Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

41

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish M.R.	Dr. SRINIVASALU NAIDU.S	Dr. SAVITHA.S.V
Designation	Dean and Director	Principal (Chairman of BOS)	Principal
Address	Chickmagaluru Institute of Medical Sciences	Shri Atal Bihari Vajpayee Medical College and Research Institute	SJM College of Nursing Chitradurga
Mobile No	9448323157	9880656516	7847053954
Email ID	dermaharish@yahoo.com	srnvslnaidu@gmail.com	

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 15/08/2025

(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	BANASAWADI COLLEGE OF NURSING NO.33/1, BYRATHI EXTENSION, HENNUR, BAGLUR MAIN ROAD, KOTHANUR POST, BENGALURU-560077	2	Year of Establishment: 2003
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	SHRI MANJUNATHESHWARA CHARITABLE TRUST NO.30/2 8TH CROSS 5TH MAIN GANGANAGAR, KRISHNAPPA BLOCK GANGANACAR, BANAGALORE-560032 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: bioben77@gmail.com		Website: www.bgibangalore.com
		Office No: 080-28443064		Mobile No: 9880462926

15/08/25
Dr. Harish M.R.
Dean & Director
CIMS
Chikmagalur

Signature of Chairman

Signature of Member (1)
AO Sr. Srinivasulu Naidu
Ac-member

Signature of Member (2)
Dr. SAVITHA S.V
Subject Expert

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. SANJEEV CHINCHOLI PH: 9880462926	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 01 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: ANIL K POULOSE Qualification: MSC(N) Experience after MSc: 13 yrs Email:anilkpaulose@gmail.com	Mobile No: 7899296377 Office No: 080-28443064 Fax No: Residential phone No:
	b) Drawing authority of the college		

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation of Affliation	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
Post Basic B.Sc. Nursing	Continuation of Affliation	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
					Total (A)	4,40,000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MED-SURG	4X2000	8,000/-
	2. PEDIATRIC	4X2000	8,000/-
	3. OBG	4X2000	8,000/-
	4. PSYCHIATRY	4X2000	8,000/-
	5. COMMUNITY	4X2000	8,000/-
		Total (B)	40,000/-
NPCC	Helinet Institution Fee & Application Fee	(7500+3000+150)	10650/-
		Total (C)	
		Grand Total (A+B+C)	4,90,650/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: ZB01DF009PL25Y/ZB01FJ20909R7C

Remarks: nil

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA 564 MPS/2004 Annexure - 5	RGU/AFF/NSG COA/01/2024 25 Annexure - 6	KNC/515/ 2013 Annexure - 7	18/15-2627 -INC Annexure - 8	nil
	Affiliation Sanctioned Intake	50	50	50		
	Admissions Made for the Current Academic Year	49	49	49		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA/207 MME/2012 Annexure - 5	RGU/AFF/NSG COA/01/2024 25 Annexure - 6	KNC/1157/ V/2005 Annexure - 7	Annexure - 8	nil
	Sanctioned Intake	45	45	45		
	Admissions Made for the Current Academic Year	45	45	45		
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	AKUKA/283 MME/2016 Annexure - 5	RGU/AFF/NSG COA/01/2024 25 Annexure - 6	KNC/1307 /2018 Annexure - 7	Annexure - 8	nil
	Sanctioned Intake	20	20	20		
	Admissions Made for the Current Academic Year	19	19	19		
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	NA

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake	—	—	—	—	NA
—	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	17	9	8	12	46
	Female	32	41	38	37	148
Post Basic B.Sc Nursing	Male	0	3			3
	Female	45	42			87
M.Sc Nursing	Male	3	6			9
	Female	16	10			26
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---------
	—	LIST ENCLOSED		—		

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

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

Annexure –10

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

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

Remarks: nil

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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1		1					
2	Vice-Principal	1	1									1					
3	Professor	1	1-2					1*				1					
4	Associate Professor	2	2-4					1*				2					
5	Assistant Professor	3	3-8				2	3*				3					
6	Tutor	8-16	16-24				2-10	--				25					
	Total	**16-24**	**24-40**				**4-12**					35					

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

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

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

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.	ANIL. K. POULOSE	PRINCIPAL	MSC (N) PEDIATRICS	2011	9685	1	13	1/6/2023		
2.	ALTHAF. V.S	VICE-PRINCIPAL	MSC (N) COMMUNITY	2012	12048	1	12	02/11/2023		
3.	ARUN CANUTE D'SOUZA	PROFFESSOR	MSC (N) PSYCHIATRY	2014	006586	1	11	02/01/2021		
4.	PRAPTI KUNWAR	ASSOCIATE PROFFESOR	MSC (N) OBG	2017	43262	5	8	05/08/2022		
5.	AJO JOHN	ASSOCIATE PROFFESOR	MSC (N) PSYCHIATRY	2018	128163	3	7	01/12/2018		
6.	PURINAH LANGHU	ASSISTANT PROFFESOR	MSC (N) MSN	2020	59496	2	5	05/10/2020		
7.	REVIKA HAZARIKA	ASSISTANT PROFFESOR	MSC(N) MSN	2021	86589	1	4	05/12/2021		
8.	MONISHA. G	ASSISTAT PROFFESOR	MSC (N) COMMUNITY	2022	104350	1	3	01/03/2023		
9.	BRINDHA GNANA MALAR. J	LECTURER	MSC (N) PSYCHIATRY	2025	116939	2	5 months	20/02/2025		
10.	RAJKUMARI SUNITA DEVI	LECTURER	MSC (N) PSYCHIATRY	2025	91905	7	—	01/08/2025		
11.	NAGARAJ. H.K	TUTOR	PBBSC.(N)	2020	212767	4	—	01/03/2021		
12.	SUKANYA. V	TUTOR	BSC (N)	2020	115149	4	—	10/03/2021		
13.	GEETHA K N	TUTOR	BSC (N)	2020	111772	4	—	15/03/2021		
14.	MAHALAKSHMI. N	TUTOR	BSC (N)	2021	119409	4	—	10/01/2022		
15.	SUMANGALA SANMANI	TUTOR	BSC (N)	2021	123431	3yrs 7 month	—	15/02/2022		Leave
16.	RAKSHA. K	TUTOR	BSC (N)	2021	120939	3yrs 7months	—	20/02/2022		
17.	RAHUL. MS	TUTOR	BSC (N)	2022	129573	3	—	01/05/2023		
18.	SAHANA. S	TUTOR	BSC (N)	2022	142505	3	—	01/05/2023		
19.	SHRUTHI. M.S	TUTOR	BSC (N)	2022	133954	2yrs 7month		17/02/2023		
20.	RAJESWARI H.M	TUTOR	BSC (N)	2022	134491	2yrs 7month		05/03/2023		
21.	LAKSHMIKANTHA S.P	TUTOR	BSC (N)	2023	150650	1 year		02/02/2024		
22.	AISWARYA.S	TUTOR	BSC (N)	2020	144161	4 years		10/04/2021		

Signature of Chairman

Signature of Member (1)
15/8/25

Signature of Member (2)
15/8/2025

23.	ANJITHA SASIDHARAN	TUTOR	PBBSc(N)	2021	174268	3		10/02/2022		Leave
24.	SUMANTH.R	TUTOR	BSc(N)	2022	137331	2		01/05/2023		
25.	ANJU HC	TUTOR	BSc(N)	2021	122174	3		15/01/2022		
26.	VEENA.H	TUTOR	BSc(N)	2021	128931	3		01/02/2022		
27.	MANJUNATHA.S	TUTOR	PBBSc(N)	2018	184540	6		10/10/2020		Leave
28.	KAMALI.J	TUTOR	BSc(N)	2019	20219111 KARTMN	4		04/05/2021		
29.	MARY ASHNA	TUTOR	BSc(N)	2021	126655	3		04/01/2022		
30.	PRAVEENA.S	TUTOR	BSc(N)	2020	20219326	4		12/09/2021		
31.	ANU PRECILLA.A	TUTOR	BSc(N)	2022	138489	2		03/04/2023		
32.	GOWSALYA.S	TUTOR	BSc(N)	2020	14030	4		05/05/2021		
33.	DIVYA	TUTOR	BSc(N)	2020	108712	4		02/03/2023		
34.	MOHITH.M.K	TUTOR	BSc(N)	2022	121633	3		01/03/2023		
35.	GAGANA DEEPIKA.S.R.	TUTOR	BSc(N)	2020	108714	4		02/03/2023		
36.	DEVARAJA S.N	TUTOR	BSc(N)	2023	148149	1		15/11/2024		Devaraja S.N
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Signature of Chairman

Signature of Member (1)
14/8/25

Signature of Member (2)
15/8/2025

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										
66.										
67.										
68.										
69.										

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

70.										
71.										
72.										
73.										
74.										
75.										
76.										
77.										
78.										
79.										
80.										
81.										
82.										
83.										
84.										
85.										
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										
95.										

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

96.										
97.										
98.										
99.										
100.										
101.										
102.										
103.										
104.										
105.										
106.										
107.										
108.										
109.										
110.										
111.										
112.										
113.										
114.										
115.										
116.										

- **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
	—	LIST	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)	25,000 Sqft	Verified
	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 x 1000sqft 4000 sqft	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 x 700 Sqft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 x 600 sqft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	— —	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300sqft	Verified
	2. Vice-Principal Chamber	200	200 Sqft	Verified
	3. HOD	5 x 200 = 1000	1000sqft	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3200 sqft	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 sqft	Verified
	7. Accountants Office	**100**	100 sqft	Verified
	8. Store Room	**100**	100 sqft	Verified
	9. Record room	**100**	100 sqft	Verified
	10. Room for maintenance staff	**100**	100 sqft	Verified
	11. Xeroxing room	**100**	100 sqft	Verified
	12. common room (Girls & Boys)	600+400= 1000	1000sqft	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000sqft	Verified
	14. Toilets	1000	1000sqft	Verified

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

	15. A.V/Aids room	600	600 sqft	Verified

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	1600sqft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200sqft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	900sqft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	900sqft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	900sqft	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sqft	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**	Verified.
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)**

- 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 Licience
1	KA 53 C 4621	41	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	2400 sqft	YES ☑ No ☐	✓	✓	Verified.

Total No. of Nursing Books available	3720	**No. of Nursing Journals subscribed**	7
No. of Thesis/Research titles available		**Is internet facility available for Students?**	YES
No of e-books		**How many books were purchased in last financial year?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Alauddin Babumiyan	M.L.I.Sc	7yrs	nil
2				

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	–	–

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

Conferences conducted		
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 Trust-Inn Hospital 12/1 Main Road, Asheervad Colony, Horamavu, Banaswadi	100	8.5 Kms	82 %	Verified
	2 SPARSH HOSPITAL New Airport Road Kogilu Cross, Bangalore	120	9.1 Kms	85 %	Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	3 (MOU/Clinical permission letter)				

(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:

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			100	100
Surgery including OT			37	25
Obstetrics & Gynecology			55	42
Pediatrics,			40	30
Emergency Medicine			40	28
Psychiatry			—	—

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			05	03
Minor OT			03	01
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology			20	13
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

ICU/ICCU			20	11
Geriatric Medicine				
Any other				

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**	K. NARAYANAPURA
	Adopted / Affiliated	AFFLIATED
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	2.5 Kms
b.	Services Rendered by Health & Family Welfare Programmes	MCH, Immunization
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	KADUSONAPPANAHALLI
	Adopted / Affiliated	AFFLIATED
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	5.6 Kms
b.	Services Rendered by Health & Family Welfare Programmes	MCH, Immunization
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** ☐

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

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 ☐
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 28,000 Sqft	
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 : 148	Boys : 46
f.	Total No. of rooms	Girls : 37	Boys : 12
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	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	✓		

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

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	✓		
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:

- There are 1 Principal Professor, 1 Vice principal/Professors, 1 Professor, 2 Associate Professor, 3 Assistant Professor and 25 Tutors available on the day of inspection. 3 Tutors are on leave(CL)
- There are 06 labs available including Artificial lab. on the day of inspection
- There are 4 classroom of 60 seats capacity, 2 classrooms of 45 seats capacity and 5 classrooms of 10 seats capacity available on the day of inspection.
- Clinical material, Infrastructure is available as per the apex body norms and RGUHS norms.

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 _____ which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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	*A C Member*	*Subject Expert*
(Chairman)	*(Member)*	*(Member)*
		Dr- SAVITHA SV

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.

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust SHRI MANJUNATHESHWARA CHARITABLE TRUST (SANJEEV CHINCHOLI) are submitting the affidavit to University.

The trust SHRI MANJUNATHESHWARA CHARITABLE TRUST is running/managing the colleges 1. BANASWADI COLLEGE OF NURSING

2. _____

3. _____ since 2003 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**

For Sri Manjunatheshwara Charitable Trust (R)

Secretary

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

UNDERTAKING

I/We, SANJEEV CHINCHOLI is/are the Owners/MD/CEO/Board Members of the TRUST INN HOSPITAL hospital situated at HORAMAVU, BANGALORE.
This is to confirm that our hospital TRUST INN is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.
This is to confirm that the hospital TRUST INN is functioning as affiliated/parent/own hospital for BANASWADI COLLEGE OF NURSING college.
We also confirm that our hospital is solely affiliated to BANASWADI COLLEGE OF NURSING 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**

For Sri Manjunatheshwara Charitable Trust (R)
Secretary

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