



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. Anoop Nair	Dr. Basavaraj Chivade	Mrs. Shruthi N.
Designation	Associate Professor.	Prof. of Pharmacology.	Principal.
Address	Dept. of Prosthodontics & Implantology, Govt. Dental College & Research Ins., Bangalore	SVET's College of Pharmacy, Kollur Road, Bidar, Hampnabad - 585330	Mythri college of Nursing, Shimoga
Mobile No	9886459375	9886469816	8867899867
Email ID	dranoopnair@yahoo.com	basavarajchivade@gmail.com	

For the Academic Year : 2024 -25

Date of Inspection: 13/05/2025

(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	NAGESH COLLEGE OF NURSING, Nagasamudra Road, Channarayapatna - 573116.	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	NAGESH EDUCATION TRUST Nagasamudra Road Channarayapatna (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: nagesheducationtrust@gmail.com Bharathinagesh10@gmail.com	Website:		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Library of the University of Illinois at Urbana-Champaign
401 North Goodwin Avenue, Urbana, Illinois 61801
Telephone: (309) 244-2131



EXHIBITION INFORMATION FOR VISITORS

1. Name of the exhibitor	2. Address of the exhibitor	3. City and State of the exhibitor	4. Telephone number of the exhibitor
5. Name of the exhibition	6. Address of the exhibition	7. City and State of the exhibition	8. Telephone number of the exhibition
9. Name of the curator	10. Address of the curator	11. City and State of the curator	12. Telephone number of the curator
13. Name of the sponsor	14. Address of the sponsor	15. City and State of the sponsor	16. Telephone number of the sponsor
17. Name of the exhibitor	18. Address of the exhibitor	19. City and State of the exhibitor	20. Telephone number of the exhibitor
21. Name of the exhibitor	22. Address of the exhibitor	23. City and State of the exhibitor	24. Telephone number of the exhibitor
25. Name of the exhibitor	26. Address of the exhibitor	27. City and State of the exhibitor	28. Telephone number of the exhibitor
29. Name of the exhibitor	30. Address of the exhibitor	31. City and State of the exhibitor	32. Telephone number of the exhibitor
33. Name of the exhibitor	34. Address of the exhibitor	35. City and State of the exhibitor	36. Telephone number of the exhibitor
37. Name of the exhibitor	38. Address of the exhibitor	39. City and State of the exhibitor	40. Telephone number of the exhibitor
41. Name of the exhibitor	42. Address of the exhibitor	43. City and State of the exhibitor	44. Telephone number of the exhibitor
45. Name of the exhibitor	46. Address of the exhibitor	47. City and State of the exhibitor	48. Telephone number of the exhibitor
49. Name of the exhibitor	50. Address of the exhibitor	51. City and State of the exhibitor	52. Telephone number of the exhibitor
53. Name of the exhibitor	54. Address of the exhibitor	55. City and State of the exhibitor	56. Telephone number of the exhibitor
57. Name of the exhibitor	58. Address of the exhibitor	59. City and State of the exhibitor	60. Telephone number of the exhibitor
61. Name of the exhibitor	62. Address of the exhibitor	63. City and State of the exhibitor	64. Telephone number of the exhibitor
65. Name of the exhibitor	66. Address of the exhibitor	67. City and State of the exhibitor	68. Telephone number of the exhibitor
69. Name of the exhibitor	70. Address of the exhibitor	71. City and State of the exhibitor	72. Telephone number of the exhibitor
73. Name of the exhibitor	74. Address of the exhibitor	75. City and State of the exhibitor	76. Telephone number of the exhibitor
77. Name of the exhibitor	78. Address of the exhibitor	79. City and State of the exhibitor	80. Telephone number of the exhibitor
81. Name of the exhibitor	82. Address of the exhibitor	83. City and State of the exhibitor	84. Telephone number of the exhibitor
85. Name of the exhibitor	86. Address of the exhibitor	87. City and State of the exhibitor	88. Telephone number of the exhibitor
89. Name of the exhibitor	90. Address of the exhibitor	91. City and State of the exhibitor	92. Telephone number of the exhibitor
93. Name of the exhibitor	94. Address of the exhibitor	95. City and State of the exhibitor	96. Telephone number of the exhibitor
97. Name of the exhibitor	98. Address of the exhibitor	99. City and State of the exhibitor	100. Telephone number of the exhibitor

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	(b). Name of the Owner of Trust/Society			
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Vidyanani R.J. Qualification: MSc. Nursing Experience: 16 Years. Email: vidyanani.rj@gmail.com	Mobile No: Office No: Fax No: Residential phone No:	
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 UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	1,50,000/-					1,50,000/-
Post Basic B.Sc. Nursing	Continuation Affiliation 1,55,050/-					1,55,050/-
Total (A)						3,05,100/-
PG Course:- (M.Sc. Nursing)	PG Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.			50,000		
	2.			50,000		
	3.			50,000		
	4.			50,000		
	5.			50,000		
				Total (B)		2,50,000/-
Application fee NPCC				5,250		
				Total (C)		5,250/-
Grand Total (A+B+C)						5,60,350/-

Online Transaction Number or Details:

Signature of Chairman
13/5/25

Signature of Member (1)
13/5/25

Signature of Member (2)
13/5/25

Page 1 of 1
 Date: 10/10/2011

Table 1: Summary of the data collected during the survey

Location	Time	Temperature (°C)	Humidity (%)	Wind Speed (m/s)	Wind Direction	Cloud Cover (%)	Visibility (km)	Notes
Station 1	08:00	25.0	65	2.5	SE	10	10	Clear sky
Station 2	09:00	26.5	68	3.0	SE	15	10	Light breeze
Station 3	10:00	28.0	70	3.5	SE	20	10	Increasing cloud cover
Station 4	11:00	29.5	72	4.0	SE	25	10	Thunderstorm approaching
Station 5	12:00	31.0	75	4.5	SE	30	10	Heavy rain falling
Station 6	13:00	32.5	78	5.0	SE	35	10	Thunderstorm passing
Station 7	14:00	34.0	80	5.5	SE	40	10	Clearing sky
Station 8	15:00	35.5	82	6.0	SE	45	10	Hot and sunny
Station 9	16:00	37.0	85	6.5	SE	50	10	Very hot
Station 10	17:00	38.5	88	7.0	SE	55	10	Thunderstorm returning
Station 11	18:00	40.0	90	7.5	SE	60	10	Heavy rain and lightning
Station 12	19:00	41.5	92	8.0	SE	65	10	Thunderstorm intensifying
Station 13	20:00	43.0	95	8.5	SE	70	10	Severe weather conditions
Station 14	21:00	44.5	98	9.0	SE	75	10	Extreme heat and humidity
Station 15	22:00	46.0	100	9.5	SE	80	10	Thunderstorm at its peak
Station 16	23:00	47.5	100	10.0	SE	85	10	Heavy rain and strong winds
Station 17	00:00	49.0	100	10.5	SE	90	10	Thunderstorm continuing
Station 18	01:00	50.5	100	11.0	SE	95	10	Severe weather conditions
Station 19	02:00	52.0	100	11.5	SE	100	10	Thunderstorm at its peak
Station 20	03:00	53.5	100	12.0	SE	100	10	Heavy rain and strong winds
Station 21	04:00	55.0	100	12.5	SE	100	10	Thunderstorm continuing
Station 22	05:00	56.5	100	13.0	SE	100	10	Severe weather conditions
Station 23	06:00	58.0	100	13.5	SE	100	10	Thunderstorm at its peak
Station 24	07:00	59.5	100	14.0	SE	100	10	Heavy rain and strong winds
Station 25	08:00	61.0	100	14.5	SE	100	10	Thunderstorm continuing
Station 26	09:00	62.5	100	15.0	SE	100	10	Severe weather conditions
Station 27	10:00	64.0	100	15.5	SE	100	10	Thunderstorm at its peak
Station 28	11:00	65.5	100	16.0	SE	100	10	Heavy rain and strong winds
Station 29	12:00	67.0	100	16.5	SE	100	10	Thunderstorm continuing
Station 30	13:00	68.5	100	17.0	SE	100	10	Severe weather conditions
Station 31	14:00	70.0	100	17.5	SE	100	10	Thunderstorm at its peak
Station 32	15:00	71.5	100	18.0	SE	100	10	Heavy rain and strong winds
Station 33	16:00	73.0	100	18.5	SE	100	10	Thunderstorm continuing
Station 34	17:00	74.5	100	19.0	SE	100	10	Severe weather conditions
Station 35	18:00	76.0	100	19.5	SE	100	10	Thunderstorm at its peak
Station 36	19:00	77.5	100	20.0	SE	100	10	Heavy rain and strong winds
Station 37	20:00	79.0	100	20.5	SE	100	10	Thunderstorm continuing
Station 38	21:00	80.5	100	21.0	SE	100	10	Severe weather conditions
Station 39	22:00	82.0	100	21.5	SE	100	10	Thunderstorm at its peak
Station 40	23:00	83.5	100	22.0	SE	100	10	Heavy rain and strong winds
Station 41	00:00	85.0	100	22.5	SE	100	10	Thunderstorm continuing
Station 42	01:00	86.5	100	23.0	SE	100	10	Severe weather conditions
Station 43	02:00	88.0	100	23.5	SE	100	10	Thunderstorm at its peak
Station 44	03:00	89.5	100	24.0	SE	100	10	Heavy rain and strong winds
Station 45	04:00	91.0	100	24.5	SE	100	10	Thunderstorm continuing
Station 46	05:00	92.5	100	25.0	SE	100	10	Severe weather conditions
Station 47	06:00	94.0	100	25.5	SE	100	10	Thunderstorm at its peak
Station 48	07:00	95.5	100	26.0	SE	100	10	Heavy rain and strong winds
Station 49	08:00	97.0	100	26.5	SE	100	10	Thunderstorm continuing
Station 50	09:00	98.5	100	27.0	SE	100	10	Severe weather conditions

Location	Time	Temperature (°C)	Humidity (%)	Wind Speed (m/s)	Wind Direction	Cloud Cover (%)	Visibility (km)	Notes
Station 51	10:00	100.0	100	27.5	SE	100	10	Thunderstorm continuing
Station 52	11:00	101.5	100	28.0	SE	100	10	Severe weather conditions
Station 53	12:00	103.0	100	28.5	SE	100	10	Thunderstorm at its peak
Station 54	13:00	104.5	100	29.0	SE	100	10	Heavy rain and strong winds
Station 55	14:00	106.0	100	29.5	SE	100	10	Thunderstorm continuing
Station 56	15:00	107.5	100	30.0	SE	100	10	Severe weather conditions
Station 57	16:00	109.0	100	30.5	SE	100	10	Thunderstorm at its peak
Station 58	17:00	110.5	100	31.0	SE	100	10	Heavy rain and strong winds
Station 59	18:00	112.0	100	31.5	SE	100	10	Thunderstorm continuing
Station 60	19:00	113.5	100	32.0	SE	100	10	Severe weather conditions
Station 61	20:00	115.0	100	32.5	SE	100	10	Thunderstorm at its peak
Station 62	21:00	116.5	100	33.0	SE	100	10	Heavy rain and strong winds
Station 63	22:00	118.0	100	33.5	SE	100	10	Thunderstorm continuing
Station 64	23:00	119.5	100	34.0	SE	100	10	Severe weather conditions
Station 65	00:00	121.0	100	34.5	SE	100	10	Thunderstorm at its peak
Station 66	01:00	122.5	100	35.0	SE	100	10	Heavy rain and strong winds
Station 67	02:00	124.0	100	35.5	SE	100	10	Thunderstorm continuing
Station 68	03:00	125.5	100	36.0	SE	100	10	Severe weather conditions
Station 69	04:00	127.0	100	36.5	SE	100	10	Thunderstorm at its peak
Station 70	05:00	128.5	100	37.0	SE	100	10	Heavy rain and strong winds
Station 71	06:00	130.0	100	37.5	SE	100	10	Thunderstorm continuing
Station 72	07:00	131.5	100	38.0	SE	100	10	Severe weather conditions
Station 73	08:00	133.0	100	38.5	SE	100	10	Thunderstorm at its peak
Station 74	09:00	134.5	100	39.0	SE	100	10	Heavy rain and strong winds
Station 75	10:00	136.0	100	39.5	SE	100	10	Thunderstorm continuing
Station 76	11:00	137.5	100	40.0	SE	100	10	Severe weather conditions
Station 77	12:00	139.0	100	40.5	SE	100	10	Thunderstorm at its peak
Station 78	13:00	140.5	100	41.0	SE	100	10	Heavy rain and strong winds
Station 79	14:00	142.0	100	41.5	SE	100	10	Thunderstorm continuing
Station 80	15:00	143.5	100	42.0	SE	100	10	Severe weather conditions
Station 81	16:00	145.0	100	42.5	SE	100	10	Thunderstorm at its peak
Station 82	17:00	146.5	100	43.0	SE	100	10	Heavy rain and strong winds
Station 83	18:00	148.0	100	43.5	SE	100	10	Thunderstorm continuing
Station 84	19:00	149.5	100	44.0	SE	100	10	Severe weather conditions
Station 85	20:00	151.0	100	44.5	SE	100	10	Thunderstorm at its peak
Station 86	21:00	152.5	100	45.0	SE	100	10	Heavy rain and strong winds
Station 87	22:00	154.0	100	45.5	SE	100	10	Thunderstorm continuing
Station 88	23:00	155.5	100	46.0	SE	100	10	Severe weather conditions
Station 89	00:00	157.0	100	46.5	SE	100	10	Thunderstorm at its peak
Station 90	01:00	158.5	100	47.0	SE	100	10	Heavy rain and strong winds
Station 91	02:00	160.0	100	47.5	SE	100	10	Thunderstorm continuing
Station 92	03:00	161.5	100	48.0	SE	100	10	Severe weather conditions
Station 93	04:00	163.0	100	48.5	SE	100	10	Thunderstorm at its peak
Station 94	05:00	164.5	100	49.0	SE	100	10	Heavy rain and strong winds
Station 95	06:00	166.0	100	49.5	SE	100	10	Thunderstorm continuing
Station 96	07:00	167.5	100	50.0	SE	100	10	Severe weather conditions
Station 97	08:00	169.0	100	50.5	SE	100	10	Thunderstorm at its peak
Station 98	09:00	170.5	100	51.0	SE	100	10	Heavy rain and strong winds
Station 99	10:00	172.0	100	51.5	SE	100	10	Thunderstorm continuing
Station 100	11:00	173.5	100	52.0	SE	100	10	Severe weather conditions

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	✓ Annexure - 5	✓ Annexure - 6	✓ Annexure - 7	✓ Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	30	
	Admissions Made for the Current Academic Year	38				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake					

Signature of Chairman
13/5/25

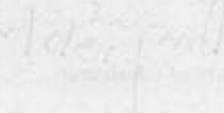
Signature of Member (1)
13/5/25

Signature of Member (2)
13/5/25

Section 1: General Information					
Project Name		Location		Date	
Project A		Site 1		2023-10-27	
Project B		Site 2		2023-10-28	
Project C		Site 3		2023-10-29	
Project D		Site 4		2023-10-30	
Project E		Site 5		2023-10-31	
Project F		Site 6		2023-11-01	
Project G		Site 7		2023-11-02	
Project H		Site 8		2023-11-03	
Project I		Site 9		2023-11-04	
Project J		Site 10		2023-11-05	
Project K		Site 11		2023-11-06	
Project L		Site 12		2023-11-07	
Project M		Site 13		2023-11-08	
Project N		Site 14		2023-11-09	
Project O		Site 15		2023-11-10	
Project P		Site 16		2023-11-11	
Project Q		Site 17		2023-11-12	
Project R		Site 18		2023-11-13	
Project S		Site 19		2023-11-14	
Project T		Site 20		2023-11-15	
Project U		Site 21		2023-11-16	
Project V		Site 22		2023-11-17	
Project W		Site 23		2023-11-18	
Project X		Site 24		2023-11-19	
Project Y		Site 25		2023-11-20	
Project Z		Site 26		2023-11-21	
Project AA		Site 27		2023-11-22	
Project AB		Site 28		2023-11-23	
Project AC		Site 29		2023-11-24	
Project AD		Site 30		2023-11-25	
Project AE		Site 31		2023-11-26	
Project AF		Site 32		2023-11-27	
Project AG		Site 33		2023-11-28	
Project AH		Site 34		2023-11-29	
Project AI		Site 35		2023-11-30	
Project AJ		Site 36		2023-12-01	
Project AK		Site 37		2023-12-02	
Project AL		Site 38		2023-12-03	
Project AM		Site 39		2023-12-04	
Project AN		Site 40		2023-12-05	
Project AO		Site 41		2023-12-06	
Project AP		Site 42		2023-12-07	
Project AQ		Site 43		2023-12-08	
Project AR		Site 44		2023-12-09	
Project AS		Site 45		2023-12-10	
Project AT		Site 46		2023-12-11	
Project AU		Site 47		2023-12-12	
Project AV		Site 48		2023-12-13	
Project AW		Site 49		2023-12-14	
Project AX		Site 50		2023-12-15	
Project AY		Site 51		2023-12-16	
Project AZ		Site 52		2023-12-17	
Project BA		Site 53		2023-12-18	
Project BB		Site 54		2023-12-19	
Project BC		Site 55		2023-12-20	
Project BD		Site 56		2023-12-21	
Project BE		Site 57		2023-12-22	
Project BF		Site 58		2023-12-23	
Project BG		Site 59		2023-12-24	
Project BH		Site 60		2023-12-25	
Project BI		Site 61		2023-12-26	
Project BJ		Site 62		2023-12-27	
Project BK		Site 63		2023-12-28	
Project BL		Site 64		2023-12-29	
Project BM		Site 65		2023-12-30	
Project BN		Site 66		2023-12-31	
Project BO		Site 67		2024-01-01	
Project BP		Site 68		2024-01-02	
Project BQ		Site 69		2024-01-03	
Project BR		Site 70		2024-01-04	
Project BS		Site 71		2024-01-05	
Project BT		Site 72		2024-01-06	
Project BU		Site 73		2024-01-07	
Project BV		Site 74		2024-01-08	
Project BW		Site 75		2024-01-09	
Project BX		Site 76		2024-01-10	
Project BY		Site 77		2024-01-11	
Project BZ		Site 78		2024-01-12	
Project CA		Site 79		2024-01-13	
Project CB		Site 80		2024-01-14	
Project CC		Site 81		2024-01-15	
Project CD		Site 82		2024-01-16	
Project CE		Site 83		2024-01-17	
Project CF		Site 84		2024-01-18	
Project CG		Site 85		2024-01-19	
Project CH		Site 86		2024-01-20	
Project CI		Site 87		2024-01-21	
Project CJ		Site 88		2024-01-22	
Project CK		Site 89		2024-01-23	
Project CL		Site 90		2024-01-24	
Project CM		Site 91		2024-01-25	
Project CN		Site 92		2024-01-26	
Project CO		Site 93		2024-01-27	
Project CP		Site 94		2024-01-28	
Project CQ		Site 95		2024-01-29	
Project CR		Site 96		2024-01-30	
Project CS		Site 97		2024-01-31	
Project CT		Site 98		2024-02-01	
Project CU		Site 99		2024-02-02	
Project CV		Site 100		2024-02-03	


 [Signature]
 Date: 2024/1/15


 [Signature]
 Date: 2024/1/15


 [Signature]
 Date: 2024/1/15

	Admissions Made for the Current Academic Year					
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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	12	16	24	72
	Female	18	28	24	16	86
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female	NA	NA	NA	NA	NA

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-----
	NA	NA	NA	NA	NA	

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

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

Annexure -10

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Table 1: Summary of the Training Results of the Learning System

Learning Phase	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Initial Training	10	15	20	25	30
Intermediate Training	15	20	25	30	35
Advanced Training	20	25	30	35	40
Final Training	25	30	35	40	45
Overall Training	30	35	40	45	50
Final Evaluation	35	40	45	50	55
Final Results	40	45	50	55	60

The results of the training are summarized in the following table. The results show that the training system is effective in improving the performance of the subjects.

Learning Phase	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Initial Training	10	15	20	25	30
Intermediate Training	15	20	25	30	35
Advanced Training	20	25	30	35	40
Final Training	25	30	35	40	45
Overall Training	30	35	40	45	50
Final Evaluation	35	40	45	50	55
Final Results	40	45	50	55	60

The results of the training are summarized in the following table. The results show that the training system is effective in improving the performance of the subjects. The results of the training are summarized in the following table. The results show that the training system is effective in improving the performance of the subjects.

Learning Phase	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Initial Training	10	15	20	25	30
Intermediate Training	15	20	25	30	35
Advanced Training	20	25	30	35	40
Final Training	25	30	35	40	45
Overall Training	30	35	40	45	50
Final Evaluation	35	40	45	50	55
Final Results	40	45	50	55	60

The results of the training are summarized in the following table. The results show that the training system is effective in improving the performance of the subjects. The results of the training are summarized in the following table. The results show that the training system is effective in improving the performance of the subjects.

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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				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*		01									
4	Associate Professor	2	2-4		1*		03									
5	Assistant Professor	3	3-8	2	3*		06									
6	Tutor	8-16	16-24	2-10	--		13									
	Total	16-24	24-40	4-12			25									

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	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

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13/5/25

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. Vidyarani R.J.	Principal	MSc Nursing (Med Surg)	2009	3352	08 Yrs. 16 Yrs.	01-03-2020	Yes.	
2.	Prof. Prasad K.V.	Vice-Principal	MSc Nursing (Paediatrics)	2015	44086	04	04-11-2024	Yes	
3.	Prof. Ajay Kumar R.	Professor	MSc Nursing (Psychiatric)	2016	58723	03	04-08-2024	Yes	
4.	Ms. Shilpananda A.	Assoc. Prof.	MSc Nursing (Psychiatric)	2014	65012	04	05-02-2025	-	
5.	Mr. Ravindra	Asso. Prof.	MSc Nursing (Psychiatric)	2017	42661	06	01-09-2024	Yes	
6.	Mrs. S.N. Harini	Asso. Prof.	MSc Nursing (OBG)	2019	28859	03	02-05-2025	-	
7.	Mrs. Sumithra R.	Asst. Prof.	MSc Nursing (Paediatrics)	2020	139098	03	01-08-2024	Yes	
8.	Mrs. Chaitra K.N.	Asst. Prof.	MSc Nursing (Comm. Heal. Nub)	2021	80866	04	01-03-2025	-	
9.	Mrs. Chayadevi H.R.	Asst. Prof.	MSc Nursing (OBG)	2020	72880	05	01-09-2024	Yes	
10.	Mrs. Mangala	Asst. Prof.	MSc Nursing (Comm. Heal. Nub)	2019	158515	03	05-10-2024	Yes	
11.	Mr. Shivakumar S.	Asst. Prof.	MSc Nursing (Med. Surg)	2020	123317	04	04-03-2025	-	
12.	Mrs. Shruthi K.N.	Asst. Prof.	MSc Nursing (Med. Surg)	2021	64569	08	01-01-2022	Yes	
13.	Mrs. Priya	Lecturer	MSc Nursing (Comm. Heal. Nub)	2024	109418	03	04-04-2025	Yes	
14.	Mr. Mahesha M.R.	Nursing Tutor	P.B. BSc. Nursing	2013	00064181	11	02-12-2023	Yes	
15.	Mrs. Jayalakshmi T	Nursing Tutor	P.B. BSc. Nursing	2021	201036	04	08-08-2024	Yes	
16.	Ms. Ranjitha K.	Nursing Tutor	P.B. BSc. Nursing	2021	225082	04	08-06-2023	Yes	
17.	Mr. Manjunath C.R.	Nursing Tutor	P.B. BSc. Nursing	2021	147464	04	20-11-2023	Yes	
18.	Mr. Manjunath S.	Nursing Tutor	P.B. BSc. Nursing	2021	204989	04	01-06-2024	Yes	
19.	Ms. Pallavi N.R.	Nursing Tutor	P.B. BSc. Nursing	2021	192447	04	04-11-2024	Yes	
20.	Ms. Ganavi B.J.	Nursing Tutor	BSc. Nursing	2022	139467	03	01-12-2023	Yes	
21.	Mr. Maruthi B.	Nursing Tutor	P.B. BSc. Nursing	2023	145785	01	05-08-2024	Yes	
22.	Ms. Gowamma	Nursing Tutor	P.B. BSc. Nursing	2023	201870	01	18-08-2024	Yes	

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23.	Mrs. Suma P. Kadadakatti	Nursing Tutor	P.B.BSc Nursing	2023	195803	01	-	07-11-2024	Yes	Good
24.	Mrs. Ashwini	Nursing Tutor	P.B.BSc Nursing	2024	249735	01	-	01-11-2024	Yes	Good
25.	Ms. Anupama D.	Nursing Tutor	P.B.BSc Nursing	2024	125709	01	-	07-10-2024	Yes	Good
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Signature of Member (2)
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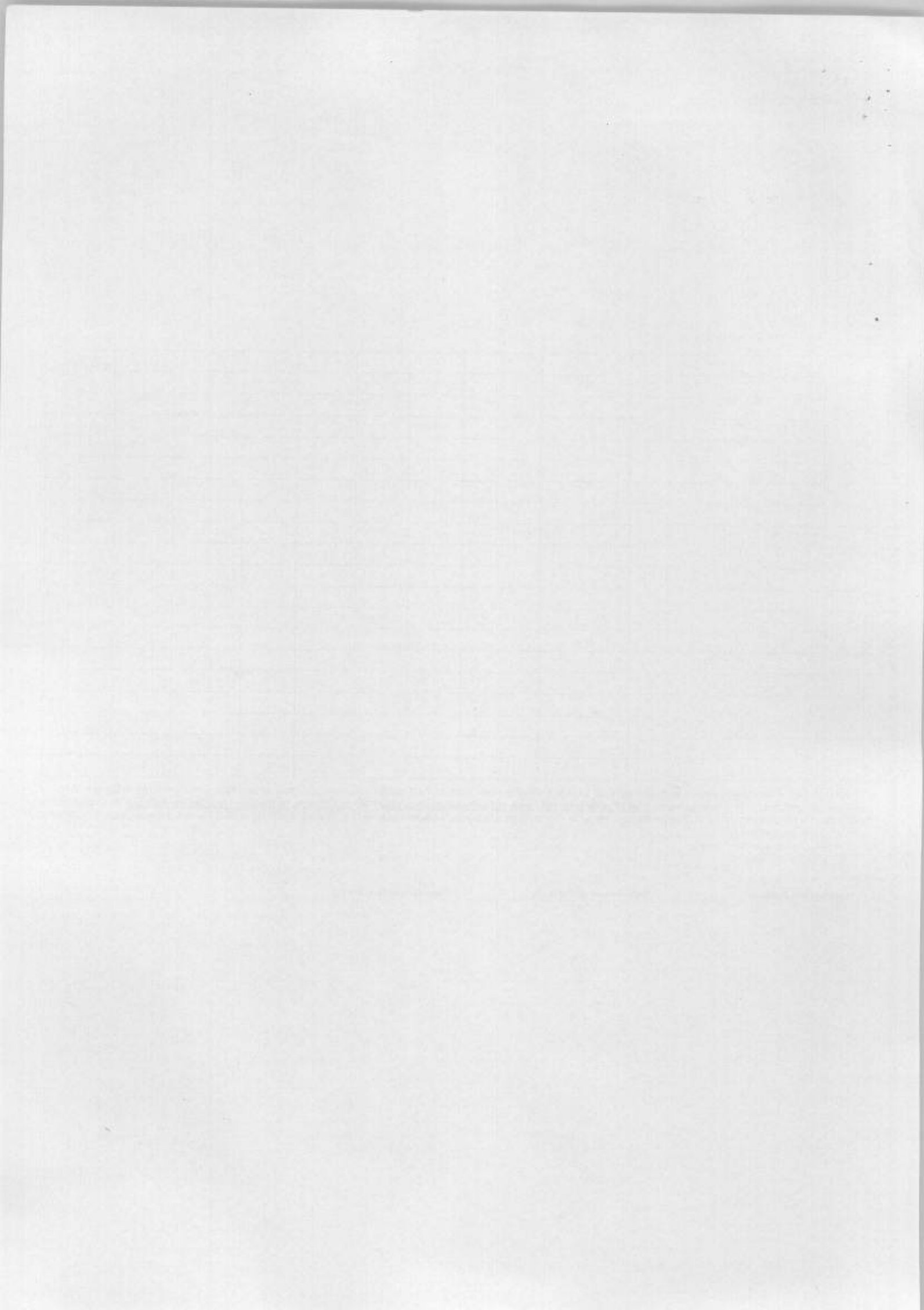
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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years 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.

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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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	24000 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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	900 x 4	
	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	600 x 2	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	-	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	200 x 5	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		Yes	
	7. Accountants Office		Yes	
	8. Store Room		Yes	
	9. Record room		Yes	
	10. Room for maintenance staff		Yes	
	11. Xeroxing room		Yes	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

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

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?
2. Blue print of the building attested by competent authority.
3. Tax paid receipt (Latest / current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

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 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, 2021 F.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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01.	KA13 C6656	37	Yes / No	Yes / No	Yes / No
02.	KA13 A1513	40	Yes	Yes	Yes.

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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	2500 Sq.ft.	YES ☒ No ☐			

Total No. of Nursing Books available	4176	No. of Nursing Journals subscribed	06
No. of Thesis/Research titles available	01	Is internet facility available for Students?	Yes
No of e-books	06	How many books were purchased in last financial year?	556.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. SAVITHA M. G.	M. LIB.	06	

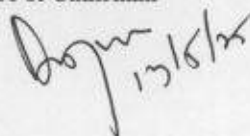
Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals 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	01.	
Conferences conducted	NA	
Conferences attended	08	

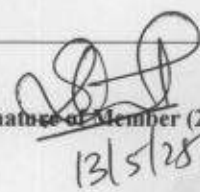
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Signature of Member (2)



Date	Time	Location	Activity	Remarks
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10/10/10	10:00	1000	1000	1000
10/10/10	10:00	1000	1000	1000
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10/10/10	10:00	1000	1000	1000

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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%)	Remarks
Full Name & Address of the Parent Hospital NAGESH HOSPITAL Mysore Road Channarayana	100	1 Km.		
NAME OF THE TRUST/ Person owning The Hospital Dr. NAGESH K.				
Name Of The Owner Of The Trust of Hospital Dr. NAGESH K.				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Govt. Hospital- Channarayana	150	0.5 Km	
	2. Kumar Nursing Home Channarayana	50	1 Km.	
	3. Grasslife Hospital Channarayana	30	1 Km.	
	4. Manasa Nursing Home Shimoga	150	163 Km.	

(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, 2021 F.NO. 11-1/2019-INC.)

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

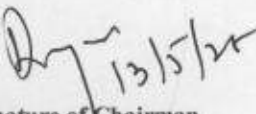
Note

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

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:

Parent hospital with 100 beds Nagesh hospital with the owner in the trust. with applicate hospital Kumar nursing home 50 beds, Grant hospital with 150 beds & Gran life hospital with 80 beds. Manara Nursing home in Shimoga 160km away has 150 beds.


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Signature of Member (2)
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18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	05	44	35
Surgery including OT	10	06	34	14
Obstetrics & Gynecology	28	20	52	46
Pediatrics,	15	10	34	25
Emergency Medicine	20	13	42	34
Psychiatry	04	04	24	15

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	-	04	03
Minor OT	03	-	08	06
Dental, Otorhinolaryngology, Ophthalmology	02	02	06	05
Burns and Plastic	02	02	08	06
Neonatology care unit	02	01	09	04
Communicable disease/ Respiratory medicine/TB & chest diseases	02	02	04	03
Dermatology			08	04
Cardiology	04	03	12	11
Oncology				
Neurology/Neuro-surgery	03	03	09	04
Nephrology/Urology	03	03	09	08
ICU/CCU	08	04	06	05
Geriatric Medicine				
Any other			05	02

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

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Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC	Udayapura P.H.C.		
Adopted / Affiliated			
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐		
Distance from the Nursing Institute	10 Km.		
b. Services Rendered by Health & Family Welfare Programmes	Yes.		
URBAN FEILD :			
a. Name of CHC / PHC / SC	Govt. Hospital, Channarayana.		
Adopted / Affiliated			
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐		
Distance from the Nursing Institute	0.5 Km.		
b. Services Rendered by Health & Family Welfare Programmes	Antenatal & Postnatal care, Pediatric care, Family planning, Humanization program.		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.			

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

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

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13/5/25

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15/5/25

Signature of Member (2)
13/5/25

NAME (Last, first, middle initial)

DATE OF BIRTH (MM/DD/YYYY)

ADDRESS (Street, city, state, zip)

TELEPHONE (Area code, number)

STATUS (Married, single, divorced, widowed, etc.)

INCOME (Annual, monthly, etc.)

EDUCATION (High school, college, etc.)

EMPLOYMENT (Current, past, etc.)

PROPERTY (Real estate, vehicles, etc.)

DEBTS (Mortgage, credit cards, etc.)

INVESTMENTS (Stocks, bonds, etc.)

OTHER (Life insurance, pension, etc.)

REMARKS (Additional information)

SIGNATURE (Applicant)

DATE (MM/DD/YYYY)

WITNESS (Name, address, phone)

SECTION 1 - IDENTIFICATION

1. Name (Last, first, middle initial)	YES	NO
2. Date of birth (MM/DD/YYYY)	YES	NO
3. Address (Street, city, state, zip)	YES	NO
4. Telephone (Area code, number)	YES	NO
5. Status (Married, single, divorced, widowed, etc.)	YES	NO
6. Income (Annual, monthly, etc.)	YES	NO
7. Education (High school, college, etc.)	YES	NO
8. Employment (Current, past, etc.)	YES	NO
9. Property (Real estate, vehicles, etc.)	YES	NO
10. Debts (Mortgage, credit cards, etc.)	YES	NO
11. Investments (Stocks, bonds, etc.)	YES	NO
12. Other (Life insurance, pension, etc.)	YES	NO

SECTION 2 - FINANCIAL INFORMATION

1. Annual income (before taxes)	YES	NO
2. Monthly income (before taxes)	YES	NO
3. Annual income (after taxes)	YES	NO
4. Monthly income (after taxes)	YES	NO
5. Annual income (net worth)	YES	NO
6. Monthly income (net worth)	YES	NO
7. Annual income (total assets)	YES	NO
8. Monthly income (total assets)	YES	NO
9. Annual income (total liabilities)	YES	NO
10. Monthly income (total liabilities)	YES	NO
11. Annual income (total net worth)	YES	NO
12. Monthly income (total net worth)	YES	NO

Signature of Applicant: _____
Signature of Witness: _____
Date: _____

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 14,000	
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 : 40	Boys : 59
f.	Total No. of rooms	Girls : 23	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		
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 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		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

17

13/5/25

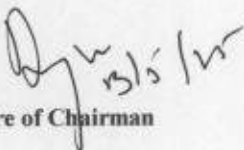
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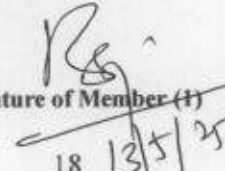
Annexure - 19	List of Teachers with their Declaration forms & necessary documents		
Annexure - 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		

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:

For LIC Inspection as on date 13.5.25 increase seat & fresh MSc courses total member of teaching faculty are 23 with 13 MSc nursing staff with 1:10 ratio for BSc nursing. Guideship is applied, parent hospital with 100 beds as per PCB. Building infrastructure adequate as per RCUHS norms total number of classrooms are 10 lecture halls with A-V aids. Lab equipments found adequate as per norms RCUHS on date. Library has 4176 books with 6 Journals adequate as per RCUHS norms. Separate boy & girls facilities available. Transport facility for the college available documents enclosed. Documents related to land, infrastructure enclosed. Infrastructure, clinical material (CBO/occupancy) adequate as per RCUHS norm. All annexures enclosed.


Signature of Chairman


Signature of Member (1)
18/5/25


Signature of Member (2)
13/5/25

Faculty	Name of the teaching Faculty
0000	

Signature of Chairman
12/19/14

De AC M2012

Signature of Member

Do not expect
a gentle
and good
friend

Handwritten notes on lined paper, including a date "2.2.1990" and various illegible entries.



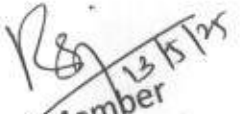
UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at NAGESH COLLEGE OF NURSING, Channarayapatna, which has applied for continuation of affiliation and Seat enhancement and fresh MSc nursing course for the academic year 2025-26. We have conducted LIC inspection of this college on 13-05-2025 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/NUR/LIC/INSP/2025-26, dated: 08-05-2025, we have also visited the attached hospital and verified the bed strength and clinical facility at hospital.

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

The LIC inspection report along with documents and so on submitted to RGUHS


Senate Member
(Chairman)


AC Member

(Member)
Dr. Baswaraj Chivade



INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.
Certificate Issued Date
Account Reference
Unique Doc. Reference
Purchased by
Description of Document
Property Description
Consideration Price (Rs.)
Party
Party
Duty Paid By
Duty Amount(Rs.)

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: SUBIN-KAKAKSCSA0869799022398258X
: LIC TEAM MEMBERS
: Article 4 Affidavit
: AFFIDAVIT
: 0
: (Zero)
: LIC TEAM MEMBERS
: RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
: LIC TEAM MEMBERS
: 100
: (One Hundred only)



Please write or type below this line