



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. Biran Kumar	Prof. Manu B.	Kavyagunda M
Designation	Associate Professor	PRINCIPAL	Nursing - Kalyan
Address	SCAMCERE, Bangalore #10, popple nagar	P.J. SURYA COLLEGE OF NURSING, SHIMOGA	Kempegowda College of Nursing, V.V. Putam Bangalore
Mobile No	9481965646	-8861347845	9481900877
Email ID	Dr.Biran.kumar@gmail.com	BmanuSonu86@gmail.com	Kavya23ani@gmail.com

Inspection For the Academic Year : 2025-26 Date of Inspection: 12/08/2025

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	PRESIDENCY COLLEGE OF NURSING, BANGALORE. #1, AISHWARYA COMFORT, HANUMANTH NAGAR, BELESHIVALE, DODDAGUBBI (POST), BANGALORE - 560077.	2	Year of Establishment	2004
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company			
3	(a). Name of the Trust/Society & complete postal address & Phone number	SRI KRISHNA EDUCATION TRUST NO: 649/34, 13 th CROSS, ASHA TOWNSHIP, BELESHIVALE, DODDAGUBBI (POST), BIDARAHALLI, HOBLI, BANGALORE - 560077. (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: info-presidencyinstitutions@gmail.com	Website: www-presidencycollegeofnursing.com		
		Office No: 9845890606	Mobile No: 7353598952		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Manu B.

(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	CHAIRMAN . SHRI . VLLAS . R - 7353598952 SECRETARY SHRI . SHARMA MOHAN - 9845890606		
4 Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : ENCLOSED (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5 a) Details of Principal/Head of the institution (After MSc)	Name: PROF. KSAKKI . V Qualification: M.SCCN Experience after MSc: 15 YEARS 03 MONTHS Email: info.presidentyinstitutions@gmail.com	Mobile No: 9845658000 Office No: 080-28465626 Fax No: 080-28465626 Residential phone No: 9123514361	
b) Drawing authority of the college	CHAIRMAN		
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	CONTINUATION OF AFFILIATION	45,000/-	90,000/-	60,000/-	32500/-	2,27,500/-
Post Basic B.Sc. Nursing	CONTINUATION OF AFFILIATION	45,000/-	90,000/-	60,000/-		1,95,000/-
Total (A)						4,22,500/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.	MScN	05 X 2000		10,000/-	
	2.	OBG	05 X 2000		10,000/-	
	3.	Paediatric Nursing	05 X 2000		10,000/-	
	4.	Psychiatric Nursing	05 X 2000		10,000/-	
	5.					
			Total (B)		40,000/-	
NPCC						
			Total (C)		—	
Grand Total (A+B+C)						4,62,500/-
Online Transaction Number or Details: RFF.NO: BSCCN) - ZHDFMUN091X91L M.Sc.N) - ZHDFMUN090595ET P.B.N) - ZHDF56F09243YE						

Online Transaction Number or Details: RFF . NO: BSCCN) - ZHDFMUN091X91L
M.SCCN) - ZHDFMUS09059EZ, P.B.BSCCN) - ZHDF56F09242YE

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	AAKUKA 649 RGV/AFF/NSG/ 1157/KSNC 1097/INC MPS 200A COA 101/2024-25 2024-25 22/01/2005 20/09/2024 08/04/2024 Annexure - 5 Annexure - 6 Annexure - 7 Annexure - 8				
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AAKUKA 401 MPS 2008 27/04/2015 Annexure - 5	" Annexure - 6	" Annexure - 7	" Annexure - 8	
	Sanctioned Intake	45	45	45	30	
	Admissions Made for the Current Academic Year	45	45	45	30	
M.Sc. Nursing in a. Community Health ☒ b. Medical Surgical ☒ c. OBG ☒ d. Paediatric ☒ e. Psychiatry ☒	Approval Letter No. and Date	AAKUKA 536 MMC 2019 17/10/2019 Annexure - 5	" Annexure - 6	" Annexure - 7	" Annexure - 8	
	Sanctioned Intake	20	20	20	—	
	Admissions Made for the Current Academic Year	20	20	20	—	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Programme		I year / SEM	II Year ^{IV SEM}	III Year ^{SEM}	IV Year	Total
B.Sc Nursing	Male	23	24	27	26	100
	Female	37	36	33	34	140
Post Basic B.Sc Nursing	Male	09	06			15
	Female	36	39			75
M.Sc Nursing	Male	07	02			09
	Female	13	16			29
M.Sc NPCC	Male	} NA				
	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-----
		→ ENCLOSED ←				

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

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

Annexure -10

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

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

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

Remarks:

verified and enclosed

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)					B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60							
1	Principal	1	1							1				
2	Vice-Principal	1	1							1				
3	Professor	1	1-2					1*		1				
4	Associate Professor	2	2-4					1*		2				
5	Assistant Professor	3	3-8				2	3*		6				
6	Tutor	8-16	16-24				2-10	--		30				
	Total	16-24	24-40				4-12			41				

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

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

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

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

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

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

1:5 if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :

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

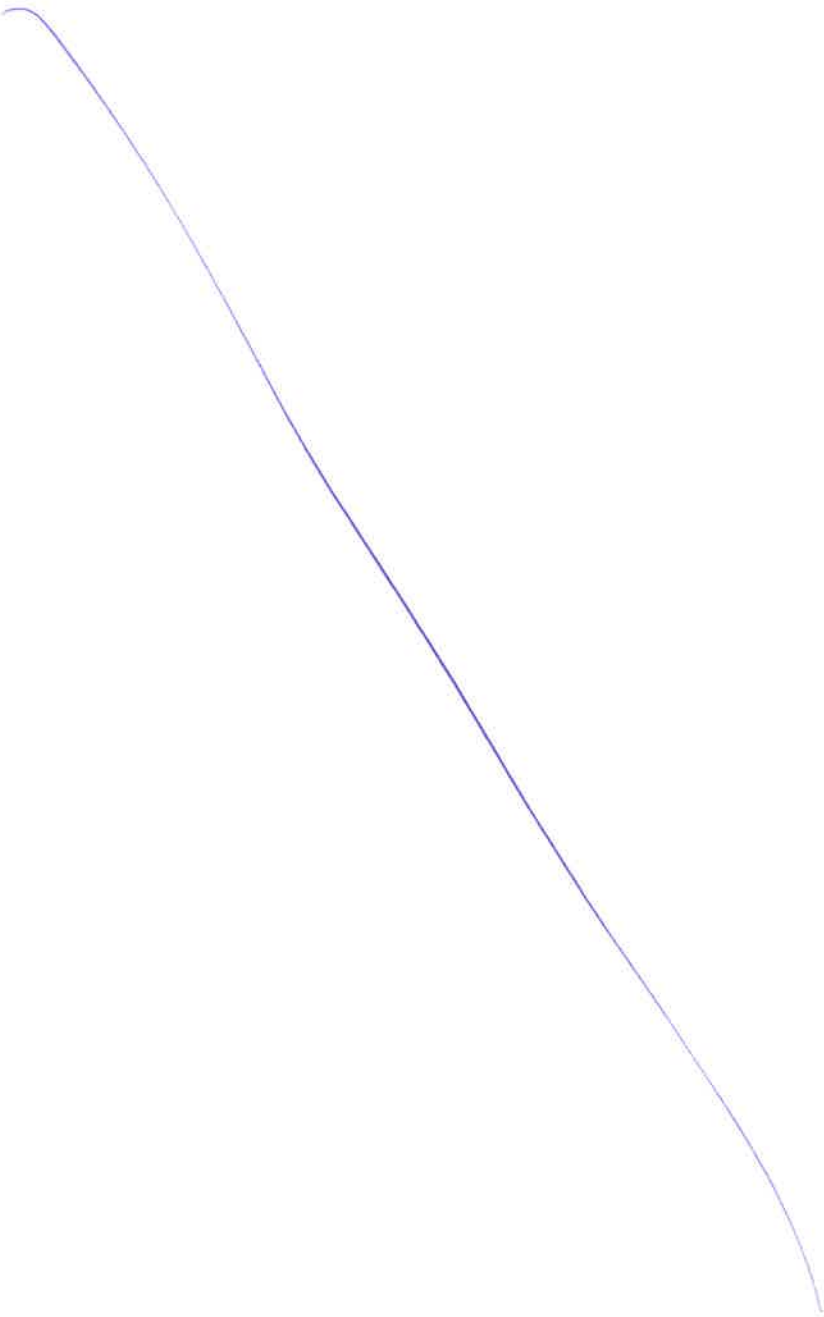
Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty * 3 M.Sc. Nursing qualified faculty * 2 Tutors	Total 8 Faculty * 5 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 7 M.Sc. Nursing qualified faculty * 5 Tutors	Total 16 Faculty * 8 M.Sc. Nursing qualified 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
150 students intake				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

200 students intake				
250 students				
* Aadhar based biometric attendance for students				



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.	Prof. Esakki.V	Principal	MSc(N) Com.H.Nbg	2010	TNM 2008 634 KAR	3 Years 8 months	04-11-2020	Yes	
2.	Prof: Manjunaj.M.R	Vice Principal	MSc(N) OBG Nbg	2012	006835	1 Year	03-01-17	Yes	
3.	Prof. Syad.F	Professor	MSc(N) Pediatric Nbg	2012	006837	1 Year	13-10-16	Yes	OD
4.	Mr. Anur.K. Prasad	Assoc. Professor	MSc(N) MSN	2016	119658	7 months	04-06-16	Yes	
5.	Mrs. Reya Dena Kueian	Assoe. Professor	MSc(N) Pediatric Nbg	2016	50708	—	13-03-19	Yes	
6.	Mr. Ravindhar.D.M	Asst. Professor	MSc(N) Psychiatry Nbg	2017	43661	—	07-07-25	No	
7.	Mr. Shanmug Mohan	Asst. Professor	MSc(N) Psychiatry Nbg	2019	109869	—	02-05-19	Yes	
8.	Mrs. Christina Priya	Asst. Professor	MSc(N) Pediatric Nbg	2020	70441	—	05-02-24	No	ML.
9.	Mrs. Reddimallu Jayanthi	Asst. Professor	MSc(N) OBG Nbg	2020	ANP2021 9159 KAR	—	12-02-24		ML.
10.	Mrs. Nisha.H	Asst. Professor	MSc(N) MSN	2021	76729	3 Years 7 months	05-01-22	Yes	
11.	Mr. Jinto.K Kumar	Asst. Professor	MSc(N) Psychiatry Nbg	2021	107069	—	04-01-22	Yes	OD
12.	Mrs. Kinsu Mathew	Lecturer	MSc(N) MSN	2023	45596	3 Years 3 months	29-03-23	Yes	

Signature of Chairman

Signature of Member (1)

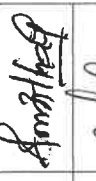
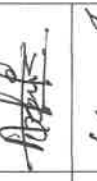
Signature of Member (2)

13.	Mrs. Missy Mary Dorman	Leeturer	Msc (N) OBG Nsg	2023	MDAH 20176584 KAR	1 Year 2 months	2 Year 1 months	01-07-23	N.L
14.	Mrs. Lavina Kumar	Leeturer	Msc (N) OBG Nsg	2023	98829	—	2 Years 2 months	23-07-25	SS
15.	Mrs. Samapika Nayak	Leeturer	Msc (N) Relative Nsg	2024	91931	6 months	1 Year 3 months	01-04-24	S. Nagar
16.	Mrs. Prathibha. N.R	Leeturer	Msc (N) Pediatric Nsg	2025	206298	1 Year 5 months	20 days	23-07-25	Prath
17.	Mrs. Tolly Abraham	Nsg Tutor	P.B. Bsc Nsg	2015	021502	8 Year 1 month	—	27-06-17	Tolly
18.	Ms. Anusuya. G	Nsg Tutor	Bsc (N)	2021	124685	2 Years 6 months	—	23-01-23	No
19.	Ms. Sreelekshmi	Nsg Tutor	Bsc (N)	2019	101217	5 Years 6 months	—	25-01-20	OD
20.	Mrs. Esther Jayarani.	Nsg Tutor	Bsc (N)	2006	23180	03 Years 4 months	—	01-07-22	No
21.	Mr. Vallarasu.D	Nsg Tutor	Bsc (N)	2020	117955	4 Year 1 month	—	10-06-21	OD
22.	Ms. Varsha Mahendran	Nsg Tutor	Bsc (N)	2022	138567	2 Years 4 months	—	01-04-23	Marriage Leave
23.	Ms. Oama. S.K	Nsg Tutor	Bsc (N)	2022	144262	2 Years 3 months	—	03-05-23	No
24.	Ms. Vishnu D	Nsg Tutor	Bsc (N)	2023	146418	1 Year 6 months	—	01-01-24	Yok.
25.	Ms. Renjitha K.S	Nsg Tutor	Bsc (N)	2023	153403	1 Year 6 months	—	02-01-24	Renjitha
26.	Ms. Varsha Jaya Babu	Nsg Tutor	Bsc (N)	2023	153405	1 Year 6 months	—	02-01-24	Varsha

Signature of Member (2)

Signature of Member (1)

Signature of Chairman

27.	Mr. Alan Jimmy	Asst Tutor	Bsc(N)	2023	152964	1 Year 6 months	—	01-01-24	
28.	Mr. Anujith	Asst Tutor	Bsc(N)	2023	159947	1 Year 6 months	—	02-01-24	
29.	Ms. Jula Sara Rajan	Asst Tutor	Bsc(N)	2009	170922 KAR	03 years 8 months	—	02-11-24	
30.	Mr. Nobin Joseph	Asst Tutor	Bsc(N)	2025	180442	6 months	—	15-02-25	
31.	Mr. Prince Prasad	Asst Tutor	Bsc(N)	2025	169482	4 months	—	12-03-25	
32.	Ms. Amrutha Grieeesh	Asst Tutor	Bsc(N)	2025	179628	5 months	—	12-03-25	
33.	Ms. Avani Sankosh	Asst Tutor	Bsc(N)	2024	182797	4 months	—	01-04-25	
34.	Mr. Albin Mathew	Asst Tutor	Bsc(N)	2024	175563	04 months	—	10-04-25	
35.	Mr. Nibin Mohan	Asst Tutor	Bsc(N)	2025	180438	04 months	—	01-04-25	
36.	Ms. Sylvia	Asst Tutor	Bsc(N)	2022	14084	2 years 6 months	—	22-04-25	
37.	Ms. Sonalika	Asst Tutor	Bsc(N)	2022	141383	2 years 6 months	—	22-04-25	
38.	Ms. Soundarya. R	Asst Tutor	Bsc(N)	2024	166594	07 months	—	04-01-25	
39.	Ms. Ansila. S	Asst Tutor	Bsc(N)	2024	182115	01 months	—	09-07-25	
40.	Mr. Hanumanthappa	Asst Tutor	Bsc(N)	2024	181401	01 month	—	04-07-25	

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

41.	Ms. Binay Yonus.	Msg. Tutor	Bsc (AD)	2024	174985	2 months	—	02-06-25	Good
42.									
43.									
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53.									
54.									

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
→ ATTACHED ←					

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	55671 sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC./EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	1050 x 04	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	1050 x 02	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	1050 x 02	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	N 4	
3	Administrative Facilities			Verified
	Office			
	1. Principal's Chamber	300	458 sq.ft	
	2. Vice-Principal Chamber	200	269 sq.ft	
	3. HOD	5 x 200 = 1000	2000 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	870	
	7. Accountants Office	100	370	
	8. Store Room	100	360	
	9. Record room	100	300	
	10. Room for maintenance staff	100	300	
	11. Xeroxing room	100	400	
	12. common room (Girls & Boys)	600+400= 1000	1291	
13. Multipurpose hall / Seminar hall/ examination hall	3000	3000		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

14. Toilets	1000	1000	
15. A.V/Aids room	600	600	

S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	1050	
	Pediatrics Nursing Laboratory	900sq.ft	1050	
	Pre-Clinical Sciences Laboratory	900sq.ft	1050	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

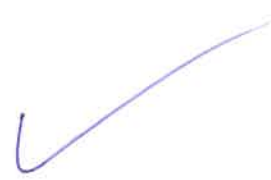
Note:

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

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

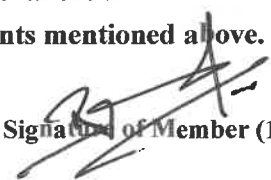
Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	
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	

It is mandatory to enclose all the documents mentioned above.

Signature of Chairman 

Signature of Member (1) 

Signature of Member (2) 

Note:

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

15.**Vehicle Details : Enclose**

a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
→ ENCLOSED			✓ Yes / No	✓ Yes / No	✓ Yes / No

16. Library facility : Enclose list of library books**Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2461	YES ☒ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	3150	No. of Nursing Journals subscribed	15
No. of Thesis/Research titles available	20	Is internet facility available for Students?	YES
No of e-books	14	How many books were purchased in last financial year?	400

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MR. KARTHIKEYAN	M. LIB & INFORMATION SCIENCE	05 YEARS	LIBRARIAN
2.	MRS. VIJAYALAKSHMI	B. LIB	06 YEARS	ASST. LIBRARIAN

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/decrease according to the number of seats approved.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	ENCLOSED	
Conferences conducted		
Conferences attended		

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

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%)	Verified by LIC team
Full Name & Address of the Parent Hospital JEEVIKA HOSPITAL #95/3, MARATHA HALLI, OUTER RING ROAD, BANGALORE -560037 MOU(Registered parent hospital MOU)	100	10 kms	96 %	
NAME OF THE TRUST/ Person owning The Hospital SRI KRESHNA EDUCATION TRUST DR. ASHOK REDDY				
Name Of The Owner Of The Trust of Hospital TRUSTEE MEMBERS				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				
	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital**. This hospital should continue to function as parent hospital 'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 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				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

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

Note : 1:3 student patient ration 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	UPHC	K. Narayanapura
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	03 kms.	
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC	KG Halli Community Health Centre	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	6.7 kms.	
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 - 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 ☐
s.	POSHE Committee	YES ☒	NO ☐
t.	Prevention of Gender harassment committee	YES ☒	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft 25000	
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 : 238	Boys : 90
f.	Total No. of rooms	Girls : 60	Boys : 25
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGHHS 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 LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

22

12/08/25

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

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

LIC Team Observations:

On the day of Inspection, LIC Team observations as follows

- Infrastructure built in ~~55671~~ 55671 sqft. area contains 8 class rooms, 6 labs, seminar hall Library and other facilities required.
- All Teaching faculty were appointed including principal, in that 4 were on leave (2 M.C. 20L)
- Library having 3150 books, 400 newly added books in last financial year, E-Journal- 14, and Journals - 15,
- Institution having parent 'Jeevika Hospital' at nearbhalu 10km away from institution
- value of faculty available
- All documents verified and found correct.

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 presidence college, gurunag which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 12/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member
(Chairman)

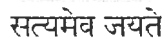
AC Member
(Member)

Subject Expert
(Member)


Signature of Chairman


Signature of Member (1)
25 12/8/25


Signature of Member (2)



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3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that our hospital **JEEVIKA HOSPITAL** is registered under KPMEA and PCB with 100beds and the bonafide certificate has been attached.

This is to confirm that our Hospital **JEEVIKA HOSPITAL** is functioning as Parent Hospital for Presidency College of Nursing,Bangalore.

We also confirm that our Hospital is solely Affiliated to Presidency College of Nursing,Bangalore and is not Affiliated to any other Nursing College.

The information provided by us is true and correct

Place:Bangalore

Date : 04.08.2025



Ashok
DEPONENT.

[DR. ASHOK REDDY]

SWORN TO BEFORE ME

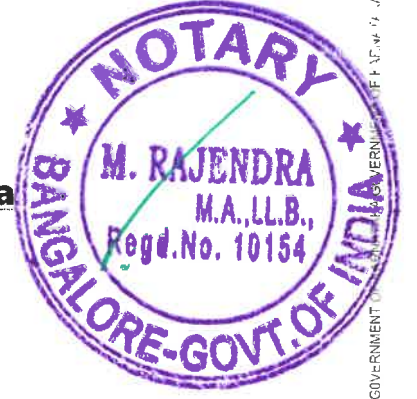
M. Rajendra
**M. RAJENDRA, M.A., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
728, 3rd Block, 14th Cross, HMT Layout
Nagasandra (P), Bengaluru-560073**

5/8/2025



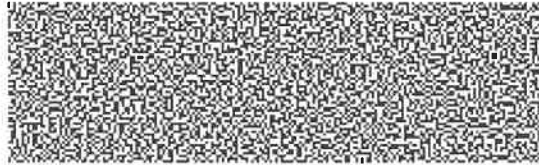
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Second Party : THE REGISTRAR RGUHS
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UNDERTAKING

We, **Shri.ULLAS. R** the Chairman of the SRI KRISHNA EDUCATION TRUST is submitting the affidavit to University. The SRI KRISHNA EDUCATION TRUST is running/managing Presidency College of Nursing, Bangalore since **22 Years**.

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

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.

Place:Bangalore.

Date : 04.08.2025



SWORN TO BEFORE ME

**M. RAJENDRA, M.A., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
728, 3rd Block, 14th Cross, HMT Layout
Nagasandra (P), Bengaluru-560073**

5/8/2025

DEPONENT.

**[ULLAS.R]
CHAIRMAN**

SECRETARY

Nisha

TREASURER

