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. SURESH. S. KANAKANNAVAR.	Dr. GURUBASAVARAJ SWAMY	Mrs. Maria Nania. X
Designation	RA. PROFESSOR.	Professor	Asst. Professor.
Address	G-5, IIHR CAMPUS QUARTERS, HESARGHATTA LAKE POST. BANGALORE-89	Acharya & BM Reddy College of pharmacy Blore	CNK college of Nsg Bangalore
Mobile No	9448033228 8310648846 (whats App)	9886001140	9380556823
Email ID	kanakannavar@gmail.com	gurubasavaraj@acharya.ac.in	Jesusnamy589@gmail.com

Inspection For the Academic Year : 2025-26. *Date of Inspection:* 4/8/2025

(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	ST JUDE COLLEGE OF NURSING, NO. 150/8, HORAMAVU AGARA, HORAMAVU POST, BANGALORE -560113	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	ST JUDE EDUCATION AND CHARITABLE TRUST - ENCLOSED (Enclose copy of Registration documents of Society/Trust) Annexure – 1 — Enclosed		
		Email:stjudecollegeofnursing444@gmail.com		Website: www.stjudecollegeofnursingbangalore.org
		Office No: 6364815544		Mobile No:8147511741

4/08/2024

SURESH. S. KANAKANNAVAR

Dr. Gurubasavaraj Swamy

Maria Nania. X

	(b) Name of the president/Secretary / Chairman of Trust/Society & Phone No	MR. SUNESH JOSE 9845044494	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 7 copy enclosed (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. JOSHINA SUNIL Qualification: MSC Nursing Experience after MSc: 15 Yrs. Email:joshinasunil777@gmail.com	Mobile No:8147511741 Office No: 6364815544 Fax No: Residential phone No:
	b) Drawing authority of the college	CHAIRMAN	

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☒	NO NIL ☑	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 NA

7. Affiliation Fee Paid Details:

Annexure - 4 copy enclosed

Course Applied UG Courses	Continuation / ~~Fresh~~ Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing		-	130.050.00	-	25000	156.050.00
Post Basic B.Sc. Nursing	—	—	NA	—	—	—
					Total (A)	1,55,050.00

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)	1,55,050.00

not applicable

Not applicable

Signature of Chairman 04/08/2025 Dr. SURESH.S. KANAKSAMAN AR

Signature of Member (1) Gurubasavaraja Swamy

Signature of Member (2) Maria Nancia.x

Online Transaction Number or Details: Copy enclosed.

Remarks: Total amount paid Rs. 155250-00
& copy enclosed

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	Copies of Annexures 5,7,8 enclosed
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	—
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Not affiliable
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	NA
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	NA
	Sanctioned Intake	—	—	—	—	NA
	Admissions Made for the Current Academic Year	—	—	—	—	NA
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA

	Sanctioned Intake	—	—	—	—	NA
	Admissions Made for the Current Academic Year	—	—	—	—	NA

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	8	14	14	10	46
	Female	30	26	18	26	100
Post Basic B.Sc Nursing	Male			NA		
	Female					
M.Sc Nursing	Male			NA		
	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) NO

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) NO

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——
NO	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: They have only BSc Nursing. No postgraduation courses.

Signature of Chairman 4/8/23 **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				Nil			
2	Vice-Principal	1	1							1				Nil			
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		Nil				2 (Two)			
5	Assistant Professor	3	3-8				2	3*		2				One			
6	Tutor	8-16	16-24				2-10	--		7				1 (One Tutor is on long absent)			
	Total	**16-24**	**24-40**				4-12			12				4			

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				

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4/8/25

intake				
200 students intake	—	NA	—	—
250 students	—	NA	—	—
* **Aadhar based biometric attendance for students**			Copy enclosed.	

PAGE 7
PAGE 8
} Enclosed with Faculty DECLARATION ENVELOP

Signature of Chairman

04/8/25

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
1	DR NIDHI MUDALIAR	MBBS	ANATOMY AND PHYSIOLOGY	140	EXTERNAL
2	MRS SAVITHA	MBBS	BIOCHEMISTRY AND NUTRITION	80	EXTERNAL
3.	MRS ALPHONSA	MSC PSYCHOLOGY	PSYCHOLOGY SOCIOLOGY	60	EXTERNAL
4	DR NAVYA	MD BHMS	PHARMACOLOGY PATHOLGY	60	EXTERNAL
5	MS AKXA	M BIOTECH	GENETICS	20	EXTERNAL
6	MR RESHMI MUHALIAR	M TECH	STATISTICS	20	EXTERNAL
7	MRS SANTHOSI	MSC MICROBIOLOGY	MICROBIOLOGY	30	EXTERNAL
8	MS MONICA	B TECH	KANNADA	20	EXTERNAL

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)	**25000**	Annexure 12 enclosed Verified
	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	**1000 X 4**	Photos enclosed PE
	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	**350**	Verified PE
	2. Vice-Principal Chamber	200	**250**	Verified PE
	3. HOD	5 x 200 = 1000	**1000**	Verified PE
	4. Professor/Assoc. Prof	800+2400=3200	**3200**	PE
	5. Lecturer/ Tutors			PE
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**700**	Verified PE

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04/08/2025

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Signature of Member (2)

	7. Accountants Office	**100**	**150**	Verified PE
	8. Store Room	**100**	**150**	Verified PE
	9. Record room	**100**	**150**	Verified PE
	10. Room for maintenance staff	**100**	**200**	Verified PE
	11. Xeroxing room	**100**	**120**	Verified PE
	12. common room (Girls & Boys)	600+400= 1000	**1200**	Verified PE
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000**	Verified PE
	14. Toilets	1000	**1500**	Verified Photos enclosed PE
	15. A.V/Aids room	600	**650**	PE

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	**1800**	Verified PE
	Nutrition & Community Health Nursing	1200sq.ft	**1500**	Verified PE
	Obstetrics and Gynecology Laboratory	900sq.ft	**1000**	Verified PE
	Pediatrics Nursing Laboratory	900sq.ft	**1000**	Verified PE
	Pre-Clinical Sciences Laboratory	900sq.ft	**1000**	Verified PE
	Computer Lab (1: 5 computer :student)	1500sq.ft	**2000**	Verified PE

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 - copy enclosed

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	copy enclosed
2	**Is the college building own or leased ?**	copy enclosed
3	**Blue print of the building plan approved and attested by**	copy enclosed

Signature of Chairman 4/8/25

Signature of Member (1)

Signature of Member (2)

	competent authority.	copy enclosed
4	Building construction license from competent authority	copy enclosed
5	Tax paid receipt (Latest / current year)	copy enclosed
6	Occupancy certificate.	copy enclosed
7	Sale deed / Lease deed of the building / Land.	copy enclosed
8	Land Conversion order from DC	copy enclosed
9	Town planning/Authorities approval order	copy enclosed

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
- 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 copy enclosed **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA51AD0034	50	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	3000	YES ☑ ☐	~~YES~~ Good YES	~~YES~~ Good YES	Verified (PE) Photo enclosed

Total No. of Nursing Books available	1140 Verified	No. of Nursing Journals subscribed	12 Verified
No. of Thesis/Research titles available	~~250~~ Not (NA) these.	Is internet facility available for Students?	YES Available
No of e-books	12 Verified	How many books were purchased in last financial year?	250 Verified

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	RAMESHA	MLIB SCIENCE	15 YEARS	Present
				photo enclosed

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

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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 copy enclosed **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	— Xray —	— Nil —
Conferences conducted	— None —	— None —
Conferences attended	— None —	— None —

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

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** ☑ Enclosed	
		ii.Trust member with MOU ☑ Enclosed.	

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
AMERICAN CHRIS MULTISPECIALITY HOSPITAL MOU(Registered parent hospital MOU)	100 ENCLOSED	4 KM	82%	Verified
NAME OF THE TRUST/ Person owning The Hospital	**MR. ROBERT CHRISTOPHER**			
Name Of The Owner Of The Trust of Hospital	**MR. ROBERT CHRISTOPHER**			

Pollution Control Board Certificate & Bio-waste disposal - Verified and KPME A - enclosed

copy enclosed.

Signature of Chairman 04/8/25 **Signature of Member (1)** **Signature of Member (2)**

Affiliated hospitals- Full Name & Address of the Parent Hospital	1 HOSMAT HOSPITAL	250	15	88%	Not visited by our Team.
	2 CADABAMS HOSPITAL	600	35	90%	
	3 BOWING HOSPITAL (MOU/Clinical permission letter)	650	12	90%	

(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: KPMEA certificate enclosed
Pollution control Board certificate enclosed
MOU attached

Signature of Chairman 9/8/25

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	80%	30	80%
Surgery including OT	20	82%	30	82%
Obstetrics & Gynecology	15	88%	25	88%
Pediatrics,	15	90%	25	90%
Emergency Medicine	15	88%	25	88%
Psychiatry	05	10%	10	10%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	80%	20	80%
Minor OT	03	82%	20	80%
Dental, Otorhinolaryngology, Ophthalmology	02	88%	30	90%
Burns and Plastic	03	90%	20	90%
Neonatology care unit	05	88%	20	90%
Communicable disease/Respiratory medicine/TB & chest diseases	05	90%	20	90%
Dermatology	05	90%	10	90%
Cardiology	05	90%	20	90%
Oncology	05	80%	10	90%
Neurology/Neuro-surgery	05	80%	10	90%
Nephrology/Urology	10	80%	10	90%
ICU/ICCU	15	85%	15	90%
Geriatric Medicine	05	85%	15	90%
Any other	30	85%	30	90%

Note: 1:3 student patient ratio needed. Verify and attach details of previous month. copy enclosed for previous 3 months of parent hospital. They have affiliated hospital

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19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**K NARAYANAPURA**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**07** kms.
b.	Services Rendered by Health & Family Welfare Programmes	**Family welfare program, immunization, eradication program, ANC clinic, Rabies clinic.**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**BETTAHALSURU**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**12** kms
b.	Services Rendered by Health & Family Welfare Programmes	**Family welfare program, immunization, eradication program, ANC clinic, Rabies clinic.**
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		Copy attached

20	**Master Rotation Plan : Annexure - 18**	Copy enclosed (Compressed pdf file)	
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing NA	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing NA	**YES** ☐	**NO** ☑
21	**Time Table available for all Nursing Programmes**	Copy enclosed	
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing NA	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing NA	**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 ✓ copy enclosed	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 ✓ copy enclosed	NO
s.	POSHE Committee	YES ✓	NO
t.	Prevention of Gender harassment committee	YES ✓ copy enclosed	NO

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO
b.	Built-up area of the Hostel	18,260 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 : 96	Boys : 40
f.	Total No. of rooms	Girls : 25	Boys : 12
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

04/08/2025

Signature of Member (1)

Signature of Member (2)

PE = Photos enclosed CE = Copy enclosed

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓	copy enclosed (CE)	CE
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		CE
Annexure - 3	Details of any other Nursing Institution under the same Trust	✗	NO	
Annexure - 4	Details of Affiliated fees paid receipts	✓	CE	CE
Annexure - 5	Approval Status : GOK Order	✓		CE
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		CE
Annexure - 7	Approval Status : KNC Notification	✓		CE
Annexure - 8	Status : INC Notification	✓		CE
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	Not applicable		—
Annexure - 10	List of M.Sc. Nursing Students as per format	Not applicable		—
Annexure - 11	Details of External /Part time Teachers	✓		CE
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	✓ ✓ ✓ 2		CE PE CE PE CE PE
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of Library Books & others	✓		CE
Annexure - 15	Academic Activities N/A	✗	NOT	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		CE PE
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		MOUs enclosed

Signature of Chairman 4/8/25

Signature of Member (1) 30.7

Signature of Member (2) NO

Annexure - 18	Master Rotation plans and Time tables	✓	Enclosed in separate folder	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		copies enclosed
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		Not applicable	

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: LIC inspection done for continuation & affiliation for B.Sc nursing dtd 4/08/2025. On the day of inspection, all documents pertaining to college building, hostel, (Boys & girls) electricity (generator) drinking water facilities, wash rooms (seperate for boys & girls) college vehicle, laboratories with charts and mannequins with equipments, library with books and librarian and teaching staff were verified and found to be as per the norms Deficit: 2 Associate Professors, 1 (one) Assistant Professor and 1 (one) tutor (the person had left her declaration form and we were told she had left due to emergency in family. Two tutors, we were told had gone with 4th yr students doing internships at Hyderabad. There letters are enclosed. The college has affiliation with 2 private and 1 government hospital (teaching/medical college) affiliated. On verifying inspected were present on the day of inspection. dtd 4/08/2025 Parent hospital statistics for 4 batches & part 3 months enclosed

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
4/8/25	Gurubasavaraja Swamy M	Ms. Maria Nancy

(Dr. Suresh. S. Kamakannavar)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at St. JUDE COLLEGE OF NURSING 150/8. HORAMAVU AGARA, BANGALORE. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 04/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
4/8/25		
Dr. SURESH S. KANAKAMMANAVAR	Dr. Gurubasavaraja swamy PM	Mrs. Mariamma
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

04/08/25

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 _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ 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.

***Note Undertaking should be given in affidavit**

Copy

Signature of Chairman 4/8/25

Signature of Member (1)

Gurubasavaraja Swamy B.H

Signature of Member (2)

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

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

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Signature of Chairman

4/8/25

Signature of Member (1)

Gurubasavaraja Swamy Ph.

Signature of Member (2)

Maria Nancia .x