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. Hemanth M	RENUKA MALLADAD
Designation	Assistant Professor	Principal	Professor
Address	Neurosurgery Department East point Medical college Bengaluru.	DSCDS B. Ore	Rajarajeswari COM B'lore, Mysore Rd Kengeri
Mobile No	9980796290	9845459666	9986454015
Email ID	drmahigowda@gmail.com	drhemanth@yahoo.co	renuka.malladad@gmail.com

Inspection For the Academic Year : ***Date of Inspection:***

(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**	Holdsworth Memorial College of Nursing Mandi Mohalla, Mysore-570001.	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**	The Mary Calvert Holdsworth Memorial Hospital Association, Trust (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Coahmh@yahoo.com	**Website:** www.csihmh.com.	
		Office No: 0821-4524121	**Mobile No:** —	

Signature of Chairman 14/8/25 **Signature of Member (1)** **Signature of Member (2)** 14/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. Dakshayini.K.P Qualification: Msc, PhD Experience after MSc: 21 yrs Email: dakshayini.k.patilgouda@gmail.com	Mobile No: 9964326606 Office No: 0821-4524121. Fax No: Residential phone No: —
	b) Drawing authority of the college		

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	221050.00.					
Post Basic B.Sc. Nursing	203,550.00					
					Total (A)	424600.00.

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	5	10,000.00
	2. OBG Nursing	5	10,000.00
	3. Mental health Nursing	5	10,000.00
	4. Child health Nursing	5	10,000.00
	5. Community health Nursing	5	10,000.00
		Total (B)	
NPCC		with fees — 51065.00	
		Total (C)	51065.00
		Grand Total (A+B+C)	475665.00

Online Transaction Number or Details:

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

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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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40.	
	Admissions Made for the Current Academic Year	39	39	39	39.	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	20.10.2003 ಇಪಿಪಿ 95 MPS -2003 Annexure - 5	30.10.2003 ACAFNS36/ 2003 Annexure - 6	AKUKU95 MPS 2003 20/10/2003 Annexure - 7	Annexure - 8	
	Sanctioned Intake	45	45	45	45	
	Admissions Made for the Current Academic Year	45	45	45	45	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	05 Annexure - 5	05 Annexure - 6	05 Annexure - 7	05 Annexure - 8	
	Sanctioned Intake	ಇಪಿಪಿ 142 MPS 2010. 30/4/2010	RGU/AFF/CNS -98/2010-11 10.03.2010	AKUKA 172 MPS 2010 20/4/2010		

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	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	22	08	03	04	37
	Female	17	30	33	37	117
Post Basic B.Sc Nursing	Male	05	0	—	—	05
	Female	40	23	—	—	63
M.Sc Nursing	Male	02	01	—	—	03
	Female	03	01	—	—	04
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) 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——

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) 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——

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

Remarks: _____

Signature of Chairman

Signature of Member (1)

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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							
6	Tutor	8-16	16-24				2-10	--		18							
	Total	**16-24**	**24-40**				**4-12**			18 25							

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				

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50 students				
* Aadhar based biometric attendance for students				

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Signature of Member (1)

Signature of Member (2)
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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.	Dr. Dakshayini K P	Principal	PHD M.Sc(N) Medical Surgical	2006	6465	21	14 yrs 2 Mon	14/6/23		
2.	Mrs. Sabina Monica A.	Vice – Principal	M.Sc(N) OBG Nursing	2009	34907	16.7	15.2M	7/6/10		
3.	Mrs Kunhanam Lilly C	Professor	M.Sc (N) Paediatrics Nsg	2005	6985	6.2	13.4	23.4.25		
4.	Mrs. Shiny Joseph	Asso Prof	M.Sc(N) in Med. & Surg.	2015	17194	9	9.2	1/7/16		
5.	Mr. Nuthan Raj	Asst Prof	M.Sc (N) Psychiatric	2009	15418	12	11.5	8/2/25		
6.	Mrs. Prathibha M	Asst Prof	M.Sc (N) Psychiatric	2021	21775	10	4	22/9/09		
7.	Mrs. Jasmeen. A	Asst Prof	M.Sc (N) Paediatric Nsg.	2021	56880	10	4	5/1/13		
8.	Mrs, Gloria.A.	Lecturer	M.Sc(N) OBG Nursing	2024	77439	8	1.7	1/2/24		
9.	Mrs. Sangeetha Lakkundi	Lecturer	M.Sc (N)	2016	60181	6	3	1/7/16		
10.	Mr. Sathya Raj	Lecturer	M.SC(N)	2010	26616	5	1	1/5/25		
11.	Mr.Sovandeb Bera	Nursing Tutor	PB.B.SC(N)	2024	280108	6 Month		4/3/25		
12.	Mrs. Jessy	Nursing Tutor	PB.B.SC(N)	2019	77441	1 Yrs.		29/5/25		
13.	Ms. Riya	Nursing Tutor	B.Sc (N)	2017	86507	6 Months		5/1/25		
14.	Ms. Angel S Anand	Nursing Tutor	B.Sc (N)	2022	133404	1 Yrs. 11 Months		1/7/23		
15.	Mr. Samiran Maity	Nursing Tutor	PB.B.SC(N)	2024		01		3/6/25		
16.	Ms. Rima Mondal	Nursing Tutor	PB.B.SC(N)	2024	280120	01 M		3/6/25		
17.	Mrs. S. Stella	Clinical Instuctor	PB B.SC(N)	2013	16717	8 Yrs 11 months		1/7/16		
18.	Mrs. Deepa G.	Clinical Instructor	PB B.Sc(N)	2015	68248	8 Yrs 11 months		1/7/16		
19.	Mr. Jacob Nischinth Kumar J.	Clinical Instructor	PB.B.Sc (N)	2012	26714	8 Yrs 11 months		1/7/16		
20.	Mrs. Smitha Lakkundi	Clinical Instructor	PB.B.Sc (N)	2014	77458	8 Yrs 11 months		1/7/16		

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Principal
Holdsworth Memorial College of Nursing
CSI Holdsworth Memorial Hospital

21.	Mrs. Saniya	Clinical Instructor	B.Sc (N)	2022	132608	New Appointment		01.08.25		
22.	Mr. Ayanava Mahapatra	Clinical Instructor	PB.B.Sc (N)	2024	280118	New Appointment		08.08.25		
23.	Mr. Nithish Benson	Clinical Instructor	B.Sc (N)	2022	134501	New Appointment		06.7.2023		
24.	Mr. Prashanth K L	Clinical Instructor	B.Sc (N)	2024	173041	New Appointment		01.08.25		
25.	Mr. Prajwal	Clinical Instructor	B.Sc (N)	2024	172720	New Appointment		01.08.25		

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Signature of Member (2)

Principal
Holdsworth Memorial College of Nursing
CSI Holdsworth Memorial Hospital
Mysuru-570001

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

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)	23,600 Sqft	
	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	3,600 Sq ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 Sq ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 Sqft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	325 Sqft	
	2. Vice-Principal Chamber	200	225 Sqft	
	3. HOD	5 x 200 = 1000	1000 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3250 Sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	1300 Sqft	
	7. Accountants Office	**100**	200 Sqft	
	8. Store Room	**100**	350 Sqft	
	9. Record room	**100**	600 Sqft	
	10. Room for maintenance staff	**100**	200 Sqft	
	11. Xeroxing room	**100**	200 Sqft	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sqft	
	14. Toilets	1000	1600 Sqft	

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	15. A.V/Aids room	600	600 Sqft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sqft	

Note:

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

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

Building Documents: Enclosed.

Annexure – 12

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA 09 AA 6925	40	Yes / No	Yes / No	Yes / No

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

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

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

S. No.	Name of the Librarian	Qualification	Experience	Remarks

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	Basic Bsc Nsg - 15 projects Community — Rural/urban - 6 Misc — 07	

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Conferences conducted	ENLS - programme — 2 Workshop on Infection Control Workshop on Disaster Management	
Conferences attended	→ Refocusing Nursing Science with Advanced practice and Research → Anti Tobacco Rally - (Bharath cancer hospital) → An Overview. Psychiatric Assessment with Standardized patient	

* 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 CSI Holdsworth Memorial Hospital PB No. 38, Mandi Mohalla, Mysuru 570001 MOU(Registered parent hospital MOU)	330	50 mts		
NAME OF THE TRUST/ Person owning The Hospital The Mary Calvert Holdsworth Memorial Hospital Association PB. No. 38, Mandi Mohalla, Mysore 570001				
Name Of The Owner Of The Trust of Hospital Rt. Rev. Devachandra Kumar. Bishop. CSI KSD Chairman.				
Affiliated hospitals- Full Name & Address of the Parent Hospital — 1	1 CSI. Holdsworth Memorial Hospital			
	2 K.R Hospital Jayadeva Hospital Bhagavan Cancer Hospital Super Speciality			
	3 Vineka hospital			

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	(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:

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

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18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	48		
Surgery including OT	52	40		
Obstetrics & Gynecology	60	42		
Pediatrics,	56	50		
Emergency Medicine	8	7		
Psychiatry	20	14		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	02		
Minor OT	08	06		
Dental, Otorhinolaryngology, Ophthalmology	02	01		
Burns and Plastic	06	02		
Neonatology care unit	11	10		
Communicable disease/Respiratory medicine/TB & chest diseases	10	08		
Dermatology	05	03		
Cardiology	04	03		
Oncology	03	01		
Neurology/Neuro-surgery	04	02		
Nephrology/Urology	06	03		
ICU/ICCU	10	08		
Geriatric Medicine	05	03		

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Any other				

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

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

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

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

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

14/8/25

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** 22310	
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 :** 130	**Boys :** 50
f.	Total No. of rooms	**Girls :** 55	**Boys :** 15
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)**

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List of Annexures:

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

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

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	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:

Holdsworth Memorial College of Nursing Established in 2003, college building is own trust land which is very old and has good infrastructure class room, labs & library are well furnished & are as per Rguhs norms.

Faculty: Total 25 staff shown, 2 prof 1 Assoc & 3 Asst prof rest are tutors.

Hospital - CSI Holdsworth Memorial hospital 330 bedded parent hospital which is under renovation, KR Hospital is shown as a Affiliated hospital (MOU enclosed).

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

14/8/25

UNDERTAKING

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

We have conducted LIC inspection of this college on 14/8/25 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)
	HEMANTHA	RENUKA MALLADA
Signature of Chairman 14/8/25	Signature of Member (1)	Signature of Member (2) 14/8/25

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)** **Signature of Member (2)**

14/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA17981003223880X
Certificate Issued Date	:	14-Aug-2025 02:22 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MYSORE SOUTH/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0850727298401661X
Purchased by	:	CSI HOLDSWORTH MEMORIAL HOSPITAL MYSURU
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CSI HOLDSWORTH MEMORIAL HOSPITAL MYSURU
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	CSI HOLDSWORTH MEMORIAL HOSPITAL MYSURU
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SRI VEERASHAIVA MULTI PURPOSE CO OP SOCIETY LTD # 14, V.V. Bhavan K.R. Circle MYSORE

NOTARY C.R. SEETHARAM B.Sc., LL.B., MYSORE CITY Reg. No. 3890 Expired On: 6-3-2027 GOVERNMENT OF INDIA

Please write or type below this line

UNDERTAKING

We, RT. REV. HEMACHANDRA KUMAR, is the Board Member of the Mary Calvert Holdsworth Memorial Hospital Association, situated at P.B. No. 38, Mandi Mohalla, MYSURU -570001.

Hemachandra Kumar

contd.. 2 ..

NO. OF CORRECTIONS.....

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.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.

This is to confirm that our hospital CSI Holdsworth Memorial Hospital is registered under KPMEA and PCB with 330 beds and the bonafide Certificate has been attached.

This is to confirm that the hospital CSI Holdsworth Memorial Hospital, is functioning as parent for Holdsworth Memorial College of Nursing, Mysore.

We also confirm that our hospital is solely affiliated to Holdsworth Memorial College of Nursing, Mysore. And it is not affiliated to any other nursing College.

The information provided by us is true and correct.

Place : MYSORE.

14/8/25

Renuka Mallanad

Dated :14.08.2025.

DEPONENT

NOTARY
C.R. SEETHARAM
B.Sc., LL.B.,
MYSORE CITY
Reg. No. 3890
Expired On: 6-3-2027
GOVERNMENT OF INDIA

Solemnly Affirmed & Declared
Before me on 14 AUG 2025

NOTARY, MYSURU

14 AUG 2025

...C. OF CORRECTIONS.....

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA17978251325451X
Certificate Issued Date	:	14-Aug-2025 02:20 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MYSORE SOUTH/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0850720942118557X
Purchased by	:	THE MARY CALVERT HOLDSWORTH MEMORIAL HOSPITAL ASSO
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE MARY CALVERT HOLDSWORTH MEMORIAL HOSPITAL ASSO
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	THE MARY CALVERT HOLDSWORTH MEMORIAL HOSPITAL ASSO
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SHWARA MULTI PURPOSE CO-OP SOCIETY (R) # 14, V.V. Bhavan K.R. Circle MYSORE

Please write or type below this line

UNDERTAKING by Trust Management

We, the CHAIRMAN of the Trust, RT. REV. HEMACHANDRA KUMAR, are submitting the affidavit to the University:

contd.. 2 ..

Hemachandra Kumar

NOTARY C.R. SEETHARAM B.Sc., LL.B., MYSORE CITY Reg. No. 3890 Dated On 6-3-2027 GOVERNMENT OF INDIA

Statutory Alert
1. The authenticity of this Stamp certificate should be verified at www.shcilestamp.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.

OF CORRECTIONS

The Trust The Mary Calvert Holdsworth Memorial Hospital Association PB No. 38, Mandi Mohalla, Mysore is running /Managing the College HOLDSWORTH MEMORIAL COLLEGE OF NURSING, MYSURU SINCE 2003.

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.

Place : MYSORE.

14/8/25

Renuka Malladad

DEPONENT

Dated :14.08.2025.

NOTARY
C.R. SEETHARAM
B.Sc., LL.B.,
MYSORE CITY
Reg. No. 3890
Expired On: 6-3-2027
GOVERNMENT OF INDIA

IC. OF CORRECTIONS.....

Solemnly Affirmed & Declared
Before me on.....14 AUG 2025

NOTARY, MYSURU

14 AUG 2025

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

14/8/25