



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.Harish M R	<u>Prof.Bhagyalakshmi R</u>	<u>Prof.Dharanikumari</u>
Designation	Dean & Director	<u>Principal</u>	<u>Principal</u>
Address	Chikkamangaluru Institute Of Medical Sciences Chikkamangaluru	Sri Lakshmi College Of Nursing, Sri Gandhadha Kaval, Magadi Main Road, Sunkadakatte,Bangalore.91	Poornapragna College Of Nursing Hassan
Mobile No	9448323157	9738465046	861304379
Email ID	dermaharish@yahoo.com	Spoorthygowda1@gmail.com	yashodammac@gmail.com

Inspection For the Academic Year : **2025-26**

Date of Inspection: **16th August 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	Santosh Institute Of Nursing And Research No.6/1, Cantonment Railway Station Road, Bamboo Bazaar, Shivajinagar, Bangalore.560 051	2	Year of Establishment
				2019
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / <u>Trust</u> /Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Saklecha Trust No.69, St Johns Church Road, Bangalore.560 005 (Enclose copy of Registration documents of Society/Trust) Annexure – 1 Email: ssaklecha@gmail.com Website : www.santoshhealthcare.com		

Signature of Chairman
 Dr. Harish M R
 Dean's Director
 CEMS
 Chikkamangaluru

Signature of Member (1)

BHAGYALAKSHMI
 AC Member
 Principal
 Sri Lakshmi college of nursing

Signature of Member (2)

Dharani Kumari
 Subject Expert
 Principal
 Poornapragna
 Hassan

		Office No:08040848888	Mobile No:9845306703/9945278563
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr.S Bikkamchand – Chairman & Trust Founder Member Dr.Santosh Saklecha – DEAN & Trust Founder Member	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : Copy Enclosed (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. Poornaveni Kesavan Qualification: MSC Experience after MSc: 12 Email:venikutty_v@yahoo.co.in	Mobile No:9380146766 Office No:08040848888 Fax No: Residential phone No:
	b) Drawing authority of the college	Principal	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒ If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation		130000	1050	25000	156050
Post Basic B.Sc. Nursing	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1. Not Applicable		Not Applicable		Not Applicable	
	2. Not Applicable		Not Applicable		Not Applicable	
	3. Not Applicable		Not Applicable		Not Applicable	
	4. Not Applicable		Not Applicable		Not Applicable	
	5. Not Applicable		Not Applicable		Not Applicable	
			Total (B)		Not Applicable	
NPCC	Not Applicable		Not Applicable		Not Applicable	
			Total (C)		Not Applicable	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Grand Total (A+B+C)

Not Applicable

Online Transaction Number or Details: ZHMPH60096LC9C Dated 24th December 2024

Remarks:

nil

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	nil
	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	
	Sanctioned Intake	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
	Admissions Made for the Current Academic Year	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
	Admissions Made for the Current Academic Year	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
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	Not Applicable	Not Applicable	Not Applicable	Not Applicable	
	Admissions Made for the Current Academic Year	Not Applicable	Not Applicable	Not Applicable	Not Applicable	

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	29	13	23	19	84
	Female	10	13	16	21	60
Post Basic B.Sc Nursing	Male	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Female	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
M.Sc Nursing	Male	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Female	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
M.Sc NPCC	Male	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Female	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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	Not Applicable	Not Applicable	Not Applicable	Not Applicable	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-----
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required							Existing / Available				Deficit				
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1	NA	NA	NA	0	NA	NA	NA
2	Vice-Principal	1	1							1	NA	NA	NA	0	NA	NA	NA
3	Professor	1	1-2					1*		1	NA	NA	NA	0	NA	NA	NA
4	Associate Professor	2	2-4					1*		1	NA	NA	NA	0	NA	NA	NA
5	Assistant Professor	3	3-8				2	3*		4	NA	NA	NA	0	NA	NA	NA
6	Tutor	8-16	16-24				2-10	--		15	NA	NA	NA	0	NA	NA	NA
	Total	16-24	24-40				4-12			23	NA	NA	NA	0	NA	NA	NA

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

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

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

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

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

150 students intake				
200 students intake				
250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

6

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 After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	PROF.POORNAVENI KESAVAN	PRINCIPAL	MSC	2014	14483	15	11	15/03/2024	
2.	PROF.AMRINA PASHA	VICE PRINCIPAL	MSC	2015	35046	15	10	02/04/2023	
3.	PROF.CHITRA DEVI M	PROFESSOR	MSC	2012	2640	15	13	20/07/2024	
4.	MR.PURUSHOTHAMA S G	ASSOC. PROFESSOR	MSC	2017	172197	11	9	05/10/2022	
5.	MS.CHAITRA	ASST. PROFESSOR	MSC	2021	170788	8	4	30/11/2022	
6.	MR.ABHILASH K S	ASST. PROFESSOR	MSC	2021	136889	13	4	12/10/2022	
7.	MS.KUMARI REENA LAGURI	ASST. PROFESSOR	MSC	2024	28274	5	1	07/07/2023	
8.	MS.ASHA M R	ASST. PROFESSOR	MSC	2020	161355	13	5	01/07/2025	
9.	ESTHER	TUTOR	BSC	2021	130035	3	-	04/02/2022	
10.	ISHWARYA V	TUTOR	BSC	2020	114148	3	-	13/09/2022	
11.	MS.MALLIKA DUTTA	TUTOR	BSC	2022	144638	3	-	21/11/2022	
12.	MS.RIYA RAY	TUTOR	BSC	2022	144639	3	-	21/11/2022	
13.	DINESH	TUTOR	BSC	2017	184807	2	-	10/03/2023	
14.	UMA MAGESHWARI	TUTOR	BSC	2021	125492	2	-	12/05/2023	
15.	MS.SHEEBA F	TUTOR	BSC	2017	081109	2	-	15/06/2023	
16.	MS.NADIYA S	TUTOR	BSC	2023	159375	5	-	28/10/2023	
17.	MS.ANITHA P	TUTOR	BSC	2023		2	-	28/01/2024	
18.	MS.PALLAVI B	TUTOR	BSC	2024	182782	1	-	17/02/2025	
19.	MS.ARPITHA S K	TUTOR	BSC	2024	1691954	1	-	01/05/2025	
20.	MS.SUPARNA PAN	TUTOR	BSC	2024	180892	1	-	07/05/2025	
21.	MS.REKHA C	TUTOR	BSC	2024	174076	1	-	20/05/2025	
22.	MR.NAOREM AMAR ESHWAR SINGH	TUTOR	BSC	2024	179347	1	-	02/06/2025	

Signature of Chairman

Signature of Member (I)

Signature of Member (2)

16/08/2025
(Subrect-Expert)

23.	MS.SOWMI GHOSH	TUTOR	BSC	2024	182044	1	-	10/07/2025	NO	Sowmi
24.										
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45.										

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

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) Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III— section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy	23,200sq.ft (40 – 60 intake)	30896	Yes ✓
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4	Yes ✓
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	Not Applicable	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	Not Applicable	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	Not Applicable	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300	Yes ✓
	2. Vice-Principal Chamber	200	300	Yes ✓
	3. HOD	5 x 200 = 1000	1000	Yes ✓
	4. Professor/Assoc. Prof	800+2400=3200	3200	Yes ✓
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600	Yes ✓
	7. Accountants Office	100	100	Yes ✓
	8. Store Room	100	100	Yes ✓
	9. Record room	100	100	Yes ✓
	10. Room for maintenance staff	100	100	Yes ✓
	11. Xeroxing room	100	100	Yes ✓
	12. common room (Girls & Boys)	600+400= 1000	1000	Yes ✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	Yes ✓
	14. Toilets	1000	1000	Yes ✓

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15. A.V/Aids room	600	600	Yes ✓
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S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1500	Yes ✓
	Nutrition & Community Health Nursing	1200sq.ft	1500	Yes ✓
	Obstetrics and Gynecology Laboratory	900sq.ft	1000	Yes ✓
	Pediatrics Nursing Laboratory	900sq.ft	1000	Yes ✓
	Pre-Clinical Sciences Laboratory	900sq.ft	1000	Yes ✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	Yes ✓

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	Yes
2	Is the college building own or leased ?	Yes
3	Blue print of the building plan approved and attested by competent authority.	Yes
4	Building construction license from competent authority	Yes
5	Tax paid receipt (Latest / current year)	Yes
6	Occupancy certificate.	Yes
7	Sale deed / Lease deed of the building / Land.	Yes
8	Land Conversion order from DC	Yes
9	Town planning/Authorities approval order	Yes

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
1	KA04AD2958	40	Yes	Yes	Yes

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500	YES ☒ No ☐	Yes	Yes	Yes

Total No. of Nursing Books available	1010	No. of Nursing Journals subscribed	Yes
No. of Thesis/Research titles available		Is internet facility available for Students?	Yes
No of e-books	1000	How many books were purchased in last financial year?	250

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs.Varija	M Lib	15	Verified

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	<u>5 Projects On going</u>	<u>Under Process</u>

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	<u>Nil</u>	<u>—</u>
Conferences attended	<u>5 Conferences Attended</u>	<u>Verified</u>

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital Santosh Hospital No.6/1, Promenade Road, Bangalore.56005 MOU(Registered parent hospital MOU)		200	900 Meters	80%	Yes ✓
NAME OF THE TRUST/ Person owning The Hospital Santosh Hospital Dr S Bikkamchahnd - Chariman					Trust Founder Member & Hospital is same. ✓
Name Of The Owner Of The Trust of Hospital Dr S Bikkamchand Chairman & Founder Trustee					Trust Founder Member & Hospital is same. ✓
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Shifaa Hospital Queens Road, Bangalore	200	1.5 Kms	80%	Yes ✓
	2				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

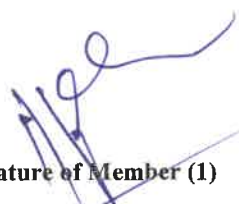
Note

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

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	75	80%		
Surgery including OT	25	80%		
Obstetrics & Gynecology	50	80%		
Pediatrics,	30	80%		
Emergency Medicine	15	80%		
Psychiatry	05	80%		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	06	80%		
Minor OT	01	80%		
Dental, Otorhinolaryngology, Ophthalmology	10	80%		
Burns and Plastic	05	80%		
Neonatology care unit	15	80%		
Communicable disease/Respiratory medicine/TB & chest diseases	05	80%		
Dermatology	0	80%		
Cardiology	10	80%		
Oncology	10	80%		
Neurology/Neuro-surgery	10	80%		
Nephrology/Urology	10	80%		
ICU/ICCU	15	80%		
Geriatric Medicine	10	80%		
Any other	10	80%		

Note : 13 student patient rationeeded. 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 FILED		
a. Name of CHC / PHC / SC	Primary Health Centre Kannur	
Adopted / Affiliated		
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC	Primary Health Centre J C Nagar	
Adopted / Affiliated		
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
<i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i>		

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft 6000 Sq.ft - Boys + 10000 Sq.ft - Girls Hostel	
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 : 60	Boys : 84
f.	Total No. of rooms	Girls : 48	Boys : 30
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

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

LIC Team Observations:

- There are 1 Professor principal, 1 vice principal Professor, 1 Professor, 1 Associate Professor, 3 Assistant Professor (1 assistant Professor was on leave) and 15 Tutors available on the day of inspection.
- There are 5 labs available on the day of inspection.
- There are 4 classrooms of 50 seating capacity available on the day of inspection.
- Infrastructure, Clinical material is available as per the after body norms and RGUHS norms.

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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: Dishank 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)



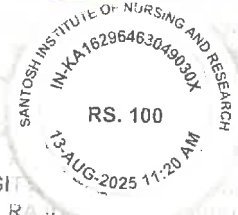
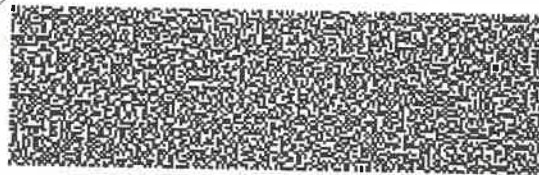
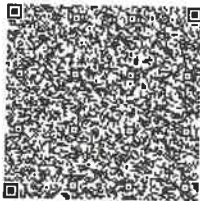
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UNDERTAKING BY TRUST MANAGEMENT

I/We **Dr. S Bikkamchand** Chairman Of Santosh Group Of Institutions and The Founder Member of Saklecha Trust are submitting the affidavit to **Rajiv Gandhi University Of Health Sciences** Bangalore.

[Signature]

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of ShCIL.
2. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
3. The onus of checking the legitimacy is on the users of the certificate.
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The **Saklecha Trust** is running/managing the colleges:

1. **Santosh Institute Of Nursing And Research Bangalore.**
2. **Santosh Institute Of Para Medical Sciences Bangalore.**
3. **Santosh Institute Of Physiotherapy Bangalore from 2018 since 7 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 **Saklecha 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.


Dr.S Bikkamchand
Chairman & Founder Member
Saklecha Trust

Bangalore

14th August 2025



SWORN TO BEFORE ME


SIVAKUMARA .M.N

ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA

* B/B-2/ 1st Fl., Akshaya Apartments
7th Main, K.H.M. Block, Ganganagar,
R.T. Nagar Post, Bengaluru - 560 032
Mob : +91 7892574462 / 9448061543



16 AUG 2025



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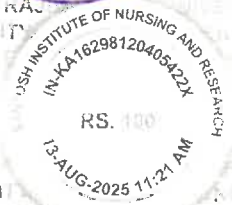
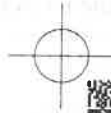
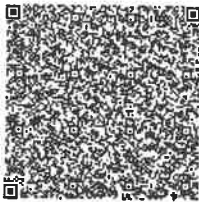
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Stamp Duty Paid By	: SANTOSH INSTITUTE OF NURSING AND RESEARCH
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Please write or type below this line

UNDERTAKING BY OWNER OF THE HOSPITAL

I **Dr.S Bikkamchand** is the **Owner** of the **Santosh Hospital** No.6/1, Promenade Road, Bangalore.560 005.

T Bho

Statutory Alert:

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2. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
3. 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 **Santosh Hospital** is registered under KPMEA and PCB with **200 Beds** and the bonafide certificate has been attached.

This is to confirm that the **Santosh Hospital** is functioning as **Parent/Own Hospital** for **Santosh Institute Of Nursing And Research college**.

We also confirm that our **Santosh Hospital** is solely affiliated to for **Santosh Institute Of Nursing And Research college** and is not affiliated to any other nursing college.

The information provided by us is true and correct.


Dr.S Bikkamchand
Chairman
Santosh Hospital



Bangalore

14th August 2025



SWORN TO BEFORE ME


SIVAKUMARA .M.N
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
1/B-1/1st Fl., Akshaya Apartments
in Main, K.H.M. Block, Ganganagar,
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11 6 AUG 2025