# 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

| Details of LIC Inspectors : | Chairman | Academic Council Member | Subject Expert |
|---|---|---|---|
| Name | DR. S MAHENDRA S. | DR. SIDDIQ M AHMED | MRS. POOJA ROSHAN |
| Designation | CHAIRMAN | CHAIRMAN OF BOS PARA CLINICAL PG (MEDICAL) | ASSO. PROFESSOR |
| Address | KRISHNADEVARAYA COLLEGE OF DENTAL SCIENCES, VIA YELAHANKA, HUNASAMARANAHALLI BANGALORE-562157 | PROFESSOR & HOD OF PATHOLOGY BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE, BANGALORE | LAXMI MEMORIAL COLLEGE OF NURSING, MANGALORE |
| Mobile No | 9845563431 | 9194490191 | 9036456021 |
| Email ID | mahendraortho@gmail.com | Siddique_69@yahoo.com | |

*Inspection For the Academic Year :* *2025-26* *Date of Inspection:* 16-8-25

*(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 | |

| | | | | |
|---|---|---|---|---|
| *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 | NETHAJI INSTITUTE OF NURSING SCIENCES PKV BHANDARKARS COMPLEX, MANNAGUDDA, MANGALORE - 575003 | 2 | Year of Establishment: 2004 |
| 2 | Status of the course conducting body | Trust | | |
| 3 | a) Name of the Trust & complete postal address (if private) | Premakanthi Educational and Charitable Trust "Devi Darshan" Kadri Temple New Road, Mangalore – 575 002 Enclosed - Annexure – 1 | | |
| | | Email: premakanthi_trust@yahoo.co.in | Website: www.premakanthitrust.com | |
| | b) Name of the Secretary of Trust & Phone No | Dr. Shiva Sharan Shetty Mob. : 9448144399 | | |

Signature of Chairman Signature of Member (1) Signature of Member (2)
16/6/25
Pooja Acharya

| | | | | | |
|---|---|---|---|---|---|
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 08<br>Enclosed Annexure - 2 | | | |
| 5 | a) Details of Principal/Head of the institution | Name: DR. HAREESH K<br>Qualification: Ph.D. Nursing<br>Experience: 18 years<br>Email:hareeshk226@hotmail.com | | | Mobile No:9538384910<br>Office No:0824-4279077<br>Fax No:<br>Residential phone No: |
| | b)Drawing authority of the college | PRINCIPAL | | | |
| 6 | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | | ☐ YES | ☑ NO | If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) |

**7. Affiliation Fee Paid Details:** **Annexure - 3**

| Course Applied UG Courses | Continuation / Fresh Affiliation | Particulars of fees paid for | | | | |
|---|---|---|---|---|---|---|
| | | Annual Fees | Renewal Fees | Administrative Charges | HelinetInst Fee b) for UG and PG courses | Amount |
| B.Sc. Nursing | Continuation Affiliation | 20,000 | 50,000 | 55,000 | 32,500 | 1,26,000 |
| Post Basic B.Sc. Nursing | | 20,000 | 50,000 | 55,000 | | 1,26,000 |
| | | | | | Total (A) | Rs. 2,84,000/- |

| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation | No of Seats X Prescribed fees of each faculty | |
|---|---|---|---|
| | 1.M.Sc. Nursing in Community Health Nsg | 05 X 7600 | 38,000 |
| | 2.M.Sc. Nursing in Medical Surgical Nsg | 05 X 7600 | 38,000 |
| | 3.M.Sc. Nursing in OBG | 05 X 7600 | 38,000 |
| | 4.M.Sc. Nursing in Paediatric Nsg | 05 X 7600 | 38,000 |
| | 5.M.Sc. Nursing in Psychiatry Nsg | 05 X 7600 | 38,000 |
| | | Total (B) | Rs. 1,90,000/- |
| | | Surcharge and Affiliation Processing Fee | Rs. 164.16 |
| | | Grand Total (A+B) | Rs. 4,75,664.16/- |

**Online Transaction Number or Details: --**

B.Sc. Nursing - Rs. 1,25,000/- via online transaction Ref. No.: ZUTI12120965550 Dtd 24.12.2024
P.B.B.Sc. Nursing - Rs. 1,25,000/- via online transaction Ref. No.: ZUTI12120965550 Dtd 24.12.2024
Helinet Institutional fee UG & PG - Rs.32,500/- online transaction Ref. No.: ZUTI12120965550 Dtd 24.12.2024
B.Sc. Nursing Application fee – Rs. 1000/- online transaction Ref. No.: ZUTI12120965550 Dtd 24.12.2024
P.B.B.Sc. Nursing Application fee–Rs. 1000/- online transaction Ref.No.: ZUTI12120965550 Dtd 24.12.2024

M.Sc. Nursing - Rs. 190,000/- via online transaction Ref. No.: ZUTI12120965550 Dtd 24.12.2024
M.Sc. Nursing Application fee–Rs. 1000/- online transaction Ref.No.: ZUTI12120965550 Dtd 24.12.2024
Surcharge and Affiliation Processing Fee Rs. 164.16/- online transaction Ref.No.: ZUTI12120965550 Dtd 24.12.2024

**Remarks:**

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 16/12/25 Pooja

**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 | Govt order No. : MED 302 MPS 2019, Bangaluru, dtd : 08.11.2019<br>Annexure - 4 | RGU/AFF/NSG/COA/01/2024-25 dated 20.09.2024<br>Annexure - 5 | No. KNC:1157-4:2004 dated July 08th 2005<br>Annexure - 6 | 18-15/2353-INC<br>Annexure - 7 | |
| | Affiliation Sanctioned Intake | 60 | 60 | 60 | 50 | |
| | Admissions Made for the Current Academic Year | 60 | -- | -- | -- | |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date | Govt order No. : AKKU 207 MPS 2009, Bengaluru, dtd 20.11.2009 | RGU/AFF/NSG/COA/01/2024-25 dated 20.09.2024 | No. KNC:187:2009-10 dated 06.02.2010 | 18-15/6447-INC dtd 27.07.2010 | |
| | Sanctioned Intake | 50 | 50 | 50 | 30 | |
| | Admissions Made for the Current Academic Year | 50 | -- | -- | -- | |
| M.Sc. Nursing | Approval Letter No. and Date | Govt order No. : AKKU 207 MPS 2009, Bengaluru, dtd 20.11.2009 | RGU/AFF/NSG/COA/01/2024-25 dated 20.09.2024 | No. : KNC:508:2012-13 dated 13.08.2013 | 18-15/6448-INC 07.07.2010 | |
| | Sanctioned Intake | 25 | 25 | -- | -- | |
| | Admissions Made for the Current Academic Year | | | | | |
| M.Sc. NPCC | Approval Letter No. and Date | -- NOT APPLICABLE -- | | | | |
| | Sanctioned Intake | | | | | |
| | Admissions Made for the Current Academic Year | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Pooja Asokan

**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 | 01 | 00 | 08 | 11 | 20 |
| | Female | 59 | 60 | 52 | 49 | 220 |
| Post Basic B.Sc Nursing | Male | 02 | 02 | - | - | 04 |
| | Female | 48 | 48 | - | - | 96 |
| 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 - 8**

| 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)**

| 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---------- |
|---|---|---|---|---|---|---|
| --NA -- | | | | | | |

**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)**

16/8/25

## 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 | | | | | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | 1* | | 2 | | | | | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | 2 | 3* | | 5 | | | | | | | | | |
| 6 | Tutor | 8-16 | 16-24 | 2-10 | -- | | 24 | | | | | | | | | |
| | **Total** | **16-24** | **24-40** | **4-12** | | | 34 | | | | | | | | | |

**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**<br>• 3 M.Sc. Nursing qualified faculty<br>• 2 Tutors | **Total 8 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 3 Tutors | **Total 12 Faculty**<br>• 7 M.Sc. Nursing qualified faculty<br>• 5 Tutors | **Total 16 Faculty**<br>• 8 M.Sc. Nursing qualified faculty<br>• 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>• 3 M.Sc. Nursing qualified faculty<br>• 3 Tutors | **Total 12 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 7 Tutors | **Total 18 Faculty**<br>• 7 M.Sc. Nursing qualified faculty<br>• 11 Tutors | **Total 24 Faculty**<br>• 8 M.Sc. Nursing qualified faculty<br>• 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 5 Tutors | **Total 20 Faculty**<br>• 8 M.Sc. Nursing qualified faculty<br>• 12 Tutors | **Total 30 Faculty**<br>• 12 M.Sc. Nursing qualified faculty<br>• 18 Tutors | **Total 40 Faculty**<br>• 16 M.Sc. Nursing qualified faculty<br>• 24 Tutors |

**Signature of Chairman**

**Signature of Member (1)**

**Signature of Member (2)**

16/8/25

Pooja

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

| Sl. No | Name of the Teaching Faculty | Designation | Qualification Along with speciality | Passing Year | RN & RM No. | Teaching Experience | | Date of Joining | Form – 16 Submitted (Yes/No.) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | UG | PG | | | |
| 1. | Dr. HAREESH K. | Principal<br>Professor | M.Sc. Nursing,<br>Mental Health Nursing | 2005 | 00034713 | 2 yrs | 18 yrs 5 months | 15/12/2020 | YES | |
| 2 | Mr. MANOKARAN M | Vice Principal /Professor Med. Surgical Nursing | M.Sc. Nursing | 2009 | M.Sc. 290 B.Sc. 135 | - | 15 yrs 7 months | 02/01/2012 | YES | |
| 3 | Mrs. ANNIE CHERIAN | Assoc. Professor O.B.G. | M.Sc. Nursing | 2010 | 00034714 | 10 months | 14 yrs 3 month | 01/07/2010 | YES | |
| 4 | Mrs. CLETTA TRESSI TAURO | Asso. Professor Obstetrics & Gynael.Nursing | M.Sc. Nursing | 2013 | 8503 | 1 year | 12 yrs | 01/02/2021 | YES | |
| 5. | MR. NITISH CHANDRAN | Asst. Professor Medical Surgical Nursing | M.Sc. Nursing | 2016 | 009083 | 1 year | 8 yrs | 26.08.2017 | YES | |
| 6. | Mrs. DEEPA JOHNY | Asst. Professor Child Health Nursing | M.Sc. Nursing | 2021 | 165501 | 1 year | 3 yrs 8 months | 04/01/2021 | YES | |
| 7. | Mrs. SAYYAD RUBEENA ESMAIL | Asst. Professor Medical Surgical Nursing | M.Sc. Nursing | 2020 | 11685 | 1 year | 3 yrs 8 months | 08/01/2021 | YES | |
| 8. | Ms. VAISHALI RANIYAR | Asst. Professor Medical Surgical Nursing | M.Sc. Nursing | 2021 | 94310 | 1 year | 3 yrs. | 01/01/2022 | YES | |
| 9 | Mrs. STEPHY VARGHESE | Asst. Professor Mental Health Nursing | M.Sc. Nursing | 2022 | 3727 | 1 year | 3 yrs. | 31/10/2022 | YES | |
| 10. | ANUSREE P.S | Asst. Lecturer | P.B.B.Sc. Nursing | 2020 | 215255 | 3 yrs. 10 months | - | 06/09/2021 | YES | |
| 11. | SUDHEEKSHA | Asst. Lecturer | B.Sc. Nursing | 2023 | 156843 | 2 year | - | 09/07/2023 | YES | |
| 12. | GOPIKA C K | Asst. Lecturer | B.Sc. Nursing | 2023 | 149546 | 1 year 9 months | - | 07/11/2023 | YES | |
| 13. | AISWARY ROY | Asst. Lecturer | B.Sc. Nursing | 2023 | 141799 | 1 years 8 months | - | 03/03/2025 | YES | |
| 14. | REYONA PRAMENA MENDONSA | Asst. Lecturer | B.Sc. Nursing | 2023 | 158620 | 1 year 7 months | - | 09/01/2024 | YES | |

**Signature of Chairman**

**Signature of Member (I)**

**Signature of Member II**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 15 | DHANYALAXMI | Asst. Lecturer | B.Sc. Nursing | 2022 | 143253 | 1 year 6 month | - | 13/02/2025 | YES | |
| 16 | ANNA MERLIN JACOB | Asst. Lecturer | P.BB.Sc. Nursing | 2016 | 15948 | 1 year 5 months | - | 03/07/2023 | YES | |
| 17 | DIOUS TONY CHIRAKADAVIL | Asst. Lecturer | B.Sc. Nursing | 2022 | 155209 | 1 year 5 months | - | 04/03/2024 | YES | |
| 18 | VASUDEV P | Asst. Lecturer | B.Sc. Nursing | 2022 | 155208 | 1 year 5 months | - | 04/03/2024 | YES | |
| 19. | SHANAVAS USMAN | Asst. Lecturer | B.Sc. Nursing | 2022 | 153609 | 1 year 5 months | - | 04/03/2024 | YES | |
| 20. | SUSHMITHA M | Asst. Lecturer | B.Sc. Nursing | 2022 | 137646 | I year 4 months | - | 13/05/2024 | YES | |
| 21. | VARSHITHA B S | Asst. Lecturer | B.Sc. Nursing | 2022 | 137642 | 1 year 4 months | - | 13/05/2024 | YES | |
| 22. | AKSHAY SUNDAR | Asst. Lecturer | B.Sc. Nursing | 2023 | 151718 | 1 year 4 months | - | 01/04/2024 | YES | |
| 23. | ALISHA MARIA MATHEW | Asst. Lecturer | B.Sc. Nursing | 2021 | 261255 | 1 year 3 months | - | 02/05/2024 | YES | |
| 24. | BHAVANI K | Asst. Lecturer | B.Sc. Nursing | 2024 | 143767 | 1 year 3 months | - | 02/05/2024 | YES | |
| 25. | MINU THOMAS | Asst. Lecturer | B.Sc. Nursing | 2023 | 155868 | I year 3 months | - | 03/05/2024 | YES | |
| 26 | SAWALI HEGADE | Asst. Lecturer | B.Sc. Nursing | 2024 | 164171 | 1 year | - | 26/08/2024 | YES | |
| 27 | SHWETA S GANAGI | Asst. Lecturer | B.Sc. Nursing | 2024 | 164398 | 1 year | - | 26/08/2024 | YES | |
| 28 | REMIN ALEX MATHEW | Asst. Lecturer | B.Sc. Nursing | 2024 | 169946 | 1 year | - | 26/08/2024 | YES | |
| 29 | KAVITHA | Asst. Lecturer | B.Sc. Nursing | 2024 | 166680 | 5 months | - | 04/03/2024 | YES | |
| 30 | SWAGATH H S | Asst. Lecturer | B.Sc. Nursing | 2024 | 183024 | 6 months | - | 12/02/2025 | YES | |
| 31 | MENNA MERIN KURIAKOSE | Asst. Lecturer | B.Sc. Nursing | 2024 | 173182 | 5 months | - | 03/03/2025 | YES | |
| 32 | ALPHONSA LEEJO | Asst. Lecturer | B.Sc. Nursing | 2024 | 175333 | 5 months | - | 03/03/2025 | YES | |
| 33 | ANANTHA LAKSHMI | Asst. Lecturer | B.Sc. Nursing | 2024 | 176607 | 5 months | - | 03/03/2025 | YES | |
| 34 | SHALATTE SHAJI | Asst. Lecturer | B.Sc. Nursing | 2024 | 173780 | 4 months | - | 28/03/2025 | YES | |

**Signature of Chairman**

**Signature of Member (I)**

16/8/25

**Signature of Member II**

Pooja

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

**Annexure - 10**

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

**14. Physical Facilities :**

**14.1. College Building:** **Annexure - 11**

| S. No | Details | Required | Existing | Remarks |
|---|---|---|---|---|
| 1 | Built – up area of the building (in Sq. Ft) | 23,200sq.ft | **29,100 sq.ft** | |
| | **Note:** The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy | | | |
| 2 | **CLASSROOMS** Size of each classroom (sqft) for 40 to 60 intake B.Sc (N): 900 sqft | **4 Class rooms** 900sq ft Each | **1,100 sq.ft each** | |
| | P.B.B.Sc (N) : 600 sqft | **2 Class rooms** 600sq ft Each | **1,100 sq.ft each** | |
| | M.Sc (N) : 600 sqft | **2 Class rooms** 600sq ft Each | **900 sq. ft each** | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | **312 sq.ft.** | |
| | 2. Vice-Principal Chamber | 200 | **300 sq.ft.** | |
| | 3. HOD | 5 x 200 = 1000 | **270 sq.ft. each** | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | **800+2400 sq.ft.** | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | 600 | **330 sq.ft.** | |
| | 7. Accountants Office | 100 | **270 sq.ft.** | |
| | 8. Store Room | 100 | **270 sq.ft.** | |
| | 9. Record room | 100 | **270 sq.ft.** | |
| | 10. Room for maintenance staff | 100 | **280 sq.ft.** | |

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

| | | | | |
|---|---|---|---|---|
| | 11. Xeroxing room | 100 | 300 sq.ft. | |
| | 12. common room (Girls and boys) | 600+400 = 1000 | 1000 sq.ft. | |
| | 13. Seminar hall | 3000 | 3000 sq.ft | |
| | 14. Toilets | 1000 | 1000 sq.ft | |
| | 15. A.V/Aids room | 600 | 600 sq.ft | |

| S. No | Details | Required | Existing | Remarks |
|---|---|---|---|---|
| 4 | **LABORATORIES** | **(40 to 60 intake)** | | |
| | 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** | |

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

**Building Documents:**

**Annexure - 11**

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

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

16/6/25

Pooja

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

**Annexure - 12**

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licence |
|---|---|---|---|---|---|
| | | | Yes / No | Yes / No | Yes / No |
| ENCLOSED ANNEXURE - 12 | | | | | |

**16. Library facility :** Enclose list of library books

**Annexure - 13**

| Library Facilities | Existing Size in Sqft | Separate Library | Ventilation | Lighting | Remarks |
|---|---|---|---|---|---|
| Required 2300 Sq.Ft | 2500sq.ft | ☑ YES No | | | |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | **3132** | **No. of Nursing Journals subscribed** | **05** |
| **No. of Thesis/Research titles available** | **16** | **Is internet facility available for Students?** | **Yes** |
| **No of e-books** | **-** | **How many books were purchased in last financial year?** | **350** |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 1 | Mrs.Suneetha D | B.Lib. Science | 8 yrs | |

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

**Annexure - 14**

| Academic activities | Particulars | Remarks |
|---|---|---|
| Research Projects | ENCLOSED | |
| Conferences conducted | | |
| Conferences attended | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/8/25

Pooja

**Details of Clinical / Hospital Facilities :** **Annexure - 15**

| | | | |
|---|---|---|---|
| 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 | | NOT APPLICABLE | | | |
| 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 | 1Govt. Wenlock Hospital Hampankatta, Mangalore | 900 | 2 KM | | |
| | 2 Govt. Lady Goshen Hospital, Hampankatta, Mangalore | 310 | 2 KM | | |
| | 3.Father MullerHospital, Kankanady, Mangalore | 210 | 3 KM | | |
| | 4. Omega Hospital Pumpwell, Mangaluru | 100 | 3 KM | | |
| MOU / Clinical permission letter) | | | | | |

Verify &Attach Clinical permission letter, fee paid receipts.

**Remarks:**

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

Pooja

### 18.1. Distribution of Beds

| Clinical Areas | Parent | | Affiliated | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. of Beds | | | | Bed Occupancy | | | |
| | No. of Beds | Bed Occupancy | Govt Wenlock Hospital | Lady Goshen Hospital | Fr. Muller Hospital | Omega Hospital | Govt Wenlock Hospital | Lady Goshen Hospital | Fr. Muller Hospital | Omega Hospital |
| Medical | - | - | 340 | - | - | 46 | 320 | - | - | 40 |
| Surgery including OT | - | - | 340 | - | - | 30 | 315 | - | - | 25 |
| Obstetrics & Gynecology | - | - | 272 | 272 | - | 10 | - | 272 | - | 8 |
| Pediatrics, | - | - | 200 | - | - | 9 | 190 | - | - | 6 |
| Emergency Medicine | - | - | 40 | - | - | 5 | 30 | - | - | 3 |
| Psychiatry | - | - | 25 | - | 210 | - | 20 | - | 200 | - |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. of Beds | | | | Bed Occupancy | | | |
| | No. of Beds | Bed Occupancy | Govt Wenlock Hospital | Lady Goshen Hospital | Fr. Muller Hospital | Omega Hospital | Govt Wenlock Hospital | Lady Goshen Hospital | Fr. Muller Hospital | Omega Hospital |
| Major OT | - | - | 16 | - | - | - | 16 | - | - | - |
| Minor OT | - | - | 09 | - | - | - | 09 | - | - | - |
| Dental, Otorhinolaryngology, Ophthalmology | - | - | 40 | - | - | - | 30 | - | - | - |
| Burns and Plastic | - | - | 15 | - | - | 05 | 10 | - | - | 03 |
| Neonatology care unit | - | - | 05 | - | - | 05 | 03 | - | - | 02 |
| Communicable disease/ Respiratory medicine/TB & chest diseases | - | - | 30 | - | - | - | 20 | - | - | - |
| Dermatology | - | - | 10 | - | - | - | 06 | - | - | - |
| Cardiology | - | - | 30 | - | - | 10 | 22 | - | - | 07 |
| Oncology | - | - | 60 | - | - | 07 | 45 | - | - | 02 |
| Neurology/Neuro-surgery | - | - | 20 | - | - | 07 | 10 | - | - | 03 |
| Nephrology/Urology | - | - | 20 | - | - | - | 18 | - | - | - |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ICU/ICCU | - | - | 25 | - | - | - | 20 | - | - | - |
| Geriatric Medicine | - | - | 15 | - | - | - | 12 | - | - | - |
| Any other | - | - | - | - | - | - | - | - | - | - |

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

| 19 | **COMMUNITY HEALTH NURSING :** | **Annexure - 16** |
|---|---|---|
| **RURAL FILELD** | | |
| **a.** | **Name of CHC / PHC / SC** | **ADYAR, PHC** |
| | Adopted / Affiliated | |
| | Administrate red by | ☑ State Govt. ☐ Municipal Corporation ☐ Private |
| | Distance from the Nursing Institute | **10 kms** |
| **b.** | Services Rendered by Health & Family Welfare Programmes | **Yes** |

| **URBAN FEILD :** | | |
|---|---|---|
| **a.** | **Name of CHC / PHC / SC** | **BEJAI, CHC** |
| | Adopted / Affiliated | **Affiliated** |
| | Administrate red by | ☐ State Govt. ☑ Municipal Corporation ☐ Private |
| | Distance from the Nursing Institute | **½ Km** |
| **b.** | Services Rendered by Health & Family Welfare Programmes | |
| *N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.* | | |

| **20** | **Master Rotation Plan : Annexure - 17** | | |
|---|---|---|---|
| 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** |

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

| 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** |

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

| 23 | **Hostel Facilities :Annexure - 16** | | |
|---|---|---|---|
| **a.** | Whether the college is having a separate Hostel? | ✓ **YES** | ☐ **NO** |
| **b.** | Built-up area of the Hostel | **54,470 Sq.ft** | |

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

| | | | |
|---|---|---|---|
| **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 : 301** | **Boys : 54** |
| **f.** | Total No. of rooms | **Girls : 85** | **Boys : 18** |
| **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** |

**List of Annexures:**

| Annexure Numbers | Details | Submitted (Tick Mark) | | |
|---|---|---|---|---|
| | | Yes | NO | Signature |
| **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 | -- | | |

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

| | | | | |
|---|---|---|---|---|
| **Annexure - 11** | Details of External /Part time Teachers | ✓ | | |
| **Annexure - 12** | Physical Facilities :<br>1. College Building – Own / rent / lease MOU documents, sale deed, current yea 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 | ✓ | | |
| **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 | ✓ | | |
| **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 | ✓ | | |

16/8/25

**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:**

On the day of inspection as per the documents provided & observation it was found that, the college is established in 2004 under the trust Poornaprajna educational & charitable trust for the clinical facilities the college is affiliated to various and other hospitals,

The physical infrastructure like, classrooms, laboratory, Digital lab and hostel facilities are adequate, The library is having adequate seating capacity and books,

The list of Teaching faculty who were present on the day of inspection with their due signature is attached.

All the requested documents, measures, google photos & Bank maps are enclosed ....

16/8/25

| Signature of Chairman | Signature of Member (1) | Signature of Member (2) |
|---|---|---|
| | Dr Siddiq Ahmed 16/8/25 | Pooja Asokan |

# 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) |
|---|---|---|

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

## Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

**e-Stamp**

| | | |
|---|---|---|
| **Certificate No.** | : | **IN-KA18092545947071X** |
| Certificate Issued Date | : | 14-Aug-2025 03:20 PM |
| Account Reference | : | NONACC (FI)/ kacrsfl08/ MG LALBAGH/ KA-DK |
| Unique Doc. Reference | : | SUBIN-KAKACRSFL0850935742938258X |
| Purchased by | : | SECRETARY PREMAKANTHI EDUCATIONAL AND CHARITABLE T |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | SECRETARY PREMAKANTHI EDUCATIONAL AND CHARITABLE T |
| Second Party | : | RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGALO |
| Stamp Duty Paid By | : | SECRETARY PREMAKANTHI EDUCATIONAL AND CHARITABLE T |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

ATHMASHAKTHI MULTIPURPOSE CO-OP SOCIETY LTD. Authorised Signatory Bantwal Branch Mangalore D.K.

NOTARY M. ARUN Manga... Revenue ... D.K. Dist. ... Regd. No. LAW LCL 78 2025 Exp. Dt - 19-5-2030 GOVERNMENT OF KARNATAKA

Please write or type below this line

## UNDERTAKING BY TRUST MANAGEMENT

I, Dr. Shiva Sharan Shetty, Secretary of Premakanthi Educational and Charitable Trust are submitting the affidavit to University.

The Premakanthi Educational and Charitable Trust is managing Nethaji Institute of Nursing Sciences since 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 are employed for full time in the college

Secretary
Premakanthi Educational & Charitable Trust
MANGALORE

Errors./Corrections Etc, Nil

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.

Errors./Corrections Etc, NIL

Secretary
Prakanthi Educational & Charitable Trust (R)
MANGALORE

Dr. Shiv Sharan Shetty
Secretary

Sworn and signed before me
this 14th day of Aug 2025 at Mangalore

14/8/2025
Notary, Mangalore

Notary Stamp not available in Karnataka State since 1/4/2003 hence not affixed
14/8/25
Notary, Mangalore

NOTARY
MANGALORE

NOTARIAL REGISTER No. 1097/2025
14/8/2025

M. Arun Shetty
ADVOCATE & NOTARY
K.S.RAO ROAD
MANGALORE-575 001

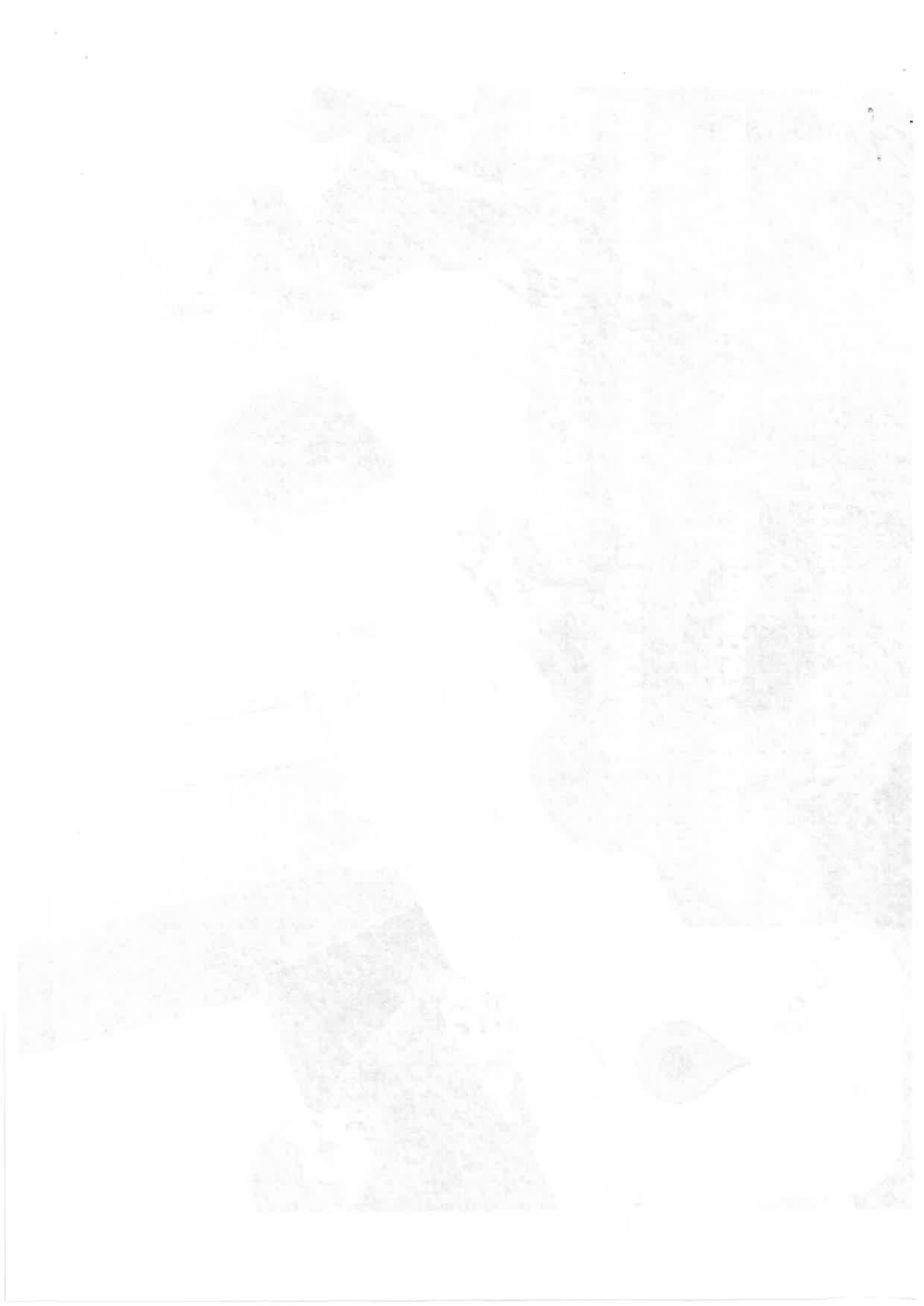
NOTARY
M. ARUN SHETTY
Mangalore
Revenue Taluk
D.K. DISTRICT
Regd.No.
LAW LCL 78 2025
Exp.Dt - 19-5-2030
14/8/25
GOVERNMENT OF KARNATAKA

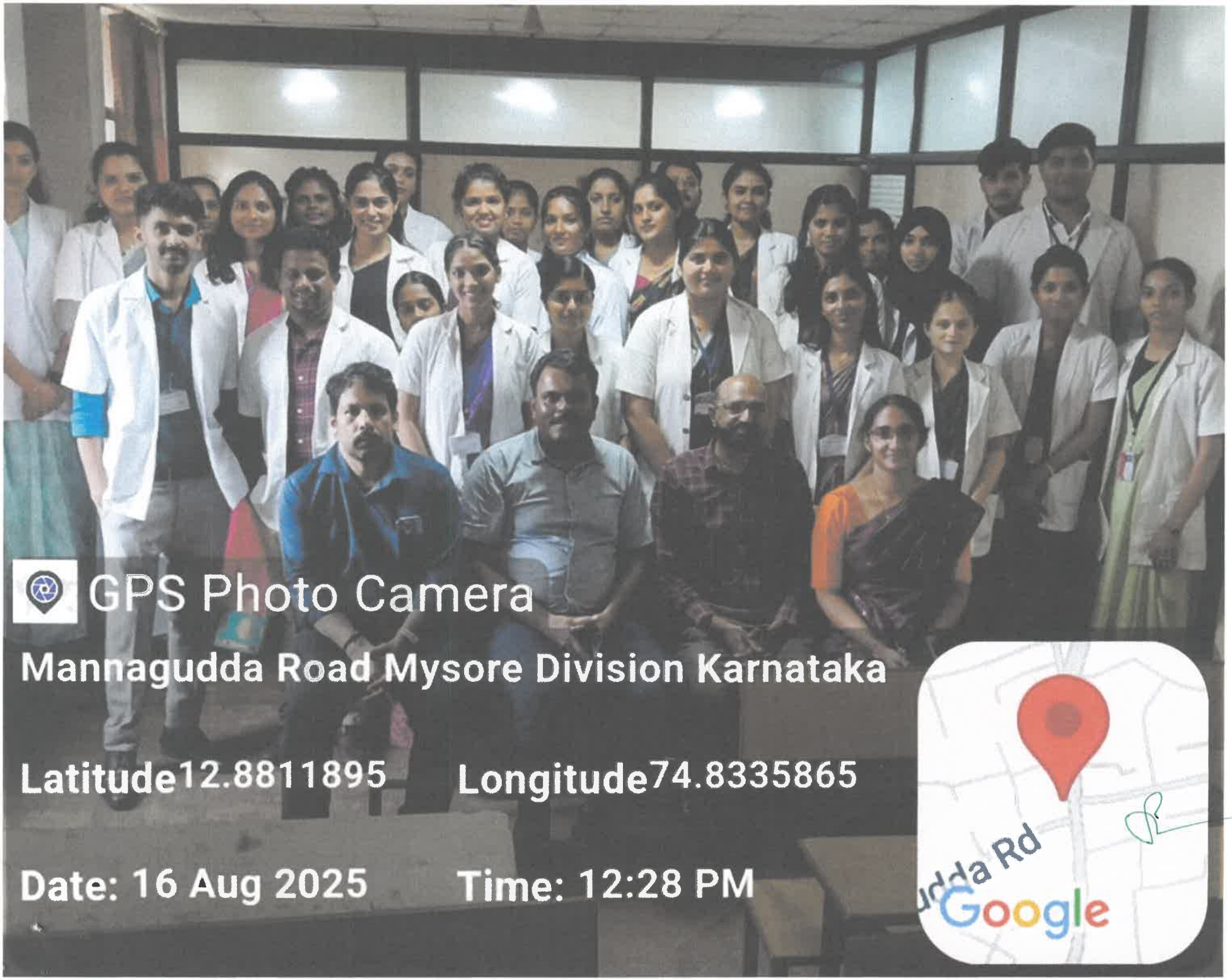
## Map data

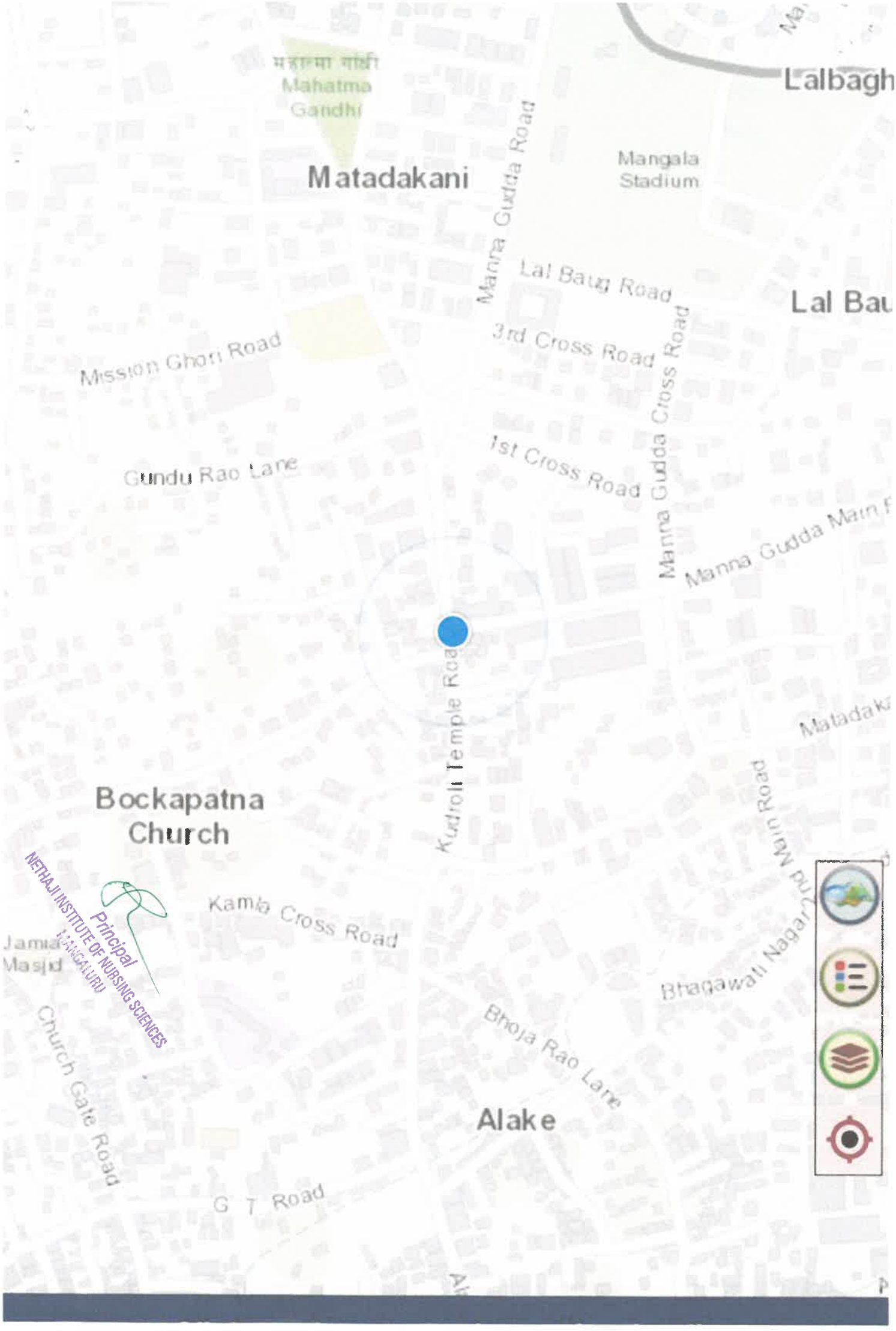
| | |
|---|---|
| Survey No | 21 |
| Village Name | Mangalore Town |
| Hobli Name | Mangaluru |
| Taluk Name | Mangaluru B |
| District Name | Dakshina Kannada |
| Adjacent Survey No. Within 30mts | |

Principal
NETHAJI INSTITUTE OF NURSING SCIENCES
MANGALURU


GPS Photo Camera
Bhandarkars Complex Mysore Division
Latitude 12.8812045
Longitude 74.8336074
Date: 16 Aug 2025
Time: 12:42 PM
Google
Principal
NETHAJI INSTITUTE OF NU
NG SCIENCES
MANGALU




GPS Photo Camera
Mannagudda Road Mysore Division Karnataka
Latitude12.8811895
Longitude74.8335865
Date: 16 Aug 2025
Time: 12:28 PM
Google


Lalbagh
महात्मा गांधी
Mahatma
Gandhi
Matadakani
Mangala
Stadium
Manna Gudda Road
Lal Baug Road
Lal Bau
3rd Cross Road
Mission Ghori Road
Manna Gudda Cross Road
1st Cross Road
Gundu Rao Lane
Manna Gudda Main
Kudroli Temple Road
Matadaka
Bockapatna
Church
Kamla Cross Road
Jamia
Masjid
Church Gate Road
Bhagawati Nagar
Bhoja Rao Lane
Alake
G T Road
NETHAJI INSTITUTE OF NURSING SCIENCES
MANGALURU
Principal