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. Mahendra. M	Dr. Bharathi S.H	Samitha. M. G
Designation	Asst Prof.	Principal	Asso. Prof.
Address	East Point Medical College	Gour Devan College & Research institute Ballari	Aishwarya college of Nsg Science. Maddur.
Mobile No	9980796290	9844394595	9535151615 16
Email ID	drmahigowda@gmail.com	bharathich70@gmail.com	Samithajogadipa 1224@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	P.R. COLLEGE OF NURSING GURUVANNA DEVARA MUTT PREMISES, MAGADI ROAD, BANGALORE-560023	2	Year of Establishment: 2005
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / ✓ Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	SRI VEERABHADRA SWAMY EDUCATION TRUST, BANGALORE (ENCLOSED) (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: prcollegeofnursing@gmail.com	Website: www.prcollegeofnursing.com	
		Office No: 08023142667	Mobile No: 9731448655	

Signature of Chairman Signature of Member (1) 05/08/25 Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	**Mr. RUDRESH KUMAR P** **Ph: 9448049895**		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name: KAVITHA K** **Qualification: M SC NURSING, PhD Scholar** **Experience: 17 YEARS** **Email:kavitha17582@gmail.com**	**Mobile No: 8105741258** **Office No: 080 2314266** **Fax No:-** **Residential phone No: -**	
	b) Drawing authority of the college	**Mr. RUDRESH KUMAR P (CHAIRMAN)**		
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				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	1,050	45000	90000	60000	25000	221050
Post Basic B.Sc. Nursing	1,050	30000	60000	40000		131050
					Total (A)	352100

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: STATE BANK OF INDIA

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

05/08/25

ZSBIB4I091LQR9
DATE: 23/12/2024

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	AKK 658 MPS 2004 20/01/2005 Annexure - 5	ACA/F/NS-288/2005-06 07/02/2005 Annexure - 6	KNC1157-V-5-49/2005 11/05/2005 Annexure - 7	18-15/2537-INC 19/07/2011 Annexure - 8	
	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	AKK 118 MME 2011 02/11/2011 Annexure - 5	RGU/AFF/FNS-169/2011-2012 03/05/2012 Annexure - 6	KNC: 458: 2012-13 13/09/2012 Annexure - 7	18-15/7545-INC 24/08/2011 Annexure - 8	
	Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
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					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2)

P.R. COLLEGE OF NURSING, BANGALORE-23

LIC INSPECTION FACULTY LIST 2025-26

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.	Mrs. Kavitha K	Principal	M.Sc (N) OBG Nursing	2008	2235	8 mths	15yrs 7 mths	02.05.2018	Yes	
2.	Mrs. Bakiyalakshmi P	Asso. Professor	M.Sc (N) OBG Nursing	2018	103609	2yrs 3mths	6yrs 6 mths	07.01.2019	-	
3.	Ms. IshratYousuf	Lecturer	M.Sc (N) Medical Surgical Nursing	2020	81487	1 yr 7mths	2yr 10 mths	13.12.2023	-	
4.	Mrs. Ramyashree	Lecturer	M.Sc (N) Medical Surgical Nursing	2022	95535	1yr	2yrs 11 mths	10.07.2024	-	
5.	Mrs. Rosemary M	Lecturer	M.Sc(N) Psychiatric Nursing	2023	5539	1yrs	1yrs 7mths	01.12.2023	-	
6.	Mrs. Saisandhya Rani	Lecturer	M.Sc(N) Psychiatric Nursing	2024	RRANP20187528KAR	3yrs 7mths	1yr 4mth	12.07.2024	-	
7.	Ms. YumnamAlish Devi	Lecturer	M.SC (N) Medical Surgical Nursing	2024	104319	8mths	1yr 4mths	08.03.2024	-	
8.	Ms. Pounambal	Lecture	M.SC (N) Community Health Nursing	2024	123790	1 yr	6mths	11.02.2025	-	
9.	Mrs. Vendavaram	Asst. Lecturer	B.SC (N)	2006	4071	17yrs 7mths	-	30.09.2019	-	
10.	Mrs. Premadani Mundu	Asst. Lecturer	B.SC (N)	2017	18805	5yrs 8mths	-	25.11.2021	-	
11.	Ms. Sanuja K	Asst. Lecturer	B.SC(N)	2023	158760	1yrs 4mth	-	09.03.2024	-	
12.	Mr. Subhadip	Asst. Lecturer	B.SC (N)	2023	155590	2mths	-	09.06.2025	-	
13.	Ms. Keerthika K	Asst. Lecturer	B.SC(N)	2021	142041	3yrs 7mths	-	20.12.2021	-	
14.	Ms. Priyadharshini M	Asst. Lecturer	B.SC (N)	2022	132046	2yrs 3 mths	-	19.04.2023	-	
15.	Ms. Rajitha R	Asst. Lecturer	B.SC (N)	2022	136614	2yrs 5mths	-	15.02.2023	-	

Signature of Chairman

Signature of Member (1)

05/08/25

Signature of Member (2)

PRINCIPAL
P.R. COLLEGE OF NURSING
BANGALORE-23

16.	Ms. Maheswari A	Asst. Lecturer	B.SC(N)	2023	154039	1yr 6mths	-	18.01.2024	-	
17.	Ms. Sathiyapriya	Asst. Lecturer	B.SC(N)	2023	150872	1yr 6mths	-	18.01.2024	-	
18.	Ms. Sivaranjani R	Asst. Lecturer	B.SC(N)	2024	161641	1yr mths 2mths	-	17.06.2024	-	
19.	Ms. Thenmozhi S	Asst. Lecturer	B.SC(N)	2022	160823	1yr 7mths	-	15.12.2023	-	
20.	Ms. Anupriya	Asst. Lecturer	B.SC(N)	2023	159924	1yr 7mths	-	15.12.2023	-	
21.	Ms. Thilagavathi S	Asst. Lecturer	B.SC (N)	2024	RR TMN 2020 17755 KAR	1 yr 4mths	-	22.02.2024	-	
22.	Ms. Kumutha R	Asst. Lecturer	B.SC (N)	2022	131908	2yrs 6mths	-	13.01.2023	-	
23.	Mr. Guruprasath C	Asst. Lecturer	B.SC (N)	2022	131787	2yrs 5mths	-	23.02.2023	-	
24.	Mr. Rahul Chandra Bera	Asst. Lecturer	B.SC(N)	2022	137263	1yr 7mths	-	21.12.2023	-	
25.	Ms. Sangeetha S	Asst. Lecturer	B.SC(N)	2022	140618	2yr 7mths	-	02.12.2022	-	
26.	Ms. Priyadharshini R	Asst. Lecturer	B.SC(N)	2023	154072	1yr 6mths	-	05.01.2024	-	
27.	Ms. Sathya U	Asst. Lecturer	B.SC(N)	2023	150617	1yr 6mths	-	04.01.2024	-	
28.	Ms. Yogalakshmi S	Asst. Lecturer	B.SC(N)	2024	161648	1yr mths 2mths	-	12.06.2024	-	
29.	Mr. Prashant Bharti	Asst. Lecturer	B.SC(N)	2024	161982	1yr mths 2mths	-	18.06.2024	-	
30.	Ms. Keerthana Faithlin	Asst. Lecturer	B.SC(N)	2024	161519	1yr mths 2mths	-	20.06.2024	-	
31.	Ms. Rekha K	Asst. Lecturer	B.SC(N)	2017	85678	1 yr	-	19.07.2024	-	
32.	Ms. Dhanalakshmi K	Asst. Lecturer	B.SC(N)	2023	157995	1yr 10mths	-	13.12.2023	-	

Signature of Chairman

05/08/25

Signature of Member (1)

Signature of Member (2)

PRINCIPAL
P.R. COLLEGE OF NURSING
BANGALORE-23

	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**	23	22	24	15	84
	Female	37	37	31	41	146
Post Basic B.Sc Nursing	**Male**	02	0	-	-	2
	Female	38	40	-	-	78
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:_____

Signature of Chairman **Signature of Member (1)** 05/08/22 **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														
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*									
6	Tutor	8-16	16-24				2-10	--									
	Total	**16-24**	**24-40**				**4-12**										

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.

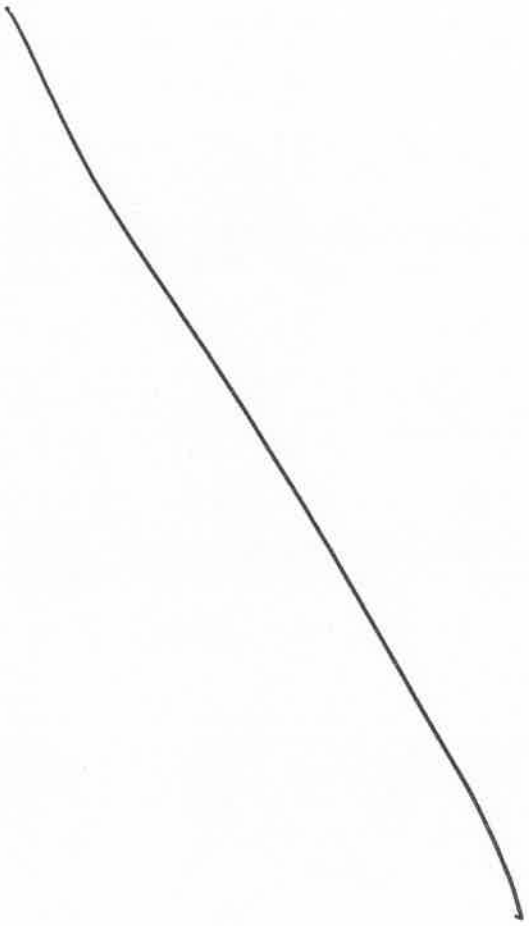
(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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				

Signature of Chairman **Signature of Member (1)** 05/08/25 **Signature of Member (2)**

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



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

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)	**27,479 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	**4000 Sq Ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2000 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	**750 Sq Ft**	
	2. Vice-Principal Chamber	200	**750 Sq Ft**	Verified
	3. HOD	5 x 200 = 1000	**1000 Sq Ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**6000 Sq Ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 Sq Ft**	
	7. Accountants Office	**100**	**100 Sq Ft**	
	8. Store Room	**100**	**100 Sq Ft**	
	9. Record room	**100**	**100 Sq Ft**	
	10. Room for maintenance staff	**100**	**100 Sq Ft**	
	11. Xeroxing room	**100**	**100 Sq Ft**	
	12. common room (Girls & Boys)	600+400= 1000	**1200 Sq Ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3040 Sq Ft**	
	14. Toilets	1000	**1200 Sq Ft**	

Signature of Chairman | Signature of Member (1) 05/08/25 | Signature of Member (2)

,	15: A.V/Aids room	600		

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	**1800 Sq Ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1200 Sq Ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900 Sq Ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**900 Sq Ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900 Sq Ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500 Sq Ft**	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	✓
2	**Is the college building own or leased ?**	✓ **own**
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✓.**	**Land deed ✓**
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
- 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.)

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

05/08/25

- 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 Licience
			Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft		YES [✓] No [ ]			

Total No. of Nursing Books available	1518	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	50	**Is internet facility available for Students?**	Yes
No of e-books	40	**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	VANDANA	B LIB	5 YRS	

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.

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

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		

Signature of Chairman **Signature of Member (1)** 05/08/25 **Signature of Member (2)**

Conferences attended		

* 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 MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Rangadore Hospital Shankarapuram, Basavanagudi, Bengaluru,	210	6.4KM	80%	
	2. Fortis Hospital Cunningham Road Bangalore	150	14KM	85%	
	3 Spandana Hospital Nayanadahalli Bangalore (MOU/Clinical permission letter)	100	4.24KM	85%	

Signature of Chairman

Signature of Member (1) 05/08/25

Signature of Member (2)

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

NOTE:

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

05/08/25

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			54	43
Surgery including OT			46	40
Obstetrics & Gynecology			25	20
Pediatrics,			8	6
Emergency Medicine			10	8
Psychiatry			0	0

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			6	4
Minor OT			1	1
Dental, Otorhinolaryngology, Ophthalmology			-	-
Burns and Plastic			-	-
Neonatology care unit			23	18
Communicable disease/Respiratory medicine/TB & chest diseases			-	-
Dermatology			-	-
Cardiology			8	6
Oncology			5	4
Neurology/Neuro-surgery			-	-
Nephrology/Urology			20	18
ICU/ICCU			13/8	10/6
Geriatric Medicine			8	6
Any other			5	4

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

05/02/25

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	**SULIKERE PRIMARY HEALTH CENTER**
Adopted / Affiliated	**ADOPTED**
Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**38 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**HEALTH CENTER**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**PHC MALATHAHALLI**
Adopted / Affiliated	**ADOPTED**
Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**13 KMS**
b. Services Rendered by Health & Family Welfare Programmes	**HEALTH 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)** 05/08/25 **Signature of Member (2)**

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☐	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft**	
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 :**	**Boys :**
f.	Total No. of rooms	**Girls :**	**Boys :**
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)** 05/08/25 **Signature of Member (2)**

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
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)** 05/08/25 **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:

LIC Inspection Conducted on 5/8/25 noted
College Infrastructure - Existing 20 yrs old nursing College has good amenities, classroom, labs, library are as per the RGUHS norms.

Faculty: Total - 32 staff are shown on the day of inspection, list Enclosed. 3 staffs were absent on the day of inspection

Hospital: No parent hospital, 3 Affiliated hospitals are shown. (1) Rangadore hospital, (2) Fortis Cunningham road & (3) Spandana hospital details are enclosed in the Annexures.

Signature of Chairman 5/8/25 | Signature of Member (1) 05/08/25 | Signature of Member (2) Savitha M.G.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at PR 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.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman 5/8/25	Signature of Member (1) 05/08/25	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.

Signature of Chairman 5/8/25

Signature of Member (1) 05/08/25

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**

05/08/25.

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

05/08/25.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA08532222470907X
Certificate Issued Date	:	04-Aug-2025 01:30 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ CHAMRAJPET1/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKACRSFL083280110092150 3X
Purchased by	:	P R COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	P R COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	P R COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
The Karnataka State Registration & Stamps Department
Official's Multipurpose Co-operative Society Limited
Chamarajpet Branch

For Sri Veerabhadraswamy Education Trust
Bangalore
Chairman

Please write or type below this line

Undertaking by Trust Management

I, **Mr Rudresh Kumar P., Chairman** of the **Sri Veerabhadraswamy Education Trust** is submitting the affidavit to University. The trust **Sri Veerabhadraswamy Education Trust** is running/ managing the college P R College of Nursing since 2005.

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.

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

For P R COLLEGE OF NURSING

CHAIRMAN

Chairman