Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

126

117

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Prof. Dr. Harish M.R	Dr. Sudhakara Muniswa-mappa.	Prof. Sunitha
Designation	Dean & Director	Associate Professor.	Principal
Address	Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru-577101	Krishnadevaraya College of Dental Sciences & Hospital, Bangalore.	Aruna College of Nursing, Tumkur.
Mobile No	9448323315T	9845978858.	9902972923
Email ID	dermaharish@yahoo.com	Sudhakarmop@gmail.com.	&unitha.dharmadas@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 11/08/2025

(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	GANGOTHRI COLLEGE OF NURSING VENKATESHWARA FARM, VISHWANEEDAM POST, SUNKADAKATTE, BANGALORE-560091	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	GANGOTHRI EDUCATION TRUST, RAJIVGANDHI NAGAR VISHWANEEDAM POST, SUNKADAKATTE, BANGALORE. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: gangothricollegeofnursing@gmail.com	Website: www.gangothrinursing.com	
		Office No: 080-23580825	Mobile No: 8095032666.	

Dr. Harish M.R 11/08/25
Dean Director
CIMS, Chikkamagaluru

Signature of Chairman

11/8/25
Dr. Sudhakara M
Associate Professor
K.C.D.S. Bangalore

Signature of Member (1)

Dr. Sunitha CT
Principal
Aruna Coll. Tmkr
9902972923

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. VIVEK.G. SECRETARY GANGOTHRI EDUCATION TRUST.	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 06 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. Dr. RESMI.S Qualification: M.Sc(N), Ph.D(N) Experience after MSc: 23YEARS Email: resmikocheril@gmail.com	Mobile No: 9900152662 Office No: 080-23580825 Fax No: NA Residential phone No: NA
	b) Drawing authority of the college	SECRETARY, GANGOTHRI - -EDUCATION TRUST	

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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing		45,000	90,000	60,000	25,000	2,20,050.
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZAXCTB909J5RQR Dated: 29/12/2024
ZSBIRY109JJIVE Dated: 29/12/2024.

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

Remarks: nil

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	HFW.220 MPS 2003 Blore. Dt: 12/12/2003 Annexure - 5	RGUS/AFF/ NUR/N1116/ 2024-25 Annexure - 6	KSNC/1157/ 24-25 Annexure - 7	18-15/1196 Annexure - 8	nil
	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	–
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
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					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	–
	Sanctioned Intake					

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

	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	02	00	15	13	30
	Female	58	60	43	44	205
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA

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

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) — NA —

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: nil

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		4							
6	Tutor	8-16	16-24				2-10	--		18							
	Total	**16-24**	**24-40**				**4-12**			26							

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)

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.	Prof. Dr. Resmi. S	Principal	Ph.D(N) & M.Sc(N) CHN	Oct-2008	33169	06 Years 05 months	16 Years 09 months	10/10/2008	YES	
2.	Mrs. Shamy Jose	Vice Principal	M.Sc(N) Pediatrics	May-2012	15996	01 Year	14 years 03 months	01/08/2025	YES	
3.	Mrs. K.T. Silpa Rani	Associate Professor	M.Sc(N) Community HN	Oct-2015	4966	04 Years 04 months	09 years 09 Months	02/11/2015	YES	
4.	Mrs. Varli Deviben Jeevanbhai	Associate Professor	M.Sc(N) MSN	Oct-2017	6885	02 years.	07 years 10 months	01/08/2018	YES	
5.	Ms. Kavitha. K	Assistant Professor	M.Sc(N) OBG	Nov-2020	73741	01 Year 01 month	04 years 09 months	15/12/2020	YES	
6.	Mrs. Starlin Melba. R.T	Lecturer	M.Sc(N) MHN	Feb-2025	39581	11 years 01 months	06 months	10/02/2025	YES	
7.	Mrs. Hemavathi	Lecturer	M.Sc(N) Child Health Nsg	Feb-2024	119585	05 Years	04 months	01/04/2025	YES	
8.	Ms. Deepa Chandrashekar	Lecturer	M.Sc(N) OBG	Feb-2025	121972	01 Year	04 months	01/04/2025	YES	
9.	Mr. Vivek. G	Tutor / Asst. Lecturer	B.Sc(N)	Oct-2007	8963	17 Years 07 months	–	09/01/2008	YES	
10.	Mrs. Nayana. S. B	Tutor / clinical Instructor	B.Sc(N)	Sep-2016	82599	08 years 11 months	–	11/09/2023	YES	
11.	Ms. A. Lurthu Josephin	Tutor / Asst. Lecturer	B.Sc(N)	Sep-2017	90511	07 years 11 months	–	20/11/2019	YES	
12.	Ms. Akshatha. S.S	Tutor / clinical instructor	B.Sc(N)	Nov-2021	120825	03 years 09 months	–	02/01/2025	YES	
13.	Mr. Sachin.	Tutor / clinical Instructor	B.Sc(N)	Nov-2021	120859	03 years 09 months	–	02/10/2023	YES	
14.	Ms. Swagata Gumtya	Tutor / clinical Instructor	B.Sc(N)	Dec-2021	120556	03 years 08 months	–	02/04/2025	YES	
15.	Mr. Benaka Raju	Tutor / clinical Instructor	B.Sc(N)	May-2022	129628	03 years 03 months	–	06/11/2023	YES.	
16.	Mr. Akash. D. K	Tutor / clinical Instructor	B.Sc(N)	Oct-2022	131861	02 years 10 months	–	03/11/2022	YES	
17.	Mrs. Ramya. D	Tutor / clinical Instructor	B.Sc(N)	Oct-2022	132070	02 years 10 months	–	01/09/2023	YES	
18.	Ms. Sivasakthi. S	Tutor / Clinical Instructor	B.Sc(N)	Oct-2022	144612	02 years 10 months	–	01/02/2025	YES	
19.	Ms. Arpitha. G. C	Tutor / clinical Instructor	B.Sc(N)	Oct-2022	132137	02 years 10 months	–	18/01/2023	YES	
20.	Ms. Supriya. H.S	Tutor / clinical Instructor	B.Sc(N)	Oct-2022	138097	02 years 10 months	–	02/02/2024	YES	
21.	Ms. Babitha Kharvi.	Tutor / clinical Instructor	B.Sc(N)	Oct-2022	138108	02 years 10 months	–	02/10/2023	YES	
22.	Ms. Soumya. G. N.	Tutor / Clinical Instructor	B.Sc(N)	Oct-2023	147979	01 Year 10 months	–	01/03/2025	YES	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Ms. Merine George	Tutor/ clinical instructor	B.Sc (N)	Oct - 2023	157750	01 year 10 months	-	01/02/2025	YES	Merine
24.	Ms. Nivedita.	Tutor/ clinical instructor	B.Sc(N)	Oct 2023	147735	01 year 10 months	-	03/02/2025	YES	
25.	Mrs. Rajeshwari Badiger.	Tutor/ clinical instructor	B.Sc(N)	Oct 2023	147584	01 year 10 months	-	17/03/2025	YES	
26.	Ms. Suchithra.	Tutor/ clinical instructor	B.Sc(N)	Dec - 2024	169949	08 months	-	02/05/2025	YES	
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										
66.										
67.										
68.										
69.										

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

70.										
71.										
72.										
73.										
74.										
75.										
76.										
77.										
78.										
79.										
80.										
81.										
82.										
83.										
84.										
85.										
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										
95.										

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

96.										
97.										
98.										
99.										
100.										
101.										
102.										
103.										
104.										
105.										
106.										
107.										
108.										
109.										
110.										
111.										
112.										
113.										
114.										
115.										
116.										

- **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
-	———	COPY 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)	32,000 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	8 class rooms 1200 sq.ft each	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	600 sq.ft	Verified
	2. Vice-Principal Chamber	200	200 sq.ft	Verified
	3. HOD	5 x 200 = 1000	1000 sq.ft	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3500 sq.ft	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq.ft	Verified
	7. Accountants Office	**100**	216 sq.ft	Verified
	8. Store Room	**100**	624 sq.ft	Verified
	9. Record room	**100**	624 sq.ft	Verified
	10. Room for maintenance staff	**100**	400 sq.ft	Verified
	11. Xeroxing room	**100**	100 sq.ft	Verified
	12. common room (Girls & Boys)	600+400= 1000	02 blocks Each 1200 sq.ft	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4800 sq.ft	Verified
	14. Toilets	1000	02 blocks Each 1000 sq.ft.	Verified

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

	15. A.V/Aids room	600	900 sq. 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	1728 sq. ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq. ft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 sq. ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	900 sq. ft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq. ft	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq. ft	Verified

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**	YES ENCLOSED
2	**Is the college building own or leased ?**	OWN
3	**Blue print of the building plan approved and attested by competent authority.**	ENCLOSED
4	**Building construction license from competent authority**	ENCLOSED
5	**Tax paid receipt (Latest / current year)**	ENCLOSED
6	**Occupancy certificate.**	ENCLOSED
7	**Sale deed / Lease deed of the building / Land.**	ENCLOSED
8	**Land Conversion order from DC**	ENCLOSED
9	**Town planning/Authorities approval order**	ENCLOSED

Verified

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
03	KA41D9667 KA41C7253 KA41S175	43 42 42	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	2500 Sq.ft	YES ☑ No ☐	GOOD	ADEQUATE	Verified

Total No. of Nursing Books available	5112	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	-	**Is internet facility available for Students?**	YES
No of e-books	Helinet	**How many books were purchased in last financial year?**	750

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs. CHAYA. K.S	MLISC Degree	13 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	COPY ENCLOSED	Verified

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

Conferences conducted	COPY ENCLOSED	Verified
Conferences attended	COPY ENCLOSED	Verified

* 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: True life Speciality Hospital No. 188, Vivek Complex, Nagarabhavi 2nd stage, 80feet ringroad, Bangalore-72. MOU(Registered parent hospital MOU)		100	1.3 km	79 %	Verified
NAME OF THE TRUST/ Person owning The Hospital: Gangothri Education Trust. Venkateshwara Farm, Rajivgandhi Nagar, Vishwaneedam post, Bangalore-91.					
Name Of The Owner Of The Trust of Hospital : Mr. Vivek . G					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 B.G.S. GIMS B.G.S. Health and Education City No.67, Uttarahalli Road, Kengeri – 560060.	750	14 km	82 %	Verified
	2 Sacred Heart Hospital S.H. Hospital, Paynkulam, Malacombu P.O. Thodupuzha, Idukki Dist, Kerala, India – 685602.	560	279 km	86 %	Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	3 Hosahalli Refferal Hospital, Govindar-aja Nagar, Bangalore.	300	6.4 km	81%.	Verified
	4 Trauma Care Centre Victoria Hospital Campus, Kote, K.R. Road, Bangalore - 02.	1000	14 km	92%.	Verified
	5				

(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)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	08	200	146
Surgery including OT	10	08	200	180
Obstetrics & Gynecology			300	300
Pediatrics,	05	05	20	08
Emergency Medicine	10	06	1000	1000
Psychiatry			560	560

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	03	20	12
Minor OT	05	04	20	16
Dental, Otorhinolaryngology, Ophthalmology	05	03	50	32
Burns and Plastic	05	03	20	12
Neonatology care unit	05	03	20	15
Communicable disease/Respiratory medicine/TB & chest diseases	05	02	50	43
Dermatology	05	04	50	40
Cardiology	10	07	50	50
Oncology	05	03	10	08
Neurology/Neuro-surgery	05	02	10	05
Nephrology/Urology	02	02	10	07
ICU/ICCU	04	03	10	10
Geriatric Medicine	04	03	10	08
Any other	00	00	00	00

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

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**	TAVAREKERE PRIMARY HEALTH CENTRE
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	17 Km
b.	Services Rendered by Health & Family Welfare Programmes	HEALTH AND FAMILY WELFARE SERVICES.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	HEGGANAHALLI PRIMARY HEALTH CARE - GOVT. HOSPITAL
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	1.8 Km
b.	Services Rendered by Health & Family Welfare Programmes	HEALTH AND FAMILY WELFARE SERVICES.
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** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐

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

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 13,000	
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 : 202	Boys : 30
f.	Total No. of rooms	Girls : 107	Boys : 56
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

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

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

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

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

LIC Team Observations:

- There 1 Principal professor, 1 Vice principal Professor, 2 Associate Professors, 4 Assistant Professors, 18 tutors available on the day of inspection.
- There are 5 labs available for Bsc Nursing on the day of inspection.
- There are 4 class rooms of 60 Sitting Capacity available for Bsc Nursing Course on the day of inspection.
- There are 5112 books available in the library on the day of inspection.
- Clinical material and infrastructure is available as per the apex body norms and RGUHS norms.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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

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

    b. Team shall obtain an undertaking/affidavit from 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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13899676200291X**
Certificate Issued Date	:	11-Aug-2025 11:26 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0842971507719447X
Purchased by	:	GANGOTHRI COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GANGOTHRI COLLEGE OF NURSING
Second Party	:	TRUE LIFE SPECIALITY HOSPITAL
Stamp Duty Paid By	:	GANGOTHRI COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I Mr. Vivek G is the Director of **True Life Speciality Hospital,** Situated at Nagarbhavi 2nd Stage Bangalore – 560072.

For TRUELIFE SPECIALITY LTD.

DIRECTOR

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 **True Life Speciality Hospital** is registered under KPMEA and PCB with **100** beds and the bonafied certificate has been attached.

This is to confirm that **True Life Speciality Hospital** is functioning as parent hospital for Gangothri School and College of Nursing.

I also confirm that our hospital is solely affiliated to Gangothri School and College of Nursing and is not affiliated to any other nursing college.

The Information provided by us is true and correct

For TRUELIFECARE PVT. LTD.

DIRECTOR

DIRECTOR

NOTARY GOVT. OF INDIA
K.H. JAGADISH M.A., LL.B. Reg.No 2722

K.H. JAGADISH, M.A., LL.B.
NOTARY PUBLIC, GOVT. OF INDIA
No 428/17, 2nd Cross, Malleswaram
BENGALURU-560 054

SWORN TO BEFORE ME

11 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13752487298653X**
Certificate Issued Date	:	11-Aug-2025 09:42 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL08426793116164 99X
Purchased by	:	GANGOTHRI COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GANGOTHRI COLLEGE OF NURSING
Second Party	:	R G U H S
Stamp Duty Paid By	:	GANGOTHRI COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

INDIAN CREDIT CO-OPERATIVE LTD. Bangalore 564 072.

Please write or type below this line

UNDERTAKING by Trust Management

I, Mr.**Vivek G** the Secretary of the Gangothri Education Trust is submitting the affidavit to University. The Gangothri Education Trust is running/managing the Gangothri college of Nursing since 22 years.

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

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

I 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.

I 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.

Secretary

SWORN TO BEFORE ME

K.H. JAGADISH, M.A, LLB
NOTARY PUBLIC, GOVT OF INDIA
No 428/17, 2nd Cross, Mathikere
BENGALURU-560 054

11 AUG 2025

NOTARY GOVT. OF INDIA
K.H. JAGADISH B.A., LLB. Reg.No 2722

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13752487298653X**
Certificate Issued Date	:	11-Aug-2025 09:42 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL08426793116164 99X
Purchased by	:	GANGOTHRI COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GANGOTHRI COLLEGE OF NURSING
Second Party	:	R G U H S
Stamp Duty Paid By	:	GANGOTHRI COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

INDIAN CREDIT CO-OPERATIVE LTD. Bangalore

Please write or type below this line

UNDERTAKING by Trust Management

I, Mr. **Vivek G** the Secretary of the Gangothri Education Trust is submitting the affidavit to University. The Gangothri Education Trust is running/managing the Gangothri college of Nursing since 22 years.

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

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

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.

I 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.

I 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.

Secretary

SWORN TO BEFORE ME

K.H. JAGADISH, M.A, LLB
NOTARY PUBLIC, GOVT OF INDIA
No 428/17, 2nd Cross, Mathikere
BENGALURU-560 054

11 AUG 2025

NOTARY GOVT. OF INDIA
K.H. JAGADISH M.A. LLB.
Reg.No 2722