



**Rajiv Gandhi University of Health Sciences, Karnataka**

4<sup>th</sup> 'T' Block Jayanagar, Bangalore – 560041

Website: [www.rguhs.ac.in](http://www.rguhs.ac.in) Phone: 080-26761933

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## INSPECTION PROFORMA FOR NURSING

| Details of LIC Inspectors : | Chairman             | Academic Council Member | Subject Expert                                    |
|-----------------------------|----------------------|-------------------------|---------------------------------------------------|
| Name                        | Dr. M. K. Srinivas   |                         | Dr. Poornima K                                    |
| Designation                 | Secretary            |                         | Dean                                              |
| Address                     |                      |                         | HKES CON<br>BT & Campus<br>Sedam road<br>St. 5104 |
| Mobile No                   | 9845563421           |                         | 9972082926                                        |
| Email ID                    | mksrinivas@gmail.com |                         | poornimakorwar@gmail.com                          |

For the Academic Year :

Date of Inspection:

(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 |  |

|                                     |                        |  |                             |  |
|-------------------------------------|------------------------|--|-----------------------------|--|
| 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                | Bangalore Baptist Hospital College of Nursing, Bellary Road, Hebbal, Bangalore 560024.                                                     | 2                       | Year of Establishment |
|   |                                                          |                                                                                                                                            | 2011                    |                       |
| 2 | Status of the course conducting body                     | Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company                                          |                         |                       |
| 3 | Name of the Trust & complete postal address (if private) | Bangalore Baptist Hospital Society, Bellary Road, Hebbal, Bangalore 560024.                                                                |                         |                       |
|   |                                                          | (Enclose copy of Registration documents of Society/Trust) Annexure – 1                                                                     |                         |                       |
|   |                                                          | Email: secretariat@bbh.org.in                                                                                                              | Website: www.bbh.org.in |                       |
| 4 | Governing Council& Audit Report of Trust                 | Total Number of Members in Governing Council :<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2 |                         |                       |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

# 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           |         |
|                          | 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            | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                          | Sanctioned Intake                             |              |              |              |              |         |
|                          | Admissions Made for the Current Academic Year |              |              |              |              |         |
| M.Sc. NPCC               | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                          | Sanctioned Intake                             |              |              |              |              |         |
|                          | Admissions Made for the Current Academic Year |              |              |              |              |         |



Signature of Chairman



Signature of Member (1)



Signature of Member (2)

**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   | 0      | 0       | 0        | 0       | 0     |
|                         | Female | 60     | 59      | 56       | 58      | 233   |
| Post Basic B.Sc Nursing | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |
| M.Sc Nursing            | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |
| M.Sc NPCC               | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |

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

**Annexure - 9**

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

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

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

**Annexure -10**

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

## 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*        |           | 5                    |           |               |          |      |          |           |               |          |           |
| 4      | Associate Professor | 2            | 2-4          |               | 1*        |           | 1                    |           |               |          |      |          |           |               |          |           |
| 5      | Assistant Professor | 3            | 3-8          | 2             | 3*        |           |                      |           |               |          |      |          |           |               |          |           |
| 6      | Tutor               | 8-16         | 16-24        | 2-10          | --        |           | 12                   |           |               |          |      |          |           |               |          |           |
|        | <b>Total</b>        | <b>16-24</b> | <b>24-40</b> | <b>4-12</b>   |           |           | <b>20</b>            |           |               |          |      |          |           |               |          |           |

**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 1<sup>st</sup> Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

| Intake                     | 1 <sup>st</sup> Year                                                                                                          | 2 <sup>nd</sup> Year                                                                                                           | 3 <sup>rd</sup> Year                                                                                                            | 4 <sup>th</sup> Year                                                                                                            |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>40 Students Intake</b>  | <b>Total 5 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>2 Tutors</li> </ul>  | <b>Total 8 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>   | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul>   | <b>Total 16 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>8 Tutors</li> </ul>   |
| <b>60 Students Intake</b>  | <b>Total 6 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>  | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>7 Tutors</li> </ul>  | <b>Total 18 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>11 Tutors</li> </ul>  | <b>Total 24 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>16 Tutors</li> </ul>  |
| <b>100 Students Intake</b> | <b>Total 10 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul> | <b>Total 20 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>12 Tutors</li> </ul> | <b>Total 30 Faculty</b> <ul style="list-style-type: none"> <li>12 M.Sc. Nursing qualified faculty</li> <li>18 Tutors</li> </ul> | <b>Total 40 Faculty</b> <ul style="list-style-type: none"> <li>16 M.Sc. Nursing qualified faculty</li> <li>24 Tutors</li> </ul> |



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.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 2.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 3.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 4.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 5.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 6.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 7.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 8.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 9.     |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 10.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 11.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 12.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 13.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 14.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 15.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 16.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 17.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 18.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 19.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 20.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 21.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |
| 22.    |                              |             |                                    |                 |                  |                     |          |                 |                             |                      |

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)<br><b>Note:</b> 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 | 23,200sq.ft                           | 55890 Sq Ft       |         |
| 2     | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft                                                                                                                                                                                                                                                                                                             | <b>4 Class rooms</b><br>900sq ft Each | <b>1100 Sq Ft</b> |         |
|       | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                                                                | <b>2 Class rooms</b><br>600sq ft Each |                   |         |
|       | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                                                                    | <b>2 Class rooms</b><br>600sq ft Each |                   |         |
|       | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                                                                         | <b>2 Class rooms</b><br>600sq ft Each |                   |         |
| 3     | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                                                                        |                                       |                   |         |
|       | <b>Office</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                   |         |
|       | 1. Principal's Chamber                                                                                                                                                                                                                                                                                                                                                                                  | 300                                   | 315. 68 Sq Ft     |         |
|       | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                                                                               | 200                                   | 205 Sq Ft         |         |
|       | 3. HOD                                                                                                                                                                                                                                                                                                                                                                                                  | 5 x 200 = 1000                        | 255 Sq Ft         |         |
|       | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                                                                | 800+2400=3200                         |                   |         |
|       | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                   |         |
|       | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                                                                       |                                       |                   |         |
|       | 6. Office of Administrative, clerical staff and PA (s)                                                                                                                                                                                                                                                                                                                                                  |                                       | 280 Sq Ft         |         |
|       | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                   |         |
|       | 8. Store Room                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 143 Sq Ft         |         |
|       | 9. Record room                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                   |         |
|       | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                                                                          |                                       |                   |         |
|       | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                   |         |
|       | 12. common room                                                                                                                                                                                                                                                                                                                                                                                         | 1000                                  |                   |         |
|       | 13. Seminar hall                                                                                                                                                                                                                                                                                                                                                                                        | 3000                                  | 4500 Sq Ft        |         |
|       | 14. Toilets                                                                                                                                                                                                                                                                                                                                                                                             | 1000                                  |                   |         |
|       | 15. A.V/Aids room                                                                                                                                                                                                                                                                                                                                                                                       | 600                                   |                   |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



| S. No | Details                                                                  | Required   | Existing   | Remarks        |
|-------|--------------------------------------------------------------------------|------------|------------|----------------|
| 4     | <b>LABORATORIES</b>                                                      |            |            |                |
|       | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | 1065 Sq Ft | Simulation Lab |
|       | Nutrition & Community Health Nursing                                     | 1200sq.ft  | 1100 Sq Ft |                |
|       | Obstetrics and Gynecology Laboratory                                     | 900sq.ft   | 800 Sq Ft  |                |
|       | Pediatrics Nursing Laboratory                                            | 900sq.ft   | 800 Sq Ft  |                |
|       | Pre-Clinical Sciences Laboratory                                         | 900sq.ft   |            |                |
|       | Computer Lab<br>(1: 5 computer :student)                                 | 1500sq.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)**

**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

**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.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

**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 License |
|--------------------------|-----------------------------|------------------|----------|-----------|-----------------|
| 2                        | KA20B2300,<br>KA50B2298     | 30<br>30         | 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 | Remarks |
|------------------------|------------------------|---------------------------------------------------------------------|-------------|----------|---------|
| Required<br>2300 Sq.Ft | 1800 Sq Ft             | YES <input checked="" type="checkbox"/> No <input type="checkbox"/> |             |          |         |

|                                         |         |                                                       |     |
|-----------------------------------------|---------|-------------------------------------------------------|-----|
| Total No. of Nursing Books available    | 4725    | No. of Nursing Journals subscribed                    | 8   |
| No. of Thesis/Research titles available | 110     | Is internet facility available for Students?          | Yes |
| No of e-books                           | Helinet | How many books were purchased in last financial year? |     |

| S. No. | Name of the Librarian | Qualification                         | Experience | Remarks |
|--------|-----------------------|---------------------------------------|------------|---------|
| 1      | Mr Harisha S          | M. Sc (Library & Information Science) | 13 Yrs     |         |
|        |                       |                                       |            |         |
|        |                       |                                       |            |         |

**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 will increase/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     |             |         |
| Conferences conducted |             |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|                      |  |  |
|----------------------|--|--|
| Conferences attended |  |  |
|----------------------|--|--|

# 18. Details of Clinical / Hospital Facilities :

Annexure - 16

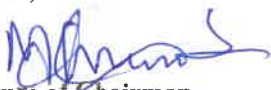
|   |                                     |                                                                                                                      |                             |
|---|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 | Do you have parent Medical College? | YES <input type="checkbox"/>                                                                                         | NO <input type="checkbox"/> |
| 2 | Do you have parent hospital?        | YES <input type="checkbox"/>                                                                                         | NO <input type="checkbox"/> |
|   | If Yes, Hospital Owned by           | i. Trust/Society/Missionary <input checked="" type="checkbox"/><br>ii.Trust member with MOU <input type="checkbox"/> |                             |

| 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<br><b>Bangalore Baptist Hospital College of Nursing , Bellary Road, Hebbal, Bangalore 560024</b> | <b>450</b>                                                                                             | <b>300 Meter</b>          |                                              |            |
| NAME OF THE TRUST/ Person owning The Hospital<br><b>Dr. Spurgeon Rachaprolu,</b>                                                            |                                                                                                        |                           |                                              |            |
| Name Of the Owner Of the Trust<br><b>Dr. Spurgeon Rachaprolu,</b>                                                                           |                                                                                                        |                           |                                              |            |
| Affiliated hospitals- Full Name & Address of the Parent Hospital                                                                            | 1<br><b>Spandana Hospital Pvt Ltd, #1/1, Pantharapalya Nayandahalli, Mysore Road, Bengaluru 560039</b> | <b>100</b>                | <b>20 Kilo Meter</b>                         | <b>90%</b> |
|                                                                                                                                             | 2                                                                                                      |                           |                                              |            |

(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).

## 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).

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

- With effect from 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital**. This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5<sup>th</sup> July, 2021 F.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] 5<sup>th</sup> July, 2021 F.NO. 11-1/2019-INC.)

**Note ;**

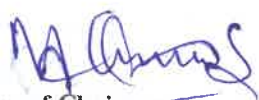
- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5<sup>th</sup> 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                 | 75          | 85%           |             |               |
| Surgery including OT    | 35          | 90%           |             |               |
| Obstetrics & Gynecology | 60          | 95%           |             |               |
| Pediatrics,             | 40          | 90%           |             |               |
| Emergency Medicine      | 24          | 95%           |             |               |
| Psychiatry              |             |               | 100         | 80%           |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                 | Parent      |               | Affiliated  |                                               |
|----------------------------------------------------------------|-------------|---------------|-------------|-----------------------------------------------|
|                                                                | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy                                 |
| Major OT                                                       |             |               |             |                                               |
| Minor OT                                                       |             |               |             |                                               |
| Dental, Otorhinolaryngology, Ophthalmology                     | 15          | 90%           |             |                                               |
| Burns and Plastic                                              |             |               |             |                                               |
| Neonatology care unit                                          |             |               |             |                                               |
| Communicable disease/ Respiratory medicine/TB & chest diseases |             |               |             |                                               |
| Dermatology                                                    |             |               |             |                                               |
| Cardiology                                                     | 9           | 90%           |             |                                               |
| Oncology                                                       |             |               |             |                                               |
| Neurology/Neuro-surgery                                        |             |               |             |                                               |
| Nephrology/Urology                                             | 20          | 90%           |             |                                               |
| ICU/ICCU                                                       | 75          | 90%           |             | Medical, Neonatal, Neuro, Pediatric, Surgical |
| Geriatric Medicine                                             |             |               |             |                                               |
| Any other                                                      |             |               |             |                                               |

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

Signature of Chairman

Signature of Member (1)

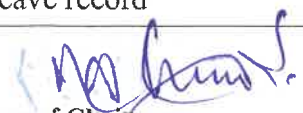
Signature of Member (2)



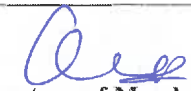
|                                                                                                         |                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| <b>19</b>                                                                                               | <b>COMMUNITY HEALTH NURSING :Annexure - 17</b>                                                                       |  |
| <b>RURAL FILELD</b>                                                                                     |                                                                                                                      |  |
| <b>a. Name of CHC / PHC / SC</b>                                                                        | <b>Annexure - 17</b>                                                                                                 |  |
| Adopted / Affiliated                                                                                    |                                                                                                                      |  |
| Administrated by                                                                                        | State Govt. <input type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                                     | 30 Kilometer                                                                                                         |  |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                                   | <b>NCD, DDRC, HIV Counselling, Screening</b>                                                                         |  |
| <b>URBAN FEILD :</b>                                                                                    |                                                                                                                      |  |
| <b>a. Name of CHC / PHC / SC</b>                                                                        |                                                                                                                      |  |
| Adopted / Affiliated                                                                                    |                                                                                                                      |  |
| Administrated by                                                                                        | State Govt. <input type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                                     | 5 Kilometer                                                                                                          |  |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                                   | <b>NCD, DDRC, Palliative Care</b>                                                                                    |  |
| <i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i> |                                                                                                                      |  |

|           |                                                        |                              |                             |  |
|-----------|--------------------------------------------------------|------------------------------|-----------------------------|--|
| <b>20</b> | <b>Master Rotation Plan : Annexure - 18</b>            |                              |                             |  |
| a.        | Basic B.Sc. Nursing                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| b.        | Post Basic B.Sc. Nursing                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| c.        | M.Sc. Nursing                                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| <b>21</b> | <b>Time Table available for all Nursing Programmes</b> |                              |                             |  |
| a.        | Basic B.Sc. Nursing                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| b.        | Post Basic B.Sc. Nursing                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| c.        | M.Sc. Nursing                                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |

|           |                                                                                      |                              |                             |  |
|-----------|--------------------------------------------------------------------------------------|------------------------------|-----------------------------|--|
| <b>22</b> | <b>Records of Students : Are the following students records are maintained well?</b> |                              |                             |  |
| a.        | Admission record                                                                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| b.        | Daily Attendance Registers                                                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| c.        | Health Records                                                                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| d.        | Clinical and field experience record                                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| e.        | Practical record books - procedure record                                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| f.        | Practical record books - Midwifery case book                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| g.        | Leave record                                                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|           |                                              |            |                          |           |                          |
|-----------|----------------------------------------------|------------|--------------------------|-----------|--------------------------|
| <b>h.</b> | Extracurricular activities of students       | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>i.</b> | Cumulative record of each                    | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>j.</b> | Course planning of each subject              | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>k.</b> | Rotation plans                               | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>l.</b> | Committee Meetings                           | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>m.</b> | Affiliation records                          | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>n.</b> | Records of Stock                             | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>o.</b> | Annual report of activities and achievements | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>p.</b> | Staff development programmes                 | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>q.</b> | Anti ragging committee                       | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |
| <b>r.</b> | Student welfare committee                    | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> |

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

  
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 : College Building, Laboratories and Building related documents, 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                                                     |                       |    |
| 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                         |                       |    |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

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:

On the day of Inspection (5-8-2025)  
As per documents provided and observations made

It was found that Baptist College of  
Nag established in the year 2011 with  
own hospital with 450 bedded  
physical infrastructure, classroom,  
labs, skill labs were adequate  
list of teaching faculty are enclosed  
who were present on the day of  
Inspection.

All the required documents are  
enclosed to you kind regards



Signature of Chairman



Signature of Member (1)



Signature of Member (2)

| S. No | Name of the teaching faculty | Designation    | Qualification along with specialty | Year of Passing | KSNC Registration No | Teaching Experience | Date of Joining | Form 16 Submitted (Yes/ No) | Signature of Faculty |
|-------|------------------------------|----------------|------------------------------------|-----------------|----------------------|---------------------|-----------------|-----------------------------|----------------------|
|       |                              |                |                                    |                 |                      | After UG After PG   |                 |                             |                      |
| 1     | Dr Leena L                   | Principal      | M. SC (Community), M. Phil, PhD    | 2007            | RR TMN 2008 958 KAR  | 5 Yrs               | 04-01-2001      | Yes                         |                      |
| 2     | Mrs. Ariamma C Joseph        | Vice Principal | M. SC (Medical Surgical Nursing)   | 2009            | RR DLH 2007 337 KAR  | 14 Yrs              | 23-04-2010      | Yes                         |                      |
| 3     | Mrs. Sheela V                | Professor      | M. Sc (OBG)                        | 2010            | 37465                | 4 Yrs               | 08-03-2012      | Yes                         |                      |
| 4     | Mr. Prabhu Kumar Y           | Professor      | M. SC (Medical Surgical Nursing)   | 2011            | RR TMN 2006 102 KAR  | 5 Yrs               | 01-10-2013      | Yes                         |                      |
| 5     | Mrs. Jagadeeswari S          | Professor      | M. SC (Community Nursing)          | 2010            | RR TMN 2006 181 KAR  | 1.5 Yrs             | 04-07-2014      | Yes                         |                      |
| 6     | Mrs. Remya Cyriac            | Professor      | M. SC (Medical Surgical Nursing)   | 2012            | RR PIB 2015 5461 KAR | 2 Yrs               | 26-10-2015      | Yes                         |                      |
| 7     | Mr. Daniel Sushane Muggala   | Asso Professor | M. Sc (Psychiatric Nursing)        | 2013            | RR ANP 2014 4124 KAR | 1 Yr                | 01-03-2022      | Yes                         |                      |
| 8     | Mrs Vernonsiya               | Professor      | M. Sc (Pediatric Nursing)          | 2010            | 2131                 | 2.5 Yrs             | 01-07-2022      | Yes                         |                      |
| 9     | Mrs Regina T Cherian         | Lecturer       | M. Sc (Psychiatric Nursing)        | 2023            | 55757                | 4 Yrs               | 19-01-2004      | Yes                         |                      |
| 10    | Mrs Kavitha S                | Lecturer       | M. SC (Medical Surgical Nursing)   | 2024            | RR TMN 2006 293 KAR  | 20 Yrs              | 20-01-2011      | Yes                         |                      |
| 11    | Mrs. Parimala                | Tutor          | B. SC                              | 2009            | RR TMN 2012 2570 KAR | 12 Yrs              | 22-08-2011      | Yes                         | On Study Leave       |
| 12    | Mrs. Gladies Geetha Rani     | Tutor          | B. SC                              | 2004            | RR TMN 2008 957 KAR  | 17 Yrs              | 19-09-2012      | Yes                         |                      |
| 13    | Mrs. Usha Kirani             | Tutor          | B. SC                              | 2012            | 56477                | 10 Yrs              | 26-09-2013      | Yes                         |                      |
| 14    | Mrs. Abirah S P              | Tutor          | B. SC                              | 2006            | RR TMN 2014 4512 KAR | 17 Yrs              | 19-11-2014      | Yes                         |                      |
| 15    | Mrs. Flary Elsy Franklin     | Tutor          | B. SC                              | 2011            | RR KRL 2013 3784 KAR | 12 Yrs              | 12-01-2015      | Yes                         |                      |
| 16    | Mrs Nethra                   | Tutor          | B. SC                              | 2008            | 10910                | 12 Yrs              | 07-09-2015      | Yes                         |                      |





| S. No | Name of the teaching faculty | Designation         | Qualification along with specialty | Year of Passing | K SNC Registration No | Teaching Experience |          | Date of Joining | Form 16 Submitted (Yes/ No) | Signature of Faculty                                                              |
|-------|------------------------------|---------------------|------------------------------------|-----------------|-----------------------|---------------------|----------|-----------------|-----------------------------|-----------------------------------------------------------------------------------|
|       |                              |                     |                                    |                 |                       | After UG            | After PG |                 |                             |                                                                                   |
| 17    | Mrs. Sreemathi               | Tutor               | PB B. SC                           | 2011            | 103640                | 10 Yrs              |          | 06-05-2016      | Yes                         |  |
| 18    | Mrs. Pavithra Vidhya         | Tutor               | B. SC                              | 2009            | 22367                 | 11 Yrs              |          | 16-06-2016      | Yes                         |  |
| 19    | Mrs. Sivanthiya              | Tutor               | PB B. SC                           | 2012            | 104323                | 10 Yrs              |          | 02-11-2016      | Yes                         |  |
| 20    | Mrs. Deepa Sugantha Malar    | Tutor               | B. SC                              | 2012            | 47828                 | 1 Yr                |          | 10-08-2022      | Yes                         |  |
| 21    | Ms. Preethi G                | Clinical Instructor | B. SC                              | 2024            | 181349                | 6 Months            |          | 07-03-2025      |                             |  |
| 22    | Ms. Beula J                  | Clinical Instructor | B. SC                              | 2024            | 182345                | 6 Months            |          | 12-02-2025      |                             |  |

  
Signature of Chairman

  
Signature of Member 1

  
Signature of Member 2

