



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. Suresh S Kanakaimavar	Dr. Shruthi H P	Prof. Jagadeesh M
Designation	(Retd.) Professor of Obstetrics & 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@gmail .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 (Enclose copy of Registration documents of Society/Trust) Annexure – 1 Email: principalkkrnc@gmail.com Website: www.karthikfoundation.com Office No: 8049555142 Mobile No: 9880242009		

Signature of Chairman

Dr. SURESH S. KANAKAIMAVAR

Signature of Member (1)

Dr. SHRUTHI H P

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	
	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	
	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	
	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	
	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

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.	-	-	-	-	-

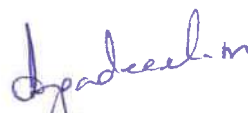
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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 Registra tion 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	PAVANKUM AR V T	135478	LAMBANIHATTI, REKHALAGERE, MALLURAHALLI, CHALLAKERE 577536	SRIRAM SCHOOL OF NURSING	RGUHS	11-07- 2018 TO 25- 11-2022
2	ARUNKUMA R HIREPATTA	140155	SALOTGI 586217 KARNATAKA INDIA 810527241 7	BANGALOR E SCHOOL OF NURSING HELALIGE, CHANDAPU RA	RGUHS	20-06- 2018 TO 17- 11-2022
3	RIYA RAY	144639	Sebakapally, Raiganj, Uttar Dinajpur, WEST BENGAL - 733134	SANTOSH GROUP OF INSTITUTIO NS CANTONME NT RAILWAY STATION, BENGALUR U	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 8918297 822	SANTOSH GROUP OF INSTITUTIO NS CANTONME NT RAILWAY STATION, BENGALUR U	RGUHS	01-10- 2018 TO 16- 11-2022
6	PARWATI DINNI	229402	32, NEAR DYAMAVVA TEMPLE, ARASHANAGI, KOULAGI 586216 KARNATAKA INDIA 8197859 135	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 UNIVERS ITY OF HEALTH SCIENCE	
8	MALASHRI HANAMANT BENAL	229403	GOLASANGI, BASAVANA BAGEVADI 586216 KARNATAKA INDIA 80886074 99	Pb.B.Sc. Candidate	RGUHS	01-02- 2021 TO 05- 04-2023
9	KALPITA HUNKARIPA TIL	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 KM	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 CL	1178903	GUBBI TALUK CHANDRASHEKARAPURA TUMKUR KARNATAKA 572213	PB.BSC. CANDIDATE	RGUHS	10.10.2018 TO 12.01.2021
7	DEEPA MOLTK	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 DL	157899	UTTARA KANNADA – 581349	SVN COLLEGE OF NURSING	RGUHS	01/10/2019 TO 30/10/2023
10	ABHANG YOJANA CHANDRAKANT	11906241	PUNE, MAHARASHTRA	PB.BSC.	DY PATIL	11.06.2019 TO 17.07.2021

Annexure –10

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

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

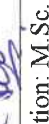
150 students intake				
200 students intake				
250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG	After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
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.	PAVITHRA 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.



Signature of Member (1)



Signature of Member (2)

SL. NO. 8/9/18/21 have gone 7 students for clinical posting from 8-10/10/2024, 5/10/2024
Principal letters attached

Signature of Chairman

5/8/25

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

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)	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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	3,840 sq.ft	verified
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	N.A.	verified
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	1,350 sq.ft	verified
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	N.A.	verified
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300 sq.ft	verified
	2. Vice-Principal Chamber	200	200 sq.ft	verified
	3. HOD	5 x 200 = 1000	1000 sq.ft	photo enclosed
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	verified
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	610 sq.ft	verified
	7. Accountants Office	100	100 sq.ft	verified
	8. Store Room	100	100 sq.ft	verified
	9. Record room	100	100 sq.ft	verified
	10. Room for maintenance staff	100	100 sq.ft	verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

PB = Photo enclosed

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

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

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

Copy enclosed

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

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, 2021 F.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 License
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	<i>Verified (PE)</i>

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	<i>Photo enclosed</i>

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 will increase/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		<i>copy enclosed</i>

[Signature]
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature]
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		100	500 M	95%	unified PE Photo enclosed
MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital		DR. SANTHOSH RAJU			unified PE
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
	2. SRI RAMPURA REFFERAL HOSPITAL	50	5 KM	100%	MOU enclosed copy Not visited
	3 . SPANDANA HOSPITAL	100	8 KM	93%	MOU, copy enclosed
	(MOU/Clinical permission letter)				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges 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, 2021 F.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 (PE) Photos enclosed static copy enclosed (PE) PE
Surgery including OT	20	95%		
Obstetrics & Gynecology	20	93%		
Pediatrics,	05	92%		
Emergency Medicine	20	96%		
Psychiatry	05	91%		

Signature of Chairman

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	Unvisited Unvisited	PE PE	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	Unvisited	PE	07	95%
Oncology			05	90%
Neurology/Neuro-surgery			05	91%
Nephrology/Urology			08	90%
ICU/CCU	Unvisited	PE	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 FILED	
a. Name of CHC / PHC / SC	KENGERI COMMUNITY HEALTH CENTRE
Adopted / Affiliated	Affiliated
Administrated 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 SURVEY
URBAN FIELD :	
a. Name of CHC / PHC / SC	COTTONPET PRIMARY HEALTH CENTRE
Adopted / Affiliated	Affiliated

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Administrated 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 SURVEY

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 ☐

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)

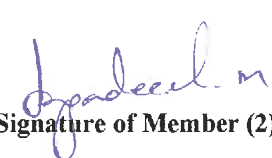
Signature of Member (2)

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 <i>copy enclosed</i>		
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 Library Books & others	Yes		
Annexure - 15	Academic Activities	Yes		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	Yes		
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
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Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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 mannequins 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 (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 of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Suresh K. S.
Kamalakannadas

Dr. SHRUTHI HP
19 5/8/25

UNDERTAKING

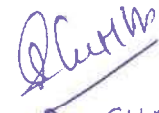
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Kamala Krishna Royal College of Nursing which has applied for COA Ref. Bangalore continuation of affiliation for the academic year 2024-25.

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)


Dr. SHRUTHI HP
A C Member
(Member)
5/8/25


Dr. JAGADEESH M
Subject Expert
(Member)
5/8/25


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		
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

7. Affiliation Fee Paid Details:

Annexure - 4

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 UG or b) for UG and PG courses c) NPCC	
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 of 1,84,000.00/- for all courses & renewal

Signature of Chairman
5/8/25

Signature of Member (1)

Verify & Enclose copy of Affiliation fee paid documents

Signature of Member (2)



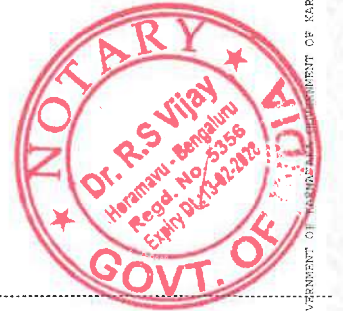
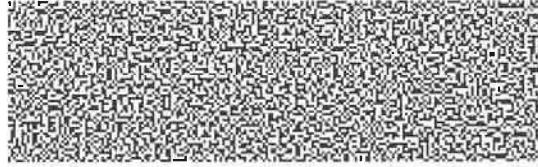
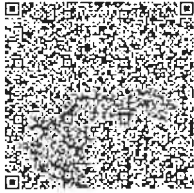
सत्यमेव जयते

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Government of Karnataka

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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)



Please write or type below this line

Affidavit

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

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.

Handwritten signature and date 5/8/25

Handwritten signature of Dr. Santhosh Raju

IN-KA08986521630653X

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.

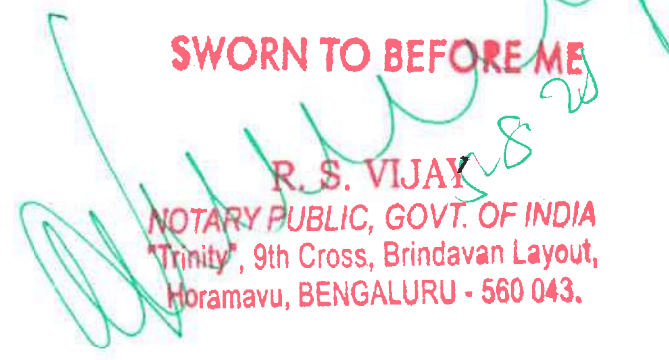

Deponent

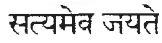
Verified on this **Tuesday 5th August 2025** at Bengaluru, Karnataka.




Deponent

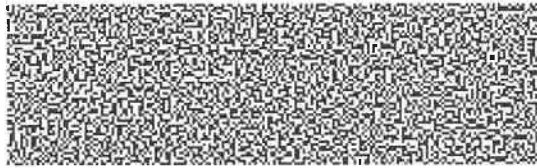
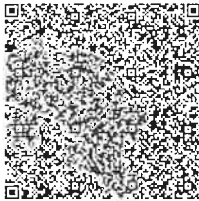
SWORN TO BEFORE ME


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



Government of Karnataka

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)



Please write or type below this line

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:

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Slock 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.




Deponent

SWORN TO BEFORE ME


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