



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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Naveen-S	Dr. Kiran Kumar Reddy-B	DR. RAJA-A
Designation	Professor /senate.	Principal	PRINCIPAL
Address	8th Chamundeshwari Medical College Chennarayana	Rajashetkaraiah Institute of Nursing & Yoga Science, Solur	UNITY COLLEGE OF NURSING. MANGALORE-6
Mobile No	9886634170	9880764634	9880747310
Email ID	nvin73@gmail.com	kkreddybnr@gmail.com	rajakmch@gmail.com

For the Academic Year :

Date of Inspection:

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	PRASANNA COLLEGE OF NURSING Lalra Belthongady Taluk Dakshina Konna 574 214	2	Year of Establishment	2005-2006
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company			
3	(a). Name of the Trust/Society & complete postal address	Prasanna Education Trust Lalra Belthongady Taluk Dakshina Konna 574 214 (Enclose copy of Registration documents of Society/Trust) Annexure - 1 Email: Pet5014@gmail.com Website: prasannainstitute.com			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	K Gangaachara Gouda		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Mr. Sarvesh N.G Qualification: M.Sc Experience: 14 years Plus Email: Sarvnigam@gmail.com	Mobile No: 9844049059 Office No: Fax No: Residential phone No:	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing		45000	90000	60000	25000	220000/-
Post Basic B.Sc. Nursing						
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.					
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Admissions Made
for the Current
Academic Year

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	06	12	12	12	42
	Female	18	45	48	47	158
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure -10

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

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

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

Remarks: _____

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

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

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	45,901sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III— section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4480	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	—	
	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	581	
	2. Vice-Principal Chamber	200	376	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3515	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		538	
3	7. Accountants Office		Available	
	8. Store Room		226	
	9. Record room		113.0211	
	10. Room for maintenance staff		Available	
	11. Xeroxing room		Available	
	12. common room	1000	1987	
	13. Seminar hall	3000	3245	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	802	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	
	Nutrition & Community Health Nursing	1200sq.ft	2546	
	Obstetrics and Gynecology Laboratory	900sq.ft	1291	
	Pediatrics Nursing Laboratory	900sq.ft	1367	
	Pre-Clinical Sciences Laboratory	900sq.ft	2734	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1903	

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

1. Is the college building own or leased / rented?
2. Blue print of the building attested by competent authority.
3. Tax paid receipt (Latest / current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA708479	35	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2583	YES ☒ No ☐			

Total No. of Nursing Books available	3,720	No. of Nursing Journals subscribed	15
No. of Thesis/Research titles available		Is internet facility available for Students?	YES
No of e-books		How many books were purchased in last financial year?	400

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. Ashwini	M.Lib	6 Years	
02	Mrs. Smritha	D.Lib	3 Years	

Note : A minimum of 500 of 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		
Conferences conducted		
Conferences attended		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital				
NAME OF THE TRUST/ Person owning The Hospital				
Name Of The Owner Of The Trust of Hospital				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Commemorative health centre Belthangady	100	99%	
	2 Primary Health centre Ujire	100	99%	
	3. Seom Pshychiatric Hospital Gomaligala	100 20 km	99%	

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have **200 bedded Unitary/Single allopathic parent/own hospital**. This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 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} 5th July, 2021 F.NO. 11-1/2019-INC.)

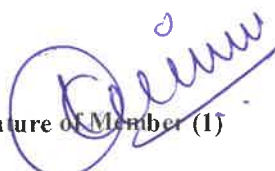
Note

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

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			15	15
Surgery including OT			15	15
Obstetrics & Gynecology			15	15
Pediatrics,			10	10
Emergency Medicine			05	05
Psychiatry			03	02

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			05	05
Minor OT			05	05
Dental, Otorhinolaryngology, Ophthalmology			04	04
Burns and Plastic			01	01
Neonatology care unit			03	04
Communicable disease/ Respiratory medicine/TB & chest diseases			02	02
Dermatology			02	02
Cardiology			02	02
Oncology			02	01
Neurology/Neuro-surgery			02	02
Nephrology/Urology			02	02
ICU/ICCU			05	05
Geriatric Medicine			01	01
Any other			01	01

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		Primary Health centre usire	
Adopted / Affiliated			
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		2 km	
b. Services Rendered by Health & Family Welfare Programmes		YES	
URBAN FEILD :			
a. Name of CHC / PHC / SC		community health centre, Belthangady has also facilities for cybern community practice	
Adopted / Affiliated			
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		2 km	
b. Services Rendered by Health & Family Welfare Programmes		YES	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.			

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

23	Hostel Facilities :Annexure - 12				
a.	Whether the college is having a separate Hostel?	YES	☒	NO	☐
b.	Built-up area of the Hostel	Sq.ft 73,780			
c.	Is the Hostel Owned or Rented/Leased?	Own	☒	Rented/Leased	☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES	☒	NO	☐
e.	Total No. of students in the hostel	Girls :		Boys :	
f.	Total No. of rooms	Girls :		Boys :	
g.	Water Supply	YES	☒	NO	☐
h.	Electricity Supply	YES	☒	NO	☐
i.	Is Facilities available for outdoor games and indoor games?	YES	☒	NO	☐
j.	Is Sick room available?	YES	☒	NO	☐
k.	Whether the hostel mess is available with	YES	☒	NO	☐
l.	Safe drinking water facilities	YES	☒	NO	☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		
Annexure - 10	List of M.Sc. Nursing Students as per format		
Annexure - 11	Details of External /Part time Teachers		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

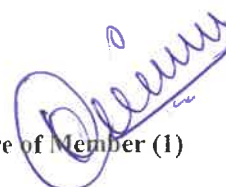
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure - 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		

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

Observations:

Infrastructure, equipment, Faculty and clinical Material in the associated Hospital meets the requirement mentioned by apex body for continuation of affiliation of BSc Nursing (60 seats) ~~at~~ for the year 2025-2026 at Prasanna College of Nursing.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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.

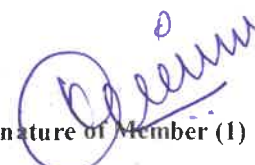
As per report

**Senate Member
(Chairman)**

**A C Member
(Member)**

**Subject Expert
(Member)**


Signature of Chairman

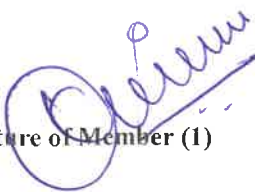

Signature of Member (1)


Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust are submitting the affidavit to University.

The trust _____ is running/managing the colleges 1. _____
2. _____
3. _____ since _____ years.

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

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

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

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

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

Enclosed.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

Enclosed.

[Signature]

[Signature]

[Signature]



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

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

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

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

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

**Senate Member
(Chairman)**

**A C Member
(Member)**

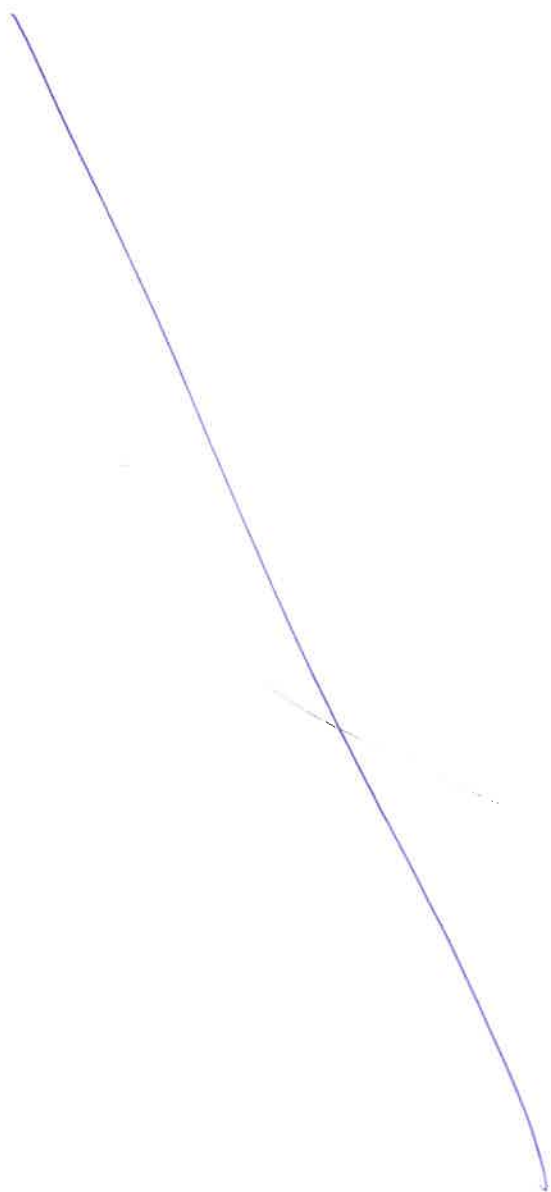
**Subject Expert
(Member)**

Enclosed.

Ma

Quinn

A. Jy



PRASANNA COLLEGE OF NURSING

LAILA BELTHANGADY - 574214

Teaching Faculty Details

Sl.no	Name of the Teaching Faculty	Designation	Qualification	Year of Passing	KSNC Reg Number	Teaching Experience After UG	Teaching Experience After PG	Date Of Joining	Form 16 Submitted (Yes /No)	Signature of Faculty
1.	Sarvesh N G	Pricipal	MSc Nursing	2012	2899	02	14	01-10-2024	Yes	
2	Nuthan Laveena	Vice Pricipal	MSc Nursing	2013	24208		12	03-06-2013	No	
3	Jenny V P	Professor	MSc Nursing	2016	20916	05	09	21-02-2022	No	
4	Silgen georg	Professor	MSc Nursing	2017	80436	01	07	07-02-2022	No	
5	Priyadarshini S	Ast.Professor	MSc Nursing	2017	144901	-	06	03-07-2017	No	
6	Johnson V T	Professor	MSc Nursing	2019	108203	-	06	25-02-2022	No	
7	Mr.Shivakumar S	Ast.Professor	MSc Nursing	2020	123317	-	-	13-05-2022	No	
8	Jansy flosy Dsouza	Ast.Professor	MSc Nursing	2021	150863	02	03	03-02-2025	No	
9	Shilpa	Ast.Professor	MSc Nursing	2023	59382	08 months	01	05-08-2024	No	
10	Anusha Bose	Lecturer	MSc Nursing	2024	178415	-	01	01-06-2024	No	
11	Divya Ramachandra Naik	Lecturer	BSc Nursing	2014	58391	11	-	001		
12	Preeema Dcunha	Ast Lecturer	PPBSc Nursing	2021	206497	04yrs		02-03-2021	No	
13	Asha Lobo	Ast Lecturer	PPBSc Nursing	2021	206353	04		17-03-2021		
14	Vinita D souza	Ast Lecturer	BSc Nursing	2022	206679	04		10-03-2021	No	
15	Harshitha	Ast Lecturer	BSc Nursing	2022	123618	03	-	04-02-2022		
16	Ganesh S karani	Ast Lecturer	BSc Nursing	2022	122195	-	-	22-02-2022	No	
17	Venissa Josna	Ast Lecturer	BSc Nursing	2022	134163	02yrs		10-02-2023		
18	Sonia Babitha Dsouza	Ast Lecturer	BSc Nursing	2022	134100	02 yrs		09-01-2023		



19	Sharanabasappagoud	Ast Lecturer	BSc Nursing	2023	149308	1.5 yrs		01-12-2023		S.M. Patel
20	Femie Sherlin	Ast Lecturer	BSc Nursing	2023	153423	01yr		08-04-2024		Reshma
21	Reshma Banu	Ast Lecturer	BSc Nursing	2023	152292	-				Reshma
22	Pavithra D	Ast Lecturer	BSc Nursing	2023	151529	-				Pavithra D.
23	Dhanya Kumari N L	Ast Lecturer	BSc Nursing	2024	150927	01	-	01-06-2024	No	
24	Shraddha	Ast Lecturer	PPBSc Nursing	2024	232161	5 mths		01-02-2025	NO	
25	Albin Mathew	Ast Lecturer	BSc Nursing	2024	161902			06-01-2025	No	
26	Emmanuel	Ast Lecturer	BSc Nursing	2025	170807			07-05-2025	No	



Prasanna College Of Nursing
Principal

