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 Anoop NAIR	Dr S. Srinivasulu Naik	Mr. ROSHAN B
Designation	Associate Professor	Principal	Professor
Address	GOVT DENTAL COLLEGE BANGALORE	Shri Atal Bihari Vajpayee Medical College	Srinivas Institute of Nursing
Mobile No	9886459375	9880656516	9916838385
Email ID	dranooprair@yahoo.com	Srinvsinciu@gmail.com	roshanbattody@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection: 20.08.2025*	
(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	UDUPI COLLEGE OF NURSING Opp. C.I.B.M S.No 421, Anathnagar, Shivalli, Manipal-576104	2	Year of Establishment 2004
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	SHRI KRISHNA EDUCATIONAL TRUST ® OPP. OPP. CIBM, #421, K.H.B/ COLONY ANANTHNAGAR, SHIVALLI MANIPAL-576104 (Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email:udupicollege@gmail.com	Website: www.udupicolleges.edu.in	
		Office No:0820-2570924	Mobile No: 8054957309	

Signature of Chairman
Dr Anoop Nair
Secretary

Signature of Member (1)
AC member
Dr S. Srinivasulu Naik

Signature of Member (2)
ROSHAN BATTODY

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. LEVIN D'SOUZA	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. T. JEYARANI Qualification: Ph.D Experience after MSc: Email:tjeyarani82@gmail.com	Mobile No: 8054957309 Office No: 0820-2570924 Fax No: Residential phone No: 8054957309
	b) Drawing authority of the college	Chairman	

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	Continuation	45,000/-	90,000/-	60,000/-	b. 32,500/-	2,27,500/-
Post Basic B.Sc. Nursing	Continuation	30,000/-	60,000/-	40,000/-	-	1,30,000/-
					Total (A)	3,57,500/-
PG Course:- (M.Sc. Nursing)	P G Continuation/~~Fresh Affiliation~~			No of Seats X Prescribed fees of each faculty		
	1. Medical Surgical Nursing			4 x 2000		8,000/-
	2. Mental Health Nursing			4 x 2000		8,000/-
	3. Child Health Nursing			4 x 2000		8,000/-
	4. Community Health Nursing			4 x 2000		8,000/-
	5. Obstetrical & Gynecological Nursing			4 x 2000		8,000/-
					Total (B)	40,000/-
	Application & Processing Charges					3,150/-
NPCC						-
					Total (C)	-
					Grand Total (A+B+C)	4,00,650/-

Online Transaction Number or Details: Four Lakh Six Hundred Fifty Only.

Remarks:

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

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	60	60	60	50	
	Admissions Made for the Current Academic Year	41				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	30	30	30	20	
	Admissions Made for the Current Academic Year	30				
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	20	20	20	15	
	Admissions Made for the Current Academic Year	11				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	12	10	16	14	
	Female	48	48	39	35	
Post Basic B.Sc Nursing	Male	02	01			
	Female	28	29			
M.Sc Nursing	Male	0	01			
	Female	15	07			
M.Sc NPCC	Male	-	-	-	-	-
	Female	-	-	-	-	-

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

Annexure - 9

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

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

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

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work *at the time of admission* (verify with experience certificate and relieving order)	Board / *University* from where last exam was qualified	Duration of *Course with* dates From------ To---------
		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*		1	1	2					
5	Assistant Professor	3	3-8				2	3*		1							
6	Tutor	8-16	16-24				2-10	--		16	8	3					
	Total	**16-24**	**24-40**				**4-12**			21	9	5					

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				
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.	Dr. T Jeyarani	Principal	Ph.D M.Sc Nursing Paediatric Nursing	2010	11012	3 years 5 months	15 years 4 months	19.04.2023	YES	
2.	Mrs. Gishel Nisha Fer andes	Vice Principal	M.Sc. Nursing Medical Surgical Nursing	2010	6376	03 years	12 years	21.06.2018	YES	
3.	Mrs. Supritha K Vani	Professor	M.Sc Nursing OBG M.Phil	2014	111190	01 year	11 years	11.07.2023	YES	
4.	Mrs. Leena D'Costa	Asso. Professor	M.Sc. Nursing Pediatric Nursing	2011	14725	-	13 years	01.08.2016	YES	
5.	Mr. Shinod T R	Asso. Professor	M.Sc. Nursing Community Health Nursing	2015	40532	1 year	10 years	06.06.2015	YES	
6.	Mrs. Teena Timple D Souza	Asso. Professor	M.Sc Nursing Mental Health Nursing	2015	33458	2 years 8 months	9 years 3 months	01.03.2025	YES	
7.	Mrs. Jaisha Hadlin D'souza	Asso. Professor	M.Sc. Nursing Child health nursing	2015	44719	3 year 6 months	7years 2 months	17.12.2019	YES	
8.	Ms. Shilpa	Asst. Professor	M.Sc Nursing Community Health Nursing	2021	66985	05years	3years 8months	01.12.2021	YES	
9.	Mrs. Vijayalaxmi	Tutor	M.Sc. Nursing Medical Surgical Nursing	2023	94810	2 years 7 months	1 year 5months	01.08.2023		
10.	Ms. Arya Dinesan	Tutor	M.Sc Nursing Psychiatric Nursing	2025	125939	11 months	6 months	25.02.2025	NO	
11.	Ms. Pooja Karna Moger	Tutor	M.Sc Nursing OBG Nursing	2025	124494	-	6months	03.03.2025	NO	
12.	Ms. Shetty Swathi Dinesh	Tutor	M.Sc Nursing OBG Nursing	2025	232677	-	6 months	15.02.2025	NO	
13.	Ms. Shubhalakshmi	Tutor	B.Sc Nursing (B)	2006	2681	13 year 5 months	----	13.07.2023	YES	
14.	Ms. Alvita Reshma	Tutor	PB.B.Sc nursing	2008	32256	13 years	-	01.11.2018	YES	
15.	Ms. Sambrin	Tutor	B.Sc Nursing (B)	2022	134231	2 years 2months		02.05.2023	YES	
16.	Mr. Pruthviraj N C	Tutor	B.Sc Nursing (B)	2021	121441	2 year 5 months	--	01.03.2023	YES	
17.	Ms. Jannatabi A Ganjiigatt	Tutor	B.Sc Nursing (B)	2022	134851	2 year	---	01.07.2023	YES	

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

18.	Mr. Bheemanagouda	Tutor	B.Sc Nursing (B)	2022	133850	2 year	---	01.07.2023	YES	
19.	Ms. Adarshini	Tutor	B.Sc Nursing	2023	145569	1 year 11 months	---	18.09.2023	YES	
20.	Ms. Chaithra	Tutor	B.Sc Nursing	2022	140347	1 year 11 months	--	18.09.2023	YES	
21.	Mr. Abhishek Basavaraj Ganiger	Tutor	B.Sc Nursing (B)	2022	133936	1 year 3 months	--	01.04.2024	NO	
22.	Ms. C Geetha	Tutor	B.Sc Nursing (B)	2021	122319	1 year 3 months	--	01.04.2024	NO	
23.	Mr. Keerthana	Tutor	B.Sc Nursing (B)	2022	138750	1 year 1 months	--	03.06.2024	NO	
24.	Ms. Nayana Manjappa Naik	Tutor	B.Sc Nursing (B)	2021	122372	1 year 3 months	--	18.06.2024	NO	
25.	Ms. Savita Patil	Tutor	B.Sc Nursing (B)	2021	121434	1 year 3 months	--	18.06.2024	NO	
26.	Ms. Apoorva Subray Achari	Tutor	B.Sc Nursing	2020	111658	1 year	-	16.08.2024	NO	
27.	Ms. Sahana	Tutor	PBB.Sc Nursing	2024	266382	11 months	-	02.09.2024	NO	
28.	Ms. Roshni Polita D Souza	Tutor	B.Sc Nursing (B)	2015	70371	9 months	-	11.11.2024	NO	
29.	Ms. Saumya Varghese	Tutor	B.Sc Nursing	2010	10495	13 months	-	05.03.2025	NO	
30.	Mr. Adiveppa Shivappa Navalayi	Tutor	B.Sc Nursing	2023	148268	5 months	-	03.03.2025	NO	Adiveppa
31.	Mr. Basavaraj Ganiger	Tutor	B.Sc Nursing	2022	135516	5 months	-	03.03.2025	NO	Leave
32.	Mr. Ravikiran Naik	Tutor	B.Sc Nursing	2022	135287	4 months	-	01.04.2025	NO	
33.	Mr. Sandeep B Bajantri	Tutor	B.Sc Nursing	2021	121445	4 months	-	01.04.2025	NO	
34.	Ms. Reena	Tutor	PBBSc Nursing	2021	97312	1 month 1	-	03.07.2025	NO	
35.	Ms. Sushma	Tutor	B.Sc Nursing	2025	123619	11 months	New Appointment	25.07.2025	NO	Sushma
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										

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

Roshni D. B

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	**1500**	**3 dummies**
	Nutrition & Community Health Nursing	1200sq.ft	**600 & 900**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900**	
	Pediatrics Nursing Laboratory	900sq.ft	**900**	**2 dummies**
	Pre-Clinical Sciences Laboratory	900sq.ft	**500**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**600**	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	Verified
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
- 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.

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

- 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
	ENCLOSED		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	2400	YES [√] No [ ]	GOOD	GOOD	

Total No. of Nursing Books available	4022	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	72	**Is internet facility available for Students?**	YES
No of e-books	ONLINE	**How many books were purchased in last financial year?**	334

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Usha S Kulal	M.LIsc, Ph.d	12 years	

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	**M.Sc Nursing Research Projects**	
Conferences conducted	1 Faculty development programme on "Mind over Matter" 2 Seminar on Autism (Intellectual & Developmental Disabilities) 3 Faculty Development programme on "Teacher as a classroom Leader" 4 Faculty Development programme on "Building the Research Culture" 5 Awareness programme on "Women Health & Hygiene" 6 Faculty development programme on "Strategies for Personal & Professional Wellbing" 7 International Symposium & Panel Discussion on "Palliative Care & Culturally Competent Care"	

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

Conferences attended	1 Awareness programme on Drug Abuse 2 Worshop on Suicide: Creating Peer Support System 3 Scientific Attitude 4 Forensic Training Workshop on "Injury Identification & Medico Legal Evidence collection among victims of Sexual Assault & Domestic Violence"	

* 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 District Hospital Udupi-576101, Karnataka	125	8kms		
	2 B.R Life Kosamma Shaboo Shetty Memorial Hospital, Udupi	195	8kms		
	3. A.V Baliga Hospital, Doddannagudde, Udupi	80	6 kms		

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

(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			88	84%
Surgery including OT			42	42%
Obstetrics & Gynecology			60	60%
Pediatrics,			30	30%
Emergency Medicine			06	06%
Psychiatry			100	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	-	-	08	80%
Minor OT	-	-	09	90%
Dental, Otorhinolaryngology, Ophthalmology	-	-	15	86%
Burns and Plastic	-	-	10	90%
Neonatology care unit	-	-	13	80%
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	08	60%
Dermatology	-	-	11	83%
Cardiology	-	-	13	86%
Oncology	-	-	10	90%
Neurology/Neuro-surgery	-	-	10	98%
Nephrology/Urology	-	-	18	63%
ICU/ICCU	-	-	32	78%
Geriatric Medicine	-	-	25	80%
Any other	-	-	35	86%

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	**YES**
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	**Conducting national Health Programmes, Antenatal care, Immunization Family Planning Service**
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** ☐
g.	Leave record	**YES** √	**NO** ☐

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

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	**15000 Sq.ft**	
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 :**	**Boys :**
f.	Total No. of rooms	**Girls :**	**Boys :**
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.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

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:

For continuous application 25-26 as on date of inspection there were 35 staff present with one on leave. Building own building under the trust. Affiliated to Govt hospital udupi as college established in 2004. Total number of 8 classrooms available. MSc guides available all relevant letters enclosed. Library with librarian, Digital library access, more than 4000 books available. Separate hostel facilities and transport available. Infrastructure facilities, lab facilities available as per RGUHS norms. All relevant documents, annexures along with photographs and pen drive hereby enclosed.

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 UDUPI COLLEGE OF NURSING UDUPI which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20.8.25 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) Dr S. Srinivas	Subject Expert (Member) Mr. Roshan. B
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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

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

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

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

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

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

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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

Enclosed Affiliated to Govt Hospital NOC

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA20229899875785X
Certificate Issued Date	:	18-Aug-2025 03:09 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ MANIPAL/ KA-UD
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0855043521785009X
Purchased by	:	UDUPI COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	UDUPI COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	UDUPI COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

576 104
L. No. 550

Please write or type below this line

AFFIDAVIT

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman of the trust SHRI KRISHNA EDUCATIONAL TRUST ® are submitting the affidavit to University.

Shri Krishna Educational Trust

Chairman

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.

The trust SHRI KRISHNA EDUCATIONAL TRUST ® is running the colleges.

1. Udupi College of Nursing, Manipal , since 21 years.

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

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

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

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

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

Shri Krishna Educational Trust

Chairman

Shri Krishna Educational Trust

Chairman