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. Prof. K.C. Shashidara	Dr. Laghna Gowda	Mrs. Rashmi R
Designation	Professor, Dept of Medicine	Associate Professor	Associate professor
Address	JSS Medical college, Mysore	Mr Ambedkar Dental College & Hospital Bangalore	Sapthagiri college of nursing Bangalore
Mobile No	9448064613	9986072069	7483962887
Email ID	kcshashihara@gmail.com	rlaghnagowda@ mradc.in	

Inspection For the Academic Year : 2025-2026 *Date of Inspection: 18.08.2025*

(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**	Sri Shankara College of Nursing, Shankara Math premises, 1 cross, Shankarapuram, Basavanagudi, Bengaluru-560004	2	**Year of Establishment** 2018
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 Shankara cancer foundation, 1 cross, Shankarapuram, Basavangudi, Bengaluru (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: shankaracollegeofnursing@gmail.com	**Website:**	www.sschrc.org

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

Dr. LAGHNA GOWDA RASHMI R

		Office No:080/26981000	Mobile No:9886922965
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr.B.S.SRINATH Managing Trustee PH: 9845029974	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 08 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. Lakshmi A Qualification: Ph.D in Nursing Experience after MSc: 22 years Email:lakshmikathir2007@rediffmail.com	Mobile No: 9886922965 Office No: 080/46484551 Fax No: Residential phone No:--
	b) Drawing authority of the college	Managing Trustee	

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:

Enclosed **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	Course fee - 100 Appli-1000	30000	60000	40000	UG-25000 PG-7500	163600
Post Basic B.Sc. Nursing						
					Total (A)	163600

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.community health nursing	5	10000
	2.Medical surgical nursing	5	10000
	3.Pediatric nursing	5	10000
	Application		1000
		Total (B)	31000
NPCC			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

		Total (C)	---
		Grand Total (A+B+C)	194600

Online Transaction Number or Details: Reference No- ZCBII6D08VSEG7 ,dated 20/12/2024 for amount 1,86,100 , ZCBIIPB095YQB8 dated 24/12/2024 for amount 7,500, BCBIIGH0GVFBE5- dated28/03/2025 for amount 1000 Total-194600 .

Remarks:

Enclosed **Annexure - 4**

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	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
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	5	5			
	Admissions Made for the Current Academic Year	-	-			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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	01	0	03	01	05
	Female	40	40	36	39	155
Post Basic B.Sc Nursing	Male	-				
	Female	-				
M.Sc Nursing	Male	-yet to be admitted -				
	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---------
		--- NA-				

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---------
		Yet To be admitted -				

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

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

Remarks:_____

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1		1					
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		1		1					
6	Tutor	8-16	16-24				2-10	--		10-B.sc		1					
	Total	**16-24**	**24-40**				**4-12**			**m.sc-8 B.sc-12 Total-20**							

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	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty

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

	* 5 Tutors	* 12 Tutors	* 18 Tutors	* 24 Tutors
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.

	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.	Dr. Lakshmi A	PRINCIPAL	PH D nursing Community Health Nursing	2016 (Phd)	2800	2yrs 4 months	22 yrs	13/08/2018	Yes	
2.	Mrs. Sailaja Busi	Vice Principal	M.sc Medical Surgical Nursing (oncology)	2011	7589	1yrs 3 ms	14yrs	16.07.18	Yes	
3.	Prof. B B Bhavani	Professor	PH D nursing Paedistric Nursing	2017 (Phd)	196	3yrs	26 yrs	18/07/2018	Yes	
4.	Mrs. Riya Mathew	Professor	M.sc OBG Nursing	2008	493	7yrs	17 yrs	09.06.2018	Yes	
5.	Mrs. Asha T	Asst. Professor	M.Sc. Psychiatry Nursing	2017	49708	2 years	7 years	05.08.2020	Yes	
6.	Mrs.Jyothi N	Asst. Professor	M.sc community Health nursing	2014	006988	3 years	5 years	14.10.2024	Yes	
7.	Mrs. Reddy JyosthnaVaka	Asst. Professor	M.sc. Paedistric Nursing	2018	RR ANP2019 8240KAR	2 years	7 years	21.07.2025	yes	
8.	Mr.Pankaj Barman	Tutor	M.sc Medical Surgical Nursing	2025	104855	1 year 6 months	-	28.07.2025	yes	
9.	Mrs.Sundari B	Tutor	Basic .B,sc Nursing	2017	39969	5 years 5 months	--	14.05.19	yes	
10.	Mrs.Shravana	Tutor	Post Basic.B.sc Nursing	2019	0001421	4 years9 months	-	03.01.2019	yes	
11.	Mrs.Nalini M	Tutor	Post Basic.B.sc Nursing	2019	113476	5 yeasrs 5 months	--	13.05.19	yes	
12.	Mrs.Saranya S	Tutor	Basic.B.sc Nursing	2019	106008	4 year 8 months	--	07.02.2020	yes	
13.	Mrs.Toshita Raj Yadav	Tutor	Basic.B.sc Nursing	2020	1159081	2 years 5 months	--	02.05.2022	yes	
14.	Mrs.Rume Das	Tutor	Basic.B.sc Nursing	2015	92914	2 years	-	02.05.2022	yes	

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

						5months				
15.	Mrs.Asha H.R	Tutor	Post Basic.B.sc Nursing	2017	52356	2 years 6 months	-	03.04.2023	yes	
16.	Mr.Puttananja	Tutor	Basic.B.sc Nursing	2021	217360	2 years 5 months	-	28.05.2023	yes	
17.	Mrs.Ramya Shree	Tutor	Basic.B.sc Nursing	2015	73667	5 yrs cli. Exp	-	02.09.2024	yes	
18.	Mrs.Pavitra	Tutor	Post Basic.B.sc Nursing	2021	142487	3 yrs cli. Exp	-	02.09.2024	yes	
19.	Mr.Mahesh S	Tutor	Post Basic.B.sc Nursing	2021	205984	3 yrs cli. Exp	-	02.09.2024	yes	
20.	Mrs.**Gireesha**	Tutor	Basic.B.sc Nursing	2022	143502	1 year 5 months		07.06.2025	yes	

- **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
		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)		
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 class rooms 900 Sq Ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 classroom	
	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)	**600**	√	
	7. Accountants Office	**100**	√	
	8. Store Room	**100**	√	
	9. Record room	**100**	√	
	10. Room for maintenance staff	**100**	√	
	11. Xeroxing room	**100**	√	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	**1000**	

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	15. A.V/Aids room	600	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	1500	
	Nutrition & Community Health Nursing	1200sq.ft	1000	
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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:

SL NO	documents	Verified by the LIC team
1	**Registered documents in sub registrar office**	**yes**
2	**Is the college building own or leased ?**	**own**
3	**Blue print of the building plan approved and attested by competent authority.**	**yes**
4	**Building construction license from competent authority**	**yes**
5	**Tax paid receipt (Latest / current year)**	**yes**
6	**Occupancy certificate.**	**yes**
7	**Sale deed / Lease deed of the building / Land.**	**--**
8	**Land Conversion order from DC**	**yes**
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
2	KA51AF4172 KA509372	40+20	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300 Sq.Ft	YES √ No ☐	YES	yes	Yes

Total No. of Nursing Books available	2000	**No. of Nursing Journals subscribed**	08
No. of Thesis/Research titles available	03	**Is internet facility available for Students?**	yes
No of e-books	20	**How many books were purchased in last financial year?**	200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Naveen Kumar Nayak	M LISc	12 years	-

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	04	

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

Conferences conducted	Breast Feeding Week, Mental Health Nursing Concern De-addiction on Mobile usage Best practices in Infusion Therapy Advanced Technology in Cancer Diagnostics Personality Development Empowerment of student nurses in delivery of Quality care. Soft skills & communication for nursing students	
Conferences attended	Biomedical Waste Management by GOK Professional Advancements and its key roles and Functions Emergency Nursing & Life Support	

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities : **Enclosed-** **Anexure - 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 SRI SHANKARA CANCER HOSITAL & RESEARCH CENTRE MOU(Registered parent hospital MOU)	500	Within the campus	90%	Details enclosed
NAME OF THE TRUST/ Person owning The Hospital Dr. B. S. Srinath (Managing Trustee)	-	-	-	-
Name Of The Owner Of The Trust of Hospital Dr. B. S. Srinath (Managing Trustee) **Sri Shankara cancer Foundation**	-	-	-	-

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

Affiliated hospitals- Full Name & Address of the Parent Hospital	Victoria Hospital, KR Market	1000	1km	85%	Details Enclosed
	Jaydev Rashtrothana memorial hospital Spandana Hospital Nayandahalli Indra Gandhi Institute of child health Vanivilas Hospital	160 150 750 700	8km 7 km 5 km 1 km	85% 85% 90% 90%	Details Enclosed
	H .S. SIDDIAH Hospital (MOU/Clinical permission letter)	50	2 km	90%	Details Enclosed

(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	Annexure 16 Enclosed	126	100	
Surgery including OT	Annexure 16 Enclosed	137	100 + 20	
Obstetrics & Gynecology	Annexure 16 Enclosed	20	850	
Pediatrics,	Annexure 16 Enclosed	30	750	
Emergency Medicine	Annexure 16 Enclosed	05		
Psychiatry Standalone	Annexure 16 Enclosed	150		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	Annexure 16 Enclosed			
Minor OT	Annexure 16 Enclosed			
Dental, Otorhinolaryngology, Ophthalmology	Annexure 16 Enclosed			
Burns and Plastic	Annexure 16 Enclosed			
Neonatology care unit	Annexure 16 Enclosed			
Communicable disease/Respiratory medicine/TB & chest diseases	Annexure 16 Enclosed			
Dermatology	Annexure 16 Enclosed			
Cardiology	Annexure 16 Enclosed			
Oncology	Annexure 16 Enclosed			
Neurology/Neuro-surgery	Annexure 16 Enclosed			
Nephrology/Urology	Annexure 16 Enclosed			
ICU/ICCU	Annexure 16 Enclosed			
Geriatric Medicine	Annexure 16 Enclosed			
Any other	Annexure 16 Enclosed			

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

	Annexure 16 Enclosed			

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

19	COMMUNITY HEALTH NURSING :Annexure – 17 Enclosed	
RURAL FILELD		
a. Name of CHC / PHC / SC		**CHC-Kengeri**
Adopted / Affiliated		**Attached**
Administrate red by		**State Govt.** √ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**10km**
b. Services Rendered by Health & Family Welfare Programmes		Preventive, Promotive & Curative services
URBAN FEILD :		
a. Name of CHC / PHC / SC		**CHC- Gavipuram**
Adopted / Affiliated		**Affiliated**
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**3km**
b. Services Rendered by Health & Family Welfare Programmes		Preventive, Promotive & Curative services
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**	☐

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

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 20,000 sq.ft**			
c.	Is the Hostel Owned or Rented/Leased?	**Own**	√	**Rented/Leased**	
d.	Is there separate provision of Hostel for Male and Female Students?	YES	√	NO	
e.	Total No. of students in the hostel	**Girls : 133**		**Boys : 0**	
f.	Total No. of rooms	**Girls : 19**		**Boys : 2**	
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	

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

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/ Ramp 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	√		

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

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:

LIC Inspection of Sri Shankara College of Nursing was done on 18/8/25 for basic BSc and MSc courses. Total of 20 faculty were present Out of which 8 are MSc, including 3 guides and 12 BSc Nursing Staff. The Infrastructure, Clinical facilities, Lab facilities are as per the required norms.
Hospital facilities and clinical material are sufficient to teach students.
Hostel facilities for Boys and girls are available separately
Transportation facilities are available and details enclosed
Library facilities are upto date on the day of inspection

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 SRI SHANKARA 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 18/8/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/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	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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA14592267462229X**
Certificate Issued Date	:	11-Aug-2025 03:27 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ CHAMARAJPET/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAGCSL0844287573592453X
Purchased by	:	SRI SHANKARA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI SHANKARA COLLEGE OF NURSING
Second Party	:	RGUHS
Stamp Duty Paid By	:	SRI SHANKARA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

UNDERTAKING BY TRUST MANAGEMENT

Please write or type below this line

I **DR. B.S.SRINATH** , MANAGING TRUSTEE of SRI SHANKARA CANCER FOUNDATION submitting the affidavit to RGUHS. Bangalore

NOTARY PUBLIC
H.H. [illegible]
Bangalore Urban
Expiry Dt: 15-09-2029
GOVT. OF KARNATAKA-INDIA

No. of Correction.....

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

The trust SRI SHANKARA CANCER FOUNDATION is running the colleges
1. SRI SHANKARA COLLEGE OF NURSING, BANGALORE since 7 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.

MANAGING TRUSTEE

IDENTIFIED BY ME

Principal

ATTESTED BY ME

H.H.NAGARAJ B.A., LLB.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF KARNATAKA - INDIA
Off. # 640/3, 'D' Block, 2nd Stage, Dr. Rajkumar Road
Opp. SRS Travels, Rajajinagar, Bengaluru - 560 010.

NOTARY PUBLIC
H.H. NAGARAJ
Bengaluru Urban
LAW-LCL/88/2024
Expiry Dt: 15-09-2029
GOVT. OF KARNATAKA-INDIA

Notary Stamps not affixed
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From 1-4-2003

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Certificate No.	:	**IN-KA14591477378084X**
Certificate Issued Date	:	11-Aug-2025 03:26 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ CHAMARAJPET/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAGCSL0844290351469033X
Purchased by	:	SRI SHANKARA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI SHANKARA COLLEGE OF NURSING
Second Party	:	RGUHS
Stamp Duty Paid By	:	SRI SHANKARA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

UNDERTAKING FOR HOSPITAL

Please write or type below this line

I **DR. B.S.SRINATH** , MANAGING TRUSTEE of SRI SHANKARA CANCER HOSPITAL & RESEARCH CENTRE situated at I cross Shankarapuram, Basavangudi, Bangalore-560004

NOTARY PUBLIC
H.H. NAGARAJ
Bengaluru Urban
LAW-LCL/88/2025
Expiry Dt: 15-09-2029
GOVT. OF KARNATAKA-INDIA

No. of Correction...Nil...

Statutory Alert:

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2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that our hospital SRI SHANKARA CANCER HOSPITAL & RESEARCH CENTRE is registered under KPMEA and PCB with 500 beds and the bonafide certificate has been attached.

This is to confirm that the hospital SRI SHANKARA CANCER HOSPITAL & RESEARCH CENTRE is functioning as affiliated/parent/own hospital for SRI SHANKARA COLLEGE OF NURSING, BANGALORE

We also confirm that our hospital is solely affiliated to SRI SHANKARA COLLEGE OF NURSING, BANGALORE and is not affiliated to any other nursing college.

The information provided by us is true and correct.

MANAGING TRUSTEE

IDENTIFIED BY ME

Principal

ATTESTED BY ME

H.H.NAGARAJ B.A., LLB.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF KARNATAKA - INDIA
Off. # 640/3, 'D' Block, 2nd Stage, Dr. Rajkumar Road
Opp. SRS Travels, Rajajinagar, Bengaluru - 560 010.

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No. of Correction...NIL