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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Anoop Nair	DR. ANU THOMAS	JULIANA D'SOUZA
Designation	Associate Professor	PRINCIPAL	Asst. Professor
Address	Govt Dental college Bangalore	NALAPAD C. OF N BANGALORE	STG College of Nursing, Nellyady
Mobile No	9886459375	9880471831	9902195317
Email ID	dranoopnair@yahoo.com	anuthom5477@yahoo.com	julianabijaperumpalli@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection: 18/08/2025*	
(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	CANARA COLLEGE OF NURSING HOMBADI MANDADI , HALADI ROAD KUNDAPURA-576223	2	Year of Establishment 2004
2	Status of the course conducting body	√ Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	BAILUR EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email: canaracollege72@gmail.com	Website: www.bailureducation.org	
		Office No: 08254-26244	Mobile No: 8277755777	

Signature of Chairman
Dr Anoop Nair
Secretary

Signature of Member (1)
Dr. ANU THOMAS

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MADHU T B	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. NATARAJA K Qualification: M.Sc NURSING Experience after MSc: 1YEAR Email: raj.v222.nk@gmail.com	Mobile No:9844157222 Office No: 08254-26244 Fax No: 08254-26244 Residential phone No:
	b) Drawing authority of the college	PRINCIPAL	

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

7. Affiliation Fee Paid Details:

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	2025-26	45,000	90,000	60,000	25,000	2,20,000
Post Basic B.Sc. Nursing						
					Total (A)	2,20,000

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	2,20,000

Online Transaction Number or Details:
ZSBIVSZ0969D20– 24/12/2024 2,20,000/-

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	HFW569MPS2004 Annexure - 5	RGU/AFF/NSG/CoA/01/2024-25 Annexure - 6	KNC/1157-4-2004 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	Annexure - 6	Annexure - 7	Annexure - 8	-
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Paediatric e. Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	-
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	-
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

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

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.Sc Nursing	Male	07	19	16	08	50
	Female	51	41	41	42	175
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
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----------
-	-	-	-	-	-	-

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----------
-	-	-	-	-	-	-

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		3							
5	Assistant Professor	3	3-8				2	3*		2							
6	Tutor	8-16	16-24				2-10	--		14							
	Total	**16-24**	**24-40**				**4-12**			22							

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

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

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

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

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

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

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

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

* **Aadhar based biometric attendance for students**

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Pro. Nataraja K	Principal	MSc Nursing in Community Health Nursing	2007	26793	00	18 Yrs	01/08/2019	Yes	
2.	Mrs. Meena Konsam	Lecturer	M.Sc Nursing Obstretic & Gynaecology Nursing	2018	196/2014	1 Yrs	5 Yrs	22/05/2024	-	
3.	Mrs. Hemalatha T	Lecturer	MSc Nursing in Child Health Nursing	2023	35242	5 Yrs	2 Yrs	01/08/2025	-	
4.	Mrs. Kusumavathi	Lecturer	MSc Nursing in Medical Surgical Nursing	2020	263634	2 Yrs	4 Yrs	01/12/2022	-	
5.	Ms. Shraddha S Kanchan	Lecturer	MSc Nursing in Child Health Nursing	2018	66984	1 Yrs	5 Yrs	04/08/2024	-	
6.	Mrs. Shwetha Ganapathi Naik	Lecturer	MSc Nursing in Mental Health Nursing	2021	94334	1 Yrs	2 Yrs	01/02/2024	-	
7.	Mr. Nagaraja A	Lecturer	MSc Nursing in Child Health Nursing	2024	201076	1 Yrs	15 DAYS	01/08/2025	-	
8.	Ms. Ginita	Nursing Tutor	B.Sc Nursing	2023	158782	1 Yrs	-	01/11/2024	-	
9.	Ms. Aiswarya Vinod	Nursing Tutor	B.Sc Nursing	2022	135836	1 Yrs 10 Month	-	10/10/2023	-	
10.	Ms. Anitha Shivaji Naik	Nursing Tutor	B.Sc Nursing	2023	149448	1 Yrs	-	13/11/2024	-	
11.	Ms. Divya J Tellis	Nursing Tutor	B.Sc Nursing	2022	134853	2 Yrs 7 Montgh	-	10/01/2023	-	
12.	Ms. Manjari Narayan Gouda	Nursing Tutor	B.Sc Nursing	2022	134704	2 Yrs 7 Montgh	-	10/01/2023	-	
13.	Mr. Sadashiv Kadam	Nursing Tutor	B.Sc Nursing	2024	179258	1 Yrs	-	04/08/2024	-	
14.	Ms. Bismi Biju	Nursing Tutor	B.Sc Nursing	2023	153599	1 Yrs 9 Month	-	01/11/2023	-	
15.	Ms. Abhina Biju	Nursing Tutor	B.Sc Nursing	2023	157549	1 Yrs 7 Month	-	25/12/2023	-	
16.	Ms. Bhumika Nayar	Nursing Tutor	B.Sc Nursing	2024	161704	8 Month	-	01/12/2024	-	
17.	Ms. Aneetha Thomas	Nursing Tutor	B.Sc Nursing	2023	158459	1 Yrs 9 Month	-	01/11/2023	-	
18.	Ms. Edna Elvina Lilly Mathias	Nursing Tutor	B.Sc Nursing	2022	132714	2 Yrs	-	05/07/2025	-	
19.	Ms. Anupama K P	Nursing Tutor	B.Sc Nursing	2023	154658	1 Yrs 8 Month	-	13/11/2023	-	

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

20.	Ms. Seefa Reveena	Nursing Tutor	B.Sc Nursing	2018	211601	3 Yrs	-	02/05/2025	-	
21.	Mrs. Marida Riza D Souza	Nursing Tutor	PBBSC Nursing	2014	156762	1 Yrs 7 Month	-	28/01/2024	-	
22.	Mr. Anjaneya Karkuri	Nursing Tutor	PBBSC Nursing	2017	205502	4Yrs	-	01/06/2025	-	

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

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

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

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

14. Physical Facilities :

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)	23,820 ~~35,900~~ Sq.ft	
	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	1080 sqft*4=4320 sqft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq ft	
	2. Vice-Principal Chamber	200	200 sq ft	
	3. HOD	5 x 200 = 1000	1000 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	600	600 sq ft	
	7. Accountants Office	100	200 sq ft	
	8. Store Room	100	100 sq ft	
	9. Record room	100	100 sq ft	
	10. Room for maintenance staff	100	100 sq ft	
	11. Xeroxing room	100	100 sq ft	
	12. common room (Girls & Boys)	600+400= 1000	2000 sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq ft	
	14. Toilets	1000	1000 sq ft	
	15. A.V/Aids room	600	600 sq ft	

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

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

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

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	KA20AA6245	60	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	2400Sq.Ft	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	2958	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	21	**Is internet facility available for Students?**	YES
No of e-books	20	**How many books were purchased in last financial year?**	584

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Deepa	MLISc, Ssc,	05 Years 6 Month	

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	–	
Conferences conducted	Regarding Breast Cancer in the college	
Conferences attended	TNAI of India National Conference at Mangalore	

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

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Sri Ramakrishna Hospital Kundapur -576201	100	10 Km	92%	
	3 A V Baliga Memorial Hospital 6th Main V.M. Nagar, Doddgnudde,Udupi -576102	100	10 Km	93%	
	(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

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

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	40	98%	30	93%
Surgery including OT	20	96%	20	92%
Obstetrics & Gynecology	15	90%	20	95%
Pediatrics,	15	92%	15	95%
Emergency Medicine	10	90%	10	95%
Psychiatry	-	-	05	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	95%	02	95%
Minor OT	03	96%	02	95%
Dental, Otorhinolaryngology, Ophthalmology	02	95%	02	95%
Burns and Plastic	03	95%	03	95%
Neonatology care unit	10	97%	10	97%
Communicable disease/Respiratory medicine/TB & chest diseases	10	95%	10	95%
Dermatology	05	95%	05	95%
Cardiology	10	95%	10	95%
Oncology	01	96%	01	96%
Neurology/Neuro-surgery	02	95%	03	96%
Nephrology/Urology	10	95%	10	95%
ICU/ICCU	20	97%	20	97%
Geriatric Medicine	02	96%	02	96%
Any other	10	97%	10	97%

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	Saiberkatte
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ]
Distance from the Nursing Institute	2 Kms
b. Services Rendered by Health & Family Welfare Programmes	Universal Immunization Programme, Antenatal Checkup ,Health Checkup.
URBAN FEILD :	
a. Name of CHC / PHC / SC	Kota
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ]
Distance from the Nursing Institute	6 Kms
b. Services Rendered by Health & Family Welfare Programmes	Immunization Programme, Antenatal Checkup ,Health Checkup.
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. 16353 Sq.ft.**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☑	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	**Girls : 171**	**Boys : 48**
f.	Total No. of rooms	**Girls : 54**	**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		√	
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 Library Books & others	√		
Annexure - 15	Academic Activities	√		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	√		
Annexure - 17	Details of Community Health Nursing Posting Facilities	√		

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

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:

For continuous affiliation 25-26 as on date of inspection Total of 22 staff were present. college has affiliated ramakrishna hospital 100 bed as per KPME/PCB records. College established in 2004. College building is on lease for 30 years. Total of 4 class rooms available with audio visual aids. Library with 3000 books & librarian available. Digital library also available. transport facility available. Leased hostel building available. lab facilities are available as per RGUHS norms. All relevant documents, answers, photographs along with pen drive have been enclosed.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

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Government of Karnataka

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Property Description	:	AFFIDAVIT
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Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE BANGLORE
Stamp Duty Paid By	:	BAILUR EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY Manjunatha Udupi District Karnataka Reg No. 7279 GOVT. OF INDIA

SWORN / SOLEMNLY AFFIRMED AND SIGNED / AFFIXED L.T.I. BEFORE ME,
THIS 14th DAY OF Aug 2025
AT Udupi

SIGNED BEFORE ME 14/08/2025 NOTARY UDUPI

UNDERTAKING by Trust Management

We the Chairman of the trust Mr. Madhu T B are submitting the affidavit to University.

The trust Bailur Educational Trust is running/managing the colleges 1. Canara College of Nursing, Hombady Mandadi, Halady Road,Koteshwara,Kundapur TQ., Udupi since Twenty One 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.

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CHAIRMAN

सत्यमेव जयते

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Purchased by	:	CANARA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CANARA COLLEGE OF NURSING
Second Party	:	SRI RAMAKRISHNA HOSPITAL KUNDAPURA
Stamp Duty Paid By	:	CANARA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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P.No.-546
Saibarakatte
Shiriyara Post
Udupi Taluk

AFFIDAVIT

Please write or type below this line

I/We, Mr. Sadashiva Shetty is/are the Owners/MD/CEO/Board Members of the Sri Ramakrishna Hospital situated at Kundapur.

This is to confirm that our hospital Sri Ramakrishna Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Sri Ramakrishna Hospital is functioning as affiliated/parent/own hospital for Canara College of Nursing.

We also confirm that our hospital is solely affiliated to Canara College of Nursing College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Principal
Canara College of Nursing
Hombadi Mandadi Halady Road,
Kundapura Udupi District,
Karnataka - 576 223

Sri Ramakrishna Hospital
Kundapur - 576201

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