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 Mahendra M	Dr AJAYKUMAR K	Dr. LAKSHMI. A
Designation	Asst Prof.	prof & principal	Principal
Address	East point Medical college	CMHS, Kalaburagi	Sri Shankara college of Nursing Bangalore.
Mobile No	9980796290	9448455269	9886922965
Email ID	drmahigouda@gmail.com	g_kumarajay@yahoo.com	lakshmikathyr2007@rediffmail.com

Inspection For the Academic Year : 2025-26			09/08/25 *Date of Inspection:*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	√	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	Name of the Institution with Full Address	CARMEL COLLEGE OF NURSING #1/1,SABHYA BHAVAN,ULLAL MAINROAD,1ST STAGE, BHAVANI NAGAR , BANGALORE -560056.KARNATAKA		2	Year of Establishment 2005-06
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	PRINCESS EDUCATIONAL AND CHARITABLE SOCIETY, No,1/10,Sabyabhavan,No.68,Ullal Mainroad,Bhavani Nagar,Bangalore -56 (Enclose copy of Registration documents of Society/Trust)Annexure – 1- ENCLOSED			
		Email:info@carmelinstitutions.com	Website:www.carmelinstitutions.com		
		Office No:080-35642676	Mobile No:9986302420		

Signature of Chairman 9/8/25 Signature of Member (1) Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR.KONDAIAH – PRESIDENT Copy enclosed – Annexure 1(A)		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Copy 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.Dr.K.Maheswari Qualification:M.Sc(Nsg),Ph.D (nsg) Experience after MSc: 16 Years Email:principal@carmelinstitutions.com		Mobile No:9057830578 Office No:080-35642676 Fax No: - Residential phone No: 9686433673
	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)

7. Affiliation Fee Paid Details: Copy Enclosed

Annexure - 3

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 UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing						
Post Basic B.Sc. Nursing			Enclosed –			
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. OBG NURSING			05		
	2. MENTAL HEALTH NURSING			05		
	3. PAEDIATRIC NURSING			05		
	4. MSN NURSING			05		
	5. COMMUNITY HEALTH NSG			05		
					Total (B)	25
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details:

Remarks:

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

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake: Copy Enclosed

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 4	Annexure - 5	Annexure - 6	Annexure - 7	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	59	59	59	59	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 4	Annexure - 5	Annexure - 6	Annexure - 7	
	Sanctioned Intake	30	30	30	30	
	Admissions Made for the Current Academic Year	30	30	30	30	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 4	Annexure - 5	Annexure - 6	Annexure - 7	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	*	*	*	*	
	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	22	16	13	24	208
	Female	37	44	20	32	
Post Basic B.Sc Nursing	Male	02	03	*	*	60
	Female	28	27	*	*	
M.Sc Nursing	Male	05	06	*	*	50
	Female	20	19	*	*	
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) Copy Enclosed

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) Copy 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----------
		—	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: Biometric 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)					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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1	(16 yrs)						
2	Vice-Principal	1	1							1	(12 yrs) Associate						
3	Professor	1	1-2					1*		–							
4	Associate Professor	2	2-4					1*		3							
5	Assistant Professor	3	3-8				2	3*		1							
6	Tutor	8-16	16-24				2-10	--			Total		M.Sc				
	Total	**16-24**	**24-40**				**4-12**						B.Sc				

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	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
150 students intake				
200 students intake				

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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. Dr. K Maheswari	Principal /Professor/HOD	Msc Community Health Nursing ,P.h.D Nursing	The TN Dr MGR Medical University Chennai - March 2009	RR TMN 2012 2479 KAR	7 YRS	16 YRS	30.08.23	✓	
2.	Mrs. Sowmya K	Asso.Professor /VP Inchrge	Msc OBG nursing	RGUHS May 2014	39560	1	11	13.03.24		
3.	Dr.(Mr)Anil Kumar KP	Asso.Professor	MSc MSN Nursing ,Ph.D in Nursing	RGUHS Oct 2015	29374		4 yrs 8 month	25.03.24		
4.	Mrs Joyce Anitha A J	Asso.Professor	MSc MSN Nursing	RGUHS Apr 2015	2899	0	4	1.5.21		
5.	Ms.Radhashree	Asst.professor	Msc Paediatric Nursing	RGUHS Apr2021	87394	0	4	1.08.24		
6.	Ms.Veena M	lecturer	Msc MHN Nursing	RGUHS Feb 2024	41293	6 yrs	7 months	01.02.25		
7.	Mrs. Sujitha Barathan	lecturer	Msc MSN Nursing	RGUHS Nov 2021	128421	0	3 yr 8 months	15.12.21		
8.	Mr. Praveen S Francis	lecturer	Msc Community Health Nursing	RGUHS June 2023	58628	8	2	1.7.23		
9.	Ms.Thilaga R	lecturer	Msc OBG nursing	RGUHS June 2023	79808	0	2	1.7.24		
10.	Ms.Rajimol A	lecturer	Msc OBG Nursing	RGUHS Jan 2024	106280	1	2	1.7.24		
11.	Mr.JishoRajan	Nursing Tutor	Bsc Nursing	RGUHS April 2014	64424	1 yr 9 month		27.11.23		

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12.	Ms.Anindita Karmakar	Nursing Tutor	B.Sc Nursing	RGUHS Oct 2023	157621	1 yr 10 month		4.7.25		
13.	Ms.Deepa CP	Nursing Tutor	Bsc Nursing	RGUHS Sep 2016	80711	8 years		1.3.25		
14.	Mr.Ravi	Nursing Tutor	Bsc Nursing	RGUHS Apr 2024	161857	1 yr		1.7.24		
15.	Ms.J Sandhya	Nursing Tutor	Bsc Nursing	RGUHS Oct 2023	160342	9 months		1.11.24		
16.	Mr.Salman D	Nursing Tutor	Bsc Nursing	RGUHS April 2024	162342	1 yr 2 months		10.06.24		
17.	Mr.Chandrashekhar	Nursing Tutor	Bsc Nursing	RGUHS Oct 2022	140944	9 months		25.11.24		
18.	Ms.Shahinabanu	Nursing Tutor	Bsc Nursing	RGUHS Oct 2023	149244	9 months		20.11.24		
19.	Ms.Lansi bolanvich	Nursing Tutor	PBBSC Nursing	RGUHS Aug 2011	73020	4 Yrs 8 months		01.01.25		
20.	Ms.Vishalakshi	Nursing Tutor	PBBSC Nursing	RGUHS Sep 2016	143262	7 yrs 5 months		01.04.25		
21.	Ms.Parvati	Nursing Tutor	PBBSC Nursing	RGUHS Nov 2020	195216	1 year 9 months		1.11.23		
22.	Ms.Vijayalashmi	Nursing Tutor	PBBSC Nursing	RGUHS Nov 2020	195189	1 year 7 months		20.01.24		
23.	Ms.Jessica Samnal	Nursing Tutor	B.Sc Nursing	RGUHS Feb 2010	30149	10 year		01.03.25		
24.	Ms.Thejaswini	Nursing Tutor	PBBSC Nursing	RGUHS Sep 2015	57697	*		1.8.25		
25.	Ms.Archana	Nursing Tutor	Bsc Nursing	RGUHS June 2023		3 months		01.06.25		
26.	Mr.Pavankumar KL	Nursing Tutor	Bsc Nursing	RGUHS Oct 2023	149330	1 yr 3 months		01.05.24		
27.	Ms.Annal Sumathi	Nursing Tutor	PBBSC Nursing	RGUHS Feb 2023	166304	2 yrs 3 months		10.05.23		
28.	Mr.Prasad	Nursing Tutor	B.Sc Nursing	Dr,NTR	RR ANP	5		01.03.25		

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				University AP Dec 2018	2019 8237 KAR	Months				
29.	Ms.Kingsly	Nursing Tutor	PBBSC Nursing	TN Aug 2018	RR TMN2021 19922 KAR	4 months		1.4.25		
30.	Ms.Sangeetha M	Nursing Tutor	PBBSC Nursing	RGUHS June 2023	141131	1 year		01.07.24		
31.	Ms.Vanaja M	Nursing Tutor	PBBSC Nursing	RGUHS Dec 2024	195242	7 months		3.1.25		
32.	Mr.Lokesh Rao	Nursing Tutor	B.Sc Nursing	RGUHS Oct 2022	132103	4 months		1/4/2025		
33.	Mr.Preetham	Nursing Tutor	B.Sc Nursing	RGUHS Oct 2022	139474	9 months		1.10.24		
34.	Ms.Mandara	Nursing Tutor	B.Sc Nursing	RGUHS Nov 2020	108532	2 months		10.06.25		
35.	Mr.Banu Prakash	Nursing Tutor	B.Sc Nursing	RGUHS March 2013	57048	1 yr 7 month		20.11.23		
36.	Ms.Angel Sabu	Nursing Tutor	B.Sc Nursing	RGUHS Dec 2024	172534	6 month		1.2.25		
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

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 - 10**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
					Copy Enclosed

14. Physical Facilities :

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

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)	**24850 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	**4 x 850**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2 x 850**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2 x 850**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	*	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**360**	
	2. Vice-Principal Chamber	200	**250**	
	3. HOD	5 x 200 = 1000	**250 x 4**	
	4. Professor/Assoc. Prof	800+2400=3200	**850+1000**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600**	
	7. Accountants Office	**100**	**250**	
	8. Store Room	**100**	**200**	
	9. Record room	**100**	**200**	
	10. Room for maintenance staff	**100**	**250**	
	11. Xeroxing room	**100**	**200**	
	12. common room (Girls & Boys)	600+400= 1000	**250 x 2**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000**	
	14. Toilets	1000	**12 x120**	

Verified

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

	15. A.V/Aids room	600	**200**	

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	**850+850**	
	Nutrition & Community Health Nursing	1200sq.ft	**850**	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	**850**	
	Pediatrics Nursing Laboratory	900sq.ft	-	
	Pre-Clinical Sciences Laboratory	900sq.ft	**850**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1000**	

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: Copy Enclosed **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	YES
2	**Is the college building own or leased ?**	LEASED
3	**Blue print of the building plan approved and attested by competent authority.**	AVAILABLE
4	**Building construction license from competent authority**	AVAILABLE
5	**Tax paid receipt (Latest / current year)**	PAID
6	**Occupancy certificate.**	AVAILABLE
7	**Sale deed / Lease deed of the building / Land.**	AVAILABLE
8	**Land Conversion order from DC**	—
9	**Town planning/Authorities approval order**	AVAILABLE

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC *dtd* 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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 **Copy Enclosed** **Annexure – 13**

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

16. Library facility : Enclose list of library books & Journal List **Copy Enclosed** **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	850+2300	YES ☐ No ☐	~~Good~~	~~Good~~	

Enclosed

Total No. of Nursing Books available	1632	**No. of Nursing Journals subscribed**	6
No. of Thesis/Research titles available	25	**Is internet facility available for Students?**	Yes
No of e-books	500	**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Gowda Divya Venkataramu	Bachelor of Libray & Information Sciences		
		Enclosed		

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 willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Copy Enclosed** **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Enclosed	

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

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 : Copy Enclosed **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- *Brindhavvan Areion Hospital*, # 17,4th Mainroad,Chamrajpet, Bangalore - 560018 MOU(Registered parent hospital MOU)		100	11 KM	38-48	
NAME OF THE TRUST/ Person owning The Hospital Princess Educational and Charitable Society			Enclosed		
Name Of The Owner Of The Trust of Hospital Dr.Harish Kumar					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 Jayanagar General Hospital	300	15 KM	240-260	
	2 Indira Gandhi institute of child health	500	15KM	380-420	

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

	3 Spandana Hospital 4.BBMP Maternity centers (MOU/Clinical permission letter)	50	6 KM	26	

(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**forBangalore 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, 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:

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

18.1. Distribution of Beds Copy Enclosed

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology		Enclosed		
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		Enclosed		
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				
Any other				

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

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

19	COMMUNITY HEALTH NURSING :Annexure – 17 Copy Enclosed	
RURAL FILELD		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐	
Distance from the Nursing Institute		
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.		

Enclosed

20	Master Rotation Plan : Annexure – 18 Copy Enclosed		
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** ☐

Enclosed

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

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

List of Annexures:

Annexure Numbers	Details	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 : 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 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)**

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:

LIC Inspection Conducted on 9/8/25 noted Infrastructure - college Building is found has class room, Library, Labs and other amenities as per the RGUHS norms

Faculty :- 1 prof, 3 Assoc & 1 Asst, 31 Tutors were shown on the day of inspection 2 tutors on leave. staff list Enclosed.

Hospital : Brindavan Aerion hospital 100 beded reputed parent hospital (new) Enclosed

Signature of Chairman
9/8/25

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 CARMEL COLLEGE OF NURSING BENGALURU 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)
	Dr AJAY KUMAR G Prof & Principal CMRIMS, Kalaburagi	Dr. LAKSHMI. A Principal Sri Shankara COW Bangalore
Signature of Chairman 9/8/24	Signature of Member (1)	Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

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Certificate No.	:	IN-KA12419508645764X
Certificate Issued Date	:	07-Aug-2025 04:47 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ NAGARBHAVI 2ND STAGE12/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08401809369044 42X
Purchased by	:	CARMEL COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CARMEL COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	CARMEL COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

Under taking by Trust Management

I Mr.Kondaiah the president of the Princess educational charitable society is submitting the affidavit to University. The Trust/Society Princess educational charitable society is running / managing the College Carmel College of Nursing since 2006.

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 faculties in the college are employed for full time in the college.

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 also confirm that the college is solely managed by the trust / society 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

Deponents

President

NOTARY GOVT. OF INDIA
K.H. JAGADISH
M.A. LLB,
Reg.No 2722

SWORN TO BEFORE ME

K.H. JAGADISH, M.A, LLB.
NOTARY PUBLIC, GOVT OF INDIA
No 428/17, 2nd Cross, Mathikere
BENGALURU-560 054

7 AUG 2025