Entered

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933 OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. VINUTHA RAO	Dr. PRITHAMN SHETTY	SAPANA VARGHESE
Designation	PRINCIPAL	CHAIRMAN, BOS MEMBER & DENTAL PROFESSOR.	PRINCIPAL OF SHARADA DEVI
Address	MVM COLLEGE OF NATUROPATHY & YOGIC SCIENCES	BANGALORE INSTITUTE OF DENTAL SCIENCES.	COLLEGE OF NURSING
Mobile No	9980181331	9008400200	9900722442
Email ID		prithamn shetty@gmail.com	sapnavaghese78@gmail.com

Inspection For the Academic Year : 2025-26 *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	AVISHKAR COLLEGE OF NURSING SYNO: 2/8, 2/9 & 2/2, KAMAKSHIPURA HESARAGHATTA HOBLI, YELAHANKA BANGALORE - 560064.	2	Year of Establishment: 2019
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company		
3	(a). Name of the Trust/Society & complete postal address & Phone number	ADITYA AVISHKAR FOUNDATION' (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: avishkarcollegeofnursing@gmail.com		Website:
		Office No:		Mobile No:

Vinutha

Signature of Chairman

26/10/25

Signature of Member (1)

Pritham N Shetty
Academic Council Member

26/10/25

Signature of Member (2)

Sapna Varghese
[Subject Expert]

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. B. A. VISHWANATH.	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mrs. Vijayalakshmi Qualification: MSc (N) Experience after MSc: 15 years Email: vijipathak83@gmail.com	Mobile No: 9942292006 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college		

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☐	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / ~~Fresh~~ Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees Application fee	Administrative Charges	Helinet Inst Fee ✓ a) only for UGor b) for UG and ~~PG~~ courses c) ~~NPCC~~	
B.Sc. Nursing		130050/-	1000/-		25,000/-	156050/-
~~Post Basic~~ B.Sc. Nursing (change of address)	CHANGE OF ADDRESS	300000/-	1000/-	50/- (Course identification fees)	-	301050/-
					Total (A)	457,100/-

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) 26/10/25 | Signature of Member (2) 26/10/25

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

– ENCLOSED –

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					
	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	–				
	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

26/10/25

Signature of Member (1)

26/10/25

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	10	05	07	12	34
	Female	19	23	22	16	80
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) 26/10/25

Signature of Member (2) 26/10/25

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1									1					
2	Vice-Principal	1	1									1					
3	Professor	1	1-2					1*				1					
4	Associate Professor	2	2-4					1*				1					
5	Assistant Professor	3	3-8				2	3*				9					
6	Tutor	8-16	16-24				2-10	--				4					
	Total	**16-24**	**24-40**				**4-12**					17					

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

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

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

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

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

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

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

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

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

26/10/25

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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.	Mrs. Vijayalakshmi	Principal	MSC (N) Medical Surgical	2010	RRTMN 20133241	24Yrs	15Yrs 4M	6/7/2019		
2.	Mrs. Y. Preethi	Vice-principal	MSC (N) Community Health	2011	ICAR RR ANP 2008821	14Yr	13Yrs 9M	21/01/2020		
3.	Mrs. Shuba D	professor	MSC (N) psychiatric	2008	KAR 575	14Yr	17 Years	2/5/2022		leave
4.	Mrs. Somagutta Saritha	Assist-prof.	MSC (N) OBG	2020	RR ANP 20219135	2Yrs	4Yrs 9M	15/6/2022		
5.	Mr. Wakongthem Momocha Singh	Assist. prof.	MSC (N) Medical-Surgical	2020	KAR 76081	1Yr	4Yrs 8M	07/1/2021		
6.	Mrs. Dasari Rupa	Lecturer	MSC (N) CHN	2021	RR ANP 2023/10275	2Yrs	3Yrs 9M	5/1/2022		Leave
7.	Mrs. Gundlu Supriya	MSC (N) Asst. Prof.	MSC (N) psychiatric	2017	KAR RR ANP 2022/00013	1Yr	7Yrs 9M	3/4/2025		
8.	Mr. Ratheesh	Assoc. prof	MSC (N) Community Health	2016	ICAR 98211	2Yrs	7Yrs 9M	4/4/2025		
9.	Mrs. Bodemmagari Keerthi	Lecturer	MSC (N) OBG	2023	RR ANP 20041125	1Yr	1Yr 3M	17/6/25		
10.	Mrs. Rajeshwari N	Asst. lecturer	P. BSC (N)	2019	ICAR 143472	5Yrs 9M		15/11/2021		
11.	Ms. Prerona Dhar	Nsg. tutor	BSC (N)	2024	162353	1Yr 9M		20/01/2025		
12.	Mrs. Chandrakala	Asst. lecturer	P. BSC (N)	2018	180829	5Yrs 9M		15/11/2021		
13.	Mrs. Beulah Darshini	Asst. lecturer	P. BSC (N)	2019	71832	4Yrs 9M		22/11/2021		
14.	Ms. Pushpita Baruah	Nsg. tutor	BSC (N)	2024		10M		6/2/25		Leave
15.	Ms. Sayani Sarker	Nsg. tutor	BSC (N)	2024		10M		6/2/25		Leave
16.	Mr. Gulmasud Hassan	Nsg. tutor	BSC (N)	2023	157576	2Yr.		28/12/2023		Leave
17.	Mr. Sovik Ghosh	Nsg. tutor	BSC (N)	2024	172733	9M		01/07/2025		
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1) 26/10/25

Signature of Member (2) 26/10/25

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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 X 900	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	5X200=1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	100	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	

Signature of Chairman | Signature of Member (1) 26/10/25 | Signature of Member (2) 26/10/25

	15. A.V/Aids room	600	600	

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

Note:

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

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

Building Documents: **Annexure – 12**

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

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

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

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

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

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

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

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

Total No. of Nursing Books available	800	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	5	**Is internet facility available for Students?**	Yes
No of e-books	50	**How many books were purchased in last financial year?**	60

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Nagesha	M.Lisc	9	Chief Librarian
2.	Mrs. Ashwini	M.Lisc	14	Librarian

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects		

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

Conferences conducted		
Conferences attended		

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital SHUSHRUSHA HOSPITAL MOU(Registered parent hospital MOU)		100	18 Km	90	
NAME OF THE TRUST/ Person owning The Hospital Dr. H.S. SHASHIDHAR KUMAR					
Name Of The Owner Of The Trust of Hospital Dr. H.S. SHASHIDHAR KUMAR					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

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

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	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Signature of Chairman **Signature of Member (1)** 26/10/25 **Signature of Member (2)** 26/10/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	30		
Surgery including OT	20	20		
Obstetrics & Gynecology	25	25		
Pediatrics,	15	10		
Emergency Medicine	10	08		
Psychiatry	-	-		

Additional/Other Specialties/Facilities for clinical experience:

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

Signature of Chairman

Signature of Member (1) 26/10/25

Signature of Member (2) 26/10/25

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		BETTAHALASUR
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		15 Km
b. Services Rendered by Health & Family Welfare Programmes		Matemel and child health services, Immunization Family planning, OPD, IPD, Genetic, Mobile camps.
URBAN FEILD :		
a. Name of CHC / PHC / SC		RAJANUKUNTE.
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		10 Km.
b. Services Rendered by Health & Family Welfare Programmes		Matemel and child health services Immunization. Family planning, OPD, IPD, Genetic. Home visit, Mobile camps
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 26/10/25

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Girls Own ☑	Rented/Leased ☑ Boys
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 90	Boys : 08
f.	Total No. of rooms	Girls : 50	Boys : 50
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) 26/10/25

Signature of Member (2) 26/10/25

List of Annexures:

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

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

26/10/25 26/10/25

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities			
Annexure - 18	Master Rotation plans and Time tables			
Annexure - 19	List of Teachers with their Declaration forms & necessary documents			
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise			

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

On the day of Inspection at Avishkar College of Nursing following observations were made.

Infrastructure :

- Building documents were varified & found correct
- Classrooms were spacious and well ventilated.

Academic :

- Total 17 staffs out of that 15 were presented on the day of Inspection.
- Library has 800 books.

All necessary documents were enclosed for your personal.

26/10/25

26/10/25

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 AVISHKAR 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 26/10/25 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)
Dr. Vinutha Rao	Dr Pritham N Shetty	Sapna Varghese
26/10/25	26/10/25	26/10/25
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

ADITYA AVISHKAR FOUNDATION®

AVISHKAR COLLEGE OF NURSING

Lighting The Lamp Of Knowledge — ESTD. 2018 —

No.193, SFS 208, Yelahanka New Town, Bangalore 560064

Ref.: 663/GC Member/2025-26 Date.: 26/5/25

LIST OF ACADEMIC COUNCIL MEMBERS

SL. NO	NAME	PROFESSIONAL QUALIFICATION	DESIGNATION
1.	Dr. B.A VISHWANATH	M PHARM, PhD, MBA	SECRETARY- MANAGING TRUSTEE/ CHAIRPERSON
2.	Dr. REDDEMMA E	(RTD. PROFESSOR, NIMHANS, NODAL OFFICER, PH.D. NATIONAL CONSORTIUM, RGUHS.)	MEMBER
3.	Prof. REDDAMMA	(RTD PRINCIPAL, PES COLLEGE OF NURSING, KUPPAM)	MEMBER
4.	Dr. SHIRLY DAVID	(RTD PROFESSOR, COLLEGE OF NURSING, CMC, VELLORE.)	MEMBER
5.	DR.H.S.SHASHIDHARA KUMAR	GENERAL SURGEON MD SUSHRUSHA HOSPITAL OLD TOWN, YELAHANKA	MEMBER

FUNCTIONS

1. Planning, co-ordination, development, oversight, validation and review of the curriculum and all academic work at work.
2. The maintenance of academic standards within the college.
3. The regulation of policies and procedures for assessment and examination of students within college.
4. The appointment and removal of internal and external faculty.
5. The development of teaching methods and courses;
6. Controlling and regulating teaching, awards, the admission of students, assessment, the discipline of students, and other matters relating to teaching, examining and research, through Regulations approved by University.

For Avishkar College of Nursing

Chairman

UNDERTAKING by Trust Management

I **DR. B.A VISHWANATH S/O SHRI ANANTHARAMAIAH**, residing at 193,208 SFS 4TH phase, Yelahanka New Town, Bangalore North, Bangalore – 560064, Karnataka and at present chairman of Aditya Avishkar Foundation Trust having its administrative office at No.193, SFS 208 ,4TH Phase Yelahanka New Town, Bangalore – **560064,** do here by sole manly affirm and state as under:

...2

I the Chairman of the trust Aditya Avishkar Foundation are submitting the affidavit to university.

The trust Aditya Avishkar Foundation is running/managing the Avishkar College of Nursing since 2019 (Seven) years.

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

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

I 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.

I 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 Aditya Avishkar Foundation

Chairman

DEPONENT

NOTARY ★ INDIA
S.R. RAVIKUMAR ★ GOVT. OF
Bengaluru Urban & Rural Area
Reg. No. 12397
Expiry on: 02.01.2027

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#49/A, 5th 'A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

INDIA NON JUDICIAL

सत्यमेव जयते

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA77877509914613X
Certificate Issued Date	:	27-Oct-2025 02:26 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ YELAHANKA/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08644961938397 86X
Purchased by	:	DR B A VISHWANATH CHAIRMAN ADITYA AVISHKAR FOUNDAT
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR B A VISHWANATH CHAIRMAN ADITYA AVISHKAR FOUNDAT
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGALO
Stamp Duty Paid By	:	DR B A VISHWANATH CHAIRMAN ADITYA AVISHKAR FOUNDAT
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

NOTARY
R. RAVIKUMAR
Bengaluru Urban & Rural Area
Reg No. 12397
Exp on: 02.01.2027
GOVT. OF INDIA

SBSSN (R) Branch
Authorised Signatory
Bengaluru-64

Please write or type below this line

AFFIDAVIT

I **DR. B.A VISHWANATH S/O SHRI ANANTHARAMAIAH**, residing at 193,208 SFS 4TH phase, Yelahanka New Town, Bangalore North, Bangalore – 560064, Karnataka and at present chairman of Aditya Avishkar Foundation Trust having its administrative office at No.193, SFS 208 ,4THphase Yelahanka New Town, Bangalore – **560064,** do here by sole manly affirm and state as under:

...2

Statutory Alert:

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

1. That I am the Chairman of Avishkar College of Nursing which was previously situated at #129, Agrahara Layout, Kogilu Village, Yelahanka, Bangalore-560064.

2. That the said institution has been relocated from the above Urban area to a new premises situated at Sy no. 2/8,2/9,2/2, Kamakshipura, Hesaraghatta Hobli, Yelahanka, Bangalore-560089

3. That the relocation has been carried out in compliance with all necessary statutory provisions and regulatory guidelines of the Indian Nursing Council, State Nursing Council, and the concerned University / Directorate of Medical Education.

4. That the ownership documents, building plan, and infrastructural facilities at the new premises are in accordance with the prescribed norms of the Indian Nursing Council and State Nursing Council, University / Directorate of Medical Education

5. That this affidavit is made to officially declare and confirm the change of address of the institution from Urban area to Urban area, for all administrative and official purposes.

6. That I hereby undertake that there is no change in the management, name, or functioning of the institution, except for the change of address as stated above.

7. That the contents of this affidavit are true and correct to the best of my knowledge and belief, and nothing material has been concealed therefrom.

For Avishkar College of Nursing

DEPONENT

Signature of the Deponent)
Designation: Chairman

Name of the Institution: Avishkar College of Nursing
Address: Sy no. 2/8,2/9,2/2, Kamakshipura,
Hesaraghatta Hobli, Yelahanka, Bangalore-560089

VERIFICATION

I, the **DR. B.A VISHWANATH** deponent, do hereby verify that the contents of this affidavit are true and correct to the best of my knowledge and belief.

Verified at Yelahnaka , Bangalore on this 26th October 2025.

For Avishkar College of Nursing

Chairman

Signature of Deponent

NOTARY PUBLIC GOVT. OF INDIA S.R. RAVIKUMAR Bengaluru Urban Area Regn. No. 3391 Expiry on: 02.01.2027

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#49/A, 5th A'Cross, Subbanna Garden
Vijayanagar, Bengaluru-560 040

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INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

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Certificate No.	:	IN-KA77879523621082X
Certificate Issued Date	:	27-Oct-2025 02:27 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ YELAHANKA/ KA-GN
Unique Doc Reference	:	SUBIN-KAKAKSCSA08645125093621 88X
Purchased by	:	Dr H S SHASHIDHAR KUMAR SHUSHRUSHA HOSPITAL YNK
Description of Document	:	Article A Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr H S SHASHIDHAR KUMAR SHUSHRUSHA HOSPITAL YNK
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES BANGALO
Stamp Duty Paid By	:	Dr H S SHASHIDHAR KUMAR SHUSHRUSHA HOSPITAL YNK
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Please write or type below this line

UNDERTAKING

I Dr. H.S. Shashidhar Kumar is the Owners/MD/CEO/Board Members of the Shushrusha Hospital situated at 421/357, BB Road, Yelahanka Old Town, Bangalore-560064.

...2

Statutory Alert:

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

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

This is to confirm that the hospital Shushrusha is functioning as parent hospital for Avishkar college of Nursing.

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

The information provided by us is true and correct.

(Dr. H.S. Shashidhar Kumar)

DEPONENT

NOTARY ★ S.R. RAVIKUMAR ★ GOVT. OF INDIA
Bengaluru Urban & Rural Area
Reg. No. 12397
Expiry on: 02.01.2027

ATTESTED BY ME

S.R. RAVIKUMAR, B.Com., LL.B.
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Vijayanagar, Bengaluru-560 040