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 DILIP KUMAR N.R	Dr. GEETA DOLLI	DR. Shambhavi
Designation	Senate Member	AC Member.	Subject Expert
Address	Asso Prof & HOD - Slun SABMCRI B'lore - 560001	Prof & HOD Basavaraj Patil Memorial Ayurvedic Medical College.	Professor Sajjalashree Institute of Nursing Sciences Bagalkot
Mobile No	9844288283	9886431714.	9481017875
Email ID	DRDILIP57@GMAIL.COM	drgeeta.mailbox@gmail.com.	shambhavi.shettigar@gmail.com

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

1	Name of the Institution with Full Address	NEW MANGALORE COLLEGE OF NURSING	2	Year of Establishment: 2016
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address & Phone number	NOORIE EDUCATIONAL AND CULTURAL TRUST ® Al-Hajma Noorunnissa Road Andersonpet KGF 563113 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:newmangalorecon@gmail.com	Website:	newmangalore.in
		Office No: 274475	Mobile No: 9886207237	

Signature of Chairman
Dr DILIP KUMAR N.R
Senate Member

Signature of Member (1)
Dr. Geeta Dolli
AC Member

Signature of Member (2)
Dr. SHAMBHAVI
Subject Expert

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	**Fahmidha Rahim**	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council : 5** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name: Gangadhara T** **Qualification: M.Sc Nursing (Community)** **Experience after MSc: 14** **Email: newmangalorecon@gmail.com**	**Mobile No: 8748025699** **Office No:** **Fax No:** **Residential phone No:**
	b) Drawing authority of the college		

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**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	2025-26	**220050/-, 1,000/-**				**223050/-**
Post Basic B.Sc. Nursing	2025-26					
					Total (A)	**223050**

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1. Medical Surgical Nursing	**05**	-
	2. OBG	**05**	
	3. Peadiatrics Nurisng	**05**	
	4. Psychatric Nursing	**05**	
	5. Community Health Nursing	**05**	
		Total (B)	**223050**
NPCC			
		Total (C)	
		Grand Total (A+B+C)	**223050**

Online Transaction Number or Details: ZHDFNHO09CII9E 22050/-, ZHDF20609CIOON 1000/-

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

..emarks:

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	AKUKA/297/ RGU/2016 29.12.2016 MED/292/MMC/ 2019 09.10.2019 Annexure - 5	RGUHS/AFF/NSG/ COA/01/2024-25 20.09.2024 Annexure - 6	KSNC/1157/ 2024-25 14/05/2024 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60		
	Admissions Made for the Current Academic Year	60	60	60		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake					
	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**	03	01	05	00	09
	Female	57	57	55	60	229
Post Basic B.Sc Nursing	**Male**					
	Female					
M.Sc Nursing	**Male**					
	Female					
M.Sc NPCC	**Male**					
	Female					

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

Annexure - 9

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

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——
	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)**

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

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

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				

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

e				
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. Enclosed

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

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

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

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**27500**	
	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	**1075X4**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**500**	
	2. Vice-Principal Chamber	200	**300**	
	3. HOD	5 x 200 = 1000	**1000**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**900**	
	7. Accountants Office	**100**	**200**	
	8. Store Room	**100**	**200**	
	9. Record room	**100**	**200**	
	10. Room for maintenance staff	**100**	**200**	
	11. Xeroxing room	**100**	**100**	
	12. common room (Girls & Boys)	600+400= 1000	**1000**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000**	
	14. Toilets	1000	**1000**	

Verified as per norms

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

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

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	**60**	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**2100**	Verified as per norms
	Nutrition & Community Health Nursing	1200sq.ft	**1200**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1075**	
	Pediatrics Nursing Laboratory	900sq.ft	**1075**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**1075**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**2100**	

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.

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 **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA082169	58	YES	YES	Yes

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	2300	YES ✓ No ☐	Yes	Yes	

Total No. of Nursing Books available	3150	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	05	**Is internet facility available for Students?**	Yes
No of e-books	0	**How many books were purchased in last financial year?**	48

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Faridha sylvester	B Lib	15	

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 **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects		

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 : **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 MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Goverment General Hospital RPET KGF	250	02Kms	210	
	2 Government Children's and Maternity Hospital RPET KGF	100	02Kms	120	
	3 (MOU/Clinical permission letter)				

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

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

NOTE:

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

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	21		
Surgery including OT	15	11		
Obstetrics & Gynecology	100	80		
Pediatrics,	50	40		
Emergency Medicine	25	21		
Psychiatry	15	10		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	08		
Minor OT	20	16		
Dental, Otorhinolaryngology, Ophthalmology	05	02		
Burns and Plastic	05	01		
Neonatology care unit	05	01		
Communicable disease/Respiratory medicine/TB & chest diseases	10	08		
Dermatology	05	01		
Cardiology	25	21		
Oncology	10	04		
Neurology/Neuro-surgery	10	02		
Nephrology/Urology	10	08		
ICU/ICCU	05	04		
Geriatric Medicine	00	00		
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	
RURAL FILELD		
a. Name of CHC / PHC / SC		**Andersonpet Primary Health Center**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**01km**
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		**Marikuppam Urban Health Center**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**02km**
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 28000**	
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 : 200**	**Boys : 02**
f.	Total No. of rooms	**Girls : 36**	**Boys : 10**
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	**YES**		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**YES**		
Annexure - 3	Details of any other Nursing Institution under the same Trust	**YES**		
Annexure - 4	Details of Affiliated fees paid receipts	**YES**		
Annexure - 5	Approval Status : GOK Order	**YES**		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**YES**		
Annexure - 7	Approval Status : KNC Notification	**YES**		
Annexure - 8	Status : INC Notification	**YES**		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	**YES**		
Annexure - 10	List of M.Sc. Nursing Students as per format	**YES**		
Annexure - 11	Details of External /Part time Teachers	**YES**		
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	**YES**		
Annexure - 13	Vehicle Details : Bus	**YES**		
Annexure - 14	Details of List of Library Books & others	**YES**		
Annexure - 15	Academic Activities	**YES**		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	**YES**		
Annexure - 17	Details of Community Health Nursing Posting Facilities	**YES**		

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

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

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, the following observation, were made:

1) Infrastructure: As per norm

2) Staff: As per norm

3) Clinical load: As per norm

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 Nitte Mangalore College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 8/8/24 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 DILIP KUMAR N.R.	Dr. Geeta Dalli	Dr. SHAMBHAVI.

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

NEW MANGALORE COLLEG FO NURSING
Andersonpet KGF 563113

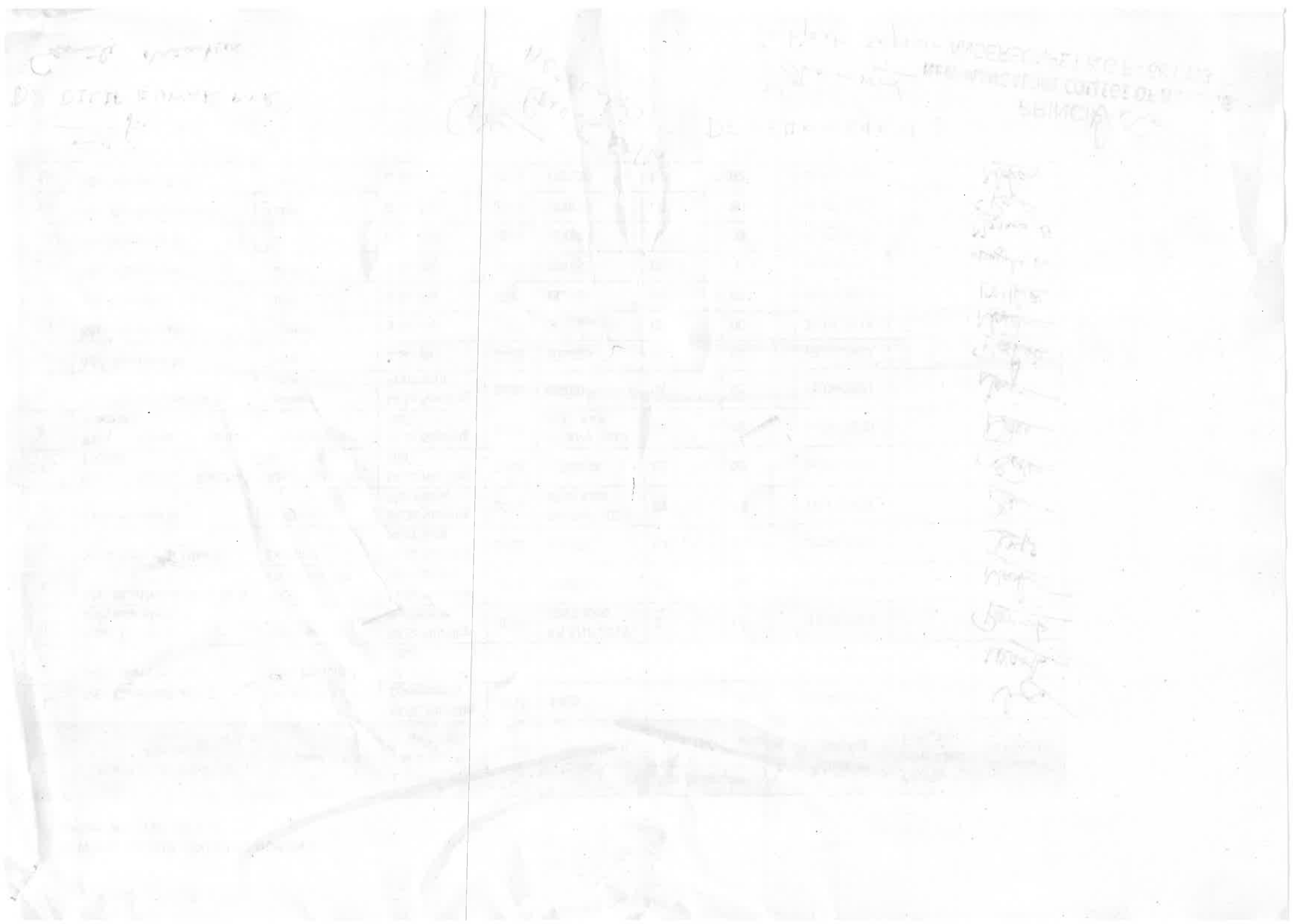
Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mr. Gangadhara T	PRINCIPAL	M.SC Nursing Community	2011	4400	2	14	04.06.2016		
2.	Mrs. Kavitha M	Vice Principal	M.Sc Nursing OBG	2019	77147	2	05	12.10.2019		
3.	Mrs. Parimala Priyadarshini K	Professor	M.Sc Nursing Psychatric	2015	RR ANP 2019 8210 KAR	2	09	01.10.2023		
4.	Mr. Madhusudhan D B	ASSO PROFESSOR	M.Sc Nursing Peadiatrics	2013	006076	2	12	10.10.2016		
5.	Mrs. Joys Sunitha S	Lecturer	M.Sc Nursing Med Surg	2022	97177	04	02	20.06.2022		
6.	Mrs. Sudha R	Lecturer	M.Sc Nursing Psychatric	2021	RN ANP 2022 9808 KAR	07	03	10.11.2021		
7.	Mrs. Sonu Raichal Philip	Asso Professor	M.Sc Nursing OBG	2014	0008848	03	09	06.07.2020		
8.	Mrs Dara Harini Kumari	Asso Professor	M.Sc Nursing OBG	2017	RR ANP 2019 8112 KAR	02	08	10.03.2020		
9.	Mr. Nanje Gowda B	Lecturer	M.Sc Nursing Psychatric	2020	59420	04	05	10.06.2021		
10.	Ms. Roshini M	Tutor	B.Sc. (N)	2023	168813	01	00	10.11.2023		
11.	Mrs. Mariamma	Tutor	B.Sc. (N)	2018	98173	07	00	20.05.2018		
12.	Ms. Karthika E T	Tutor	B.Sc. (N)	2022	143337	02	00	10.11.2022		
13.	Ms. Manjula A	Tutor	B.Sc. (N)	2021	218452	03	00	10.03.2022		
14.	Ms. Mogana D	Tutor	B.Sc. (N)	2022	139306	02	00	01.07.2022		
15.	Mr. Ravin Kumar M	Tutor	B.Sc. (N)	2023	145835	02	00	01.07.2023		
16.	Mr. Mohan Raj A	Tutor	B.Sc (N)	2022	132120	02	00	01.11.2022		

Dr DILIP KUMAR N.R
Senate Member.

Dr. Geeta Dolli
AC Member

Dr. SHAMBHAVI
Subject Expert

PRINCIPAL
NEW MANGALORE COLLEGE OF NURSING
ANDERSONPET K.G.F - 563 113



17.	Ms. Gayathri M	Tutor	B.Sc (N)	2022	144180	02	00	01.11.2022		
18.	Ms. Delisha Merin Thomas	Tutor	B.Sc (N)	2022	143251	02	00	04.11.2022		
19.	Ms. Vedavathi C	Tutor	B.Sc (N)	2020	207711	04	00	10.02.2022		
20.	Ms. Shiva Kumar K R	Tutor	B.Sc (N)	2020	113377	04	00	02.02.2022		
21.	Ms. Megha Bose	Tutor	B.Sc (N)	2022	144142	02	00	10.12.2022		
22.	Ms. Anjana Rajappan	Tutor	B.Sc (N)	2023	161010	01	00	15.11.2023		
23.	Ms. Soniya M	Tutor	B.Sc (N)	2018	96054	06	00	30.11.2022		
24.	Ms. Selvamani A	Tutor	B.Sc (N)	2022	144059	02	00	10.11.2022		
25.	Mrs Looma Elizabeth A	Tutor	P.B.B.Sc (N)	2013	015229	12	00	20.07.2022		
26.	Ms.anjusha K Sheebi	Tutor	B.Sc (N)	2019	107120	06	00	12.10.2019		
27.	Ms. Swetha S	Tutor	B.Sc (N)	2022	144848	02	00	10.11.2022		
28.	Mrs Soundariya S	Tutor	B.Sc (N)	2022	269101	02	00	20.11.2022		
29.	Ms. Limitha Martin	Tutor	B.Sc (N)	2022	143250	02	00	04.11.2021		

Dr DILIP KUMAR N.R

Dr. Geeta Dolli

DR. SHAMBHAVI
Subject Expert.