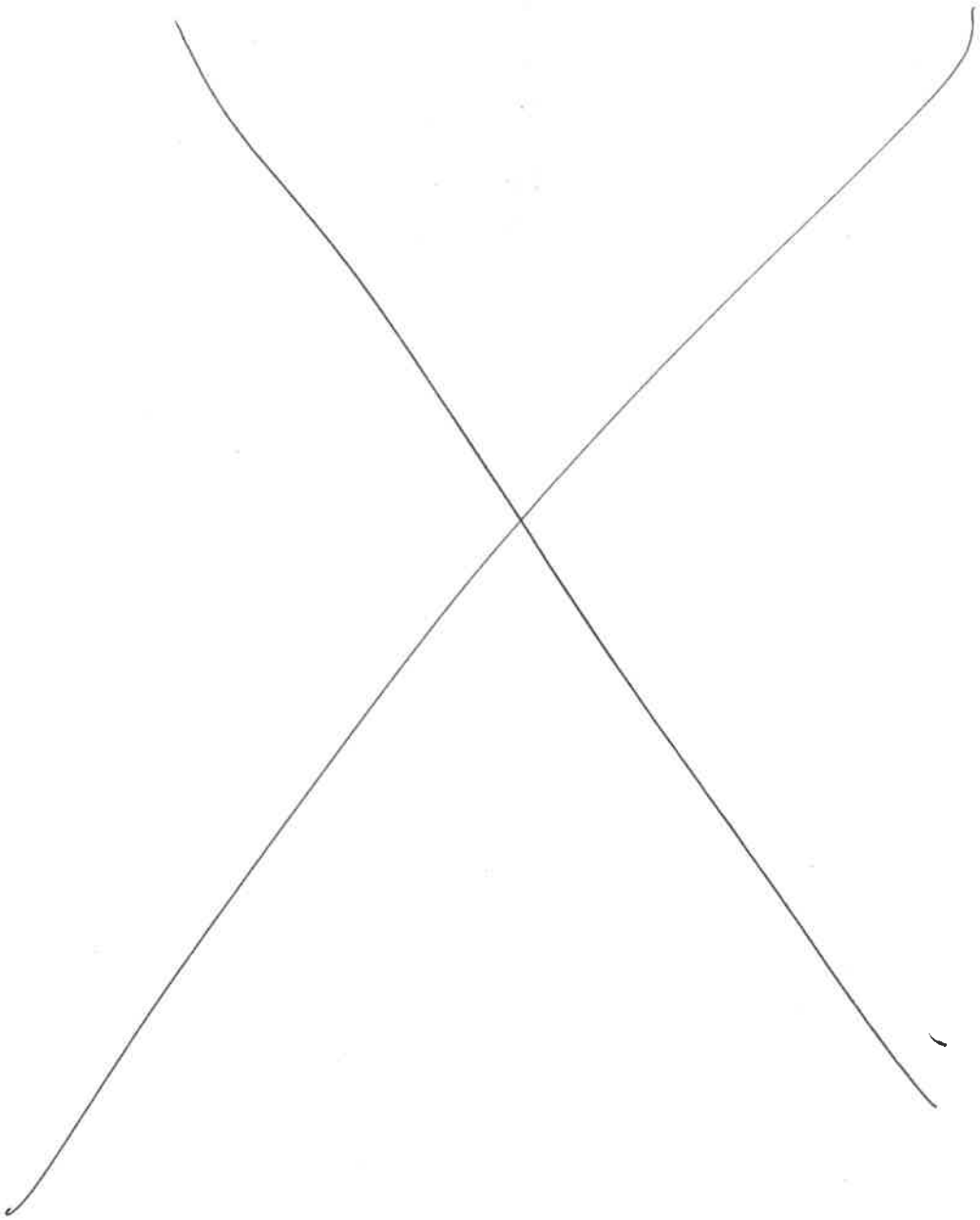
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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

250 students				

* Aadhar based biometric attendance for students



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

JES MOTHER TERESA COLLEGE OF NURSING

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 (BS.CN)	Year of passing (MS.CN)	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
							After UG	After PG			
1	Mr. Satyanarayana T E	Principal	M.SC (N) PGMSN	1986	2007	8777	20	19	11/08/2022		
2	Mr. Navachethan E	Professor cum Vice Principal	M.SC (N) PGPDN	2009	2013	22624	2	12	01/07/2022		
3	Ms. Amrina Pasha	Professor	M.SC (N) PGOGN	2010	2015	35046	2	10	07/12/2020		
4	Mrs. Mary Catherine M	Asst. Professor	M.SC (N) PGPCN	2016	2020	RR TMN 20101784 KAR	1	5	31/01/2022		
5	Ms. Chaitra K	Asst. Professor	M.SC (N) (MSN)	2017	2021	170788	2	4	03/01/2022		
6	Mrs. Angel Deepika	Asst. Professor	M.S.C N PGOGN	2016	2020	RRTMN 2017 6485 KAR	1	5	02/05/2022		
7	Mr. Mallesh H	Lecturer	(CHN)	2018	2022	126562	1.6	3	04/07/2022		
8	Mrs. Arshpreet Kaur	Assoc. Professor	M.SC (N) PGOGN,	2013	2017	RR PJB 2024 11042 KAR	2	8	08/07/2024		
9	Ms. Akila C	Asst. Professor	PED	2015	2018	73859	1	7	12/05/2025		
10	Ms. Sheeja S Daniel	Nursing Tutor	BS.c(N)	2014		RR TMN 2019 16079 KAR	15		02/09/2020		
11	Ms. Seema Marutni Patwar	Nursing Tutor	BS.c(N)	2020		110418	5		04/01/2021		
12	Mr. Muttanna Madar	Nursing Tutor	BS.c(N)	2022		138353	3		05/05/2021		
13	Ms. Aryamol K K	Nursing Tutor	BS.c(N)	2013		60143	12		11/10/2021		
14	Ms. Bindu V S	Nursing Tutor	BS.c(N)	2021		129455	4		17/12/2021		
15	Mr. Sachin M	Nursing Tutor	BS.c(N)	2021		122132	4		03/01/2022		
16	Mr. Vishnu S	Nursing Tutor	BS.c(N)	2021		124964	4		20/01/2022		
17	Ms. Rakshitha K M	Nursing Tutor	BS.c(N)	2021		123262	4		21/02/2022		
18	Mr. Siddharth Vanakudari	Nursing Tutor	BS.c(N)	2022		129615	3		02/11/2022		
19	Ms. Chithra M	Nursing Tutor	BS.c(N)	2012		54987	13		09/10/2023		
20	Ms. Reshmi M R	Nursing Tutor	BS.c(N)	2014		69295	15		02/11/2023		
21	Mr. Anil Bajantri	Nursing Tutor	BS.c(N)	2022		129614	3		22/04/2024		
22	Mr. Rajesh	Nursing Tutor	BS.c(N)	2022		133587	3		09/05/2024		
23	Ms. Puja Das	Nursing Tutor	BS.c(N)	2023		154253	1.6		07/08/2024		

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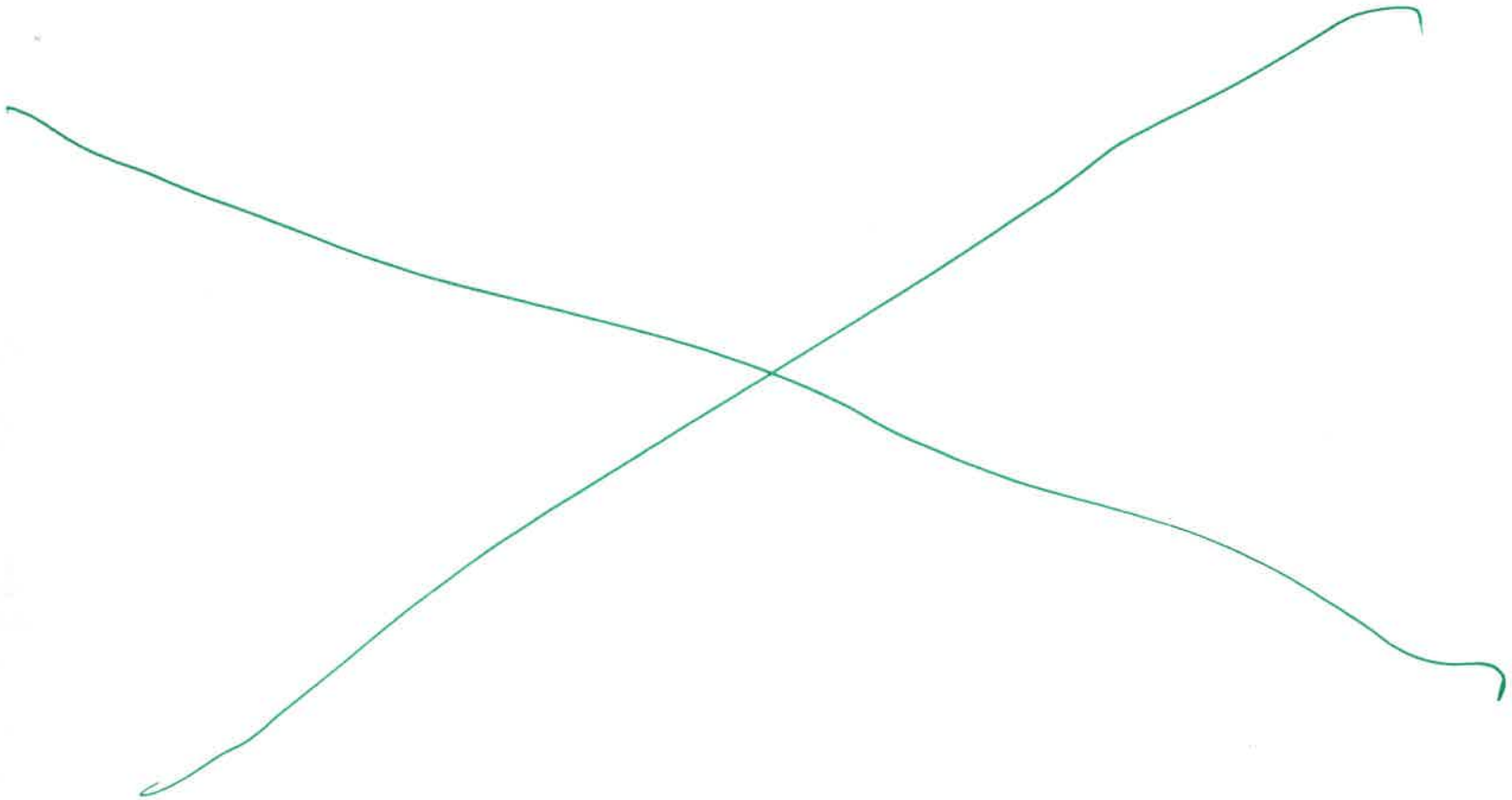
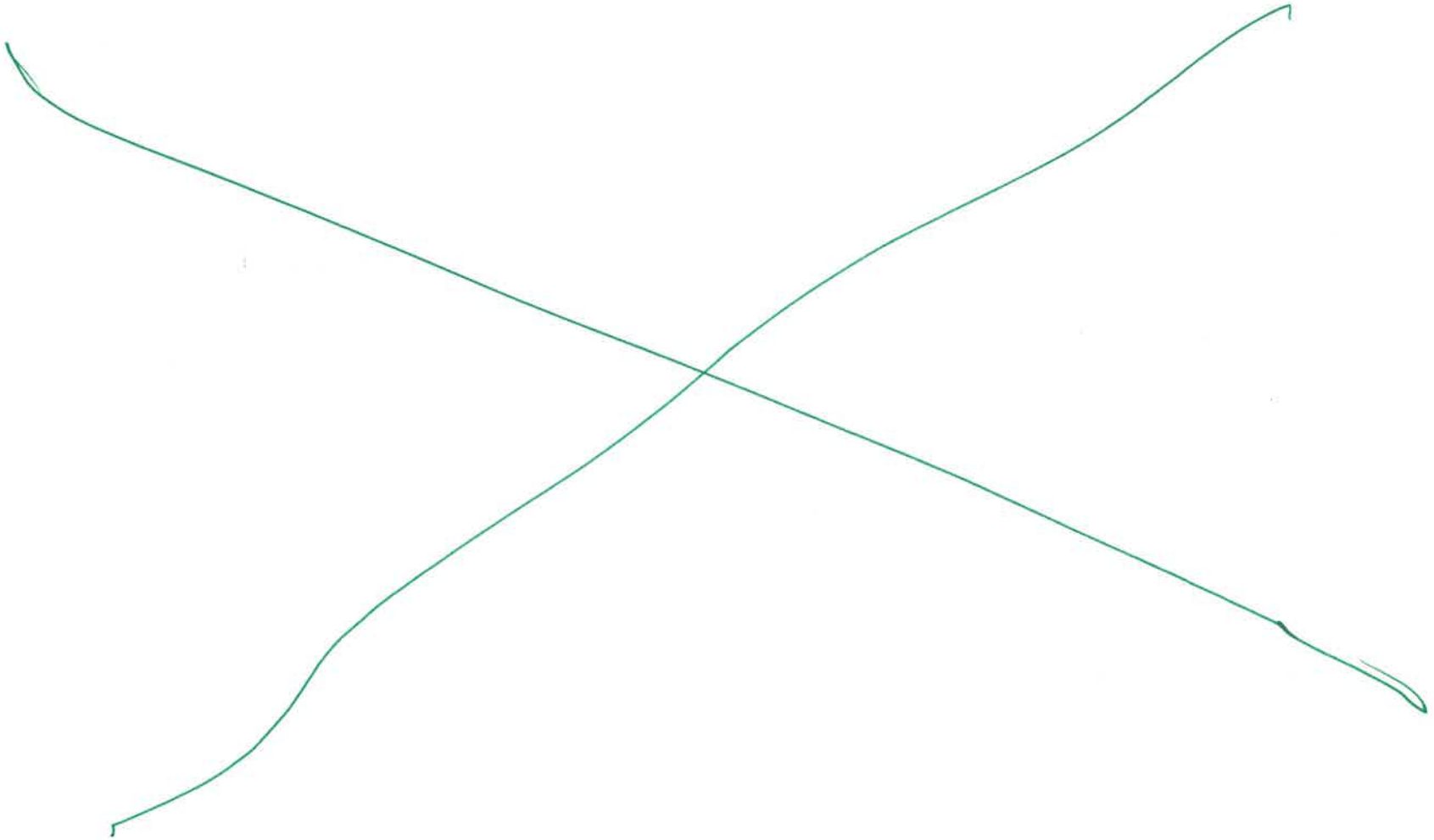


Sl. No	Name of the teaching Faculty	Designation	Qualification along with	Year of passing (BS.CN)	Year of passing (MS.CN)	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
							After UG	After PG			
24	Ms. Priya M	Nursing Tutor	BS.c(N)	2024		179194	1		02/01/2025		Priya. M
25	Ms. Kammara Pavithra	Nursing Tutor	BS.c(N)	2024		179198	1		02/01/2025		
26	Mr. Laxman Bhujanga Dashavant	Nursing Tutor	BS.c(N)	2024		180381	1		02/01/2025		
27	Ms. Manisha Yadav	Nursing Tutor	BS.c(N)	2024		104 2025 26 2408	1		03/02/2025		
28	Ms. Soni V	Nursing Tutor	BS.c(N)	2024		175674	1		05/02/2025		
29	Mr. Roushan Habib Sarkar	Nursing Tutor	BS.c(N)	2024		167437	1		02/04/2025		Roushan
30	Ms. Tanishta Nag	Nursing Tutor	BS.c(N)	2022		140212	1.7		12/05/2025		
31	Ms. Ashly Sony	Nursing Tutor	BS.c(N)	2024		168137	1		02/01/2025		
32	Ms. Stella Esther	Nursing Tutor	BS.c(N)	2021		121097	4		02/05/2023		
33	Ms. Piyali Paul	Nursing Tutor	BS.c(N)	2021		117275	2		04/11/2023		
34	Ms. Tejaswini M Sunkad	Nursing Tutor	BS.c(N)	2022		142899	3		16/10/2022		

5/12/2025



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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
—	—	Copies Enclosed		—	—

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	26017.60 sq.ft	Verified
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4x1000 4000sq.ft	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2x1000 2000sq.ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq.ft	Verified
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000	2000 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	350 sq.ft	Verified
	7. Accountants Office	**100**	350 sq.ft	
	8. Store Room	**100**	350 sq.ft	
	9. Record room	**100**	—	
	10. Room for maintenance staff	**100**	—	
	11. Xeroxing room	**100**	300 sq.ft	Verified
	12. common room (Girls & Boys)	600+400= 1000	M- 600 sq.ft f- 600 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2500 sq.ft	
	14. Toilets	1000	1000 sq.ft	

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

	15. A.V/Aids room	600	600sq.ft	Verified

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

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA04C5224	60	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2000sq.ft	YES ☑ No ☐	Verified	good	Verified

Total No. of Nursing Books available	2877	**No. of Nursing Journals subscribed**	17
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	Yes
No of e-books	–	**How many books were purchased in last financial year?**	507

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Sudhamani. M.N.	MLISc	9 years	Verified
–	–	–	–	–
–	–	–	–	–

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Enclosed	–

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

Conferences conducted	Enclosed	–
Conferences attended	Enclosed	–

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital Aveksha Hospital MOU(Registered parent hospital MOU)		100	4km	85%	Verified
NAME OF THE TRUST/ Person owning The Hospital		–	–	–	–
Name Of The Owner Of The Trust of Hospital		–	–	–	–
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Victoria Hospital, Victoria Hospital, Mysore Rd, near city market, New Thavaguput Bengaluru, Karnataka 560002	1000	13km	98%	Verified
	2 Vanivilas hospital, Victoria Hospital Mysore Rd, near city market, New Thavaguput, Bengaluru, Karnataka 560002	700	13km	98%	Verified
	3 Sharadana Hospital, Nelamangala Station, Mysore Road, 1/1, near Nayandahalli,	100	16km	90%	Verified

Signature of Chairman 5/8/25 Signature of Member (1) Signature of Member (2) 6/8/25

	Jayanagar, Bangalore Bengaluru Karnataka 560069 (MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

1) Avelsha Hospital - 100 beds
2) Victoria Hospital - 1000 beds
3) Vanivilas Hospital - 700 beds.
4) Spandana Hospital - 100 beds.

} fee paid receipts are Enclosed - Annexure 16a

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 6/2/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	85%	250	92%
Surgery including OT	25	80%	280	93%
Obstetrics & Gynecology	25	90%	470	94%
Pediatrics,	15	85%	100	92%
Emergency Medicine	05	100%	15	90%
Psychiatry	–	–	100	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90%	15	90%
Minor OT	04	90%	53	90%
Dental, Otorhinolaryngology, Ophthalmology	–	–	30	91%
Burns and Plastic	–	–	44	90%
Neonatology care unit	–	–	233	93%
Communicable disease/Respiratory medicine/TB & chest diseases	–	–	45	92%
Dermatology	–	–	15	9%
Cardiology	–	–	20	90%
Oncology	–	–	50	92%
Neurology/Neuro-surgery	–	–	32	90%
Nephrology/Urology	–	–	20	91%
ICU/ICCU	–	–	37	90%
Geriatric Medicine	–	–	48	93%

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other			40 25	90% 88%

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Abbigere
Adopted / Affiliated		Adopted
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		6km
b. Services Rendered by Health & Family Welfare Programmes		Immunization, Antenatal, School health programme
URBAN FEILD :		
a. Name of CHC / PHC / SC		Talahalli PHC
Adopted / Affiliated		Adopted
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		500m
b. Services Rendered by Health & Family Welfare Programmes		Immunization, Antenatal, School health programme
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

Signature of Chairman 5/8/25 **Signature of Member (1)** **Signature of Member (2)** 5/8/25

f.	Practical record books - Midwifery case book	YES ✓	NO
g.	Leave record	YES ✓	NO

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO
b.	Built-up area of the Hostel	Sq.ft 21500	
c.	Is the Hostel Owned or Rented/Leased?	Own ✓	Rented/Leased
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO
e.	Total No. of students in the hostel	Girls : 108	Boys : 63
f.	Total No. of rooms	Girls : 23	Boys : 28
g.	Water Supply	YES ✓	NO
h.	Electricity Supply	YES ✓	NO
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO
j.	Is Sick room available?	YES ✓	NO
k.	Whether the hostel mess is available with	YES ✓	NO
l.	Safe drinking water facilities	YES ✓	NO

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

6/8/25

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

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

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

LIC Team Observations: The LIC inspection was conducted at JES Mothe Teresa College of nursing, Jalahalli, Bengaluru for continuation affiliation on 05/08/2025. The The following observation are made at the day of inspection

1) College : The institution was established in the year 2003. Total building built up area as per the statement 26017.60 sqft including 6 classrooms, laboratories like Fundamentals of nursing, Nutrition, community health nursing, OBG, and Paediatrics Pre clinical lab with instruments, equipments are observed.

2) Teaching staff : One full time principal present on the day of inspection, one vice - principal, one professor, one Associate professor, five Assistant professor, twenty five tutors, Total 34 out of which four members are informed leave.

3) Library : The library have 2877, sitting arrangements are 60 students are observed five journals, five magazines including 507 newly purchased books are observed.

4) Hospital : College was established in the year 2003, Affiliating hospital Aveksha hospital, 100 beds, other clinical facilities are observed including KPME, PCB, BMW, P documents are observed.

The inspection photos, videos and pendrive are Enclosed.

Signature of Chairman

Dr Sowad, 5/8/25

Signature of Member (1)

Dr ASIS GHM.

Signature of Member (2)

5/8/2025

UNDERTAKING

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

We have conducted LIC inspection of this college on 05/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Jalahalli Education Society are submitting the affidavit toUniversity.

The trust Jalahalli Education Society is running/managing the colleges 1. JES Mother Teresa College of Nursing since 22years

2. _____

3. _____ since 22 years years.

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

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

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

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

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

***Note Undertaking should be given in affidavit**

For JALAHALLI EDUCATION SOCIETY (R)

Secretary

For JALAHALLI EDUCATION SOCIETY (R)

Secretary

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

UNDERTAKING

I/We, Vijayala Ballal is/are the Owners/MD/CEO/Board Members of the Aveksha hospital situated at No. 122, Varadarajaswamy layout, Singapura, MS Palya, Vidyaranyapura Post, Bengaluru-97
This is to confirm that our hospital Aveksha hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
This is to confirm that the hospital Aveksha hospital is functioning as affiliated/parent/own hospital for JES Mother Teresa college.
We also confirm that our hospital is solely affiliated to JES Mother Teresa college and is not affiliated to any other nursing college.
The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA09122729124867X**
Certificate Issued Date	:	04-Aug-2025 06:12 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MATHIKERE/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0833913563347992X
Purchased by	:	AVEKSHA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING BY PARENT HOSPITAL
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AVEKSHA HOSPITAL
Second Party	:	REGISTRA RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	AVEKSHA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
THE MATHIKERE CO-OP SOCIETY LTD.

Please write or type below this line

UNDERTAKING

I/We, Ujjvala Ballal is/are the Owners/MD/CEO/Board Members of the Aveksha hospital situated at No. 122, Varadarajaswamy layout, Singapura, MS Palya, Vidyaranyapura post, Bangalore-560097.

NOTARY K.C. PEMMAIAH GOVT. OF INDIA

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.[illegible]stamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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Authorized Signatory

NOTARY
K.C. PEMMAIAH, M.A., LL.B.
BANGALORE METROPOLITAN AREA
Regd. No. 18755
GOVT OF INDIA

BEFORE ME
K. C. PEMMAIAH, MA, LLB, PGDIPLA
ADVOCATE
& NOTARY (Govt. Of India)
# 72, Bloom Field Garden,
Vidyaranyapura Post, Bangalore - 560 097.
4/8/2023

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Government of Karnataka

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Certificate No.	:	**IN-KA09122859408589X**
Certificate Issued Date	:	04-Aug-2025 06:12 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MATHIKERE/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0833909523205398X
Purchased by	:	SECRETARY JALAHALLI EDUCATION SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING BY TRUST MANAGEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY JALAHALLI EDUCATION SOCIETY
Second Party	:	REGISTRA RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	SECRETARY JALAHALLI EDUCATION SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
THE MATHIKERE CO-OP. SOCIETY LTD.

Please write or type below this line

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For JALAHALLI EDUCATION SOCIETY (R)

Authorized Signatory

Secretary

NOTARY
H. C. PEMMAIAH, M.A., LL.B.
BANGALORE METROPOLITAN AREA
Reg. No. 16756
GOVT OF INDIA

BEFORE ME

H. C. PEMMAIAH, MA, LLB, PGDPM & IR
ADVOCATE
& NOTARY (Govt. Of India)
# 72, Bloom Field Garden,
Vidyaranyapura Post, Bangalore - 560 097.

4/8/2025


GPS Map Camera
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