Online entry done

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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

OB

Details of LIC Inspector's :	Chairman	Academic Council Member	Subject Expert
Name	Dr. K.C. Shashidhara.	Dr. Bharathi. S.H	Prof. Dr. Ramakrishna
Designation	professor.	Principal.	Principal
Address	Dept. of Medicine JSS medical College Mysore.	Govt Dental college & Research institute. BMCRC - Ballari	Sri Shanthini Col Magadi Main Road Bangalore -
Mobile No	9448064613	9844394595	9986909555
Email ID	Kcshashidhara@gmail.com	bharathish70@gmail.com	rangrinv@gmail.com

Inspection For the Academic Year : 2025 - 2026 *Date of Inspection:* 20/8/25

(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	Hoskote Mission Institute of Nursing Mission Hospital Road, 562114, Hoskote, Bangalore Rural, Karnataka	2	Year of Establishment: 1996 - GNM 2010 - B.Sc(N) 2015 - M.Sc(N)
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Marthoma Evangelistic Association Thiruvalla - 689101, Kerala, India (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: hoskotemission.cona@gmail.com		Website: hmi nstitute of nursing.org
		Office No:		Mobile No: 9483960095

K.C. Shashidhara
Signature of Chairman
20/8/25

Signature of Member (1) 20/08/25.

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Rt. Rev. Dr. Isaac Mar philoxenos Episcopa 0474 – 2530540		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Prof. Shani E. Mathew **Qualification:** M.Sc(N) **Experience after MSc:** 20years 8months **Email:** shanie thomas@yahoo.com	**Mobile No:** 9845268513 **Office No:** 9483960095 **Fax No:** - **Residential phone No:** -	
	b) Drawing authority of the college			
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

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

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical Surgical Nursing		
	2. Community Health Nursing		
	3. pediatric Nursing		
	4. Obstetrics & Gynecological Nursing		
	5. Psychiatric Nursing		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: 279600/- Dated 23/12/24 - ZSBIGDR091V0S0

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	50	
	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	NA				
	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	25	25	25	15	
	Admissions Made for the Current Academic Year	04	04	04	04	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

20/8/15

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.Sc Nursing	Male					
	Female	60	60	59	60	239
Post Basic B.Sc Nursing	Male					
	Female	NA				
M.Sc Nursing	Male					
	Female	04	—			04
M.Sc NPCC	Male	NA				
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1	1	1	1						1					
2	Vice-Principal	1	1	1	1	1						1					
3	Professor	1	1-2	2-3	3-5	5-6		1*				1					
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*				3					
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*				4					
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--				17					
	Total	16-24	24-40	36-60	48-80	60-100	4-12					27					

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

Note: 1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per INC letter: F.NO.1-6/LT/2023-INC dated: 06.03.2024

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 Students Intake	**Total 15 Faculty** * 7 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty *18 Tutors	**Total 45 Faculty** * 18 M.Sc. Nursing qualified faculty *27Tutors	**Total 60 Faculty** * 24 M.Sc. Nursing qualified faculty *36 Tutors

Signature of Chairman 20/8/25

Signature of Member (1)

Signature of Member (2)

200 Students Intake	**Total 20 Faculty** * 10 M.Sc. Nursing qualified faculty * 10 Tutors	**Total 40 Faculty** * 17 M.Sc. Nursing qualified faculty *23Tutors	**Total 60 Faculty** * 25 M.Sc. Nursing qualified faculty *35 Tutors	**Total 80 Faculty** * 32 M.Sc. Nursing qualified faculty *48 Tutors
250 students	**Total 25 Faculty** * 12 M.Sc. Nursing qualified faculty * 13 Tutors	**Total 50 Faculty** * 20 M.Sc. Nursing qualified faculty *30 Tutors	**Total 75 Faculty** * 30 M.Sc. Nursing qualified faculty * 45Tutors	**Total 100 Faculty** * 40 M.Sc. Nursing qualified faculty *60Tutors
* **Aadhar based biometric attendance for students**				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Shaui E. Mathew	Principal	M.Sc(N), CHN							
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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

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

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

14. Physical Facilities :

14.1. College Building: (31,200 sq.ft) **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	31,200 sq.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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 X 1080	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 x 600	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	Enclosed
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	2000	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	400	
	8. Store Room	~~**100**~~ 2	100	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1396	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	5160	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1610 sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1010sqft	Enclosed.
	Pediatrics Nursing Laboratory	900sq.ft	1000sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sqft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office?**	✓
2	**Is the college building own or leased ?**	own
3	**Blue print of the building plan approved and attested by competent authority.**	✓
4	**Building construction license from competent authority**	✓ Enclosed.
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy Certificate**	✓
7	**Sale deed / Registered lease deed of the building / Land**	✓
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

It is mandatory to enclose all the documents mentioned above.

Note:

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

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 Licience
02	KA-53B6270 KA-53A4742	51 41	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300sqft	YES ☑ No ☐	✓	✓	NIL

Total No. of Nursing Books available	3309	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	135+108	**Is internet facility available for Students?**	yes
No of e-books	50	**How many books were purchased in last financial year?**	54 + 153 complimentary

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. Ramya R	M.L.I.S	2 years 3 months	NIL

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

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

Academic activities	Particulars	Remarks
Research Projects	Enclosed.	
Conferences conducted	Enclosed.	

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

Conferences attended	Enclosed	

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital Marthoma Mission Hospital Hoskote, Bangalore Rural -562114 MOU(Registered parent hospital MOU)		100	NIL	75%	
NAME OF THE TRUST/ Person owning The Hospital Marthoma Evangelistic Association					
Name Of The Owner Of The Trust of Hospital		Rev.	Johnson T. Oommen		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Govt. Hospital Hoskote	50	2km	90%	
	2 Sathya Sai Hospital	335	13km Enclosed	85%	
	3 Treda Hospital Artha Hospital (MOU/Clinical permission letter) Govt hospital	50 75 50	20km 32km 6km	75% 75% 100%	

Signature of Chairman | Signature of Member (1) | Signature of Member (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, 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 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	24	75.1.		
Surgery including OT	24	75.1.		
Obstetrics & Gynecology	30	80.1. Enclosed		
Pediatrics,	20	80.1.		
Emergency Medicine	02	75.1.		
Psychiatry	—		Teda Hospital 50	35.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	75.1.	335 Sri Sathya Sai Hospital	10
Minor OT	02	75.1.	335 "	10
Dental, Otorhinolaryngology, Ophthalmology	02	80.1.	335 "	10
Burns and Plastic	—	—	—	—
Neonatology care unit	02	75.1.	Government Hospital	10
Communicable disease/Respiratory medicine/TB & chest diseases	Enclosed		30 Avalahalli CHC	30.
Dermatology	02	75.1.	335 Sri Sathya Sai Hospital	05
Cardiology			30 (Avalahalli CHC)	30
Oncology			Sathya Sai	10
Neurology/Neuro-surgery			Sathya Sai Hospital	158
Nephrology/Urology			"	10
ICU/ICCU			"	10
Geriatric Medicine	05	05	Govt Hospital Hoskote 50	50
Any other			Artha Hospital 75	50

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 FIELD		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated ✓	K. Mallasandra PHC
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
	Distance from the Nursing Institute	8.5KM
b.	Services Rendered by Health & Family Welfare Programmes	Yes
URBAN FIELD:		
a.	**Name of CHC / PHC / SC**	Avalahalli CHC.
	Adopted / Affiliated ✓	Affiliated.
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
	Distance from the Nursing Institute	12KM
b.	Services Rendered by Health & Family Welfare Programmes	Health & Family Welfare programme, Antenatal, Immunisation clinic, Nutrition Rehabilitation programme, Communicable, PNC, disease programme.
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 ☐
s.	POSHE Committee	YES ☐	NO ☐
t.	Prevention of Gender harassment committee	YES ☐	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 21,100sq 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 : 239	Boys : NA
f.	Total No. of rooms	Girls : Dormitory	Boys : NA
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	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	NA		
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	NA		
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryB ooks & 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	✓		

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

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each Speciality wise	✓		

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

- LIC Inspection of Hoskote Nursing Hospital of Nursing has done on. 20/8/25
- The Infrastructure, lab facilities are in the College are good. with all the facilities
- The classroom. community hall, and library has got adequate facilities in the new building
- teaching faculties are present as per the Rervis norms for Basic Bsc Nursing teaching
- The hospital facilities are available in the same premises, such ~~moderate~~ admissions in OPD and IP. are adequate.
- Transportation facilities are available
- Hostel facilities are present for girls.

Signature of Chairman

20/8/25

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Teerthankar Mission Institute of Nursing, Teerthankar which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20/8/25 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)**

12.1 Teaching Faculty Details :- Details Should be written in format only

SL No	Name of the Teaching Faculty	Designation	Qualification along with speciality	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. SHANI E MATHEW	PRINCIPAL	M.SC (N) COMMUNITY HEALTH NURSING	2004	17110	6 YEAR	20 YEARS	10-10-2020	YES	
2	PROF. ELIZABETH CHINNADORE	VICE PRINCIPAL	M.SC (N) COMMUNITY HEALTH NURSING	2011	3038	1 YEAR 6 MONTHS	14 YEAR 2 MONTHS	01-06-2011	YES	
3	PROF. SUJATHA G	PROFESSOR	M.SC (N) MEDICAL SURGICAL NURSING	2008	14287	1 YEAR 5 MONTHS	16 YEAR 7 MONTHS	05-09-2018	YES	on leave
4	PROF. ANCY DAVID	PROFESSOR	M.SC (N) MENTAL HEALTH NURSING	2012	12111	1 YEAR 7 MONTHS	12 YEARS 3 MONTHS	16-11-2012	YES	
5	Mrs. RAKHI NATH	ASSOCIATE PROFESSOR	M.SC(N) MIDWIFERY & OBSTETRICAL NURSING	2010	1991	3 YEAR 7 MONTHS	11 YEAR 11 MONTHS	08-02-2021	NO	
6	Mrs. LINDA ROSE J	ASSOCIATE PROFESSOR	M.SC(N) CHILD HEALTH NURSING	2011	9217	1 YEAR	11 YEAR 3 MONTHS	08-01-2024	YES	
7	Mrs. REJI JOSE	ASSOCIATE PROFESSOR	M.SC(N) MENTAL HEALTH NURSING	2008	37201	3 YEAR	12 YEAR 3 MONTHS	20-11-2021	NO	
8	Mrs. ANJU THOMAS	ASSISTANT PROFESSOR	M.SC(N) CHILD HEALTH NURSING	2014	RRTMN 20155293 KAR	-	7 YEAR 1 MONTH	03-07-2023	YES	
9	Mrs. JETTY JACOB	ASSISTANT PROFESSOR	M.SC(N) MEDICAL SURGICAL NURSING	2015	RR MDP 2020 8850 KAR	1 YEAR 5 MONTHS	8 YEAR	10-03-2025	YES	
10	Mrs. ESTHER GALIMA MABRY	ASSISTANT PROFESSOR	M.SC(N) MIDWIFERY & OBSTETRICAL NURSING	2010	5973	-	5YEAR7 MONTHS	28-07-2025	NO	
11	Mrs. JINCE THOMAS	ASSISTANT PROFESSOR	M.SC(N) MEDICAL SURGICAL NURSING	2020	74528	-	4 YEAR 7 MONTHS	05-10-2020	YES	
12	Mrs. SECENA JUNY THOMAS	NURSING TUTOR	M.SC(N) COMMUNITY HEALTH NURSING	2014	123979	1 YEAR 6 MONTHS	3 YEAR 2 MONTHS	05-06-2023	YES	on leave
13	Mrs. MOUNIKA R.R	NURSING TUTOR	M.SC(N) CHILD HEALTH NURSING	2024	12480	9 MONTHS	-	18-08-2025	-	
14	Ms. SANJANA V	CLINICAL INSTRUCTOR	B.SC NURSING	2022	136824	2 YEAR 6 MONTHS	-	20-01-2023	-	
15	Mrs. ASHA.S	CLINICAL INSTRUCTOR	B.SC NURSING	2022	137759	5 MONTHS	-	02-12-2024	-	
16	Ms. JIBI BABU	CLINICAL INSTRUCTOR	B.SC NURSING	2024	177299	2 MONTHS	-	02-06-2025	-	
17	Ms. MABLE MARIAM THOMAS	CLINICAL INSTRUCTOR	B.SC NURSING	2024	176853	2 MONTHS	-	02-06-2025	-	

20/08/25

12.1 Teaching Faculty Details :- Details Should be written in format only

SL No	Name of the Teaching Faculty	Designation	Qualification along with speciality	Year of Passing	KSNC Reg Number	Teaching experience		Date of Joining	Form-16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
18	Ms. MRIDHULA V. S	CLINICAL INSTRUCTOR	B.SC NURSING	2024	175294	2 MONTHS	-	02-06-2025	-	
19	Ms. MRIDHUNYA V. S	CLINICAL INSTRUCTOR	B.SC NURSING	2024	177342	2 MONTHS	-	02-06-2025	-	
20	Ms. PRIYANKA A. N	CLINICAL INSTRUCTOR	B.SC NURSING	2024	179414	2 MONTHS	-	02-06-2025	-	
21	Ms. SNEHA SURESH JOHNSON	CLINICAL INSTRUCTOR	B.SC NURSING	2024	178905	2 MONTHS	-	02-06-2025	-	
22	Ms. SHANTY SIMON	CLINICAL INSTRUCTOR	B.SC NURSING	2024	175910	2 MONTHS	-	02-06-2025	-	
23	Ms. MALA M	CLINICAL INSTRUCTOR	B.SC NURSING	2024	174373	2 MONTHS	-	02-06-2025	-	
24	Ms. SEENA T. JOSE	CLINICAL INSTRUCTOR	B.SC NURSING	2023	164732	-	-	01-08-2025	-	
25	Ms. ANCY GEORGE KUTTY	CLINICAL INSTRUCTOR	B.SC NURSING	2023	152999	-	-	01-08-2025		
26	Ms. JOYES JOHN	CLINICAL INSTRUCTOR	B.SC NURSING	2023	152995	-	-	01-08-2025	-	
27	Ms. SUPRIYA	CLINICAL INSTRUCTOR	B.SC NURSING	2024	170961	-	-	01-08-2025	-	
28	Ms. JOSINA GEORGE	CLINICAL INSTRUCTOR	B.SC NURSING	2025	-	-	-	13-08-2025	-	

20/08/25

20/08/25

PRINCIPAL
HOSKOTE MISSION
INSTITUTE OF NURSING
KARNATAKA

सत्यमेव जयते

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Government of Karnataka

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KARNATAKA STATE CO-OP. SOCIETIES ASSOCIATIONS
HOSAKOTE BRANCH
Authorised Signatory

Please write or type below this line

NOTARY PUBLIC
M. KRISHNAMURTHY
Area Hosakote Revenue Taluk,
Bengaluru Rural Dist
Reg. No.Law-LCL/157/2023
Expiry Dt: 23 Feb 2029
GOVT. OF KARNATAKA

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2. The onus of checking the legitimacy is on the users of the certificate.
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UNDERTAKING

We, the Managing Committee of Mar Thoma Evangelistic Association, Tiruvalla, are the owner of Mar Thoma Mission Hospital situated at the Campus of Hoskote Mission & Medical Centre, Mission Hospital Road, Hoskote, Bangalore Rural – 562114.

This is to confirm that our Hospital, Mar Thoma Mission Hospital is Registered under KPMPEA and PCB with 100 beds and the Bonafide certificate has been attached.

This is to confirm that the Mar Thoma Mission Hospital is functioning as own Hospital for Hoskote Mission Institute of Nursing (Nursing College).

We also confirm that our hospital is solely affiliated to Hoskote Mission Institute of Nursing (Nursing College), and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Director

Rev. Johnson T Unnithan

Director
Mar Thoma Mission Hospital
Mission Hospital Road,
Hoskote-562114,
Bangalore Rural, Karnataka.

NOTARY PUBLIC
M KRISHNAMURTHY
Area Hosakote Revenue Taluk,
Bengaluru Rural Dist
Reg. No.Law-LCL/157/2023
Expiry on: 23 Feb 2029
GOVT. OF KARNATAKA

ATTESTED BY ME
19/8/25
M. KRISHNAMURTHY B.Com.,LL.B.,
ADVOCATE & NOTARY PUBLIC
1st Floor, Venkamma Complex,
Near Mini Vidhana Soudha,
HOSKOTE - 562 114.

NO. OF CORRECTIONS. NIL

सत्यमेव जयते

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Government of Karnataka

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

UNDERTAKING BY MANAGEMENT

I, the **Director of Hoskote Mission Institute of Nursing,** on behalf of the **Mar Thoma Evangelistic Association,** am submitting the affidavit to University.

The Mar Thoma Evangelistic Association is managing the Hoskote Mission Institute of Nursing (Nursing College).

I confirm that all the information provided by us to the LIC team is true and correct to the best of my knowledge.

I confirm that the faculty in the college are employed for full time in the college.

I also confirm that the college is solely managed by the Mar Thoma Evangelistic Association and is not leased / sub leased to any other trust / agency to manage the college.

I also confirm that the college is abiding to the norms of Apex body / RGUHS, as prescribed from time to time.

If any of the information declared is found to be false / misleading, Principal and the management can be held responsible and suitable action can be initiated by the University.

Director

Rev. Johnson T Unnithan

Director
Hoskote Mission Institute of Nursing
Mission Hospital Road, T.G. Extension,
Hoskote-562114.

NOTARY PUBLIC
M. KRISHNAMURTHY
Area Hosakote Revenue Taluk,
Bengaluru Rural Dist
Reg. No.Law-LCL/157/2023
Expiry Dt: 23 Feb 2029
GOVT. OF KARNATAKA

ATTESTED BY ME
14/08/25

M. KRISHNAMURTHY B.Com.,LL.B.,
ADVOCATE & NOTARY PUBLIC
1st Floor, Venkamma Complex,
Near Mini Vidhana Soudha.
HOSKOTE - 562 114.

NO. OF CORRECTIONS: Nil