(115)

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. Basavaraj S Savadi	Dr. Bharathi. S H.	Mr. Chandru M.S.
Designation	Principal.	Principal.	Asso. Professor.
Address	Sposrthi AMC Gangavathi Koppal.	Government Dental college Bellary.	Shimoga Institute of Medical Science NH. Shimoga.
Mobile No	9845646885.	9844394595.	9845774790
Email ID	drbsavadi23@gmail.com.	gdcribellary@gmail.com	Chandru331@gmail.com.

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

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	G.B COLLEGE OF NURSING JNANAJYOTHINAGAR, NEAR MALLATHALLI BUS STOP, BANGALORE - 560056	2	Year of Establishment: 2004
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 VIGNESHWARA EDUCATION AND CHARITABLE TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: gbcollegeofnursing@gmail.com	Website: www.gbcollegeofnursing.com	
		Office No: 08023241922	Mobile No: 9482546817	

Signature of Chairman

Signature of Member (1) 05/08/25.

Signature of Member (2) 5/8/25

Remarks: Verified

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	AKK 632 MPS 2004 21/12/2004 Annexure - 5	ACA/F/NS-286/2005-06 08/11/2005 Annexure - 6	KNC/1157-V-5(48)/:2005 11/05/2006 Annexure - 7	18-15/2536-INC 30/07/2005 Annexure - 8	Verified
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	-	-	-	-	

Signature of Chairman

05/08/25

Signature of Member (1)

5/8/25

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	23	19	19	11	72
	Female	37	41	32	47	157
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----------
-	-	-	-	-	-	-

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----------
-	-	-	-	-	-	-

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: Verified

Signature of Chairman **Signature of Member (1)** 05/08/25 **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							-							
3	Professor	1	1-2					1*		-							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		6							
6	Tutor	8-16	16-24				2-10	--		16							
	Total	**16-24**	**24-40**				**4-12**			24							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

Signature of Chairman **Signature of Member (1)** 05/08/25 **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.	Selva Rani C	Principal	M.Sc (N), Medical Surgical Nursing	2009	11134	3Yrs 7months	16Yrs	12/02/2024	Yes	
2.	Dundi Poornima	Associate Professor	M.Sc (N), Psychiatric Nursing	2019	RN/RM: 152036/151582	5 Years	5 Years	20/03/2025	-	
3.	Ahisha Derlin	Lecturer	M.Sc (N), Medical Surgical Nursing	2024	RN/RM: 176795	3 Yrs	-	03/07/2024	-	
4.	Yogesh N N	Lecturer	M.Sc (N), Community Health Nursing	2024	KNC: 119927	-	1 month	05/06/2024	-	
5.	Rucy Soram	Lecturer	M.Sc (N), Paediatric Nursing	2024	KNC:117618	-	6months	08/03/2024	-	
6.	Anjana Pukhrambam	Lecturer	M.Sc (N), Psychiatric Nursing	2021	KNC: 085140	2 Yrs	2 Yrs	03/10/2022	Yes	
7.	Charanga Daring Maring	Lecturer	M.Sc (N), OBG Nursing	2023	KNC : RR ASS 2018 14334 KAR	2 Yrs 5month	months	01/11/2023	Yes	
8.	Mbursa Champion Zoaka	Lecturer	M.Sc (N), Paediatric Nursing	2020	KSNC:104/2022-23 1747	-	2 months	28/07/2025	-	
9.	Punita Chauhan	Tutor	B.Sc (N)	2023	KNC: KSNC/104/2020-21/1264	1 Years 8months	-	19/10/2023	-	
10.	Nitti Lungte	Tutor	B.Sc (N)	2023	KNC: 159385	8Months	-	03/10/2023	-	
11.	Poonguzhali V	Tutor	B.Sc (N)	2021	KNC: 156506	4months	-	01/02/2024	-	

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12.	Kohila R	Tutor	B.Sc (N)	2021	Reg No:252601	2yrs 3months	-	04/03/2022	-	
13.	Snega M	Tutor	B.Sc (N)	2021	KNC: 127387	2yrs 6months	-	13/12/2021	-	
14.	Ishita Nath	Tutor	B.Sc (N)	2022	KNC: 143763	10Months	-	04/09/2023	-	
15.	Anbarasi A	Tutor	B.Sc (N)	2021	KNC:260565	1Yr 10months		10/02/2022	-	
16.	Starlin Suresh RT	Tutor	B.Sc (N)	2021	KNC: 245278	6Months	-	08/01/2024	-	
17.	Mohanapriya M	Tutor	B.Sc (N)	2021	KNC: 124470	2 Year 6Months		10/01/2022	-	
18.	Hemavathi M	Tutor	B.Sc (N)	2021	127596	2 Yrs 6 months	-	02/02/2022	-	
19.	Bhavani S	Tutor	B.Sc (N)	2021	KNC: 129033	2 Yrs 7 months	-	22/11/2021	-	
20.	Pooja S	Tutor	B.Sc (N)	2023	149252	5 months	-	03/12/2024	-	
21.	Abhishek V S	Tutor	B.Sc (N)	2024	183231	9 months		02/01/2025	-	
22.	Yuvaraj E	Tutor	B.Sc (N)	2021	164369	1 year	-	10/06/2024	-	
23.	Rebecca Blange	Tutor	B.Sc (N)	2022	141656	2 years 8 months		21/11/2022	-	
24.	Meheshwari	Tutor	B.Sc (N)	2022	139611	2 yrs 7 months		08/12/2022	-	
25.	Bharathi P	Tutor	B.Sc (N)	2021	124469	2 Years 5 months		22/02/2022	-	
26.										
27.										

- **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)** 05/08/25 **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	–	–

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**30,000Sq 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 1150 Sq Ft each**	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**			
	Office 1. Principal's Chamber	300	**650 Sq Ft**	verified
	2. Vice-Principal Chamber	200	**350sq Ft**	Verified
	3. HOD	5 x 200 = 1000	**1150 Sq Ft**	Verified
	4. Professor/Assoc. Prof	800+2400=3200	**3200 Sq Ft**	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**650 Sq Ft**	verified
	7. Accountants Office	**100**	**400 Sq Ft**	verified
	8. Store Room	**100**	**350 Sq Ft**	verified
	9. Record room	**100**	**550 Sq Ft**	Verified
	10. Room for maintenance staff	**100**	**350 Sq Ft**	verified
	11. Xeroxing room	**100**	**800 Sq ft**	verified
	12. common room (Girls & Boys)	600+400= 1000	**1050Sq Ft**	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3050 Sq Ft**	Verified
	14. Toilets	1000	**1450 Sq Ft**	verified
	15. A.V/Aids room	600	**950Sq Ft**	verified

Signature of Chairman

Signature of Member (1)

05/08/23

Signature of Member (2)

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1650 Sq Ft**	Verified
	Nutrition & Community Health Nursing	1200sq.ft	**1450 Sq Ft**	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	**1050 Sq Ft**	Verified
	Pediatrics Nursing Laboratory	900sq.ft	**1150 Sq Ft**	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	**1000 Sq Ft**	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1650 Sq Ft**	Verified

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents: **Annexure – 12**

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

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)**

9 05/08/25

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Lenience
01	KA41D5504	52+2	Yes	Yes	Yes

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	2600 Sq Ft	YES ☑ No ☐	YES ✓ No	YES ✓ No	

Total No. of Nursing Books available	1800	**No. of Nursing Journals subscribed**	20
No. of Thesis/Research titles available	-	**Is internet facility available for Students?**	YES
No of e-books	100	**How many books were purchased in last financial year?**	250

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. Supritha	B A LIB	3 YRS	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 willincrease/decrease according to the number of seats approved.

1. Spine Care hospitals (150 bedded)
2. Rangadorai Hospitals (220 bedded)
3. Spandana Hospitals (150 bedded).

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

05/08/25

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Academic activities	Particulars	Remarks
Research Projects	10	ENCLOSED
Conferences conducted	05	ENCLOSED
Conferences attended	10	ENCLOSED

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from 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 SPINE CARE AND ORTHOCARE HOSPITAL RAJAJINAGAR BANGALORE-5		150	6.3 KM	80%	Verified
NAME OF THE TRUST/ Person owning The Hospital DR. KODLADY SURENDRA SHETTY		–	–	–	Verified
Name Of The Owner Of The Trust DR B D SHASHIDHAR		–	–	–	Verified
Affiliated hospitals - Full	1 SPANDANA HOSPITAL	150	6KM	85%	Verified

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	2 JJR REFERRAL HOSPITAL	110	9KM	80%	verified
	3 Rangadore Memorial Hospital (MOU/Clinical permission letter)	250	10 KM	92%	verified

(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**forBangalore 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, 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:

1. Spine Care hospitals.
2. Spandana hospitals.
3. JJR Referral hospital.
4. Rangadore Memorial hospital

05/08/25

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18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	47	43	85	80
Surgery including OT	14	12	45	42
Obstetrics & Gynecology	20	18	60	58
Pediatrics,	10	09	57	45
Emergency Medicine	05	04	10	8
Psychiatry	-	-	150	125

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	3	10	8
Minor OT	1	1	5	4
Dental, Otorhinolaryngology, Ophthalmology	4	3	12	11
Burns and Plastic	10	7	20	19
Neonatology care unit	2	1	10	7
Communicable disease/Respiratory medicine/TB & chest diseases	3	3	12	10
Dermatology	4	3	11	8
Cardiology	5	4	20	19
Oncology	2	1	10	8
Neurology/Neuro-surgery	2	2	12	10
Nephrology/Urology	2	2	15	12
ICU/ICCU	4	3	18	15
Geriatric Medicine	5	5	25	22
Any other	8	7	35	33

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

Signature of Chairman **Signature of Member (1)** 05/09/25. **Signature of Member (2)**

19	COMMUNITY HEALTH NURSING :Annexure - 17

RURAL FILELD

a. Name of CHC / PHC / SC	**MALATHALLI PHC**
Adopted / Affiliated	**AFFILIATED**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**2 KM**
b. Services Rendered by Health & Family Welfare Programmes	**PRIMARY HEALTH CENTRE**

URBAN FEILD :

a. Name of CHC / PHC / SC	**SUMANAHALLI REHABILITATION CENTRE**
Adopted / Affiliated	**AFFILIATED**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**6 KM**
b. Services Rendered by Health & Family Welfare Programmes	**REHABILITATION CENTRE**

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)**

h.	Extracurricular activities of students	YES ✓	YES
i.	Cumulative record of each	YES ✓	YES
j.	Course planning of each subject	YES ✓	YES
k.	Rotation plans	YES ✓	YES
l.	Committee Meetings	YES ✓	YES
m.	Affiliation records	YES ✓	YES
n.	Records of Stock	YES ✓	YES
o.	Annual report of activities and achievements	YES ✓	YES
p.	Staff development programmes	YES ✓	YES
q.	Anti ragging committee	YES ✓	YES
r.	Student welfare committee	YES ✓	YES
s.	POSHE Committee	YES ✓	YES
t.	Prevention of Gender harassment committee	YES ✓	YES

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO
b.	Built-up area of the Hostel	**18,800 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 : 145**	**Boys : 60**
f.	Total No. of rooms	**Girls : 27**	**Boys : 10**
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)

15/05/2025

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		✓	
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 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 affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

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: The LIC Inspection was Conducted on G.B College of Nursing, Mallathalli. Bangalore for Continuation of affiliation on 05/08/2025, Following the observation are made on the day of the Inspection.

COLLEGE :- The Institution was Established in the Year 2004. Total area of the College is 30.000 Sq feet including 4 Classroom, 6 Laboratories like Nursing foundation. Paediatric. Nutrition. Community. OBG and Preclinical Computer Lab with Instrument and Equipment. are observed. One Boys Examination hall and A V aids room also observed.

Teaching staff :- One full time Principal Present on the day of the Inspection, one Associate Professor, 6 Assistant Prof. 14. Nursing Tutors are Present on the day of Inspection. 2 Nsg Tu Tutors are on leave during Inspection.

Library :- The library have 1800 books are observed with the Sitting capacity of 60 Students.

Hospital :- College was Established in the year of 2004, Affiliating Hospital. Spandana Hospital 60 Beds, JJR Hospital 100 Beds. Rangatoria Hospital 250 Beds are affiliating Hospital attached to the Hospital. KPME, PCB. BMW. Certificates are observed.

The Inspection Photo and Videography Pendrive are Enclosed.

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2) 8/5/25

(Chandru. M.S)

Dr. Bharathi. S. H.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at GB 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 5/8/25 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.

05/08/25

5/8/25

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

05/08/25

5/8/25

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 he 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.

05/08/25

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ 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/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.

***Note Undertaking should be given in affidavit**

05/08/25.

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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Affiliating Hospitals document enclosed (Annexure – 16).

05/08/25

Signature of Chairman **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 **G B College of Nursing.** which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on **05/08/2025.** and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2025-26, dated: 05/08/2025, 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.

05/08/25

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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.

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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.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA09236962567880X
Certificate Issued Date	:	05-Aug-2025 10:08 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ NAGARABAVI/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08341231060000499X
Purchased by	:	GB COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GB COLLEGE OF NURSING
Second Party	:	REGISTER RGUHS
Stamp Duty Paid By	:	GB COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association (R) Branch Nagarabhavi 560072

Please write or type below this line

Undertakingby Trust Management

We., The **Mrs Mamatha R.**, Secretary of The **"Sri Vigneshwara Education And Charitable Trust"** are submitting the affidavit to University. The trust Sri Vigneshwara Education and Charitable Trust is running/managing the college G B College of Nursing since 2004.

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/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.

Deponents

SECRETARY

SRI VIGNESHWARA EDUCATION & CHARITABLE TRUST

Secretary