



**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. Ismail D. J. S.     | Dr. SALEEMULLA KHAN                | Prof. Mamatha. D. G.                                       |
| Designation                 | Principal               | PRINCIPAL. AC MEM.                 | PRINCIPAL, Subject expert                                  |
| Address                     | 11 AMK.<br>Bangalore    | P.A. College 3 Phang<br>Mangalore. | St. Joseph's College of Nursing<br>Bannimantap,<br>Mysore. |
| Mobile No                   | 9739309658              | 9916877900                         | 9902704643.                                                |
| Email ID                    | dr.jis29@rediffmail.com | saleemulla@pac.co.in               | mamatha.dg@gmail.com                                       |

Inspection For the Academic Year :2025-26

Date of Inspection: 14/08/2025

(Please Tick the Appropriate Boxes Below)

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

|                                     |                        |   |                             |   |
|-------------------------------------|------------------------|---|-----------------------------|---|
| 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                               | CAUVERY COLLEGE OF NURSING<br>131/1, 2D, 2E, 2F, KBL LAYOUT, MYSORE-570028                                                                        | 2                               | Year of Establishment |
|   |                                                                         |                                                                                                                                                   |                                 | 2004                  |
| 2 | Status of the course conducting body                                    | Government / University / Autonomous / Municipal Corporation /<br>Missionary /Trust/Society /Company                                              |                                 |                       |
| 3 | (a). Name of the Trust/Society & complete postal address & Phone number | DR.CHANDRASEKHAR FOUNDATION®<br>No.42, 2B, 2C, CAUVERY HOSPITAL PREMISES<br>(Enclose copy of Registration documents of Society/Trust)Annexure – 1 |                                 |                       |
|   |                                                                         | Email: principalcon@gmail.com                                                                                                                     | Website: www.cauverynursing.com |                       |
|   |                                                                         | Office No:7411356006                                                                                                                              | Mobile No: 7411356006           |                       |

Signature of Chairman

Signature of Member (1)  
Dr. Saleemulla Khan  
1 Ac member

Signature of Member (2)  
Prof. Mamatha D. G.  
Subject expert



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|                                                                                                                                                                                                           |                                                                                                                    |                                                                                                                                                     |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| ary/<br>n oi<br>ociety &<br>e No                                                                                                                                                                          |                                                                                                                    | Dr.G.R.Chandrashekar                                                                                                                                |                                                                                    |
| 4                                                                                                                                                                                                         | Governing Council & Audit Report of Trust                                                                          | Total Number of Members in Governing Council : 2<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: Dr. Rajkannan.N<br>Qualification: Ph.d Nursing<br>Experience after MSc: 16 years<br>Email: principalcon@gmail.com                             | Mobile No: 9019352025<br>Office No:<br>Fax No:<br>Residential phone No: 9019352025 |
|                                                                                                                                                                                                           | b) Drawing authority of the college                                                                                | Dr.G.R.Chandrashekar                                                                                                                                |                                                                                    |
| 6                                                                                                                                                                                                         | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | YES<br><input type="checkbox"/>                                                                                                                     | NO<br><input checked="" type="checkbox"/>                                          |
| 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<br>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 or<br>b) for UG and PG courses<br>c) NPCC |          |
| B.Sc. Nursing                                                                                                       | 1050                                         | 75000                        | 150000       | 100000                                        | 32000                                                                        | 357550/- |
| Post Basic B.Sc. Nursing                                                                                            | 1050                                         | 45000                        | 90000        | 60000                                         | -                                                                            | 196085/- |
| Total (A)                                                                                                           |                                              |                              |              |                                               |                                                                              |          |
| PG Course:-<br>(M.Sc. Nursing)                                                                                      | P G Continuation/Fresh Affiliation           |                              |              | No of Seats X Prescribed fees of each faculty |                                                                              |          |
|                                                                                                                     | 1.Medical Surgical Nursing                   |                              |              | 5 X 2000                                      |                                                                              | 10000/-  |
|                                                                                                                     | 2.Child Health Nursing                       |                              |              | 5 X 2000                                      |                                                                              | 10000/-  |
|                                                                                                                     | 3.Psychiatric Nursing                        |                              |              | 5 X 2000                                      |                                                                              | 10000/-  |
|                                                                                                                     | 4.Community Health Nursing                   |                              |              | 5 X 2000                                      |                                                                              | 10000/-  |
|                                                                                                                     | 5.OBG Nursing                                |                              |              | 5 X 2000                                      |                                                                              | 10000/-  |
|                                                                                                                     | Application Fees + Course Identification fee |                              |              | 1050                                          | Total (B)                                                                    | 51050/-  |
| NPCC                                                                                                                |                                              |                              |              | 5 x 2000                                      |                                                                              | 10000/-  |
|                                                                                                                     | Application Fees + Course Identification fee |                              |              | 1050/-                                        | Total (C)                                                                    | 11050 /- |
| Grand Total (A+B+C)                                                                                                 |                                              |                              |              |                                               |                                                                              | 625735/- |
| Online Transaction Number or Details: YHDFVAD096BIHB, ZHDFXQX096A7PT, ZHDFHU5096AUKX, ZHDFMB2096B42N, ZHDF4696BAXG. |                                              |                              |              |                                               |                                                                              |          |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



**Remarks:**Enclosed copy of Affiliation fee paid documents in **Annexure - 4**

Verify &amp; 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                  | Enclosed Annexure - 5 | Enclosed Annexure - 6 | Enclosed Annexure - 7 | Annexure - 8 | ✓<br>verified |
|                                                                                                                                                                                                                                                               | Affiliation Sanctioned Intake                 | 80                    | 80                    | 80                    | 60           |               |
|                                                                                                                                                                                                                                                               | Admissions Made for the Current Academic Year | 80                    |                       |                       |              |               |
| ✓ Post Basic B.Sc. Nursing                                                                                                                                                                                                                                    | Approval Letter No. and Date                  | Annexure - 5          | Annexure - 6          | Annexure - 7          | Annexure - 8 |               |
|                                                                                                                                                                                                                                                               | Sanctioned Intake                             | 50                    | 50                    | 50                    | 50           |               |
|                                                                                                                                                                                                                                                               | Admissions Made for the Current Academic Year | 50                    |                       |                       |              |               |
| M.Sc. Nursing in<br>a. Community Health <input checked="" type="checkbox"/><br>b. Medical Surgical <input checked="" type="checkbox"/><br>c. OBG <input type="checkbox"/><br>d. Paediatric <input type="checkbox"/><br>e. Psychiatry <input type="checkbox"/> | Approval Letter No. and Date                  | Annexure - 5          | Annexure - 6          | Annexure - 7          | Annexure - 8 |               |
|                                                                                                                                                                                                                                                               | Sanctioned Intake                             | 25                    | 25                    | 25                    | 25           |               |
|                                                                                                                                                                                                                                                               | Admissions Made for the Current Academic Year | 25                    |                       |                       |              |               |
| ✓ M.Sc. NPCC                                                                                                                                                                                                                                                  | Approval Letter No. and Date                  | Annexure - 5          | Annexure - 6          | Annexure - 7          | Annexure - 8 |               |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|  |                                               |   |   |   |   |  |
|--|-----------------------------------------------|---|---|---|---|--|
|  | Sanctioned Intake                             | 5 | 5 | 5 | 5 |  |
|  | Admissions Made for the Current Academic Year | 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.ScNursing             | Male   | 15     | 15      | 15       | 21      | 66    |
|                         | Female | 65     | 65      | 60       | 58      | 248   |
| Post Basic B.Sc Nursing | Male   | 03     | 4       | NA       | NA      | 7     |
|                         | Female | 47     | 46      | NA       | NA      | 93    |
| M.Sc Nursing            | Male   | 2      | 0       | NA       | NA      | 2     |
|                         | Female | 22     | 9       | NA       | NA      | 31    |
| M.Sc NPCC               | Male   | 2      | NA      | NA       | NA      | 2     |
|                         | Female | 0      | NA      | NA       | NA      | 0     |

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

**Annexure - 9**

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

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

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

**Annexure -10**

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:

Signature of Chairman

Enclosed

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)     |              |            |            |            | B.Sc (N)             | P.B. B.Sc (N) | M.Sc (N) | NPCC | B.Sc (N) | P.B. B.Sc (N) | M.Sc (N) | M.Sc NPCC |
|        |                     | 40 to 60     | 61 to 100    | 101 to 150 | 151 to 200 | 201 to 250 | 20 to 60             |               |          |      |          |               |          |           |
| 1      | Principal           | 1            | 1            |            |            |            |                      |               |          |      |          |               |          |           |
| 2      | Vice-Principal      | 1            | 1            |            |            |            |                      |               |          |      |          |               |          |           |
| 3      | Professor           | 1            | 1-2          |            |            |            |                      |               | 1*       |      |          |               |          |           |
| 4      | Associate Professor | 2            | 2-4          |            |            |            |                      |               | 1*       |      |          |               |          |           |
| 5      | Assistant Professor | 3            | 3-8          |            |            |            | 2                    |               | 3*       |      |          |               |          |           |
| 6      | Tutor               | 8-16         | 16-24        |            |            |            | 2-10                 | --            |          |      |          |               |          |           |
|        | <b>Total</b>        | <b>16-24</b> | <b>24-40</b> |            |            |            | <b>4-12</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                                                           |
|----------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <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        |                                                                              |                                                                               |                                                                                |                                                                                |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|                                                                       |  |  |  |  |
|-----------------------------------------------------------------------|--|--|--|--|
| 200 students intake                                                   |  |  |  |  |
| 250 students                                                          |  |  |  |  |
| * Aadhar based biometric attendance for students <i>yes, enclosed</i> |  |  |  |  |

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*[Signature]*  
14.08.25  
Signature of Chairman

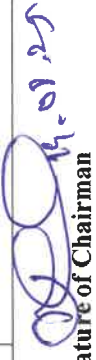
*[Signature]*  
Signature of Member (1)

*[Signature]*  
Signature of Member (2)

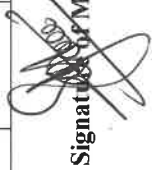


12.1. Teaching Faculty details: – Details should be written in format only.

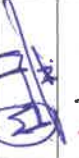
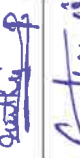
| Sl. No | Name of the teaching Faculty | Designation                | Qualification along with specialty | Year of passing | KSNK Reg. Number | Teaching experience  | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty                                                               |
|--------|------------------------------|----------------------------|------------------------------------|-----------------|------------------|----------------------|-----------------|-----------------------------|------------------------------------------------------------------------------------|
|        |                              |                            |                                    |                 |                  | After UG<br>After PG |                 |                             |                                                                                    |
| 1.     | Dr Rajkannan N               | Principal                  | Msc -Psychiatric                   | 2009            | 1170             | 5 Years              | 21.05.2022      | Yes                         |    |
| 2.     | Mrs Deepthi S                | Vice Principal             | Msc-Medical Surgical Nsg           | 2016            | 116356           | 1 Year               | 1.11.2016       | Yes                         |    |
| 3.     | Mrs Niky Mathew              | Associate Professor        | Msc-Obg Nsg                        | 2017            | 140235           | Nil                  | 1.06.2017       | Yes                         |    |
| 4.     | Mr Mahesha M                 | Associate Professor        | Msc-Pediatric Nsg                  | 2018            | 19181            | 9 Years              | 19.05.2018      | Yes                         |    |
| 5.     | Mr Appu George               | Associate Professor        | Msc- Pediatric Nursing             | 2015            | 007075           | Nil                  | 16.8.2017       | Yes                         |    |
| 6.     | Mrs Gowthami Bn              | Assistant Professor (Npcc) | Msc-Medical Surgical Nsg           | 2020            | 83543            | Nil                  | 2.02.2024       | Yes                         |    |
| 7.     | Mr Nandeesh Kumar Pr         | Assistant Professor        | Msc-Medical Surgical Nsg           | 2021            | 46924            | Nil                  | 2.02.2004       | Yes                         |    |
| 8.     | Renita Preema Menezes        | Assistant Professor        | Msc-Medical Surgical Nsg           | 2020            | 50043            | Nil                  | 7.2.2021        | Yes                         |    |
| 9.     | Ms Deepu BN                  | Lecturer                   | Msc Community Health Nsg           | 2024            | 104417           | Nil                  | 8.5.2025        | Ac stat                     |    |
| 10.    | MS SAHANA I N                | LECTURER                   | Msc-Medical Surgical Nsg           | 2025            | 122426           | 1 YEAR               | 1.2.2025        | YES                         |    |
| 11.    | MS MADHUSMITHA R             | LECTURER                   | MSC-OBG NSG                        | 2025            | 235962           | 1 YEAR               | 1.2.2025        | YES                         |    |
| 12.    | MS ROOPA MG                  | NURSING TUTOR              | BSC NSG                            | 2015            | 020115           |                      | 20.2.2017       | A/C STATEMENT               |    |
| 13.    | MS SHEELA K S                | NURSING TUTOR              | BSC NSG                            | 2019            | 149032           | 4 YEARS              | 14.6.2019       | A/C STATEMENT               |   |
| 14.    | MS LINCY VJ                  | NURSING TUTOR              | PBBSC NSG                          | 2021            | 117840           | 4 YEARS              | 1.9.2021        | A/C STATEMENT               |  |
| 15.    | MS RANI N                    | NURSING TUTOR              | BSC NSG                            | 2021            | 120237           | 3.5 YEARS            | 22.2.2022       | A/C STATEMENT               |  |
| 16.    | MS SMITHA NR                 | NURSING TUTOR              | BSC NSG                            | 2022            | 138044           | 2 YEARS              | 18.2.2023       | A/C STATEMENT               |  |
| 17.    | MR PUNEETH BN                | NURSING TUTOR              | BSC NSG                            | 2021            | 120294           | 2 YEARS              | 6.3.2023        | A/C STATEMENT               |  |
| 18.    | MR RESHMA K U                | NURSING TUTOR              | BSC NSG                            | 2021            | 120297           | 2 YEARS              | 6.3.2023        | A/C STATEMENT               |  |
| 19.    | MR JAGADEESH N               | NURSING TUTOR              | BSC NSG                            | 2021            | 129645           | 2 YEARS              | 3.4.2023        | A/C STATEMENT               |  |
| 20.    | MR BENSON CHACKO             | NURSING TUTOR              | BSC NSG                            | 2023            | 145271           | 1.5 YEARS            | 4.12.2023       | A/C STATEMENT               |  |

Signature of Chairman  R.09.25

Signature of Member (1) 

Signature of Member (2) 



|     |                    |               |           |      |        |           |     |           |               |                                                                                    |
|-----|--------------------|---------------|-----------|------|--------|-----------|-----|-----------|---------------|------------------------------------------------------------------------------------|
| 21. | MS ANEETA PAUL     | NURSING TUTOR | BSC NSG   | 2023 | 147257 | 1.5 YEARS | NIL | 10.1.2024 | A/C STATEMENT |     |
| 22. | MRS SHREEVALYA N   | NURSING TUTOR | BSC NSG   | 2023 | 151588 | 1.5 YEARS | NIL | 15.2.2024 | A/C STATEMENT |    |
| 23. | MR SRINIVAS C      | NURSING TUTOR | BSC NSG   | 2023 | 147203 | 1.5 YEAR  | NIL | 1.3.2024  | A/C STATEMENT |    |
| 24. | MS DEEPIKA S       | NURSING TUTOR | BSC NSG   | 2023 | 147231 | 1.5 YEAR  | NIL | 1.3.2024  | A/C STATEMENT |    |
| 25. | MS JYOTHEESHREE CR | NURSING TUTOR | BSC NSG   | 2023 | 147259 | 1.5 YEAR  | NIL | 4.3.2024  | A/C STATEMENT |    |
| 26. | MRS MOUNA HP       | NURSING TUTOR | BSC NSG   | 2023 | 147185 | 1.5 YEAR  | NIL | 4.3.2024  | A/C STATEMENT |    |
| 27. | MR DINESH AM       | NURSING TUTOR | BSC NSG   | 2023 | 147236 | 1.5 YEAR  | NIL | 11.3.2024 | A/C STATEMENT |    |
| 28. | MS NIHARIKHA YJ    | NURSING TUTOR | BSC NSG   | 2023 | 150657 | 1 YEAR    | NIL | 14.4.2024 | A/C STATEMENT |    |
| 29. | MS ASHWINNAMMA     | NURSING TUTOR | PBBSC NSG | 2024 | 135701 | 1 YEAR    | NIL | 2.6.2024  | A/C STATEMENT |    |
| 30. | MS TENZIN DHAHEL   | NURSING TUTOR | BSC NSG   | 2024 | 164058 | 7 MONTHS  | NIL | 1.12.2024 | A/C STATEMENT |    |
| 31. | MS DEEPU M         | NURSING TUTOR | PBBSC NSG | 2024 | 185739 | 7 MONTHS  | NIL | 1.12.2024 | A/C STATEMENT |    |
| 32. | MS INCHARA KB      | NURSING TUTOR | BSC NSG   | 2022 | 134499 | 5 MONTHS  | NIL | 13.1.25   | A/C STATEMENT |   |
| 33. | MR VARUN B         | NURSING TUTOR | BSC NSG   | 2024 | 178548 | 2 MONTHS  | NIL | 20.2.2025 | A/C STATEMENT |  |
| 34. | MS RADHIKA KU      | NURSING TUTOR | BSC NSG   | 2022 | 132614 | 6 MONTHS  | NIL | 24.2.25   | A/C STATEMENT |  |
| 35. | MR PRUTHVI RAJ     | NURSING TUTOR | BSC NSG   | 2024 | 167933 | 2 MONTHS  | NIL | 24.4.2025 | A/C STATEMENT |  |
| 36. | MR GOWTHAM C       | NURSING TUTOR | BSC NSG   | 2023 | 163248 | 1.5 YEAR  | NIL | 2.2.2024  | A/C STATEMENT |  |
| 37. | MS ANAMIKA THOKDAR | NURSING TUTOR | BSC NSG   | 2024 | 150074 | 5 MONTHS  | NIL | 13.3.25   | A/C STATEMENT |  |
| 38. | MR DOMNIC MATHEW   | NURSING TUTOR | BSC NSG   | 2025 | 167505 | 3 MONTHS  | NIL | 7.4.2025  | A/C STATEMENT |  |
| 39. | MS GOWRI LAL       | NURSING TUTOR | BSC NSG   | 2025 | 167487 | 3 MONTHS  | NIL | 7.4.2025  | A/C STATEMENT |  |
| 40. | MS SHABREEN BHANU  | NURSING TUTOR | BSC NSG   | 2024 | 266178 | 2 MONTHS  | NIL | 20.5.2025 | A/C STATEMENT |  |
| 41. | MS LIKHITHA HN     | NURSING TUTOR | BSC NSG   | 2023 | 147244 | 1 MONTH   | NIL | 1.6.2025  | A/C STATEMENT |  |
| 42. | MS MAMATHAN        | NURSING TUTOR | BSC NSG   | 2024 | 258944 | 1 MONTH   | NIL | 25.6.2025 | A/C STATEMENT |  |

  
Signature of Member (1)

  
Signature of Member (2)

  
Signature of Chairman



|     |               |  |               |           |      |        |         |     |          |               |                                                                                 |
|-----|---------------|--|---------------|-----------|------|--------|---------|-----|----------|---------------|---------------------------------------------------------------------------------|
| 43. | MR SHIVA M    |  | NURSING TUTOR | PBBSC NSG | 2017 | 90247  | 1 MONTH | NIL | 1.7.2025 | A/C STATEMENT |  |
| 44. | Mr.Shuhas G M |  | NURSING TUTOR | BSC NSG   | 2024 | 171834 | 1 MONTH | Nil | 1.7.2025 | A/C STATEMENT |  |
| 45. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 46. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 47. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 48. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 49. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 50. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 51. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 52. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 53. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 54. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 55. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 56. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 57. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 58. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 59. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 60. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 61. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 62. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 63. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 64. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 65. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 66. |               |  |               |           |      |        |         |     |          |               |                                                                                 |
| 67. |               |  |               |           |      |        |         |     |          |               |                                                                                 |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)







[illegible]

- **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)

**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:**

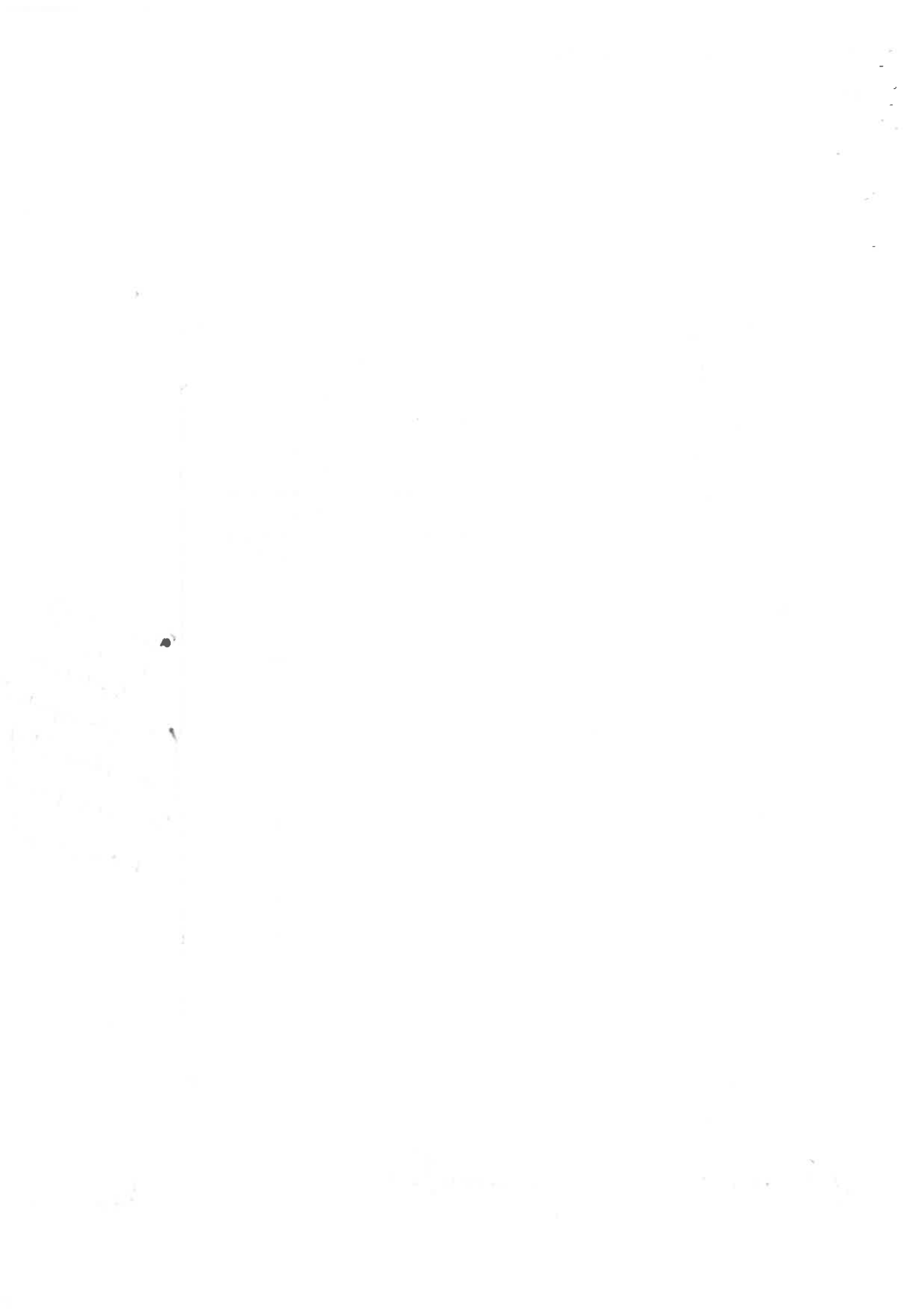
**Annexure - 12**

| 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 )        | 24,300sq.ft                           | ✓                                                                    |  |
|                                                        | <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 | ✓                                                                    |  |
|                                                        | 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 | <b>2 Class rooms</b><br>600sq ft Each |                                                                      |  |
| 3                                                      | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                         |                                       |                                       | Building plan approved by competent authority is verified & enclosed |  |
|                                                        | <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)                                                                                                                                                                                                                                                                                                   | <b>600</b>                            | <b>600</b>                            |                                                                      |  |
|                                                        | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                    | <b>100</b>                            | <b>200</b>                            |                                                                      |  |
|                                                        | 8. Store Room                                                                                                                                                                                                                                                                                                                                            | <b>100</b>                            | <b>100</b>                            |                                                                      |  |
|                                                        | 9. Record room                                                                                                                                                                                                                                                                                                                                           | <b>100</b>                            | <b>100</b>                            |                                                                      |  |
|                                                        | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                           | <b>100</b>                            | <b>100</b>                            |                                                                      |  |
|                                                        | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                        | <b>100</b>                            | <b>100</b>                            |                                                                      |  |
| 12. common room ( Girls & Boys)                        | 600+400= 1000                                                                                                                                                                                                                                                                                                                                            | 600+400= 1000                         |                                       |                                                                      |  |
| 13. Multipurpose hall / Seminar hall/ examination hall | 3000                                                                                                                                                                                                                                                                                                                                                     | 3500                                  |                                       |                                                                      |  |
| 14. Toilets                                            | 1000                                                                                                                                                                                                                                                                                                                                                     | <b>1000</b>                           |                                       |                                                                      |  |

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 |
|-------|--------------------------------------------------------------------------|------------------------|------------|----------------------|
|       | <b>LABORATORIES</b>                                                      | <b>( 40-60 intake)</b> |            |                      |
| 4     | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft             | 1600 sq.ft | verified             |
|       | 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:**

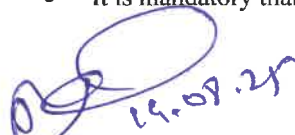
**Annexure – 12**

| SL NO | Particulars                                                                   | Verified by the LIC team |
|-------|-------------------------------------------------------------------------------|--------------------------|
| 1     | Registered documents in sub registrar office                                  | yes                      |
| 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.                                                        | ✓ by architect           |
| 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, 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. 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 License |
|--------------------------|-----------------------------|------------------|---------|-----------|-----------------|
| 2                        | 19A55<br>3352               | 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<br>2300 Sq.Ft | 2350 sqft              | YES <input checked="" type="checkbox"/> No <input type="checkbox"/> | Good        | Available |                      |

|                                         |      |                                                       |     |
|-----------------------------------------|------|-------------------------------------------------------|-----|
| Total No. of Nursing Books available    | 2399 | No. of Nursing Journals subscribed                    | 5   |
| No. of Thesis/Research titles available | 1076 | Is internet facility available for Students?          | yes |
| No of e-books                           | 680  | How many books were purchased in last financial year? | 360 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|--------|-----------------------|---------------|------------|---------|
| 1      | Sowbhagya             | M.lib         | 2 years    | ✓       |
| 2      | Mahesh                | M.Lib         | 4 years    | ✓       |
|        |                       |               |            |         |

**Note :** A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals 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 |
|---------------------|-----------------|---------|
| Research Projects   | <u>Enclosed</u> | ✓       |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|                       |          |   |
|-----------------------|----------|---|
| Conferences conducted | Enclosed | ✓ |
| Conferences attended  | Enclosed | ✓ |

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

### 18. Details of Clinical / Hospital Facilities :

Annexure - 16

|   |                                     |                                                                 |                                        |
|---|-------------------------------------|-----------------------------------------------------------------|----------------------------------------|
| 1 | Do you have parent Medical College? | YES <input type="checkbox"/>                                    | NO <input checked="" type="checkbox"/> |
| 2 | Do you have parent hospital?        | YES <input checked="" type="checkbox"/>                         | NO <input type="checkbox"/>            |
|   | If Yes, Hospital Owned by           | i. Trust/Society/Missionary <input checked="" type="checkbox"/> |                                        |
|   |                                     | ii. Trust member with MOU <input type="checkbox"/>              |                                        |

| 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>CAUVERY HEART AND MULTISPECIALTY HOSPITAL<br>Tresian circle, Bannur Road, Mysuru-11<br>MOU( Registered parent hospital MOU) | 200                                                        | 1km                       | 85%                                          | ✓                    |
| NAME OF THE TRUST/ Person owning The Hospital<br>Dr.Chandrashekar Foundation@<br>Dr. G.R.Chnadrashekar.                                                                   |                                                            | Enclosed                  |                                              |                      |
| Name Of The Owner Of The Trust of Hospital<br>Dr. .G.R .Chnadrashekar                                                                                                     |                                                            |                           |                                              |                      |
| Affiliated hospitals- Full Name & Address of the Parent Hospital                                                                                                          | 1<br>1.Mysore Medical College Hospital. Kr Circle , Mysuru | 1050                      | 89%                                          |                      |
|                                                                                                                                                                           | 2. Cheluvamba Hospital Mysuru                              | 400                       | 78%                                          |                      |
|                                                                                                                                                                           | 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 collegesfor**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:

The college is established in the year 2004. The college is having parent hospital i.e. carry out of multi-speciality hospital. The college & hospital run by, same trust i.e. Dr chandra shekar foundation, MOU is enclosed. ISBOME & PCB certificate are verified & found to be 200 Bed strength.

#### 18.1. Distribution of Beds

| Clinical Areas | Parent | Affiliated |
|----------------|--------|------------|
|----------------|--------|------------|

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|                         | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
|-------------------------|-------------|---------------|-------------|---------------|
| Medical                 | 30          | 28            | 180         | 150           |
| Surgery including OT    | 20          | 18            | 550         | 456           |
| Obstetrics & Gynecology | 10          | 07            | 400         | 378           |
| Pediatrics,             | 10          | 08            | 50          | 40            |
| Emergency Medicine      | 05          | 04            | 20          | 15            |
| Psychiatry              | -           | -             | 20          | 11            |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                | Parent      |               | Affiliated  |               |
|---------------------------------------------------------------|-------------|---------------|-------------|---------------|
|                                                               | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT                                                      | 04          | 04            | 10          | 08            |
| Minor OT                                                      | 04          | 04            | 10          | 07            |
| Dental, Otorhinolaryngology, Ophthalmology                    | 10          | 08            | 30          | 20            |
| Burns and Plastic                                             | 10          | 08            | 32          | 18            |
| Neonatology care unit                                         | 20          | 18            | 10          | 09            |
| Communicable disease/Respiratory medicine/TB & chest diseases | 20          | 18            | 50          | 40            |
| Dermatology                                                   | 10          | 9             | 30          | 18            |
| Cardiology                                                    | 20          | 19            | 20          | 18            |
| Oncology                                                      | 04          | 03            | 20          | 17            |
| Neurology/Neuro-surgery                                       | 05          | 04            | 20          | 16            |
| Nephrology/Urology                                            | 04          | 03            | 20          | 16            |
| ICU/ICCU                                                      | 10          | 09            | 20          | 18            |
| Geriatric Medicine                                            | 04          | 03            | 20          | 15            |
| Any other                                                     |             |               |             |               |

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

|              |                                         |
|--------------|-----------------------------------------|
| 19           | COMMUNITY HEALTH NURSING :Annexure - 17 |
| RURAL FILELD |                                         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|                                                                                                         |                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a. Name of CHC / PHC / SC</b>                                                                        | <b>Anchhaya PHC</b>                                                                                                                                                    |
| Adopted / Affiliated                                                                                    | <b>Affiliated</b>                                                                                                                                                      |
| Administrated by                                                                                        | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/>                                        |
| Distance from the Nursing Institute                                                                     | <b>2 k.m</b>                                                                                                                                                           |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                                   | <b>Maternal-child health including family planning, Prevention and control of locally endemic diseases, REFERRAL SERVICES, HEALTH EDUCATION, school health program</b> |
| <b>URBAN FIELD :</b>                                                                                    |                                                                                                                                                                        |
| <b>a. Name of CHC / PHC / SC</b>                                                                        | <b>NR Mohala</b>                                                                                                                                                       |
| Adopted / Affiliated                                                                                    | <b>Affiliated</b>                                                                                                                                                      |
| Administrated by                                                                                        | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/>                                        |
| Distance from the Nursing Institute                                                                     | <b>2.5 km</b>                                                                                                                                                          |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                                   | <b>Maternal-child health including family planning, Prevention and control of locally endemic diseases, REFERRAL SERVICES, HEALTH EDUCATION, school health program</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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b. | Post Basic B.Sc. Nursing                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c. | M.Sc. Nursing                                   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 21 | Time Table available for all Nursing Programmes |                                         |                             |
| a. | Basic B.Sc. Nursing                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b. | Post Basic B.Sc. Nursing                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c. | M.Sc. Nursing                                   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

| 22 | Records of Students : Are the following students records are maintained well? |                                         |                             |
|----|-------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| a. | Admission record                                                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b. | Daily Attendance Registers                                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c. | Health Records                                                                | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| d. | Clinical and field experience record                                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| e. | Practical record books - procedure record                                     | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| f. | Practical record books - Midwifery case book                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| g. | Leave record                                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|           |                                        |                                         |                             |
|-----------|----------------------------------------|-----------------------------------------|-----------------------------|
| <b>h.</b> | Extracurricular activities of students | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|-----------|----------------------------------------|-----------------------------------------|-----------------------------|

Signature of Chairman

*[Signature]*  
14.08.25

Signature of Member (1)

*[Signature]*  
18

Signature of Member (2)

*[Signature]*



|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| i. | Cumulative record of each                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j. | Course planning of each subject              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| k. | Rotation plans                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l. | Committee Meetings                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m. | Affiliation records                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| n. | Records of Stock                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| o. | Annual report of activities and achievements | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| p. | Staff development programmes                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| q. | Anti ragging committee                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| r. | Student welfare committee                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| s. | POSHE Committee                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| t. | Prevention of Gender harassment committee    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                                                     |                                         |                                        |
|----|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 23 | <b>Hostel Facilities :Annexure - 12</b>                             |                                         |                                        |
| a. | Whether the college is having a separate Hostel?                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Built-up area of the Hostel                                         | Sq.ft 56000 sqft                        |                                        |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own <input checked="" type="checkbox"/> | Rented/Leased <input type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| e. | Total No. of students in the hostel                                 | Girls : 256                             | Boys :                                 |
| f. | Total No. of rooms                                                  | Girls : 109                             | Boys :                                 |
| g. | Water Supply                                                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| h. | Electricity Supply                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| i. | Is Facilities available for outdoor games and indoor games?         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| j. | Is Sick room available?                                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| k. | Whether the hostel mess is available with                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| l. | Safe drinking water facilities                                      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

**List of Annexures:**

| Annexure Numbers | Details                                     | Verified as per originals documents |    | Signature |
|------------------|---------------------------------------------|-------------------------------------|----|-----------|
|                  |                                             | Yes                                 | NO |           |
| Annexure - 1     | Details of Trust/ Society related documents | Yes                                 |    |           |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|                      |                                                                                                                                                                                                                                                                                                                         |      |    |  |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|--|
| <b>Annexure - 2</b>  | Details of Governing Council, its meetings & Audit report of Trust                                                                                                                                                                                                                                                      | yes  |    |  |
| <b>Annexure - 3</b>  | Details of any other Nursing Institution under the same Trust                                                                                                                                                                                                                                                           | yes  | No |  |
| <b>Annexure - 4</b>  | Details of Affiliated fees paid receipts                                                                                                                                                                                                                                                                                | yes  |    |  |
| <b>Annexure - 5</b>  | Approval Status : GOK Order                                                                                                                                                                                                                                                                                             | yes  |    |  |
| <b>Annexure - 6</b>  | Approval Status : RGUHS Notification (Last 3 Years) Approval                                                                                                                                                                                                                                                            | yes  |    |  |
| <b>Annexure - 7</b>  | Approval Status : KNC Notification                                                                                                                                                                                                                                                                                      | yes  |    |  |
| <b>Annexure - 8</b>  | Status : INC Notification                                                                                                                                                                                                                                                                                               | yes  |    |  |
| <b>Annexure - 9</b>  | List of Post Basic B.Sc. Nursing Students as per format                                                                                                                                                                                                                                                                 | yes  |    |  |
| <b>Annexure - 10</b> | List of M.Sc. Nursing Students as per format                                                                                                                                                                                                                                                                            | yes  |    |  |
| <b>Annexure - 11</b> | Details of External /Part time Teachers                                                                                                                                                                                                                                                                                 | yes  |    |  |
| <b>Annexure - 12</b> | 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/ Rampin working condition,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | yes  |    |  |
| <b>Annexure - 13</b> | Vehicle Details : Bus                                                                                                                                                                                                                                                                                                   | yes  |    |  |
| <b>Annexure - 14</b> | Details of List of Library Books & others                                                                                                                                                                                                                                                                               | yes  |    |  |
| <b>Annexure - 15</b> | Academic Activities                                                                                                                                                                                                                                                                                                     | yes  |    |  |
| <b>Annexure - 16</b> | Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.                                                                                                                                         | yes  |    |  |
| <b>Annexure - 17</b> | Details of Community Health Nursing Posting Facilities                                                                                                                                                                                                                                                                  | yes  |    |  |
| <b>Annexure - 18</b> | Master Rotation plans and Time tables                                                                                                                                                                                                                                                                                   | yes  |    |  |
| <b>Annexure - 19</b> | List of Teachers with their Declaration forms & necessary documents                                                                                                                                                                                                                                                     | yes  |    |  |
| <b>Annexure -20</b>  | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise                                                                                                                                                                                                                                           | yes. |    |  |

  
14-08-25  
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 i.e. Cauvery college of nursing, Mysore on 14.08.2025 for continuation of affiliation for the year 2025-26 for BSc Nursing - 80 seats, MSc. Nursing 25 seats & PNBSC - 50 seats. on the MSc & PNBSC - 05 seats. On the day of inspection, The LIC Team had made following observations:

- ① General Information: The college is established in the year 2004 under Dr Chandrashekara Foundation. The college is affiliated with RGNHS, ISNC & ENLC affiliations.
- ② Infrastructure: Trust Deed, Audit report for last 3 years, Tax paid receipt, Land document, Building plan approved by competent Authority, Distinctly app are visited and found to be correct & enclosed.
- ③ College: The college building around 24,300 Sq ft. 10 classrooms & 5 Lab and 01 computer labs are functioning well.

(contd)

14.08.25

Signature of Chairman

Dr. S. S. S. S. S.

Signature of Member (1)

Signature of Member (2)



(contd)

- ④ Library: The college library is having 2,399 books. Seating arrangement, lighting & ventilation are good.
- ⑤ Faculty: On the day of inspection, 39 faculties are physically present with their required documents & 04 faculties were on leave. Leave letters are enclosed.
- ⑥ Hospital: The college is having parent hospital i.e. Cauray heart & multi-speciality hospital. The college & hospital are run by same trust.  
ISPMI certificate, PCB calculations - 200 Bed strength are verified & found to be correct & enclosed.  
Clinical fee & other receipts are verified & enclosed.
- ⑦ Hostel: The college is having separate hostel for Boys & Girls.

  
14.08.25

Signature of Chairman

  
13/8/25

Signature of Member (1)

Sahun B. Khan



Signature of Member (2)



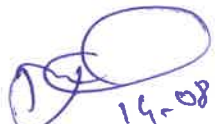
## UNDERTAKING

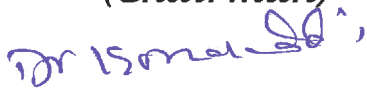
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Cauvery College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/8/25 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.

  
14-08-25  
Senate Member  
(Chairman)

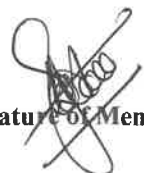
  
J B

  
A C Member  
(Member)

  
Subject Expert  
(Member)

Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

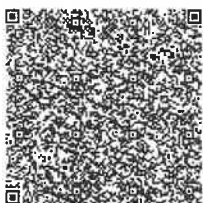




## Government of Karnataka

## e-Stamp

|                           |                                          |
|---------------------------|------------------------------------------|
| Certificate No.           | : IN-KA12271681421179X                   |
| Certificate Issued Date   | : 07-Aug-2025 03:33 PM                   |
| Account Reference         | : NONACC (FI)/ kagcs108/ MYSORE33/ KA-MY |
| Unique Doc. Reference     | : SUBIN-KAKAGCSL0839899028701669X        |
| Purchased by              | : THE CHAIRMAN CAUVERY HOSPITAL          |
| Description of Document   | : Article 4 Affidavit                    |
| Property Description      | : AFFIDAVIT                              |
| Consideration Price (Rs.) | : 0<br>(Zero)                            |
| First Party               | : THE CHAIRMAN CAUVERY HOSPITAL          |
| Second Party              | : THE REGISTRAR RGUHS BANGALORE          |
| Stamp Duty Paid By        | : THE CHAIRMAN CAUVERY HOSPITAL          |
| Stamp Duty Amount(Rs.)    | : 100<br>(One Hundred only)              |



Please write or type below this line



# Affidavit

## UNDERTAKING

I Dr.G.R.Chandrashekar is the Owners of the Cauvery Heart and Multispecialty Hospital  
Mysuru situated at Near Teresian College, Siddhartha Layout, Mysuru, Karnataka 570011.

**Statutory Alert:**

The authenticity of the Certificate should be verified at 'www.shcilestamp.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.

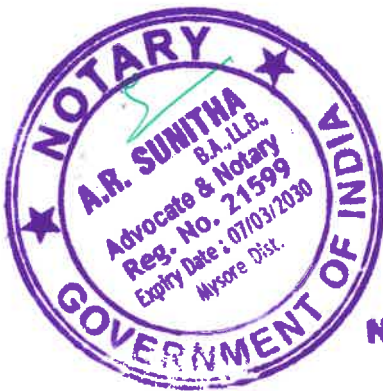
11 AUG 2025

This is to confirm that our hospital Cauvery Heart and Multispecialty Hospital is registered under KPMEA and PCB with 200 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Cauvery Heart and Multispecialty Hospital is functioning as own hospital for Cauvery College of Nursing Mysuru.

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

  
Dr. G.R. Chandrashekar

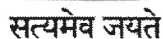


No. Corrections. nil

Solemnly Affirmed & Declared

Before me on 1.1 AUG. 2025

A.R. Sunita  
NOTARY, MYSURU 11/8/2025



## Government of Karnataka

## e-Stamp

|                           |                                           |
|---------------------------|-------------------------------------------|
| Certificate No.           | : IN-KA12272204330237X                    |
| Certificate Issued Date   | : 07-Aug-2025 03:33 PM                    |
| Account Reference         | : NONACC (FI)/ kagcs108/ MYSORE33/ KA-MY  |
| Unique Doc. Reference     | : SUBIN-KAKAGCSL0839893983506183X         |
| Purchased by              | : THE CHAIRMAN CAUVERY COLLEGE OF NURSING |
| Description of Document   | : Article 4 Affidavit                     |
| Property Description      | : AFFIDAVIT                               |
| Consideration Price (Rs.) | : 0<br>(Zero)                             |
| First Party               | : THE CHAIRMAN CAUVERY COLLEGE OF NURSING |
| Second Party              | : THE REGISTRAR RGUHS BANGALORE           |
| Stamp Duty Paid By        | : THE CHAIRMAN CAUVERY COLLEGE OF NURSING |
| Stamp Duty Amount(Rs.)    | : 100<br>(One Hundred only)               |



Please write or type below this line

# Affidavit

## UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary of the trust Dr.Chandrashekar Foundation® we submitting the affidavit to RGUHS University.

No. Corrections.....Nil

**Statutory Alert:**

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

11 AUG 2025

The trust Dr.Chandrashekar Foundation® is running/managing the colleges

1. Cauvery college of Nursing since 2004, 21 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.

Trust Members Signature

1.



2.

3.



Solemnly Affirmed & Declared  
Before me on 1.1.AUG.2025

  
NOTARY, MYSURU

No. Corrections.....

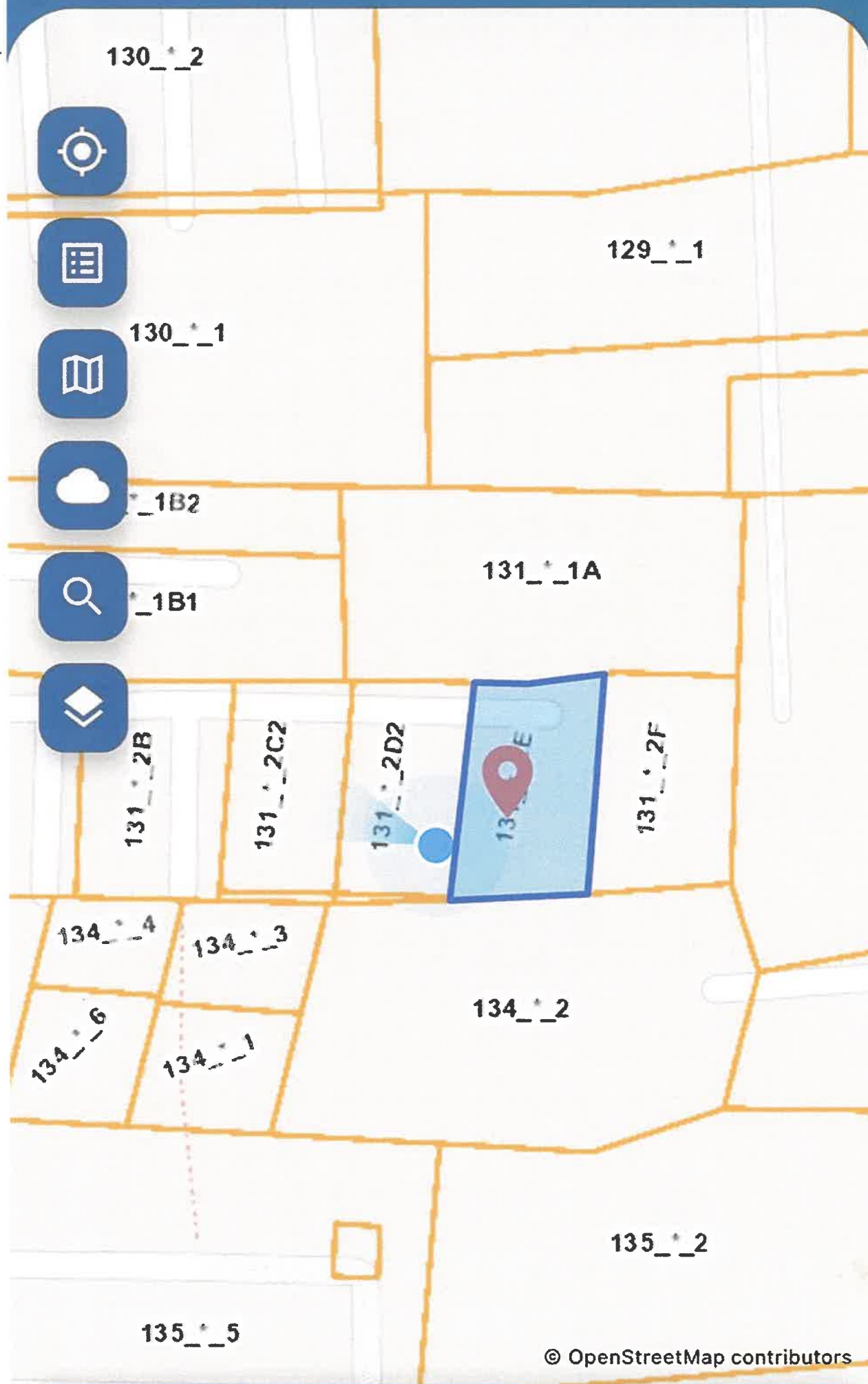


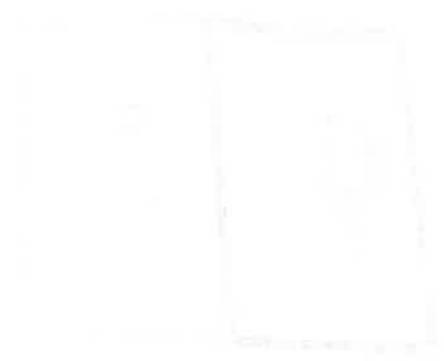
GPS Map Camera

Mysuru, Karnataka, India  
131/1, Kbl Layout, Mysuru, Karnataka 570028, India  
Lat 12.301086° Long 76.709181°  
11/08/2025 12:30 PM GMT +05:30









## Village Map Data

Survey Number: 131

Village Name: Alanahalli

Hobli Name: Kasaba

Taluk Name: Mysuru

District Name: Mysuru

Adjacent  
Survey No. 134  
within  
30mts:

Cancel

More Details



## Select Details

Surnoc No:

\*

Hissa No:

2A

## Owner Details

**Owner:** ಹೆಚ್.ಬಿ.ಗಂಗೇಗೌಡ ಬಿನ್  
ಹೆಚ್.ಬಿಳಿಯಪ್ಪ

**Extent:** 0 : 20 : 0

**Is he main  
Owner:** YES

**Land Type:** PRV

**Is land Govt  
Restricted:** NO

**Is there a Court  
Stay:** NO

**Is land  
Alienated:** NO

**Any Trnsc  
Running:** NO

Owners

Cancel

