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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Mr. Melbin Michael Arackal	DR. Sudeena.V.	Dr Ring Rajan
Designation	Asso. Prof. Laasya College of Nsg. Member of Senate (RGUHS)	Principal / Academic council	Principal Vivekananda College
Address		G. Ramakrishnacon (old name - Keerthi) Kalaburgi	Chikkaduda
Mobile No	9739215124	8310127854	8105696516
Email ID	melbin.000@gmail.com	Sudeenavijaykumar@gmail.com	ringramesha@gmail.com

Inspection For the Academic Year : *Date of Inspection:*

(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	Blossom College of Nursing. Survey no: 1/5, Balagangadhar Nagar Mallathalli, BANGALORE - 560056	2	Year of Establishment: 2019
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	"SRI SHARADA CHARITABLE TRUST" @ NO 449, 8th Main Road, ITI LAYOUT, Mallathahalli Bangalore - 560056 (Enclose copy of Registration documents of Society/Trust) Annexure - 1		
		Email: blossomnsgblr@gmail.com		Website: www.blossominstitution.com
		Office No: 8660072061		Mobile No: 9242084511

Signature of Chairman

Signature of Member (1) (Sudeena.V) Academic council

Signature of Member (2) Ring Rajan S. Expert

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Jayamma - President. - 92420 84511 Dr. Nirmala. C - Secretary. - 8660072061
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 4 Jayamma, Dr Nirmala C, Dr Sridhar S. Dr Seema Srinivasa (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr ANIL KUMAR R.V. Qualification: PhD (N) Experience after MSc: 15 years Email:anilkalegowda@gmail.com Mobile No: 9886682712 Office No: 8660072061 Fax No: 080-23902285 Residential phone No: 9738180342
	b) Drawing authority of the college	Dr Anil Kumar R.V.

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 Enclosed. **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	1,00,000/-				25000/-	1,26,000/-
Post Basic B.Sc. Nursing						
					Total (A)	1,26,050/-

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

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

Online Transaction Number or Details:

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake: Enclosed.

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 145 mmc-2019 17-08-2019 Annexure - 5	12-09-2019 Annexure - 6	KNC 1334-2019-20 10-09-2019 Annexure - 7	Annexure - 8	
	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					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health [ ] b. Medical Surgical [ ] c. OBG [ ] d. Paediatric [ ] e. Psychiatry [ ]	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
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					
	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	20	22	21	24	87
	Female	18	15	12	15	60
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——
	—	—	—	—	—	—

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——
	—	—	—	—	—	—

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)

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
1	—	Enclosed	Annexure VIII		

14. Physical Facilities : Annexure Enclosed

14.1. College Building: Annexure Enclosed. **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)	24,010 sq/ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4,000 sq ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office			
	1. Principal's Chamber	300	300 sq ft	
	2. Vice-Principal Chamber	200	200 sq/ft	
	3. HOD	5 x 200 = 1000	1000 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors		3200 sq ft	
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	**600**	600 sq ft	
	7. Accountants Office	**100**	100 sq ft	
	8. Store Room	**100**	100 sq ft	
	9. Record room	**100**	100 sq ft	
	10. Room for maintenance staff	**100**	100 sq ft	
	11. Xeroxing room	**100**	100 sq ft	
	12. common room (Girls & Boys)	600+400 = 1000	1000 sq ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq ft	
	14. Toilets	1000	1000 sq ft	

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

	15. A.V/Aids room	600	600	

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

Note:

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

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

Building Documents: Annexure – 12

Annexure Enclosed

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

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 Enclosed. Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	KA54 6943	60	~~Yes~~ / No	~~Yes~~ / No	~~Yes~~ / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	1900 Sq.ft	YES ☑ No ☐	good	good	yes

Total No. of Nursing Books available	2030	No. of Nursing Journals subscribed	6
No. of Thesis/Research titles available	6	Is internet facility available for Students?	
No of e-books	4	How many books were purchased in last financial year?	615

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Devaraju N.C	M.Lib	15 years	
2	Harish	BSc Lib	6 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 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	6	

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

Conferences conducted	3	
Conferences attended	4	

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

18. Details of Clinical / Hospital Facilities : Annexure Enclosed — 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 Spandana Hospitals pvt.	100	4.4 km	95-/	verified.
MOU(Registered parent hospital MOU)				
NAME OF THE TRUST/ Person owning The Hospital Dr Seema Srinivasa				
Name Of The Owner Of The Trust of Hospital Dr Seema Srinivasa.				
Affiliated hospitals-Full Name & Address of the Parent Hospital 1 Rangadore Memorial Hospitals	210	10 km	98./.	
2 Dasappa Memorial Hospitals	100	11 km	100 -/.	

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

3	GIMS Bangalore (MOU/Clinical permission letter)	6 km	8 km	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).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III section 4 published by authority. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

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	20	95	20	90
Surgery including OT	20	95	20	92
Obstetrics & Gynecology	15	95	10	95
Pediatrics.	06	92	10	94
Emergency Medicine	10	95	06	95
Psychiatry	05	90	08	93

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	20	85-1.	100	98 1.
Minor OT	4	90 1.	20	95
Dental, Otorhinolaryngology, Ophthalmology	—	—	—	—
Burns and Plastic	—	—	—	—
Neonatology care unit	—	—	—	—
Communicable disease/Respiratory medicine/TB & chest diseases	—	—	—	—
Dermatology	—	—	—	—
Cardiology	—	—	—	—
Oncology	05	90	06	95
Neurology/Neuro-surgery	03	95	06	90
Nephrology/Urology	05	90	06	95

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

ICU/ICCU	08	95	05	95
Geriatric Medicine	-	-	-	-
Any other	-	-	-	-

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	Enclosed

RURAL FILELD

a. Name of CHC / PHC / SC	mallathahalli PHC
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. [✓] Municipal Corporation [ ] Private [ ]
Distance from the Nursing Institute	15 KM
b. Services Rendered by Health & Family Welfare Programmes	RCH, Family planning, Hygiene, menstrual Hygiene

URBAN FEILD :

a. Name of CHC / PHC / SC	PHC
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. [✓] Municipal Corporation [ ] Private [ ]
Distance from the Nursing Institute	5:00 km
b. Services Rendered by Health & Family Welfare Programmes	RCH, Family planning, Hygiene Menstrual Hygiene

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

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

22	**Records of Students :** Are the following students records are maintained well?				
a.	Admission record	YES	✓	NO	
b.	Daily Attendance Registers	YES	✓	NO	

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

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

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 30,000 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 : 60	Boys : 80
f.	Total No. of rooms	Girls : 22	Boys : 28
g.	Water Supply	YES ✓	NO
h.	Electricity Supply	YES ✓	NO

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

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 ☐

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	✓		

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

Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of Library Books & 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	✓		
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:

The LIC team inspected Blossom college of nursing on 09/08/2025. All the documents pertaining to college building, hostels of both boys & girls, facilities provided to the students and college vehicle documents are verified.

All the labs are well equipped with instruments and models along with charts, library is well equipped with sufficient books with recent edition, Students are getting good exposure to clinicals as they have all the facilities in their parent and affiliated hospitals.

All the faculties were present and their documents were verified Over all the committee observed that the college is actively functioning and maintaining the records for accademics and students.

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 BLOSSOM COLLEGE OF NURSING, B'LORE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 9/08/25 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)	A C Member (Member)	Subject Expert (Member)
	9/8/25	9/8/25

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
	9/8/25	9/8/2025

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

Signature of Member (1)

Signature of Member (2)

SRI SHARADA CHARITABLE TRUST ®
No.449, 8th main road, ITI Layout, Mallathahalli, Bangalore -560056

Ref 099/25

D: 09/08/2025

UNDERTAKING

We Dr. Nirmala C, Jayamma are the owners of the **SPANDANA HOSPITAL PVT** hospital situated at metro station Mysore road, 1/1 near Nayandahalli KPEMEA and PCB with 100 beds and the Bonafide certificate has been attached.

This is to confirm that the hospital **SPANDANA HOSPITAL PVT** is functioning as affiliate/ parent/own hospital for **BLOSSOM COLLEGE OF NURSING.**

We also confirm that our hospital is solely affiliated to **BLOSSOM COLLEGE OF NURSING** and is not affiliated to any other colleges.

The information by us is true and correct.

Jayamma
(Jayamma)
President

Nirmala C
(Nirmala C)
Secretary

SRI SHARADA CHARITABLE TRUST ®

No.449, 8th main road, ITI Layout, Mallathahalli, Bangalore -560056

Ref : 098/25

D: 09/08/2025

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman / President/Secretary of the trust **SRI SHARADA CHARITABLE TRUST ®** are submitting the affidavit to the university.

The trust **SRI SHARADA CHARITABLE TRUST ®** is running the **BLOSSOM COLLEGE OF NURSING** since 2019 (6 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 manage 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 / RGHUS. As prescribed from time to time.

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

Jayamma

(Jayamma)

president

Nimala C

(Nimala C)