



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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr DILIP KUMAR N.R	Prof. Manu. B.	Dr. Kokila. M
Designation	Senate Member	PRINCIPAL	Principal
Address	Asst Prof & Head, Dept of SARVAM RI.	G.T. SURYA COLLEGE OF NURSING, SHIMOGA	Sperthy College of Nursing, Bangalore.
Mobile No	9844288283	8861347845	9591645555
Email ID	DRDILIP57@gmail.com	Bmanu.Sonu86@gmail.com	Kokilaraghu1987@gmail.com

Inspection For the Academic Year : 2025-26 Date of Inspection: 05.08.2025

(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	PRESTIGE COLLEGE OF NURSING	2	Year of Establishment
				2019
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Noorie Educational and Cultural Trust ® #202, Rosedale Apartment Hutichins road Cooke Town Bangalore 560005 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: pmhsedu@gmail.com	Website: www.pmhs.org.in	
		Office No: 7411608999	Mobile No: 9886881149	

Signature of Chairman

Dr DILIP KUMAR N.R

Senate Member

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Resident/Secretary/Chairman of Trust/Society & Phone No	L Anwer Chairman 9448273177		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 5 (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: Sudha K Qualification: M.Sc Nursing Experience after MSc: 13 years Email: pmhsedu@gmail.com	Mobile No: 9886881149 Office No: 7411608999 Fax No: Residential phone No:	
	b) Drawing authority of the college	Secretary Mohammed Ahetasham		
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:

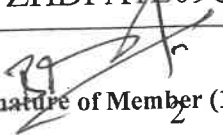
Annexure - 4

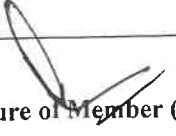
Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓	1,30,050/-			25,000/-	1,56,050/-
Post Basic B.Sc. Nursing						
Total (A)						1,56,000/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.NA	NA	NA
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
Grand Total (A+B+C)			1,55,050/-

Online Transaction Number or Details: 1) ZHDFA1E09CMGX2 1,55,050/-


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

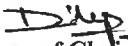
2) ZCPN1621442194 25,000/-
3) ZHDF6B809CMRGF 1,000/-

Remarks:

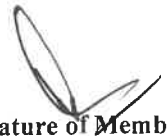
Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED/191/MMC/2019 Dated: 17.08.2019 Annexure - 5	RGU/AFF/Fr/N 388/2019-20 Dated: 22.08.2019 Annexure - 6	KSNC:1226:2019-20 Dated: 27.08.2019 Annexure - 7	Annexure - 8	✓
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	✓
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
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	—	—	—	—	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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					

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	13	19	14	13	
	Female	27	21	24	27	
Post Basic B.Sc Nursing	Male	NA				
	Female					
M.Sc Nursing	Male	NA				
	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) - NA -

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-----

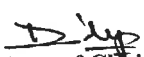
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

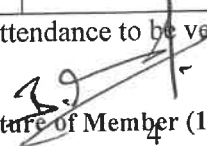
11.If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) - NA -

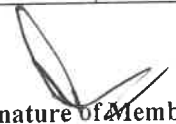
Annexure -10

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.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Remarks: _____

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*		3							
4	Associate Professor	2	2-4					1*		4							
5	Assistant Professor	3	3-8				2	3*		0							
6	Tutor	8-16	16-24				2-10	--									
	Total	16-24	24-40				4-12										

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	1 st Year	2 nd Year	3 rd Year	4 th 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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				
250 students				
* Aadhar based biometric attendance for students				


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



22.	Ms Nikita Paul	Tutor	B.Sc Nursing	2024	178318	00	00	01/04/2025		
23.	Sajin Biju	Tutor	B.Sc Nursing	2024	156820	00	00	01/04/2025		
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46.										

Enclosed

Signature of Chairman

Signature of Member (1)

8

Signature of Member (2)

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

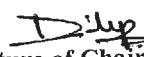
Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
01	Dr Dias	MBBS	Pharmacology	30	
02	Dr J P naliji	MBBS MD	Anatomy	60	
03	Dr Aysha	MBBS MD	Micro Biology	60	
04	Mrs Gayathri Devi	B.Sc M.Ed M Phil	English	20	
05	Mr Shivappa C	M A L.L.B	Kannada	20	
06	Ms Jancy	B.Sc M..Sc	Bio Chemistry	20	
07	Mr Bhagwan Singh	M Pharma	Pharmacology	30	

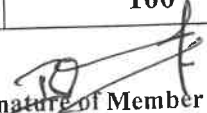
14. Physical Facilities :

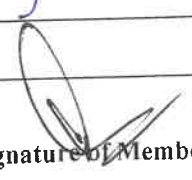
Annexure - 12

14.1. College Building:

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in 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	23,200sq.ft (40 – 60 intake)	24,000 Sq Ft	Yes.
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	920X04 N A NA NA	An per norms.
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room	 300 200 5 x 200 = 1000 800+2400=3200 600 100 100 100	 300 200 200X5 3200 600 100 100 100	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

10. Room for maintenance staff	100	100	
11. Xeroxing room	100	100	
12. common room (Girls & Boys)	600+400= 1000	1000	An per
13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	cur.
14. Toilets	1000	1000	
15. A.V/Aids room	600	600	

S. No	Details	Required (40-60 intake)	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)	40	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1750	
	Nutrition & Community Health Nursing	1200sq.ft	1210	An per norm
	Obstetrics and Gynecology Laboratory	900sq.ft	1210	
	Pediatrics Nursing Laboratory	900sq.ft	1210	
	Pre-Clinical Sciences Laboratory	900sq.ft	1050	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1750	

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)

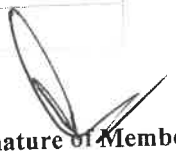
Annexure – 12

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 ?	Enclosed
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


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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, 2021 F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01	KA41D2162	56	Yes	Yes	Yes

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	2300	YES ☒ No ☐	Yes	Yes	

Total No. of Nursing Books available	3047	No. of Nursing Journals subscribed	07
No. of Thesis/Research titles available	05	Is internet facility available for Students?	Yes
No of e-books	00	How many books were purchased in last financial year?	60

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Faridha Sylvester	M LIB	15	✓

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 journal will increase/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Academic activities	Particulars	Remarks
Research Projects	1	1
Conferences conducted	1	1
Conferences attended	1	1

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

Annexure - 16

18. Details of Clinical / Hospital Facilities :

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 Medihope Multispeciality Hospital	100	03	80	Yes
MOU(Registered parent hospital MOU)				
NAME OF THE TRUST/ Person owning The Hospital	Dr Amit Agarwal			
Name Of The Owner Of The Trust of Hospital	Dr Mohammed Ahetasham			
Affiliated to 1 Medihope Multi speciality				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Hospital				
	2 Prestige Medical Health Sciences				
	3				
	(MOU/Clinical permission letter)				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

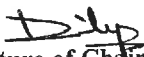
- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore 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, 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} 5th July, 2021 F.NO. 11-1/2019-INC.)

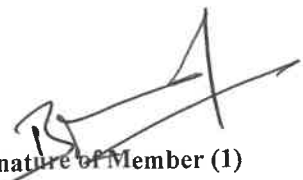
Note

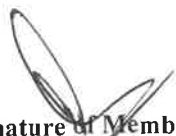
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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. Distribution of Beds

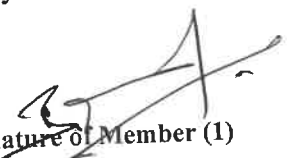
Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	08		
Surgery including OT	08	08		
Obstetrics & Gynecology	10	07		
Pediatrics,	10	10		
Emergency Medicine	10	6		
Psychiatry	5	2		

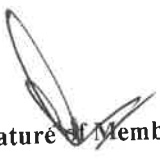
Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	5	2		
Minor OT	10	12		
Dental, Otorhinolaryngology, Ophthalmology	2	1		
Burns and Plastic	5	2		
Neonatology care unit	0	0		
Communicable disease/Respiratory medicine/TB & chest diseases	0	0		
Dermatology	5	2		
Cardiology	10	10		
Oncology	5	2		
Neurology/Neuro-surgery	2	1		
Nephrology/Urology	0	0		
ICU/CCU	3	2		
Geriatric Medicine	0	0		
Any other	0	0		

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)

COMMUNITY HEALTH NURSING :Annexure - 17

RURAL FILELD

a. Name of CHC / PHC / SC	Primary Health Center
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	6km
b. Services Rendered by Health & Family Welfare Programmes	

URBAN FEILD :

a. Name of CHC / PHC / SC	Urban Health Center
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	6kms
b. Services Rendered by Health & Family Welfare Programmes	

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

h.	Extracurricular activities of students	YES ☒	NO ☐
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of Stock	YES ☒	NO ☐
o.	Annual report of activities and achievements	YES ☒	NO ☐
p.	Staff development programmes	YES ☒	NO ☐
q.	Anti ragging committee	YES ☒	NO ☐
r.	Student welfare committee	YES ☒	NO ☐
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 18000Sq 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 : 80	Boys : 50
f.	Total No. of rooms	Girls : 16	Boys : 10
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

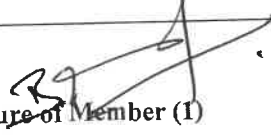

Signature of Member (1)

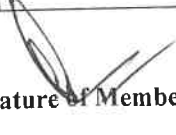

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	Yes		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes		
Annexure - 3	Details of any other Nursing Institution under the same Trust			
Annexure - 4	Details of Affiliated fees paid receipts	Yes		
Annexure - 5	Approval Status : GOK Order	Yes		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes		
Annexure - 7	Approval Status : KNC Notification	Yes		
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	Yes		
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	Yes		
Annexure - 13	Vehicle Details : Bus	Yes		
Annexure - 14	Details of List of LibraryBooks & others	Yes		
Annexure - 15	Academic Activities	Yes		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	Yes		
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

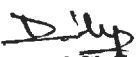
Annexure - 18	Master Rotation plans and Time tables	Yes	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		

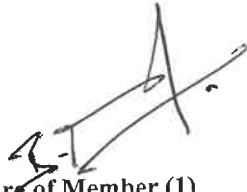
Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

- On the day of inspection, as per the documents provided, the following observations were made by the LIC team.

- 1) Infrastructure: As per the norm -
- 2) Staff: Available as per norm
- 3) Equipment: As per norm.
- 4) Hospital, clinical load: As per norm.
- 5) Student facilities: As per norm.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

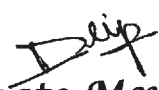
UNDERTAKING

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

We have conducted LIC inspection of this college on ----- 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.

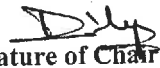
The information recorded by us in the LIC reports is true and correct.

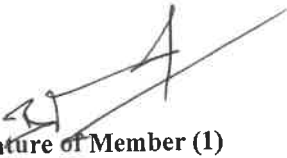
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

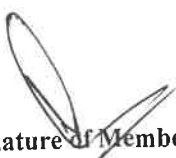

Senate Member
(Chairman)


AC Member
(Member)


Subject Expert
(Member)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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.	Mrs. Sudha K	Principal	M.Sc Nursing Community	2013	24123	02	13	01/04/2025	✓	
2.	Mrs. Christy S K	Vive Principal	M.sc Nursing Peditrics	2012	16390	01	12	14/10/2021	✓	
3.	Mr. Dinesha M	Pr ofessor	M.Sc Nursing Peditric	2008	00869	01	12	25/10/2020		
4.	Mr. Dinesh Kumar S	Professor	M.Sc Nursing Med Surg	2013	11MM121	01	12	10/06/2023	✓	
5.	Mr. Venkateshvarlu	Professor	M.Sc Nursing Psychiatric	2013	11NS424	02	12	06/08/2023		
6.	Mrs. Prasanna Kumari	Asso Professor	M.Sc Nursing Peditric	2014	91542	02	10	10/10/2021		
7.	Mrs. Babitha C B	Asso Professor	M.Sc Nursing OBG	2013	038975	01	11	12/10/2021	✓	
8.	Mrs. Yoga S	Asso Professor	M.Sc Nursing Community	2011	003369	01	12	10/10/2021		
9.	Ms. Athira Raju	Lecturer	M.Sc Nursing Med Surg	2024	122218	00	00	01/04/2025		
10.	Ms. Reshma George	Tutor	B.Sc Nursing	2023	146907	01	00	10/01/2024		
11.	Ms. Reena Thomas	Tutor	B.Sc Nursing	2025	168532	01	00	01/04/2025		
12.	Ms Tanushree Mukherjee	Tutor	B.Sc Nursing	204	177659	00	00	01/04/2025		
13.	Mr Muhammad Aslam p B	Tutor	B.Sc Nuring	2024	182272	00	00	10/11/2024		
14.	Ms Trisha Biswas	Tutor	B.Sc Nursing	2024	149470	00	00	01/04/2025		
15.	Mr Sahil Khan	Tutor	B.Sc Nursing	2024	182271	00	00	01/04/2025		
16.	Mr. Sujay Sanki	Tutor	B.Sc Nursing	2024	182377	00	00	01/04/2025		
17.	Mr Vinish Raj	Tutor	B.Sc Nursing	2024	141122	00	00	01/04/2025		





PRINCIPAL

18.	Ms Aleena Samson	Tutor	B.Sc Nursing	2024	1174745	00	00	01/04/2025		
19.	Ms. Angel Joby	Tutor	B.Sc Nursing	2024	175916	00	00	01/04/2025		
20.	Ms Christy Salomon	Tutor	B.Sc Nursing	2024	181778	00	00	01/04/2025		
21.	Ms Nikita Paul	Tutor	B.Sc Nursing	2024	178318	00	00	01/04/2025		
22.	Sajin Biju	Tutor	B.Sc Nursing	2024	156820	00	00	01/04/2025		









PRESTIGE COLLEGE OF NURSING
HBR LAYOUT, BENGALORE- 560043

