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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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. MAHENDRA M	DR. SRINIVAS YADAV	MR. PRADEEP KALE
Designation	ASST. PROFESSOR	PROF. OF AYURVEDA	ASST. PROFESSOR
Address	NEUROSURGERY DEPT EAST POINT MEDICAL CLG BENGALURU	GOVT AYURVEDIC MEDICAL COLLEGE MYSORE	SIDDARTHA INST BEGUR
Mobile No	9980796290	9886744739	7848896655
Email ID	drmahigowda@gmail.com		

For the Academic Year : 2025-26 *Date of Inspection:10.05.2025*

(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	MANGALORE COLLEGE OF NURSING **Door No. : 2-331/6/O, Nithyananda Nagar, Next To K.S. Hegde Medical College, Deralakatte, Mangalore- 575018**	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	ULLAL CHARITABLE TRUST (Enclose copy of Registration documents of Society/Trust) **Annexure – 1 -**		
		Email: mangalorenursingcollege@gmail.com		**Website: www.mangalorecollegeofnursing.com**

14/5

Signature of Chairman
10/5/25
D. Mahendra M.

Signature of Member 2
10/5/25
Dr Srinivas Yadav K

Signature of Member 3
10/5/2025

	(b). Name of the Owner of Trust/Society	DR SAYYED MOHAMMED KHILAR		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council : 10** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure – 2-**		
5	Details of Principal/Head of the institution	**Name:PROF MALARVIZHI M** **Qualification: M.Sc. NURSING (Pae** **Experience: 20YEARS** **Email:** mgmalarvizhe@gmail.com	**Mobile No: 8438729664** **Office No: 6366105555** **Fax No:** **Residential phone No:**	
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full 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						
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. M.SC IN COMMUNITY HEALTH NURSING		
	2.M.SC MEDICAL SURGICAL NURSING		
	3. M.SC PSYCHIATRIC NURSING		
	4. M.SC PAEDIATRIC NURSING		
	5.		
		Total (B)	201050
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: BSBIE4K0GFLP8U

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
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	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	11	10	7	11	39
	Female	41	50	48	48	187
Post Basic B.Sc Nursing	Male		1			1
	Female	30	27			57
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)

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01									
2	Vice-Principal	1	1													
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*		03									
5	Assistant Professor/ Lecturer	3	3-8	2	3*		18									
6	Tutor	8-16	16-24	2-10	--		14									
	Total	**16-24**	**24-40**	**4-12**			36									

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)

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

SL No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	PROF MALARVIZHI M	PRINCIPAL	M.SC (PAEDIATRIC NURSING)	2007	RR TMN 2009 1278 KAR	4 YEAR	16 YEAR	10.07.2023		
2.	MR LIJA ELIZABETH N JOHN	ASSOCIATE PROFESSOR	M.SC (PSYCHIATRIC NURSING)	2013	RR TMN 2014 3978 KAR	1 YEAR 1 MONTH	10 YEARS 1 MONTH	07.12.2020		
3.	MR DIJO P JOSE	ASSOCIATE PROFESSOR	M.SC (COMMUNITY HEALTH NURSING)	2015	129514		9 YEARS	01.03.2022		Medical Leave.
4.	MR MITHUN K S	ASSOCIATE PROFESSOR	M.SC (MEDICAL SURGICAL NURSING)	2016	30058	4 YEARS	8 YEARS 3 MONTHS	03.02.2025		
5.	MRS ANITHA JOSEPH K	ASSISTANT PROFESSOR	M.SC (MEDICAL SURGICAL NURSING)	2020	116952,.	7 MONTHS	4 YEAR 4 MONTHS	01.12.2020		
6.	MR ABDUL MUZAVIR K V	LECTURER	M.SC (MEDICAL SURGICAL NURSING)	2022	98978	1 YEAR	2 YEAR 4 MONTHS	01.12.2022		Leave.
7.	MR MUHAMMAD SHARVAN P	LECTURER	M.SC (MEDICAL SURGICAL NURSING)	2022	98976	1 YEAR	2 YEAR 4 MONTHS	01.12.2022		
8.	MR KARIBASAPPA H S	LECTURER	M.SC (COMMUNITY HEALTH NURSING)	2021	132929	0	1 YEAR 3 MONTHS	26.12.2024		
9.	MR GIRISHA K	LECTURER	M.SC (PSYCHATRIC NURSING)	2023	70106	5 YEAR 4 MONTHS	1 YEAR 9 MONTHS	03.01.2025		
10.	MS SOWMYA G R	LECTURER	M.SC (MEDICAL SURGICAL NURSING)	2021	133070	2 YEARS	11 MONTHS	06.01.2025		
11.	MR CHOWDAPPA J H	LECTURER	M.SC (MEDICAL SURGICAL NURSING)	2020	132487	2 YEARS 5 MONTHS	3 YEARS 4 MONTH	06.01.2025		
12.	MRS LAISY P K	LECTURER	M.SC (MEDICAL SURGICAL NURSING)	2021	31017	1 YAER 2 MONTHS	3 YEARS	01.04.2022		
13.	MR MURTHY N	LECTURER	M.SC (MEDICAL SURGICAL NURSING)	2020	125631	2 YEARS 8 MONTHS	1 YEAR 3 MONTHS	17.01.2025		
14.	MR SURESHA S	LECTURER	M.SC (PAEDIATRIC)	2021	104703	2 YEARS	1 YEAR 5 MONTH	26.12.2024		
15.	MR MALLESH H	LECTURER	M.SC (COMMUNITY HEALTH NURSING)	2022	126562	NO	2 YEARS 2 MONTHS	05.03.2025		
16.	MR ERANNA A	LECTURER	M.SC (PAEDIATRIC)	2021	125447		1 YEAR 4 MONTH	03.01.2025		
17.	MR MAHADEVASWAMY M	LECTURER	M.SC (COMMUNITY HEALTH NURSING)	2023	121051	2 YEARS	1 YEAR 7 MONTHS	15.01.2025		
18.	MR PRASHANTH PANDITH	LECTURER	M.SC (OBG)	2024	201257	NO	2 MONTHS	03.02.2025		
19.	MRS VINITA BINDIYA D SA	LECTURER	M.SC (CHILD HEALTH NURSING)	2023	59717	6 YEARS 11 MONTH	1YEAR 3 MONTHS	10.02.2025		
20.	MR SHIVAKUMAR S	LECTURER	M.SC (MEDICAL SURGICAL NURSING	2020	123317		3 YEAR 2 MONTH	01.04.2025		
21.	MRS MUTTAMA S	LECTURER	M.SC (OBG)	2020	77646		2 YEAR 3 MONTH	07.04.2025		
22.	MR SRIDHARA MURTHY B	LECTURER	M.SC (COMMUNITY)	2023	143700		1 YEAR 6 MONTH	15.04.2025		

Signature of Chairman

Dr. Mahendra. M.

Signature of Member (1)

10/5/25

Dr Srinivas Kadur K

Signature of Member (2)

10/5/25

23.	MS AJINAMOL ROSLIN BIJU	TUTOR	POST BASIC B.SC NURSING	2020	220586	3 YEAR 7 MONTH		15.06.2022		
24.	MS ALEENAMOL TREESA BIJU	TUTOR	POST BASIC B.SC NURSING	2020	220593	3 YEARS 7 MONTH		15.06.2022		
25.	MS JENEFER SANDRA	TUTOR	POST BASIC B.SC NURSING	2010	29528	4 YEARS 11 MONTHS		25.05.2019		
26.	MS RAMEES JAHAN	TUTOR	B.SC NURSING	2023	150522	8 MONTHS		01.08.2024		
27.	MS ALEENA THERASA PIOUS	TUTOR	B.SC NURSING	2023	150519	8 MONTHS		01.08.2024		
28.	MS NISSI RACHEL ALEX	TUTOR	B.SC NURSING	2023	150524	8 MONTHS		15.08.2024		
29.	MS ALEENA JOHN	TUTOR	B.SC NURSING	2023	150490	1 YEAR 3 MONTHS		10.01.2024		
30.	MS ANILA BABU	TUTOR	B.SC NURSING	2023	150504	1 YEAR 3 MONTHS		20.01.2024		
31.	MS APARNA THOMAS	TUTOR	B.SC NURSING	2023	150563	1 YEAR 2 MONTHS		15.02.2024		
32.	MS KAVYA KOCHUMON	TUTOR	B.SC NURSING	2023	150514	1 YEAR 3 MONTHS		15.01.2024		
33.	MS MARIYA CLAYER M J	TUTOR	B.SC NURSING	2022	133811	3 YEAR 3 MONTHS		20.05.2024		
34.	MS NEETHUMOL JOSE	TUTOR	POST BASIC B.SC NURSING	2013	148396	4 YEAR		15.04.2025		
35.	MR JEFFIN MATHEW ROY	TUTOR	B.SC NURSING	2024	167525	1 MONTH		01.04.2025		
36.	MS SNEHA SANTHOSH	TUTOR	B.SC NURSING	2023	156569	1 YEAR 2 MONTHS		19.02.2024		
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Signature of Chairman
10/5/25

Signature of Member (1)
10/5/25

Dr Srinivas Yadav IC

Signature of Member (2)
10/5/25

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- **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

14. Physical Facilities :

Annexure - 12

14.1. College Building:

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	33100	
	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	3600 sq ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200sq ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 sq ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		500	
	7. Accountants Office		200	
	8. Store Room		300	
	9. Record room		300	
	10. Room for maintenance staff		200	
	11. Xeroxing room		100	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
	LABORATORIES			
4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq ft	

Note:

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

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

Annexure – 12

Building Documents:

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

			Yes / No	Yes / No	Yes / No

Annexure - 14

16. **Library facility :**Enclose list of library books

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300 SQ FT	YES ☐ No ☐			

Total No. of Nursing Books available	3000	**No. of Nursing Journals subscribed**	6
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	YES
No of e-books	2244	**How many books were purchased in last financial year?**	3000

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MRS JAYABHARATHI	MLISC	19	
2	MRS ASHWINI SHETTY	DIPLOMA IN LIBRARY SCIENCES	6	

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.

Annexure - 15

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

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Conferences attended		

Annexure - 16

18. **Details of Clinical / Hospital Facilities :**

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital ANNEXURE ATTACHED NIRMALA HEALTH CENTRE		100	5.9	82%	
NAME OF THE TRUST/ Person owning The Hospital ULLAL charitable TRUST Dr. Sayyed Mohammed Khilar					
Name Of The Owner Of The Trust of Hospital Dr. Sayyed Md Khilar					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Father Muller Medical college	1250	10 KM	96%	
	2 Karachur HRC	1200	2.6KM	94%	

(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

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

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except for Bangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	13	450	420
Surgery including OT	18	14	450	430

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

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	13	450	420
Surgery including OT	18	14	450	430

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

Obstetrics & Gynecology	30	27	225	216
Pediatrics,	20	18	350	342
Emergency Medicine	5	3	75	70
Psychiatry	0	0	100	88

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	2	30	72
Minor OT	2	1	15	128
Dental, Otorhinolaryngology, Ophthalmology	0	0	30	28
Burns and Plastic	0	0	30	24
Neonatology care unit	6	4	25	19
Communicable disease/Respiratory medicine/TB & chest diseases	0	0	40	37
Dermatology	0	0	30	27
Cardiology	0	0	6	5
Oncology	0	0	70	67
Neurology/Neuro-surgery	0	0	120	116
Nephrology/Urology	0	0	30	26
ICU/ICCU	5	4	95	91
Geriatric Medicine	0	0	26	20
Any other	4	3	60	54

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Primary Health Centre Kotekar
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☐ Municipal Corporation ☐ Private ☐

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Distance from the Nursing Institute	6KM
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	**Primary Health Centre Ekkur**
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**8KM**
b. Services Rendered by Health & Family Welfare Programmes	

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

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

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐
h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐

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

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 40000	
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 : 187	Boys : 39
f.	Total No. of rooms	Girls : 52	Boys : 15
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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		

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

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 : College Building, Laboratories and Building related documents, 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	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	1	

only 1 Faculty guideship letter available.

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:

Inspection is conducted on 10/5/2025, Observed Infrastructure & clinical facility were found to be adequate as per the norms of apex body / RGUHS.

- Facility out of 36 faculty are shown.
- Prof - 1 who is principal.
- Asst. prof - 3 out of which one is on medical leave. medical certificate is attached.
- Lecturer - 18 & that 2 are on leave., 14 Tutors.
- Applied for MSc Course one guideship is available who is paediatric dept., Rest of the Asst prof (3) yet to apply.

Signature of Chairman (2)
10/5/25
Dr. Mahendra M.

Signature of Member (1)

Signature of Member

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Manglae 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 10/5/24 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.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

ULLAL CHARITABLE TRUST

Admin & Correspondence Address :
#8-1-100, Ullal Complex,
New Kambla Cross Road
Alake, Mangalore -575003
Karnataka State
Website :www.ullalcharitabletrust.org

College:
#Pilikumer Road
Kudupu, Mangalore -575028
Ph : 0824-246255, 6366105555
Fax : 0824-382432815
Email :mangalorenursingcollege@gmail.com
mangalorecollegeofnursing@yahoo.co.in

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Ullal Charitable Trust are submitting the affidavit to University.

The trust Ullala Charitable Trust is running/managing the colleges

1. Mangalore College of Nursing
2. _____
3. _____

since 2004 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.

For ULLAL CHARITABLE TRUST

Trustee

Signature of Chairman (2) Dr. Mahendra

Signature of Member (1)

Signature of Member

NIRMALA SOCIAL WELFARE CENTRE
NIRMALA HEALTH CENTRE - ULLAL
Summer Sand Road
Mangalore - 575 020
Tel : 0824-2465692

UNDERTAKING

I/We, Dr Sayyed Mohammed Khilar

_ is/are the Owners/MD/CEO/Board Members of the

Nirmala Health Centre hospital situated

at Near, Abbakka Cir, Azad Nagar, Ullal, Karnataka 575020

.

This is to confirm that our hospital

Nirmala Health Centre is registered under

KPMEA and PCB with 1 0 0 beds and the bonafide certificate has been attached.

This is to confirm that the hospital

Nirmala Health Centre is functioning as

affiliated/parent/own hospital for

Mangalore College of Nursing 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.

NIRMALA HEALTH CENTRE
ULLAL - 575 020

Signature of Chairman

(2) Dr. Mahendra

Signature of Member (1)

Signature of Member

MANGALORE COLLEGE OF NURSING

(A Unit of Ullal Charitable Trust)

Admin & Correspondence Address:
Mysore Ice Plant Compound, Kulur,
Mangalore, 575013,
Ph.: +91 6366105555
Email: mangalorenursingcollege@gmail.com
Website: www.ullalcharitabletrust.org

College:
Pilikumer Road
Kudupu, Mangalore - 575 028
Ph : 0824-2462555, 6366105555
Fax : 0824 - 382432815
Email: mangalorenursingcollege@gmail.com
mangalorecollegeofnursing@yahoo.co.in

MCON/305/2024-25 **Date: 12.05.2025**

To,

The Registrar

Rajiv Gandhi University of Health Sciences

4th T Block, Jayanagr

Bengaluru- 560041

Respected Sir,

Subject: Submission of Application for Continuation of Affiliation and Additional Courses at Mangalore College of Nursing, Mangalore for the Year 2025-26.

Ref : University notification Ref No. RGUHS/NUR/LIC – INSP/2025-26 DATE 08.05.2025

With reference to the above, we are submitting herewith the duly filled and signed application in prescribed proforma for Continuation of Affiliation and Additional Courses at Mangalore College of Nursing, Mangalore for the Academic year 2025-26 with relevant enclosures in the soft copy (PDF File) of the same in Pen drive.

Kindly acknowledge the receipt of the same.

Thanking you,

Yours faithfully,

Trustee

Mangalore College of Nursing

Managing Trustee/ Trustee