



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. Yashodha. Darshan	D. SHRUTHI. H.P	HEMARAJU. R
Designation	Asst Prof - Sri Channundeshu	Professor of pathology	PRINCIPAL
Address	Medical college #1290/102-13th main, Green leaf Ignis Judicial layout Yelkanka. B.lore: 65.	Padmasree Institute of ALT Suburban post 560060	T. BEUR NELAMANGALA BANGALORE
Mobile No	9483043552.	9535504757	9035869657.
Email ID	yash101@live.in.	111. Shreuthi@gmail.com	hemaraju3002@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	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	CIVIL COLLEGE OF NURSING NO: 23/10 HOSAHALLI, GOLLARPALLYA VISHWANEEEDAM [P]. MAGADI MAIN ROAD BANGALORE - 01	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	SAI EDUCATIONAL TRUST NO: 23/10 HOSAHALLI, GOLLARPALLYA VISHWANEEEDAM [P] BANGALORE - 01			
		Email: civilcollegeofnursing@gmail.com			
		Website: www.civlinstitutions.com			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

9/5/25
D. SHRUTHI. H.P
AC member
Rguhs

HEMARAJU. R
PRINCIPAL
AMBIKA COLLEGE OF NSQ.
9/05/2025

(b). Name of the Owner of Trust/Society	Dr. D.V. CHALAPATHY		
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: Jyothi R Qualification: M.Sc. [OBG] Experience: 12 years Email: jyothir@ gmail . com	Mobile No: 9731857143 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	Administrati ve Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	1,30,000/-	-	-	-	25,000/-	1,56,050/-
Post Basic B.Sc. Nursing	NA	NA	NA	NA	NA	NA
Total (A)						
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:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Transaction id: BD000000007554506

Dated: 21/12/2021

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	40 Annexure - 5	40 Annexure - 6	40 Annexure - 7	NA Annexure - 8	Verified and enclosed
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year	09				
Post Basic B.Sc. Nursing	Approval Letter No. and Date					Verified and enclosed
	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					Verified & enclosed
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	-	-	-	-	Verified & enclosed
	Sanctioned Intake	-	-	-	-	

Signature of Chairman

Signature of Member (I)

Signature of Member (2)

9/05/2025

	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.Sc Nursing	Male	-	-	-	22	
	Female	09	39	15	10	
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	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*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		0									
6	Tutor	8-16	16-24	2-10	--		15									
	Total	16-24	24-40	4-12			20									

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 (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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										


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
			<i>ENCLOSED</i>		

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) 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		
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	<i>4x900sq ft.</i> <i>2x600sq ft</i> <i>2x600sq ft</i> <i>2x600sq ft</i>	<i>Verified and Enclosed</i>
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room 13. Seminar hall 14. Toilets 15. A. V/Aids room	300 200 5 x 200 = 1000 800+2400=3200 600	<i>ENCLOSED</i>	

Signature of Chairman

Signature of Member (I)

Signature of Member (II)

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

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	KA-41D2745	50	Yes / No	Yes / No	Yes / No

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	2500 Sq.Ft	YES ☒ No ☐	✓	✓	—
Total No. of Nursing Books available	2000	No. of Nursing Journals subscribed			—
No. of Thesis/Research titles available	—	Is internet facility available for Students?			Yes.
No of e-books	—	How many books were purchased in last financial year?			1000 books.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Kavya	M.Lib.	3 years	—

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	ENCLOSED	✓ verified & Enclosed
Conferences conducted		
Conferences attended		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 MEDRAY HOSPITAL CLINICAL PVT. [2+D]	111	10 kms.		
NAME OF THE TRUST/ Person owning The Hospital SRI LAKSHMI GLOBAL Hosp.	100	35 kms.		
Name Of The Owner Of The Trust of Hospital Dr. Santhosh. G. Dr. Sambashiva.	-	-	-	
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 AKASH - INSTITUTE OF NURSING SCIENCES. 2 FORTIS HOSPITAL NAGARBHAVI.				

(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/CCU. (Reference :F.NO.1-5/2014-INC did 29/10/2014 and F.NO.1-6/2018-INC did 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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Signature of Member (2)

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:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	218	40	220
Surgery including OT	15	100	30	150
Obstetrics & Gynecology	15	150	30	150
Pediatrics,	20	150	40	100
Emergency Medicine	20	100	40	150
Psychiatry	20	100	40	150

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	15	150	15	150
Minor OT	15	200	15	200
Dental, Otorhinolaryngology, Ophthalmology	10	100	10	100
Burns and Plastic	15	50	15	50
Neonatology care unit	15	50	15	50
Communicable disease/ Respiratory medicine/TB & chest diseases	15	50	15	50
Dermatology	10	20	10	20
Cardiology	10	20	10	20
Oncology	10	20	10	20
Neurology/Neuro-surgery	10	20	10	20
Nephrology/Urology	10	20	10	20
ICU/ICCU	12	20	10	20
Geriatric Medicine	10	20	10	20
Any other	-	-	-	-

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		
Adopted / Affiliated		AFFILIATED
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		12 kms.
b. Services Rendered by Health & Family Welfare Programmes		Immunisation. Antenatal check ups.
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		AFFILIATED
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		10 kms.
b. Services Rendered by Health & Family Welfare Programmes		Antenatal checkup. Vaccination.
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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Signature of Member (2)

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

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	
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 :	Boys :
f.	Total No. of rooms	Girls :	Boys :
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/ Ramp in 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)

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:

LIC inspection team conducted LIC inspection at CV college of Nursing, Bangalore on 9/8/25. for continuation of affiliation for year 2025-2026. On the day of inspection the college staff details were verified with their original documents all 19 staffs were present.

All the staffs are well qualified and experienced.

Over all infrastructure, facilities, clinical materials (library, lab equipments) were assessed and photos of the same are enclosed.

The parent hospital is 111 bedded hospital which around 10km from college campus area

The PCB and KPME certificates were verified and are enclosed.

One seminar hall/multipurpose hall present.

List of equipments and list of library books enclosed.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

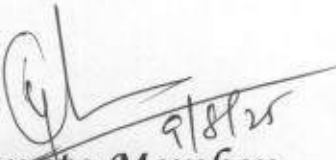
UNDERTAKING

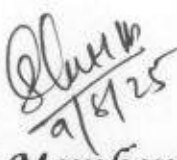
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at CIV COLLEGE OF NURSING which has applied for continuation of affiliation for the academic year 2024-25.

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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
Dr. Jashodha Dossan
9/5/25

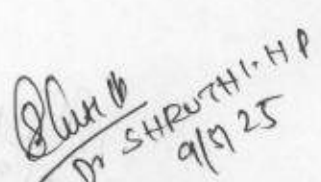

Signature of Member (1)
Dr. SHRUTIKA H P
19 AC member

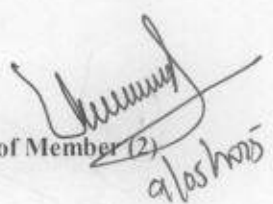

Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



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, Dr. Santosh & Dr. Sambashiva

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

Medray Hospital & Sri Lakshmi Global hospital situated at
Bangalore

This is to confirm that our hospital Medray Hospital (100) & Sri Lakshmi Global (100)
is registered under KPMEA and PCB with 100 + 100 beds and the bonafide certificate has
been attached.

This is to confirm that the hospital Medray 100 beds, Sri Lakshmi Hospital 100 beds
functioning as affiliated/parent/own hospital for CIV college of nursing
college.

We also confirm that our hospital is solely affiliated to

CIV college of nursing college and is not
affiliated to any other nursing college.

The information provided by us is true and correct.

MEDRAY HOSPITALS
M. Kumar
PARTNER



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 Chairman/President/Secretary/Member of Sai Education trust are submitting the affidavit to University.

The trust Sai Education Trust (M) is running/managing the colleges 1. CDV College of Nursing
2. Enhancement of BSc 40/560 seats
3. Additional Courses HSC NSE since 2018
- 2019 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.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

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

UNDERTAKING

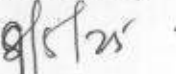
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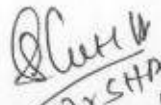
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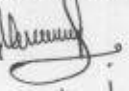
The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.


Senate Member
(Chairman)


Dr. Yashodha. Dashean


A C Member
(Member)
Dr. SHARATHI HP
RGUHS
AC member
9/5/25

HEMARAJU. R
PRINCIPAL
AMBIKA COLLEGE OF NSG
Subject Expert
(Member)

9/05/2025

MEMORANDUM

CIVIL COLLEGE OF INDIAN

10/1/52

RECEIVED
DIRECTOR
BUREAU OF INDIAN AFFAIRS
WASHINGTON, D.C.
OCT 1 1952

10/1/52
10/1/52
10/1/52

Director
Bureau of Indian Affairs
Washington, D.C.



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. SHRUTHI H P	HEMARAJU. R
Designation		Professor of pathology	PRINCIPAL
Address		Padamshree Institute M.T. Subbar post Icenqui Soc.	T. BEUR. NELAMANKALA BANGALORE
Mobile No		9535504757	9035869657
Email ID		111. sheetha@gmail.com	hemarajuh3002@gmail.com

For the Academic Year :

Date of Inspection:

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation		4. Re-Inspection	
	2. Continuation of Affiliation		5. Surprise Inspection	
	3. Enhancement of Seats	✓	6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.	✓		

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

1	Name of the Institution with Full Address	CIV COLLEGE OF NURSING 2 NO: 23/10, HOSAHALLI, GOLLARPALLY, NISHWANNEEDAMP, MAGADI MAIN ROAD BANGALORE-91	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	SAI EDUCATIONAL TRUST No: 23/10, HOSAHALLI, GOLLARPALLY, BANGALORE-91		
		(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
	Email:	Civcollegeofnursing@gmail.com	Website:	www.civnursing.com

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Dr. D. V. Chalapathy	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : - ENCLOSED - (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	Details of Principal/Head of the institution	Name: Jyothi R. Qualification: M.Sc. [N] Experience: 13 years Email: jyothirp21@gmail.com	Mobile No: 973857743 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 UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	-	-	-	-	-	-
Post Basic B.Sc. Nursing	-	-	-	-	-	-
Total (A)						
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:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	40 Annexure - 5	40 Annexure - 6	40 Annexure - 7	NA Annexure - 8	-
	Affiliation Sanctioned Intake	40	40	40	NA	-
	Admissions Made for the Current Academic Year	09	-	-	-	-
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.Sc Nursing	Male	—	—	—	22	
	Female	09	39	15	10	
Post Basic B.Sc Nursing	Male					
	Female		NA	—		
M.Sc Nursing	Male					
	Female		NA	—		
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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1													
2	Vice-Principal	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*					2						
6	Tutor	8-16	16-24	2-10	--											
	Total	16-24	24-40	4-12												

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 (I)

Signature of Member (II)

12.1.1. 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.						After UG			
2.						After PG			
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	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		
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		
	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			
	1. Principal's Chamber	300		
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institution office /Others			
3	6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000		
	13. Seminar hall	3000		
	14. Toilets	1000		
	15. A.V/Aids room	600		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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, 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 Licence
			Yes / No	Yes / No	Yes / No

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	2500 Sq.Ft.	YES ☒ No ☐	✓		Verified
Total No. of Nursing Books available	2000	No. of Nursing Journals subscribed		-	
No. of Thesis/Research titles available	-	Is internet facility available for Students?		Yes	
No of e-books	-	How many books were purchased in last financial year?		1000 books	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Kavya.	M. Lib.	3 years.	Verified.

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		
Conferences conducted		
Conferences attended		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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				
MEDRAY HOSPITAL CLINICAL PVT. (LTD)	111	40 kms		
SRI LAKSHMI GLOBAL (HOS)	100	35 kms		
NAME OF THE TRUST/ Person owning The Hospital				
Dr. Santhosh. G.				
Dr. Sambashiva.	-	-	-	
Name Of The Owner Of The Trust of Hospital				
Dr. Santhosh. G.	-	-	-	
Dr. Sambashiva.				
Affiliated hospitals- Full Name & Address of the Parent Hospital				
1 Akash institute of nursing Sciences.				
2 Fortis Hospital Narsimharaj.				

(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).

- 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/CCU. (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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- 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.)

- 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.

Remarks:

Signature of Member (1)

Signature of Member #2

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	218	40	220
Surgery including OT	15	100	30	150
Obstetrics & Gynecology	15	150	30	150
Pediatrics,	20	150	40	100
Emergency Medicine	20	100	40	150
Psychiatry	20	100	40	100

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	15	150	15	150
Minor OT	15	200	15	200
Dental, Otorhinolaryngology, Ophthalmology	10	100	10	100
Burns and Plastic	15	50	15	50
Neonatology care unit	15	50	15	50
Communicable disease/ Respiratory medicine/TB & chest diseases	10	50	15	50
Dermatology	10	20	10	20
Cardiology	10	20	10	20
Oncology	10	20	10	20
Neurology/Neuro-surgery	10	20	10	20
Nephrology/Urology	10	20	10	20
ICU/ICCU	10	20	10	20
Geriatric Medicine	12	20	10	20
Any other	-	-	-	-

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		
Adopted / Affiliated		AFFILIATED
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		12 kms
b. Services Rendered by Health & Family Welfare Programmes		Immunisation, Antenatal check up.
URBAN FEILD :		
a. Name of CHC / PHC / SC		AFFILIATED.
Adopted / Affiliated		
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		10 kms.
b. Services Rendered by Health & Family Welfare Programmes		Antenatal checkups, Vaccination
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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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			
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 :		Boys :	
f.	Total No. of rooms	Girls :		Boys :	
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/ Ramp in 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 (I)

Signature of Member (2)

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: LIC inspection team conducted inspection at CIV college of Nursing Bangalore for enhancement of seats and additional courses on 9/8/2025.

On the day of inspection we checked and verified relevant original documents of the trust, land and building.

19/19 Staffs were present on the day of inspection and all the staffs declaration forms enclosed. All the staffs are well qualified and experienced.

The overall infrastructure and facilities are available.

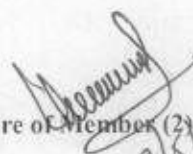
The library books list and list of equipments enclosed.

The parent hospital is 111 bedded hospital and is around 10 kms from the college campus.

The PCB and KPME certificates were verified and are enclosed.


Signature of Chairman


Signature of Member (1)
AC member
18 RGUHS


Signature of Member (2)
28/8/2025

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at CIV College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 9/5/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

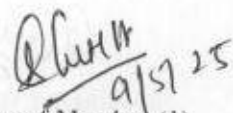
Senate Member
(Chairman)

A C Member
(Member)

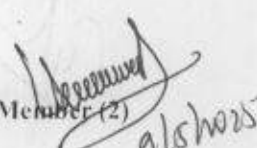
Subject Expert
(Member)


Signature of Chairman

Dr. Yashodha Dasgupta
9/5/25

Dr. SHRUTHI HP

9/5/25
Signature of Member (1)

19

Hemavathi R.

9/5/25
Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.


Signature of Chairman


Signature of Member (1)
AC member


Signature of Member (2)



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 B. B. B. B. the Chairman/President/Secretary/Member of the Sai Sudebnal trust are submitting the affidavit to University.

The trust Sai Sudebnal Trust is running/managing the colleges 1. CDV. College of Nursing.

2. CDV. Institute of Allied Health Courses.

3. Applied for BSC NSF 40860 of Additional course since 2018 - 2019 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.

B. B. B. B.



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, Don Santosh & Don Sambashiva

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

Q RTH Layout - Bore hospital situated at

This is to confirm that our hospital

Global Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital

functioning as affiliated/parent/own hospital for college.

We also confirm that our hospital is solely affiliated to

college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

MEDRAY HOSPITALS
M. M. M. M.
PARTNER



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

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

UNDERTAKING

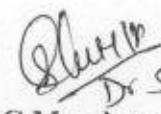
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Civ College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 9/1/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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The LIC inspection report along with documents and soft copy is submitted to RGUHS.


Senate Member
(Chairman)


A C Member
(Member)

HEMARAJU. R
PRINCIPAL
AMBIXA CLU OF NSQ

Subject Expert
(Member)

CIV COLLEGE OF NURSING

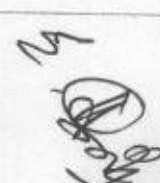
SY NO 23/10, HOSAHALLI, GOLLARAPAYLA, MAGADI MAIN ROAD, BANGALORE-560091

TEACHING FACULTY FORMAT 2025-2026

SL. NO	NAME OF THE TEACHING FACULTY	DESIGNATION	QUALIFICATION ALONG WITH SPECIALITY	NAME OF THE INSTT/UNI	YEAR OF PASSING	R.N & R.M.N O	TEACHING EXPERIENCE		DATE OF JOINING	ID NO	SIGNATURE
							UG	PG			
1.	Mrs. JYOTHI R	PRINCIPAL	MSC (N) OBSTETRIC AND GYNOLOGICAL NURSING	ORIENTAL COLLEGE OF NURSING	2012	004485	1 YEAR	12 YEARS	01-07-2024	5283 7259 6586	
2.	Mr DINESH M	Asso Professor	M.SC NURSING Psychiatric Nursing	CHERRNS COLLEGE OF NURSING, MGR UNIVERSITY	2020	RR TNM 2017 6285 KAR	1 YEAR	4 YEARS	CONCENT	9082 0064 3248	
3.	Ms. SOUMYA R	Professor	M.Sc Nuring Pediatric nursing	Oriental college of nursing	2015	030650	1	10	11-10-2023	9950 7742 8729	
4.	Mr R ANAND	Asso. Professor	M.Sc Nursing	Nisarga college of nursing	2021	18210	1	03Year s	02-05-2025	3963 5244 1956	

Principal

CIV COLLEGE OF NURSING
Bangalore - 560 091.

5.	Ms. TANUSHREE GURIA	Lecturer	M.Sc Nursing OBG	Little Flower College of Nursing	2024	229045	1	-	01-04-2025	2059 7262 1198	
6.	Mr VALLARASU E	LECTURER	M.SC NURSING MEDICAL SURGICAL NURSING	Little Flower College of Nursing	2024	120542	1	-	05-05-2025	2391 7903 3961	
7.	Mr RATNADEEP	LECTURER	M.Sc NURSING	Little Flower College of Nursing	2024	107701	01	--	21-04-2025	2956 4767 1670	
8.	Mr SWAMY G T	LECTURER	M.Sc NURSING Community Health Nursing	Little Flower College of Nursing	2024	195195	01	01	14-04-2025	7141 2243 5802	
9.	Ms. BHAGYA OMANAKUTTA N	TUTOR	B.SC NURSING	Sarvodaya College of Nursing	2023	148428	01	--	04-04-2024	3984 1927 7449	
10.	Mr. AAMIR BASHIRSHIEKH	TUTOR	B.SC NURSING	Little Flower College of Nursing	2023	148313	01	--	20-12-2023	6715 9416 3929	
11.	Ms. RAKSHITA ROKHADE	TUTOR	B.Sc Nursing	Karnataka Institute of Medical Sciences	2024	170240	--	--	08-05-2025	3925 4645	

Division - 560 001
CIA COLLEGE OF BUSINESS
BIRMINGHAM

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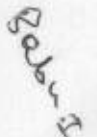
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12. Ms ANJUM M KHASAMBI	TUTOR	B.Sc Nursing	Karnataka Institute of Medical Sciences	2024	170249	-	-	08-05-2025	2110 7141 0615	
13. Mr BABU I	TUTOR	B.SC NURSING	Little Flower College of Nursing	2024	164994	01	--	16-09-2024	3284 7232 0325	
14. Mr TEJA S	TUTOR	B.Sc NURSING	Little flower college of Nursing	2024	161172	01	--	02-09-2024	9732 8740 3319	
15. Mr SIDDESH R	TUTOR	B.Sc Nursing	Capitol college of nursing	2019	203727	05	--	28-04-2025	8890 9673 0030	
16. Mr Praveen R	Tutor	B.Sc Nursing	Little Flower college of Nursing	2024	161933	--	--	05-10-2024	5822 6881 8538	
17. Mr SURESH R	LECTURER	MSC NURSING MEDICAL SURGICAL NURSING	BMS COLLEGE OF NURSING	2023	97873	00	02	CONCENT	6590 4625 2919	

Principal

CIV COLLEGE OF NURSING

- Bangalore - 560 091.

Principal - 200.00
DIA COLLEGE OF NURSING
Principal

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18.	Mr JEGAN G	LECTURER	M.Sc NURSING	PATEL COLLEGE OF NURSING	2023	93118	00	02	CONCENT	2250 8915 5822	
19.	Mr KARTHIK RAJA	TUTOR	B.Sc NURSING	LITTLE FLOWER COLLEGE OF NURSING	2022	132021	00	02	01-05-2025	8861 2213 7735	

Principal

GM COLLEGE OF NURSING
 Bangalore - 560 091..

Division of Nursing
Principal
MAY 1961