



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. UMMED RAM	DR. ANU THOMAS	MR. ANANDA
Designation	PRINCIPAL CUM PROFESSOR	PRINCIPAL	ASSO. PROFESSOR
Address	NOOR COLLEGE OF NURSING #5, NOOR BUILDING, RMV, 2 nd Stage, Bellary-94	NALAPAD COLLEGE OF NURSING 104/2, KOGILU LAYOUT BELLAHALLI, JUNCTION	TRE COLLEGE OF NURSING BANGALORE
Mobile No	9448089518	9880471831	7019219193
Email ID	yamumed@gmail.com	anu.thomas5477@gmail.com	anandhalli0241@gmail.com

Inspection For the Academic Year : 2025 - 2026

Date of Inspection: 11/08/2025

(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	GOLDEN INSTITUTE OF NURSING SCIENCE #1561, 15 th CROSS, RE HODDE NAGAR B. RAMAIAH MAN. RD, SRE NAGAR POST 56007	2	Year of Establishment	2005
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	SRI UNIVERSAL EDUCATIONAL TRUSTS. (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
		Email: golden.collegenuin@gmail.com	Website:	—	
		Office No: 080 - 29641888	Mobile No:	7676069748	

Signature of Chairman
Dr. UMMED RAM

Signature of Member (1)
DR. ANU THOMAS

Signature of Member (2)
Dr. Ananda
11/08/25

Name of the President/Secretary/ Chairman of Trust/Society & Phone No		GOTIMAYUM ELIZABETH DEVI 7676069748	
Governing Council & Audit Report of Trust		Total Number of Members in Governing Council : 08 (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: JEEVA RANI A. Qualification: Experience after MSc: Email: jeevarani2004@gmail.com	Mobile No: 9035284073 Office No: 080-29641888 Fax No: - Residential phone No: -
	b) Drawing authority of the college	BUKYA VINOD KUMAR	-
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒ If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				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	1,25,000/-		1000/-	25,000/-	1,51,000/-
Post Basic B.Sc. Nursing			NA			
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.		NA			
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						

Online Transaction Number or Details:

ZAXC1621425899, ZAXC1621442310, ZAXC1621435219


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	RGD/Aff/ GIONS 16-12-2022 Annexure - 5	ACA/NS-296/ 0-272/2005-10 02/07/2008 Annexure - 6	1157-5/ 18-2005 24/08/2005 Annexure - 7	INC-BSC(Nurs) 21/11/2024 Annexure - 8	Verified
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	NA				
M.Sc. Nursing 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	NA				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				

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	17	15	7	8	47
	Female	43	41	33	30	147
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure -10

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

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

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

Remarks:

[Signature]
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature]
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					
2	Vice-Principal	1	1									1					
3	Professor	1	1-2					1*				0					
4	Associate Professor	2	2-4					1*				2					
5	Assistant Professor	3	3-8				2	3*				3					
6	Tutor	8-16	16-24				2-10	--				19					
	Total	16-24	24-40				4-12					26					

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
150 students intake				
200 students intake				

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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.	JEEVA RANJ .A	PRINCIPAL	M.SC[OBG]	2014	908560KAR	8 YRS	11YRS	01/08/2018	
2.	ANJU LAKSHMI. S	VICE PRINCIPAL	M.SC[DEONNG]	2021	42884	11YRS	4YRS	5/09/2024	
3.	NAOREM MENAKA DEVI	ASST. PROFESSOR	M.SC[MHN]	2021	79116	6 MTHS	4YRS	01/07/2021	
4.	KSH. OLSVIA CHANU	LECTURER	M.SC[CHN]	2020	97613	1 YR	2YRS	15/07/2023	
5.	K HANGIEMDAM SONY DEVI	LECTURER	M.SC[OBG]	2024	10904	1 YR	1YR 6MTHS	15/02/2024	
6.	NONGIEMATHEM REKHABATI DEVI	LECTURER	M.SC[MSN]	2024	107586	2 YRS	1YR 6MTHS	01/10/2024	
7.	MORRANGTHEM PREMCHAND SINGH	LECTURER	M.SC[CHN]	2024	93834	11 MTHS	1YR 6MTHS	01/02/2024	
8.	ANITA YUMKHAIBAM	ASST. LECTURER	B.SC NURSING	2020	90375	2YRS 8MTHS	-	11/11/2024	
9.	GOTIMAYUM JINA DEVI	ASST. LECTURER	B.SC NURSING	2018	98248	6YRS 9MTHS	-	17/10/2018	
10.	MAYANGI LAMBAM ANJALI DEVI	ASST. LECTURER	B.SC NURSING	2021	120235	3 YRS	-	01/06/2022	
11.	NAMRATA SARKAR	ASST. LECTURER	B.SC NURSING	2022	158204	1YR 8MTHS	-	20/10/2023	
12.	NAOREM JOHNISON	ASST. LECTURER	B.SC NURSING	2021	127787	1YR 9MTHS	-	03/10/2023	
13.	ELANGI BOM PREMILA DEVI	ASST. LECTURER	B.SC NURSING	2022	1322019	2YRS 8MTHS	-	07/11/2023	
14.	NAOREM MAHESH KUMAR SINGH	ASST. LECTURER	B.SC NURSING	2021	118198	3YRS 9MTHS	-	28/11/2024	
15.	NAOREM SHYAM SUNDAR SINGH	ASST. LECTURER	B.SC NURSING	2021	127786	1YR 9MTHS	-	03/10/2023	
16.	DARSHINI C.K.	ASST. LECTURER	B.SC NURSING	2022	134022	2YRS 8MTHS	-	09/12/2022	
17.	RENY DANIEL	ASST. LECTURER	B.SC NURSING	2019	129337	1YR 6MTHS	-	08/01/2024	
18.	SUDHEER . S	ASST. LECTURER	B.SC NURSING	2023	158215	1YR 6MTHS	-	08/01/2024	
19.	YENGKHOH INDIRA DEVI	ASST. LECTURER	B.SC NURSING	2018	97615	5YRS 4MTHS	-	02/03/2020	
20.	NAOREM HORTI PREYA DEVI	ASST. LECTURER	B.SC NURSING	2021	127052	1 YR	-	26/08/2024	
21.	YENGKHOH SUJATTA DEVI	ASST. LECTURER	B.SC NURSING	2018	97614	5YRS 4MTHS	-	02/03/2020	
22.	SRIJA GHOSH .	ASST. LECTURER	B.SC NURSING	2023	156850	1YR 7MTHS	-	10/02/2024	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



23.	NAOREM KENEDY SINGH	ASST. LECTURER	B.Sc NURSING	2024	161856	1 YR	-	01/07/2024	07
24.	PRAISY DOSE	ASST. LECTURER	B.Sc NURSING	2023	163082	7 MTHS	-	02/01/2025	02
25.	KSH. VELISNA DEVI	ASST. LECTURER	B.Sc NURSING	2025	20N9416	7 MTHS	-	21/01/2025	01
26.	GOTIMAYUM BRUCELEE SHARMA	ASST. LECTURER	B.Sc NURSING	2025	18N16974	-	-	08/08/2025	08
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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 IN ANNEXURE - 11			

14. Physical Facilities :

14.1. College Building:

Annexure - 12

No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	23,600sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC./EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4x900 = 3600sq ft	Verified
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	NA	
3	Administrative Facilities			Verified
	Office			Verified
	1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others			Verified
	6. Office of Administrative, clerical staff and PA (s)	600	600	
	7. Accountants Office	100	100	
	8. Store Room	100	100	
	9. Record room	100	100	
	10. Room for maintenance staff	100	100	
	11. Xeroxing room	100	100	
12. common room (Girls & Boys)	600+400= 1000	1000		
13. Multipurpose hall / Seminar hall/ examination hall	3000	3000		
14. Toilets	1000	1000		

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Signature of Member (2)

15. A.V/Aids room	600	600.	Yes/Find
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S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)	60 INTAKE	Verified
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 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)

Building Documents:

Annexure – 12

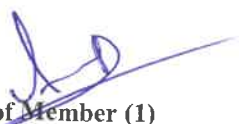
SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	Yes
2	Is the college building own or leased ?	LEASED
3	Blue print of the building plan approved and attested by competent authority.	Enclosed
4	Building construction license from competent authority	Enclosed
5	Tax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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
2	KA50A6411	60	Yes/No	Yes/No	Yes/No

16. Library facility : Enclose list of library books

Annexure - 14

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

Total No. of Nursing Books available	3109	No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	27	Is internet facility available for Students?	YES
No of e-books	2000	How many books were purchased in last financial year?	500

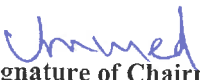
S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. ANURADHA	M.Lib	4 YRS.	Verified
2.	Ms. PADMA	B.LOM	6 MONTHS.	Verified

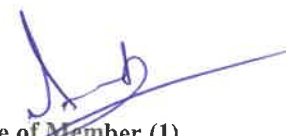
Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available 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		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Conferences conducted		
Conferences attended	1. TRANSFORMING GLOBAL NETWORKS IN HEALTH CARE 2. PALLIATIVE CARE	—

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital				
MOU(Registered parent hospital MOU)				
NAME OF THE TRUST/ Person owning The Hospital				
Name Of The Owner Of The Trust of Hospital				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. SAKARA HOSPITAL	300		
	SPANDANA HOSPITAL	200		
	2. APEX HOSPITAL	50		
	SRI ARADYA HOSPITAL	25		
	3. PRIME HOSPITAL	30		

NA

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				
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(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/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, 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:


Signature of Chairman


Signature of Member (1)

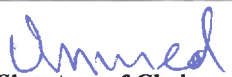

Signature of Member (2)

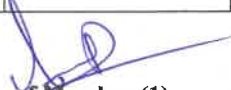
18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			50	80%.
Surgery including OT			40	82%.
Obstetrics & Gynecology			30	81%.
Pediatrics,			40	80%.
Emergency Medicine			60	86%.
Psychiatry			200	88%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			15	90%.
Minor OT			10	92%.
Dental, Otorhinolaryngology, Ophthalmology			10	88%.
Burns and Plastic			10	87%.
Neonatology care unit			15	75%.
Communicable disease/Respiratory medicine/TB & chest diseases			20	78%.
Dermatology			10	82%.
Cardiology			10	86%.
Oncology			10	88%.
Neurology/Neuro-surgery			12	82%.
Nephrology/Urology			13	80%.
ICU/CCU			20	81%.
Geriatric Medicine			10	87%.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Any other		020	82%
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19 COMMUNITY HEALTH NURSING : Annexure - 17

RURAL FILED

a. Name of CHC / PHC / SC	BETTAHALSOOR
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	MCH Service, IMMUNIZATION, RNTCP, NMCP, LEPROSY, HEALTH EDUCATION, HOME VISIT.

URBAN FILED :

a. Name of CHC / PHC / SC	NARAYANPURA.
Adopted / Affiliated	AFFILIATED
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	2 km
b. Services Rendered by Health & Family Welfare Programmes	MCH Service, IMMUNIZATION, RNTCP, NMCP, LEPROSY, HEALTH EDUCATION, HOME VISIT.

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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of Stock	YES ☒	NO ☐
o.	Annual report of activities and achievements	YES ☒	NO ☐
p.	Staff development programmes	YES ☒	NO ☐
q.	Anti ragging committee	YES ☒	NO ☐
r.	Student welfare committee	YES ☒	NO ☐
s.	POSHE Committee	YES ☒	NO ☐
t.	Prevention of Gender harassment committee	YES ☒	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft 22000/ 85 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 : 147	Boys : 47
f.	Total No. of rooms	Girls : 25	Boys : 15
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	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		NO	
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		NO	
Annexure - 10	List of M.Sc. Nursing Students as per format		NO	
Annexure - 11	Details of External /Part time Teachers	✓		
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	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

Signature of Chairman

Signature of Member (1)

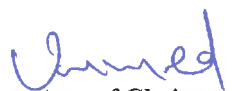
Signature of Member (2)

	affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
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.

LIC Team Observations:

- LIC Team visited Golden Institute of Nursing Science Bengaluru-560077 on 11th August 2025.
- Institution is leased Building with 04 class rooms and 06 labs with Equipment & facilities as per norms.
- Library as 3109 Books, internet facility, E-Books, Journals available.
- College as Bus facility (transparencies).
- Separate hostel for Boys & girls.
- 26 Staff members Teaching faculties including principal and day of inspection.
- College as affiliated with 05 hospitals, Sakara hospital, Spandana hospital, Apex hospital, prime life hospital, Sri Asogya hospital.
- College have Seminar hall & BSc Nursing 60 Intake.
- College have as per RGUHS Academic activities.
- College have Community posting person from District Health Officer (DHO).
- Institution is recognised by INC, RGUHS & KSNL.


Signature of Chairman
Dr. UM MED RAM


Signature of Member (1)


Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at GOLDEN INSTITUTE OF NURSING SCIENCE ^{DANGALORE} which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/25 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. VM MEDRAM


A C Member
(Member)

DR. ANU THOMAS


Subject Expert
(Member)

Dr. Ananda


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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 the 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

Signature of Member (1)

Signature of Member (2)

- 1) We confirm that the faculty in the college are employed for full time in the college.
- 2) 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.
- 3) We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.
- 4) 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 Chairperson

Verified on this1.1 AUG 2025..... day of2025 at Bangalore.

ATTESTED BY ME

H.K. GOPALAGOWDA, MA, LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
Wangar, Hosanghat, Bengaluru (Post)
Bengaluru North - 562 163

1 1 AUG 2025