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

231

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Dilip Kumar N.R	Dr. Bhagyalaksh. R	Mrs. Vidyadhara. G
Designation	Associate professor & Dermatology	Principal	Professor
Address	Sri Atal Bihari Vajpayee Medical College & Research Hospital	Srilakshi College of Nursing Sankadakatte, Hagadihalli Srirangadakatte B'lore 560091	Rajarajeswari College of Nursing B'lore
Mobile No	9844288283	9738465046	9845722936
Email ID	dedilip57@gmail.com	Sgowdthygowda1@gmail.com	vidyadhara201@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection: 10/08/2025*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	**MANONIDHI INSTITUTE OF NURSING**	2	**Year of Establishment** 2012
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**	**MANONIDHI CHARITABLE TRUST** **ERANAKATTE EXTENTION, MADAPURA, CHAMARAJA NAGARA 571313** (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email:PRINCIPAL.MANONIDHI@GMAIL.COM		**Website: WWW.MANONIDHI.COM**
		Office No: 08226 295130		**Mobile No:9886239417**

Signature of Chairman

Dr DILIP KUMAR N.R.
Senate

Signature of Member (1)

10/8/2025

Signature of Member (2)

Mrs. Vidyadhara.G

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. ALBERT MANORAJ A 8123024484	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 4 (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: DR. SHYLAJA KRUPANIDHI Qualification: MSc (N) PhD (N) Experience after MSc: 38 Yrs Email: MANONIDHI.NURSING@GMAIL.COM	Mobile No: 9886239417 Office No: : 08226 295130 Fax No: Residential phone No: 9886239417
	b) Drawing authority of the college	SECRETARY OF THE TRUST	

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				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation	130050			25000	156050
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4. NA		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	156050

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details:BD00000007566906 Dated 24/12/2024

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	40	40	40	40	
	Admissions Made for the Current Academic Year					
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					
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Dilip

	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

NA

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	3	2	3	9	17
	Female	32	38	30	30	130
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

NA

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks:_____

Signature of Chairman Dilip

Signature of Member (1) 10/8/2022

Signature of Member (2) Vidya

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*		3		NA					
5	Assistant Professor	3	3-8				2	3*		0							
6	Tutor	8-16	16-24				2-10	--		15							
	Total	**16-24**	**24-40**				**4-12**			20							

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

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

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

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

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

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

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

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

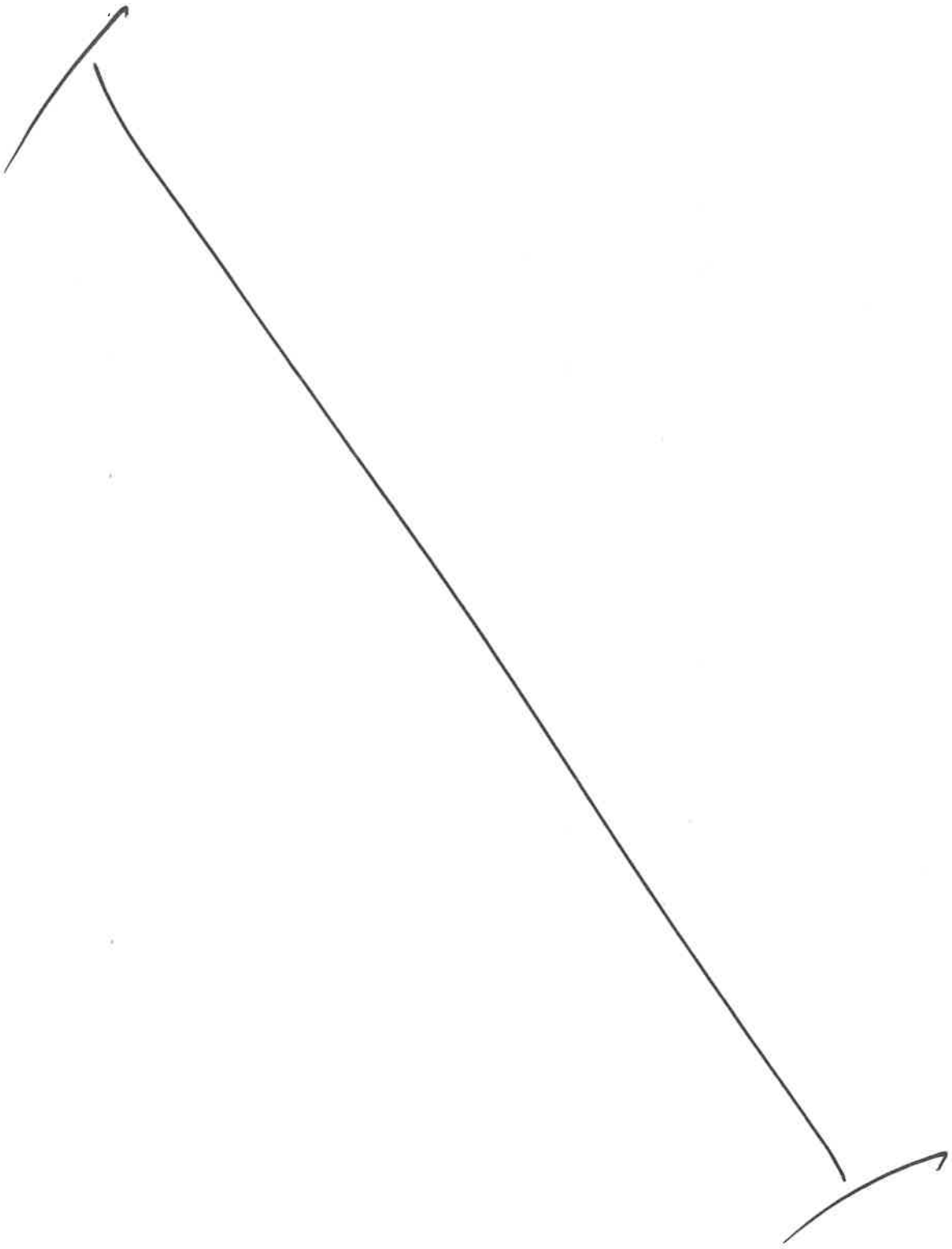
Dilip
Signature of Chairman

Signature of Member (1)

10/8/2015

Vidy
Signature of Member (2)

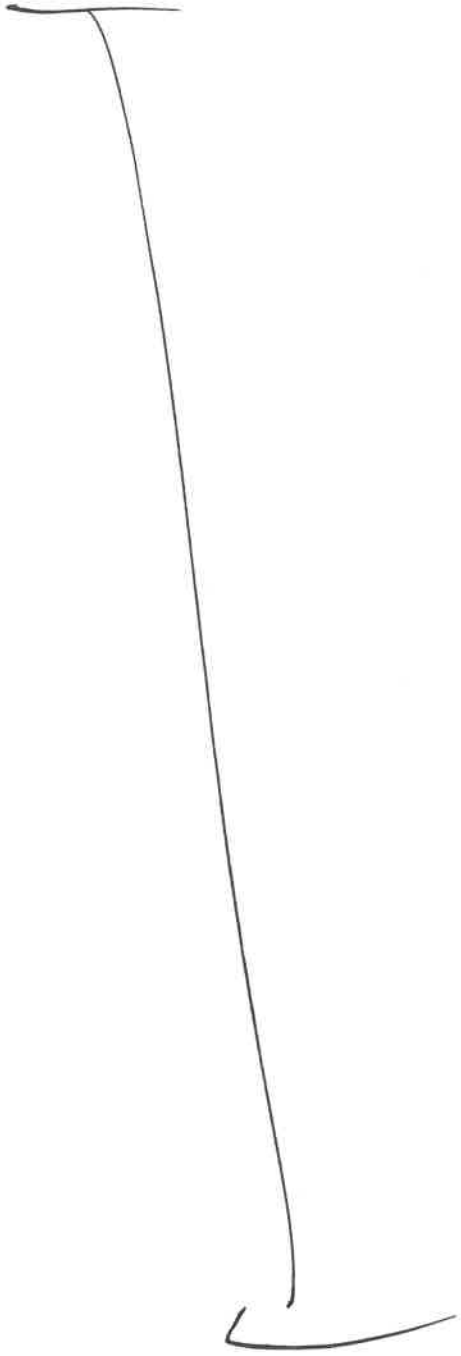
250 students				
* Aadhar based biometric attendance for students				



Signature of Chairman

Signature of Member (1)

Signature of Member (2)



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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Shylaja Krupanidhi	Principal	MSc (Psychiatric) PhD (N)	1992	6980	5 Years	19 Years	01-06-2016		
2.	Sibin C Varghese	Vice Principal	MSc (Psychiatric)	2012	RRTMN20122781KAR	1 Year	13 Years	02-01-2012		
3.	Rajani Gowda HV	Associate Professor	MSc (OBG)	2014	22538	2 Years	10 Years	01-06-2023	NO	
4.	Hareesh MS	Associate Professor	MSC (Peadiatric)	2015	19600		9 Years	01-05-2023	NO	
5.	Neenu Ealias	Associate Professor	MSc (OBG)	2018	109792	3 Years	7 Years	02-06-2018	NO	
6.	Sarasharan V	Tutor	MSc (OBG)	2019	73359	2 Year	2 Years	21-04-2025	NO	
7.	Madhusudhan S	Tutor	MSc (MSN)	2023	91807	2 Years	1 Year	21-11-2024	No	
8.	Sanjay HS	Tutor	MSc (CHN)	2024	120955	1 Year	Fresh	21-04-2025	NO	
9.	Shelly PV	Tutor	Post BSc	2007	15834	8 Years		03-06-2024	NO	
10.	Teja L	Tutor	BSc (Nursing)	2022	126656	3 Years		06-12-2021	NO	
11.	Lincy Prabhamani M	Tutor	BSc (Nursing)	2024	153053	1 Year		06-03-2024	NO	
12.	Rakshitha S	Tutor	BSc (Nursing)	2024	156195	1 Year		11-03-2024	NO	
13.	Deepa P	Tutor	BSc (Nursing)	2024	154565	1 Year		06-05-2025	NO	
14.	Rashmi CM	Tutor	Post BSc	2024	190322	1 Year		12-05-2025	NO	

Signature of Chairman

Signature of Member (1)

10/8/2025

Signature of Member (2)

15.	Akhila K	Tutor	BSc (Nursing)	2024	160655	1 Year		10-09-2024	NO	
16.	Ankitha A	Tutor	BSc (Nursing)	2024	160656	1 Year		10-02-2025	NO	
17.	Anushiya K	Tutor	BSc (Nursing)	2025	182976	8 month		24-01-2025	NO	
18.	Manjula C	Tutor	BSc (Nursing)	2025	182986	8 month		24-01-2025	NO	
19.	Gagan PL	Tutor	Bsc (Nursing)	2025	182695	6month		04-02-2025	NO	
20.	Manoj M	Tutor	BSc (Nursing)	2025	182697	6 month		04-02-2025	NO	
21.										
22.										

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

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**24141 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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**4 Class rooms with** 900sq ft Each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each		
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		Verified.
3	**Administrative Facilities**			As per norms
	Office 1. Principal's Chamber	300	300 sq. ft	
	2. Vice-Principal Chamber	200	200 sq.ft	
	3. HOD	5 x 200 = 1000	5 x 200 = 1000 sq. ft	
	4. Professor/Assoc. Prof	800+2400=3200	800+2400=3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 sq.ft**	
	7. Accountants Office	**100**	**100 sq.ft**	
	8. Store Room	**100**	**100 sq.ft**	
	9. Record room	**100**	**100 sq.ft**	
	10. Room for maintenance staff	**100**	**100 sq.ft**	
	11. Xeroxing room	**100**	**100 sq.ft**	
	12. common room (Girls & Boys)	600+400= 1000	600+400= 1000 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq. ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	600 sq.ft	

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

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

Annexure – 12

Building Documents:

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- 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.

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

10/8/2022

- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Tc Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA10A 5432	40	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400sq ft	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	3663	**No. of Nursing Journals subscribed**	06
No. of Thesis/Research titles available	24	**Is internet facility available for Students?**	yes
No of e-books	2000	**How many books were purchased in last financial year?**	260

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	YOGESHWARI	M LIB	6Yrs	
02	GAYATHRI	MLIB	1Yr	

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	**Research work of 4th year Bsc Students .**	-
Conferences conducted	-	-

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

Conferences attended	2	–

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital			NA		
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Chamarajanagar Institute of Medical Sciences #124 , Yadapura Villagar, Kasaba Hobli Chamarajanagar	824	10 Km	99%	
	2 Dharward Institute of Mental Health & Neuro sciences Dharward	350	584 km	90%	
	3 Government Mother and Child Hospital Nanjangudu	130	23 km	95%	
	4. Sri Jayadeva Institute of Cardiovascular sciences & Research Mysore (MOU/Clinical permission letter)	300	70km	99%	

Dilip
Signature of Chairman

10/8/2020
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**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts. Attached.

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			200	98%
Surgery including OT			330	95%
Obstetrics & Gynecology			90	100%
Pediatrics,	NA		100	96%
Emergency Medicine			30	98%
Psychiatry			10+350	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			12	9-8 surgeries per day
Minor OT			12	10-11 surgeries per day
Dental, Otorhinolaryngology, Ophthalmology			40	75%
Burns and Plastic			15	50%
Neonatology care unit			10	96%
Communicable disease/Respiratory medicine/TB & chest diseases			20	97%
Dermatology	NA		15	45%
Cardiology			10+300	98%
Oncology			5	20%
Neurology/Neuro-surgery			10	40%
Nephrology/Urology			20	100%
ICU/ICCU			10	100%
Geriatric Medicine			50	Day care centre
Any other				

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**CHC Santhemarahally**
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**10 Km**
b.	Services Rendered by Health & Family Welfare Programmes	IP &OP, surveys, Immunization, Health check up
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**UHC Harathanahally**
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**5 km**
b.	Services Rendered by Health & Family Welfare Programmes	OP, surveys, Immunization, Health check up
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 — NA —	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing — NA —	**YES** ☐	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing — NA —	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing — NA —	**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** ☐

Dilip
Signature of Chairman

Signature of Member (1)

16/8/2017

Vidy
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 11238	
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 : 72	Boys : nil
f.	Total No. of rooms	Girls : 16	Boys : nil
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	✓		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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:

On the day of inspection, as per the documents provided, the following observation were made:

1) Infrastructure : As per norms.

2) Staff : As per norm

3) Clinical load : As per norm

4) Student facilities : As per norm.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Manonidhi Institute of Nursing Chamarajanagar which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 10/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr DILIP KUMAR N.R		

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA11417734347149X
Certificate Issued Date	:	06-Aug-2025 05:55 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ CHAMARAJA NAGAR2/ KA-CJ
Unique Doc. Reference	:	SUBIN-KAKAGCSL08382671684491 49X
Purchased by	:	MANONIDHI INSTITUTE OF NURSING CHAMARAJANAGAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MANONIDHI INSTITUTE OF NURSING CHAMARAJANAGAR
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	MANONIDHI INSTITUTE OF NURSING CHAMARAJANAGAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING by Trust Management

We the President/Secretary/Member of the trust Mr. Albert Manoraj & Dr. Shylajakrupanidhi are submitting the affidavit to University.

PRESIDENT
Manonidhi Charitable Trust (R.
Chamarajanagar-571 313

SECRETARY
Manonidhi Charitable Trust
Chamarajanagar

The trust Manonidhi Charitable Trust Chamarajanagar is running/managing the college 1. Manonidhi Institute of Nursing, Eranakatte Extension , Madapura Chamarajanagar 571313 since 13 years.

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

We confirm that the faculty in the college is employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

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

PRESIDENT
Manonidhi Charitable Trust (R
Chamarajanagar-571 313

SECRETARY
Manonidhi Charitable Trust
Chamarajanagar.