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 G. Manjunath Gowda	Dr. SALEEMULLA KHAN	Khadirsab. Mudhol
Designation	Senate Member	Prof. & Principal	Asst. Professor.
Address	#a/c, 4th Main, Ramakrishnaiah Layout, Bangalore	P.A. College of pharmacy Mangalore.	Govt College of Nursing BIMS - Belagavi
Mobile No	9663679444	9916847900.	9945787173
Email ID	manjunathgowda54@gmail.com	saleemulla.khan@gmail.com	Khadir86@gmail.com

For the Academic Year :	2025 - 2026	*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	St. Alphonsa college of Nursing #61, Kyathamaranahalli layout, Nazar-bad Mohalla, Mysuru - 570019	2	Year of Establishment
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	Suraksha Education Trust. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: constalphonsa@gmail.com	**Website:** St.Alphonsa.Org.	

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

	(b). Name of the Owner of Trust/Society	Dr. Sarala Chandrashekar.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 04 Members (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr. T. Lissa. Qualification: M.Sc [N] Ph.D Experience: 13 years 4 Months Email: lissamysore@gmail.com		Mobile No: 9986249129 Office No: 9986817230 Fax No: 0821-2455666 Residential phone No: 0821-2455666
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 addressVerify 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				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	1000/- 1,00,000/-	1,26,000/-	—	—	25,000/-	25,000/- 1,000/- 1,00,000/-
Post Basic B.Sc. Nursing		—				
					Total (A)	1,26,000/-

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)	

NOT APPLICABLE

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			NOT APPLICABLE		
	Admissions Made for the Current Academic Year		NOT APPLICABLE			
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			NOT APPLICABLE		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NOT 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	11	7	7	7	32
	Female	29	31	32	33	125
Post Basic B.Sc Nursing	Male					
	Female	—		NA	—	
M.Sc Nursing	Male					
	Female	—	—	NA	—	
M.Sc NPCC	Male					
	Female	—	—	NA	—	

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

Annexure - 9

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

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--------
		—	N.A —			

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*		1									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		11									
	Total	**16-24**	**24-40**	**4-12**			18									

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	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

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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.										
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Enclosed

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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65.										

Enclosed

- **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)**

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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	23700 Sqft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 Class rooms 900 sqft each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	- N·A -	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	- N·A -	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	- NA -	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sqft	
	2. Vice-Principal Chamber	200	200 Sqft	
	3. HOD	5 x 200 = 1000	-	
	4. Professor/Assoc. Prof	800+2400=3200	3300 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		600 Sqft	
	7. Accountants Office		600 Sqft	
	8. Store Room		300 Sqft	
	9. Record room		250 Sqft	
	10. Room for maintenance staff		300 Sqft	
	11. Xeroxing room		300 Sqft	
	12. common room	1000	1000 Sqft	
	13. Seminar hall	3000	3000 Sqft	
	14. Toilets	1000	1050 Sqft	
	15. A.V/Aids room	600	600 Sqft	

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1650 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	950 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.ft	

Note:

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

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

Building Documents:

Annexure – 12

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.** Enclosed
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 Licience
01	KA557888	40	Yes / No	Yes / No	Yes / No

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16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft		YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	2341	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	0	**Is internet facility available for Students?**	YES
No of e-books	102	**How many books were purchased in last financial year?**	1390

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Maheshkumar. B M	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 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		
Conferences conducted	— Enclosed —	
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 Brindavan Hospital #64, 3rd cross, Jayalakshmi Puram, Mysore - 570012		100	5km	80%	
NAME OF THE TRUST/ Person owning The Hospital Mr. K. K. Kandesh					
Name Of The Owner Of The Trust of Hospital Mr. K. K. Kandesh					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Aishwarya Hospital #30, A Block, 3rd stage Vijayanagar, mysore	50	8 km.	85%.	
	2 New priyadarshini Hospital Mysore	50	6 km	82%.	

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

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be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	70%.	10	85%.
Surgery including OT	05	60%.	05	78%.
Obstetrics & Gynecology	15	60%.	05	68%.
Pediatrics,	10	70%.	03	92%.
Emergency Medicine	02	80%.	02	80%.
Psychiatry	02	80%.	-	-

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%.	02	80%.
Minor OT	03	80%.	02	80%.
Dental, Otorhinolaryngology, Ophthalmology	01	80%.	-	-
Burns and Plastic	02	80%.	02	80%.
Neonatology care unit	03	70%.	02	80%.
Communicable disease/ Respiratory medicine/TB & chest diseases	02	70%.	-	-
Dermatology	02	60%.	-	-
Cardiology	05	48%.	03	80%.
Oncology	02	90%.	-	-
Neurology/Neuro-surgery	02	90%.	02	78%.
Nephrology/Urology	01	90%.	02	90%.
ICU/ICCU	01	80%.	05	95%.
Geriatric Medicine	02	80%.	05	85%.
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**	Varuna Primary Health center
	Adopted / Affiliated	Adopted
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	6
b.	Services Rendered by Health & Family Welfare Programmes	MCH, Immunization School Health Prenatal clinic.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	G.B. Palya community Health center
	Adopted / Affiliated	Adopted
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	5
b.	Services Rendered by Health & Family Welfare Programmes	MCH, Immunization School Health Prenatal clinic.
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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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 9600	
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 : 125	Boys : 32
f.	Total No. of rooms	Girls : 10	Boys : 05
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	Yes	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes	
Annexure - 3	Details of any other Nursing Institution under the same Trust		NO
Annexure - 4	Details of Affiliated fees paid receipts	Yes	
Annexure - 5	Approval Status : GOK Order	Yes	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes	
Annexure - 7	Approval Status : KNC Notification	Yes	
Annexure - 8	Status : INC Notification	Yes	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		NO
Annexure - 10	List of M.Sc. Nursing Students as per format		NO
Annexure - 11	Details of External /Part time Teachers	Yes	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	Yes	
Annexure - 13	Vehicle Details : Bus	Yes	
Annexure - 14	Details of List of Library Books & others	Yes.	
Annexure - 15	Academic Activities	Yes	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	Yes	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes	
Annexure - 18	Master Rotation plans and Time tables	Yes	

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

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		No

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:

The Institution started in the year 2019.
The LIC visited the college On 10th May, 2025.
On the day of inspection Principal & Faculty were present as per ratio.
The infrastructure of the college has been considered.
Clinical materials can be considered for the Continuation of affiliation, enhancement of seats Bsc. N 40-60.

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 St. Alphonsa 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 _____ 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)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

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 the trust A UNIT OF SURAKSHA EDUCATION TRUST are submitting the affidavit toUniversity.

The trust SURAKSHA EDUCATION TRUST is running/managing the colleges 1. St. Alphonsa College of Nursing, mysore
2. –
3. – since 05 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.

for **Suraksha Education Trust**

Chairperson

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, Sri Kandesh. K.K
is/are the Owners/MD/CEO/Board Members of the
BRINDAVAN HOSPITAL hospital situated at
#64, 3rd cross, Jayalakshmipuram, mysore-12

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

This is to confirm that the hospital BRINDAVAN HOSPITAL is functioning as affiliated/parent/own hospital for St. Alphonsa college of nursing college.

We also confirm that our hospital is solely affiliated to St. Alphonsa college of nursing, mysore college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

For BRINDAVAN HOSPITAL
(A Unit of Vidyaranya Multispeciality Hospital Pvt. Ltd.,)

Director

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. Amruth Raj G. Gowda
is/are the Owners/MD/CEO/Board Members of the
AISHWARYA HOSPITAL hospital situated at
#30, A1 Block, 3rd stage, vijayanagar, mysore

This is to confirm that our hospital AISHWARYA HOSPITAL is registered under KPMEA and PCB with 50 beds and the bonafide certificate has been attached.

This is to confirm that the hospital AISHWARYA HOSPITAL is functioning as affiliated/parent/own hospital for St. Alphonsa College of Nursing college.

We also confirm that our hospital is solely affiliated to St. Alphonsa College of Nursing, mysore college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

AISHWARYA HOSPITAL
30, A1 Block, 1st Main,
Vijayanagar 3rd Stage,
Mysuru - 570 017.

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 St. Alphonsa 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 10/5/25 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)

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, _____

is/are the Owners/MD/CEO/Board Members of the NEW PRIYADARSHINI HOSPITAL hospital situated at # 13, 4th cross 7th main Road, Brindavan Extension, Mysore

This is to confirm that our hospital New priyadarshini Hospital is registered under KPMEA and PCB with 50 beds and the bonafide certificate has been attached.

This is to confirm that the hospital New priyadarshini Hospital is functioning as affiliated/parent/own hospital for St. Alphonsa College of Nursing college.

We also confirm that our hospital is solely affiliated to St. Alphonsa College of Nursing, Mysore college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Anil Sanjiv Bh Reddy

NEW PRIYADARSHINI HOSPITAL
13, 4th Cross, 7th Main Road
Brindavan Extn. K.R.S. Road
MYSORE-570 020

ST.ALPHONSA COLLEGE OF NURSING

Teaching Faculty List

SL.NO	Name of the Teaching Faculty	Qualification along with Speciality	Designation	R.N & R.M.NO (renewal to be verified with original document)	Teaching experience		Date of joining	SIGNATURE
					After UG	After PG		
1	Dr.J Lissa	Ph.D., M.Sc in OBG	Principal	1040	12year	9 years	1/7/2024	J. Lissa
2	Mr. Hareesh M.S	M.sc in Nursing Pediatric	Professor	19600	2 years	6years	5/3/2020	
3	Mr.Mahendra B	M.sc Nursing in MSN	Asst.Professor	74409	1 year	2years	5/6/2024	
4	Ms.Pruthvishree S S	M.Sc.in Community Health Nursing	Lecturer	126389	1years	-	2/5/2025	
5	Ms.Lavina Flavy Rego	M.Sc.in MHN	Lecturer	101517	1years		4/2/2025	
6	Ms.Sahana S N	B.Sc. Nursing	Nursing Tutor		1year	–	1/1/2024	
7	Ms.Divyavarshini S	B.Sc. Nursing	Nursing Tutor	152317	1year	–	22/1/2024	
8	Mr.Shashidhar Y S	B.Sc. Nursing	Nursing Tutor	145977	1years	–	10/3/2024	
9	Ms.Sonu R	PB.Sc. Nursing	Nursing Tutor		2year	–	22/7/2024	ON leave
10	Ms. Keerthi C	B.Sc. Nursing	Nursing Tutor	167919	2month	–	14/2/2025	
11	Ms. Harshitha A	B.Sc. Nursing	Nursing Tutor	167931		–	14/2/2025	
12	Mrs.Sowmya M	PB.Sc. Nursing	Nursing Tutor	244049	1year	–	14/2/2025	
13	Ms. Aishwarya S S	B.Sc. Nursing	Nursing Tutor	167932	3month	–	20/2/2025	
14	Mr.Gowtham C P	B.Sc. Nursing	Nursing Tutor	160326	1 year	–	2/5/2025	
15	Mr.Suhas Joseph B	B.Sc. Nursing	Nursing Tutor	131775	1 years	–	2/5/2025	
16	Ms. Santhosh S R	B.Sc. Nursing	Nursing Tutor	129633	8months	–	7/6/2024	
17	Ms.Akshathananda H A	B.Sc. Nursing	Nursing Tutor	132400	1 year	–	2/5/2025	
18	Ms.Rathi.G M	B.Sc. Nursing	Nursing Tutor	121636	2 years	–	2/5/2025	

J. Lissa
Principal
St. ALPHONSA COLLEGE OF NURSING
Mysuru