Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Kiran Kumar K	Dr Siddaram. S Patil	DCM NAYAPPA
Designation	Associate Professor	Prof and HOD	PRINCIPAL
Address	SKANCHERE, Begalur #10 Pipeline Road Jayanagar	HKE's Dr Madelkar HMC and Hospital Kalaburgi	Siddavanahalli, Sant-Nagarabhavana Cm, Bangalore
Mobile No	9481965646	8880788800	7204646708
Email ID	dr.kiran.ayu@gmail.com	drsiddaram@gmail.com	devasaithambi@gmail.com

For the Academic Year : 2025-2026 *Date of Inspection:* 08.08.2025

(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	

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**	KIRAN COLLEGE OF NURSING JANAPRIYA TOWNSHIP, KADABAGERE CROSS, MAGADI ROAD, BANGALORE DIST, PINCODE-562130 KARNATAKA.	2	**Year of Establishment** 2004-2005
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**Name of the Trust & complete postal address (if private)**	SRISAI EDUCATIONAL SOCIETY NO 61, NEAR JANAPRIYA TOWNSHIP, KADABAGERE, MAGADI ROAD, BENGALURE-562130 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** **Email:** KIRANNSGCOLLEGE177@GMAIL.COM **Website:** NIL		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 09 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		

Signature of Chairman

Signature of Member (1)
Dr. Siddaram S. Patil
1 AC Member

Signature of Member (2)
DCM NAYAPPA
Subject Expert

5	**Details of Principal/Head of the institution**	**Name:** PROF. RAJESWARI.S **Qualification:** M.Sc NURSING **Experience:** 24 YEARS [6+18] **Email:** GEMPUPPY1976@GMAIL.COM		**Mobile No:** 9790095132 **Office No:** **Fax No:** **Residential phone No:**
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full 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 UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	✓					156,085.40
Post Basic B.Sc. Nursing						
					Total (A)	156,085.40

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3. — NA —		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details:
TRANSACTION ID - BD000000075847S8 DATE - 28.12.2024
PAYMENT REF NO - ZIC031X0945747G

Remarks: verified and enclosed

Verify &Enclose copy of Affiliation fee paid documents

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

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	ACA.FNS.267/2005-2006 23.11.2004 Annexure - 5	RGU/CONT-AFF/NSG/AN278/2023-24 09.02.2024 Annexure - 6	1157/FILE NO:-2023-2024 08.06.2023 Annexure - 7	18-15/2961-INC 26.06.2025 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	—	NA	—	—	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	NA	—	—	
	Admissions Made for the Current Academic Year	—	NA	—	—	
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)

Dr. Siddaraju S Patil
AC Member

Signature of Member (2)

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	29	21	24	18	92
	Female	10	16	15	22	63
Post Basic B.Sc Nursing	Male					
	Female	—	NA	—	—	—
M.Sc Nursing	Male					
	Female	—	NA	—	—	—
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——
	—	—	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: 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)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		03									
6	Tutor	8-16	16-24	2-10	--		12									
	Total	**16-24**	**24-40**	**4-12**			17									

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

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

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. RAJESWARI.S	PRINCIPAL	MSC NURSING CHILD HEALTH NURSING	2006	RRJMN 20251555KAR	6	18	23.04.2025	✓	
2.	PROF. P.M.HEMALATHA	VICE PRINCIPAL	MSC NURSING COMMUNITY HEALTH	2014	RRANP2012 2516 KAR	2.6	10	01.07.2023	✓	
3.	MR. BHASKARA.P	ASST. PROFESSOR	M.SC NURSING CHILD HEALTH NSG	2019	26126	7	5	01.07.2024	✓	
4.	DR. NAKKA SURYA TEJA	ASST. PROFESSOR	PHD. NURSING MEDICAL SURGICAL	2024	RRANP2022 9647 KAR	2	4	01.06.2024	✓	
5.	MRS. VEENA. M	ASST. PROFESSOR	M.SC NURSING MENTAL HEALTH NSG	2022	41293	8	3	22.01.2022	✓	CL
6.	MS. ASHWINI. K	TUTOR	M.SC NURSING OBG	2024	121278	0.7	0.8	01.02.2025	–	
7.	MS. ARPITA MAITY	TUTOR	M.SC. NURSING OBG	2024	RRANP2022 10055 KAR	0	0.8	20.12.2024	–	CL
8.	MRS. T. SUNEETHA	TUTOR	MSC NURSING MEDICAL SURGICAL	2024	RRANP2022 9656 KAR	4	0.8	20.12.2024	–	
9.	MRS. ELIZABETH INDIRA DEVI	TUTOR	PB B.SC. NURSING	2014	20938	8	0	05.03.2016	–	
10.	MRS. PUSHPA JYOTHI	TUTOR	PB B.SC NURSING	2013	46610	8	0	15.07.2015	–	
11.	MR. ABU SAYEED MONDAL	TUTOR	B.SC NURSING	2023	159057	2	0	01.11.2023	–	
12.	MR. NITHINLANDROS.S	TUTOR	B.SC. NURSING	2017	87932	7	0	05.10.2017	–	SL
13.	MS. SONIA	TUTOR	B.SC NURSING	2010	110330	4.8	0	01.07.2025	–	
14.	MR. SAINATH	TUTOR	B.SC. NURSING	2022	145508	3	0	25.12.2022	–	
15.	MS. GAYATHRI R	TUTOR	B. SC. NURSING	2022	145507	2.8	0	01.01.2023	–	ML
16.	MRS. POOJA.M.R	CLINICAL INSTRUCTOR	B.SC NURSING	2024	162895	1.2	0	01.05.2024	–	
17.	MR. MOHAMMAD SUHEL.M	TUTOR	B.SC. NURSING	2024	172366	0.7	0	15.07.2025		
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

Dr. Siddaraccan. S
AC Member

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)

Dr. Siddaram S. Patil
AC Member

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
		ENCLOSED			

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	29860.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	1080x5 = 5400 SqFt	
	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	400 SqFt	
	2. Vice-Principal Chamber	200	200 SqFt	
	3. HOD	5 x 200 = 1000	-	
	4. Professor/Assoc. Prof	800+2400=3200	1200 x 2 = 2400 SqFt	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1200 SqFt	
	7. Accountants Office			
	8. Store Room		900 SqFt	
	9. Record room		900 SqFt	
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1000 SqFt	
	13. Seminar hall	3000	3000 SqFt	
	14. Toilets	1000		
	15. A.V/Aids room	600	900 SqFt	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 SqFt	
	Nutrition & Community Health Nursing	1200sq.ft	900+900=1800SqFt	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 SqFt	
	Pediatrics Nursing Laboratory	900sq.ft	900 SqFt	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 SqFt	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq Ft	

Note:

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

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

Building Documents:

Annexure - 12

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	–	Rent /Lease	✓ 33 YEARS
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Annexure - 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA50 3278	40	Yes / No	Yes / No	Yes / No

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

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 Sqft	YES [✓] No [ ]	Good	Good	

Total No. of Nursing Books available	3300	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	05	**Is internet facility available for Students?**	YES
No of e-books	200	**How many books were purchased in last financial year?**	22

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MR. DEVARASU.N.C.YADAV	MLISc	10 YEARS	

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

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	/	25
Conferences conducted	ENCLOSED	01
Conferences attended	/	03

Signature of Chairman

Signature of Member (1)

Dr Siddaraju S. Patil
AC Member

Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

Annexure - 16

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☐	
		ii.Trust member with MOU ☑	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital – ARKAVATHI MULTISPECIALITY HOSPITAL NO.A308, SY.NO79/2, BYADARAHALLI, MAGADI MAIN ROAD, BENGALURU-560091		100	6 KM	88%	
NAME OF THE TRUST/ Person owning The Hospital HAPPY VENTURES TRUST DR.ARUN KUMAR.B.C					
Name Of The Owner Of The Trust DR. ARUN KUMAR.B.C					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 BOSS MULTISPECIALITY HOSPITAL #11/3, RANGANATHAPURA, MAGADI MAIN ROAD. PINCODE-560079.	50	10 KM	45%	
	2 BHARATHY HOSPITAL #4, NAGARABHAVI MAIN ROAD, PRASHANTHNAGAR, BANGALORE-560079	50	12 KM	43%	

(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).

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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

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

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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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	22	81 %.	03	85 %
Surgery including OT	18	77 %.	03	83 %.
Obstetrics & Gynecology	06	81 %.	04	83 %
Pediatrics,	06	81 %.	02	75 %.
Emergency Medicine	05	80 %.	06	90 %.
Psychiatry	03	75 %.	02	85 %.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	80 %		-
Minor OT	05	80 %		-
Dental, Otorhinolaryngology, Ophthalmology	06	75 %.	02	89 %.
Burns and Plastic	03	74 %.	-	
Neonatology care unit	03	80 %.	01	100 %.
Communicable disease/ Respiratory medicine/TB & chest diseases	02	80 %.	-	-
Dermatology	02	85 %.	-	-
Cardiology	05	85 %.	01	100 %.
Oncology	02	82 %.	01	100 %
Neurology/Neuro-surgery	05	82 %.	01	100 %.
Nephrology/Urology	05	81 %.	01	100 %.
ICU/ICCU	05	79 %.	03	85 %.
Geriatric Medicine	02	75 %.	-	-
Any other - orthopaedic	-		20	100 %.

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

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

Dr. Siddaram S. Patil
AC Member

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		TAVAREKERE
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		6 KM
b. Services Rendered by Health & Family Welfare Programmes		YES
URBAN FEILD :		
a. Name of CHC / PHC / SC		MOCHOHALLI
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2 KM
b. Services Rendered by Health & Family Welfare Programmes		YES
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** ☐

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

g.	Leave record	YES ✓	NO

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

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 25.000 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 : 59	Boys : 91
f.	Total No. of rooms	Girls : 16	Boys : 16
g.	Water Supply	YES ✓	NO
h.	Electricity Supply	YES ✓	NO
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO
j.	Is Sick room available?	YES ✓	NO
k.	Whether the hostel mess is available with	YES ✓	NO
l.	Safe drinking water facilities	YES ✓	NO

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	-	
Annexure - 10	List of M.Sc. Nursing Students as per format	-	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, 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	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Observations: We the LIC Team Visited to the Kiran College of Nursing on 06/08/2025, we observed as under;

1) The college has a well infrastructure, and well equipped
2) Spacey Lecture halls and proper seating arrangements
3) The library is having 3,300 good seating area and required journals
4) 4 - faculties are on Leave CL-2, SL-01, ML-01
5) out of 17 faculties 5 faculties enclosed Form 16 remains ~~faculties~~ 12 faculties are enclosed Salary Certificates.
6) We have visited attached hospital, Arkavati multispeciality hospital on same day which 6km away from the college ₹ 100 Bedded well equped and good out patient and in patient care and floors. Advanced and latest equipments availble,
7) other affiliated hospital, Boss Multispeciality hospital and Bhaskar Hospital verified.
8) PHC / CHC Tavarekere and Machohalli. permission letters for 2025-2026 letters shown
9) The college has provided a seperate Hostels for Girls and Boys ₹ good facilities.

Here with we can suggest for Continuation for affiliation for the year 2025-26.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Abdul Rahim
LIC Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA10355262247992X
Certificate Issued Date	:	06-Aug-2025 10:16 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ MACHOHALLI/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836237821172216X
Purchased by	:	SECRETARY SRI SAI EDUCATIONAL SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY SRI SAI EDUCATIONAL SOCIETY
Second Party	:	RGUHS BANGALURU
Stamp Duty Paid By	:	SECRETARY SRI SAI EDUCATIONAL SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA MACHOHALLI BRANCH Authorized Signatory

NOTARY LOKESH T. B.A., LLB., Tavarekere, Bengaluru South Taluk Reg : 21506 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Secretary of the trust **Dr. VENKATA RAMANA INAGALURI** are submitting the affidavit to University.

The trust **SRI SAI EDUCATIONAL SOCIETY** is running/managing the colleges

1. **KIRAN COLLEGE OF NURSING** since **2004** years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty 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.

SECRETARY
SRI SAI EDUCATIONAL SOCIETY
BANGALORE

NOTARY
LOKESH T.
B.A., LLB.,
Tavarekere,
Bengaluru South Taluk
Reg : 21506
GOVT. OF INDIA

06 AUG 2025

SWORN TO BEFORE ME

LOKESH T. B.A., LLB.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 182, Simhagiri Nilaya,
Rajabeedhi, Tavarekere,
Bengaluru South Taluk,
Karnataka-562130.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA10354879878905X
Certificate Issued Date	:	06-Aug-2025 10:15 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ MACHOHALLI/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836236226291731X
Purchased by	:	SURESH I
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SURESH I
Second Party	:	RGUHS BANGALURU
Stamp Duty Paid By	:	SURESH I
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA MACHOHALLI BRANCH Authorized Signatory

NOTARY LOKESH T. B.A., LLB., Tavarekere, Bengaluru South Taluk Reg : 21506 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I/We, **SURESH.I** is Board Members of the **ARKVATHI MULTI SPECIALITY HOSPITAL** hospital situated at **NO. 4308, Sy. No. 79/2, Byandarahalli, Magadi Main Road, Bangalore-560091.**

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

This is to confirm that the hospital **ARKVATHI MULTI SPECIALITY HOSPITAL** is functioning as affiliated/parent/own hospital for **KIRAN COLLEGE OF NURSING** College.

We also confirm that our hospital is solely affiliated to **KIRAN COLLEGE OF NURSING** College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NOTARY
LOKESH T.
B.A., LLB.,
Tavarekere,
Bengaluru South Taluk
Reg: 21506
GOVT. OF INDIA

06 AUG 2025

SWORN TO BEFORE ME

LOKESH T. B.A., LLB.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
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Rajabeedhi, Tavarekere,
Bengaluru South Taluk,
Karnataka-562130.