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	Mr. Melbin Michael	Dr. Mahesh Salimath	Philip Sebastian
Designation	Asso. Prof. [Senate Member of RGUHS]	Prof & HOD	Vice principal.
Address	Laasya College of Nursing Bangalore - 91.	AMV & H Hubli - 24	T. John College of Nursing Bannerghatta Road
Mobile No	9739215124	9739106823	7022453442
Email ID	melbin000@gmail.com	drmaheshsalimath@gmail.com	philipsebastian0@gmail.co

Inspection For the Academic Year : 2025-2026 *Date of Inspection:* 13-08-25

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	✓
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	✓
	3. M.Sc. Nursing	✓	4. M.Sc. NPCC	

1	Name of the Institution with Full Address	SRI CHANNEGOWDA COLLEGE OF NURSING, NH 75 BYPASS, NEAR RAILWAY GATE, KOGILAHALLI, KOLAR - 563101	2	Year of Establishment: 2006
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	SRI CHANNEGOWDA EDUCATION TRUST NO.301, III FLOOR, NEW KOLAR NURSING HOME, KELUKOTE LAYOUT, KOLAR - 563101 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: cgn.kolar@gmail.com	Website: www.sgci.in	
		Office No:	Mobile No: 9448209656	

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	AKKUKA 255 MRS2010 DATED 16-06-10 Annexure - 5	RGU/AFF/NSG/ COA/01/ 2024-25 Annexure - 6	1157/ 2024-25 Annexure - 7	18-15/2939- INC 08-09-2006 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKKUKA 116 MME 2011 Dated 02-08-11 Annexure - 5	RGU/AFF/NSG/ COA/01 2024-25 Annexure - 6	1157/ 2024-25 Annexure - 7	02/06/2011 09-06-2011 Annexure - 8	
	Sanctioned Intake	45	45	45	40	
	Admissions Made for the Current Academic Year	45				
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☐	Approval Letter No. and Date	AKKUKA 116 MME 2011, dated 2/8/11 AKKUKA 141 MME 2011, dated 14/10/11 Annexure - 5	RGU/AFF/NSG/ COA/01 2024-25 Annexure - 6	1157/ 2024-25 Annexure - 7	02/06/2011 09-06-2011 Annexure - 8	
	Sanctioned Intake	16	16	16	20	
	Admissions Made for the Current Academic Year	14				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

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)**

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.	MS. BHARATHI, K.V.	PRINCIPAL	M.SC(N) OBG	2011	6617	1 YEAR 6 MONTHS	13 YEARS 03 MONTHS	12-05-2014	NO	
2.	MRS. NANDHINI. R	VICE-PRINCIPAL	M.SC(N) COMMUNITY	2013	7249	3 YEARS 4 MONTH	6 YEAR 2 MONTH	10-06-2019		
3.	MRS. BANUBI	ASSO. PROFESSOR	M.SC(N) MEDICAL SURGICAL	2019	22293	1 YEAR 4 MONTHS	4 YEARS 6 MONTH	01-07-24		
4.	MRS. BHANUPRIYA	ASSO. PROFESSOR	M.SC(N) PAEDIATRICS	2020	162158	2 YEARS 1 MONTH	4 YEARS 8 MONTH	01-04-24		
5.	MRS. LEZIA JENIFER	LECTURER	M.SC(N) OBG	2023	80160	2 YEARS 6 MONTH	2 YEARS 4 MONTH	03-04-23	NO	
6.	MR. MUTHUPANDIYAN	LECTURER	M.SC(N) MSN	2023	90751	-	2 YEARS 6 MONTHS	03-04-23		
7.	MRS. MOUNIKA. R.	LECTURER	M.SC(N) PEDIATRICS	2025	124820	9 MONTHS	6 MONTHS	01-02-25	NO	
8.	Mr. YASHWANTH. N.R	LECTURER	M.SC(N) COMMUNITY	2024	127473	-	6 MONTHS	01-02-25	NO	
9.	MS. MAHNI. S	ASST. LECTURER	PB.BSc(N)	2009	64513	14 YEARS 9 MONTHS	-	17-11-2017		
10.	Ms. GEETHA. KM	ASST. LECTURER	PB BSc(N)	2017	172535	8 YEARS 8 MONTH	-	02-11-2016		
11.	Ms. NEETHU. S. KUMAR	ASST. LECTURER	B.Sc(N)	2018	95413	6 YEARS 8 MONTH	-	12-11-2018		
12.	Ms. RAGENDU REGHU	ASST. LECTURER	B.Sc(N)	2018	95065	6 YEARS 8 MONTH	-	12-11-2018		
13.	Ms. MARYKUTTY JOSEPH	ASST. LECTURER	B.Sc(N)	2018	95397	6 YEARS 8 MONTHS	-	12-11-2018		
14.	Ms. JAYALEKSHMI. L	ASST. LECTURER	B.Sc(N)	2018	95417	6 YEARS 8 MONTHS	-	12-11-2018		
15.	Ms. ANNHA. P. KURUVILLA	NURSING TUTOR	B.Sc(N)	2019	105905	3 YEARS 8 MONTH	-	27-12-2021		
16.	Ms. ANUMOL	NURSING TUTOR	B.Sc(N)	2020	113867	4 YEARS 6 MONTH	-	01-01-2021		
17.	Ms. Ms. GAYATHRI. R.S	NURSING TUTOR	B.Sc(N)	2022	136839	2 YEARS 10 MONTHS	-	05-10-2022		
18.	Ms. SINCY DANIEL	NURSING TUTOR	B.Sc(N)	2021	126859	2 YEARS 8 MONTHS	-	23-12-2022.		
19.	Ms. TWINKLE SAMUEL	NURSING TUTOR	B.Sc(N)	2021	128290	2 YEARS 8 MONTHS	-	23-12-2022		
20.	Ms. MANJUNATH JINGI	NURSING TUTOR	B.Sc(N)	2022	138868	2 YEARS 6 MONTHS	-	03-11-2022	NA	
21.	Ms. SREENIDHI. K.N.	NURSING TUTOR	B.Sc(N)	202.	176781	6 MONTHS	-	01-02-2025	NA	
22.	Ms. GRACY P.R.I.A. A	NURSING TUTOR	B.Sc(N)	202	175739	6 MONTHS	-	01-02-2025	NA	

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)**

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	1600 SQ.FT	
	Nutrition & Community Health Nursing	1200sq.ft	1200 SQ.FT	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 SQ.FT	
	Pediatrics Nursing Laboratory	900sq.ft	900 SQ.FT	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 SQ.FT	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 SQ.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**	✓
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
- 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)**

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** ☐	
		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 SNR DISTRICT HOSPITAL, KOLAR	500	1.5KMS		
	2 NEW KAMADHENU NURSING HOME	50	2KMS		
	3 SREE CHOWDESHWARI MULTI SPECIALITY HOSPITAL 4. NEW KOLAR NURSING HOME (MOU/Clinical permission letter)	50	2KMS 1KMS		

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			60	95%.
Surgery including OT			60	92%.
Obstetrics & Gynecology			20	96%.
Pediatrics,			40	93%.
Emergency Medicine			30	93%
Psychiatry			05	92%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			04	98%.
Minor OT			03	96%.
Dental, Otorhinolaryngology, Ophthalmology			05	92%.
Burns and Plastic			10	90%.
Neonatology care unit			20	92%.
Communicable disease/Respiratory medicine/TB & chest diseases			15	95%.
Dermatology			05	91%.
Cardiology			—	—
Oncology			—	—
Neurology/Neuro-surgery			—	—
Nephrology/Urology			10	92%.
ICU/ICCU			50	92%.
Geriatric Medicine			10	93%.
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)**

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 :**	**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)**

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

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

LIC Team Observations:

LIC team Inspected Sri Channegowda College of nursing on 13/08/2025 for continuation of affiliation for B.Sc.(N), P.B.B.Sc.(N) and M.Sc.(N). On the day of inspection all documents related to College, building, hostels both girls and boys, Vehicle details, posting details and documents related to hospital are verified. The college provides good infra-structure and labs with fully equipped manniquens, charts and models. Library provides good Internet connection, latest edition textbooks for all the batch students to refere. The attached hospital provides sufficient clinical material for students training. They are getting good clinical and academic exposure. All the faculties were present on the day of inspection and every documents of the staffs are personally verified by the LIC team. Overall observation of committee is that College has good infrastructure and resources to provide quality educat to the students and they are functioning actively and maintaining all the records.

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

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**

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