Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

46

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shiva Shankar	Dr. Basavya. U. H	Prof Deeparaj C. M
Designation	Senate Member	Principal	Professor
Address		RMSE Institute of Nursing Sciences Hubballi	Govt college of Nursing Kodagu Madikeri
Mobile No	94481 44799	8618339489	9164109000
Email ID	shivshankar@hotmail.com	basavya85@gmail.com	

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

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	BANGALORE LITTLE FLOWER COLLEGE OF NURSING, NO:32, KADUSONNAPPANAHALLI, HENNUR-BAGALUR ROAD, KANNUR, B'LORE-PIN: 560077	2	Year of Establishment: 2020
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	MOTHER TERESA HEALTH WELFARE AND CHARITABLE TRUST, C/O KASHYS HOSPITAL, T.C. PALYA MAIN ROAD, K.R. PURAM HOBLI, BANGALORE. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: principal.blfcn@kgi.edu.in		Website: http://blfcn.edu.in
		Office No: 7624950666		Mobile No: 7204020295

Signature of Chairman

Dr. Shiva Shankar 08/08/25

Signature of Member (1)

(Dr. Basavya. U. H)

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	←	NA.			
	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		NA.			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	**Male**	12	08	08	03	31
	Female	11	32	31	34	108
Post Basic B.Sc Nursing	**Male**					
	Female					
M.Sc Nursing	**Male**		NOT APPLICABLE			
	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----------
		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	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*									
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	--		11							
	Total	**16-24**	**24-40**				**4-12**			16							

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

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

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

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

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

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

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

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

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

250 students				

* **Aadhar based biometric attendance for students**

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	DR. BIJI JOSEPH	PRINCIPAL	MSc(N) Phd (OBG)	2005	19322	6.5 YR	19 YR. 7 Mon	4/9/2019	Yes.	
2.	MRS. JOVITA RATHNA ABRAHAM	VICE PRINCIPAL/ ASSO. PROF	MSc(N) OBG	2015	27790	1 YR	11 YR 6 Month	16/01/23	Yes	
3.	MRS. SARITHA-C	ASSO. PROF	MSc(N) CHN	2014	22254	2 YR	10 YR 5 Month			
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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- **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
	← COPY 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)	Yes	
	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		
	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	COPY	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	ENCLOSED	
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**		
	7. Accountants Office	**100**		
	8. Store Room	**100**		
	9. Record room	**100**		
	10. Room for maintenance staff	**100**		
	11. Xeroxing room	**100**		
	12. common room (Girls & Boys)	600+400= 1000		
	13. Multipurpose hall / Seminar hall/ examination hall	3000		
	14. Toilets	1000		

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	15. A.V/Aids room	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		
	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**

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.**	
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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA534A5310	50	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	2300sqft	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	764	**No. of Nursing Journals subscribed**	3
No. of Thesis/Research titles available	05	**Is internet facility available for Students?**	Yes
No of e-books	2000 plus	**How many books were purchased in last financial year?**	70

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	MR.PURUSHOTAM	MLISc	1 YR.	-

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	← COPY ATTACHED →	

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

Conferences conducted	COPY ENCLOSED	
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 CYTECARE HOSPITAL PVT LTD NEAR VENKATALA, BANGALORE, YELAHANKA 560064 MOU(Registered parent hospital MOU) YES.		125	09 KM.		
NAME OF THE TRUST/ Person owning The Hospital MR. SURESH RANU					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 MANIPAL HOSPITALS PVT LTD. HEBBAL, B'LORE.	100	10 KM		
	2 LITTLE FLOWER HOSPITAL PVT LTD RAMAMURTHY NAGAR BANGALORE - 560016	50	12 KM		
	3 SPANDANA HOSPITAL PVT LTD.	150	20 KM		

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

	(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)** **Signature of Member (2)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

COPY ENCLOSED

Additional/Other Specialties/Facilities for clinical experience:

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

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

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		KADUSONNAPPANA HALLI
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		1 KM
b. Services Rendered by Health & Family Welfare Programmes		ANTENATAL, POSTNATAL, FAMILY PLANNING UNDERFIVE CLINIC, IMMUNIZATION, GENERAL
URBAN FEILD :		
a. Name of CHC / PHC / SC		KADUSONNA PPANAHALLI
Adopted / Affiliated		AFFICIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		1 KM
b. Services Rendered by Health & Family Welfare Programmes		ANTENATAL, POSTNATAL, FAMILY PLANNING IMMUNIZATION, GENERAL.
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** NA	**NO** ☐
c.	M.Sc. Nursing	**YES** NA	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** NA	**NO** ☐
c.	M.Sc. Nursing	**YES** NA	**NO** ☐

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

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
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	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓	✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of 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	✓		

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

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

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

LIC Team Observations:

* The College has only BSc Nursing programme with an intake of 40.
* There are 16 staff and all were present on the inspection.
* The infrastructure and laboratories were in accordance with the INC norms.
* The college has an independent building in a multidisciplinary college campus of Keshy's Institutions

Signature of Chairman
Dr. Shiva Shuma
08/08/25

Signature of Member (1)
Cdr. Basavya. U.H)

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ 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	***A C Member***	***Subject Expert***
(Chairman)	***(Member)***	***(Member)***

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13444168623482X**
Certificate Issued Date	:	09-Aug-2025 11:17 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ BAGALURU5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842066813605438X
Purchased by	:	DR SANTHOSH KOSHY MTHW CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SANTHOSH KOSHY MTHW CHARITABLE TRUST
Second Party	:	RGUHS
Stamp Duty Paid By	:	DR SANTHOSH KOSHY MTHW CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA BAGALURU BRANCH Authorized Signatory

NOTARY D. SARALAKUMARI Regd. No. 10192 BENGALURU KARNATAKA GOVT. OF INDIA

Please write or type below this line

UNDERTAKING by Trust Management

I, DR. SANTHOSH KOSHY Chairman of the trust MOTHER TERESA HEALTH WELFARE AND CHARITABLE TRUST are submitting the affidavit to University.

The trust MOTHER TERESA HEALTH WELFARE AND CHARITABLE TRUST is running/managing BANGALORE LITTLE FLOWER COLLEGE of NURSING since 5 yrs.

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.

Deponent

MOTHER TERESA HEALTH WELFARE TRUST
BENGALURU
560077

NOTARY
D. SARALAKUMARI
Reg. No. 10192
BENGALURU
KARNATAKA
GOVT. OF INDIA

ATTESTED BY ME

D. SARALA KUMARI, B.A.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 391, EWS 14th 'B' Cross,
Yelahanka New Town,
BANGALORE - 560 064

9/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13444312624033X**
Certificate Issued Date	:	09-Aug-2025 11:17 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ BAGALURU5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842061959141617X
Purchased by	:	MR SURESH RAMU CYTE CARE HOSPITAL PVT LTD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MR SURESH RAMU CYTE CARE HOSPITAL PVT LTD
Second Party	:	RGUHS
Stamp Duty Paid By	:	MR SURESH RAMU CYTE CARE HOSPITAL PVT LTD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorized Signatory

NOTARY SARALAKUMARI Reg No. 10192 BENGALURU KARNATAKA GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I MR. SURESH RAMU is the CEO Board Member of the CYTE CARE HOSPITAL PVT LTD situated at VENKETALA, YELAHANKA, B'LORE.

This is to confirm that our hospital is registered under KPMEA and PCB with 125 beds and the bonafide certificate has been attached.

This is to confirm that the hospital CYTECARE HOSPITAL PVT LTD is functioning as parent hospital for BANGALORE LITTLE FLOWER COLLEGE OF NURSING.

We also confirm that our hospital is solely affiliated to BANGALORE LITTE FLOWER COLLEGE of NURSING and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Deponent

CYTECARE HOSPITALS PRIVATE LIMITED BENGALURU

NOTARY GOVT. OF INDIA
D. SARALAKUMARI
Reg. No. 10192
BENGALURU
KARNATAKA

ATTESTED BY ME

D. SARALA KUMARI, B.A.,LL.B
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 391, EWS 14th 'B' Cross,
Yelahanka New Town,
BANGALORE - 560 064

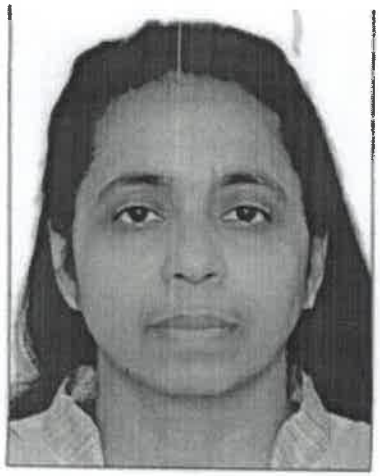
9/8/25

BANGALORE LITTLE FLOWER COLLEGE OF NURSING

TEACHING STAFF LIST

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	NUID NO./NRTS APP.NO.
						After UG	After PG		
1	DR. BIJI JOSEPH 	PRINCIPAL /PROFESSOR	MSC (N), PHD OBG	2005	19322	6.5 YRS	19 YRS 7 Months	04/09/19	KA1216763
2	MRS. JOVITA RATHNA ABRAHAM 	VICE PRINCIPAL / ASSOC. PROFESSOR	MSC (N), OBG	2015	27790	1 YR	11 YRS 6 Months	16/01/23	KA1170874

3.	MRS. SARITHA C 	ASSOC PROFESSOR	MSC(N) COMMUNITY HN	2014	22254	2 YRS	10 YRS 5 MONTHS	07/10/24	1347037
4.	MRS. V. RAMA SUBBAMMA 	LECTURER	MSC(N) MHN	2024	RRANP20158043KAR	4 YR	2.5 MONTHS	16/06/24	1429239

5	GIGI MOL 	LECTURER	MSC(N) MSN	1991	RR MAH 2022 9680 KAR	4YR	-	23-11-24	1216761
6	MS.ANANYA MONDAL 	TUTOR	BSC(N)	2024	177123	-----	--	28-07-2024	1325785
7	MS.MARIYA JOSE	ASST. LECTURER	BSC(N)	2024	173362	7 Months	-----	06-1-2025	1347892

							-		
8	MS. SANGEETHA 	ASST. LECTURER	PBBSC	2013	61688	11Months		02/09/24	KA21100
9	MS. PUSHPITHA BHANDARI 	TUTOR	B.SC (N)	2024	175764	---	-	04-06-2024	1356276

10	MS.PAKHI PAL 	TUTOR	BSC	2024	176421		----	14-07-2025	1364123
11	Mr. S. SATHESH KUMAR	ASST. LECTURER	B.Sc (N)	2019	RR TMN 2020 8622 KAR	4 YR	-	07-08-2024	1346535

									
12	Ms. PRATHIBA VANMATHI K 	ASST. LECTURER	B.Sc (N)	2009	022537	10 YR 8 Months	-	15-10-2024	1221793

13.	Ms. SHELNA TOMY 	ASST. LECTURER	B.Sc (N)	2020	112921	11 Months	-	26-08-2024	1288041
14	MS. MONICA A 	ASST. LECTURER	BSC (N)	2015	TMN 2025 11600 KAR	9 YR	-	06-01-2025	A. Monica 1287021

15	Ms. SARITA LS 	TUTOR	B.SC (N)	2013	58025	11 YR 6 MONTHS	-	02-12-2024	1368952
16	MS. ROHINI VS 	TUTOR	B.SC (N)	2024	164700	7 Months		2-1-2025	1358791