



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	A. Sankaragoud Patil	Dr. Mohan. I. A.	Barawaryrubi
Designation	Principal	Prof - Emergency Medicine	Principal
Address	Rajashreekarvech Institute of Ayurveda & Yoga.	Kodagu Medical College	Emergent & Ventecoba College of Nursing
Mobile No	9019587969	9845421569	9941944046
Email ID	ayursank@gmail.com	coorgmuda@gmail.com	metbasawaryrubi@gmail.com

For the Academic Year :2025-26

Date of Inspection:09/05/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation	-	4. Re-Inspection	-
	2. Continuation of Affiliation	yes	5. Surprise Inspection	-
	3. Enhancement of Seats	yes	6. Change of Name/Address	-

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

1	Name of the Institution with Full Address	JAHAN INSTITUTE OF NURSING SCIENCES. #465/1,(373) MARASUR VILLAGE POST, ANEKAL TALUK, BANGALORE-562106	2	Year of Establishment	2019
2	Status of the course conducting body	Trust			
3	Name of the Trust & complete postal address (if private)	PRERANA CHARITABLE AND EDUCATIONAL TRUST. #90, Marasur Village Post, Anekal Taluk, Bangalore-562106 (Enclose copy of Registration documents of Society/Trust)	Annexure - 1		
		Email: pectmarasur@gmail.com	Website: www.jahangroup.in		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council :4 (Enclose copy of Governing Council Members & Audit report of Society/Trust)	Annexure - 2		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

5	Details of Principal/Head of the institution	Name: Dr. ROSELINE REDDY Qualification: PHD Experience: 27 years Email: roselinereddy@gmail.com		Mobile No: 9538356171 Office No:080-46488027 Fax No:080-46488027 Residential phone No:9538356171
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	NA	☐	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	156064.00 (continuation of affiliation)	yes	yes	yes	yes	156064.00
	151064.00 Enhancement of seats					151064.00
Total (A)						307128.00
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)						
Online Transaction Number or Details: ZKBL7ZA09PB099 (Continuation of Affiliation) ZKBL9SB09P8LBZ (Increase in Intake)						

Remarks:

Verified & found correct

Signature of Chairman

Signature of Member

Signature of Member

Verify & Enclose copy of Affiliation fee paid documents

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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	Verified & found correct
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	39	39	39	39	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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.Sc Nursing	Male	17	11	12	12	50
	Female	22	25	24	24	95
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9						
SL No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From To
			Not Applicable			

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

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

Annexure -10						
SL No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From To
			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: Verified the relevant documents. & found correct.
No M, Sc courses are permitted.

Signature of Chairman

Signature of Member

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

12. Teaching Faculty Requirements																
Sl. No	Designation	Required					Existing / Available				Deficit					
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100					40 to 60	61 to 100		
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		2									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		16									
	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

Signature of Chairman

Signature of Member (A)

Signature of Member (B)

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

Sl No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	DR ROSELINE REDDY	PRINCIPAL	PHD OBG	2006	21603	8	19	02/08/19	
2.	PROF JAYASHREE D R	VICE PRINCIPAL	MSC N OBG	2014	39874	1	11	01/07/24	
3.	PROF LAKSHMI M	PROFESSOR	MSC N CHN	2017	24949	2	7	01/09/24	
4.	PROF SHILPANANDA A	PROFESSOR	MSC N MHN	2018	65012	2	6	01/03/24	
5.	MRS ASHA M R	ASSOC PROF	MSC N PEDIA	2020	161355	1	5	04/03/21	
6.	MRS ASHWINI T C	ASSOC PROF	MSC N MSN	2020	82326	1	5	01/03/24	
7.	MRS. CHAITRA K	ASST PROF	MSC N MSN	2021	170788	2	3	23/02/24	
8.	MRS SINDHU S	ASST PROF	MSC N CHN	2021	87070	2	3	13/07/24	
9.	MR VIKAS AHMAD SHEIKH	ASST PROF	MSC N MSN	2024	126746	1	-	05/02/25	
10.	MR ARUN KUMAR K	LECTURER	B.SC NURSING	2013	136870	1	NA	15/03/24	
11.	MR NAGARAJA H	LECTURER	B.SC NURSING	2013	111438	2	NA	20/08/23	
12.	MR ADARSHA	LECTURER	B.SC NURSING	2014	132559	2	NA	25/09/23	
13.	MRS PUSHPA K R	LECTURER	B.SC NURSING	2016	80378	2	NA	01/06/24	
14.	MRS MANASA	LECTURER	B.SC NURSING	2018	94070	2	NA	01/06/24	
15.	MS ARATHI H R	LECTURER	B.SC NURSING	2019	88886	1	NA	15/04/24	
16.	MS HEMA U	LECTURER	B.SC NURSING	2020	116159	3	NA	20/08/23	
17.	MS HARSHITA B R	LECTURER	B.SC NURSING	2022	132741	2	NA	10/01/23	
18.	MS RANJITHA H L	LECTURER	B.SC NURSING	2022	138262	2	NA	06/02/23	
19.	MS POOJA K	LECTURER	B.SC NURSING	2022	132664	2	NA	28/01/23	
20.	MS PAVITHRA B	TUTOR	B.SC NURSING	2022	133190	2	NA	20/05/24	
21.	MR KIRAN KUMAR J	TUTOR	B.SC NURSING	2023	163014	1	NA	28/05/24	

Signature of Member (1)

Signature of Member (1)

Signature of Member (1)

22.	MR VISWANATH G	TUTOR	B.SC NURSING 2023	158213	1	NA	25/05/24	<i>A.A. Kullabala</i>
23.	MS VEENASHREE P	TUTOR	B.SC NURSING 2023	206396	1	NA	05/03/24	<i>Veena K. N. 13</i>
24.	MR AKASH H	TUTOR	B.SC NURSING 2024	162875	1	NA	15/04/24	<i>AKASH</i>
25.	MS NEENA MUHAMMED	TUTOR	B.SC NURSING 2024	124536	1	NA	03/02/25	<i>Neena</i>
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P. S. S. S. S. S.
Signature of Chairman

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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
01	Dr. KALYANI GOLA	MBBS	ANATOMY & PHYSIOLOGY	90	Verified & found correct
02	Dr. PRIYANKA MARK	BDS	PHARMACOLOGY	80	
03	PROF..SOWMYA H. R	P. HD	MICRO-BIOLOGY & BIOCHEMISTRY	95	
04	PROF.SHRUTHI KULKARNI	M.SC	NUTRITION & BIOCHEMISTRY	90	
05	MRS.UMA MAHESWARI	M.SC	PATHOLOGY & GENETICS	85	
06	MRS. HEMANANDINI	M.A	SOCIOLOGY & PSYCOLOGY	80	

14. Physical Facilities :

Annexure - 12

14.1. College Building:

S. No	Details	Required	Existing	Remarks
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	46000sq.ft	
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 TOTAL 5x900 =4500	Verified & found correct
	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		
	Administrative Facilities			
	Office		600	
	1. Principal's Chamber	300		Verified & found correct
	2. Vice-Principal Chamber	200	250	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others		1000	
	6. Office of Administrative, clerical staff and PA (s)			
3	7. Accountants Office		500	
	8. Store Room		1000	

Signature of Chairman

Signature of Member

Signature of Member (2)

9. Record room		500	
10. Room for maintenance staff		500	
11. Xeroxing room		250	
12. common room	1000	1000	
13. Seminar hall	3000	3500	
14. Toilets	1000	2000	
15. A.V/Aids room	600	900	

→ Verified an
found correct

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Signature of Chairman
9/5/25

M. S. 9/5/25
Signature of Member (1)

R. S. 9/5/25
Signature of Member (2)

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

Annexure - 12

Building Documents:

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Annexure - 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA 59 3029	52	Yes	Yes	Yes

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3000 sq ft	YES ☒	YES	YES	Adequate
Total No. of Nursing Books available		3165	No. of Nursing Journals subscribed		8
No. of Thesis/Research titles available		20	Is internet facility available for Students?		yes
No of e-books		1000	How many books were purchased in last financial year?		1500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	GOVIND D G	M.LIB	15	Verified the documents
2	SHOBHA R	M.LIB	12	

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	ARTHRITIS, KANGAROO MOTHER CARE, BREAST FEEDING, SPREAD OF TYPHOID, TUBERCULOSIS, LEPROSY, HIV ETC	↓
Conferences conducted	AIDS PROGRAMME, DIABETES MELLITUS CONTROL, HYPERTENSION AND DASH DIET	Verified & found correct
Conferences attended	PREVENTION OF ACCIDENTS, BCLS, FIRE SAFETY	↑

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

1	Do you have parent Medical College?	☐	NO ☒
2	Do you have parent hospital?	YES ☒	☐
	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: JAYASHREE MULTISPECIALITY HOSPITAL		100	19 KM	90	
NAME OF THE TRUST/ Person owning The Hospital: MR SATISH KUMAR S					
Name Of The Owner Of The Trust		MR SATISH KUMAR S			
Affiliated hospitals- Full Name & Address of the	1 THE OXFORD MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE	1000	6	90	
	2 GOVT GENERAL HOSPIYTAL ANEKAL	100	6	90	
	3 TRED A BANGALORE	100	22	90	
	4 SPANDANA HOSPITALS LTD	100	28	90	
	5 VIJAY HOSPITAL	80	18	90	
	6 ADITI HOSPITAL	50	4	90	
	7 SUNRAY HOSPITAL	60	4	90	
	8 AMMA HOSPITAL	20	5	90	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(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).

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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which 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, 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

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Signature of Member (1)

Signature of Member (2)

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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [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:

All the parent & affiliated hospitals documents are verified along permission letters are found correct.

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	40	90%	261	90%
Surgery including OT	10	90%	228	90%
Obstetrics & Gynecology	15	90%	160	90%
Pediatrics,	10	90%	152	90%
Emergency Medicine	10	90%	70	90%
Psychiatry	NA	NA	200	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	7	90%	30	90%
Minor OT	3	90%	17	90%
Dental, Otorhinolaryngology, Ophthalmology	2	90%	50	90%
Burns and Plastic	5	90%	50	90%
Neonatology care unit	2	90%	10	90%
Communicable disease/ Respiratory medicine/TB & chest diseases	0	90%	40	90%
Dermatology	5	90%	40	90%
Cardiology	5	90%	70	90%
Oncology	0	90%	30	90%
Neurology/Neuro-surgery	10	90%	25	90%
Nephrology/Urology	10	90%	35	90%
ICU/ICCU	20	90%	60	90%
Geriatric Medicine	10	90%	50	90%
Any other	21	90%	20	90%

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		MARASUR PRIMARY HEALTH CENTRE	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☒	☐ ☐
Distance from the Nursing Institute		1 KM	
b. Services Rendered by Health & Family Welfare Programmes		MCH SERVICE AND ALL NATIONAL HEALTH CARE PROGRAMMES.	
URBAN FEILD :			
a. Name of CHC / PHC / SC		MARASUR PRIMARY HEALTH CENTRE	
Adopted / Affiliated		AFFILIATED	
Administrated by		State Govt. ☒	☐ ☐
Distance from the Nursing Institute		1 km	
b. Services Rendered by Health & Family Welfare Programmes		MCH SERVICE AND ALL NATIONAL HEALTH CARE PROGRAMMES.	
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	
b.	Post Basic B.Sc. Nursing	NA	NA
c.	M.Sc. Nursing	NA	NA
21	Time Table available for all Nursing Programmes		
a.	Basic B.Sc. Nursing	YES	
b.	Post Basic B.Sc. Nursing	NA	NA
c.	M.Sc. Nursing	NA	NA

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	YES ☒	Verified ✓
b.	Daily Attendance Registers	YES ☒	
c.	Health Records	YES ☐	
d.	Clinical and field experience record	YES ☐	
e.	Practical record books - procedure record	YES ☐	
f.	Practical record books - Midwifery case book	YES ☐	

Signature of Chairman

Signature of Member (B)

Signature of Member (C)

1. Name of the patient	2. Age	3. Sex	4. Date of admission
5. Referral source	6. Referral date	7. Referral doctor	8. Referral hospital
9. Presenting complaint	10. History of present illness	11. Past medical history	12. Family history
13. Physical examination	14. Investigations	15. Diagnosis	16. Treatment
17. Prognosis	18. Follow-up	19. Discharge date	20. Discharge condition

21. Patient's name	22. Age	23. Sex	24. Date of admission
25. Referral source	26. Referral date	27. Referral doctor	28. Referral hospital
29. Presenting complaint	30. History of present illness	31. Past medical history	32. Family history
33. Physical examination	34. Investigations	35. Diagnosis	36. Treatment
37. Prognosis	38. Follow-up	39. Discharge date	40. Discharge condition

Signature of Doctor: *[Signature]*
 Date: *[Date]*
 Signature of Nurse: *[Signature]*
 Date: *[Date]*

g.	Leave record	YES	☒	
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h.	Extracurricular activities of students	YES	☒	
i.	Cumulative record of each	YES	☒	
j.	Course planning of each subject	YES	☒	
k.	Rotation plans	YES	☒	
l.	Committee Meetings	YES	☒	
m.	Affiliation records	YES	☒	
n.	Records of Stock	YES	☒	
o.	Annual report of activities and achievements	YES	☒	
p.	Staff development programmes	YES	☒	
q.	Anti ragging committee	YES	☒	
r.	Student welfare committee	YES	☒	

23	Hostel Facilities :Annexure - 12			
a.	Whether the college is having a separate Hostel?	YES	☒	
b.	Built-up area of the Hostel	9000 Sq.ft		
c.	Is the Hostel Owned or Rented/Leased?	<i>Own</i>	Rented/Leased	☒
d.	Is there separate provision of Hostel for Male and Female Students?	YES	☒	☐
e.	Total No. of students in the hostel	Girls : 80		Boys : 50
f.	Total No. of rooms	Girls : 15		Boys : 10
g.	Water Supply	YES	☒	
h.	Electricity Supply	YES	☒	
i.	Is Facilities available for outdoor games and indoor games?	YES	☒	
j.	Is Sick room available?	YES	☒	
k.	Whether the hostel mess is available with	YES	☒	
l.	Safe drinking water facilities	YES	☒	

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	yes.	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	yes	
Annexure - 3	Details of any other Nursing Institution under the same Trust	—	NA
Annexure - 4	Details of Affiliated fees paid receipts	yes	
Annexure - 5	Approval Status : GOK Order	yes	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	yes	
Annexure - 7	Approval Status : KNC Notification	yes	
Annexure - 8	Status : INC Notification	yes.	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	NA
Annexure - 10	List of M.Sc. Nursing Students as per format	—	NA-
Annexure - 11	Details of External /Part time Teachers	yes.	
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	yes.	
Annexure - 13	Vehicle Details : Bus	yes	
Annexure - 14	Details of List of Library Books & others	yes.	
Annexure - 15	Academic Activities	yes.	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	yes.	
Annexure - 17	Details of Community Health Nursing Posting Facilities	yes.	
Annexure - 18	Master Rotation plans and Time tables	yes	

Signature of Chairman

Signature of Member (N)

Signature of Member (2)

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

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: On the day inspection 9/5/25 the committee observation as follows.

- Institution is having well equipped infrastructure along with 7 laboratories, 7 classrooms & library & proper day & night arrangements.
- 25 teaching staff are appointed & were present for the 60 intake capacity.
- Separate Boys & girls hostels are made available.
- Parent hospital by name Jayashree hospital & 100 bedded capacity & affiliated hospitals are having clinical permission.
- Library contains 3135 books along Journals.
- Audiovisual room & seminar hall made available.
- Vehicle facility is available for students.
- Play ground facility made available.

Signature of Chairman
9/5/25

Signature of Member (1)
9/5/25

Signature of Member (2)
9/5/25



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

UNDERTAKING by Trust Management

We the Mrs Veena Somantha Chairman/President/Secretary/Member of the trust are submitting the affidavit to University.

The trust Prerana Educational & Charitable Trust is running/managing the colleges 1. John Institute of Nursing Sciences.
2. _____ since
3. _____ years.

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

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

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

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

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

Prerana Educational And Charitable Trust
No-90, Marsur Village and Post,
Anekal Taluk, Bengaluru - 562 106



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Jahan Institute of Nursing which has applied for continuation of affiliation for the academic year 2024-25. Enhancement of Seats 40-60.

We have conducted LIC inspection of this college on 9/5/2025 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/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.

[Signature]
Senate Member
(Chairman)

[Signature]
AC Member
(Member)

[Signature]
Subject Expert
(Member)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

I/We, MR. SATISH KUMAR S

is/are the Owners/MD/CEO/Board Members of the

JAYASHREE MULTISPECIALITY HOSPITAL hospital situated at

#25, 26 & 23, 2nd cross, 'B' Block, Vishwapriya Nagar, Begur Road, Bangalore - 560014

This is to confirm that our hospital JAYASHREE MULTISPECIALITY HOSPITAL is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital JAYASHREE MULTISPECIALITY HOSPITAL is functioning as affiliated/parent/own hospital for JAHAN INSTITUTE OF NURSING SCIENCES college.

We also confirm that our hospital is solely affiliated to

JAHAN INSTITUTE OF NURSING SCIENCES college and is not affiliated to any other nursing college.

The information provided by us is true and correct.



For Jayashree Multi Speciality Hospital

Satish K. S.
Proprietor

