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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. Sankanagoud Patil	Prof. Dr. Thippeswamy	Dr. Febi Mary
Designation	Principal	Principal	Principal
Address	Rajashekaraiah Institute of Ayurveda Medical Science, Solur Ramanagara (Dt).	Sri Nirvanaswamy college of Nursing Sri Dagula Mutt Campus Kanakapur	AJ College of Nursing 38/2, Thirumenahalli Yelahanka, Bangalore-64.
Mobile No	9019587969.	9964186525	9945176542
Email ID	ayursank@gmail.com.	thippesh.togaleinmuth@gmail.com	ajnursingblr@gmail.com

For the Academic Year : 2025-2026			*Date of Inspection:* 10-5-2025	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats	✓	6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	Name of the Institution with Full Address	MVM INSTITUTE OF NURSING SCIENCES, NO. 1336/72/2, VIKAS LAYOUT, VENKATALA, MARUTINAGAR YELAHANKA, BENGALURU - 560064.	2	Year of Establishment: 2004
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address	MVM EDUCATIONAL TRUST NO.1336/72/2, VIKAS LAYOUT, VENKATALA, MARUTI NAGAR YELAHANKA, BENGALURU -560064. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: mvmnursing@gmail.com	Website: mvmedu.org	

Signature of Chairman
10/5/25
(Dr. Sankanagoud Patil)

Signature of Member (1)
Dr. Thippeswamy

Signature of Member (2)
Dr. FEBI MARY

	(b). Name of the Owner of Trust/Society	Mr. M.V. MUNIRAJ		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 5 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: RAM PRABU . N Qualification: MSc (N) Experience: 14yrs Email: ramprabhu12@gmail.com	Mobile No: 9986635138 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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details: Increase Intake BSc (N) - 3,00,000/- Fine - 25,000/- Total - 3,26,050/-
Processing fee - 50 Application fee - 1000 — Enclosed — Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	1,95,000/-	Application fee 1000		Processing fee 50	25,000	2,21,050/-
Post Basic B.Sc. Nursing	1,95,000	Application fee 1000		Processing fee 50	25,000	2,21,050/-
		— Enclosed —			Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing	5	10,000
	2. OBG Nursing	5	10,000
	3. Community Health Nursing	5	10,000
	4. Mental Health Nursing	5	10,000
	5. Child Health Nursing	5	10,000
	Application fee	Total (B)	1,000
NPCC	Processing fee		50
		Total (C)	
		Grand Total (A+B+C)	51,050/-

Online Transaction Number or Details: BD000000075473O9.

Signature of Chairman 10/5 | 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: – Enclosed –

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	Verified & the documents
	Affiliation Sanctioned Intake					
	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	15	10	22	08	55
	Female	43	40	35	52	170
Post Basic B.Sc Nursing	Male	06	08			14
	Female	39	37			76
M.Sc Nursing	Male	02	–			2
	Female	22	07			29
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)

– Enclosed –

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)

– Enclosed –

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 10/5

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*			1-2		2						
4	Associate Professor	2	2-4		1*			-4		2						
5	Assistant Professor	3	3-8	2	3*			6	2	4						
6	Tutor	8-16	16-24	2-10	--			22	10							
	Total	**16-24**	**24-40**	4-12				36	12	8						

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

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	30,000	
	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	1150 sqft/Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600sqft/Each	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600sq ft/Each	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		400	
	7. Accountants Office		300	
	8. Store Room		400	
	9. Record room		200	
	10. Room for maintenance staff		200	
	11. Xeroxing room		100	
	12. common room	1000	1250	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

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 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.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**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.** – Enclosed –
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**

– Enclosed –

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
			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	2500	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	4200	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	32	**Is internet facility available for Students?**	Yes
No of e-books	400	**How many books were purchased in last financial year?**	350

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Venkatesh	Msc(LS)	12	
2	Ramesh	BSc(LS)	6	

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 willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years — Enclosed — **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		300	15km.	82-1.	
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital Mr. Narayana Swamy.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Enclosed —				
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/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, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Parent Hospital → Vagus Multispeciality Hospital, Malleshwaram 18th Cross. having 300 bedded capacity. Verified all the necessary documents & found correct

Signature of Chairman

Signature of Member (1)

Dr. Thippeswamy T.M

Signature of Member (2)

Dr. FEB, MORY

18.1. Distribution of Beds - Enclosed -

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	70	80	140	80
Surgery including OT	70	81	120	84
Obstetrics & Gynecology	37	92	85	80
Pediatrics,	20	83	90	90
Emergency Medicine	15	83	40	82
Psychiatry	20	81	70	82

Additional/Other Specialties/Facilities for clinical experience: - Enclosed -

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	80	20	80
Minor OT	10	82	25	85
Dental, Otorhinolaryngology, Ophthalmology	15	80	30	82
Burns and Plastic	10	86	30	80
Neonatology care unit	12	84	15	84
Communicable disease/ Respiratory medicine/TB & chest diseases	15	82	40	82
Dermatology	10	80	20	84
Cardiology	15	82	45	80
Oncology	15	84	30	86
Neurology/Neuro-surgery	10	86	16	80
Nephrology/Urology	15	80	20	84
ICU/ICCU	20	82	30	82
Geriatric Medicine	25	85	40	82
Any other				

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		Kadukondanahalli
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute		10 km
b. Services Rendered by Health & Family Welfare Programmes		Enclosed
URBAN FEILD :		
a. Name of CHC / PHC / SC		K. Narayanapura.
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute		10 km.
b. Services Rendered by Health & Family Welfare Programmes		- Enclosed -
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
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 40,000	
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 : 255	Boys : 40
f.	Total No. of rooms	Girls : 70	Boys : 20
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: On the day of Inspection LIC committee observations

⇒ The Institution having 53 appointed staff for 100 Intake capacity & all were present.

⇒ Well Equiped 6 Laboratories are made available, 10 classrooms are available & proper seating arrangements for @PBBSc, BSc, MSc. Nursing curriculum.

⇒ Library is having 4200 books & alongs with proper sitting capacity

⇒ Computer lab & Digital library made available.

⇒ Parent hospital Vagus Multispeciality hospital having 300 bed strength in KPME records.

⇒ Institution is recognised by INC New Delhi.

⇒ Seperate Boys & Girls hostel made Available.

Signature of Chairman

Signature of Member (1)

Dr. Thippeswamy T.M

Signature of Member (2)

Dr. FEBI MARY

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA26798560081042X
Certificate Issued Date	:	09-May-2025 12:06 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ MARUTHI NAGAR/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0877179543529054X
Purchased by	:	CHAIRMAN MVM EDUCATIONAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN MVM EDUCATIONAL TRUST
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	CHAIRMAN MVM EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA MARUTHI NAGAR BRANCH Authorized Signatory

Please write or type below this line

NOTARY GOVT OF INDIA S.R. RAVIKUMAR

UNDERTAKING BY Trust Management

We the Chairman of the trust MVM Educational Trust are submitting the affidavit to University.

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.

The trust MVM Educational Trust is running/managing the college

1.MVM Institute of Nursing Sciences & other institutions.

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.

NOTARY ★ S.R. RAVIKUMAR ★ GOVT OF INDIA

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	IN-KA26664785101341X
Certificate Issued Date	:	09-May-2025 11:11 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ YELAHANKA5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0876855692058020X
Purchased by	:	DIRECTOR VAGUS SUPER SPECIALITY HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DIRECTOR VAGUS SUPER SPECIALITY HOSPITAL
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	DIRECTOR VAGUS SUPER SPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

THE PAVAGADA SOUHARDA MULTI PURPOSE CO-OP LTD. YELAHANKA

NOTARY ★ GOVT OF INDIA ★ R.RAVIKUMAR ★ S.R ★ Expiry (Dt. 07.11.2027)

Please write or type below this line

UNDERTAKING

I/We, M.V.Muniraj is Director of the Vagus Super Speciality Hospital situated at No.18th cross, Malleshwaram west, Bangalore – 55.

Statutory Alert:

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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.

This is to confirm that our hospital Vagus Super Speciality Hospital is registered under KPMEA and PCB with 300 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Vagus Super Speciality Hospital is functioning as own for MVM Institute of Nursing Sciences college.

We also confirm that out hospital is solely affiliated to MVM Institute of Nursing Sciences college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NOTARY ★ GOVT OF INDIA ★ S.R. RAVIKUMAR ★ Expiry On: 10.12.2027

ATTESTED BY ME
9/5/25
S.R. RAVIKUMAR, B.Com., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#49/A, 5th 'A' Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA26664785101341X
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Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

THE PAVAGADA SOUHARDA MULTI PURPOSE CO-OP LTD. YELAHANKA

NOTARY ★ GOVT OF INDIA ★ RAVIKUMAR ★ S.R. ★ Expiry (Dt. 02.10.2027)

Please write or type below this line

UNDERTAKING

I/We, M.V.Muniraj is Director of the Vagus Super Speciality Hospital situated at No.18th cross, Malleshwaram west, Bangalore – 55.

For VAGUS SUPER SPECIALITY HOSPITAL PVT. LTD.

Managing Director / Director

Statutory Alert:

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for VAGUS SUPER SPECIALITY HOSPITAL PVT. LTD.

Managing Director / Director

NOTARY ★ INDIA ★ S.R. RAVIKUMAR ★ GOVT OF ★ Expiry On: 11.01.2027 ★ Bengaluru Urban & Rural Dist. Regd. No. 12387

ATTESTED BY ME
9/5/25
S.R. RAVIKUMAR, B.Com., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
49/A, 5th 'A' Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

सत्यमेव जयते

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Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA MARUTHI NAGAR BRANCH Authorized Signatory

Please write or type below this line

NOTARY INDIA S.R. RAVIKUMAR GOVT OF

UNDERTAKING BY Trust Management

We the Chairman of the trust MVM Educational Trust are submitting the affidavit to University.

For MVM Educational Trust

Chairman

Statutory Alert:

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

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NOTARY ★ S.R. RAVIKUMAR ★ Expiry On. 17.2.2017 ★ GOVT OF INDIA

For MVM Educational Trust

Chairman

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040


MVM INSTITUTE OF NURSING SCIENCES
GPS Map Camera
Bengaluru, Karnataka, India
71/2, Behind Trident Hyundai Showroom, Vikas Layout, Palanahalli, Maruthi Nagar, Yelahanka, Bengaluru, Karnataka 560064, India
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