



## **INSPECTION PROFORMA FOR NURSING 2025-26 AY**

| Details of LIC Inspectors : | Chairman                                                                                | Academic Council Member                                          | Subject Expert                         |
|-----------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------|
| <b>Name</b>                 | Dr.UMMED RAM                                                                            | Dr, BHARTHI SH                                                   | Dr. SAVITHA S V                        |
| <b>Designation</b>          | PRINCIPAL cum PROFESSOR                                                                 | PRINCIPAL                                                        | PRINCIPAL                              |
| <b>Address</b>              | NOOR COLLEGE OF NURSING,NO-05,NOOR BUILDING, RMV 2 <sup>ND</sup> STAGE BANGALORE 560094 | GOVT DENTAL COLLEGE ,AND RESEARCH INSTITUTE, BELLARY -583104.    | S J M COLLEGE OF NURSING ,CHITHRADURGA |
| <b>Mobile No</b>            | 9448089518                                                                              | 9844394595                                                       | 7847053954                             |
| <b>Email ID</b>             | <a href="mailto:ramummed@gmail.com">ramummed@gmail.com</a>                              | <a href="mailto:gdcibellary@gmail.com">gdcibellary@gmail.com</a> | -                                      |

**For the Academic Year: 2025-2026**

**Date of Inspection: 11.08.25**

**(Please Tick the Appropriate Boxes Below)**

|                            |                                           |      |                           |      |
|----------------------------|-------------------------------------------|------|---------------------------|------|
| <b>Type of Inspection:</b> | 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. | **** |                           |      |

|                                            |                        |      |                             |      |
|--------------------------------------------|------------------------|------|-----------------------------|------|
| <b>Nursing Programme Under Inspection:</b> | 1. Basic B.Sc. Nursing | ✓    | 2. Post Basic B.Sc. Nursing | **** |
|                                            | 3. M.Sc. Nursing       | **** | 4. M.Sc. NPCC               | **** |

|          |                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |          |                                             |
|----------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------|
| <b>1</b> | <b>Name of the Institution with Full Address</b>                                       | <b>D.M.J Institute of Nursing Science</b><br>Yelachanahalli ,Near Metro Station, off Kanakapura Road Bangalore-560111.                                                                                                                                                                                                                                                             | <b>2</b> | <b>Year of Establishment</b><br><b>2019</b> |
| <b>2</b> | <b>Status of the course conducting body</b>                                            | <b>Government/University/Autonomous /Municipal Corporation/ Missionary/Trust ✓ /Society/Company</b>                                                                                                                                                                                                                                                                                |          |                                             |
| <b>3</b> | <b>(a). Name of the Trust/Society &amp; complete postal address &amp; Phone number</b> | <b>D.M.J FOUNDATION</b><br>No:22,Sakhi Jnanakshi Layout, ,Manipal Hospital Road,Rajarajeshwari Nagar ,Bangalore-560098<br>(Enclose copy of Registration documents of Society/Trust) <b>Annexure-1</b><br><b>Email: <a href="mailto:dmjinstitution@gmail.com">dmjinstitution@gmail.com</a></b> <b>Website: <a href="http://www.dmjinstitutions.com">www.dmjinstitutions.com</a></b> |          |                                             |

*Ummad*  
 Signature of Chairman  
**Dr. Ummad Ram**

*11/08/25*  
 Signature of Member (1)  
**Dr. Bharti SH**

*11/8/25*  
 Signature of Member (2)  
**Dr. SAVITHA S V**



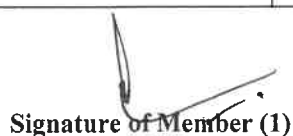
|                                                                            |                                                                                                                    |                                                                                                                                                   |                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            |                                                                                                                    | Office No:                                                                                                                                        | Mobile No:9845024776                                                                                                                                                                                                                                   |
| (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No |                                                                                                                    | Mr. H B MURALIDHAR<br>9845024776                                                                                                                  |                                                                                                                                                                                                                                                        |
| 4                                                                          | Governing Council & Audit Report of Trust                                                                          | Total Number of Members in Governing Council :<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) <b>Annexure - 2</b> |                                                                                                                                                                                                                                                        |
| 5                                                                          | a) Details of Principal/Head of the institution ( After MSc)                                                       | Name: Prof. Karthik Aiyappa Sathyan S K<br>Qualification: M.Sc (N), RN, R.OT,<br>Experience: 17 yrs<br>Email: dmjinstitution@gmail.com            | Mobile No: 7814674118<br>Office No: 080-41663750<br>Fax No:<br>Residential phone No:-                                                                                                                                                                  |
|                                                                            | b) Drawing authority of the college                                                                                | Prof LAKSHMIDEVI N<br>Secretary / Dean                                                                                                            | 9243107127                                                                                                                                                                                                                                             |
| 6                                                                          | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | YES<br><input type="checkbox"/>                                                                                                                   | NO<br><input checked="" type="checkbox"/><br>If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.<br>(Verify & enclose a copy of the registered trust Documents)<br><b>Annexure - 3</b> |

#### 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               | Continuation                       | Rs.20,000/-<br>Ref ID/No: ZAXCO5008S6T1H | Rs.71,050/-<br>Ref ID/No: ZAXCO5008S6T1H      | Rs.40,000/-<br>Ref ID/No: ZAXCO5008S6T1H | Rs.25,000/-<br>Ref ID/No: ZAXCO5008S6T1H                            | 1,56,050/- |
| Post Basic B.Sc. Nursing    | -                                  | -                                        | -                                             | -                                        | -                                                                   | -          |
| Total (A)                   |                                    |                                          |                                               |                                          |                                                                     |            |
| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation |                                          | No of Seats X Prescribed fees of each faculty |                                          |                                                                     |            |
|                             | 1.                                 |                                          |                                               |                                          |                                                                     |            |
|                             | 2.                                 |                                          |                                               |                                          |                                                                     |            |
|                             | 3.                                 | NA                                       |                                               | NA                                       |                                                                     | NA         |
|                             | 4.                                 |                                          |                                               |                                          |                                                                     |            |
|                             | 5.                                 |                                          |                                               |                                          |                                                                     |            |
|                             | Total (B)                          |                                          |                                               |                                          |                                                                     |            |
| NPCC                        |                                    |                                          |                                               |                                          |                                                                     |            |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



Online Transaction Number or Details:

Remarks:

Verify &amp; Enclose copy of Affiliation fee paid documents

## 8. Approval Status of the Institution &amp; 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 | Verified |
|                                                                                                                                                                                                                                                    | Affiliation Sanctioned Intake                 | 40           | 40           | 40           | 40           |          |
|                                                                                                                                                                                                                                                    | Admissions Made for the Current Academic Year | 40           | 40           | 40           | 40           |          |
| Post Basic B.Sc. Nursing                                                                                                                                                                                                                           | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | NA       |
|                                                                                                                                                                                                                                                    | Sanctioned Intake                             |              |              |              |              |          |
|                                                                                                                                                                                                                                                    | Admissions Made for the Current Academic Year |              |              |              |              |          |
| M.Sc. Nursing in<br>a. Community Health <input checked="" type="checkbox"/><br>b. Medical Surgical <input type="checkbox"/><br>c. OBG <input type="checkbox"/><br>d. Paediatric <input type="checkbox"/><br>e. Psychiatry <input type="checkbox"/> | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | NA       |
|                                                                                                                                                                                                                                                    | Sanctioned Intake                             |              |              |              |              |          |
|                                                                                                                                                                                                                                                    | Admissions Made for the Current Academic Year |              |              |              |              |          |
| M.Sc. NPCC                                                                                                                                                                                                                                         | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |          |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|  |                                               |    |  |
|--|-----------------------------------------------|----|--|
|  | Sanctioned Intake                             | NA |  |
|  | 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   | 11     | 08      | 0        | 09      | 22    |
|                         | Female | 29     | 32      | 40       | 31      | 107   |
| Post Basic B.Sc Nursing | Male   | NA     |         |          |         |       |
|                         | Female |        |         |          |         |       |
| M.Sc Nursing            | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |
| M.Sc NPCC               | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |

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

**Annexure - 9**

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

  
Signature of Member (1) 11/08/23

  
Signature of Member (2)



## 12. Teaching Faculty Requirements for all Nursing Programs:

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

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

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

| Intake                     | 1 <sup>st</sup> Year                                                         | 2 <sup>nd</sup> Year                                                          | 3 <sup>rd</sup> Year                                                           | 4 <sup>th</sup> Year                                                           |
|----------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>40 Students Intake</b>  | <b>Total 5 Faculty</b><br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors  | <b>Total 8 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors   | <b>Total 12 Faculty</b><br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors   | <b>Total 16 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors   |
| <b>60 Students Intake</b>  | <b>Total 6 Faculty</b><br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors  | <b>Total 12 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors  | <b>Total 18 Faculty</b><br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors  | <b>Total 24 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors  |
| <b>100 Students Intake</b> | <b>Total 10 Faculty</b><br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | <b>Total 20 Faculty</b><br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | <b>Total 30 Faculty</b><br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | <b>Total 40 Faculty</b><br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 150 students               |                                                                              |                                                                               |                                                                                |                                                                                |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|                                                  |  |  |  |          |
|--------------------------------------------------|--|--|--|----------|
| intake                                           |  |  |  |          |
| 200 students intake                              |  |  |  | Enclosed |
| 250 students                                     |  |  |  |          |
| * Aadhar based biometric attendance for students |  |  |  |          |

  
 Signature of Chairman

  
 Signature of Member (1) 11/08/28

  
 Signature of Member (2)



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

17

ANNEXURE -

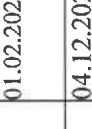
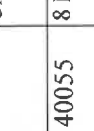
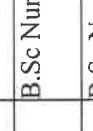
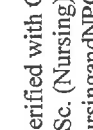
| SLN<br>o | Name of the teaching<br>Faculty      | Designation      | Qualification along<br>with specialty         | Year<br>of<br>passin<br>g     | KSNC<br>Reg. Number       | Teaching<br>experience |             | Date<br>of<br>joinin<br>g | Form<br>-<br>16Submitt<br>ed(Yes/No<br>) | Signature<br>of Faculty                                                             |
|----------|--------------------------------------|------------------|-----------------------------------------------|-------------------------------|---------------------------|------------------------|-------------|---------------------------|------------------------------------------|-------------------------------------------------------------------------------------|
|          |                                      |                  |                                               |                               |                           | After<br>UG            | After<br>PG |                           |                                          |                                                                                     |
| 1.       | Prof. LAKSHMI DEVI.N                 | DEAN             | M.Sc Nursing<br>(Community Health<br>Nursing) | B.Sc-<br>1998<br>M.Sc<br>2000 | KSNC:12337                | 12Yrs                  | 24Yrs       | 03.01.2022                |                                          |     |
| 2.       | Prof. KARTHIK AIYAPPA<br>SATHYAN S.K | PRINCIPAL        | M.Sc Nursing<br>(Psychiatric Nursing)         | B.Sc-<br>2003<br>M.Sc<br>2009 | KSNC:1311                 | 2Yrs                   | 16Yrs       | 03.11.2019                |                                          |     |
| 3.       | Mr. ANIL KUMAR B.G                   | VICE - PRINCIPAL | M.Sc Nursing<br>(Medical surgical<br>Nursing) | B.Sc-<br>2008<br>M.Sc<br>2012 | KSNC:15813                | 2yrs                   | 13yrs       | 25.11.2021                |                                          |    |
| 4.       | Mrs. SARADA .P                       | Asst Professor   | M.Sc<br>Nursing(Community<br>Health Nursing)  | B.Sc-<br>2015<br>M.Sc<br>2024 | R.N:170192 &<br>RM:169745 | 6YRS                   | 1Years      | 26.04.2021                |                                          |    |
| 5.       | Mrs. ANJANA JOSEPH                   | Asst Professor   | M.Sc Nursing<br>(Psychiatric Nursing)         | B.Sc-<br>2018<br>M.Sc<br>2024 | KSNC:96724                | 4YRS                   | 1YR         | 04.12.2023                |                                          |   |
| 6.       | Ms. SNEHA                            | Lecturer         | M.Sc Nursing<br>(Medical surgical<br>Nursing) | B.Sc-<br>2020<br>M.Sc<br>2025 | KSNC:114786               | 2yr                    | 5 Months    | 15.12.2024                |                                          |  |
| 7.       | Mrs. KALYANI SINHA                   | Lecturer         | M.Sc Nursing<br>(Paediatric Nursing)          | B.Sc-<br>2019<br>M.Sc<br>2024 | KSNC:33219                | 2YR                    | 6MONTHS     | 4.11.2024                 |                                          |  |

  
Signature of Chairman

  
Signature of Member(1)

  
Signature of Member(2)

11/08/23

|     |                            |                |                    |                               |                        |                       |                    |            |                                                                                       |
|-----|----------------------------|----------------|--------------------|-------------------------------|------------------------|-----------------------|--------------------|------------|---------------------------------------------------------------------------------------|
| 8.  | Ms. PRIYANKA               | Asst Professor | M.Sc Nursing (OBG) | B.Sc-<br>2019<br>M.Sc<br>2023 | KSNC:104:2023          | 2 YR                  | 2yrs & 7<br>Months | 03.03.2025 |      |
| 9.  | Mrs. ANJALI MARY CECILIA D | Asst Lecturer  | B. Sc Nursing      | 2018                          | KSNC:92406             | 6Yrs                  | ****               | 01.02.2020 |      |
| 10. | Ms. ROSHIMA GARGI V        | Asst Lecturer  | B.Sc Nursing       | 2013                          | KSNC:R03202301<br>3190 | 12Yr                  | ****               | 04.12.2023 |      |
| 11. | Mr. VISHNU PRASAD          | Asst Lecturer  | B.Sc Nursing       | 2023                          | KSNC:156638            | 1Yr &<br>5Months      | ****               | 15.05.2024 |      |
| 12. | Ms. CHAITRA H              | Asst Lecturer  | B.Sc Nursing       | 2023                          | KSNC:140055            | 8 Months              | ****               | 23.09.2024 |      |
| 13. | Ms. JAYATA                 | Asst Lecturer  | B.Sc Nursing       | 2020                          | KSNC:108334            | 4Yr &<br>10<br>Months | ****               | 21.10.2024 |     |
| 14. | Mrs. MANJU MADHA           | Asst Lecturer  | B.Sc Nursing       | 2018                          | KSNC:92411             | 6Yrs & 7<br>Months    | ****               | 01.11.2019 |    |
| 15. | Mr. SHAFFER                | TUTOR          | B.Sc Nursing       | 2023                          | 163788                 | 1Yr &<br>5Months      | ****               | 03.02.2025 |   |
| 16. | Mr. JOBIN POULOUSE         | TUTOR          | B.Sc Nursing       | 2023                          | 163735                 | 1Yr &<br>5Months      | ****               | 03.02.2025 |  |

- 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 fulltime Research Guides available which need to be verified with the original Guideship letters. (Student Guide ratio to be verified as per norm 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 )        | 36,000Sq.ft         |                      |
|                                                        | <b>Note:</b> The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy |                                       |                     |                      |
| 2                                                      | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft                                                                                                                                                                                                                                                               | <b>4 Class rooms</b><br>900sq ft Each | 1000 x 4=4000 sq.ft | Verified             |
|                                                        | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                 | <b>2 Class rooms</b><br>600sq ft Each | NA                  |                      |
|                                                        | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                     | <b>2 Class rooms</b><br>600sq ft Each | NA                  |                      |
|                                                        | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                          | <b>2 Class rooms</b><br>600sq ft Each | NA                  |                      |
| 3                                                      | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                         |                                       |                     |                      |
|                                                        | <b>Office</b>                                                                                                                                                                                                                                                                                                                                            |                                       |                     |                      |
|                                                        | 1. Principal’s Chamber                                                                                                                                                                                                                                                                                                                                   | 300                                   | 300 sq. ft          | } Verified           |
|                                                        | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                                | 200                                   | 200 sq. ft          |                      |
|                                                        | 3. HOD                                                                                                                                                                                                                                                                                                                                                   | 5 x 200 = 1000                        | 1000 sq. ft         |                      |
|                                                        | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                 | 800+2400=3200                         | 2500 sq. ft         |                      |
|                                                        | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                      |                                       |                     |                      |
|                                                        | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                        |                                       |                     |                      |
|                                                        | 6. Office of Administrative, clerical staff and PA (s)                                                                                                                                                                                                                                                                                                   | 600                                   | 400 sq. ft          | } Verified           |
|                                                        | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                    | 100                                   | 100 sq. ft          |                      |
|                                                        | 8. Store Room                                                                                                                                                                                                                                                                                                                                            | 100                                   | 1000 sq. ft         |                      |
|                                                        | 9. Record room                                                                                                                                                                                                                                                                                                                                           | 100                                   | 300 sq. ft          |                      |
|                                                        | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                           | 100                                   | 300 sq. ft          |                      |
|                                                        | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                        | 100                                   | NIL                 | } Verified           |
|                                                        | 12. common room ( Girls & Boys)                                                                                                                                                                                                                                                                                                                          | 600+400= 1000                         | 1000 sq. ft         |                      |
| 13. Multipurpose hall / Seminar hall/ examination hall | 3000                                                                                                                                                                                                                                                                                                                                                     | 2500 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     | <b>LABORATORIES</b>                                                      | ( 40-60 intake) |            |                      |
|       | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft      | 2000 sq.ft | Verified             |
|       | Nutrition & Community Health Nursing                                     | 1200sq.ft       | 1800sq.ft  | Verified             |
|       | Obstetrics and Gynecology Laboratory                                     | 900sq.ft        | 900sq.ft   | Verified             |
|       | Pediatrics Nursing Laboratory                                            | 900sq.ft        | 900sq.ft   | Verified             |
|       | Pre-Clinical Sciences Laboratory                                         | 900sq.ft        | 900sq.ft   | Verified             |
|       | Computer Lab<br>(1: 5 computer :student)                                 | 1500sq.ft       | 1500sq.ft  | Verified             |

**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                                  | 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                 |
| 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.)

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

**1. 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                       | KA05AL4117                  | 43               | 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<br>2300 Sq.Ft | 2400Sqft               | YES ✓ No         | Adequate    | Adequate |                      |

|                                         |      |                                                       |     |
|-----------------------------------------|------|-------------------------------------------------------|-----|
| Total No. of Nursing Books available    | 3150 | No. of Nursing Journals subscribed                    | 03  |
| No. of Thesis/Research titles available | 10   | Is internet facility available for Students?          | yes |
| No of e-books                           | 2000 | How many books were purchased in last financial year? | 500 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|--------|-----------------------|---------------|------------|---------|
| 1.     | Mr. Nithin            | B. Lib        | 7 years    |         |
| 2.     | Mrs. Sukanya          | D. Lib        | 5 years    |         |
|        |                       |               |            |         |

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

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

**Annexure - 15**

| Academic activities | Particulars | Remarks  |
|---------------------|-------------|----------|
| Research Projects   | 05          | ENCLOSED |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



|                       |    |          |
|-----------------------|----|----------|
| Conferences conducted | 02 | *****    |
| Conferences attended  | 06 | ENCLOSED |

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

### 18. Details of Clinical / Hospital Facilities :

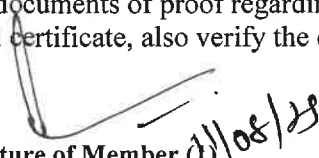
Annexure - 16

|   |                                     |                                                      |      |
|---|-------------------------------------|------------------------------------------------------|------|
| 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 <input type="checkbox"/> |      |
|   |                                     | ii.Trust member with MOU ✓ <input type="checkbox"/>  |      |

| Parent Hospital.                                                                           |                                                           | Total No. Beds | Distance from the college | Occupancy on the day of inspection (min 75%) | Verified by LIC team |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------|---------------------------|----------------------------------------------|----------------------|
| Full Name & Address of the Parent Hospital<br><b>A.V Hospital</b>                          |                                                           | 100            | 7 kms                     | 98%                                          | <b>ENCLOSED</b>      |
| MOU( Registered parent hospital MOU)                                                       |                                                           |                |                           |                                              |                      |
| NAME OF THE TRUST/ Person owning The Hospital<br><b>D.M.J Foundation<br/>Dr. M. Ramesh</b> |                                                           | ****           | ****                      | ****                                         |                      |
| Name Of The Owner Of The Trust of Hospital<br><b>Mr. H.B Muralidhar</b>                    |                                                           | ****           | ****                      | ****                                         |                      |
| Affiliated hospitals- Full Name & Address of the Parent                                    | <b>1. ARKA ANUGRAHA</b>                                   | 100            | 15kms                     | 98%                                          |                      |
|                                                                                            | <b>2. KHEMA MIND CARE REHABILITATION.</b>                 | 100            | 4.2 kms                   | 100%                                         |                      |
|                                                                                            | <b>3. VICTORIA NR Colony Maternity Hospital &amp; CHC</b> | 998            | 7 kms                     | 95 %                                         |                      |

(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).

  
Signature of Chairman

  
Signature of Member (1) 11/08/23

  
Signature of Member (2)



**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).

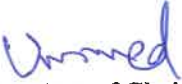
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/CCU. (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} 5<sup>th</sup> July, 2021 F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5<sup>th</sup> July, 2021 F.NO. 11-1/2019-INC.)

**Note**

- 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                 | 15          | 98%           | 15          | 98%           |
| Surgery including OT    | 15          | 98%           | 15          | 98%           |
| Obstetrics & Gynecology | 05          | 98            | 15          | 98            |
| Pediatrics,             | 05          | 98%           | 5           | 98%           |
| Emergency Medicine      | 05          | 98%           | 10          | 98%           |
| Psychiatry              | 02          | 60%           | 02          | 60%           |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                | Parent      |               | Affiliated  |               |
|---------------------------------------------------------------|-------------|---------------|-------------|---------------|
|                                                               | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT                                                      | 05          | 98%           | 05          | 98%           |
| Minor OT                                                      | 05          | 98%           | 05          | 98%           |
| Dental, Otorhinolaryngology, Ophthalmology                    | 05          | 98            | 05          | 98%           |
| Burns and Plastic                                             | 01          | 98%           | 01          | 98%           |
| Neonatology care unit                                         | 05          | 98%           | 05          | 98%           |
| Communicable disease/Respiratory medicine/TB & chest diseases | 02          | 98%           | 02          | 98%           |
| Dermatology                                                   | 02          | 98%           | 0           | 98%           |
| Cardiology                                                    | 05          | 98            | 01          | 98%           |
| Oncology                                                      | 05          | 98%           | 01          | 98%           |
| Neurology/Neuro-surgery                                       | 04          | 98%           | 04          | 98%           |
| Nephrology/Urology                                            | 02          | 98%           | 01          | 98%           |
| ICU/CCU                                                       | 05          | 98%           | 07          | 98%           |
| Geriatric Medicine                                            | 01          | 98            | 01          | 98%           |
| Any other                                                     | 05          | 98%           | NIL         | 98%           |

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

  
Signature of Chairman

 11/08/23  
Signature of Member (1)

  
Signature of Member (2)



## RURAL FIELD

|                                                            |                                                                                                                                 |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| a. Name of CHC / PHC / SC                                  |                                                                                                                                 |
| Adopted / Affiliated                                       | Affiliated                                                                                                                      |
| Administrated by                                           | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |
| Distance from the Nursing Institute                        | 06 kms                                                                                                                          |
| b. Services Rendered by Health & Family Welfare Programmes | Yes                                                                                                                             |

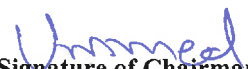
## URBAN FIELD :

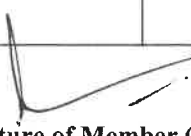
|                                                            |                                                                                                                                 |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| a. Name of CHC / PHC / SC                                  | NR Colony CHC & Yelachanahalli PHC                                                                                              |
| Adopted / Affiliated                                       | Affiliated                                                                                                                      |
| Administrated by                                           | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |
| Distance from the Nursing Institute                        | 500 mts                                                                                                                         |
| b. Services Rendered by Health & Family Welfare Programmes | Yes                                                                                                                             |

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 | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Post Basic B.Sc. Nursing                        | YES | <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| c. | M.Sc. Nursing                                   | YES | <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 21 | Time Table available for all Nursing Programmes |     |                                     |                                        |
| a. | Basic B.Sc. Nursing                             | YES | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Post Basic B.Sc. Nursing                        | YES | <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| c. | M.Sc. Nursing                                   | YES | <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

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

  
Signature of Chairman

 11/08/25  
Signature of Member (1)

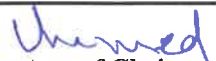
  
Signature of Member (2)



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

| 23 | Hostel Facilities :Annexure - 12                                    |             |                                     |                                                   |
|----|---------------------------------------------------------------------|-------------|-------------------------------------|---------------------------------------------------|
| a. | Whether the college is having a separate Hostel?                    | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| b. | Built-up area of the Hostel                                         | 52000.Sq.ft |                                     |                                                   |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own         | <input type="checkbox"/>            | Rented/Leased <input checked="" type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| e. | Total No. of students in the hostel                                 | Girls:121   | Boys :25                            |                                                   |
| f. | Total No. of rooms                                                  | Girls:38    | Boys :10                            |                                                   |
| g. | Water Supply                                                        | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| h. | Electricity Supply                                                  | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| i. | Is Facilities available for outdoor games and indoor games?         | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| j. | Is Sick room available?                                             | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| k. | Whether the hostel mess is available with                           | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |
| l. | Safe drinking water facilities                                      | YES         | <input checked="" type="checkbox"/> | NO <input type="checkbox"/>                       |

**List of Annexures:**

  
Signature of Chairman

  
Signature of Member (1)

11/08/20

  
Signature of Member (2)



| 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 :<br>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,<br>2. Laboratories<br>3. Building related documents<br>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                                                                                                                                                                                                                                                                  | ✓                                   |    |           |
| Annexure - 18    | Master Rotation plans and Time tables                                                                                                                                                                                                                                                                                   | ✓                                   |    |           |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|               |                                                                               |   |   |
|---------------|-------------------------------------------------------------------------------|---|---|
| Annexure - 19 | List of Teachers with their Declaration forms & necessary documents           | ✓ | ✓ |
| Annexure -20  | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise | ✓ | ✓ |

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

**LIC Team Observations:**

On the day of inspection LIC committee observation as follows

- Infrastructure built in 3600 sq-ft area contains leased building area with 6 labs & 4 classrooms, well equipped laboratory.
- Library books - 3150 books available
- 16 teaching staff were present on the day of inspection.
- Parent hospital - A.V. Hospital with 100 beds
- Affiliated with 3 hospitals   
 ↗ ARKA ANUGRAHA  
 KSHEMA MIND CARE REHABILITATION  
 VICTORIA NR COLONY Malindi  
 hospital & CHC.
- Vehical faculty and Separate hospital boys & girls hostel available.
- college is functioning with new address for which they have leased 90k and which has been submitted to RGUHS.
- All the documents are verified and found correct.
- BSc(N) intake is 40 seats.

Unmed  
Signature of Chairman  
Dr. UM MED RAM

11/08/21  
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 D M J INSTITUTE OF NURSING & SCIENCE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/25 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)

Dr. UMMAD RAM



A C Member

(Member)

Dr. Bharathi S. H.



Subject Expert

(Member)

Dr. SAVITHA S. V.

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 the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)





सत्यमेव जयते

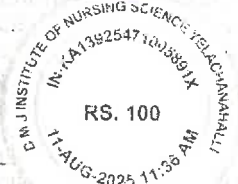
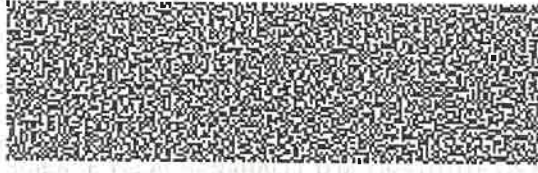
INDIA NON JUDICIAL

**Government of Karnataka**

Rs. 100

**e-Stamp**

**Certificate No.** : IN-KA13925471005891X  
**Certificate Issued Date** : 11-Aug-2025 11:36 AM  
**Account Reference** : NONACC (FI)/ kagcs108/ Yelachenahalli/ KA-BV  
**Unique Doc. Reference** : SUBIN-KAKAGCSL0843018461638348X  
**Purchased by** : D M J INSTITUTE OF NURSING SCIENCE YELACHANAHALLI  
**Description of Document** : Article 4 Affidavit  
**Property Description** : AFFIDAVIT  
**Consideration Price (Rs.)** : 0  
 (Zero)  
**First Party** : D M J INSTITUTE OF NURSING SCIENCE YELACHANAHALLI  
**Second Party** : R G U H S 4TH T BLOCK JAYANAGAR BANGALORE 41  
**Stamp Duty Paid By** : D M J INSTITUTE OF NURSING SCIENCE YELACHANAHALLI  
**Stamp Duty Amount(Rs.)** : 100  
 (One Hundred only)



Please write or type below this line

### UNDERTAKING

We the CHAIRMAN/DEAN/SECERATARY/Member of the trust D.M.J institute of nursing are submitting the affidavit to university.

The trust D.M.J foundation is running / managing the college D.M.J INSTITUTE NURSING SCIENCE, off kanakapura road, near yellechanalli metro station, Bangalore 560111 Since, past 6 years.

#### Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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

We confirmed that the faculties in the college are employed for full time in the college.

We confirm that the college is solely managed by the trust and is not leased /subleased 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.



**DEPONENT**

Principal  
DMJ Institute of Nursing Science  
Bengaluru



This is to confirm that the hospital A.V HOSPITAL is functioning as parent/own hospital for D.M.J INSTITUTE OF NURSING SCIENCE college.

We also confirm that our hospital is solely affiliated to D.M.J INSTITUTE OF NURSING SCIENCE college and is not affiliated to any other nursing college.

The information provided by us is true and correct.



**DEPONENT**

Principal

DMJ Institute of Nursing Science  
Bengaluru