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. Arvind Katti	Dr. Siddaram S Patil	Pavithra J
Designation	Ass. Professor, Surgery Dept.	Chairman of BOS	Asso. Professor
Address	HKE's Dr. Maalakaa-ddy Homoeopathic Medical College	HKE's Dr. Maalaka-reddy Homeopathic Medical College	Manjunatha College of Nursing B'lore - 8
Mobile No	9481640062	8880788800	9036144506
Email ID	arvindkatti@gmail.com	drsiddaram@gmail.com	Pavibhanuanand@gmail.com

Inspection For the Academic Year : 2025-2026 ***Date of Inspection:*** 07/08/25

(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	X
	3. M.Sc. Nursing	X	4. M.Sc. NPCC	X

1	**Name of the Institution with Full Address**	SAROJINI COLLEGE OF NURSING No. 10, Sy. No. 24, BYRATHI HENNUR, BAGALUR MAIN ROAD, KOTHANUR POST, BENGALURU - 560077	2	**Year of Establishment**
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**	SPR EDUCATIONAL TRUST No. 167, 1ST MAIN, UAS LAYOUT, SANJAYA NAGAR, BANGALORE - 560094 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: sarojiniinstitutions@gmail.com	**Website:** www.sarojinigroupofinstitutions.edu.in	
		Office No:	**Mobile No:** 9886991515	

Signature of Chairman 7/8/25 Dr. Arvind.K

Signature of Member (1) 7/8/25 Dr. Siddaram S Patil

Signature of Member (2) 7/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. VENKATA REDDY Ph.No:- 9886991515	
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: Mrs. Sheikh Asma Qualification: M.Sc (Psychiatric) Experience after MSc: 15 years Email: asma123@gmail.com	Mobile No: 9164486527 Office No: — Fax No: — Residential phone No: —
	b) Drawing authority of the college		

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				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	Continuation Affiliation	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
Post Basic B.Sc. Nursing		—	NA	—		
					Total (A)	2,20

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)	

Signature of Chairman

Signature of Member (1) 7/8/25

Signature of Member (2) 7/8/25

Online Transaction Number or Details: ZBDIADF0969UIN / DATE: 24-12-2024

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	MED 328 RGU 2024 30-12-2025 Annexure - 5	RGU/AFF/ NSG/CoA/ 01-2024-25 Annexure - 6	KSNC/1157/ -IV-2003-04 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60		
	Admissions Made for the Current Academic Year	13	13	13		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	MED 328 RGU 2024 30-12-2025 Annexure - 5	RGU/AFF/ NSG/CoA/ 01-2024-25 Annexure - 6	KSNC/1157/ IV-2003-04 Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	NA	—		
	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	—	NA	—	—	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Dr. Siddaram S. Patil

Signature of Member (2)

7/8/25

	Sanctioned Intake					
	Admissions Made for the Current Academic Year	—	NA	—		

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	04	24	16	37	81
	Female	09	36	44	23	112
Post Basic B.Sc Nursing	Male					
	Female	—	—	NA	—	
M.Sc Nursing	Male					
	Female	—	—	NA	—	
M.Sc NPCC	Male					
	Female	—	—	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)

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----------
		—	NA	—		

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----------
		—	NA	—		

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		X					
2	Vice-Principal	1	1							1		X					
3	Professor	1	1-2					1*		—		X					
4	Associate Professor	2	2-4					1*		1		X					
5	Assistant Professor	3	3-8				2	3*		2		X					
6	Tutor	8-16	16-24				2-10	--		14	3						
	Total	**16-24**	**24-40**				**4-12**			22							

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

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

Dr. Siddaram S. Patil

7/8/25

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.	Mrs. Sheikh Asma	Principal	M.Sc (N) Psychiatric	2013	RRANP 2008890 KAR	02 Yrs	15 Yrs	1/1/2025		
2.	Mrs. Antony Mary	Vice-principal	M.Sc Pediatric	2012	17831	2 Yrs	13 Yrs	1/5/2019		
3.	Mrs. Aruna C.G	Asso. Professor	M.Sc Pediatric	2013	17997	1 Yr	12 Yrs	1/2/2025		
4.	Mrs. Sheeba Mathew	Asst. Professor	M.Sc MSN	2017	1806	6 Yrs	8 Yrs	10/1/2018		
5.	Mrs. Rohini Maria George	Asst. Professor	M.Sc Community	2020	34882	5 Yrs	5 Yrs	1/3/2025		
6.	Mrs. Bharathi Akkammanavar	Lecturer	M.Sc Community	2020	131739	1 Yr	3 Yrs	1/10/2020		
7.	Mr. Sivaram Padmakumar	Lecturer	M.Sc Pediatric	2025	121636	3 Yrs	—	1/8/2025		
8.	Mrs. Amala Ann George	Nsg Tutor	B.Sc (N)	2020	115965	4 Yrs	—	7/8/2023		
9.	Ms. Fossy John	Nsg Tutor	B. Sc(N)	2024	181844	6 Months	—	10/1/2025		
10.	Ms. Poornima P Naregalla	Nsg Tutor	B.Sc (N)	2023	150247	2 Yrs	-	01/12/2023		
11.	Ms. Anudritta Mondal	Tutor	B.Sc (N)	2023	164468	2 Yrs	—	1/1/2025		
12.	Ms. Aksa V.K	Tutor	PBB.Sc (N)	2021	RRANP 0 1813716 KAR	4 Yrs	—	15/4/2021		
13.	Ms. Bitty Varghese	Tutor	PBB.Sc (N)	2011	120833	13 Yrs	-	10/3/2025		
14.	Mr. Krishna Vilas Pawar	Tutor	B.Sc	2022	140836	3 Yrs	-	15/2/2025		
15.	Mr. Pavan N	Tutor	B.Sc	2023	158960	1 Yr & 5 months	-	5/4/2025		
16.	Mr. Shivappa	Tutor	B.Sc	2022	136983	2 Yrs & 8 months	—	10/2/2025		
17.	Ms. Poornima Hiregoudra	Tutor	B.Sc	2022	133539	2 Yrs & 8 months	—	15/7/2025		
18.	Ms. Nikhila.M	Tutor	PBB.Sc	2017	205861	8 Yrs	—	15/1/2025		
19.	Ms. Shubha P	Tutor	B.Sc (N)	2015	72647	9 Yrs	—	5/1/2016		
20.	Mr. Mahesh Patil	Tutor	B.Sc (N)	2018	92150	5 Yrs	-	5/2/2019		
21.	Ms. Chandana	Tutor	B.Sc (N)	2021	121631	3 Yrs	-	2/12/2021		
22.	Mrs. Charana S Doddamani	Tutor	B.Sc (N)	2021	120835	3 Yrs	-	5/01/2022		

Signature of Chairman

Signature of Member (1)

Dr Siddaraju S-Patil

Signature of Member (2)

23.	Mr. Veerendra C.K.	Tutor	B.Sc (N)	2021	118376	3 yrs	-	10/8/2024		
24.	Ms. Supriya	Tutor	B.Sc (N)	2022	135540	2 yrs	-	01/01/2023		
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

7/8/25

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

7/8/25

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Signature of Chairman

Signature of Member (1)

Dr. Sidaloorom. S. Patil
AC Member

Signature of Member (2)

7/8/21

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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

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)	40,800 sqft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	5,100 sqft (850x6 Class Room)	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	320 sqft	
	2. Vice-Principal Chamber	200	280 sqft	Verified
	3. HOD	5 x 200 = 1000	1500 sqft	
	4. Professor/Assoc. Prof	800+2400=3200	~~2600~~ 3200 sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	450 sqft	
	7. Accountants Office	**100**	100 sqft	
	8. Store Room	**100**	120 sqft	
	9. Record room	**100**	120 sqft	Verified
	10. Room for maintenance staff	**100**	120 sqft	
	11. Xeroxing room	**100**	180 sqft	
	12. common room (Girls & Boys)	600+400= 1000	1600 sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3500 sqft	
	14. Toilets	1000	1900 sqft	

Signature of Chairman

Signature of Member (1)

Dr. Siddaram S Patil

Signature of Member (2)

7/8/23

	15. A.V/Aids room	600	500 sq ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1500 sq.f	
	Nutrition & Community Health Nursing	1200sq.ft	1,100 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	800 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	800 sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	950 sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1200 sqft	

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

9/8/24

- 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
01	KA53D4984	37	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		YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	3542	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available		**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1-	MR. ALLAHUDIN	M. LIB	7 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		

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

Conferences conducted		
Conferences attended		

* 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** ☐	N/A
		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. TRILIFE HOSPITAL NO 216, 7TH MAIN ROAD, HRBR LAYOUT, KALYAN NAGAR, B'LORE-560043	120	5.2 KM	80%	
	2. SPARSH HOSPITAL NEW AIRPORT, KOGILU CROSS, B'LORE-560064	200	6.5 KM	80%	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Siddaraju S Patil
AC Member

	3 (MOU/Clinical permission letter)				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	–	–	100	80
Surgery including OT	–	–	37	25
Obstetrics & Gynecology	–	–	55	34
Pediatrics,	–	–	40	28
Emergency Medicine	–	–	40	32
Psychiatry	–	–		

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
Minor OT			03	01
Dental, Otorhinolaryngology, Ophthalmology			–	–
Burns and Plastic			–	–
Neonatology care unit			–	–
Communicable disease/Respiratory medicine/TB & chest diseases			–	–
Dermatology			–	–
Cardiology			20	13
Oncology			–	–
Neurology/Neuro-surgery			–	–
Nephrology/Urology			–	–

Signature of Chairman

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ICU/ICCU			20	11
Geriatric Medicine				
Any other				

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	KADUSONAPPANAHALLI	
Adopted / Affiliated	AFFILIATED	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute	5 KM	
b. Services Rendered by Health & Family Welfare Programmes	IMMUNIZATION, MCH	
URBAN FEILD :		
a. Name of CHC / PHC / SC	K. NARAYANAPURA	
Adopted / Affiliated	AFFILIATED	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute	2 KM	
b. Services Rendered by Health & Family Welfare Programmes	IMMUNIZATION, MCH	
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** ☐

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

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Dr. Siddaram. Sp[illegible]

c.	Health Records	YES ☑	NO ☐
d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
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	
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 : 112	Boys : 81
f.	Total No. of rooms	Girls : 28	Boys : 15
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of 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	✓ NA		
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	NA	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	NA	
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	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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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	✓		
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	NA	~~NA~~	

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: We the HC team visited Sarojini College of Nursing on 03/03/2025 Bengalore and the fellow observations are as follows

1) ~~at t 24 staff 2 staff are absent~~ The whole Institution Building is on lease for 30 years, the College building has well equiped and well infrastructure
2) The College has fulfilled all the requirments as per KNC and INC. Labratries and Library are well maintaned & suppert equipments provided. In the library Journls are not subscribed. and text book are avalel as per norms
3) The College has provided Bus facilits for posting at Hospital for Students the hospital is having 120 beded which is last 5-2 km from College, the ~~cotter~~ is having KPME, BMW and Pollution Control Board hospital permission submitted to HC team
4) The College is having a seperate hostel facility for boys and Girls 5.) Can be Consider for Continuation of affiliation for AY 2025-26

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Siddaram S Patil
AC Member