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 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Surcsh S Kanakaimavar	Dr. Shruthi H P	Prof. Jagadish M
Designation	(Retd.) Professor of Obsteritics & Gynecology	Chairman of BOS Allied Health Sciences	Vice Principal of Aruna College of Nursing
Address	BMCR&I	Padmashree Institute of Allied Health Sciences	Tumkur, Karnataka
Mobile No	9448033228	9535504757	9743048268
Email ID	kanakanna var@gmai1 .com	shruthi@gmail.com	-

Inspection For the Academic Year : 2025 - 26 ***Date of Inspection:*** **05/08/2025**

(Please Tick the Appropriate Boxes Below)

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

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

1	**Name of the Institution with Full Address**	**KAMALA KRISHNA ROYAL NURSING COLLEGE #450, O.T.C. Road, Cottonpet, Bengaluru – 560 053**	2	**Year of Establishment**
				2005-06
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** ✓		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	**KARTHIK FOUNDATION** Copy enclosed (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: principalkkrnc@gmail.com	**Website: www.karthikfoundation.com**	
		Office No: 8049555142	**Mobile No: 9880242009**	

5/8/25
Signature of Chairman
Dr. SURESH S

5/8/25
Signature of Member (1)
Dr SHRUTHI HP

5/8/25
Signature of Member (2)
Prof. JAGADEESH M

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 389 MPS 2005 06/10/2006 Annexure - 5	RGU/AFF/ NSG/COA/ 01/2024-25 Annexure - 6	1157/2024-25 Annexure - 7	31/12/2004 Annexure - 8	CE copy enclosed
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	N.A. Annexure - 5	N.A. Annexure - 6	N.A. Annexure - 7	N.A. Annexure - 8	NA
	Sanctioned Intake	N.A.	N.A.	N.A.	N.A.	
	Admissions Made for the Current Academic Year	N.A.	N.A.	N.A.	N.A.	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☑ c. OBG ☐ d. Pediatric ☐ e. Psychiatry ☑	Approval Letter No. and Date	RGU/AFF/ KKR-BNG/ Fr-MSC(N) 2022-23 25/11/2022 Annexure - 5	RGU/AFF/ NSG/COA/ 01/2024-25 Annexure - 6	1157/2024-25 Annexure - 7	31/12/2004 Annexure - 8	CE copy enclosed
	Sanctioned Intake	N.A.	N.A.	N.A.	N.A.	
	Admissions Made for the Current Academic Year	N.A.	N.A.	N.A.	N.A.	
M.Sc. NPCC	Approval Letter No. and Date	N.A. Annexure - 5	N.A. Annexure - 6	N.A. Annexure - 7	N.A. Annexure - 8	NA
	Sanctioned Intake	N.A.	N.A.	N.A.	N.A.	
	Admissions Made for the Current Academic Year	N.A.	N.A.	N.A.	N.A.	

Signature of Chairman 5/8/25 Signature of Member (1) Signature of Member (2)

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	12	13	11	03	39
	Female	28	27	29	37	121
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	4	2	-	-	8
	Female	6	8	-	-	14
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--------
-	N.A.	-	-	-	-	-

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

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

Copy enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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-------
1	PAVANKUMAR V T	135478	LAMBANIHATTI, REKHALAGERE, MALLURAHALLI, CHALLAKERE 577536	SRIRAM SCHOOL OF NURSING	RGUHS	11-07-2018 TO 25-11-2022
2	ARUNKUMAR HIREPATTA	140155	SALOTGI 586217 KARNATAKA INDIA 8105272417	BANGALORE SCHOOL OF NURSING HELALIGE, CHANDAPURA	RGUHS	20-06-2018 TO 17-11-2022
3	RIYA RAY	144639	Sebakapally, Raiganj, Uttar Dinajpur, WEST BENGAL - 733134	SANTOSH GROUP OF INSTITUTIONS CANTONMENT RAILWAY STATION, BENGALURU	RGUHS	01-10-2018 TO 16-11-2022
4	SANTOSHI NIKKAM	99783	SINDAGI ROAD YOGAPUR COLONY BIJAPURA RAILWAY STATION 586104 KARNATAKA INDIA 7022166043	SHRI B.M. PATIL INSTITUTE OF NURSING SCIENCES B.M. PATIL ROAD, SHOLA PUR	RGUHS	01-09-2015 TO 30-09-2019
5	MALLIKA DUTTA	144638	Dhabaghata, Bulu Doctor Gali, Ward No 18, Puruliya 723103 WESTBENGAL INDIA 8918297822	SANTOSH GROUP OF INSTITUTIONS CANTONMENT RAILWAY STATION, BENGALURU	RGUHS	01-10-2018 TO 16-11-2022
6	PARWATI DINNI	229402	32, NEAR DYAMAVVA TEMPLE, ARASHANAGI, KOULAGI 586216 KARNATAKA INDIA 8197859135	Pb.B.Sc. Candidate	RGUHS	01-02-2021 to 05-04-2023
7	LILLY KUTTY THOMAS	40614	CHENNAI, TAMIL NADU	KRISHNA COLLEGE OF NURSING	KERALA UNIVERSITY OF HEALTH SCIENCE	
8	MALASHRI HANAMANT BENAL	229403	GOLASANGI, BASAVANA BAGEVADI 586216 KARNATAKA INDIA 8088607499	Pb.B.Sc. Candidate	RGUHS	01-02-2021 TO 05-04-2023
9	KALPITA HUNKARIPATIL	110987	BENGALURU, KARNATAKA	SRI RAM SCHOOL OF NURSING	RGUHS	

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

10	AMRUTHA ITAGIKAR	110086	BENGALURU, KARNATAKA	BANGALORE SCHOOL OF NURSING	RGUHS	
1	SOURIN BHUKTA	159755	PALASHPAI, PALASHPAI, DASPUR, PASCHIM MEDINIPUR, WEST BENGAL – 721146	KAMALA KRISHNA ROYAL NURSING COLLEGE BENGALURU	RGUHS	01/10/2019 TO 30/10/2023
2	CH ABHILASH KUMAR	128970	151 GADAG ROAD NEW KANYA NAGAR HUBLI DHARWAD KARNATAKA 580020	DIYA COLLEGE OF NURSING BENGALURU	RGUHS	03/10/2018 TO 02/11/2022
3	PREETHI K M	136732	ARALIKATTE, ARALIKATTE, CHAMARAJANAGAR, KARNATAKA – 571312	DIYA COLLEGE OF NURSING BENGALURU	RGUHS	03/10/2018 TO 02/11/2022
4	KORDE AJAY GAJANAN	78537	ASEGAON, MANGRULPIR, WASHIM MAHARASHTRA - 444403	NAVANEETHAM COLLEGE OF NURSING BENGALURU	DY PATIL UNIVERSITY	01/08/2018 TO 02/09/2022
5	P SUDHALAKSHMI	113672	NO. 4 CHANDRAPALAYAM THIRUPPARANKUNRAM MADURAI TAMIL NADU	BANGALORE SCHOOL OF NURSING	DR. MGR UNIVERSITY	02/09/2004 TO 15/10/2008
6	DHARINI C L	1178903	GUBBI TALUK CHANDRASHEKARAPURA TUMKUR KARNATAKA 572213	PB.BSC. CANDIDATE	RGUHS	10.10.2018 TO 12.01.2021
7	DEEPA MOL T K	126754	PANACKACHIRA MADUKKA P O KOTTAYAM	SVN COLLEGE OF NURSING BANGALORE	RGUHS	14.10.2011 TO 07.02.2014
8	KAMMARA PAVITHRA	128901	HARAPANAHALLI , KARNATAKA	KAMALA KRISHNA ROYAL NURSING COLLEGE	RGUHS	03/10/2018 TO 02/11/2022
9	PRASANNA D L	157899	UTTARA KANNADA – 581349	SVN COLLEGE OF NURSING	RGUHS	01/10/2019 TO 30/10/2023
10	ABHANG YOJANA CHANDRAKANT	11906241	PUNE, MAHARASTRA	PB.BSC.	DY PATIL	11.06.2019 TO 17.07.2021

Annexure –10

Copy enclosed

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: Biometric attendance verified & enclosed

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1		1		—		—	
2	Vice-Principal	1	1							1		1		—		—	
3	Professor	1	1-2					1*		Nil		Nil		1		1	
4	Associate Professor	2	2-4					1*		1		1		1		—	
5	Assistant Professor	3	3-8				2	3*		8		3.		—		—	
6	Tutor	8-16	16-24				2-10	--		10		8		—		—	
	Total	**16-24**	**24-40**				**4-12**			21		14		2.		1.	

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

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

150 students intake				
2[illegible] students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

12.1. Teaching Faculty details: – Details should be written in format only.

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MAHESH M	PRINCIPAL	M.SC. (N)	2010	6253	01	14	02.02.2020	YES	
2.	YALAGALA SUDHA	VICE PRINCIPAL	M.SC. (N)	2011	RR 8433 KNC	02	08	01.04.2016	YES	
3.	SARTAZ S	ASSOCIATE PROFESSOR	M.SC. (N)	2019	77231	01	04	10.07.2024	YES	
4.	LOVELY S	ASST. PROFESSOR	M.SC. (N)	2023	73019	06	00	22.08.2024	YES	
5.	PURUSHOTHAM S G	ASST. PROFESSOR	M.SC. (N)	2021	172197	00	03	21.07.2025	YES	
6.	ASHA M R	ASST. PROFESSOR	M.SC. (N)	2020	161355	00	01	04.10.2024	YES	
7.	CHAYADEVI H R	ASST. PROFESSOR	M.SC. (N)	2020	73880	03	02	12.09.2024	YES	
8.	NIRMALA T H	ASST. PROFESSOR	M.SC. (N)	2021	171819	00	03	08.01.2025	YES	
9.	PAVITHTRA B S	ASST. PROFESSOR	M.SC. (N)	2025	125020	01	00	12.02.2025	N.A.	
10.	VEENA K	ASST. PROFESSOR	M.SC. (N)	2025	125018	01	00	12.02.2025	N.A.	
11.	ELIZABETH TUDU	ASST. PROFESSOR	M.SC. (N)	2025	111712	01	00	16.06.2025	N.A.	
12.	MANJEGOWDA	NURSING TUTOR	B.SC. (N)	2021	120538	04	00	01.07.2022	N.A.	
13.	INDRAJIT DOLAI	NURSING TUTOR	B.SC. (N)	2023	149285	01	00	10.06.2024	N.A.	
14.	SUSHMA S	NURSING TUTOR	B.SC. (N)	2023	151823	01	00	03.06.2024	N.A.	
15.	BARTIK MAHANTI	NURSING TUTOR	B.SC. (N)	2023	158221	01	00	03.03.2025	N.A.	
16.	SUDHA RANI	NURSING TUTOR	B.SC. (N)	2025	179192	00	00	09.06.2025	N.A.	
17.	NETHRABATI	NURSING TUTOR	B.SC. (N)	2025	179725	00	00	09.06.2025	N.A.	
18.	PAVAN KUMAR G N	NURSING TUTOR	B.SC. (N)	2023	152801	01	00	05.05.2025	N.A.	
19.	TWISHA KARMAKAR	NURSING TUTOR	B.SC. (N)	2024	161147	01	00	10.06.2024	N.A.	
20.	SRUSTI M N	NURSING TUTOR	B.SC. (N)	2022	133113	04	00	04.06.2025	N.A.	
21.	SAVITA	NURSING TUTOR	B.SC. (N)	2025	178626	00	00	25.07.2025	N.A.	

- **Note:** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving License). 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.

SL.NO.8/4/18/21 have gone 2 students for clinical posting from 8/2025, for 5 yr BSc Nursing. Principal Letters attached

Signature of Chairman

5/8/25

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
1	Mrs. Shivakumari	M.SC.	Microbiology	80 HRS	
2	Mrs. Rekha Varma	B.A.	Kannada	40 HRS	
3	Dr. Umesh S	MBBS	Anatomy & Physiology	60 HRS	
4	Mrs. Sujata	B.A.	English	40 HRS	
5	Mr. Mithun	MCA	Computer	40 HRS	
6	Mrs. Geetha	M.Sc. (N)	P.P.G.	120 HRS	

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)	**24,000 sq.ft (40 Intake)**	
	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	**3,840 sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**N.A.**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1,350 sq.ft**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**N.A.**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 sq.ft**	
	2. Vice-Principal Chamber	200	**200 sq.ft**	
	3. HOD	5 x 200 = 1000	**1000 sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**3200 sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**610 sq.ft**	
	7. Accountants Office	**100**	**100 sq.ft**	
	8. Store Room	**100**	**100 sq.ft**	
	9. Record room	**100**	**100 sq.ft**	
	10. Room for maintenance staff	**100**	**100 sq.ft**	

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

	11. Xeroxing room	100	100 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	2000 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	660 sq.ft	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	**(40 Intake)**	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1800 sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1800 sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1200 sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**900 sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**960 sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1600 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

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**	

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

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
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License copy enclosed **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA05AL8048	32	YES	YES	YES
2	KA05AM4254	31	YES	YES	YES

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300 sq.ft	YES ☑ No ☐	YES	YES	Verified PE

Total No. of Nursing Books available	2035	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	YES
No of e-books	1000	**How many books were purchased in last financial year?**	455

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MRS TANUJA	MLIC	2	Photo enclosed

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

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

Academic activities	Particulars	Remarks
Research Projects		copy enclosed

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

Conferences conducted	BLS CLASSES ALES CLASSES	copy enclosed
Conferences attended	PODOCON ON DIABETIC FOOT	PE

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

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)		100	500 M	95%	Verified PE Photo enclosed
NAME OF THE TRUST/ Person owning The Hospital		DR. SANTHOSH RAJU			Verified PE CE
Name Of The Owner Of The Trust of Hospital		DR. SANTHOSH RAJU			Copy enclosed.
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. FORTIS HEALTH CARE	98	9 KM	96%	MOU verified Enclosed Attd Verified
	2. SRI RAMPURA REFFERAL HOSPITAL	50	5 KM	100%	MOU enclosed Copy Not Verified
	3 . SPANDANA HOSPITAL (MOU/Clinical permission letter)	100	8 KM	93%	MOU. Copy enclosed

Signature of Chairman 5/8/25 **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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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: Fee paid receipts & Permission letter verified copy enclosed

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	97%		Data verified
Surgery including OT	20	95%		PE
Obstetrics & Gynecology	20	93%		Photocopies enclosed
Pediatrics,	05	92%		Stashi ga copy enclosed
Emergency Medicine	20	96%		PE
Psychiatry	05	91%		PE

Signature of Chairman 5/8/25 Signature of Member (1) Signature of Member (2)

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			06	100%
Minor OT			06	99%
Dental, Otorhinolaryngology, Ophthalmology			07	95%
Burns and Plastic			06	92%
Neonatology care unit			05	92%
Communicable disease/Respiratory medicine/TB & chest diseases			10	97%
Dermatology			05	90%
Cardiology			07	95%
Oncology			05	90%
Neurology/Neuro-surgery			05	91%
Nephrology/Urology			08	90%
ICU/ICCU			18	98%
Geriatric Medicine			10	99%
Any other				

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

19	COMMUNITY HEALTH NURSING: Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**KENGERI COMMUNITY HEALTH CENTRE**
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**12 KM**
b.	Services Rendered by Health & Family Welfare Programmes	OBG, GENERAL WARD, FIELD VISIT, GENERAL SERVEY
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**COTTONPET PRIMARY HEALTH CENTRE**
	Adopted / Affiliated	Affiliated

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

Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**200 M**
b. Services Rendered by Health & Family Welfare Programmes	OBG, GENERAL WARD, FIELD VISIT, GENERAL SERVEY

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** ☐ N/A	**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** ☐ N/A	**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** ☐

copies enclosed

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** ☐

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

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** (Office enclosed)		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ✓
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO ☐
e.	Total No. of students in the hostel	Girls : 125	Boys : 42
f.	Total No. of rooms	Girls : 40	Boys : 12
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	NO	NA
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	NO	NA
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 LibraryBooks & 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 5/8/25 **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**		
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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 5/8/25 **Signature of Member (1)** **Signature of Member (2)**

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

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

LIC Team Observations:

LIC Inspection done for continuation of affiliation for Bsc Nursing and Msc Nursing on 5/8/2025. On the day of inspection, all documents pertaining to the college building, hostel (boys & girls) electricity (generator) drinking water facilities, wash rooms (separate for boys and girls) college vehicle, Laboratories with charts and mannequines with equipments Library with books and librarian and teaching staff were verified and found to be as per the norms.

Deficit: For Bsc Nursing one professor and one associate professor. (2) Msc Nursing one professor deficit.

The college has one parent hospital (own) and three affiliated (two private and one government) and three affiliated hospitals. and attached to 2 PHC. Parent hospital was visited on the 5/8/25. Hospital statistics for 5/8/25 and past 3 months enclosed.

[signature] 5/8/25	[signature]	[signature]
Signature of Chairman	Signature of Member (1)	Signature of Member (2)
(Dr Suresh .S. Karnataka ...)	Dr SHRUTHI - HP 5/8/25	

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Kamala Krishna Royal College & Nursing Coffee Pet. Bangalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 05/08/2025 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)
	Dr SHRUTHI. HP 5/8/25	Jagadeesh. M 5/8/25 Prof. JAGADEESH. M
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	**DR. P. K. GOVIND** **9742622982**	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council: 04** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2** Copy enclosed	
5	a) Details of Principal/Head of the institution (After MSc)	**Name: PROF. MAHESH M** **Qualification: M.SC. (N)** **Experience after MSc: 15 YEARS** **Email: mahigowda1984@gmail.com**	**Mobile No: 9731849999** **Office No: 8049555142** **Fax No: -** **Residential phone No: 9880637915**
	b) Drawing authority of the college	**YES**	

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**

Copy enclosed (4)

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	**Continuation**	**2,000.00/-**	**1,30,000.00**	**-**	**32,500.00/-**	**1,64,000.00**
Post Basic B.Sc. Nursing	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1. MEDICAL SURGICAL NURSING			**05 x 2000**		**10,000.00/-**
	2. PSYCHIATRIC NURSING			**05 x 2000**		**10,000.00/-**
				Total (B)		**20,000.00/-**
NPCC						
				Total (C)		-
				Grand Total (A+B+C)		**1,84,000.00**

Online Transaction Number or Details: Z1622FH096BRLO – 1,56,000/- (B.Sc.)
Z1628OM096CEJU – 28,500/- (M.Sc.)

Remarks:

Total Rs 1,84,000.00/- for all Courses by Online

Verify &Enclose copy of Affiliation fee paid documents

Signature of Chairman 5/8/25

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA08986521630653X
Certificate Issued Date	:	04-Aug-2025 04:45 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ COTTONPET CIRCLE/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAGCSL0833583477246383X
Purchased by	:	MD SREENIVASA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MD SREENIVASA HOSPITAL
Second Party	:	RGUHS
Stamp Duty Paid By	:	MD SREENIVASA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA COTTONPET CIRCLE BRANCH Authorized Signatory

NOTARY Dr. R.S Vijay Hennavu - Bengaluru Regd. No. 5356 Expiry Dt:13-12-2026 GOVT. OF INDIA

Please write or type below this line

Affidavit

I, Dr. Santhosh Raju, being the Managing Director of Sreenivasa Hospital, situated at 12 Park Road, Tulasi Thota Rd, Balepete, Chickpet, Bengaluru, Karnataka 560053, do hereby solemnly affirm and declare as follows:

MC. 5/8/25

Santhosh Raju

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

1. That our hospital, Sreenivasa Hospital, is duly registered under KPMEA and PCB, and has a capacity of 100 beds. A copy of the bonafide certificate confirming the same is attached herewith.

2. That we confirm Sreenivasa Hospital is functioning as the parental hospital for Kamala Krishna Royal Nursing College.

3. That we further confirm Sreenivasa Hospital is solely affiliated to Kamala Krishna Royal Nursing College and is not affiliated to any other nursing college in any capacity.

4. That all the above-mentioned information provided is true and correct to the best of our knowledge and belief. I understand that providing false or misleading information may result in legal or regulatory consequences.

Santosh Raju
Deponent

Verified on this **Tuesday 5th August 2025** at Bengaluru, Karnataka.

NOTARY
Dr. R.S Vijay
Horamavu - Bengaluru
Regd. No. 8356
Expiry Dt: 13-02-2028
GOVT. OF INDIA

Santosh Raju
Deponent

SWORN TO BEFORE ME

R. S. VIJAY
NOTARY PUBLIC, GOVT. OF INDIA
"Trinity", 9th Cross, Brindavan Layout,
Horamavu, BENGALURU - 560 043.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA08991464670743X
Certificate Issued Date	:	04-Aug-2025 04:47 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ COTTONPET CIRCLE/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAGCSL0833534921923880X
Purchased by	:	SECRETARY KKRNC
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY KKRNC
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SECRETARY KKRNC
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

KENDRA COTTONPET CIRCLE BRANCH Authorized Signatory C SEVA

NOTARY Dr. R.S.Vijay Horamavu Bengaluru Regd. No. 5356 Expiry Dt:13-02-2028 GOVT. OF INDIA

Please write or type below this line

AFFIDAVIT

I, **Mrs. REKHA. K. GOVIND**, D/o: **Dr. P.K. GOVIND**, residing at **No.5 N. M. Lane, Cottonpet, Bengaluru - 560 053** at present the **Secretary** of **KARTHIK FOUNDATION(R)** having its Administrative Office at **No. 450, O.T.C. Road, Cottonpet, Bengaluru - 560 053**, do hereby solemnly affirm & confirm that:

"5/8/25

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

1. All the information provided by us to the LIC team is true and correct to the best of our knowledge.

2. I confirm that the faculty in the college are employed for full time in the college.

3. I also confirm that the college is solely managed by the trust and is not leased to any other trust/agency to manage the college.

4. We also confirm that the college is abiding to the norms of RGUHS. As prescribed from time to time.

5. If any of the information declared is found to be misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

Deponent

Verified on this **Tuesday 5th August 2025** at Bengaluru, Karnataka.

NOTARY
Dr. R.S Vijay
Horamavu - Bengaluru
Regd. No. 5356
Expiry Dt: 13-02-2020
GOVT. OF IND

Deponent

SWORN TO BEFORE ME

R. S. VIJAY
NOTARY PUBLIC, GOVT. OF INDIA
"Trinity", 9th Cross, Brindavan Layout,
Horamavu, BENGALURU - 560 043.