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. Shiva Shankar	Dr. Basayya .V.H	Dr Annapurna ELL
Designation	Senate Member.	Principal	principal
Address		RMGC Institute of Nursing Science, Hukkeri	Govt college of nursing KIMCRI HUBBALLI
Mobile No	94482 44319	8618330489	8970295579
Email ID	shivshankar@ketmail.com	basayya850@gmail.com	annapurnarath1234@gmail.c

For the Academic Year :	2025-2026		*Date of Inspection:*	08/08/2025
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	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**	ADVENTIST COLLEGE OF NURSING LOWRY MEMORIAL COLLEGE CAMPUS OPP. K. R PURAM RAILWAY STATION, DOORAVANINAGAR, BANGALORE Pin Code: 560016	2	**Year of Establishment** **B.Sc N 25-06-2006** **M.Sc N 14-04-2011**
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**	**Professionals Education and Charitable Trust** LOWRY MEMORIAL COLLEGE CAMPUS OPP. K. R PURAM RAILWAY STATION, DOORAVANINAGAR, BANGALORE, Pin Code: 560016 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:adventistcollegeofnursing@yahoo.com		**Website: www.lowryacon.in**

Signature of Chairman
Dr Shiva Shankar
08/08/25

Signature of Member (1)
Cdr. Basayya .V.H)

08/08/2025
Signature of Member (2)
Dr Annapurna ELL

	(b). Name of the Owner of Trust/Society	Mr.EZRAS LAKRA	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 14 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure -	
5	Details of Principal/Head of the institution	Name: Prof. Carolina Sangeetha Qualification: M.Sc Nursing Experience: 28 Years Email: adventistcollegeofnursing@yahoo.com	Mobile No: 9481066792 Office No: 08061161507 Fax No: Residential phone No:

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	1,95,000				25,000	Rs. 2,20,050
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Community Health	4	
	2. Medical Surgical Nursing	4	
	3. OBG	4	
	4. Paediatric Nursing	4	
	5.		
NPCC		Total (B)	7,500
		Total (C)	Rs 32,000
		Grand Total (A+B+C)	2,59,550

Online Transaction Number or Details: ZUB2LBQ091SXNL, ZUB3LBQ091SXNL, ZUB246091TYYV, ZUB2F1409317H5

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 08/08/2023

rks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 731 MMC 2019 **Annexure - 5**	RGU/AFF/NUR/N292/COA/01/24-25 Date;20/9/2024 **Annexure - 6**	KNC/1157/2024-25 19/06/2007 **Date : - 25-26 24/04/2024** **Annexure - 7**	18-15/2790 **Date:31/12/2024** **Annexure - 8**	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year		60			
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA	NA	NA	NA	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	124MME2011 Dated03-11-2011 **Annexure - 5**	RGU/AFF/NUR/N292/COA/01/24-25 Date;20/9/2024 **Annexure - 6**	KNC/411/2012/-13 Date-31/12/2011 Date: **2024-25** **Annexure - 7**	18-15/2790 Date: **31/12/2024** **Annexure - 8**	
	Sanctioned Intake	**16 (Med-Surg-4, CHN-4, Paed-4, OBG-4)**	**16 (Med-Surg-4, CHN-4, Paed-4, OBG-4)**	**16 (Med-Surg-4, CHN-4, Paed-4, OBG-4)**	**15(Paed-5, Med-Surg-5, OBG-5)**	
	Admissions Made for the Current Academic Year		Med Surg-3 Paed-1 OBG-1			
M.Sc. NPCC	Approval Letter No. and Date	NA	NA	NA	NA	

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 08/01/2025

	Sanctioned Intake	—	—	—	—
	Admissions Made for the Current Academic Year	—	—	—	—

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	18	17	17	22	74
	Female	42	43	39	38	162
Post Basic B.Sc Nursing	Male	-------	-------	-------	-------	-------
	Female	-------	-------	-------	-------	-------
M.Sc Nursing	Male	2	-------	-------	-------	2
	Female	3	-------	-------	-------	3
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-------
			LIST 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:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1					-	-	-	-	
2	Vice-Principal	1	1				1					-	-			
3	Professor	1	1-2		1*		1			1		-	-	-	-	
4	Associate Professor	2	2-4		1*		1			2		-	-	-	-	
5	Assistant Professor	3	3-8	2	3*		3			2		-	-	-	-	
6	Tutor	8-16	16-24	2-10	--		13					-	-	-	-	
	Total	**16-24**	**24-40**	**4-12**			20			5		-	-	-	-	

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

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

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

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

Signature of Chairman

Signature of Member (1)

08/08/2025

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Carolina Sangeetha	Principal/ Professor/HOD	M.Sc (N) Med & Sur Nsg	2006	RN/RM 149, 238	10Yrs	18 Yrs 6 Months	04-01-2017	Yes	
2.	Prof. Padmavathi S	Vice Principal/ Professor/HOD	M.Sc (N) Med & Sur Nsg	2005	RN/RM 534 RR MSC 66	3 Yrs, 3 months	20 Years	01-10-2012	Yes	
3.	Prof. Leena M	Professor/HOD	M.Sc (N) Psychiatric	2010	RN/RM 2068	03 yrs 6 months	14 yrs 9 Months	18-08-2010	Yes	
4.	Mr. Gnana Leonarld	Asso. Professor	M.Sc (N) Med & Sur Nsg	2015	RN/RM 43724, 008074	01 yrs 05 months	09 yrs 6 Months	03-08-2015	Yes	
5.	Mrs. Renai K Raj	Asso.Professor/HOD	M.Sc (N) OBG	2015	RN/RM 008442	01 yrs 8 Months	09 years 8 Months	01-06-2015	Yes	
6.	Mrs. Shyla Kumari	Asso. Professor	M Sc N OBG	2013	RR ANP 2010 2461 KAR	02 yrs	8 yrs 9 Months	19-09-2016	Yes	
7.	Ms. Shiny Chitti babu Vuchula	Asst. Professor	M.Sc (N) Med Surg Nsg	2017	RN/RM 54860	2 year 5months	7 yrs 7 months	18-04-2018	Yes	
8.	Mrs. Sadguna Santhosh Kumar	Asst. Professor	M.Sc (N) Med &Surg	2018	RN/RM 48888	4 yrs	6 yrs 7 Months	01-10-2018	Yes	
9.	Mrs. Geetha C	Asst. Professor/HOD	M.Sc (N) Pediatric Nsg	2012	20289	-	7 Year 4 months	01-06-2023	Yes	
10.	Mrs. Bhagyalekshmi S L	Lecturer	M.Sc (N) Med &Surg	2023	RR-BSC-3369	5yrs 9 months	2 year 3 months	01-04-2023	Yes	
11.	Mrs.Preethi Sangeetha	Asst. Professor	M.Sc (N) Psychiatric	2020	RR TMN 2013 3275 KAR	10 Yrs	5 Yrs	09-09-2024	Yes	
12.	Mrs.Beaula tamilarasi S	Asst. Professor/HOD	M.Sc (N) Community Health Nsg	2022	RR TMN 2017 6621 KAR	1 Yr	3 Yr 5 Months	01-11-2024	Yes	
13.	Mrs Merlyn Getcy	Lecturer	M.Sc (N) Pediatric Nsg	2024	113991	-	4 months	17-02- 2025	Yes	
14.	Mrs. Lily Sarojini	Tutor	B.Sc (N)	1988	RR 6588	34 yrs 2 Months	-	06-06-2012	Yes	
15.	Mrs. Shamini P	Tutor	B.Sc (N) Community Health Nsg	2008	RN/RM 11581	16 Yrs	-	15-10-2019	Yes	
16.	Mrs. Annie Johanson	Tutor	B.Sc (N) Pediatrics	2010	RR TMN 2015 8349KAR	10 yrs 11 Months	-	02-11-2016	Yes	
17.	Ms. Gayathri	Tutor	B.Sc (N) MHN	2016	RR RMN 2019 7929	6 Yrs 5 months		09-10-2018	Yes	

08/08/2025

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

					KAR					
18.	Mrs. Sujatha	Tutor	B.Sc (N)	2020	RN141929	04 Year 2 months		11-01-2021	Yes	
19.	Mrs. Geetha Anna	Tutor	B.Sc (N)	2011	RR TMN 2019 8442 KAR	2 Years 5 months		04-01-2023	Yes	
20.	Mrs.Swapna	Tutor	B.Sc (N)	2015	RR ANP 2024 11275 KAR	1 Year		25-06-2024	Yes	
21.	Mr. Naresh M	Tutor	B.Sc (N)	2020	114412	11 Months		15-07-2024	Yes	
22.	Ms. Freeda Kandulna	Tutor	B.Sc (N)	2022	142541	5 Months		13-01-2025	Yes	
23.	Mr. Prasahanth Kumar Genji	Tutor	B.Sc (N)	2018	85672	1 year 7 months		17/11/2023	Yes	
24.	Mr. Sundaram Joseph Sigmund Abraham	Tutor	B.Sc (N)	2020	102189	1 year 7 months		21/11/2023	Yes	

08/08/2025

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

Annexure - 12

ical Facilities :

llege Building:

Details	Required	Existing	Remarks
Built – up area of the building (in Sq. Ft)	23,200sq.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

CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**4 Classroom with 1200sq ft Each.**	Well Ventilated & Good Lighting
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	**2 Classroom with 600sq ft each.**	
NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
Administrative Facilities			
Office 1. Principal's Chamber	300	400	
2. Vice-Principal Chamber	200	400	
3. HOD	5 x 200 = 1000	5x400	
4. Professor/Assoc. Prof	800+2400=3200	2400	
5. Lecturer/ Tutors			
Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		400	
7. Accountants Office			
8. Store Room		600	
9. Record room		200	
10. Room for maintenance staff		200	
11. Xeroxing room			
12. common room	1000	1000	
13. Seminar hall	3000	4000	
14. Toilets	1000	900	
15. A.V/Aids room	600	800	

Signature of Chairman

Signature of Member (1)

Signature of Member (

No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	800 & 800 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)

Annexure – 12

Building Documents:

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Annexure –

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
			Yes / No	Yes / No	Yes / No
1	KA53C7630	60	Yes	Yes	Yes

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

No	Details	Required	Existing	Remarks
	LABORATORIES			
4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	800 & 800 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.

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Annexure – 12

1. **Is the college building own or leased / rented?**
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5. **Sale deed / Lease deed of the building / Land.**

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If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).

It is mandatory that ***all nursing institution*** *shall have its own building within two years of its establishment* ***2021-22 onwards.***
If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
Google location of college to be attached by LIC team.

icle Details : *Enclose a copy of RC Book / Insurance / Driving License*

Annexure – 13

ber s	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
			Yes / No	Yes / No	Yes / No
	KA53C7630	60	Yes	Yes	Yes

ture of Chairman

Signature of Member (1)

Signature of Member (2)

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 Sq ft	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	4073	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	450	**Is internet facility available for Students?**	YES
No of e-books	5400	**How many books were purchased in last financial year?**	442

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Deepak	M. LIB	12 Years	
2	Mrs. Christinamma	B. LIB	34 Years	

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

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	DOCUMENTS ENCLOSED	
Conferences conducted	DOCUMENTS ENCLOSED	
Conferences attended	DOCUMENTS ENCLOSED	

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 08/08/2025

18. Details of Clinical / Hospital Facilities :

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital **Seventh Day Adventist Medical Center, No 8 Spencer road, frazer town, Bangalore - 560005**		50	06Km	80%	
NAME OF THE TRUST/ Person owning The Hospital **Medical Trust of Seventh Day Adventist, Multi Speciality Hospital Bangalore.**					
Name Of The Owner Of The Trust of Hospital **Pr. Ezras Lakra**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Seventh Day Adventist Medical Center No 8 Spencer road, frazer town, Bangalore -05	50	6 Km	90	
	1. Victoria Hospital (Burns) 2. Vanivilas hospital 3. HAL Hospital Bangalore 4. Kidwai Memorial Institute of Oncology 5. Spndana Nursing Home 6. Indira Gandhi Institution of Child Health	80 500 300 300 100 300	12 km 12 km 6 km	80 to 90%	

(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.1-3/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 08/08/2025

Medical	15	20	250	230
Surgery including OT	15	15	200	180
Obstetrics & Gynecology	10	10	500	260
Pediatrics,	10	8	250	220
Emergency Medicine	6	5	25	20
Psychiatry	2	2	250	230

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3		15	
Minor OT	2		5	
Dental, Otorhinolaryngology, Ophthalmology	2			
Burns and Plastic				
Neonatology care unit	5	4	250	220
Communicable disease/ Respiratory medicine/TB & chest diseases			25	20
Dermatology				
Cardiology	5	10	50	32
Oncology			100	75
Neurology/Neuro-surgery			15	7
Nephrology/Urology	2	2	15	8
ICU/ICCU	8	8	50	32
Geriatric Medicine			20	15
Any other	5	3		

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

Signature of Chairman

Signature of Member (1)

08/08/2025

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	Avalahalli
a. Name of CHC / PHC / SC	Affiliated
Adopted / Affiliated	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Administrate red by	10km
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	Kadugodi
a. Name of CHC / PHC / SC	Affiliated
Adopted / Affiliated	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Administrate red by	6km
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ✓	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ✓
c.	M.Sc. Nursing	**YES** ✓	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ✓	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ✓
c.	M.Sc. Nursing	**YES** ✓	**NO** ☐

22	**Records of Students:** Are the following students records are maintained well?		
a.	Admission record	**YES** ✓	**NO** ☐
b.	Daily Attendance Registers	**YES** ✓	**NO** ☐
c.	Health Records	**YES** ✓	**NO** ☐
d.	Clinical and field experience record	**YES** ✓	**NO** ☐
e.	Practical record books - procedure record	**YES** ✓	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ✓	**NO** ☐
g.	Leave record	**YES** ✓	**NO** ☐

Signature of Chairman | **Signature of Member (1)** | **Signature of Member (2)** 08/08/2025

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	90 x 100 sq.ft x 2 floors	
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 :137	Boys :75
f.	Total No. of rooms	Girls :35	Boys :20
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)

08/08/2025

Signature of Member (2)

List of Annexures:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

05/01/2023

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓	

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

Observations:

* The College has started in 2006 and has an intake of 60 and 16 for MSc
* The College is situated in a huge campus with a separate block for nursing.
* The College is affiliated to Vani Vilas hospital, K.R.Road hospital, ICH Hospital & Victoria hospital and has it own hospital - The Seventh Adventist Hospital.
* The labs, classrooms, college built-up area is all in accordance to the INC Norms.
* There are 27 staff of which 3 were absent on the day of inspection.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

08/08/2023

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Carolina Sangeetha	Principal/ Professor/HOD	M.Sc (N) Med & Sur Nsg	2006	RN/RM 149, 238	10Yrs	18 Yrs 6 Months	04-01-2017	Yes	
2.	Prof. Padmavathi S	Vice Principal/ Professor/HOD	M.Sc (N) Med & Sur Nsg	2005	RN/RM 534 RR MSC 66	3 Yrs, 3 months	20 Years	01-10-2012	Yes	
3.	Prof. Leena M	Professor/HOD	M.Sc (N) Psychiatric	2010	RN/RM 2068	03 yrs 6 months	14 yrs 9 Months	18-08-2010	Yes	
4.	Mr. Gnana Leonarld	Asso. Professor	M.Sc (N) Med & Sur Nsg	2015	RN/RM 43724, 008074	01 yrs 05 months	09 yrs 6 Months	03-08-2015	Yes	
5.	Mrs. Renai K Raj	Asso.Professor/HOD	M.Sc (N) OBG	2015	RN/RM 008442	01 yrs 8 Months	09 years 8 Months	01-06-2015	Yes	
6.	Mrs. Shyla Kumari	Asso. Professor	M Sc N OBG	2013	RR ANP 2010 2461 KAR	02 yrs	8 yrs 9 Months	19-09-2016	Yes	
7.	Ms. Shiny Chitti babu Vuchula	Asst. Professor	M.Sc (N) Med Surg Nsg	2017	RN/RM 54860	2 year 5months	7 yrs 7 months	18-04-2018	Yes	
8.	Mrs. Sadguna Santhosh Kumar	Asst. Professor	M.Sc (N) Med &Surg	2018	RN/RM 48888	4 yrs	6 yrs 7 Months	01-10-2018	Yes	8/8/25
9.	Mrs. Geetha C	Asst. Professor/HOD	M.Sc (N) Pediatric Nsg	2012	20289	-	7 Year 4 months	01-06-2023	Yes	8/8/25
10.	Mrs. Bhagyalekshmi S L	Lecturer	M.Sc (N) Med &Surg	2023	RR-BSC-3369	5yrs 9 months	2 year 3 months	01-04-2023	Yes	
11.	Mrs.Preethi Sangeetha	Asst. Professor	M.Sc (N) Psychiatric	2020	RR TMN 2013 3275 KAR	10 Yrs	5 Yrs	09-09-2024	Yes	8/8/25
12.	Mrs.Beaula tamilarasi S	Asst. Professor/HOD	M.Sc (N) Community Health Nsg	2022	RR TMN 2017 6621 KAR	1 Yr	3 Yr 5 Months	01-11-2024	Yes	8/8/25
13.	Mrs Merlyn Getcy	Lecturer	M.Sc (N) Pediatric Nsg	2024	113991	-	4 months	17-02- 2025	Yes	8/8/25
14.	Mrs. Lily Sarojini	Tutor	B.Sc (N)	1988	RR 6588	34 yrs 2 Months	-	06-06-2012	Yes	
15.	Mrs. Shamini P	Tutor	B.Sc (N) Community Health Nsg	2008	RN/RM 11581	16 Yrs	-	15-10-2019	Yes	8/8/25
16.	Mrs. Annie Johanson	Tutor	B.Sc (N) Pediatrics	2010	RR TMN 2015 8349KAR	10 yrs 11 Months	-	02-11-2016	Yes	
17.	Ms. Gayathri	Tutor	B.Sc (N) MHN	2016	RR RMN 2019 7929	6 Yrs 5 months		09-10-2018	Yes	8/8/25

Signature of Chairman

Signature of Member (1)

08/08/2025

Signature of Member (2)

					KAR					
18.	Mrs. Sujatha	Tutor	B.Sc (N)	2020	RN141929	04 Year 2 months		11-01-2021	Yes	
19.	Mrs. Geetha Anna	Tutor	B.Sc (N)	2011	RR TMN 2019 8442 KAR	2 Years 5 months		04-01-2023	Yes	
20.	Mrs.Swapna	Tutor	B.Sc (N)	2015	RR ANP 2024 11275 KAR	1 Year		25-06-2024	Yes	
21.	Mr. Naresh M	Tutor	B.Sc (N)	2020	114412	11 Months		15-07-2024	Yes	
22.	Ms. Freeda Kandulna	Tutor	B.Sc (N)	2022	142541	5 Months		13-01-2025	Yes	
23.	Mr. Prasahanth Kumar Genji	Tutor	B.Sc (N)	2018	85672	1 year 7 months		17/11/2023	Yes	
24.	Mr. Sundaram Joseph Sigmund Abraham	Tutor	B.Sc (N)	2020	102189	1 year 7 months		21/11/2023	Yes	

08/08/2025

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

सत्यमेव जयते

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Government of Karnataka

Rs. 100

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Certificate No.	:	IN-KA12322999182243X
Certificate Issued Date	:	07-Aug-2025 03:56 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ K R PURAM8/ KA-SV
Unique Doc. Reference	:	SUBIN-KAKACRSFL0839983079518265X
Purchased by	:	ADVENTIST COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ADVENTIST COLLEGE OF NURSING
Second Party	:	NA
Stamp Duty Paid By	:	ADVENTIST COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

LAKSHAYA CREDIT CO-OPERATIVE SOCIETY LTD. Sign.. # 326, New Bazaar Street, K.R. Puram, Bangalore-36

NOTARY SRINATHA, D.R. B.A., LL.B. Bengaluru City Reg. No. 20401 Expiry Date 07-03-2030 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING by Trust Management

We the President /Secretary/Member of the Professionals Education and Charitable trust are submitting the affidavit to the University.

The Trust Professionals Education and Charitable trust is Running/managing the college

Adventist College of Nursing Lowry Memorial College campus, Opp Kr puram railway Station dooravaninagar, Bangalore 560016, since 2006, 19 years.

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

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

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

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

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

College President
Secretary (Professionals Education and Charitable trust)

Dr. G Nageswar Rao
President
Lowry Adventist College & Group of Institutions
Dooravaninagar, Bangalore-560 016

NOTARY
SRINATHA. D.R.
B.A.L.,LL.B.
Bengaluru City
Reg. No. 20401
Expiry Date
07-03-2030
GOVT. OF INDIA

ATTESTED BY ME

SRINATHA. D.R., B.A.L.,LL.B.,
ADVOCATE & NOTARY
1, 2nd Main, 10th Cross, Kanakanagar
KHB Main Road, R.T. Nagar Post.
BENGALURU - 560 032

08 AUG 2025

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Unique Doc. Reference	:	SUBIN-KAKACRSFL0839986015085988X
Purchased by	:	ADVENTIST COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ADVENTIST COLLEGE OF NURSING
Second Party	:	NA
Stamp Duty Paid By	:	ADVENTIST COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

AKSHAYA CREDIT CO-OPERATIVE SOCIETY LTD. Sign. # 326, New Bazaar Street, K.R. Puram, Bangalore-36 BANGALORE

NOTARY SRINATHA, D.R. RS. 100 B.A.L., LL.B Bengaluru City Reg. No. 20401 Expiry Date 07-03-2030 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I/We, Dr. Raj Kumar Chavakula is the Medical Director of the Seventh Day Adventist Medical Centre, hospital situated at Spencer Rd, Cleveland Town, Frazer Town, Bengaluru, Karnataka 560005

This is to confirm that our hospital Seventh Day Adventist Medical Centre, is registered under KPMEA and PCB with100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Seventh Day Adventist Medical Centreis functioning as parent/own hospital for Adventist College of Nursing college, Lowry Memorial College campus, Opp Kr puram railway Station, dooravaninagar, Bangalore 560016.

We also confirm that our hospital is solely affiliated to Adventist College of Nursing College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

SEVENTH-DAY ADVENTIST MEDICAL CENTRE MEDICAL DIRECTOR BLORE-58

Medical Director
Dr. Raj kumar Chavakula

NOTARY
SRINATHA. D.R.
B.A.L., LL.B.
Bengaluru City
Reg. No. 20401
Expiry Date
07-03-2030
GOVT. OF INDIA

ATTESTED BY ME

SRINATHA. D.R., B.A.L.,LL.B.,
ADVOCATE & NOTARY
1, 2nd Main, 10th Cross, Kanakanagar
KHB Main Road, R.T. Nagar Post,
BENGALURU - 560 032

08 AUG 2025

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iis is to confirm that the hospital Seventh Day Adventist Medical Centreis nctioning as parent/own hospital for Adventist College of Nursing college, owry Memorial College campus, Opp Kr puram railway Station, dooravaninagar, angalore 560016.

'e also confirm that our hospital is solely affiliated to Adventist College of Nursing ollege and is not affiliated to any other nursing college.

he information provided by us is true and correct.

SEVENTH-DAY ADVENTIST MEDICAL CENTRE MEDICAL DIRECTOR STORE-3

Medical Direct
Dr. Raj kumar Chavakula

OTARY
SRINATHA. D.R.
B.A.L., LL.B.
Bengaluru City
Reg. No. 20401
Expiry Date
07-03-2030
GOVT. OF INDIA

ATTESTED BY ME

SRINATHA. D.R., B.A.L.,LL.B.,
ADVOCATE & NOTARY
1, 2nd Main, 10th Cross, Kanakanagar
KHB Main Road, R.T. Nagar Post,
BENGALURU - 560 032

08 AUG 2025

RAJIV GANDHI UNIVERSITY OF HEALTH AND SCIENCES, KARNATAKA

4th T Block, Jayanagar, Bangalore-560041

Attendance Certificate

Dr. Basayya V H, Principal of RMSS Institute of Nursing Sciences Hulkote . College has carried out the **University of LIC Inspection on 08/08/2025** at **Adventist college of Nursing, Bangalore** for Rajiv Gandhi University of Health Sciences.

Date 08/08/2025
Place: Bangalore

Signature of the Principal

Principal
Adventist College of Nursing
Lowry College Campus
Dooravaniangar, Bangalore - 16

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

MEMO OF TRAVELLING ALLOWANCE

(For use by Non-Official Members of University bodies)

(To be filled in CAPITAL LETTERS only, all the columns are mandatory, bills are subject to rejection if all the columns are not filled & are submitted within 06 months of the event)

1. Name **Dr. BASAYYA V H** **DESIGNATION: PRINCIPAL/ACADEMIC COUNCIL MEMBER**
2. College Address: **RMSS INSTITUTE OF NURSING SCIENCES HULKOTI-582205/ RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGALORE, KARNATAKA.**

   Mobile No: **8618339489**
3. Basic Pay /- P.M
4. For the month of **AUGUST-2025**
5. Purpose of journey: **LIC INSPECTION FOR CONTINUATION AFFILIATION 2025-26 AUGUST 2025**

Date	Place of Journey				Amount Claimed				
	From	Hours	To	Hours	Train/Bus/ Air Fare	D.A	Mileage	Conveyance Allowance	Total
3/8/25	Bglr	4pm	Bglr	3pm	Car			30×15 =	450
4/8/25	Bglr	–	Bglr	–	–			30×15	450
						DA			1500
						LIC Inspection			2500
									4900/-

Grand total (in figures and words): Four thousand Nine hundred only

PAN Number : AFCPH0632J **Account Number :** 30926212717

Bank Name : STATE BANK OF INDIA **Branch Name:** SINDAGI BRANCH

IFSC CODE : SBIN0001019

1. Certified that I have travelled by Road ways/Rail/Bus/Air on this journey.
2. Certified that No.T.A and D.A have been claimed from any other sources.

"ACCEPTED"

CONTENTS RECEIVED

Receipt Stamp & Signature

Place :

Date :

Office of the Finance Officer, RGUHS, Karnataka, Bangalore (For Use in Finance Branch)

Head of Service.....

Passed for payment by cheque on the State Bank of India

For Rs.....(Rupees.....

..... In favour

of .....

Case Worker SO/AS AFO Finance Officer

(For use in Finance Branch)

1.Bill No.....

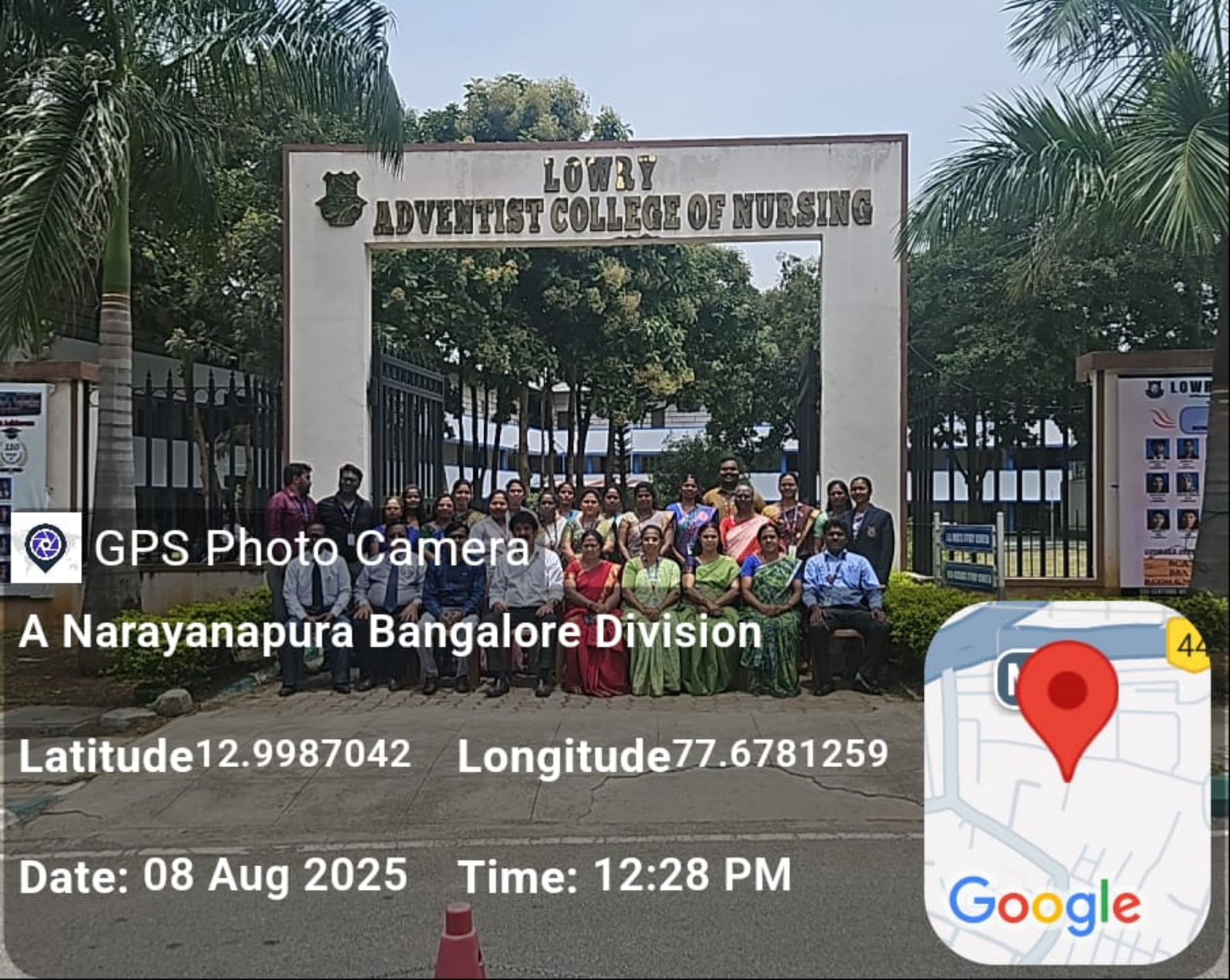
2.Voucher No.....

3.Chq.No. .....

4.Date: .....

5.Amount .....

*The Certificate should be ticked and attested with full signature. If journey was performed by other mode of travelling the same may be recorded and Air ticket, Boarding pass & supporting documents must be enclosed in original only.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