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

DB

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Kiran Kumar. K	Dr. Ajay Kumar. G	Mr. Chetan Kumar
Designation		Professor and Principal	Associate Professor
Address	Sri Kalabyraveshwara Ayurvedic Medical College, Bangalore	Gulbarga Institute of Medical Sciences	RV College of Nursing, Bangalore
Mobile No	9481965646	9448455269	9964199278
Email ID	dr.kiran.ayur@gmail.com	gb@kumarajay@hotmail.com	

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 06/08/2025

(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	HK College of Nursing Jayashankar Building, HES Ring Road, Jalahalli, Bangalore - 560013	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	Harihara Educational Trust (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: hkprincipal1@gmail.com		Website: www.hkinstitutions.com
		Office No: 080-29917897		Mobile No: 9886621238

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. Keerthi Kumar Raghu 9886621238		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 03 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Merlin. M **Qualification:** MSc(N) **Experience after MSc:** 14 years **Email:** merlinmanjesh@gmail.com	**Mobile No:** 9449450212 **Office No:** 080-29917897 **Fax No:** **Residential phone No:**	
	b) Drawing authority of the college			
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	1,30,000/-	-	-	Application	25,000/-	1,55,000/-
Post Basic B.Sc. Nursing	1,3	-	-	fee 1,000/-		
					Total (A)	1,55,000/-

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: BD0000000 7556112

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

Remarks:

Verified and attached

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	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	
	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	
	Sanctioned Intake	–	–	–	–	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	12	11	13	20	56
	Female	27	26	25	17	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———
			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			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		10							
	Total	**16-24**	**24-40**				**4-12**			17							

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

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

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

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

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

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

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

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

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

250 students				

* Aadhar based biometric attendance for students

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MERLIN M	Principal	MSC (N) PGCHN	2013	41727	2	12.2	13/07/2022	Yes	
2.	SURESH D M	Vice principal cum Professor	MSC(N) PGMSN	2012	13365	2	13	07/10/2023	NO	
3.	NUTHAN RAJ	Professor	MSC (N) PSY	2012	15418	2	13	02/01/2022	NO	
4.	JAYASHREE DR	Associate professor	MSC (N) OBG	2014	39874		11	14/06/2023	NO	
5.	C R BHAVANI	Assistant professor	MSC(N) PGOGN	2021	RR ANP 2022 9982 KAR	2	3	11/09/2022	NO	
6.	MOHAN	Assistant professor	MSC(N) CHN	2023	19926	1	2.4	01/04/2023	NO	
7.	AMRITHA MS	Assistant professor	MSC (N) PGPCN	2024	100992	2	1	11/04/2024	NO	
8.	CHINNAMMA D	Nursing Tutor	BS.c(N)	2018	98566	7		01/11/2022	NO	
9.	PAVITHRA J	Nursing Tutor	BS.c(N)	2021	131206	4.6		02/01/2022	NO	
10.	JERUSHA D L	Nursing Tutor	BS.c(N)	2022	132238	2.8		02/05/2023	NO	
11.	DONA JAMES	Nursing Tutor	BS.c(N)	2014	68132	10		03/11/2021	NO	
12.	FEBA K C	Nursing Tutor	BS.c(N)	2017	83413	7.6		01/03/2021	NO	
13.	ANITHA JOHN	Nursing Tutor	BS.c(N)	2015	73755	4.5		11/10/2021	NO	
14.	VALARMATHI M	Nursing Tutor	BS.c(N)	2021	125652	4		02/05/2022	NO	Sick leave
15.	GOPIKA KANNAN S	Nursing Tutor	BS.c(N)	2018	119288	6.6		20/09/2022	NO	CL
16.	PEETHAMBARAM C	Nursing Tutor	BS.c(N)	2020	117931	5		10/01/2022	NO	
17.	LEVITA FLACIA MASCARE	Nursing Tutor	BS.c(N)	2014	059461	5		15/01/2020	NO	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	26,157 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	1200sqft x 2 900x2	
	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	1000sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	350 sq.ft	
	7. Accountants Office	**100**	350 sq.ft	
	8. Store Room	**100**	350 sq.ft	
	9. Record room	**100**	200 sq.ft	
	10. Room for maintenance staff	**100**	200 sq.ft	
	11. Xeroxing room	**100**	300 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	600 sq ft male and female	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2500sq.ft	
	14. Toilets	1000	1000 sq.ft	

Verified

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

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

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

	15. A.V/Aids room	600	600 sq.ft	

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

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA04AC1967	60	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2000sq.ft	YES ☑ No ☐			

Total No. of Nursing Books available	1317	**No. of Nursing Journals subscribed**	07
No. of Thesis/Research titles available	02	**Is internet facility available for Students?**	Yes
No of e-books	–	**How many books were purchased in last financial year?**	380

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Nagesha. K.	MLISc	2 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	Enclosed	

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

Conferences conducted	Enclosed	
Conferences attended	Enclosed	

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

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

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

Parent Hospital.	**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital Vividus Health Private limited No. 33, 357, HMT main road, Yokula 1st Stage, Bangalore. MOU(Registered parent hospital MOU)	100	4 km	85%	
NAME OF THE TRUST/ Person owning The Hospital Parameshwara Reddy Vennapusa				Verified
Name Of The Owner Of The Trust of Hospital Parameshwara Reddy Vennapusa				
Affiliated hospitals- Full Name & Address of the Parent Hospital — 1 Victoria Hospital. Victoria Hospital, Mysore Rd, near City Market, New Tharagupet, Bengaluru, Karnataka 560002	1000	13 km	98%	
2 Krishnaraja Hospital, Victoria Hospital, Mysore Rd, near City market, New Tharagupet, Bengaluru, Karnataka 560002	700	13 km	98%	
3. Spandana Hospital Metro station, Mysore Road, 1/1, near Nayandahalli, Pantharapalya	100	16 km	90%	

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

	Nayandahalli Bengaluru Karnataka 560039 (MOU/Clinical permission letter)				

(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:

→ Vivid hospital & both the MOU hospital for the Institution - the Chairman & one of the trustee membs & the Institution
→ Except Principal, other faculty board had taken

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	30	88%	250	92%
Surgery including OT	25	92%	280	93%
Obstetrics & Gynecology	22	91%	470	94%
Pediatrics,	15	92%	100	92%
Emergency Medicine	05	91%	15	90%
Psychiatry	03	88%	100	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	90%	15	90%
Minor OT	04	90%	53	90%
Dental, Otorhinolaryngology, Ophthalmology			30	91%
Burns and Plastic			44	90%
Neonatology care unit			233	93%
Communicable disease/Respiratory medicine/TB & chest diseases			45	92%
Dermatology			15	9%
Cardiology			20	90%
Oncology			50	92%
Neurology/Neuro-surgery			32	90%
Nephrology/Urology			20	91%
ICU/ICCU			37	90%
Geriatric Medicine			48	93%

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

Any other			40 25	90% 88%

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		PHC
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		7 km
b. Services Rendered by Health & Family Welfare Programmes		Immunization, family planning services
URBAN FEILD :		
a. Name of CHC / PHC / SC		Urban PHC
Adopted / Affiliated		Affiliated
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		2 km
b. Services Rendered by Health & Family Welfare Programmes		Immunization, family planning services

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 ☐

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

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 25800	
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 : 85	Boys : 43
f.	Total No. of rooms	Girls : 20	Boys : 15
g.	Water Supply	YES ✓	NO
h.	Electricity Supply	YES ✓	NO
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO
j.	Is Sick room available?	YES ✓	NO
k.	Whether the hostel mess is available with	YES ✓	NO
l.	Safe drinking water facilities	YES ✓	NO

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

List of Annexures:

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

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

	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:

On the day of inspection observation are follow by LIC Team

→ RCC structure built in 26157 Sqft area contain 4 class rooms, 6 Labs, Library with proper seating area.

→ Total number of books available 1317 in which last year 380 books purchased.

→ Institution is having parent hospital (MOU, but hospital chairman is one of trustee member of institution) & 100 Bed RPME+PCP established. and it is situated 4kms away from institution. i.e MVID hospital (Vinay health pvt Ltd). HMT main road Malleshwaram 11th stage Bangalore

→ Adequate facility, and separate hostel for boys & girls provided

→ All other documents verified and found correct

→ Can recommended for continuation of facilities for academic year 2025-26

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 HK college of nursing, Bangalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 06/08/2025 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.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA09122311186078X**
Certificate Issued Date	:	04-Aug-2025 06:11 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MATHIKERE/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0833915859615986X
Purchased by	:	SECRETARY HARIHARA EDUCATION TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING BY TRUST MANAGEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY HARIHARA EDUCATION TRUST
Second Party	:	REGISTRA RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	SECRETARY HARIHARA EDUCATION TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
THE MATHIKERE CO-OP.
SOCIETY LTD.

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the Harihara Education Trust are submitting the affidavit to University.

The trust Harihara Education Trust is running/managing the colleges

1.H K College of Nursing since 06 years.

NOTARY K.C. PEMMAIAH GOVT. OF INDIA

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

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.

For H K COLLEGE OF NURSING

Authorized Signatory

Authorised Signatory

NOTARY K.C. PEMMAIAH, M.A. LL.B. BANGALORE METROPOLITAN AREA Reg. No. 40/95 GOVT OF INDIA

BEFORE ME

K.C. PEMMAIAH, M.A. LL.B., PGDPM & IR
ADVOCATE
& NOTARY (Govt. Of India)
# 72, Bloom Field Garden,
Vidyaranyapura Post, Bangalore-560 097

Members:-

1. Keerthi Kumar Raghu

2. Parameshwara Reddy Vennapusa

3. V. Raghu.

VIVIDUS HEALTH PVT. LTD.
No. 33(357), HMT Main Road
Gokula 1st Stage, 2nd Phase
BANGALORE-560 054.

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA09122013975851X**
Certificate Issued Date	:	04-Aug-2025 06:11 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MATHIKERE/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKACRSFL0833917938318459X
Purchased by	:	VIVIDUS HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING BY PARENT HOSPITAL
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VIVIDUS HOSPITAL
Second Party	:	REGISTRA RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	VIVIDUS HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Prema
Authorised Signatory
THE MATHIKERE CO-OP. SOCIETY LTD.

Please write or type below this line

UNDERTAKING

I/We, Parameshwara Reddy Vennapusa is/are the Owners/MD/CEO/Board Members of the Vividus hospital situated at No. 33,357,HMT Main Road, Gokula 1st stage, 2nd phase, Bangalore.

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

NOTARY K.S. PEMMAIAH GOVT. OF INDIA

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that the hospital Vividus hospital is functioning as affiliated/parent/own hospital for H K college of Nursing.

We also confirm that our hospital is solely affiliated to H K college of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.

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VIVIDUS HEALTH PVT. LTD
No. 33(357), HMT Main Road
Gokula 1st Stage, 2nd Phase
BANGALORE-560 054

Authorized Signatory

BEFORE ME

K. C. PEMMAIAH, MA, LLB, PGDPM & IR
ADVOCATE
& NOTARY (Govt. Of India)
# 72, Bloom Field Garden,
Vidyaranyapura Post, Bangalore - 560 097.

4/8/2023