Dean OB OB Online entry done

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 DILIP KUMAR N.R	C.S. Sawan	Dr. RENJU RV
Designation	Senate Member	Prof.	PRINCIPAL
Address	Asso Prof & HOD-Surg SABVMCRI. Bangalore-560001	R.R.K.'S College of Pharmacy Bidar	PRINCIPAL/PROFESSOR HOD MEDICAL SURGICAL LITTLE FLOWER COLLEGE OF NURSING, BANGALORE.
Mobile No	9844288283	8050396080	9747123808
Email ID	DRDILIP57@GMAIL.COM	csSawan888@gmail.com.	renjuacademic@gmail.com

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

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	**Yes** ✓	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	**Yes** ✓	2. Post Basic B.Sc. Nursing	Yes ✓
	3. M.Sc. Nursing	**Yes** ✓	4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	Columbia College of Nursing No.71, Mariyappanapalya, Gnanabharathi Post, Kengeri Hobli, Bengaluru - 560056	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**	**SRINIDHI EDUCATION TRUST** **(Enclose copy of Regisstration documents of Society/Trust)Annexure – 1**		
		Email: columbiansgblr@columbiacollege.co	**Website:** www.columbiacollege.co	
		Office No: 080-23241584 /23241517	**Mobile No: 9880986925**	

Signature of Chairman
Dr DILIP KUMAR N.R

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. S K Subramanya Reddy Srinidhi Education Trust 9880986925	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 06 (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. Senthil Kavitha R Qualification: M.Sc (N)., Ph.D (N) Experience after MSc: 22 years Email: principalnursing@columbiacollege.co	Mobile No: 9740568615 Office No: 080-23241584 /23241517 Fax No: Residential phone No: 9740568615
	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: **Enclosed** **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		Enclosed				4,90,150/-
Post Basic B.Sc. Nursing						
					Total (A)	

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

Online Transaction Number or Details: **ZFBK09709KLEL3, Dated 30/12/2024**

Signature of Chairman | 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	HFW 536 MPS 2004, Bangalore, Dated : 30/10/2004	RGU/AFF/NSG/COA/01/2024-25, Dated : 20/09/2024	-	-	Enclosed
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	HFW 316 MME 2014, Bangalore, Dated : 05/08/2014	RGU/AFF/NSG/COA/01/2024-25, Dated : 20/09/2024	-	-	Enclosed
	Sanctioned Intake	45	45	45	45	
	Admissions Made for the Current Academic Year	45	45	45	45	
M.Sc. Nursing in a. Community Health - 5 b. Medical Surgical - 5 c. OBG - 5 d. Pediatric - 5 e. Psychiatry - 5	Approval Letter No. and Date	HFW 118 MPS 2010 Bangalore, Dated : 01/04/2010	RGU/AFF/NSG/COA/01/2024-25, Dated : 20/09/2024	-	-	Enclosed
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	NOT APPLICABLE				NA
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

9.Total No. of Students under Training in each of the Nursing Education Programme: **Enclosed** Verified

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	15	15	12	13	55
	Female	45	45	48	33	171
Post Basic B.Sc Nursing	Male	3	0	0	0	3
	Female	42	45	0	0	87
M.Sc Nursing	Male	3	01	0	0	4
	Female	23	19	0	0	42
M.Sc NPCC	Male	Not Available				
	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: Verified

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

12. Teaching Faculty Requirements for all Nursing Programs: Enclosed

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*		2		1					
4	Associate Professor	2	2-4					1*		2		1					
5	Assistant Professor	3	3-8				2	3*		8		3					
6	Tutor	8-16	16-24				2-10	--		25							
	Total	**16-24**	**24-40**				**4-12**			39		2					

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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

250 students				
* **Aadhar based biometric attendance for students**				

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

(Enclosed separately)

12.1. Teaching Faculty details: – Details should be written in format only. Enclosed

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

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

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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
Enclosed					

14. Physical Facilities: Available

14.1. College Building: Available **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)	**24,700 sq ft**	Verified
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**4*900 sq ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2*600 sq ft**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2*600 sq ft**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 sq ft**	
	2. Vice-Principal Chamber	200	**200 sq ft**	
	3. HOD	5 x 200 = 1000	**5*200 =1000**	
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors		**800+2400=3200**	Verified
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 sq ft**	
	7. Accountants Office	**100**	**100 sq ft**	
	8. Store Room	**100**	**100 sq ft**	
	9. Record room	**100**	**100 sq ft**	
	10. Room for maintenance staff	**100**	**100 sq ft**	
	11. Xeroxing room	**100**	**100 sq ft**	
	12. common room (Girls & Boys)	600+400= 1000	**1000 sq ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 sq ft**	
	14. Toilets	1000	**1000 sq ft**	

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

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

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

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**	Verified
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)**

- 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 Lenience
02	KA41A5048 / KA41C4988	45 Each	Yes	Yes	Yes

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	2300 Sq.Ft	YES ☑ No ☐	YES	YES	Verified

Total No. of Nursing Books available	2311	No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	200	Is internet facility available for Students?	YES
No of e-books	Helinet	How many books were purchased in last financial year?	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mr. MARIMADAHIA	M-LIB	15 Years	—
01	Ms. RAMYA C S	B-LIB	2 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	**Enclosed**	

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

Conferences conducted	04	—
Conferences attended	12	—

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities : Enclosed **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)					
Affiliated hospitals- Full Name & Address of the Parent Hospital	BGS Hospital, Kengeri (CIMS)	**650 bedded**	**06 km**	**85%**	Verified
	Svastha Hospital, Bangalore	**100**	**08 km**	**85%**	
	Cloudnine Hospital	**100 bedded**	**05 km**	**82%**	
	Spandana Hospital & (MOU/Clinical permission letter)	**150 bedded**	**4 km**	**80%**	
	NIMHANS	**1096 Bedded**	**9 km**	**85%**	
	Sagar Hospital	**200 bedded**	**10 km**	**86%**	

(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).

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

- 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. Attached

Remarks:

— Nil —

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				
Surgery including OT				
Obstetrics & Gynecology	Enclosed			
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

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	**KENGERI**
Adopted / Affiliated	**Affiliated**
Administrate red by	State Govt. ☑ **Municipal Corporation** ☐ Private ☐
Distance from the Nursing Institute	**5 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**Family Planning, MTP Service, Polio Programme, Immunization Etc...**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**THAVARKERE**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ Private ☐
Distance from the Nursing Institute	**5 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**Family Planning, MTP Service, Polio Programme, Immunization Etc...**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached. ***Enclosed***	

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	**18,000 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 : 540**	**Boys : 200**
f.	Total No. of rooms	**Girls : 100**	**Boys : 75**
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		Verified
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	**Yes**		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Yes**		
Annexure - 3	Details of any other Nursing Institution under the same Trust	**Yes**		
Annexure - 4	Details of Affiliated fees paid receipts	**Yes**		
Annexure - 5	Approval Status : GOK Order	**Yes**		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Yes**		
Annexure - 7	Approval Status : KNC Notification	**Yes**		
Annexure - 8	Status : INC Notification	**Yes**		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	**Yes**		
Annexure - 10	List of M.Sc. Nursing Students as per format	**Yes**		
Annexure - 11	Details of External /Part time Teachers	**Yes**		
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	**Yes**		
Annexure - 13	Vehicle Details : Bus	**Yes**		
Annexure - 14	Details of List of Library Books & others	**Yes**		
Annexure - 15	Academic Activities	**Yes**		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	**Yes**		
Annexure - 17	Details of Community Health Nursing Posting Facilities	**Yes**		

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

Annexure - 18	Master Rotation plans and Time tables	**Yes**		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**Yes**		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	**Yes**		

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:

- On the day of inspection, as per the documents provided, the following observations were made:

1) Infrastructure: a) Academic Block: Available as per norms.
   b) Hospital: Affiliated hospitals present - Adequate

2) Staff: Available as per norms

3) Clinical load: Adequate in Affiliated Hospital

4) Student Facilities: Available as per norms

5) Equipments: Available as per norms.

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 Columbia College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 21/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr DILIP KUMAR N.K		Dr. Renju RV

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

2.1. Teaching Faculty details: – Details should be written in format only. Enclosed

No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Dr. Fathima L	Dean HOD of MSN	Ph.D Nsg	march 2009	BSc-283 MSc-46	02yrs	25yrs	01/03/2022	Yes	20/8/25
2.	Prof. Dr. Senthil Kavitha	Principal HoD of MSN Vice Principal	Ph.D Nsg	Aug 2016	RRTMN 2009 TMG KAR	03yrs	21yrs	01/04/2024	yes	
3.	Prof. M. Brindhalakshmi	CHN	MSc(N)	may 2010	RRTMN 2006122 KAR	08yrs	15y+3M	04/03/2022	yes	21/8/25
4.	Mr. Arun Reddy J	Professor CHN	MSc (N)	may 2012	16463	02yrs	13yrs	10/10/2016	yes	
5.	Mrs. Bhavya Sri	Professor MHN	MSc (N)	Aug 2015	118925	01yr	10yrs	05/08/2015	yes	C.L.
6.	Mrs. Maddela Kalpana	Asso. professor OBG	M.Sc(N) OBG	Sep 2015	RRTLS 2018 TMG KAR	05yr	09yrs	02/11/2015	yes	
7.	Mrs. Sushma N	Asso. professor Ped Nsg	M.Sc (N) Ped Nsg	oct 2016	139624	02yrs	09yrs	11/11/2020	yes	
8.	Ms. Sanjukta Nongthombam	Asst. professor Ped. Nsg	M.Sc (N) Ped Nsg	Sep 2019	168820	02yrs	5yr+10M	13/12/2024	yes	W.B W. Sanatombi
9.	Ms. Waikhom Sanatombi	Asst. professor MHN	M.Sc(N) MHN	Sep 2019	162031	01yr	5yr+10M	01/01/2020	Yes	CL
10.	Ms. Mayanglambam Jamena	Asst. professor OBG	M.Sc (N) OBG	NOV 2020	73578	03yrs	04yrs	01/01/2021	yes	
11.	Mr. Kamlesh Kumar Ray	Asst. professor MSN	M.Sc (N) MSN	NOV 2020	97827	01yr	4yr+8M	01/01/2021	yes	
12.	Ms. Nirmala Devi	Asst. professor Ped Nsg	M.Sc (N) Ped Nsg	NOV 2020	RRMNP 20219192	02yrs	4yr+8m	01/12/2020	yes	21/8/25
13.	Ms. Roshni Ngoisangthem	Asst. professor MSN	M.Sc (N) MSN	NOV 2020	RRMNP 20219193	02yrs	4yr+8M	01/12/2020	yes	
14.	Ms. Maisnembam Pamela Devi	Asst. professor MSN	M.Sc(N) MSN	NOV 2020	RRMNP 20219194	02yrs	4yr+8M	01/12/2020	yes	
15.	Ms. D. Dhanalakshmi	Asst. professor OBG	M.Sc(N) OBG	DEC 2021	004070	1yr	3yr+8M	07/4/2022	yes	
16.	Ms. Angom Rani Devi	Tutor	M.Sc(N) MSN	Feb 2023	RRMNP 2024 11055	1yr+6M	2yr+5M	01/03/2023	yes	
17.	Ms. Dyana Laikhuram	Tutor	M.Sc(N) CHN	Jan 2024	RR MNP 2024 1143	1yr	1yr+6M	11/02/2024	yes	21/8/25
18.	Ms. Thoudam Tintina Devi	Tutor	M.Sc(N) OBG	Jan 2024	RR MNP 2024 1142	1yr	1yr+6M	11/02/2024	yes	21/8/25
19.	Mr. Arpit massey	Tutor	M.Sc(N) MHN	Jan 2024	105318	3yr	1yr+6M	11/02/2024	yes	Arpit.
20.	Ms. Dolly Paonam	Tutor	M.Sc (N) MSN	DEC 2024	113082	1yr	6months	01/02/2025	NA	CL
21.	Ms. Nandini R.	Nsg Tutor	B.Sc (N)	NOV 2021	120198	3yr+9M	-	03/02/2025	NA	
22.	Mr. Manoj kumar. B	Nsg Tutor	B.Sc(N)	NOV 2021	119918	3yr+9M	-	1/12/2021	yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mr. Madhukumar M	Nsg tutor	B.Sc (N)	Nov 2021	120210	3yr+9M	–	01/01/2022	yes	
24.	Mr. Manoj kumar M	Nsg tutor	B.Sc (N)	Nov 2021	119922	3yr+9M	–	01/01/2022	yes	
25.	Mr. prajwal S	Nsg tutor	B.Sc (N)	Nov 2021	119919	3yr+9M	–	01/01/2022	yes	
26.	Mr. Mahamad Jeesan	Nsg tutor	B.Sc (N)	Oct 2022	131531	2yr+10M	–	02/01/2023	yes	
27.	Mr. Mallikarjun Malage	Nsg Tutor	B.Sc (N)	Oct 2023	152140	1yr+10M	–	24/11/2023	yes	
28.	Mr. Fiadous Ahmad Dar	Nsg tutor	B.Sc (N)	Oct 2023	147503	1yr+10M	–	26/02/2024	yes	
29.	Ms. kumari k	Nsg Tutor	B.Sc (N)	April 2024	162986	1yr	–	08/07/2024	yes	
30.	Ms. Radhe Sumpi	Nsg Tutor	B.Sc (N)	Dec 2024	174426	7 months	–	03/03/2025	NA	
31.	Ms. Ardhra CS	Nsg Tutor	B.Sc (N)	Dec 2024	174484	7 months	–	05/03/2025	NA	
32.	Ms. kesia shalan	Nsg Tutor	B.Sc (N)	Dec 2024	174446	7 months	–	05/03/2025	NA	
33.	Ms. Soman modi	Nsg Tutor	B.Sc (N)	Dec 2024	174470	7 months	–	10/03/2025	NA	
34.	Mr. Parvej jini Alam	Nsg Tutor	B.Sc (N)	Dec 2024	174497	7 months	–	13/03/2025	NA	
35.	Mr. Jahiruddin Sheikh	Nsg Tutor	B.Sc (N)	Dec 2024	174497	7 months	–	15/04/2025	NA	
36.	Ms. Anjali Qiba	Nsg Tutor	B.Sc (N)	Dec 2024	174525	7 months	–	10/05/2025	NA	CL
37.	Mr. Hira Gaien	Nsg Tutor	B.Sc (N)	Dec 2024	174497	7 months	–	03/06/2025	NA	Hira Gaien
38.	Ms. Ganga VS	Nsg Tutor	B.Sc (N)	Dec 2024	174248	7 months	–	10/06/2025	NA	
39.	Ms. Tabo odi	Nsg Tutor	B.Sc (N)	Dec 2024	174465	7 months	–	03/07/2025	NA	T. Odi
40.	Mr. Krishna Dev S	Nsg Tutor	B.Sc (N)	Dec 2024	174259	7 months	–	16/07/2025	NA	
41.	M									
42.										
43.										
44.										
45.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)