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. K.C. SHASHIDARA	PROF. MOHD. ALEEHUDDIN QUAMRI	NARA CHAVANTHI
Designation	PROFESSOR	CHAIRMAN OF BOS UNANI PG, PROFESSOR	ASST. PROFESSOR
Address	DEPT. OF MEDICINE JSS MEDICAL COLLEGE MYSORE	NATIONAL INSTITUTE OF UNANI MEDICINE	RK COLLEGE OF NURSING BELLARY
Mobile No	9448064613	9341072974	7022793398
Email ID	kcshashidhara@gmail.com	drmaquamri@gmail.com	

Inspection For the Academic Year : 2025-2026.			*Date of Inspection:* 11/08/2025	
(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	ST. IGNATIUS INSTITUTE OF HEALTH SCIENCES PRABHATNAGAR HONAVAR - 581334 UTTARA KANNADA DISTRICT, KARNATAKA	2	Year of Establishment: 2010
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	THE DHARMAJYOTHI CHARITABLE SOCIETY, MANGALORE (REGD) QUEEN OF THE APOSTLES CONVENT VAMANJOOR P.O. MANGALORE -575028 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: dharmajyothissa@gmail.com	Website:	
		Office No: 0824/2983038	Mobile No: 7019249483	

Keshavmurthy
Signature of Chairman
11/8/25

Signature of Member (1)
11/08/25

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	LEENA VALOOKARAN JOSE PH.No.:9447589206		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: A. SAGAYA AROCKIA MARY Qualification: M.Sc. (N) Experience after MSc: 14 YEARS 8 MONTHS Email: dianassa@gmail.com	Mobile No: 7760925504 Office No: 9741437597 Fax No: – Residential phone No: 08382/220291	
	b) Drawing authority of the college	THE DHARMA JYOTHI CHARITABLE SOCIETY MANGALORE (REGD.)		
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	45,000/-	90,000/-	60,000/-	25,000/-	2,20,000/-
Post Basic B.Sc. Nursing	"	30,000/-	60,000/-	40,000/-	25,000/-	1,55,000/-
					Total (A)	
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
				Grand Total (A+B+C)		

Signature of Chairman
11/8/25

Signature of Member (1)
21/08/25

Signature of Member (2)

Online Transaction Number or Details: ZSBIZU2091W9JM - 2,20,000/-
ZSBIHDC091WNFJ - 1,55,000/-

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKK/UK576HRS 2017 31.01.2018 Annexure - 5	ACA/F/NS-3322009-10 20.11.2009 Annexure - 6	KNC:732: 2018-19 15.05.2018 Annexure - 7	18-15/6432 - INC Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKK323RGU 2014 30.04.2015 Annexure - 5	RGU/AFF/NS-332/2017/207 dg/02/2017 Annexure - 6	KNC:136 2015-16 11.09.2015 Annexure - 7	02/MAY2016 - INC 13.05.2016 Annexure - 8	
	Sanctioned Intake	30	30	30	20	
	Admissions Made for the Current Academic Year	07				
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		NA			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman
11/8/25

Signature of Member (1)
11/08/17

Signature of Member (2)

	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	03	01	02	03	09
	Female	56	58	57	56	227
Post Basic B.Sc Nursing	Male	0	0	0	0	0
	Female	07	11			
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					
					TOTAL	254

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---------
		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---------
			NA			

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 11/8/25

Signature of Member (1) 11/08/25

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							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	2						
6	Tutor	8-16	16-24				2-10	--		16	04						
	Total	**16-24**	**24-40**				**4-12**			30							

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 11/8/25

Signature of Member (1) 15/08/25

Signature of Member (4)

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.	A. SAGAYA AROCKIA MARY	PRINCIPAL	M.SC.(N) Child Health Nsg.	2011	28457	2.6	14.3	01.12.2006	NO	
2.	A. SUSAIMARI	VICE PRINCIPAL	M.SC.(N) MHN	2015	20326	4.6	10.4	03.11.2008	NO	
3.	THANKAMMA M.S.	PROFESSOR	M.SC.(N) OBG	2008	109745	0.9	17	01.09.2008	NO	Leave
4.	YASHODA SATISH	ASSOCIATE PROFESSOR	M.SC.(N) OBG	2008	10878	2.5	16.10	02.01.2024	NO	
5.	R. DEVANEETHI	ASSOCIATE PROFESSOR	M.SC.(N) MSN	2009	RRTMN20 13575SKAR	4.2	14.6	05.08.2024	NO	
6.	VERGINIA D'SOUZA	ASSOCIATE PROFESSOR	M.SC.(N) OBG	2013	28576	0	10.7	01.03.2016	NO	
7.	SMITA FERNANDES	ASSISTANT PROFESSOR	M.SC.(N) MHN	2020	79395	1.7	5	17.08.2020	NO	
8.	RAKESH GOMES	ASSISTANT PROFESSOR	M.SC.(N) CHN	2021	46185	8	3.7	03.01.2022	NO	
9.	SEENA M.D.	ASSISTANT PROFESSOR	M.SC.(N) MSN	2023	475244	8.6	2.4	03.04.2023	NO	
10.	AMBIKA RAMGURWADI	ASSISTANT PROFESSOR	M.SC.(N) CHN	2022	166156	0	2.7	10.07.2024	NO	
11.	SHIVALINGA	LECTURER	M.SC.(N) MSN	2024	111578	0	1.3	10.05.2024	NO	
12.	SANGEETA RODRIGUES	LECTURER	M.SC.(N) CHN	2025	22099	2.3	0.6	03.02.2025	NO	
13.	SUSHMA D'SOUZA	LECTURER	M.SC.(N) MHN	2025	RRRRL20 0815745AR	4	0	01.08.2025	NO	
14.	VALERIA A. SOUZ	TUTOR	PBB.SC.(N)	2018	159573	6.8	0	01.12.2018	NO	
15.	MAYBEL MARIYA D'SOUZA	TUTOR	PBB.SC.(N)	2018	101193	6.8	0	01.12.2018	NO	
16.	PRISTIN RUZARIO	TUTOR	PBB.SC.(N)	2017	182310	3.5	0	16.05.2022	NO	
17.	NAGAVENI MATTIMANI	TUTOR	PBB.SC.(N)	2019	206739	3.10	0	15.09.2021	NO	
18.	JASMINE D SOUZA	TUTOR	B.SC.(N)	2022	134216	2.3	0	17.04.2023	NO	
19.	MAGDALINE FERNANDES	TUTOR	PBB.SC.(N)	2021	175143	3.5	0	10.02.2022	NO	
20.	AKSHATA MESTA	TUTOR	B.SC.(N)	2021	122350	2.6	0	12.02.2024	NO	
21.	SHAINA	TUTOR	B.SC.(N)	2022	138142	2.6	0	01.04.2024	NO	
22.	DIVYA GOVINDA NAIK	TUTOR	B.SC.(N)	2023	147976	1.1	0	17.06.2024	NO	

Signature of Chairman

11/8/25

Signature of Member (1)

11/08/25

Signature of Member (2)

23.	VICTORIA HORTA	TUTOR	PBB.SC.(N)	2023	195808	2.1	0	01.07.2023	NO	
24.	CYNTHIA D'SOUZA	TUTOR	PBB.SC.(N)	2023	196401	2.1	0	01.07.2023	NO	
25.	KM SANJU BHARTI	TUTOR	B.SC.(N)	2023	150952	1.9	0	03.11.2023	NO	
26.	SHARU ANTONY	TUTOR	PBB.SC.(N)	2023	204211	2.1	0	01.07.2023	NO	
27.	MARY KARUS FERNANDES	TUTOR	PBB.SC.(N)	2023	241572	1.8	0	01.12.2023	NO	
28.	CHETANA SHAMBU GOUDA	TUTOR	B.SC.(N)	2023	150935	1.8	0	01.12.2023	NO	
29.	TANUJA NAIK	TUTOR	B.SC.(N)	2023	156524	0.5	0	10.03.2025	NO	
30.	RESHMA HARIKANTRA	TUTOR	PBB.SC.(N)	2021	205334	0.4	0	26.03.2025	NO	
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Signature of Chairman

4/8/25

Signature of Member (1)

11/08/25

Signature of Member (2)

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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

11/8/25

Signature of Member (1)

11/08/25

Signature of Member (2)

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. **Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		Enclosed.			

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	34076 Sq.ft.	Yes.
	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	973.75x6 5842 Sq.ft.	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	973.75x6 1947 Sq.ft.	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 Sq.ft.	
	2. Vice-Principal Chamber	200	400 Sq.ft.	
	3. HOD	5 x 200 = 1000	2x400 Sq.ft.	
	4. Professor/Assoc. Prof	800+2400=3200	4210 Sq.ft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	600	1000 Sq.ft.	
	7. Accountants Office	100	250 Sq.ft.	
	8. Store Room	100	900 Sq.ft.	
	9. Record room	100	250 Sq.ft.	
	10. Room for maintenance staff	100	200 Sq.ft.	
	11. Xeroxing room	100	150 Sq.ft.	
	12. common room (Girls & Boys)	600+400= 1000	750 Sq.ft.	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	4315 Sq.ft.	
	14. Toilets	1000	3400 Sq.ft.	

Signature of Chairman 11/8/25

Signature of Member (1) 11/08/25

Signature of Member (2)

	15. A.V/Aids room	600	800 Sq.ft.	

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	2145 Sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1250 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	1560 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:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	Verified
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 11/8/25

Signature of Member (1) 11/08/25

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
02	KA47 8642 KA47 M6976	50 07	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	2450 sq ft	YES ☐ No ☑	Good	Sufficient	Yes.

Total No. of Nursing Books available	4254	No. of Nursing Journals subscribed	28
No. of Thesis/Research titles available	215	Is internet facility available for Students?	YES
No of e-books	520	How many books were purchased in last financial year?	353

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Laveena D'cunha	BLISC	10 YEARS	
2.	Ms. Monika Odtha	BLISC	09 YEARS	
3.	Ms. Pallavi Naik	DLISC	08 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	- ENCLOSED -	

K. Chandrashekar
Signature of Chairman
11/8/25

Signature of Member (1)
11/08/25

Signature of Member (2)

Conferences conducted	- ENCLOSED -	
Conferences attended	- ENCLOSED -	

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital ST. IGNATIUS HOSPITAL PRABHATNAGAR HONAVAR- 581334 MOU(Registered parent hospital MOU)		100	WITHIN THE CAMPUS	80.✓	
NAME OF THE TRUST/ Person owning The Hospital THE DHARMAJYOTHI CHARITABLE SOCIETY, MANGALORE (REGD) VAMANJOOR P.O. MANGALORE					
Name Of The Owner Of The Trust of Hospital THE DHARMAJYOTHI CHARITABLE SOCIETY, MANGALORE (REGD) VAMANJOOR P.O. MANGALORE			185.5 KMS.		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 TALUKA HOSPITAL COURT ROAD HONAVAR-581334	100	2.2 KMS.		
	2 GENERAL HOSPITAL KUMTA-581342	100	19 KMS.		
	3 TSS SHRIPAD HEGDE KADAVE INSTITUTE OF MEDICAL SCIENCES SIRSI	150	81 KMS.		

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

Kishore Dhar 11/8/25 11/08/25

	(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:

Nil

Signature of Chairman 11/8/25

Signature of Member (1) 11/08/25

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated					
	No. of Beds	Bed Occupancy	No. of Beds TSS	No. of Beds HNR	No. of Beds Komta	Bed Occupancy TSS	Bed Occupancy HNR	Bed Occupancy Komta
Medical	20	85%	25	12	12	92%	95%	98%
Surgery including OT	15	80%	20	15	12	90%	92%	90%
Obstetrics & Gynecology	10	82%	22	18	18	95%	92%	90%
Pediatrics,	10	90%	05	-	12	92%	-	98%
Emergency Medicine	06	98%	08	11	-	95%	96%	99%
Psychiatry	65	98%	04	-	-	96%	-	-
Orthopaedic	10	95%	20	11	-	94%	88%	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated					
	No. of Beds	Bed Occupancy	No. of Beds TSS	No. of Beds HNR	No. of Beds Komta	Bed Occupancy TSS	Bed Occupancy HNR	Bed Occupancy Komta
Major OT	4	80%	6	1	1	85%	92%	95%
Minor OT	2	90%	1	1	1	90%	95%	-
Dental, Otorhinolaryngology, Ophthalmology	5	85%	5	-	-	80%	-	-
Burns and Plastic	-	-	5	-	-	80%	-	-
Neonatology care unit	4+2	85%	4	-	-	90%	-	-
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	-	6	-	-	94%	-
Dermatology / NRC	-	-	-	1	5	-	-	-
Cardiology	-	-	8	-	-	85%	-	-
Oncology	-	-	8	-	-	90%	-	-
Neurology/Neuro-surgery	-	-	-	-	-	-	-	-
Nephrology/Urology	6	95%	8	6	7	95%	98%	98%
ICU/ICCU	6	80%	8	20	22	92%	95%	92%

Signature of Chairman

11/8/25

Signature of Member (1)

11/08/25

Signature of Member (2)

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	PHC, HALDIPUR
Adopted / Affiliated	AFFILIATED
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	12 KMS.
b. Services Rendered by Health & Family Welfare Programmes	ALL HEALTH & FAMILY WELFARE PROGRAMMES UNDER STATE/CENTRAL GOVERNMENT
URBAN FEILD :	
a. Name of CHC / PHC / SC	TALUKA HOSPITAL, HONAVAR
Adopted / Affiliated	AFFILIATED
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	2.2 KMS.
b. Services Rendered by Health & Family Welfare Programmes	ALL HEALTH & FAMILY WELFARE PROGRAMMES UNDER STATE/CENTRAL GOVERNMENT
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 ☐

Kelhadidhar
Signature of Chairman
4/8/25

Signature of Member (1)
4/8/25

Signature of Member (2)

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 49611.14 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 : 211	Boys : Nil
f.	Total No. of rooms	Girls : 38	Boys : Nil
g.	Water Supply	YES ✓	NO
h.	Electricity Supply	YES ✓	NO
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO

Signature of Chairman

4/8/25

Signature of Member (1)

4/8/25

Signature of Member (2)

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	✓		
Annexure - 13	Vehicle Details : Bus	✓		

11/08/25

Signature of Chairman

11/8/25

Signature of Member (1)

11/08/25

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at St. Ignatius Institute of Health Science Honavar which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member) 11/08/25	Subject Expert (Member)

Signature of Chairman	Signature of Member (1) 11/08/25	Signature of Member (2)

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:

- LIC Inspection of St. Ignitius Institute of health Sciences, Honnavar - Nursing College was done on 11/8/2025 for Basic Bsc Nursing and Post Basic Bsc Nursing.
- Infrastructure, college building and Hospital facilities are adequate for teaching purposes.
- They have good Library facilities with Internet facility & latest Journals availability.
- They have adequate teaching faculty to teach students.
- The have adequate transport facilities with Hostel facilities for boys and girls separately.

Signature of Chairman 11/8/25

Signature of Member (1) 11/8/25

Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

सत्यमेव जयते

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Description of Document	:	Article 4 Affidavit
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NOTARIAL REGISTER No. 280
11 AUG 2025
2025

AFFIDAVIT

I, PERPETH PEREIRA, the Administrator of St. Ignatius Hospital, Honavar, aged about 44 Years, D/o. Alex Pereira residing at St. Ignatius Convent, Prabhatnagar, Honavar : 581 334 do hereby solemnly affirm and state as follows :

NUMBER OF CORRECTIONS... Nil

ADMINISTRATOR
ST. IGNATIUS HOSPITAL
PRABHATNAGAR
HONAVAR

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.

1. I say that I am deponent here in

2. I say that Dharma Jyothi Charitable Society , Mangalore, (Regd.) is the Owner of the St. Ignatius Hospital situated at Honavar, Uttara Kannada District.

3. This is to confirm that our St. Ignatius Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

4. This is to confirm that the St. Ignatius Hospital is functioning as parent /own hospital for St. Ignatius Institute of Health Sciences College.

5. I also confirm that our hospital is solely affiliated to St. Ignatius Institute of Health Sciences College and is not affiliated to any other nursing college.

6. I say, all the facts stated above are true to the best of my knowledge and belief.

All this is true.

DEPONENT
ADMINISTRATOR
ST. IGNATIUS HOSPITAL
PRABHATNAGAR
HONAVAR

Sworn and signed before me on this 11th of August 2025 at Mangaluru

NUMBER OF CORRECTIONS..Nil

SWORN AND SIGNED BEFORE ME

11 AUG 2025

S.N. NAYAK B.A., LL.B (Spl.)
Advocate & Notary
Honavar Taluka
U.K. District, Karnataka State
India

NOTARY
Order No:
LAW/SLCL/1994
S.N. NAYAK
HONAVAR
TALUK
U.K. Dist.
GOVT OF KARNATAKA

NOTARIAL REGISTER No..280/2025

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Purchased by	:	DHARMAJYOTHI CHARITABLE SOCIETY MANGALORE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
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Authorised Signatory
Bhoomi Mahila Pattina
dha Sahakari Niyamit
p Division, HONAVAR

Please write or type below this line

NOTARIAL REGISTER No...279
11 AUG 2025 2025

AFFIDAVIT

I, Sister Laura Rodrigues, the Secretary of The Dharma Jyothi Charitable Society, Mangalore (Regd.) aged about 67 Years, D/o. Lawrence Rodrigues residing at Door No.#3-99-2, Queen of the Apostles Convent, Vamanjoor P.O. Thiruvail, Mangaluru, Dakshina Kannada – 575 028 do hereby solemnly affirm and state as follows :

SECRETARY
Dharma Jyothi Charitable Society
Queen of Apostles Convent
Vamanjoor P.O.
Mangaluru-575 028 (D.K.)
Karnataka, India.

NUMBER OF CORRECTIONS Nil

Statutory Warning
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.

1. I say that I am the deponent herein
2. I say that **Dharma Jyothi Charitable Society, Mangalore (Regd.)** is running/managing the college **St. Ignatius Institute of Health Sciences, Honavar** since **15 years.**
3. I confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge. I confirm that the faculty in the college are employed for full time in the college.
4. I 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.
5. I 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 Governing Board can be held responsible and suitable action can be initiated by the University.
6. I say, all the facts stated above are true to the best of my knowledge and belief.

All this is true.

DEPONENT

SECRETARY
Dharma Jyothi Charitable Society
Queen of Apostles Convent
Yeyyadi P.O.
Mangaluru-575 028 (D.K.)
Karnataka, India.

Sworn and signed before me on this 11th of August 2025 at Mangaluru.

NUMBER OF CORRECTIONS... Nil

NOTARY
Order No. LAW/LCL/1994
S.N. NAYAK
HONAVAR
TALUK
U.K. Dist.
GOVERNMENT OF KARNATAKA

SWORN AND SIGNED BEFORE M
S. N. NAYAK B.A., LL.B (Spl.)
Advocate & Notary
HONAVAR Taluk
U.K. District, Karnataka State
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