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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr SURESH.S.	Dr. Suresh Janadri	Dr. S.F Billalli
Designation	KANAKANNANAR RK. PROFESSOR. BMCRI	Asso. Professor.	Principal
Address	Resident. G-5, IIHR CAMPUS QUARTERS, HESARGHATTA LAKE POST. BANGALORE-560089	Acharya & BM Reddy college of Pharmacy. Bengaluru.	The Nisarga College of Nursing Shivamogga
Mobile No	9448033228	9591138301	9448534605
Email ID	kanakannanar@gmail.com	sureshjanadri@gmail.com.	sfbillalli23@gmail.com

For the Academic Year : 2025-26 *Date of Inspection:* 08/05/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats	✓	6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.	✓		

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

1	Name of the Institution with Full Address	THE RK COLLEGE OF NURSING. K. HONNALAGERE, MADDUR TALUK, MANDYA DIST, KARNATAKA-571433	2	Year of Establishment: 2019-20
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address	KEERTHANA TRUST (R), #189, 7th Cross, Baraswathi Nagar, Vijaya Nagara, Bangalore-560040 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: therkcon391@gmail.com	Website: www.therkcollegeofnursing.com	

copy emailed

Signature of Chairman 8/5/2025
Dr. SURESH.S.
KANAKANNANAR

Signature of Member (1) 8/5/2025
Dr. Suresh. Janadri
ACM-RGUHS.

Signature of Member (2) 8/5/25
Dr. S. F Billalli

	(b). Name of the Owner of Trust/Society	Sri. RAMAKRISHNA. B		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 Annexure enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Prof. ARUN KUMAR. G.C Qualification: M.Sc(N) Experience: 15 Email: arungowdahalli@gmail.com	Mobile No: 9901218772 Office No: 9482811270 Fax No: Residential phone No: 08232-201500	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / ~~Fresh~~ Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Enhancement 50.000/-	90.000/-		30.000/-	25.000/-	1,56,050/-
~~Post~~ Basic B.Sc. Nursing	Seat Enhancement	(40-60)		Annexure enclosed		1,51,060/-
					Total (A)	3.07.110/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Mental Health Nursing	05	
	2. Child Health Nursing	05	Copy enclosed
	3. Medical Surgical Nursing	05	
	4. Community Health Nursing	05	
	5. Obstetrics and gynecology	05.	
		Total (B)	2.51.050/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	5.58.150/-

Online Transaction Number or Details: COA - * BD000000075617 95, 2SBQQG091JKEJ
Annexe Intake * BD000000075622 37, 2SBQ7U7091NL2P
M.Sc(N) * BD000000075625 79, 2SBQQ88091S6P8

Copy enclosed

Signature of Chairman 8/8/25

Signature of Member (1)

Signature of Member (2) 18/8/25

Remarks:

Deposit & affiliation fee paid enclosed

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED-136 MPS-2019 19/08/2019 Annexure - 5	RGU/AFF/ FR./N391/ 2019-2020 Annexure - 6	KSNC:1232 :2019-20 Annexure - 7	18-15/1438 3-INC/05/6 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	30	
	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	
	Sanctioned Intake	NOT	APPLICABLE			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	FRESH	AFFILIATION		Applied for fresh affiliation	
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	NOT	APPLICABLE.			N/A
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	15.	15	11	23	64
	Female	25	24	28	16	93
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To--------
		Not Applicable				

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

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

Annexure –10

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

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: PBBSc(N) NA
MSc(N) Fresh affiliation requested

Signature of Chairman 8/5/25 **Signature of Member (1)** **Signature of Member (2)**

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1	1				Nil	Nil			
2	Vice-Principal	1	1				—	—				—	—			
3	Professor	1	1-2		1*		2	2				Nil.				
4	Associate Professor	2	2-4		1*							(2)	Staff are			
5	Assistant Professor	3	3-8	2	3*		4	4				Nil.	eligible for			
6	Tutor	8-16	16-24	2-10	—		17	17				Nil.	Associate			
	Total	**16-24**	**24-40**	**4-12**			24	24.				Nil.	Prof. Qualified to be recruited.			

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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
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Faculty Declaration form enclosed

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

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

8/5/25

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

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	Enclosed.	Annexure-11.			

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	37,448 sqft.	Photo & annexure enclosed
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3600 Sqft	Photos enclosed PE
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1800 Sqft	PE
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	PE
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 Sqft	PE
	2. Vice-Principal Chamber	200	300 Sqft	PE
	3. HOD	5 x 200 = 1000	1000 Sqft	PE
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sqft	PE
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		9600 Sqft	PE (Photo enclosed)
	7. Accountants Office		800 Sqft	PE
	8. Store Room		1000 Sqft	PE
	9. Record room		200 Sqft	PE
	10. Room for maintenance staff		300 Sqft	PE
	11. Xeroxing room			PE
	12. common room	1000	1800 Sqft	PE
	13. Seminar hall	3000	3080 Sqft	PE
	14. Toilets	1000	1000 Sqft	PE
	15. A.V/Aids room	600	600 Sqft	PE

Signature of Chairman

Signature of Member (1)

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8/10/25

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sq.ft	PE
	Nutrition & Community Health Nursing	1200sq.ft	1200. Sq.ft	PE
	Obstetrics and Gynecology Laboratory	900sq.ft	980. Sq.ft	PE
	Pediatrics Nursing Laboratory	900sq.ft	980. Sq.ft	PE
	Pre-Clinical Sciences Laboratory	900sq.ft	980- Sq.ft	PE
	Computer Lab (1: 5 computer :student)	1500sq.ft	1580 - Sq.ft	PE

Note:

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

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

Building Documents: **Annexure – 12**

1. **Is the college building own or leased / ~~rented~~?** own
2. **Blue print of the building attested by competent authority.** Annexure enclosed
3. **Tax paid receipt (Latest / current year)** enclosed
4. **Occupancy certificate.** enclosed
5. **Sale deed / Lease deed of the building / Land.** NA 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). NA
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Photo enclosed

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA-11 B-2703	50	Yes / No	Yes / No	Yes / No

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

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2360 Sq.ft	YES ☑ No ☐	Adequate Yes	Adequate Yes	PG

Total No. of Nursing Books available	3000 copy enclosed. Verified	**No. of Nursing Journals subscribed**	04 Verified
No. of Thesis/Research titles available	04 Project work from students	**Is internet facility available for Students?**	Yes Yes
No of e-books	✗	**How many books were purchased in last financial year?**	85 Verified

NO THESIS OR RESEARCH

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. MOHAN. A.	M. Lib.	01	Working Still
			PG Librarian	on 8/5/25

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

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

Academic activities	Particulars	Remarks
Research Projects	N/A	N/A
Conferences conducted	N/A	N/A
Conferences attended	N/A	N/A

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

8/5/25

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

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

Photos enclosed. enclosed

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital : Maddur Medical Center. Nanjappa Chowdry Road, Opp. KSRTC Bus Depot, Maddur, Mandya-571428		100	08 Km	75% Disclosed	MRD letter enclosed
NAME OF THE TRUST/ Person owning The Hospital Dr. Siddegowda		Physically verified	MOU enclosed		
Name Of The Owner Of The Trust of Hospital Dr. Siddegowda.				Deed enclosed	MRD letter enclosed
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 K. Gurushantappa General Hospital. Maddur, 571428.	100	08 Km	Govt Hospital Physically verified	Photos enclosed
	2 Dharwad Institute of Mental Health & Neuro Sciences, Dharwad	250	457 km	Govt Hospital Not Physically verified	MOU enclosed

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

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be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

→ KPMEA documents (attached) enclosed
→ Photo's enclosed - Trust members
- Nursing home (Parent)
- Govt hospital (Affiliated)

→ Dharwad: Psychiatry hospital

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8/6/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	40	60	40
Surgery including OT	05	02	40	35
Obstetrics & Gynecology	15	10	15	10
Pediatrics,	10	07	10	07
Emergency Medicine	10	04	10	04
Psychiatry	- at Dharwad			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	5	1	7	6
Minor OT	5	1	10	3
Dental, Otorhinolaryngology, Ophthalmology	5	nil	5	nil
Burns and Plastic	5	nil	5	nil
Neonatology care unit	7	5	7	5
Communicable disease/ Respiratory medicine/TB & chest diseases	10	None	10	None
Dermatology	5	nil	5	nil
Cardiology	2	nil	2	nil
Oncology	nil	nil	nil	nil
Neurology/Neuro-surgery	nil	nil	nil	nil
Nephrology/Urology	7	2	7	2
ICU/ICCU	5	1	5	1
Geriatric Medicine	nil	nil	nil	nil
Any other	None			

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Primary Health Center. K. Honnalageee.
	Adopted / Affiliated	Affiliated now enclosed
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	02. Km Utilized physically
b.	Services Rendered by Health & Family Welfare Programmes	Child Health Service, School Health programs Immunization, NHP, Environmental Sanitation
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	K. Gurushantappa General Hospital.
	Adopted / Affiliated	Affiliated now enclosed
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	08. Km Utilized physically
b.	Services Rendered by Health & Family Welfare Programmes	Child Health Service, School Health programs Immunization, NHP, Environmental Sanitation
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

Physically utilized

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

Not Planned for upcoming academic year

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

Utilized

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

8/4/25

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 21000 Sq.ft.	
c.	Is the Hostel Owned ~~or Rented/Leased~~?	Own ☑	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 80	Boys : 60
f.	Total No. of rooms	Girls : 35	Boys : 25
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	To be formed	✓
Annexure - 10	List of M.Sc. Nursing Students as per format	FRESH AFFILIATION	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /~~rent~~ /~~lease~~ MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, ✓ 2. Laboratories Available enclosed 3. Building related documents enclosed 4. Hostel enclosed	✓	
Annexure - 13	Vehicle Details : Bus enclosed.	✓	
Annexure - 14	Details of List of Library Books & others enclosed	✓	
Annexure - 15	Academic Activities copy enclosed	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓ PE	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓ PE	
Annexure - 18	Master Rotation plans and Time tables	✓ PE	

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

8/5/25

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.

Observations: LIC inspection done on 8/5/25 and on the said day, Laboratory charts, specimens, sports facilities equipment, laboratory equipments were present in adequate quantity as per RGUHS specifications and photos enclosed (geo tag) for the same. They have MOU with a private hospital and with the Government hospital & Medical totalling to 200 beds with adequate infrastructure & infrastructure facilities. MRD extract copies for the said day and for the last 3 months copies enclosed. Total teaching staff present on ~~24~~ 8/5/25 were (24) one intern is on maternity leave → Discharge Summary from hospital enclosed. 3 male interns were on leave. One lecturer has gone for getting married (Card enclosed) One associate Professor has given consent to join and was physically present on 8/5/25. All facilities are found to be adequate as per norms & RGUHS on the day of inspection. Two staff are eligible for associate professorship, orders to be issued

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

UNDERTAKING

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

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

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

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

Senate Member (Chairman)	***A C Member (Member)***	***Subject Expert (Member)*** Dr. S. P Bilichi
Signature of Chairman	**Signature of Member (1)**	**Signature of Member (2)**

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

Signature of Chairman 8/5/25
Dr. SURESH.S.
KANAKAPURA

Signature of Member (1) 8/5/25
Dr. Suresh Janadri
ACM - RGUHS.

Signature of Member (2)
Dr. S. F. Billalli

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____
2._____
3._____ since _____ years.

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

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

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

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

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

Undertaking Copy enclosed

Dr. S F Patil

ACM-RGUHS

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, _____
is/are the Owners/MD/CEO/Board Members of the
_____ hospital situated at
_____
.

This is to confirm that our hospital _____
is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to
_____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

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

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
8/5/25	8/5/25	
Dr. SURESH. S. KANAKANNAVAR.	Dr. Suresh. Samadi.	

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA23485925452191X
Certificate Issued Date	:	06-May-2025 10:01 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ MADDUR6/ KA-MN
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0870892270852362X
Purchased by	:	CHAIRMAN MADDUR MEDICAL CENTER
Description of Document	:	Article 4 Affidavit
Property Description	:	Affidavit
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Second Party	:	CHAIRMAN MADDUR MEDICAL CENTER
Stamp Duty Paid By	:	CHAIRMAN MADDUR MEDICAL CENTER
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association (R) Branch Maddur Authorized Signatory

IN-KA23485925452191X RS. 100 06-MAY-2025 10:01 AM

Please write or type below this line

AFFIDAVIT
UNDERTAKING

I/We, **Dr. SIDDEGOWDA** is/are the Owners/MD/CEO/Board Members of the Maddur Medical Center hospital situated at Nanjappa Choultry road, Opp. KSRTC Bus depot, Maddur-571428.

No. OF CORRECTIONS Nil

8/5/25

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.

This is to confirm that our hospital **Maddur Medical Center** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Maddur Medical Center** is functioning as **parent** hospital for **THE RK COLLEGE OF NURSING**, K.Honnalagere, Maddur tq, Mandya Dist-571433.

We also confirm that our hospital is solely **affiliated to THE RK COLLEGE OF NURSING** and is **not affiliated to any other nursing college**.

The information provided by us is true and correct.

DEPONENT

Maddur Medical Centre
Nanjappa Choultry Road,
Opp. K.S.R.T.C. Bus Depot,
Maddur-571428.

NOTARY GOVT OF KARNATAKA
G. MAMATHA
B.Com.,LL.B.,
Area: Maddur Taluk
Reg.No. LAW (C)235/2020
Expiry-12-04-2026

Duly Sworn Before Mr
06/05/2025
G MAMATHA B.com.,
Advocate & Notary
Maddur-571428

No. OF CORRECTIONS Nil

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 1

e-Stamp

Certificate No.	:	IN-KA23484908298440X
Certificate Issued Date	:	06-May-2025 10:00 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ MADDUR6/ KA-MN
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0870893516310037X
Purchased by	:	CHAIRMAN MEMBER KEERTHANA TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	Affidavit
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Second Party	:	CHAIRMAN MEMBER KEERTHANA TRUST
Stamp Duty Paid By	:	CHAIRMAN MEMBER KEERTHANA TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association (R) Branch Manager Authorized Signatory

CHAIRMAN MEMBER KEERTHANA TRUST IN-KA23484908298440X RS. 100 06-MAY-2025 10:00 AM

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the **KEERTHANA TRUST (R.)** are submitting the affidavit to University.

8/5/25 HC RGUHS

No, OF CORRECTIONS Nil

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.

The **KEERTHANA TRUST (R.)** Is running/managing the colleges

1. THE RK COLLEGE OF NURSING, K. Honnalagere, Maddur Tq, Mandya Dist-571433 since 2019-2020 years.

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

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

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

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

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

GOVT. OF KARNATAKA
G MAMATHA B.Com.,LL.B.
Advocate & Notary
Regd.No. LAW/1023/2020
Expiry-12-04-2026

DEPONENT
President
Keerthana Trust (R)
#189, Mandya House,
Saraswathinagar, Vijayanagar,
Bangalore-560040

Duly Sworn Before Me
06/05/2025
G MAMATHA B.com.,LL.B.
Advocate & Notary
Maddur-571428

No. OF CORRECTIONS Nil

THE RK COLLEGE OF NURSING

TEACHING FACULTY DETAILS 2025-26

Sl. No	Name of the Teaching Faculty	Designation	Qualification Along With specialtity	Year of Passing	KSNC reg.Num	Teaching Experience		Date of joining	Form-16 Submitted (Yes/ No)	Sign of Faculty
						After UG	After PG			
1	Prof.Arun Kumar G C	Principal	M.Sc(N) in Psychiatric	2013	24846	2 Years	13 Years	02/03/2022	YES	
2	Mrs. Latha B S	Professor	M.Sc(N) in Peadiatric	2018	50894	2 Years	7 Years	02/05/2022	YES	
3	Mrs.Navya P K	Professor	M.Sc(N) in Psychiatric	2014	39270	2 Years	9 Years	01/01/2021	YES	
4	Mr Arunkumar T	Assistant professor	M.Sc(N) in Community	2022	195983	3 Years	3.5 Years	02/08/2021	YES	
5	Ms Sindhu C	Assistant professor	M.Sc(N) in Mental Health Nursing	2021	88587	3 Years	4 years	01/01/2021	YES	
6	Mrs. Gayithri	Assistant professor	M.Sc(N) in Peadiatric	2021	89306	5 Years	2 Years	06/05/2023	YES	
7	Mrs. Prasanna Lakshmi	Assistant professor	M.Sc(N) OBG	2020	RR ANP 2023 10369 KAR	10 Years	5 Years	01/05/2025	YES	
8	Ms. Sneha	Lecturer	M.Sc(N) in Medical Surgical Nursing	2024	109458	1	0	01/05/2025	YES	
9	Ms. Vani G R	Lecturer	M.Sc(N) in OBG	2024	216625 on leave for maternity	2 Yaers	1 Years	01/06/2024	YES	
10	Mr varun M	Nursing Tutor	M.Sc(N) in Community	2022	134361	2 Years	0	03/07/2023	YES	
11	Ms. Soniya	Nursing Tutor	B.Sc(N)	2022	134562	2.5 Years	0	01/12/2022	YES	

	Mr. Raju HS	Nursing Tutor	B.Sc(N)	2025	167196	2 Months	0	06/03/2025	YES	
13	Ms. Sulthan Wahida	Nursing Tutor	B.Sc(N)	2022	134580	2.5 Years	0	01/12/2022	YES	
14	Ms. Ranjitha	Nursing Tutor	B.Sc(N)	2025	167187	2 Month	0	17/03/2025	YES	
15	Mr. Likhith	Nursing Tutor	B.Sc(N)	2021	221778	3.1 Years	0	01/01/2022	YES	
16	Mr. Basavaraju	Nursing Tutor	B.Sc(N)	2021	222417	3.2 Years	0	01/02/2022	YES	
17	Mrs. Pavithra	Nursing Tutor	B.Sc(N)	2021	214865	3.2 Years	0	01/02/2022	YES	
18	Mr. Dileep	Nursing Tutor	B.Sc(N)	2021	215493	3.2 Years	0	04/02/2022	YES	
19	Mr. Kiran pawar	Nursing Tutor	B.Sc(N)	2022	120753	3 Years	0	01/01/2022	YES	
20	Ms. Rani K	Nursing Tutor	B.Sc(N)	2016	90121	3.5 Years	0	02/05/2022	YES	
21	Mr. Mahesha	Nursing Tutor	B.Sc(N)	2022	132707	2.4 Years	0	02/04/2023	YES	
22	Ms. Navya G S	Nursing Tutor	B.Sc(N)	2022	132565	2.4 Years	0	01/11/2022	YES	
23	Mrs. Rakshitha	Nursing Tutor	B.Sc(N)	2022	132710	2.4 Years	0	01/05/2025	YES	
24	Ms. Lavanya	Nursing Tutor	B.Sc(N)	2022	132712	2.5 Years	0	01/12/2022	YES	

maternity leave. Discharge summary attached