



**Rajiv Gandhi University of Health Sciences, Karnataka**  
4<sup>th</sup> 'T' Block Jayanagar, Bangalore – 560041

Website: [www.rguhs.ac.in](http://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.Nandessh                                                          | Dr.Jyothi Ramegowda                                          | Ms.Jayalakshmi                                      |
| Designation                 | SENATE MEMBER                                                        | Academic council member                                      | LIC Member Principal                                |
| Address                     | Aishwarya Institute Of Nursing Science Maddur                        | Akash Institute of medical sciences Bengaluru                | Sri Guru Raghavendra College of nursing Chitradurga |
| Mobile No                   | 9845471377                                                           | 9740361897                                                   | 9900232695                                          |
| Email ID                    | <a href="mailto:nandeesh.aips@gmail.com">nandeesh.aips@gmail.com</a> | <a href="mailto:joe6gowda@gmail.com">joe6gowda@gmail.com</a> |                                                     |

Inspection For the Academic Year : 2025-2026

Date of Inspection: 16/08/2025

(Please Tick the Appropriate Boxes Below)

|                     |                                           |                                     |                           |                                     |
|---------------------|-------------------------------------------|-------------------------------------|---------------------------|-------------------------------------|
| Type of Inspection: | 1.Fresh Affiliation                       | <input checked="" type="checkbox"/> | 4. Re-Inspection          | <input checked="" type="checkbox"/> |
|                     | 2.Continuation of Affiliation             | YES                                 | 5.Surprise Inspection     | <input checked="" type="checkbox"/> |
|                     | 3.Enhancement of Seats                    | <input checked="" type="checkbox"/> | 6. Change of Name/Address | <input checked="" type="checkbox"/> |
|                     | 7. Additional Course (M.Sc Nursing) only. | <input checked="" type="checkbox"/> |                           | <input checked="" type="checkbox"/> |

|                                     |                        |     |                             |     |
|-------------------------------------|------------------------|-----|-----------------------------|-----|
| 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                               | VARADARAJA COLLEGE OF NURSING ,TUMKUR                                                                       | 2                                  | Year of Establishment |
|   |                                                                         |                                                                                                             |                                    | 2004                  |
| 2 | Status of the course conducting body                                    | Trust                                                                                                       |                                    |                       |
| 3 | (a). Name of the Trust/Society & complete postal address & Phone number | VARADARAJA CHARITABLE TRUST,TUMKUR<br>(Enclose copy of Registration documents of Society/Trust)Annexure – 1 |                                    |                       |
|   |                                                                         | Email:varadarajacollege@gmail.com                                                                           | Website: www.varadarajacollege.com |                       |
|   |                                                                         | Office No:9480692783                                                                                        | Mobile No:9449108444               |                       |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(Dr. Nandeesh S)

Dr. Jyothi Ramegowda

M. Jayalakshmi



|   |                                                                                                                    |                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                          |
|---|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No                                         | Dr.DURGADAS ASSRANNA                                                                                                                                       |                                                                                   |                                                                                                                                                                                                          |
| 4 | Governing Council& Audit Report of Trust                                                                           | Total Number of Members in Governing Council : ENCLOSED<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) <b>Annexure - 2</b> |                                                                                   |                                                                                                                                                                                                          |
| 5 | a) Details of Principal/Head of the institution ( After MSc)                                                       | Name: G MADAN PRASAD<br>Qualification:M.SC(N)<br>Experience after MSc: 18<br>Email:gmadanprasad@gmail.com                                                  | Mobile No: 9449108444<br>Office No:9480692783<br>Fax No:<br>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? |                                                                                                                                                            | NO                                                                                | If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.<br>(Verify& enclose a copy of the registered trust Documents)<br><b>Annexure - 3</b> |

#### 7. Affiliation Fee Paid Details:

#### Annexure - 4

Annexure - 4

| Course Applied UG Courses   | Continuation / Fresh Affiliation   | Particulars of fees paid for |              |                                               |                                                                           | Amount                      |
|-----------------------------|------------------------------------|------------------------------|--------------|-----------------------------------------------|---------------------------------------------------------------------------|-----------------------------|
|                             |                                    | Annual Fees                  | Renewal Fees | Administrative Charges                        | Helinet Inst Fee<br>a) only for UG<br>b) for UG and PG courses<br>c) NPCC |                             |
| B.Sc. Nursing               | 1050/-                             | 45,000/-                     | 90,000/-     | 60,000/-                                      | 25,000/-                                                                  | 2,21,050/-                  |
| Post Basic B.Sc. Nursing    | 1050/-                             | 45,000/-                     | 90,000/-     | 60,000/-                                      | -                                                                         | 1,96,050/-                  |
| Total (A)                   |                                    |                              |              |                                               |                                                                           |                             |
| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation |                              |              | No of Seats X Prescribed fees of each faculty |                                                                           |                             |
|                             | 1.medical surgical nursing         |                              |              | 05students x 2000                             |                                                                           | 10,000/-                    |
|                             | 2.child health nursing             |                              |              | 05 students x 2000                            |                                                                           | 10,000/-                    |
|                             | 3.psychiatric nursing              |                              |              | 05 students x 2000                            |                                                                           | 10,000/-                    |
|                             | 4.obg nursing                      |                              |              | 05 students x 2000                            |                                                                           | 10,000/-                    |
|                             | 5.community health nursing         |                              |              | 05 students x 2000                            |                                                                           | 10,000/-                    |
|                             |                                    |                              |              | Total (B)                                     |                                                                           | 50,000/-                    |
| NPCC                        |                                    |                              |              |                                               |                                                                           | 50000+1050+7500<br>=58550/- |
|                             |                                    |                              |              | Total (C)                                     |                                                                           |                             |
| Grand Total (A+B+C)         |                                    |                              |              |                                               |                                                                           | 4,75,0650/-                 |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



Online Transaction Number or Details: ZSBISW1095PO23,ZSBITJ5095PBZO,ZSBI8PL095OW5F

Remarks:

Verified with original fee paid Receipts.

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                  | AKUK355MPS2006  | RGU/AFF/NUR/N217/2022-23                                                                            | Annexure - 7 | Annexure - 8 | RGUHS, KNC, INC and      |
|                          | Affiliation Sanctioned Intake                 | 60              | 60                                                                                                  | 60           | 50           |                          |
|                          | Admissions Made for the Current Academic Year | 60              |                                                                                                     |              |              |                          |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date                  | AKUKA154MPS2010 | RGU/AFF/NUR/N217/2022-23                                                                            | Annexure - 7 | Annexure - 8 | RGUHS, KNC, INC and      |
|                          | Sanctioned Intake                             | 50              | 50                                                                                                  | 50           | 30           |                          |
|                          | Admissions Made for the Current Academic Year | 50              |                                                                                                     |              |              |                          |
| M.Sc. Nursing in a.      | Approval Letter No. and Date                  | AKUKA154MPS2010 | RGU/AFF/NUR/N217/2022-23                                                                            | Annexure - 7 | Annexure - 8 | Verified the GOK orders. |
|                          | Sanctioned Intake                             | 25              | a. Community Health-5<br>b. Medical Surgical-5<br>c. OBG -5<br>d. Paediatric -5<br>e. Psychiatry -5 |              |              |                          |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|            |                                               |              |                                                                                                  |              |              |  |
|------------|-----------------------------------------------|--------------|--------------------------------------------------------------------------------------------------|--------------|--------------|--|
|            | Admissions Made for the Current Academic Year | 25           | a.Community Health -5<br>b.Medical Surgical -5<br>c.OBG -5<br>d.Paediatric -5<br>e.Psychiatry -5 |              |              |  |
| M.Sc. NPCC | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6                                                                                     | Annexure - 7 | Annexure - 8 |  |
|            | Sanctioned Intake                             | NA           | NA                                                                                               |              |              |  |
|            | Admissions Made for the Current Academic Year | NA           | 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   | 02     | 02      | 02       | 00      | 06    |
|                         | Female | 54     | 58      | 57       | 59      | 228   |
| Post Basic B.Sc Nursing | Male   | 00     | 00      |          |         | 00    |
|                         | Female | 50     | 50      |          |         | 100   |
| M.Sc Nursing            | Male   | 04     | 2       |          |         | 06    |
|                         | Female | 21     | 11      |          |         | 32    |
| M.Sc NPCC               | Male   | NA     | NA      | NA       | NA      | NA    |
|                         | Female | NA     | NA      | NA       | NA      | 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----- |
|--------|---------------------|-------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
|        |                     |                                     |                   |                                                                                                           |                                                       |                                                 |

**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**

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)





| 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----- |
|---------|---------------------|-------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
|         |                     |                                     |                   |                                                                                                           |                                                       |                                                 |

**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: \_\_\_\_\_

*Nel*

## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. No | Designation         | Required     |              |            |            |            | Existing / Available |               |          |      | Deficit             |               |          |      |
|--------|---------------------|--------------|--------------|------------|------------|------------|----------------------|---------------|----------|------|---------------------|---------------|----------|------|
|        |                     | B.Sc (N)     |              |            |            |            | B.Sc (N)             | P.B. B.Sc (N) | M.Sc (N) | NPCC | B.Sc (N)            | P.B. B.Sc (N) | M.Sc (N) | NPCC |
|        |                     | 40 to 60     | 61 to 100    | 101 to 150 | 151 to 200 | 201 to 250 |                      |               |          |      |                     |               |          |      |
| 1      | Principal           | 1            | 1            |            |            |            |                      |               |          |      |                     |               |          |      |
| 2      | Vice-Principal      | 1            | 1            |            |            |            |                      |               |          |      |                     |               |          |      |
| 3      | Professor           | 1            | 1-2          |            |            |            |                      |               | 1*       |      |                     |               | 3        |      |
| 4      | Associate Professor | 2            | 2-4          |            |            |            |                      |               | 1*       |      |                     |               | 3        |      |
| 5      | Assistant Professor | 3            | 3-8          |            |            |            | 2                    |               | 3*       |      |                     |               | 3        |      |
| 6      | Tutor               | 8-16         | 16-24        |            |            |            | 2-10                 | --            |          |      | 29                  |               |          |      |
|        | <b>Total</b>        | <b>16-24</b> | <b>24-40</b> |            |            |            | <b>4-12</b>          |               |          |      | <b>29 + 11 = 40</b> |               |          |      |

**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 1<sup>st</sup> Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

| Intake | 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year |
|--------|----------------------|----------------------|----------------------|----------------------|
|--------|----------------------|----------------------|----------------------|----------------------|

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|                                                  |                                                                              |                                                                               |                                                                                |                                                                                |
|--------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>40 Students Intake</b>                        | <b>Total 5 Faculty</b><br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors  | <b>Total 8 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors   | <b>Total 12 Faculty</b><br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors   | <b>Total 16 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors   |
| <b>60 Students Intake</b>                        | <b>Total 6 Faculty</b><br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors  | <b>Total 12 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors  | <b>Total 18 Faculty</b><br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors  | <b>Total 24 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors  |
| <b>100 Students Intake</b>                       | <b>Total 10 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | <b>Total 20 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | <b>Total 30 Faculty</b><br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | <b>Total 40 Faculty</b><br>* 16 M.Sc. Nursing qualified faculty<br>* 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)



# VARADARAJA COLLEGE OF NURSING

## DETAILS OF TEACHING FACULTY 2025-26

| Sl.no | Name of The Teaching faculty | Designation    | Qualification n & Speciality | Year of passing |      | KSNC Reg NO         | Teaching experience |          | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty                                                                |
|-------|------------------------------|----------------|------------------------------|-----------------|------|---------------------|---------------------|----------|-----------------|-----------------------------|-------------------------------------------------------------------------------------|
|       |                              |                |                              | UG              | PG   |                     | After UG            | After PG |                 |                             |                                                                                     |
| 1     | Mr.G.Madan Prasad            | Principal      | M.Sc (N) (CHN)               | 1997            | 2007 | 1326                | 8 yrs               | 18 yrs   | 12/11/07        | N                           |    |
| 2     | Mrs.Kavitha.M.C              | Associate Prof | M.Sc (N) (OBG)               | 2008            | 2012 | 16258/004324        | 2 yrs               | 13 yrs   | 21/06/12        |                             |    |
| 3     | Mr.Ramamurthy.G              | Associate Prof | M.Sc (N) (PSY)               | 2000            | 2008 | 51729               | 6 yrs               | 17yrs    | 13/11/12        |                             |    |
| 4     | Mrs. Lavanya R.S             | Associate Prof | M.Sc (N) (OBG)               | 2009            | 2014 | 22650/007192        | 1 yrs               | 11 yrs   | 12/11/15        |                             |    |
| 5     | Mrs.Mamatha.C.K              | Associate Prof | M.Sc(N) (PAE)                | 2008            | 2011 | 7035/003578         | 2 yrs               | 14 yrs   | 21/06/12        |                             |    |
| 6     | Mrs. Rathnamma               | Associate Prof | M.Sc (N) (PSY)               | 2009            | 2013 | 021762/006713       | 1 yrs               | 12 yrs   | 18/11/14        |                             |    |
| 7     | Ms.Sonti Revathi             | Assistant Prof | M.Sc(N) (PAE)                | 2015            | 2019 | RR ANP 2024 10896   | 2 Yrs               | 6 yrs    | 15/11/19        |                             |    |
| 8     | Ms.Sindhu S                  | Lecturer       | M .Sc(N) (CHN)               | 2017            | 2021 | 87070               | 2 yrs               | 4 yrs    | 20/12/21        |                             |    |
| 9     | Mrs.Raji Rajan               | Associate Prof | M.Sc (N) (OBG)               | 2009            | 2013 | 030573/006254       | 2 yrs               | 12 yrs   | 02/12/13        |                             |   |
| 10    | Ms.Chithiri Nagadurgamaa     | Assistant Prof | MSc(N) (MSN)                 | 2015            | 2019 | RRANP20 24 10897KAR | 2 yrs               | 6 yrs    | 15/11/19        |                             |  |
| 11    | Mrs.Silja Mary               | Assistant Prof | M.Sc(N) (MSN)                | 2011            | 2017 | 44384               | 1 yrs               | 8 yrs    | 15/04/18        |                             |  |
| 12    | Ms.Jalaja S M                | Nursing Tutor  | B .Sc(N)                     | 2023            | -    | 142027              | 2.6 yrs             | -        | 16/01/23        |                             |  |
| 13    | Ms.Akhila K                  | Nursing Tutor  | B.Sc(N)                      | 2022            | -    | 139674              | 1.8 yrs             | -        | 16/11/23        |                             |  |
| 14    | Ms. Lavanya M.S              | Nursing Tutor  | B .Sc(N)                     | 2023            | -    | 145321              | 2 yrs               | -        | 06/09/23        |                             |  |
| 15    | Ms.Shruthi M                 | Nursing Tutor  | B.Sc(N)                      | 2021            | -    | 123228              | 4 yrs               | -        | 09/02/23        |                             |  |
| 16    | Ms.Kavya K .M                | Nursing Tutor  | B.Sc(N)                      | 2020            | -    | 114037              | 4 yrs               | -        | 20/02/21        |                             |  |
| 17    | Ms.Navya N                   | Nursing Tutor  | P.B.B.Sc(N)                  | 2020            | -    | 212336              | 4 yrs               | -        | 10/02/21        |                             |  |
| 18    | Ms. Gangamma                 | Nursing        | B .Sc(N)                     | 2022            | -    | 133648              | 2yrs                | -        | 16/09/23        |                             |  |



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|    |                     |               |             |      |   |        |          |   |          |  |  |                         |
|----|---------------------|---------------|-------------|------|---|--------|----------|---|----------|--|--|-------------------------|
| 19 | Ms.Nirmala S        | Nursing Tutor | P B BSc(N)  | 2024 | - | 213626 | 1 yr     | - | 10/05/24 |  |  | <i>Nirmala S.T.</i>     |
| 20 | Ms.Anitha A.H       | Nursing Tutor | P.B.B.Sc(N) | 2018 | - | 189978 | 7 yrs    | - | 10/10/21 |  |  | <i>A</i>                |
| 21 | Ms.Chandrakala K C  | Nursing Tutor | B.Sc(N)     | 2019 | - | 98147  | 6 yrs    | - | 20/07/19 |  |  | <i>Chait</i>            |
| 22 | Ms.Yashaswini H C   | Nursing Tutor | P.B.B.Sc(N) | 2020 | - | 211836 | 4 yrs    | - | 10/02/21 |  |  | <i>Yashaswini H.C</i>   |
| 23 | Ms.Susmita Roy      | Nursing Tutor | B.Sc(N)     | 2023 | - | 159130 | 1.6 yrs  | - | 02/01/24 |  |  | <i>Susmita Roy.</i>     |
| 24 | Ms.Mamatha B L      | Nursing Tutor | P B B.Sc(N) | 2024 | - | 203991 | 3 months | - | 10/05/25 |  |  | <i>Mamatha B.L</i>      |
| 25 | Ms.Kavyashree S     | Nursing Tutor | P B B.Sc(N) | 2021 | - | 201480 | 3 yrs    | - | 10/06/22 |  |  | <i>Kavya</i>            |
| 26 | Ms.Preeti A.N       | Nursing Tutor | P B B.Sc(N) | 2020 | - | 211546 | 4 yrs    | - | 20/04/21 |  |  | <i>Preeti A.N.</i>      |
| 27 | Ms.Prameela         | Nursing Tutor | P.B.B.Sc(N) | 2021 | - | 199894 | 3 yr     | - | 20/05/22 |  |  | <i>Preeti</i>           |
| 28 | Mr.Manjunatha.R     | Nursing Tutor | P.B.B.Sc(N) | 2019 | - | 163392 | 4 yrs    | - | 25/08/21 |  |  | <i>Manjunatha</i>       |
| 29 | Ms.Divya L          | Nursing Tutor | P.B.B.Sc(N) | 2024 | - | 220682 | 1 yr     | - | 20/02/24 |  |  | <i>Divya L</i>          |
| 30 | Ms.Dhanalakshmi     | Nursing Tutor | P.B.B.Sc(N) | 2024 | - | 194445 | 1yr      | - | 10/05/24 |  |  | <i>Dhanalakshmi</i>     |
| 31 | Ms.Chaitra G        | Nursing Tutor | P.B.B.Sc(N) | 2017 | - | 173469 | 6 yrs    | - | 21/02/19 |  |  | <i>Chaitra</i>          |
| 32 | Ms.Kavitha R        | Nursing Tutor | B .Sc(N)    | 2020 | - | 114850 | 5yrs     | - | 10/12/20 |  |  | <i>On Leave</i>         |
| 33 | Ms.Esharathunnisa B | Nursing Tutor | P.B.B.Sc(N) | 2019 | - | 181469 | 4 yrs    | - | 10/10/20 |  |  | <i>Esharathunnisa B</i> |
| 34 | Mr.Shakeer Ahmed    | Nursing Tutor | B .Sc(N)    | 2021 | - | 120564 | 3yrs     | - | 20/11/21 |  |  | <i>Shakeer Ahmed</i>    |
| 35 | Ms.Mahalakshmi      | Nursing Tutor | P.B.B.Sc(N) | 2021 | - | 211767 | 3 yrs    | - | 10/02/22 |  |  | <i>Mahalakshmi M</i>    |
| 36 | Ms.Hima Gopinatha   | Nursing Tutor | P.B.B.Sc(N) | 2022 | - | 22004  | 2 yrs    | - | 15/07/23 |  |  | <i>Hima</i>             |
| 37 | Ms.Nicy Jacob       | Nursing Tutor | P.B.B.Sc(N) | 2021 | - | 20860  | 3 yrs    | - | 15/02/22 |  |  | <i>Nicy</i>             |
| 38 | Ms.Nimmy Varghese   | Nursing Tutor | P.B.B.Sc(N) | 2021 | - | 20859  | 3 yrs    | - | 15/05/22 |  |  | <i>Nimmy</i>            |
| 39 | Ms.Sadiya Anjum     | Nursing Tutor | B .Sc(N)    | 2020 | - | 108447 | 3 yrs    | - | 20/12/21 |  |  | <i>Sadiya Anjum</i>     |
| 40 | Ms.Nagarathna C.R   | Nursing Tutor | B .Sc(N)    | 2020 | - | 108459 | 4 yrs    | - | 19/03/21 |  |  | <i>Nagarathna</i>       |

*N. P. Divya*

*Justy R*

*Don't*

*[Faint handwritten notes or bleed-through from the reverse side of the page.]*



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

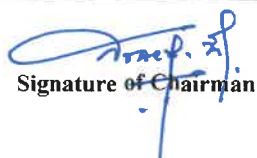
| No. | Name | Qualification | Subject | Number of Hours per Year | Remarks |
|-----|------|---------------|---------|--------------------------|---------|
|     |      |               |         |                          |         |

**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 )        | 23,200sq.ft ( 40 – 60 intake )        | Available.                                                                                                            |  |
|                                                        | <b>Note:</b> 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                                                      | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft                                                                                                                                                                                                                                                               | <b>4 Class rooms</b><br>900sq ft Each | <b>4 Class rooms</b><br>900sq ft Each | Provided by the physical infrastructure.                                                                              |  |
|                                                        | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                 | <b>2 Class rooms</b><br>600sq ft Each | <b>2 Class rooms</b><br>600sq ft Each |                                                                                                                       |  |
|                                                        | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                     | <b>2 Class rooms</b><br>600sq ft Each | <b>2 Class rooms</b><br>600sq ft Each |                                                                                                                       |  |
|                                                        | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                          | <b>2 Class rooms</b><br>600sq ft Each | NA                                    |                                                                                                                       |  |
| 3                                                      | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                         |                                       |                                       | Verified the physical facilities and the availability of the physical infrastructure as per the norms of apex bodies. |  |
|                                                        | <b>Office</b>                                                                                                                                                                                                                                                                                                                                            |                                       |                                       |                                                                                                                       |  |
|                                                        | 1. Principal's Chamber                                                                                                                                                                                                                                                                                                                                   | 300                                   | 300                                   |                                                                                                                       |  |
|                                                        | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                                | 200                                   | 200                                   |                                                                                                                       |  |
|                                                        | 3. HOD                                                                                                                                                                                                                                                                                                                                                   | 5 x 200 = 1000                        | 5 x 200 = 1000                        |                                                                                                                       |  |
|                                                        | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                 | 800+2400=3200                         | 800+2400=3200                         |                                                                                                                       |  |
|                                                        | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                      |                                       |                                       |                                                                                                                       |  |
|                                                        | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                        |                                       |                                       |                                                                                                                       |  |
|                                                        | 6. Office of Administrative, clerical staff and PA (s)                                                                                                                                                                                                                                                                                                   | 600                                   | 600                                   |                                                                                                                       |  |
|                                                        | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                    | 100                                   | 100                                   |                                                                                                                       |  |
|                                                        | 8. Store Room                                                                                                                                                                                                                                                                                                                                            | 100                                   | 100                                   |                                                                                                                       |  |
|                                                        | 9. Record room                                                                                                                                                                                                                                                                                                                                           | 100                                   | 100                                   |                                                                                                                       |  |
|                                                        | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                           | 100                                   | 100                                   |                                                                                                                       |  |
|                                                        | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                        | 100                                   | 100                                   |                                                                                                                       |  |
| 12. common room ( Girls & Boys)                        | 600+400= 1000                                                                                                                                                                                                                                                                                                                                            | 600+400= 1000                         |                                       |                                                                                                                       |  |
| 13. Multipurpose hall / Seminar hall/ examination hall | 3000                                                                                                                                                                                                                                                                                                                                                     | 3000                                  |                                       |                                                                                                                       |  |
| 14. Toilets                                            | 1000                                                                                                                                                                                                                                                                                                                                                     | 1000                                  |                                       |                                                                                                                       |  |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|  |                   |     |     |  |
|--|-------------------|-----|-----|--|
|  | 15. A.V/Aids room | 600 | 600 |  |
|--|-------------------|-----|-----|--|

| S. No | Details                                                                  | Required               | Existing   | Verified by LIC team                                                            |
|-------|--------------------------------------------------------------------------|------------------------|------------|---------------------------------------------------------------------------------|
| 4     | <b>LABORATORIES</b>                                                      | <b>( 40-60 intake)</b> |            |                                                                                 |
|       | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft             | 1600 sq.ft | College has well equipped laboratories in all the departments as per the norms. |
|       | 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<br>(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)**

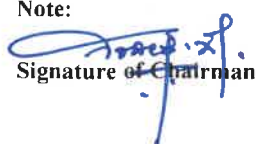
**Building Documents:**

**Annexure – 12**

| SL NO | Particulars                                                                   | Verified by the LIC team       |
|-------|-------------------------------------------------------------------------------|--------------------------------|
| 1     | Registered documents in sub registrar office                                  | Registered sale deed available |
| 2     | Is the college building own or leased ?                                       | Own building                   |
| 3     | Blue print of the building plan approved and attested by competent authority. | Approved plan available        |
| 4     | Building construction license from competent authority                        | Licence available              |
| 5     | Tax paid receipt (Latest / current year)                                      | Tax paid for 25-26             |
| 6     | Occupancy certificate.                                                        | Available                      |
| 7     | Sale deed / Lease deed of the building / Land.                                | Sale deed                      |
| 8     | Land Conversion order from DC                                                 | DC conversion                  |
| 9     | Town planning/Authorities approval order                                      | yes                            |

**It is mandatory to enclose all the documents mentioned above.**

**Note:**

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



- 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, 2021 F.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.

a copy of RC Book / Insurance / Driving License

Vehicle Details : Enclose

Annexure – 13

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licience |
|--------------------------|-----------------------------|------------------|---------|-----------|------------------|
| 2                        | KA06AC3019<br>KA06AC6019    | 42<br>53         | 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 | 3000 SQ FT             | YES              | YES         | YES      |                      |

|                                         |      |                                                       |     |
|-----------------------------------------|------|-------------------------------------------------------|-----|
| Total No. of Nursing Books available    | 2311 | No. of Nursing Journals subscribed                    | 5   |
| No. of Thesis/Research titles available | 110  | Is internet facility available for Students?          | YES |
| No of e-books                           | YES  | How many books were purchased in last financial year? | 278 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|--------|-----------------------|---------------|------------|---------|
| 01     | YOGESHWARI            | B.LIB         | 10         | NA      |
| 02     | RAKSHITHA             | MA            | 05         | NA      |
|        |                       |               |            |         |

**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 will increase/decrease according to the number of seats approved.

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

Annexure - 15

| Academic activities | Particulars | Remarks |
|---------------------|-------------|---------|
|---------------------|-------------|---------|

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|                       |                                                                                             |  |
|-----------------------|---------------------------------------------------------------------------------------------|--|
| Research Projects     | Advance Nursing Research                                                                    |  |
| Conferences conducted | Research Methodology<br>Breast feeding<br>National AIDS control programme<br>Swatch Bharath |  |
| Conferences attended  | Covid awareness programme,                                                                  |  |

\* 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? | NO                       |  |
| 2 | Do you have parent hospital?        | YES                      |  |
|   | If Yes, Hospital Owned by           | i. Trust                 |  |
|   |                                     | 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<br><b>KASTURBA HOSPITAL SS PURAM</b><br>MOU( Registered parent hospital MOU) | 100                                                               | 2                                  | 80%                                          | NA                                 |
| NAME OF THE TRUST/ Person owning The Hospital                                                                           | <b>Dr.DURGADAS ASRANNA</b>                                        | <b>VARADARAJA CHARITABLE TRUST</b> |                                              | Verified with KPME and PCB letters |
| Affiliated hospitals- Full Name & Address of the Parent Hospital                                                        | <b>1. DISTRICT HOSPITAL TUMKUR</b>                                | 400                                | 4KMS                                         |                                    |
|                                                                                                                         | <b>2. ANIL NEURO HOSPITAL SIRA GATE</b>                           | 50                                 | 8 KMS                                        |                                    |
|                                                                                                                         | <b>3. PHC CENTRE MARALUR</b><br>( MOU/Clinical permission letter) |                                    |                                              |                                    |

  
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 for **Bangalore 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} 5<sup>th</sup> July, 2021 F.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} 5<sup>th</sup> 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: - College was established in the year 2004.  
- College has parent hospital with 100 Beds strength.  
- College also affiliated to District Hospital, Tumkur and also other speciality hospitals.

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



### 18.1. Distribution of Beds : ENCLOSED

| Clinical Areas          | Parent      |               | Affiliated  |               |
|-------------------------|-------------|---------------|-------------|---------------|
|                         | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical                 | 20          | 80%           | -           | -             |
| Surgery including OT    | 20          | 18%           | -           | -             |
| Obstetrics & Gynecology | 30          | 20%           | -           | -             |
| Pediatrics,             | 20          | 20%           | -           | -             |
| Emergency Medicine      | 10          | 20%           | -           | -             |
| Psychiatry              | -           | -             | 50          | 80%           |

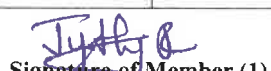
Note : 1:3 student patient ratio needed. Verify and attach details of previous month.

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                | Parent      |               | Affiliated  |               |
|---------------------------------------------------------------|-------------|---------------|-------------|---------------|
|                                                               | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT                                                      |             |               | 150         | 80            |
| Minor OT                                                      |             |               | 400         | 80            |
| Dental, Otorhinolaryngology, Ophthalmology                    |             |               | 40          | 80            |
| Burns and Plastic                                             |             |               | 20          | 80            |
| Neonatology care unit                                         |             |               | 15          | 80            |
| Communicable disease/Respiratory medicine/TB & chest diseases |             |               | 40          | 80            |
| Dermatology                                                   |             |               | 10          | 80            |
| Cardiology                                                    |             |               | 20          | 80            |
| Oncology                                                      |             |               | 15          | 80            |
| Neurology/Neuro-surgery                                       |             |               | 20          | 80            |
| Nephrology/Urology                                            |             |               | 10          | 80            |

|                                  |                                                |
|----------------------------------|------------------------------------------------|
| <b>19</b>                        | <b>COMMUNITY HEALTH NURSING :Annexure - 17</b> |
| <b>RURAL FIELD</b>               |                                                |
| <b>a. Name of CHC / PHC / SC</b> | <b>MARALUR PHC</b>                             |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|                                                                                                         |                                                          |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Adopted / Affiliated                                                                                    | <b>AFFILIATED</b>                                        |
| Administrated by                                                                                        | <b>State Govt</b>                                        |
| Distance from the Nursing Institute                                                                     | <b>3 KMS</b>                                             |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                                   | <b>Antenatal clinic, Under Five Clinic, Immunization</b> |
| <b>URBAN FIELD :</b>                                                                                    |                                                          |
| <b>a. Name of CHC / PHC / SC</b>                                                                        | <b>ANIL NEURO HOSPITAL</b>                               |
| Adopted / Affiliated                                                                                    | <b>AFFILIATED</b>                                        |
| Administrated by                                                                                        | <b>Private</b>                                           |
| Distance from the Nursing Institute                                                                     | <b>8 KMS</b>                                             |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                                   | <b>Mental Health Counseling, Rehabilitation</b>          |
| <i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i> |                                                          |

| 20 | Master Rotation Plan : Annexure - 18            |     |   |
|----|-------------------------------------------------|-----|---|
| a. | Basic B.Sc. Nursing                             | YES | — |
| b. | Post Basic B.Sc. Nursing                        | YES | — |
| c. | M.Sc. Nursing                                   | YES | — |
| 21 | Time Table available for all Nursing Programmes |     |   |
| a. | Basic B.Sc. Nursing                             | YES | — |
| b. | Post Basic B.Sc. Nursing                        | YES | — |
| c. | M.Sc. Nursing                                   | YES | — |

| 22 | Records of Students : Are the following students records are maintained well? |     |   |
|----|-------------------------------------------------------------------------------|-----|---|
| a. | Admission record                                                              | YES | — |
| b. | Daily Attendance Registers                                                    | YES | — |
| c. | Health Records                                                                | YES | — |
| d. | Clinical and field experience record                                          | YES | — |
| e. | Practical record books - procedure record                                     | YES | — |
| f. | Practical record books - Midwifery case book                                  | YES | — |
| g. | Leave record                                                                  | YES | — |
| h. | Extracurricular activities of students                                        | YES | — |
| i. | Cumulative record of each                                                     | YES | — |
| j. | Course planning of each subject                                               | YES | — |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|    |                                              |     |   |
|----|----------------------------------------------|-----|---|
| k. | Rotation plans                               | YES | — |
| l. | Committee Meetings                           | YES | — |
| m. | Affiliation records                          | YES | — |
| n. | Records of Stock                             | YES | — |
| o. | Annual report of activities and achievements | YES | — |
| p. | Staff development programmes                 | YES | — |
| q. | Anti ragging committee                       | YES | — |
| r. | Student welfare committee                    | YES | — |
| s. | POSHE Committee                              | YES | — |
| t. | Prevention of Gender harassment committee    | YES | — |

|           |                                                                     |             |           |
|-----------|---------------------------------------------------------------------|-------------|-----------|
| <b>23</b> | <b>Hostel Facilities :Annexure - 12</b>                             |             |           |
| a.        | Whether the college is having a separate Hostel?                    | YES         | —         |
| b.        | Built-up area of the Hostel                                         | 32000 Sq.ft |           |
| c.        | Is the Hostel Owned or Rented/Leased?                               | Own         | —         |
| d.        | Is there separate provision of Hostel for Male and Female Students? | YES         | —         |
| e.        | Total No. of students in the hostel                                 | Girls : 200 | Boys : 10 |
| f.        | Total No. of rooms                                                  | Girls : 50  | Boys : 5  |
| g.        | Water Supply                                                        | YES         | —         |
| h.        | Electricity Supply                                                  | YES         | —         |
| i.        | Is Facilities available for outdoor games and indoor games?         | YES         | —         |
| j.        | Is Sick room available?                                             | YES         | —         |
| k.        | Whether the hostel mess is available with                           | YES         | —         |
| l.        | Safe drinking water facilities                                      | YES         | —         |

  
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                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> |    |           |
| Annexure - 2     | Details of Governing Council, its meetings & Audit report of Trust                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> |    |           |
| Annexure - 3     | Details of any other Nursing Institution under the same Trust                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> |    |           |
| Annexure - 4     | Details of Affiliated fees paid receipts                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> |    |           |
| Annexure - 5     | Approval Status : GOK Order                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> |    |           |
| Annexure - 6     | Approval Status : RGUHS Notification (Last 3 Years) Approval                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> |    |           |
| Annexure - 7     | Approval Status : KNC Notification                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> |    |           |
| Annexure - 8     | Status : INC Notification                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> |    |           |
| Annexure - 9     | List of Post Basic B.Sc. Nursing Students as per format                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> |    |           |
| Annexure - 10    | List of M.Sc. Nursing Students as per format                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> |    |           |
| Annexure - 11    | Details of External /Part time Teachers                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> |    |           |
| Annexure - 12    | Physical Facilities :<br>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/ Ramp in working condition,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | <input checked="" type="checkbox"/> |    |           |
| Annexure - 13    | Vehicle Details : Bus                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |    |           |
| Annexure - 14    | Details of List of Library Books & others                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> |    |           |
| Annexure - 15    | Academic Activities                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> |    |           |
| Annexure - 16    | Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.                                                                                                                                          | <input checked="" type="checkbox"/> |    |           |
| Annexure - 17    | Details of Community Health Nursing Posting Facilities                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |    |           |
| Annexure - 18    | Master Rotation plans and Time tables                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |    |           |
| Annexure - 19    | List of Teachers with their Declaration forms & necessary documents                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> |    |           |
| Annexure - 20    | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> |    |           |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



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: The LIC team had visited the college on 16/8/21 towards grant & continuation & affiliation for the year 2025-26
- 1) The institution has its own building with necessary infrastructure for all the nursing courses as per the norms.
  - 2) College has well equipped laboratories with required equipments and manikins to train nursing students as per their syllabus.
  - 3) College has provided well furnished library with required number of text books, titles and journals for both U.G and P.G. nursing students.
  - 4) The institution has parent hospital with 100 beds strength and also affiliated to district hospital Tumkur to train nursing students.
  - 5) Institution has appointed qualified and experienced teaching faculty members to guide U.G and P.G. students as per the norms. They were present on the day of inspection as per the list enclosed.
  - 6) College has separate hostel facilities for both boys and girls.

Over all the institution has necessary physical infrastructure, laboratory facilities, well furnished library and required clinical facilities. College has appointed qualified teachers as per the norms & apex body to train B.Sc(N), P.B.B.Sc and M.Sc(N) students as per the norms.

  
Signature of Chairperson

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

We have conducted LIC inspection of this college on 16/08/2025 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. Tyothi Ramegowda



  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)





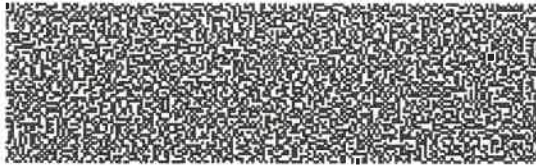
सत्यमेव जयते

## INDIA NON JUDICIAL

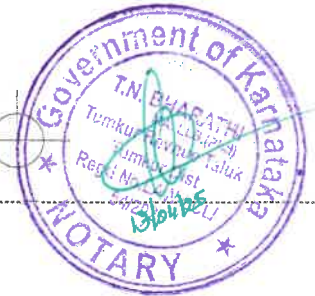
### Government of Karnataka

#### e-Stamp

**Certificate No.** : IN-KA17050514815861X  
**Certificate Issued Date** : 13-Aug-2025 04:14 PM  
**Account Reference** : NONACC (FI)/ kagcs108/ TUMKUR50/ KA-TU  
**Unique Doc. Reference** : SUBIN-KAKAGCSL0848976311224759X  
**Purchased by** : KASTURBA HOSPITAL TUMKUR  
**Description of Document** : Article 4 Affidavit  
**Property Description** : AFFIDAVIT  
**Consideration Price (Rs.)** : 0  
 (Zero)  
**First Party** : KASTURBA HOSPITAL TUMKUR  
**Second Party** : RGUHS  
**Stamp Duty Paid By** : KASTURBA HOSPITAL TUMKUR  
**Stamp Duty Amount(Rs.)** : 100  
 (One Hundred only)



Please write or type below this line



#### UNDERTAKING BY HOSPITAL

I, **Dr.Durgadas Asranna** is the Owner of **KASTURBA HOSPITAL**  
**TUMKUR** hospital situated at **S S PURAM MAIN ROAD TUMKUR**.

#### Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shoilestamp.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.

No of Corrections  
 13/08/25

Kasturba Hospital

- 1) This is to confirm that our **KASTURBA HOSPITAL** is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
- 2) This is to confirm that the **KASTURBA HOSPITAL** is functioning as own hospital for **VARADARAJA COLLEGE OF NURSING**.
- 3) We also confirm that our hospital is solely affiliated to **VARADARAJA COLLEGE OF NURSING** and is not affiliated to any other nursing college.
- 4) The information provided by us is true and correct.

*Y. Durg*

Ph.: 4021685, 2274489  
**KASTURBA HOSPITAL**  
S. S. Puram Main Road  
TUMKUR - 572 102



**No of Corrections**  
*13/09/25*  
**Notary Tumkur**

**Sworn Before Me**  
*13/09/25*  
**(A. BHARATHI, M.A., LL.M. PH.D.)**  
Advocate & Notary  
Jpp Bar Association  
TUMKUR





- 1) The trust **VARADARAJA CHARITABLE TRSUT** is managing the colleges **VARADARAJA COLLEGE OF NURSING ,TUMKUR** since **21** years.
- 2) We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.
- 3) We confirm that the faculty in the college are employed for full time in the college.
- 4) 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.
- 5) We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.
- 6) 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.

ref Varadaraja Charitable Trust  
y *Dr. Durgades Asranna.*  
(Dr. Durgades Asranna.)  
Managing Trustee.



No of Corrections  
*15/08/25*  
Notary Tumkur

Sworn Before Me  
*13/08/25*  
T.N. BHARATHI, M.A., LL.M. PHD  
Advocate & Notary  
Jpp Bar Association  
TUMKUR