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. VINUTHA RAO	PROF. MOHD. ALEEMUDDIN	MR. MANU. B
Designation	PRINCIPAL	CHAIRMAN OF BOS UNANI PG PROFESSOR	PRINCIPAL OF GS SURYA CON.
Address	MVM COLLEGE OF NATUROPATHY & YOGIC SCIENCES, YELAHANKA	NATIONAL INSTITUTE OF UNANI MEDICINE	GS SURYA COLLEGE OF NURSING, SHIMOGA.
Mobile No	9980181331	9341072974	8861347845
Email ID	drvinuthamvm@gmail.com	drmaquamsri@gmail.com	

For the Academic Year : 2025 - 26 *Date of Inspection:* 14.05.2025

(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	CENTURY COLLEGE OF NURSING #64/3, HONNENAHALLI, DODDABALLAPORA MAIN ROAD, YELAHANKA, BANGALORE-64	2 Year of Establishment	2006
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	CENTURY EDUCATIONAL FOUNDATION YELAHANKA, BANGALORE (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: principalcenturycon@gmail.com	Website: www.centurynursing.com	

Signature of Chairman
Dr. Vinutha Rao

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	DR. NASEEM BANU		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : ENCLOSED (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: MR. AKASH H.A Qualification: M.Sc NURSING Experience: 15 YEARS Email: akashamc@gmail.com	Mobile No: 9886068311/ Office No: 9916408649 Fax No: Residential phone No: 9886068311	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	CONTINUATION OF AFFILIATION	4,17,250/-	ZHDF44609D9GAM			4,17,250/-
Post Basic B.Sc. Nursing	CHANGE OF ADDRESS	3,01,050/-	ZHDFS9309PA1XB			3,01,050/-
					31/12/2024 Total (A)	7,18,250/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4. NA					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	
Online Transaction Number or Details:						

Signature of Chairman

Signature of Member (1) 14/05/25

Signature of Member (2) 14/5/25

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA 307MRS2006 30.08.2006 Annexure - 5	RGU/AFF/NSG/KSNC/1157/ COA/01/2024-25 20.09.2024 Annexure - 6	2024-25 25.04.2024 Annexure - 7	Annexure - 8	Enclosed
	Affiliation Sanctioned Intake	60	60	60		
	Admissions Made for the Current Academic Year	60	60	60		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA 16 MME 2022 23.02.2012 Annexure - 5	RGU/AFF/NSG/KSNC/1157/ COA/01/2024-25 20.09.2024 Annexure - 6	2024-25 25.04.2024 Annexure - 7	Annexure - 8	Enclosed
	Sanctioned Intake	45	45	45		
	Admissions Made for the Current Academic Year	45	45	45		
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1) 14/05/25

Signature of Member (2) 14/5/25

	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	51	35	29	27	
	Female	09	25	31	33	
Post Basic B.Sc Nursing	Male	08	05	-	-	
	Female	27	40	-	-	
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——
		COPY ENCLOSED				

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

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

Annexure –10

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

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

Remarks:_____

Signature of Chairman **Signature of Member (1)** 14/05/25 **Signature of Member (2)** 14/5/25

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									
4	Associate Professor	2	2-4		1*		3									
5	Assistant Professor	3	3-8	2	3*		2									
6	Tutor	8-16	16-24	2-10	--		25									
	Total	**16-24**	**24-40**	**4-12**			33									

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

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

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

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

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

46.										
47.										
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64.										
65.										

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	29,000 sq/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	4 CLASS ROOM 3,600 sq/ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 CLASS ROOM 1200 sq/ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq/ft	
	2. Vice-Principal Chamber	200	200 sq/ft	
	3. HOD	5 x 200 = 1000	1000 sq/ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq/ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1000 sq/ft	
	7. Accountants Office		300 sq/ft	
	8. Store Room		200 sq/ft	
	9. Record room		200 sq/ft	
	10. Room for maintenance staff		800 sq/ft	
	11. Xeroxing room		200 sq/ft	
	12. common room	1000	1000 sq/ft	
	13. Seminar hall	3000	3000 sq/ft	
	14. Toilets	1000	1000 sq/ft	
	15. A.V/Aids room	600	600 sq/ft	

Enclosed

Signature of Chairman

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	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	Enclosed
	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

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA50B7345	41	Yes / No	Yes / No	Yes / No

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

10 14/05/25 14/5/25

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	2300 sq/ft	YES ☑ No ☐	GOOD	GOOD	ADEQUATE

Total No. of Nursing Books available	3050	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available	15	**Is internet facility available for Students?**	YES
No of e-books	25	**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	MR. RAVI KUMAR	M. LIB	11 YRS	Enclosed

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

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	04	✓
Conferences conducted	—— COPY ENCLOSED ——	Enclosed
Conferences attended	—— COPY ENCLOSED ——	✓

Signature of Chairman

Signature of Member (1) 14/05/25

Signature of Member (2) 14/5/25

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital CHIGURU MULTISPECIALTY HOSPITAL		100	4 km	80 %	✓
NAME OF THE TRUST/ Person owning The Hospital Mr. NAGARAJ. C					
Name Of The Owner Of The Trust of Hospital Mr. NAGARAJ. C					Enclosed ✓
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	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

Signature of Chairman **Signature of Member (1)** 14/05/25 **Signature of Member (2)** 14/5/25

be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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	10	08	100	90
Surgery including OT	10	08	100	80
Obstetrics & Gynecology	05	04	120	115
Pediatrics,	20	15	80	70
Emergency Medicine	10	05	30	25
Psychiatry	–	–	450	445

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02	20	15
Minor OT	02	02	10	08
Dental, Otorhinolaryngology, Ophthalmology	05	03	10	05
Burns and Plastic	05	01	10	05
Neonatology care unit	05	05	10	08
Communicable disease/ Respiratory medicine/TB & chest diseases	05	01	450	450
Dermatology	02	01	10	05
Cardiology	05	03	20	15
Oncology	–		621	621
Neurology/Neuro-surgery	05	01	20	15
Nephrology/Urology	05	01	10	08
ICU/ICCU	03	01	30	28
Geriatric Medicine	01	–	40	35
Any other			18	16

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		RAJANKUNTE PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute		1 km
b. Services Rendered by Health & Family Welfare Programmes		MCH FAMILY WELFARE PROGRAMME IMMUNIZATION PROGRAMME
URBAN FEILD :		
a. Name of CHC / PHC / SC		ATTUR PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
Distance from the Nursing Institute		5 km
b. Services Rendered by Health & Family Welfare Programmes		MCH PROGRAMME IMMUNIZATION PROGRAMME
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)** 14/05/25 **Signature of Member (2)** 24/5/25

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	Sq.ft 30,000 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 : 160	Boys : 145
f.	Total No. of rooms	Girls : 27	Boys : 24
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	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	– NA –	
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	– NA –	
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)

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	–NA–	/

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

Observations:

(*). On the day of Inspection at Courtesy College of Nursing. at 14/5/25

(*) Building documents were varified.

(*) College is shifted to a new building and applied for a change of address and all documents of new building were varified.

(*) Labs were having sufficient lab equipments and well ventilated

(*) Library has spacious place and sufficient books.

(*). All necessary documents were enclosed for your perusal.

Signature of Chairman

Signature of Member (1) 14/05/25

Signature of Member (2) 14/05/25


ಸೆಂಚುರಿ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್
CENTURY COLLEGE OF NURSING
GPS Map Camer
Bengaluru Urban, Karnataka, India
5h65+68v, Karnataka 560064, India, Bengaluru Urban, Karnataka 560064, India
Lat 13.160548° Long 77.557596°
14/05/2025 10:28 AM GMT +05:30
Google

UNDERTAKING

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

We have conducted LIC inspection of this college on 14/5/25 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)	A C Member (Member)	Subject Expert (Member)
Dr. Vinutha Rao.	Prof. Mohd. Alamuddin Qnani	
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA28115939227305X
Certificate Issued Date	:	12-May-2025 11:46 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA6/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0879638467671160X
Purchased by	:	CENTURY COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CENTURY COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	CENTURY COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA YELAHANKA BRANCH Authorized Signatory

NOTARY GOVT OF INDIA S.R. RAVIKUMAR

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I the Chairman Dr.Naseem Banu Member of the trust CENTURY EDUCATIONAL FOUNDATION are submitting the affidavit to University.

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.

The Trust CENTURY EDUCATIONAL FOUNDATION is Running /Managing the college Century College of Nursing Since 21years.

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 faculties in the college are employed for full time in the college.

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

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

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

Date:13/05/2025

Chairman/President
Century Educational Foundation
Yelahanka,
Bangalore - 560064

NOTARY S.R. RAVIKUMAR GOVT OF INDIA

ATTESTED BY ME
13/5/25
S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#49/A, 5th ACross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA28117282946960X**
Certificate Issued Date	:	12-May-2025 11:47 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA6/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0879632263235805X
Purchased by	:	CENTURY COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CENTURY COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	CENTURY COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA YELAHANKA BRANCH Authorised Signatory

Please write or type below this line

NOTARY GOVT OF INDIA S.R. RAVIKUMAR Expiry

UNDERTAKING BY TRUST MANAGEMENT

Director of the trust Century Educational Foundation are submitting the affidavit to the University. The Century Educational Foundation is running the college, CENTURY COLLEGE OF NURSING since 19 years.

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.

To,

Dr. Vinutha Rao,
Principal,
MVM College of Naturopathy & Yogic Sciences
Yelahanka, Bengaluru
9980181331
drvinuthamvm@gmail.com

Below are the details of the college who have applied for Change of College Address.

Change of Address

Old existing address	Proposed address
Century College of Nursing , #293, S M K Complex, Chikkabomasandra Cross, Yelahanka New Town, Bengaluru-560064	Century College of Nursing ,No:64/3, Honnenahalli, Doddaballapura Main Road, Yelahanka ,Bangalore-560064

Thanking You,

Date: 14/05/2025

Century Educational Foundation
Yelahanka,
Bangalore - 560064

NOTARY S.R. RAVIKUMAR GOVT OF INDIA Expiry On 10.12.2029

ATTESTED BY ME
S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

15 MAY 2025

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INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA31667604967923X**
Certificate Issued Date	:	15-May-2025 01:48 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA6/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0886362204787066X
Purchased by	:	CHIGURU MULTI SPECIALITY HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHIGURU MULTI SPECIALITY HOSPITAL
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	CHIGURU MULTI SPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA YELAHANKA BRANCH Authorised Signatory

Please write or type below this line

UNDERTAKING

I , Chinnaiah Nagaraja is the Owner of the Chiguru Multi Speciality Hospital situated at NO.153,Rajanukunte Post, Bangalore -64

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.

This is to confirm that our Chiguru Multi Speciality Hospital situated is registered under KPMEA and PCB with 30 beds and the bonafide certificate has been attached.

This is to confirm that the Chiguru Multi Speciality Hospital is functioning as a parent hospital for Century College of Nursing, Bangalore.

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

This information provided by us is true and correct.

Thanking You,

CHIGURU MULTISPECIALITY HOSPITAL
153, Doddaballapura Main Road,
Rajanukunte Bus Stop,
Bangalore North-560064

Date: 14/05/2025

CHIGURU MULTISPECIALITY HOSPITAL Rajanukunte Bangalore 560064

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

15 MAY 2025

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Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA30701482257052X
Certificate Issued Date	:	14-May-2025 02:40 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA24/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0884520085282232X
Purchased by	:	ANUPAMAA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ANUPAMAA HOSPITAL
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	ANUPAMAA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA YELAHANKA BRANCH Authorized Signatory

Please write or type below this line

NOTARY GOVT OF INDIA S.R. RAVIKUMAR

UNDERTAKING

I , Dr.Venkata Murthy is the Member of the Anupamaa Hospital situated at N0.377 ,13th A Main Road,80 Feet Road, A Sector, Yelahanka New town.

This is to confirm that our Anupamaa Hospital situated is registered under KPMEA and PCB with 50 beds and the bonafide certificate has been attached.

This is to confirm that the Anupamma Hospital is functioning as a parent hospital for Century College of Nursing, Bangalore.

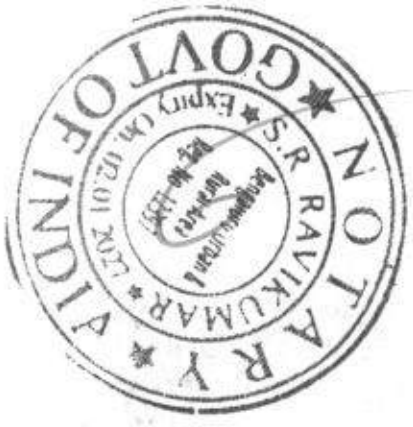
We also confirm that our hospital is solely affiliated to Century College of Nursing and is not affiliated to any other Nursing College.

This information provided by us is true and correct.

Thanking You,

Date: 14/05/2025

ANUPAMAA HOSPITAL
Yelahanka Satellite Town
Bangalore - 560 064



ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

15 MAY 2025

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Government of Karnataka

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Certificate No.	:	IN-KA30700111507272X
Certificate Issued Date	:	14-May-2025 02:39 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA24/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0884513638315112X
Purchased by	:	RAINBOW CHILDRENS MEDICAL LIMITED HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RAINBOW CHILDRENS MEDICAL LIMITED HOSPITAL
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	RAINBOW CHILDRENS MEDICAL LIMITED HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA YELAHANKA BRANCH Authorized Signatory

Please write or type below this line

NOTARY S.R. RAVIKUMAR GOVT OF INDIA

UNDERTAKING

I , Mr. Sandeep Kumar K is the Member of the Rainbow Childrens Medicare Limited Hospital situated at NO.247/248/288/100, Byatarayanapura Village ,Yelahanka Hobli , Bangalore -92

This is to confirm that our Rainbow Childrens Medicare Limited Hospital situated is registered under KPMEA and PCB with 50 beds and the bonafide certificate has been attached.

This is to confirm that the Rainbow Childrens Medicare Limited Hospital is functioning as a parent hospital for Century College of Nursing, Bangalore.

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

This information provided by us is true and correct.

Thanking You,

Date: 14/05/2025

Rainbow Children's Medicare Ltd
Verified
HR

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

15 MAY 2025