Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Naveen S	Dr. Nethra S S	Veeresh V B
Designation	Professor	Professor & HOD	Principal
Address	Sri Chamundeshwari Medical College, Bengaluru	BMCRI, Bangaluru	SS College of Nursing, Davangere
Mobile No	9886634171	9448171403	9972474258
Email ID	nvin72@gmail.com	nethra.surhonne@gmail.com	veereshvb@gmail.com

Inspection For the Academic Year : 2025-26 ***Date of Inspection: 23/08/2025***

(Please Tick the Appropriate Boxes Below)

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

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

1	**Name of the Institution with Full Address**	**K R COLLEGE OF NURSING** Sy. No. 30/1 & 30/2, Opp. Chamundeshwari Temple, Ravugodlu, Kanakapura Main Road, Bengaluru-560116	2	**Year of Establishment** **2005**
2	**Status of the course conducting body**	**Trust**		
3	**(a). Name of the Trust/Society &complete postal address& Phone number**	K R Educational Trust ® No. 979/A, 25th Main Road, BSK 1st Stage, Bengaluru-560050 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: krcollege10@gmail.com	**Website: www.krinstititions.org**	
		Office No: 9739316201	**Mobile No: 9739316201**	

Signature of Chairman 23/8/25

Signature of Member (1) Nethra SS
Chairman BOS AHS RGUHS 23/8/25

Signature of Member (2) SS INS Davangere 23/8/2025

B. Sahukar 30/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	**Dr. T R Malathi** **Managing Trustee** **9845339429**	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council : 06** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Prof. Lokesha D C **Qualification:** M. Sc (N) **Experience after MSc:** 16 Years **Email:** lokesha.dc@rediffmail.com	**Mobile No:** 9964498380 **Office No:** 9739316201 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	**Managing Trustee**	

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing					32,500/- Helint	1,96,050/-
Post Basic B.Sc. Nursing						1,96,050/- 32,500/-
					Total (A)	4,24,600/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Pediatric Nursing	5x2000	
	2. Medical Surgical Nursing	5x2000	
	3. Community Health Nursing	4x2000	45,050/- Including Application Fee
	4. OBG Nursing	4x2000	
	5. Psychiatric Nursing	4x2000	
		Total (B)	45,050/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	4,69,650/-

Online Transaction Number or Details:

4,69,650/- ZBIRH30902MIBH Date:23/12/2024

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Copies enclosed Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Copies enclosed Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	45	45	45	40	
	Admissions Made for the Current Academic Year	44	44	44	44	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Copies enclosed Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	22	22	22	20	
	Admissions Made for the Current Academic Year	19	19	19	19	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	--------NA------- Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

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	23	23	27	20	93
	Female	37	37	30	40	147
Post Basic B.Sc Nursing	Male	13	06			19
	Female	31	38			69
M.Sc Nursing	Male	02	08			10
	Female	17	08			25
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: Verified

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1									1					
2	Vice-Principal	1	1									1					
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*				04					
5	Assistant Professor	3	3-8				2	3*				07					
6	Tutor	8-16	16-24				2-10	--		14	08						
	Total	**16-24**	**24-40**				**4-12**			**14**	**08**	**13**					

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

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

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

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

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

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

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

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

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

250 students				

* Aadhar based biometric attendance for students — No.

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	PROF. LOKESHA D C	Principal	M. Sc (N) (Pediatric Nursing)	May-2009	2653	17 yrs	16 years	29/12/2012	Yes	
2.	PROF. SUMITHRA DEVI K	Vice Principal	M. Sc (N) (Pediatric Nursing)	Oct-2008	30986	18 Years	17 Years	02/11/2016	Yes	
3.	MR. NANDEESHA M K	Asso. Professor	M. Sc (N) (MSN)	Oct-2016	89108	10 Years	09 years	05/09/2022	Yes	
4.	MRS. DRAKSHAYANI C KULKARNI	Asso. Professor	M. Sc (N) (Psychiatric Nursing)	Oct-2016	8993	10 Years	09 Years	01/12/2016	Yes	
5.	MR. SHIVARAJAKUMAR	Asso. Professor	M. Sc (N) (Psychiatric Nursing)	April-2017	46870	09 years	08 Years	20/06/2017	Yes	
6.	MRS. KAVYA SHREE	Asso. Professor	M. Sc (N) OBG Nursing	Oct-2016	33574	10 Years	09 Years	26/02/2025	Yes	
7.	MRS. SHWETHA D B	Asst. Professor	M. Sc (N) OBG Nursing	Sep-2018	164612	8 Years	7 Years	09/11/2018	Yes	Absent
8.	MRS. KRISHNAVENI P	Asst. Professor	M. Sc (N) (Psychiatric Nursing)	Oct-2021	9921	6 Years	4 Years	20/12/2021	Yes	
9.	MR. JAYAKUMARA R	Asst. Professor	M. Sc (N) (Community Health Nursing)	Nov-2021	68196	6 Years	4 Years	05/12/2022	Yes	
10.	MRS. SHARLI LUCAS	Asst. Professor	M. Sc (N) OBG Nursing	Nov-2021	15886	7 Year	4 Year	05/12/2022	Yes	
11.	MR. NIDHIN MADHANAN	Asst. Professor	M. Sc (N) (Medical Surgical Nursing)	Sep-2020	37331	4 Years	4 Years	27/12/2023	Yes	
12.	MR. PURUSHOTHAMA S G	Asst. Professor	M. Sc (N) (Community Health Nursing)	Nov-2021	172197	4 Years	4 Years	31/12/2021	Yes	
13.	MRS. SUTAPA DAS	Lecturer	M. Sc (N) (Medical Surgical Nursing)	Jan-2024	212787	1 Year	1 Year	06/09/2024	Yes	
14.	MR. SHAMSUNDAR	Asst. Lecturer	B. Sc (N)	April-2009	19151	16 years	-	15/09/2009	Yes	
15.	MS. SHIJITHA P S	Asst. Lecturer	B. Sc (N)	Nov-2021	126752	3 Years	-	05/01/2022	Yes	
16.	MS. MD KUNAIN	Asst. Lecturer	B. Sc (N)	Nov-2020	114155	3 year	-	15/06/2022	Yes	
17.	SUBHAN MIA	Asst. Lecturer	PB B. Sc (N)	Nov-2020	213588	3 Year	-	16/06/2022	Yes	
18.	MR. HARSHA S	Asst. Lecturer	B. Sc (N)	Oct-2022	138272	3 Year	-	01/12/2022	Yes	
19.	MS. ASHWINI S	Asst. Lecturer	B. Sc (N)	Nov-2021	124212	2 year	-	01/06/2023	Yes	
20.	MR. SADDAM HUSSAIN	Asst. Lecturer	B. Sc (N)	Oct-2022	144341	2 Years	-	01/07/2023	Yes	Saddam Hussain
21.	MR. MAHESH S	Asst. Lecturer	B. Sc (N)	June-2023	18N6813	2 Years	-	18/07/2023	Yes	Mahesh S
22.	MR. YOGESHA B P	Asst. Lecturer	PB B. Sc (N)	Aug -2013	129029	2 Years	-	18/10/2023	Yes	

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

23.	MR. HEMANTHA KUMAR	Asst. Lecturer	B. Sc (N)	Aug-2009	23325	2 Years	-	04/10/2023	Yes	
24.	MR. SUJAN MIA	Asst. Lecturer	PB B. Sc (N)	Feb-2023	234721	2 Years	-	18/10/2023	Yes	
25.	MS. RIMPI JAMATIA	Asst. Lecturer	PB B. Sc (N)	Nov-2021	204932	2 Years	-	03/11/2023	Yes	
26.	MR. SUBADIP BAIDYA	Asst. Lecturer	PB B. Sc (N)	Feb-2023	230140	2 Years	-	01/08/2023	Yes	
27.	MS. SUTAPA BERA	Asst. Lecturer	B. Sc (N)	Oct-2023	153170	1 Year	-	30/03/2024	Yes	
28.	MS. ANITA GADARI	Asst. Lecturer	B. Sc (N)	Oct-2023	150189	1 Year	-	10/06/2024	Yes	
29.	MS. ASHWINI	Asst. Lecturer	B. Sc (N)	Oct-2023	149325	1 Year	-	14/06/2024	Yes	
30.	MS. MYLARA POORNIMA	Asst. Lecturer	B. Sc (N)	Dec-2024	175280	8 Months		21/02/2025	Yes	
31.	MS. JAMIYA FARZANA	Asst. Lecturer	B. Sc (N)	Dec-2024	168685	8 Months-	-	30/01/2025	Yes	
32.	MS. NAYANA SUBBALLI D T	Asst. Lecturer	B. Sc (N)	Dec-2024	171238	8 Months	-	17/02/2025	Yes	
33.	MS. NIVEDITHA H	Asst. Lecturer	B. Sc (N)	Dec-2024	180861	8 Months	-	24/02/2025	Yes	
34.	MR. MADEVA C R	Asst. Lecturer	PB B. Sc (N)	Jan-2024	148639	1 Year	-	02/02/2025	-	
35.	MS. SANGITHA DAS	Asst. Lecturer	PB B. Sc (N)	Feb-2023	234953	5 Months	-	11/03/2025	-	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		Copy Enclosed			

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)		
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**3600 Sqft.**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1400Sqft.**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1200Sqft.**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 Sqft.**	
	2. Vice-Principal Chamber	200	**200 Sqft.**	
	3. HOD	5 x 200 = 1000	**1000 Sqft.**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200 Sqft.**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 Sqft.**	
	7. Accountants Office	**100**	**100Sqft**	
	8. Store Room	**100**	**100Sqft**	
	9. Record room	**100**	**100Sqft**	
	10. Room for maintenance staff	**100**	**100Sqft**	
	11. Xeroxing room	**100**	**100Sqft**	
	12. common room (Girls & Boys)	600+400= 1000	**700Sqft.**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 Sqft.**	
	14. Toilets	1000	**1000 Sqft.**	

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	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1600 Sqft.**	
	Nutrition & Community Health Nursing	1200sq.ft	**1700 Sqft.**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1800 Sqft.**	
	Pediatrics Nursing Laboratory	900sq.ft		
	Pre-Clinical Sciences Laboratory	900sq.ft	**900 Sqft.**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500 Sqft.**	

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA 51 AF 6865	52	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 2300Ft	2500 Sq.ft.	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	3565	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	340	**Is internet facility available for Students?**	Yes
No of e-books	110	**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Chandu naik	M.Lib	4 Years	
2	Mahadeva Prasad	M.Lib	Fresher	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Copy Enclosed	

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

Conferences conducted	Copy Enclosed	
Conferences attended	Copy Enclosed	

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☑	
		ii.Trust member with MOU ☐	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital Meenakshi Hospital, Hanumathanagar,Bangaluru MOU(Registered parent hospital MOU)		100	20km	85%	
NAME OF THE TRUST/ Person owning The Hospital T. Ramachandra naidu					
Name Of The Owner Of The Trust of Hospital T. Ramachandra naidu					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 PES Hospital, Electric City	150	21km	90%	
	2 Cadabam's	650	7km	95%	
	3				

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

	(MOU/Clinical permission letter)				

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

NOTE:

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	82%	20	80%
Surgery including OT	12	92%	15	85%
Obstetrics & Gynecology	15	80%	20	88%
Pediatrics,	10	78%	15	83%
Emergency Medicine	05	90%	10	90%
Psychiatry	-	-	652	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	8 surges	05	80%
Minor OT	01	6 surges	05	85%
Dental, Otorhinolaryngology, Ophthalmology	10	90%	10	90%
Burns and Plastic	01	-	05	88%
Neonatology care unit	05	90%	10	85%
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	05	90%
Dermatology	02	70%	05	85%
Cardiology	02	85%	05	85%
Oncology	02	80%	05	80%
Neurology/Neuro-surgery	02	80%	05	86%
Nephrology/Urology	10	90%	05	87%
ICU/ICCU	05	90%	10	85%
Geriatric Medicine	-	-	05	90%
Any other	-	-	-	-

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD Doddamaralawadi		
a. Name of CHC / PHC / SC		
Adopted / Affiliated	Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute	**14km**	
b. Services Rendered by Health & Family Welfare Programmes	**Enclosed**	
URBAN FEILD : Harohalli		
a. Name of CHC / PHC / SC		
Adopted / Affiliated	Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute	**5km**	
b. Services Rendered by Health & Family Welfare Programmes	**Enclosed**	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐

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

g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**Sq.ft: 26, 610**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☑	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	**Girls : 210**	**Boys : 80**
f.	Total No. of rooms	**Girls : 40**	**Boys : 30**
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	**NA**		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		

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

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

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

LIC Team Observations:

K.R College of Nursing
Meets the requirement of Apex body/RGUHS
in terms of Infrastructure, Faculty
Equipments & Clinical Material in
the associated Hospitals for Continuing
of affiliation for the year 2025-2026
in the following

1. BSc Nursing - 60 Seats
2. PB BSc - 45 Seats
3. MSc Nursing - 22 Seats.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at E.R College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 23/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
	DR. MEENA. SS	(Veeresh. V13)

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

Enclosed

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

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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

Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)