Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. MAHENDRA. M.	Dr-Hemanth M	DR. PRAVEEN S. PATIL
Designation	MEMBER OF SENET	Principal	PRINCIPAL
Address	EAST POINT MEDICAL COLLEGE, BANGALORE.	D.S.C.D.S B.Ldge	B.V.V. Sanghas Sharadamba Institute of Nsg Sciences Vidyagiri Bagalkote
Mobile No	9980796290.	9845459666	9743240191
Email ID		dchemanth@yahoo.co	drpraveenspatil@gmail.com

For the Academic Year : Cont Affiliation *Date of Inspection:* 14/8/25

(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. JOSEPH'S COLLEGE OF NURSING, # 176, MYSORE - BANGALORE, ROAD, BANNIMANTAP, MYSORE - 570015	2	Year of Establishment: 2011
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	St. JOSEPH'S HOSPITAL TRUST (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Sjcollegeofnursing@gmail.com	Website: www.sjcollegeofnursingmysore.sc.in	

Signature of Chairman

Signature of Member (1)
HEMANTH M

Signature of Member (2)
Dr Praveen S. Patil

	(b). Name of the Owner of Trust/Society	St. JOSEPH'S HOSPITAL TRUST		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 11 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: MAMATHA D.G. Qualification: M Sc NURSING Experience: 15 YEARS Email: mamtha.dg@gmail.com	Mobile No: 9902704643 Office No: 0821 - 2492232 Fax No: – Residential phone No: –	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	✓	1,95050/-		1,000/-	25,000/-	
Post Basic B.Sc. Nursing						
					Total (A)	2,21050/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING.	4 SEATS } 28,550/-	
	2. PEDIATRIC NURSING.	NIL . }	
	3.		
	4.		
	5.		
		Total (B)	28,550/-
NPCC			
		Total (C)	–
		Grand Total (A+B+C)	2,49,600/-

Online Transaction Number or Details:

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
2025 - 26	Admissions Made for the Current Academic Year	60	60	60	60	
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	10	10	10	10	
	Admissions Made for the Current Academic Year	04	04	04	04	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	**Male**	06	2	2	9	19
	Female	54	58	55	51	215
Post Basic B.Sc Nursing	**Male**					
	Female					
M.Sc Nursing	**Male**	NIL	-	-	-	NIL
	Female	04	-	-	-	04
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---------
		—	NIL —			

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

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

Annexure –10

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

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		-			2						
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		8									
6	Tutor	8-16	16-24	2-10	--		22									
	Total	**16-24**	**24-40**	**4-12**			31			33						

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

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

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** • 3 M.Sc. Nursing qualified faculty • 2 Tutors	**Total 8 Faculty** • 5 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 7 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 16 Faculty** • 8 M.Sc. Nursing qualified faculty • 8 Tutors
60 Students Intake	**Total 6 Faculty** • 3 M.Sc. Nursing qualified faculty • 3 Tutors	**Total 12 Faculty** • 5 M.Sc. Nursing qualified faculty • 7 Tutors	**Total 18 Faculty** • 7 M.Sc. Nursing qualified faculty • 11 Tutors	**Total 24 Faculty** + 12 • 8 M.Sc. Nursing qualified faculty • 16 Tutors
100 Students Intake	**Total 10 Faculty** • 5 M.Sc. Nursing qualified faculty • 5 Tutors	**Total 20 Faculty** • 8 M.Sc. Nursing qualified faculty • 12 Tutors	**Total 30 Faculty** • 12 M.Sc. Nursing qualified faculty • 18 Tutors	**Total 40 Faculty** • 16 M.Sc. Nursing qualified faculty • 24 Tutors

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	PROF. MAMATHA. DG.	Principal	Msc.[N]OBG	2013	22754	2years	14yr	23/9/2013		
2.	MRS. PADMA	Assoc. Prof	Msc.[N]paed	2015	16828	4yr.10m	8yr.7m	2/9/2017		
3.	MRS GISHY VIJAYKUMAR	Asst. Prof	Msc[N]CHN	2013	21419	3yr	7yrs	2/5/2020		
4.	MRS. ANAGHA. P	Asst. prof.	Msc[N]paed	2021	345072	–	4yr.6m	1/02/2021		permitted leave
5.	MRS. KAVITHA. RANI.	Asst. prof	MSc[N]paed	2018	137960	4yr.9m	6y.7m	11/7/2022		
6.	Ms. JOYCE CHRISTINA. J	Lecturer	Msc[N]MSN	2023	103471	2–	2y.3m	22/5/2023		
7.	MRS. MERLIN. R	Lecturer	Msc[N]Paed	2023	94881	1yr.8m	2yr	09/11/2023		
8.	MRS. DHANAKSHMI.	Lecturer	MSc[N]CHN	2023	3226KR	1yr.3m	1yr.6m	19/2/24		
9.	MRS. CHANDRAMATHI	Lecturer	MSc[N]MSN	2024	23974	1yr	1yr	02/5/25		
10.	MRS. SHALINI M.C	Lecturer	MSc[N] MHN	2025	12044	15yr	6m	2/5/25		
11.	Ms. VICTORIA LOBO	Asst. lecturer	P.B.Sc[N]	2014	174867	6yr	–	21/5/2018		
12.	Ms. SUMANATHA	Lecturer	B.Sc[N]	2019	97952	4yr.8m	–	1/12/2020		
13.	Sr. PAUL AROGYA JANITHA	Asst.Lecturer	B.Sc[N]	2019	117675	3yr	–	1/12/2021		
14.	MRS. MEENA. G.	Asst.Lecturer	B.Sc[N]	20021	111729	4yr.2m	–	21/6/2021		
15.	MRS. RESHMI. R.V	Asst.Lecturer	BSc.[N]	20022	10026	2yrs	–	15/8/2022		
16.	MRS. ANTHONIAMMAL. M	Asst.Lecturer	P.BSc[N]	2010	131967	1yr	–	5/7/2024		
17.	Ms. MANJULA. K.	Asst.Lecturer	P.BSc[N]	2018	187692	3yr.7m	–	1/12/2022		
18.	MRS. NIKITHA	Asst.Lecturer	BSc[N]	20023	151629	1yr.10m	–	27/11/2023		
19.	Sr. MERRINE. A	Asst.Lecturer	BSc[N]	20022	129335	2yr.7m	–	5/12/2023		Permitted leave
20.	Mrs. SEVARINE	Asst.Lecturer	PB.BSc[N]	20023	30789	1yr.7m	–	11/1/2024		
21.	Ms. PAVITHRA. A.R	Asst.Lecturer	P.BSc.[N]	20021	208697	1yr.4m	–	15/4/2024		
22.	MRS. SONIYA. SAGAR.	Asst.Lecturer	PBBSc[N]	2023	243207	1yr	–	03/6/2024		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mrs. Jenifer Vinitha. M	Asst lecturer	BSc.[N]	2020	100166	1yr	—	01/07/24		
24.	Mrs. Sagaya Mary	Asst Lecturer	BSc.[N]	2018	86795	7m	-	2/01/25		
25.	Mr. Naveen Kumar. RS	Asst Lecturer	PBBSc.[N]	2024	177652	7m	-	25/1/25		
26.	Mr. Swamy. A.R	Asst Lecturer	BSc [N]	2024	—	6m	-	01/2/25		
27.	Ms. Aneena. S. Abraham.	Asst Lecturer	BSc [N]	2024	168065	6m	-	10/2/25		
28.	Sr. Anandarani Panthaghani	Asst Lecturer	P.BSc [N]	2006	78669	3m	—	2/5/25		
29.	Mrs. P. Sharon Florence	Asst Lecturer	BSc [N]	2025	180015	3m	-	2/5/25		
30.	Ms. Pruthvi. G	Asst Lecturer	BSc [N]	2025	172044	3m	—	2/5/25		
31.	Mr. Prajwan.	Asst Lecturer	BSc [N]	2025	178412	3m	—	2/5/25		
32.	Ms. Sangeetha. S	Asst Lecturer	P.BSc [N]	2021	116222	5m	-	1/8/25		
33.	Ms. Jerina.	Asst Lecturer	BSc [N]	2023	152517	1yr. 1m	-	1/7/25		
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft		
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	1080 X 4 CLASSES	
	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	700 Sqft X 2 CLASSROOMS	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	800 Sqft	
	2. Vice-Principal Chamber	200	800 Sqft	
	3. HOD	5 x 200 = 1000	5 X 300 = 1500	
	4. Professor/Assoc. Prof	800+2400=3200	900 + 2500 = 3,300 Sqft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office		800 Sqft	
	8. Store Room		300 Sqft	
	9. Record room		500 Sqft	
	10. Room for maintenance staff		300 Sqft	
	11. Xeroxing room		300 Sqft	
	12. common room	1000	1050 Sqft	
	13. Seminar hall	3000	3500 Sqft	
	14. Toilets	1000	1500 Sqft	
	15. A.V/Aids room	600	800 Sqft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1500 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 Sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1700 Sqft.	

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**

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA09C 7857	45 SEATS	Yes / No	Yes / No	Yes / No

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

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3500Sqft	YES ☑ No ☐			

Total No. of Nursing Books available	2766	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	15	**Is internet facility available for Students?**	YES
No of e-books	25	**How many books were purchased in last financial year?**	80.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MARY FLORENCE ANIL	M. LIB	15 YEARS	
2.	SHANTHALA	M. LIB	10 YEARS.	

Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

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

Academic activities	Particulars	Remarks
Research Projects	30. BSc RESEACH STUDIES 6+4 ONGOING.	
Conferences conducted	3 COLLEGIATE CONFERENCE CONDUCTED	
Conferences attended	20 CONFERENCES ATTENDED	

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

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** ☐ TRUST	
		ii. Trust member with MOU ☑	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital		150	0	100 %	
NAME OF THE TRUST/ Person owning The Hospital St. JOSEPH'S HOSPITAL TRUST					
Name Of The Owner Of The Trust of Hospital Dr. K.A. WILLIAM.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1) CHELUVAMBA	450	04 km		
	2) BHARATH ONCOLOGY	200	06 km		
	3) VIVEKA HOSPITAL.	150	06 km		

(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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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

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

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	25	21		
Surgery including OT	20	15		
Obstetrics & Gynecology	20	18		
Pediatrics,	15	10		
Emergency Medicine	10	08		
Psychiatry	05	01		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	02		
Minor OT	02	01		
Dental, Otorhinolaryngology, Ophthalmology	05	04		
Burns and Plastic	05	02		
Neonatology care unit	05	01		
Communicable disease/ Respiratory medicine/TB & chest diseases	08	07		
Dermatology	05	02		
Cardiology	07	03		
Oncology	05	05		
Neurology/Neuro-surgery	05	05		
Nephrology/Urology	05	05		
ICU/ICCU	05	05		
Geriatric Medicine	05	03		
Any other	00	00		

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	NAGANAHALLI , PHC.
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	6 KMS
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	K. G. KOPPAL , PHC
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	4 KMS.
b.	Services Rendered by Health & Family Welfare Programmes	

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

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

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☑	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	**YES** ☑	**NO** ☐
e.	Total No. of students in the hostel	**Girls :** 194	**Boys :** 15
f.	Total No. of rooms	**Girls :** 24	**Boys :** 4
g.	Water Supply	**YES** ☑	**NO** ☐
h.	Electricity Supply	**YES** ☑	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	**NO** ☐
j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☑	**NO** ☐
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

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

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	–	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	–	
Annexure - 10	List of M.Sc. Nursing Students as per format	✓	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & 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	✓	

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

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.

Observations:

St. Joseph's College of Nursing established in 2011 has a Very Infrastructure, class rooms, labs, Library, Multipurpose hall are well teach furnished & equipped and are as Per RGUHS norms.

Faculty :- Total 33 staff have been shown on the day of Inspection, 1 prof, 1 Assoc & 3 Asst prof, rest are tutors.

Hospital :- St Joseph parent hospital, 150 bedded KPME, PCB Certified with good clinical facilities.

Signature of Chairman 14/8/25

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

14/8/25

Signature of Member (1) 14/8/25

H ELANGOVAN

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at St Joseph's 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 14/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	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-KA17593086671739X
Certificate Issued Date	:	14-Aug-2025 12:04 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ MYSORE SOUTH6/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0849991349793514X
Purchased by	:	DIRECTOR ST JOSEPHS HOSPITAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DIRECTOR ST JOSEPHS HOSPITAL TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES B LORE
Stamp Duty Paid By	:	DIRECTOR ST JOSEPHS HOSPITAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

N. Suma
ಗಾಯಿತ್ರಿ ಸೌಹಾರ್ದ ಪತ್ತಿನ ಸಹಕಾರಿ ನಿ.
ನಂ. 15, ಮಧ್ಯದ ಕಾಂಪ್ಲೆಕ್ಸ್,
ಮಹದೇಶ್ವರ ರಸ್ತೆ, ನಜರಬಾದ್
ಮೈಸೂರು. ಫೋನ್: 0821-4253359

NOTARY
CHIKKABORANNA
B.A., LL.B.
Reg. No. 7035
Mysuru District
Expires on
23.10.2028
GOVERNMENT OF INDIA

Please write or type below this line

Affidavit

UNDERTAKING

I, Fr. Roxanbaroos N L is the Member of the St. Joseph's Hospital Trust situated at Near Bannimnatap, Mysuru Karnatka -570015.

Director
St. Joseph's College Of Nursing
176, Mysore - Bangalore Road,
Bannimantap, Mysore - 570015

NO OF CORRECTIONS.....

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.

This is to confirm that our Hospital St. Joseph's Hospital is registered under KPMEA and PCB with 150 Beds and the bonafide certificate has been attached.

This is to confirm that the hospital St. Joseph's is functioning as own hospital for St. Joseph's College of Nursing, Mysuru.

We also confirm that our hospital is solely affiliated to St. Joseph's College of Nursing and is not affiliated to any other nursing college.

Director
St. Joseph's College Of Nursing
176, Mysore - Bangalore Road,
Bannimantap, Mysore - 570015

NOTARY
CHIKKA BORANNA
B.A., LL.B.
Reg. No. 7035
Mysuru District
Expires on
23.10.2028
GOVERNMENT OF INDIA

Solemnly Affirmed & Declared
Before me on 14 AUG 2025

Notary, Mysuru Dist.

14/8/2025

NO OF CORRECTIONS... Nil

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA17590657586320X
Certificate Issued Date	:	14-Aug-2025 12:03 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ MYSORE SOUTH6/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0849986087906091X
Purchased by	:	PRINCIPAL ST JOSEPHS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRINCIPAL ST JOSEPHS COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES B LORE
Stamp Duty Paid By	:	PRINCIPAL ST JOSEPHS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

N. Suma
ಗಾಯತ್ರಿ ಸೌಹಾರ್ದ ಪತ್ತಿನ ಸಹಕಾರಿ ನಿ
ನಂ. 15, ಮುಳ್ಳಿನ ಕಾಂಪ್ಲೆಕ್ಸ್
ಮಹದೇಶ್ವರ ರಸ್ತೆ, ನಜರಬಾದ್
ಮೈಸೂರು. ಫೋನ್: 0821-4253359

NOTARY
CHIKKABORANNA
B.A., LL.B.
Reg. No. 7035
Mysuru District
Expires on
23.10.2028
GOVERNMENT OF INDIA

Please write or type below this line

Affidavit

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member/Principal of the trust St. Joseph's Hospital Trust we submitting the affidavit to RGUHS University.

NO OF CORRECTIONS.....

PRINCIPAL
ST. JOSEPH'S COLLEGE OF NURSING
176, Mysuru-Bengaluru Road
Bannimantap, Mysuru-570 015

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 St. Joseph's Hospital Trust is running/managing the colleges.

1. St. Joseph's College of Nursing since 2011, 14 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 is 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.

Trust Members Signature.

1.

2.

Director
St. Joseph's College Of Nursing
176, Mysore - Bangalore Road,
Bannimantap, Mysore - 570015

PRINCIPAL
ST. JOSEPH'S COLLEGE OF NURSING
176, Mysuru-Bengaluru Road
Bannimantap, Mysuru-570 015

NOTARY
CHIKKA BORANNA
B.A., LL.B.
Reg. No. 7035
Mysuru District
Expires on
23.10.2028
GOVERNMENT OF INDIA

Solemnly Affirmed & Declared
Before me on 14 AUG 2025

Notary, Mysuru Dist. 14/8/2025

NO OF CORRECTIONS.....