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Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. UMMEDRAM	Dr. Thippeswamy T M T	Dr SUKANYA
Designation	PRINCIPAL CUM PROFESSOR	Principal	Professor HOD
Address	NOOR COLLEGE OF NURSING BANGALORE	Sri Nirvanaswamy CON Sri Degula Mutt Camp Kanakapura	RR college of Nsg Chikkabanavara Bangalore 90
Mobile No	9448089518	9964186525	9980522399
Email ID	ramummed@gmail...	thippesh.togaleinath@gmail.com	Sukanya63@ymail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 20/08/25

(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**	GNANODAYA COLLEGE OF NURSING SOSALE (HASUVATTI) T.N.PURA, MYSORE - 571120	2 **Year of Establishment**: 2003
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** (Trust ticked)	
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	GNANODAYA EDUCATION TRUST, SOSALE (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**	
		Email: getsosale@gmail.com	**Website:** gnanodayanursing
		Office No: —	**Mobile No:** 9740972736

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Signature of Chairman
DrUMMEDRAM 20/08/25

Signature of Member (1)
Dr. Thippeswamy T M T

Signature of Member (2)
Dr SUKANYA

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	S.MOHAN RAJU 9845325652	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: S.MOHAN RAJU Qualification: M.Sc(N), MHA Experience after MSc: 21 years Email: princinursing@gmail.com	Mobile No: 9845325652 Office No: 9740972736 Fax No: Residential phone No: –
	b) Drawing authority of the college	PRINCIPAL	

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		45,000	90000	60000	25000	2,20,050
Post Basic B.Sc. Nursing		45,000	90000	60000	7000	2,02,100
					Total (A)	4,22,150

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical-Surgical	04X2000	8000
	2. Community Health	04X2000	8000
	3. Psychiatric Nursing	04X2000	8000
	4. Paediatric Nursing	04X2000	8000
	5. Maternal Health(OBG)	04X2000	8000
		Total (B)	40,000
NPCC			–
		Total (C)	–
		Grand Total (A+B+C)	4,62,000

Online Transaction Number or Details: 25BIHVY09E0954
2FBKIcR09VVP48

Signature of Chairman
20/08/25

Signature of Member (1)

Signature of Member (2)

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	MED371 MSF 2023 19.9.2023 Annexure - 5	N592 27-9-23 Annexure - 6	2237 20.4.24 Annexure - 7	155844 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	21	21	21	21	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	491/MPS 2010 Annexure - 5	N592 Annexure - 6	434 / 175/2011 Annexure - 7	— Annexure - 8	
	Sanctioned Intake	45	45	45	—	
	Admissions Made for the Current Academic Year	45	45	45		
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	491/MPS 2010 Annexure - 5	N592 Annexure - 6	434 / 18/5/2010 Annexure - 7	— Annexure - 8	
	Sanctioned Intake	20	20	20	—	
	Admissions Made for the Current Academic Year	04	04	04		
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	Sanctioned Intake	—	—	—	—	

Signature of Chairman
20/08/25

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	09	04	06	14	33
	Female	12	14	12	26	64
Post Basic B.Sc Nursing	Male	04	08			12
	Female	41	20			61
M.Sc Nursing	Male	01	–			01
	Female	03	–			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)

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks:_____

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*		2	2	3					
6	Tutor	8-16	16-24				2-10	--		13	10						
	Total	**16-24**	**24-40**				**4-12**			20	12	03					

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

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

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				
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. S MOHAN RAJU	PRINCIPAL	M.Sc. Nursing	2004	3039814005	8 yrs	18 yrs	01.05.2015	Yes	
2.	Mrs. K. VIJAYALAKSHMI	VICE PRINCIPAL	M.Sc. Nursing	2003	30013631	7.4 yrs	17 yrs	15.10.2016	Yes	
3.	Mrs.K. THENMOZHI	Asst. Prof.	M.Sc. Nursing	2008	63163	4 yrs	12yrs	17.11.2016	Yes	
4.	Mrs. RAMU P R	Asst. Prof.	M.Sc. Nursing	2010	42487	5 yrs	14yrs	29.09.2019	Yes	
5.	Mrs. MARY SUSANA	Asst. Prof.	M.Sc. Nursing	2008	9176	5yrs	7yrs	01.02.2024	Yes	
6.	Mr. HAREESH M S	Asst. Prof.	M.Sc. Nursing	2014	007006	5yrs	8yrs	11.08.2025		
7.	Mr. PADMARAJ G	Asst. Prof.	M.Sc. Nursing	2019	122666	5yrs	7yrs	01.08.2024	Yes	
8.	Mrs. AROKYA MARY	Tutor	P.B.B.Sc. Nursing	2021	55550	4 yrs		01.12.2021	No	
9.	Mrs. KOWSALYA C	Tutor	B.Sc. Nursing	2017	188055	7 yrs		25.10.2017	No	
10.	Mrs. SANTHANALAKSHMI	Tutor	B.Sc. Nursing	2017	192317	6 yrs		25.10.2017	No	
11.	Mrs. PALLAVI G C	Tutor	B.Sc. Nursing	2017	88420	6.5 yrs		12.03.2024	No	
12.	Mrs. RAMYA V	Tutor	B.Sc. Nursing	2011	113705	3 yrs		29.09.2023	No	
13.	Mrs. LISITHA T	Tutor	B.Sc. Nursing	2021	117413	5 yrs		01.06.2021	No	
14.	Mrs. EUCHARISTIA J	Tutor	B.Sc. Nursing	2021	127714	3 yrs		01.07.2022	No	
15.	Ms. AMARAVATHI	Tutor	B.Sc. Nursing	2020	73164	5.3 yrs		01.05.2021	No	
16.	Ms. RAMYA H M	Tutor	B.Sc. Nursing	2023	146275	1.8 yrs		05.11.2023	No	
17.	Ms. JOSHi SHEELA	Tutor	B.Sc. Nursing	2022	143610	2.3 yrs		01.05.2023	No	
18.	Ms. AKSHATHA S	Tutor	B.Sc. Nursing	2022	143437	2.3 yrs		01.05.2023	No	
19.	Mr. SAGAR G	Tutor	B.Sc. Nursing	2022	143334	1.2 yrs		08.06.2024	No	
20.	Ms. DHANYATHA	Tutor	B.Sc. Nursing	2024	-	4 month		07.04.2025		
21.	Mr. SUDHAKAR B.C	Asst Prof	M.Sc. NURSING	2011	2766		10yrs	15-7-25	Yes	
22.	Mr. PREM KUMAR	Asst Prof	M.Sc. Nursing	2007	30055441		18yrs	5-8-25	Yes	

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

23.	Mrs. JULIANA SHANTHI ROSY	Asst. Prof.	M.Sc. Nursing	2007	42479	10yrs		08-07-2025	Yes	
24.	Ms. R BABY ANITHA	Asst. Prof.	M.Sc. Nursing	2010	30085401	5yrs		09-07-2025	Yes	
25.	Ms. SOUMYA SOMAN P	Tutor	B.Sc. Nursing	2011	129194	5yrs		18-06-2025	No	
26.	Mr. JIMPATSON K J	Tutor	B.Sc. Nursing	2009	14490	2 yrs		13-05-2025	No	
27.	Miss. NEETA SHRESTHA	Tutor	B.Sc. Nursing	2017	123302	5yrs		06-08-2025	No	
28.	Mrs. SHNYCHRISTINA	Tutor	P.B.B.Sc. Nursing	2014	23013	4yrs		28-05-2025	No	
29.	Ms. JYOTHI C	Tutor	B.Sc. Nursing	2017	134908	5yrs		22-07-2025	No	
30.	Mr. SANTHOSH A	Tutor	P.B.B.Sc. Nursing	2011	48185	6yrs		19-6-2025	No	
31.	Ms. STELLA MARY S	Tutor	B.Sc. Nursing	2021	14598	3yrs		07-08-2025	No	
32.	Ms. PALLAVI P	Tutor	B.Sc. Nursing	2017	86143	4yrs		10-06-2025	No	
33.	Mrs. RIYA RAPHEL	Tutor	B.Sc. Nursing	2014	068985	3yrs		20-05-2025	No	
34.	Ms. KAVITHA S	Tutor	B.Sc. Nursing	2000	6696581	3yrs		07-05-2025	No	
35.	Ms. DHANYA V B	Tutor	B.Sc. Nursing	2011	044265	6 yrs		03-08-2025	No	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	→	List	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)	28000	
	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	900	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	–	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	600	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	2000	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	600	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	600	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1500	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600	

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	1800	
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1900	

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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.

Annexure – 13

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA01A7812	42	Yes / No	Yes / No	Yes / No

Annexure - 14

16. Library facility : Enclose list of library books

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

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	104	**Is internet facility available for Students?**	Yes
No of e-books	12	**How many books were purchased in last financial year?**	40

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1)	Mr. Naveen	M.LIB	4 years	Librarian
2)	Ms. Sahana	B.LIB	3 years	Asst Librarian

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.

Annexure - 15

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

Academic activities	Particulars	Remarks
Research Projects	–	–

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

Conferences conducted	1) IEC for ASHA Workers 2) Breast Self Examination	
Conferences attended	1) International Patient Safety Conference, Apollo Hospitals.	

* 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 MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 K.R. Hospital	800	30	100%.	
	2 District Hospital	400	30	75%.	
	3 Prerana Hospital	50	30	95%.	

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

	(MOU/Clinical permission letter)	→	Enclosed	←	

(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			250	100 %
Surgery including OT			250	100 %.
Obstetrics & Gynecology			125	100 %.
Pediatrics,			125	100 %.
Emergency Medicine			10	100 %.
Psychiatry			50	80 %.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10	100 %.
Minor OT			10	100 %.
Dental, Otorhinolaryngology, Ophthalmology			100	90 %.
Burns and Plastic			10	80 %.
Neonatology care unit			10	80 %.
Communicable disease/Respiratory medicine/TB & chest diseases			10	90 %.
Dermatology			20	80 %.
Cardiology			20	80 %.
Oncology			20	100 %.
Neurology/Neuro-surgery			10	100 %.
Nephrology/Urology			10	95 %.
ICU/ICCU			10	100 %.
Geriatric Medicine			100	75 %.
Any other			100	100 %.

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**	Yaageshwari
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	04 Kms
b.	Services Rendered by Health & Family Welfare Programmes	Health and Family Welfare
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Bannur and Shanthi Nagar
	Adopted / Affiliated	
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	15 Kms
b.	Services Rendered by Health & Family Welfare Programmes	Health and Family Welfare
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)**

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 15,000	
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 : 82	Boys : 15
f.	Total No. of rooms	Girls : 18	Boys : 6
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		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

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

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

LIC Team Observations:

-) LIC team from RGUHS visited college for Continuation of Affiliation for the Academic year 2025-26 on 26/8/2025.

The following observations made on the day of inspection.

→ Building: The College is having three floors (ground and first floors (28,000 Sq ft), 8 class rooms

→ 6 Labs as per the RGUHS Norms

→ The Library equipped with 3000 books along with e-Journals & Internet

→ They are having Separate Hostel for boys & girls

→ Transportation facilities provided to Students

→ They are Affiliated to K.R. Govt Hospital Mysore, District Hospital, Private Psychiatric Hospital. The total bed strength is 1250

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at GNANODAYA COLLEGE OF NURSING SOJALE TN PURA MYSORE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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

Rs. 100

e-Stamp

Certificate No.	:	IN-KA19068402436153X
Certificate Issued Date	:	16-Aug-2025 02:04 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ T NARASIPURA3/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKACRSFL08528139039233 89X
Purchased by	:	PRINCIPAL GNANODAYA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRINCIPAL GNANODAYA COLLEGE OF NURSING
Second Party	:	REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	PRINCIPAL GNANODAYA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

IN-KA19068402436153X RS. 100 16-AUG-2025 02:04 PM

Please write or type below this line

Gnanodaya College of Nursing No..... Dt... Sosale, Mysore Dist.

PRINCIPAL
Gnanodaya College of Nursing
Sosale, T.N. Pura, Mysore Dist.,-571 120

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.

UNDERTAKING by Trust Management

We the Chairman of the trust **GNANODAYA EDUCATION TRUST SOSALE ®** are submitting the affidavit to university.

The trust **GNANODAYA EDUCATION TRUST SOSALE ®** is running / managing the colleges **GNANODAYA COLLEGE OF NURSING** since **10** years.

We confirm that all the information provided by us 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.

Signed by

PRINCIPAL
Gnanodaya College of Nursing
Sosale, T.N Pura, Mysore Dist.,-571 120

Date: 19-08-2025

Place: Sosale

Gnanodaya College of Nursing
Sosale, Mysore Dist.
No.....
Dt.....