Scan

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sankanagoud Patil	Dr. Kirankumar Reddy	Dr. J Lissa.
Designation	Principal.	Principal.	Principal.
Address	RIAMSH Solur Ramanagar	RINYS. Solur Ramanagar	St Alphonsa college of Nursing Mysore.
Mobile No	9019587969.	9880764634	9986249129.
Email ID	nayurbank@gmail.com		

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.		ANAUEL COLLEGE OF NURSING	

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	MES COLLEGE OF NURSING SCIENCES NO: 05/104, 2nd CROSS, GUNDAPPA REDDY LAYOUT, CHOLANAGAR, R.T. NAGAR POST BENGALURU - 560032	Year of Establishment: 2
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	MALATHESIA EDUCATION SOCIETY NO: 494, 4th MAIN, 4th CROSS, NAGARABHAVI, 9 BLOCK, 2nd STAGE, B'lore - 560072 (Enclose copy of Registration documents of Society/Trust) Annexure – 1	
		Email: mescon2003@gmail.com	Website:

Signature of Chairman (Dr. Sankanagoud Patil)

Signature of Member (1) (Dr. Kiran Kumar Reddy)

Signature of Member (2) (Dr Lissa J)

	(b). Name of the Owner of Trust/Society	MRS. ARCHANA DAS		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 6 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	Details of Principal/Head of the institution	Name: DR. SELVA RAJ. M Qualification: P.HD Experience: 14 Email: MSCselva83@gmail.com	Mobile No: 8217219818 Office No: 9942266990 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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing						
Post Basic B.Sc. Nursing		← ENCLOSED →				Verified.
					Total (A)	

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

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified & found correct
	Affiliation Sanctioned Intake	40	40	40	-	
	Admissions Made for the Current Academic Year	40	40	40	-	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified & found correct
	Sanctioned Intake	45	45	45	-	
	Admissions Made for the Current Academic Year	45	45	45	-	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		N A			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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	18	13	15	25	158
	Female	21	24	24	15	
Post Basic B.Sc Nursing	Male	03	10			83
	Female	42	28			
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——
		← ENCLOSED		→		

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

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

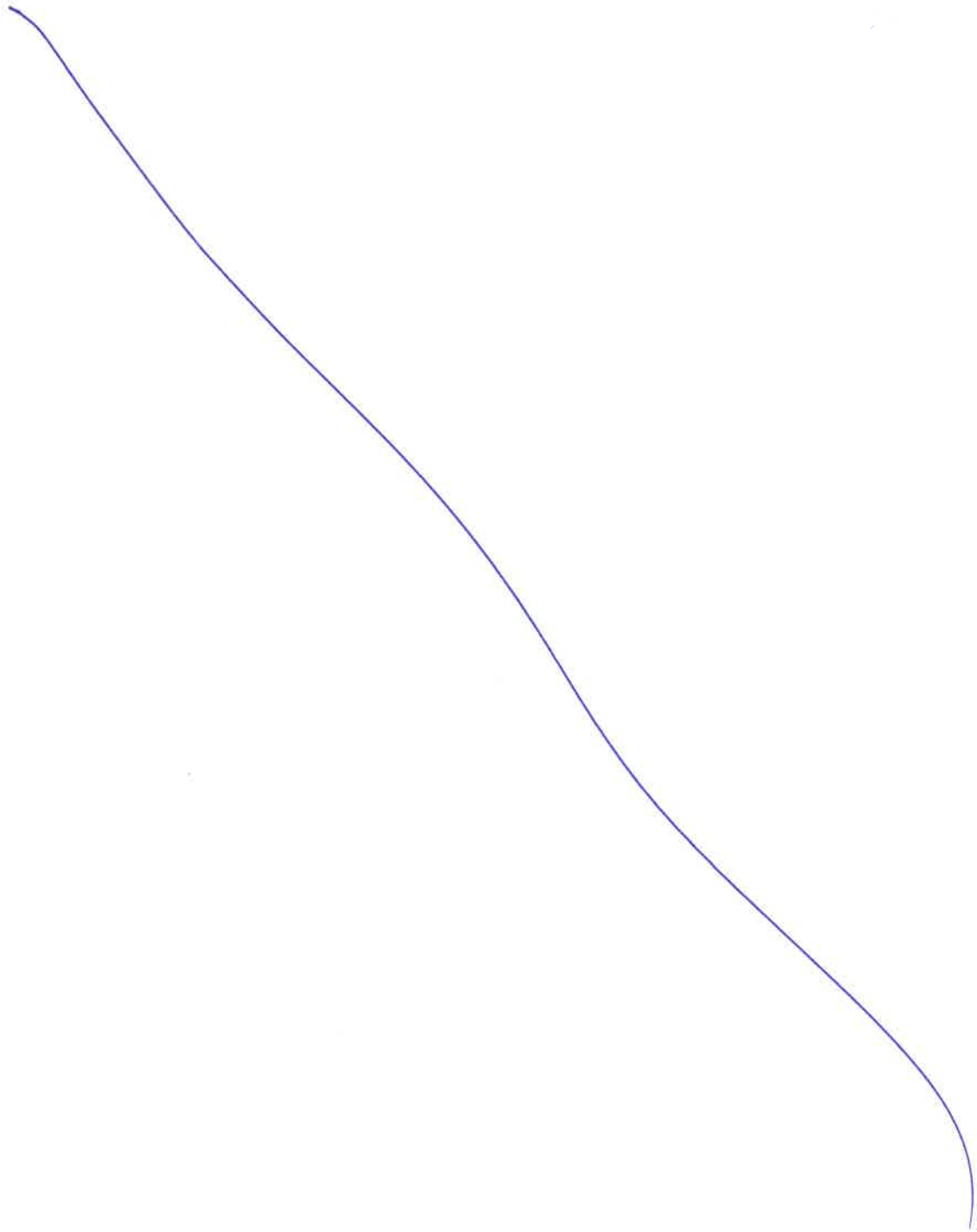
Annexure –10

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

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



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													
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

(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.	Dr. Selvaraj	Principal	PHD(N)	2010	RR THC 20239202	2	15	2.5.25		
2.	V. Chidambara	Vice Princip	MSc(N)	2015	27795	2	10	8.1.24		
3.	Dyamana	Lecturer	MSc(N)	2023	219140	1	3	16.1.25		
4.	Tansy Lazer	Asso. Prof	MSc(N)	2016	66013012	4	8	11.10.24		
5.	Anil Kumar	Asst. Prof	MSc(N)	2021	12V7202	1	3	2.5.25		
6.	Grobiya	Asst. Prof	MSc(N)	2022	18NH078	2	3	1.6.25		
7.	Yathisha	Asso. Prof	MSc(N)	2016	13NH161	1	8	1.7.25		
8.	Maria Nancia .x	Asso. Prof	MSc(N)	2023	18NP283	1	2	1.8.25		
9.	Ranga Swamy	Asst. Prof	MSc(N)	2018	12NC111	1	6	5.1.24		
10.	Bildldleen	Nsg Tutor	BSc(N)	2022	19N6928	2		8.1.24		
11.	Reba .k.C	Nsg Tutor	BSc(N)	2017	83918	4		8.1.25		
12.	Arzalu Saby	Nsg Tutor	BSc(N)	2022	138464	2		8.9.24		
13.	Priyamondal	Nsg Tutor	BSc(N)	2023	155732	2		8.9.24		
14.	Vinothini .R	Nsg Tutor	BSc(N)	2023	158502	2		1.10.24		
15.	Muthamizh .T	Nsg Tutor	BSc(N)	2023	1986692	2		2.10.24		
16.	Harshitha .H.S	Nsg Tutor	BSc(N)	2023	120524	4		8.10.24		
17.	Ranjini .R	Nsg Tutor	BSc(N)	2023	19N9243	2		5.11.24		
18.	Soubhya Panda	Nsg Tutor	BSc(N)	2022	146667	3		2.11.24		
19.	Shalina Barua	Nsg Tutor	BSc(N)	2022	133646	3		8.11.24		
20.	Ranaveer Senapati	Nsg Tutor	B.Sc(N)	2022	142654	3		1.12.24		
21.	Jadunath Ghosh	Nsg Tutor	B.Sc(N)	2024	101280	1		1.12.24		
22.	Sahana .k.S	Nsg Tutor	B.Sc(N)	2020	148975	4		1.12.24		

Verified Documents
Present Degree certificate

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Abhishek. C.S	Nsg Tutor	B.Sc(N)	2023	19N6121	2		1.12.24		
24.	Prashanthini Talikoti	Nsg Tutor	B.Sc(N)	2023	2159531	2		8.12.24		
25.	Priya.H	Nsg Tutor	B.Sc(N)	2021	121044	4		8.12.24		
26.	Kalpana.H.R	Nsg Tutor	B.Sc(N)	2015	180859	8		8.12.24		
27.	Mohdusman	Nsg Tutor	B.Sc(N)	2018	1339011	6		9.12.24		
28.	Glady Issac	Nsg Tutor	B.Sc(N)	2013	PRUPP201 6873 KNR	8		2.1.25		
29.	Sandhya.P	Nsg Tutor	B.Sc(N)	2020	1682275	4		3.1.25		
30.	Samuel White Jabez	Nsg Tutor	B.Sc(N)	2023	1932114	2		8.1.25		
31.	Karna Ghosh	Nsg Tutor	B.Sc(N)	2023	158801	2		8.2.25		
32.	Pooja.M.Shivannavar	Nsg Tutor	B.Sc(N)	2022	18N0192	3		9.2.25		
33.	Remya.R	Nsg Tutor	B.Sc(N)	2021	128645	4		9.4.25		
34.	Bhuvaneshwari	Nsg Tutor	B.Sc(N)	2022	220201	8		2.12.24		
35.	Mahadeva	Nsg Tutor	B.Sc(N)	2019	102588	5		2.12.24		
36.	Nayakara Ravi	Nsg Tutor	B.Sc(N)	2020	1552004	4		1.12.24		
37.	Sharon Joseph	Nsg Tutor	B.Sc(N)	2019	13X2613	5		10.1.25		
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Verified documents & passed bagage counter

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
		← 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	28,400 Sq ft	Verified.
	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	1100 Sq ft ×4	Verified & found adequate
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	900 Sq ft ×2	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	900 Sq ft.	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	900	
	2. Vice-Principal Chamber	200	540	
	3. HOD	5 x 200 = 1000	6000 Sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	4000 Sq ft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		900 Sq ft	
	7. Accountants Office		1000 Sq ft	
	8. Store Room		300 Sq ft	
	9. Record room		300 Sq ft.	
	10. Room for maintenance staff		400 Sq ft.	
	11. Xeroxing room		700 Sq ft	
	12. common room	1000	1000 Sq ft.	
	13. Seminar hall	3000	3000 Sq Ft	
	14. Toilets	1000	1000 Sq Ft	
	15. A.V/Aids room	600	600 Sq Ft.	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1700 sqft	Adequate
	Nutrition & Community Health Nursing	1200sq.ft	1500 sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq ft.	

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)

← ENCLOSED →

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **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

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

			Yes / No	Yes / No	Yes / No

← ENCLOSED →

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		YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	4234	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	600	**Is internet facility available for Students?**	Yes.
No of e-books	300	**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	VARIJA	M, LIT. SCIENCE	12YR	-
	← ENCLOSED →			

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.

← ENCLOSED →

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	✓	✓
Conferences conducted	✓	✓

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Conferences attended		

ENCLOSED

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 TRUE LIFE CARE HOSPITAL No :124/198/131, BELLARY MAIN ROAD, NEAR HEBBAL FLYOVER, BEN GALUR-560062	100	2 Km	98 %	Verified & documents & found correct.
NAME OF THE TRUST/ Person owning The Hospital Dr. GIRISH				
Name Of The Owner Of The Trust of Hospital Dr. GIRISH				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 PEOPLE TREE HOSPITALS	200	6 Kms	98 %	
2 HEALTH CAR GLOBAL	250	10 Kms	99 %	

(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

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

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 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:

Verified & nessasary documents & found correct

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	40	→ enclosed →		
Surgery including OT	30	→		

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

Obstetrics & Gynecology	15			
Pediatrics,	05	82%		
Emergency Medicine	05			
Psychiatry	05			
	100			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05			
Minor OT	02			
Dental, Otorhinolaryngology, Ophthalmology	–			
Burns and Plastic	02			
Neonatology care unit	02			
Communicable disease/Respiratory medicine/TB & chest diseases	02	80%		
Dermatology	02			
Cardiology	04			
Oncology	02			
Neurology/Neuro-surgery	02			
Nephrology/Urology	02			
ICU/ICCU	02			
Geriatric Medicine	02			
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17 ← Enclosed →
RURAL FILELD	
a. Name of CHC / PHC / SC	BETTAHALASORE . NORTH BANGALORE
Adopted / Affiliated	
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

J. Lima
Signature of Member

Distance from the Nursing Institute	15 km
b. Services Rendered by Health & Family Welfare Programmes	-
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	Affiliated : Cholanayakanahalli, B'lore
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute	2km.
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** ☐

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐

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

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	
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 ☐

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	✓	

Signature of Chairman (2)

Signature of Member (1)

J. Lisha
Signature of Member

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	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member

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.

Observations: On the day of Inspection LIC Committee Observations are as follows.

→ Infrastructure given about 28600 Sq ft including ₹ labs, 6 class rooms, Admin block & library & proper seating arrange-ments.

→ Total 37 teaching staffs are appointed along & eligible principal & were present for PBBSc, BSc nursing 40-60 Intake capacity

→ Parent hospital "TRUE LIFE CARE HOSPITAL" with capacity of 100 bed, KAME, & PCB are Verified & found correct.

Affiliated hospital HCG & Peopletree are Verified.

→ MAARGA MIND CARE hospital is given affiliation for Psychiatric nursing.

→ Separate boys & girls hostel made available.

→ Management wants to change the name MES college of Nursing to ANAVEL COLLEGE OF NURSING.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at MES COLLEGE OF NURSING SCIENCES which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 4/8/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	**A C Member (Member)**	**Subject Expert (Member)**
Signature of Chairman (2)	Signature of Member (1)	Signature of Member

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

I/We,

_____

_ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at

_____

_____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit to University.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ 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.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

I/We,

DR. GIRISH H R.

is/are the Owners/MD/CEO/Board Members of the TRUE LIFE CARE HOSPITAL hospital situated at

No. 124/198/131 Bellary Main Road NEAR HEBBAL FLYOVER Bengaluru - 560062

This is to confirm that our hospital TRUE LIFE CARE HOSPITAL BLUO2102AHL2 is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital TRUE LIFECARE HOSPITAL is functioning as affiliated/parent/own hospital for MES COLLEGE OF NURSING SCIENCES college.

We also confirm that our hospital is solely affiliated to MES COLLEGE of NURSING SCIENCES college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Girish H R
Director
True Lifecare Hospital
Bangalore - 560 062

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust MALATHESIA EDUCATION SOCIETY are submitting the affidavit to University.

The trust MALATHESIA EDUCATION SOCIETY is running/managing the colleges 1. MES COLLEGE OF NURSING SCIENCES

2._____

3._____ since 20 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.

CHAIRMAN
MES COLLEGE OF NURSING
BANGALORE

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

MES COLLEGE OF NURSING SCIENCES

(Rec. by: INC, KNC, RGUHS & GOVT OF KARNATAKA)

#05/104, 2nd Cross, Gundappa Reddy Layout, Cholanagar,
R.T. Nagar Post, Bengaluru - 560 032.
Phone No: 9972266990. Email : mescon2003@gmail.com

Ref. : MES/Con/25

Date : 27/5/2025

TRUE LIFE CARE HOSPITAL BED DISTRIBUTION

MEDICAL	40	35
SURGERY	30	28
OBG	15	12
PEDIATRICS	05	04
EMERGENCY MEDICINE	05	03
PSYCHIATRY	05	04

PRINCIPAL
MES COLLEGE OF NURSING

MES COLLEGE OF NURSING ★ BANGALORE ★

Director
True Lifecare Hospital
Bangalore