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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Mahendra M	Dr. Bharathi S.H.	Prof. Hemavathi M T
Designation	Asst Prof.	Principal	Principal.
Address	East Point Medical college	Govt Dental college & research institute Bracke - Ballari	Vidya college of NSg Kapu Udupi (D).
Mobile No	9980796290	9844394595	8105709228.
Email ID	drmahigoudar@gmail.com	bharathish70@gmail.com	mthemavathi2@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	**NIGHTINGALE COLLEGE OF NURSING GURUVANNA DEVARA MUTT, NEAR BINNYSTON GARDEN, MAGADI ROAD, BANGALORE-560023**	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	**SRI CHANNABASAVESHWARA SWAMY RURAL EDUCATION SOCIETY** (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email:nightingale.principal@gmail.com	**Website: www.nightingale.org.in**	
		Office No: 080 23142665	**Mobile No:9448049895**	

Signature of Chairman 5/8/25 Signature of Member (1) 05/08/25 Hemavathi M.T. Signature of Member (2) 5/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. RUDRESH KUMAR P Mobile: 9448049895	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: DR MARYDASAN F Qualification: Experience after M Sc : 13 years Email: daspvrpsc@gmail.com	Mobile No: 7356774643 Office No: 080 23142665 Fax No: - Residential phone No: -
	b) Drawing authority of the college	MR. RUDRESH KUMAR P	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	1050	45000	90000	60000	32500	228550
Post Basic B.Sc. Nursing	1050	45000	90000	60000		196050
					Total (A)	

PG Course;- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING	5X2000	
	2. PAEDIATRIC NURSING	5X2000	
	3. COMMUNITY HEALTH NURSING	5X2000	
	4. PSYCHIATRIC NURSING	5X2000	
	5. OBG NURSING	5X2000	
		Total (B)	51050
NPCC			
		Total (C)	0
		Grand Total (A+B+C)	475650

Online Transaction Number or Details: Transaction ID: BD00000007562027,
Payment Ref No: ZSBII87091L4A0, Date of Payment: 23/12/2025, Amount Paid: 4,75,650/-

Signature of Chairman 5/8/25 Signature of Member (1) 05/08/25 Signature of Member (2) 5/8/25

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKK 210 MPS 2003 20/09/2003 Annexure - 5	ACA/F/NS-84/2003-04 06/11/2003 Annexure - 6	KNC/1157-V-II:2003 30/10/2003 Annexure - 7	18-15/1294-INC 21/04/2005 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKK 198 MPS 2009 09/10/2009 Annexure - 5	RGU/AFF/CNS-158/2009-10 27/07/2009 Annexure - 6	KNC: 174: 2009-10 18/12/2009 Annexure - 7	18-15/6280-INC 30/03/2011 Annexure - 8	
	Sanctioned Intake	50	50	50	30	
	Admissions Made for the Current Academic Year	50				
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	AKK 198 MPS 2009 09/10/2009 Annexure - 5	RGU/AFF/158/ 2009-10 27/07/2009 Annexure - 6	KNC: 175:2009-10 18/12/2009 Annexure - 7	18-15/6281-INC 02/01/2013 Annexure - 8	
	Sanctioned Intake	25	25	25	20	
	Admissions Made for the Current Academic Year	25				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year					

Signature of Chairman 5/8/25

Signature of Member (1) 05/08/25

Signature of Member (2) 05/8/25

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	12	18	13	22	65
	Female	48	42	41	38	169
Post Basic B .Sc Nursing	Male	3	8	-	-	11
	Female	47	42	-	-	89
M. Sc Nursing	Male	3	7	-	-	10
	Female	22	18	-	-	40
M. Sc NPCC	Male	-	-	-	-	-
	Female	-	-	-	-	-

10. If the college has PB B Sc (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----------
	Copy Enclosed					

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

11. If the college has M Sc (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----------
	Copy 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: _____

Signature of Chairman 5/8/25

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

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

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 5/8/25 | Signature of Member (1) 05/08/25 | Signature of Member (2) 5/8/25

250 students				
* Aadhar based biometric attendance for students				

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Signature of Member (2) 5/8/25

12.1. Teaching Faculty details: – **Details should be written in format only.**

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MARYDASAN F	PRINCIPAL	M SC (N). COMMUNITY HEALTH NURSING	2012	004442	2 YRS	13 YRS	07/07/2012	YES	
2.	GIRIJA N	VICE-PRINCIPAL	M SC (N). OBG NURSING	2014	008279	3 YRS	11 YRS	26/11/2016	YES	
3.	SHIBU K THOMAS	ASST. PROFESSOR	M SC (N), MEDICAL SURGICAL NURSING	2018	004151	5 YRS	7 YRS	01/06/2018	YES	
4.	RESHMA S	ASST. PROFESSOR	M SC (N), MEDICAL SURGICAL NURSING	2018	76393	-	6 YRS	01/11/2018	YES	
5.	ANITHA S	ASST. PROFESSOR	M SC (N), OBG NURSING	2018	7826	12 YRS	5 YRS	14/12/2018	YES	
6.	SHALINI S	LECTURER	M SC (N), PSYCHIATRIC NURSING	2022	99614	1YS	1 YR	01/03/2023	YES	
7.	B SNIENKY SIANGSHAI	ASST. PROFESSOR	M SC (N), PAEDIATRIC NURSING	2017	02160	1 YR	8 YRS	01/06/2017	YES	
8.	REMYAMOL M S	LECTURER	M SC (N), PSYCHIATRIC NURSING	2021	150798	6 YRS	1 ½ YRS	05/01/2022	YES	
9.	MANJULADEVI S	PROFESSOR	M SC (N), PSYCHIATRIC NURSING	2009	285	15 YRS	15 YRS	02/11/2011	YES	
10.	ABILA EASTERLIN P	LECTURER	M SC (N), MEDICAL SURGICAL NURSING	2024	101529	1 YR	1 YR	05/04/2023	YES	
11.	JENNET JENIFER D	LECTURER	M SC (N), PAEDIATRIC NURSING	2012	039869	12 YRS	1 ½ YRS	12/04/2024	YES	
12.	MANIMEGALA S	LECTURER	M SC (N), OBG NURSING	2024	94259	2 ½ YRS	1 ½ YRS	02/03/2024	YES	
13.	DY SILVANA	LECTURER	M SC (N), PAEDIATRIC NURSING	2024	116722	-	4 MTHS	06/03/2025	YES	
14.	JINU R J	LECTURER	M SC (N), COMMUNITY HEALTH NURSING	2024	98592	4 YRS	-	01/03/2025	YES	Posting
15.	YASHASWINI K Y	LECTURER	M SC (N), PSYCHIATRIC NURSING	2024	121374	1 YR	-	01/08/2025	YES	
16.	AISHWARIYA	LECTURER	M SC (N), MEDICAL SURGICAL NURSING	2024	100990	3 YRS	1 YR	01/04/2024	YES	
17.	MEERA SUSAN VARGHESE	TUTOR	B SC (N)	2022	129894	3 YRS	-	05/04/2024	YES	Posting
18.	MARY STEPHY K	TUTOR	B SC (N)	2012	132833	13 YRS	-	01/12/2024	YES	
19.	CHITHRAMOL N SOMAN	TUTOR	B SC (N)	2014	69527	10 YRS	-	15/03/2015	YES	

Signature of Chairman 5/8/25

Signature of Member (1) 05/08/25

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20.	RUME DAS	TUTOR	B SC (N)	2018	92194	1 YR	-	05/04/2024	YES	
21.	ENIYA B	TUTOR	B SC (N)	2020	118365	1 ½ YRS	-	01/12/2023	YES	
22.	SUMITHA B	TUTOR	B SC (N)	2020	115076	4 YRS	-	18/01/2021	YES	
23.	ATCHAYA P	TUTOR	B SC (N)	2021	124466	3 YRS	-	01/02/2024	YES	
24.	KAVITHA D	TUTOR	B SC (N)	2021	193884	4 YRS		15/02/2022	YES	
25.	NEHA YADAV	TUTOR	B SC (N)	2021	130199	3 ½ YRS	-	25/10/2023	YES	
26.	RESHMA K	TUTOR	B SC (N)	2022	142819	1 YR	-	20/04/2024	YES	
27.	PRAVEENA T	TUTOR	B SC (N)	2022	144365	2 YRS	-	20/04/2024	YES	
28.	SABITHA S	TUTOR	B SC (N)	2022	141582	2 YRS		09/06/2025	YES	
29.	LAVANYA S	TUTOR	B SC (N)	2022	140593	1 YR 8 MTHS	-	01/02/2024	YES	
30.	KANIMOZHI N	TUTOR	B SC (N)	2022	130168	2 YRS		01/08/2022	YES	
31.	REX MOHAN R	TUTOR	B SC (N)	2023	149143	4 MTHS	-	02/04/2024		
32.	REKHA R S	TUTOR	B SC (N)	2024	157770	1 YR	-	02/05/2024	YES	
33.	SAJIN S	TUTOR	B SC (N)	2024	168645	3 MTHS	-	15/04/2025	YES	
34.	ROJA N	TUTOR	PB BSC (N)	2024	230221	-	-	01/08/2025	YES	

- 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.

05/08/25

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

5/8/25

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
1	Mr. Nataraj D	M Sc Microbiology	Microbiology	130	IV SEM+ I PB BSC
2	Dr. Meghana B	MBBS	Phamacology, Pathology & Genetics	60 hrs	III SEM
3	Dr. Sabilu Salam	MBBS	Anatomy	50 HRS	I SEM
4	Dr. Sindhu Akuthota	MBBS	Physiology	50 HRS	I SEM
5	Mrs. Ramya M N	M SC Biochemistry	Biochemistry	105 HRS	I SEM+ I PB BSC

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)	**31615 Sq Ft**	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**4 1050 Sq Ft each**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2 1050 Sq Ft each**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2 1050 Sq Ft each**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**350 Sq Ft**	
	2. Vice-Principal Chamber	200	**350 Sq Ft**	
	3. HOD	5 x 200 = 1000	**1000 Sq Ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3400 Sq Ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 Sq Ft**	
	7. Accountants Office	**100**	**300 Sq Ft**	
	8. Store Room	**100**	**350 Sq Ft**	
	9. Record room	**100**	**525 Sq Ft**	
	10. Room for maintenance staff	**100**	**350 Sq Ft**	

Verified

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

	11. Xeroxing room	**100**	**1025 Sq Ft**	
	12. common room (Girls & Boys)	600+400= 1000	**900 Sq Ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**2400 Sq Ft**	✓
	14. Toilets	1000	**1800 Sq Ft**	
	15. A.V/Aids room	600	**525 Sq Ft**	

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	**1400 Sq Ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1900 Sq Ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900 Sq Ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**900 Sq Ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**1400 Sq Ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1025 Sq Ft**	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	✓
2	**Is the college building own or leased?**	✓
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.**	✓

Signature of Chairman — Signature of Member (1) 05/08/25 — Signature of Member (2) 5/8/25

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
- 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
BUS	KA02 AA 1133	32+1	Yes	Yes	Yes
INNOVA	KA 02 MB 5990	8	Yes	Yes	Yes
MARUTI OMNI	KA 04 N 1080	4+1	Yes	Yes	Yes

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	2600 Sq Ft	YES ☐ No ☑	AVAILABLE	AVAILABLE	

Total No. of Nursing Books available	1959	No. of Nursing Journals subscribed	17
No. of Thesis/Research titles available	551	Is internet facility available for Students?	YES
No of e-books	150	How many books were purchased in last financial year?	107

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	SUJATHA C	B LIS	14 YRS	

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

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 willjncrease/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	70	
Conferences conducted	16	
Conferences attended	8	
* 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%)	Remarks
Full Name & Address of the Parent Hospital		-	-	-	
NAME OF THE TRUST/ Person owning The Hospital		-	-	-	
Name Of The Owner Of The Trust		-	-	-	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Apollo Hospitals Sheshadripuram	150	5 KM	85%	
	2. Fortis Hospital, Bangalore	119	6 KM	90%	
	3. JJR Nagar Maternity Hospital, Bangalore	25	5 KM	80%	
	4. Spandana Psychiatric Hospital, Bangalore	100	7 KM	85%	

(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).

Signature of Chairman Signature of Member (1) 05/08/25 Signature of Member (2) 5/8/25

NOTE:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	-	-	143	135
Surgery including OT	-	-	67	60
Obstetrics & Gynecology	-	-	86	78
Pediatrics,	-	-	69	62
Emergency Medicine	-	-	15	12
Psychiatry	-	-	150	120

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	3	12	10
Minor OT	1	1	4	4
Dental, Otorhinolaryngology, Ophthalmology	5	4	15	13
Burns and Plastic	10	8	25	21
Neonatology care unit	2	2	8	7
Communicable disease/Respiratory medicine/TB & chest diseases	3	3	12	12
Dermatology	4	3	10	8
Cardiology	5	4	24	21
Oncology	2	2	10	8
Neurology/Neuro-surgery	2	2	12	10
Nephrology/Urology	2	2	15	12
ICU/ICCU	5	5	20	20
Geriatric Medicine	5	5	30	25
Any other	8	7	40	35

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**	**THAVAREKERE PHC**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**12 KM**
b.	Services Rendered by Health & Family Welfare Programmes	**PRIMARYHEALTH CENTRE**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**MALATHAHALLI PHC**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**11 KM**
b.	Services Rendered by Health & Family Welfare Programmes	**PRIMARYHEALTH CENTRE**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

Signature of Chairman **Signature of Member (1)** 05/08/25 **Signature of Member (2)** 5/8/25

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 ☐
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 ☐

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

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	**41220 Sq. ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☐	**Own** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	YES ✓
e.	Total No. of students in the hostel	**Girls : 211**	**Boys : 57**
f.	Total No. of rooms	**Girls : 64**	**Boys : 25**
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 ☐

List of Annexure:

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	✓		

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

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/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of Library Books & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guide ship 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.

Signature of Chairman

Signature of Member (1) 05/08/25.

Signature of Member (2) 5/8/25

LIC Team Observations:

LIC Inspection Conducted on 5/8/25 for Cont Affiliation noted college is a Existing 22 yr. old Owning & good Infrastructure & Amenities, Class rooms, Labs, Library are as per RGUHS norms and in good state.

Faculty :- Total 34 staff have been shown on the day of inspection. (staff list Enclosed). 3 staff on leave & 2 on postings.

Hospital :- No parent hospital, 4 Affiliated hospitals are shown ① Apollo Sheshadripuram, ② Fatis, ③ JJ Maternity & ④ Spandana Psychiatry hospitals are shown.

Signature of Chairman 5/8/25

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Nightingale College of Nursing which has applied for continuation of affiliation for the academic year 2025-26.

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 5/8/25

Signature of Member (1) 05/08/25

Signature of Member (2) 5/8/25

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) 05/08/25.

Signature of Member (2) 5/8/25