



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	UMMED RAM	DR. ANAND J. HOSUR	SURESH BABU G.O
Designation	PRINCIPAL cum PROFESSOR	Homoeopathy PG PROFESSOR	VICE PRINCIPAL OF IKON
Address	NOOR COLLEGE OF NURSING, NO.5, NOOR BUILDING RMV, 2 nd Stage, BANGALORE 560094	Bharathesh Homoeopathic Medical College & Hospital Belagavi	IKON COLLEGE OF NURSING, RAMANAGAR
Mobile No	9448089518	9449065665	829653362
Email ID	ramummed@gmail.com	ajhosur@gmail.com	sureshnursing@gmail.com

For the Academic Year : 2025-2026

Date of Inspection: 17/05/2025

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	HITA COLLEGE OF NURSING, JAKKASANDRA 2		Year of Establishment
		NEHAMANGALA, BANGALURU, RURAL District		2021
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	KSHATRIYA EDUCATIONAL TRUST		
		(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
	Email: Hitaeducations@gmail.com	Website:		

www.hitacollegeofnursing.com

Ummed Ram
 Signature of Chairman

[Signature]
 Signature of Member (1)

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 Signature of Member (2)

(b). Name of the Owner of Trust/Society	DR. SEETHARAMAIAH .R / CHAIRMAN		
4 Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5 Details of Principal/Head of the institution	Name: BINDU MATHEW Qualification: MSc(N) MHN Experience: 17 yrs. AFTER MSc Email: mathewbindu3@gmail.com	Mobile No: 9538982598 Office No: Fax No: Residential phone No: 9620685218	
6 Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrati ve Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION	_____	_____	_____	_____	1,55,050 / -
Post Basic B.Sc. Nursing	INCREASE INTAKE	_____	_____	_____	_____	1,51,050 / -
Total (A)						3,06,100 / -
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.		NA			
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						
Online Transaction Number or Details: CONTINUATION :- BD00000007562517						
INCREASE INTAKE :- BD00000008011771						

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Signature of Chairman

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Signature of Member (1)

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Signature of Member (2)

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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	12/02/2021 MED 99 MMC 2021 Annexure - 5	✓ Annexure - 6	✓ Annexure - 7	✓ Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	— N/A			
	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	—	N/A	—		
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	—	N/A	—		
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



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	Admissions Made for the Current Academic Year					
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9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	12	19	6	18	55
	Female	28	19	33	18	98
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male			NA		
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Annexure -10

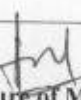
Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To-----
			NA			

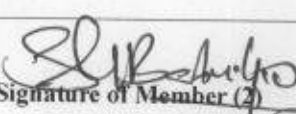
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

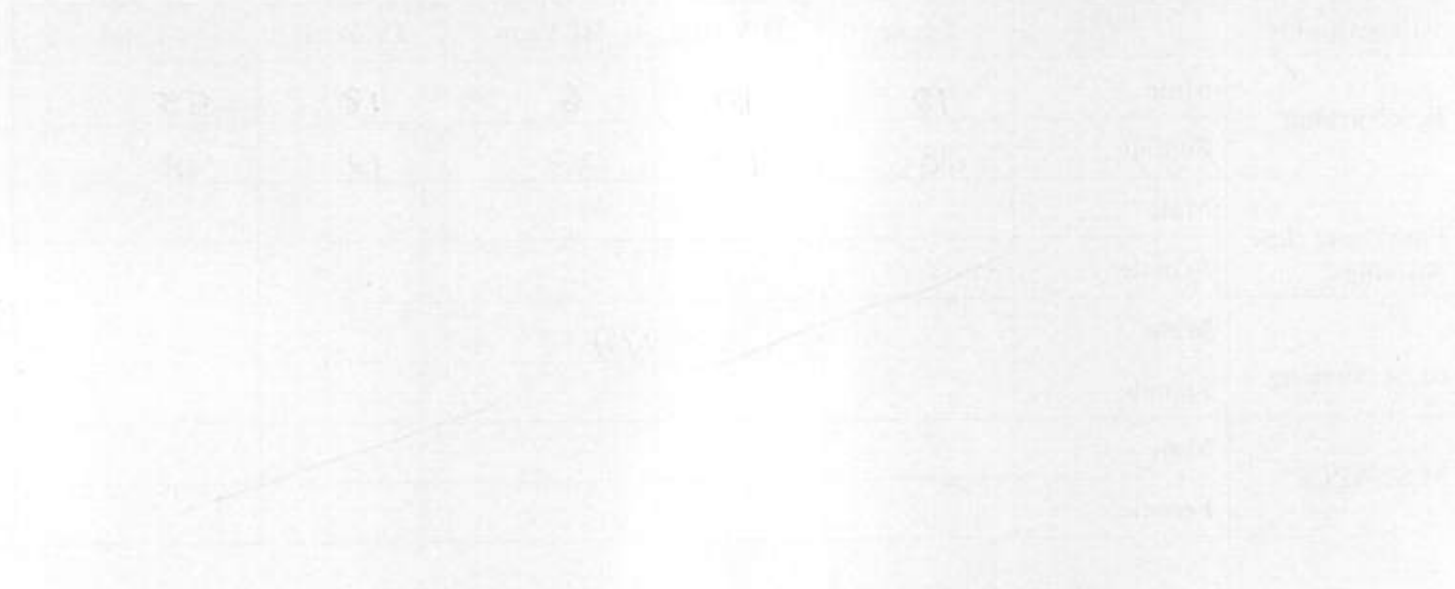
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



The graph illustrates the relationship between time and value for two different scenarios. The solid line represents a scenario where the value increases at a rate of 5 units per time unit, while the dashed line represents a scenario where the value increases at a rate of 3 units per time unit. Both scenarios start at a value of 10 at time 0.

At time 10, the solid line reaches a value of 35, while the dashed line reaches a value of 35. This indicates that the solid line has a higher rate of increase than the dashed line.

The graph shows that the solid line has a higher rate of increase than the dashed line, which is reflected in the steeper slope of the solid line. The dashed line has a shallower slope, indicating a lower rate of increase.

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*		01									
5	Assistant Professor	3	3-8	2	3*		07									
6	Tutor	8-16	16-24	2-10	--		12									
	Total	16-24	24-40	4-12			22									

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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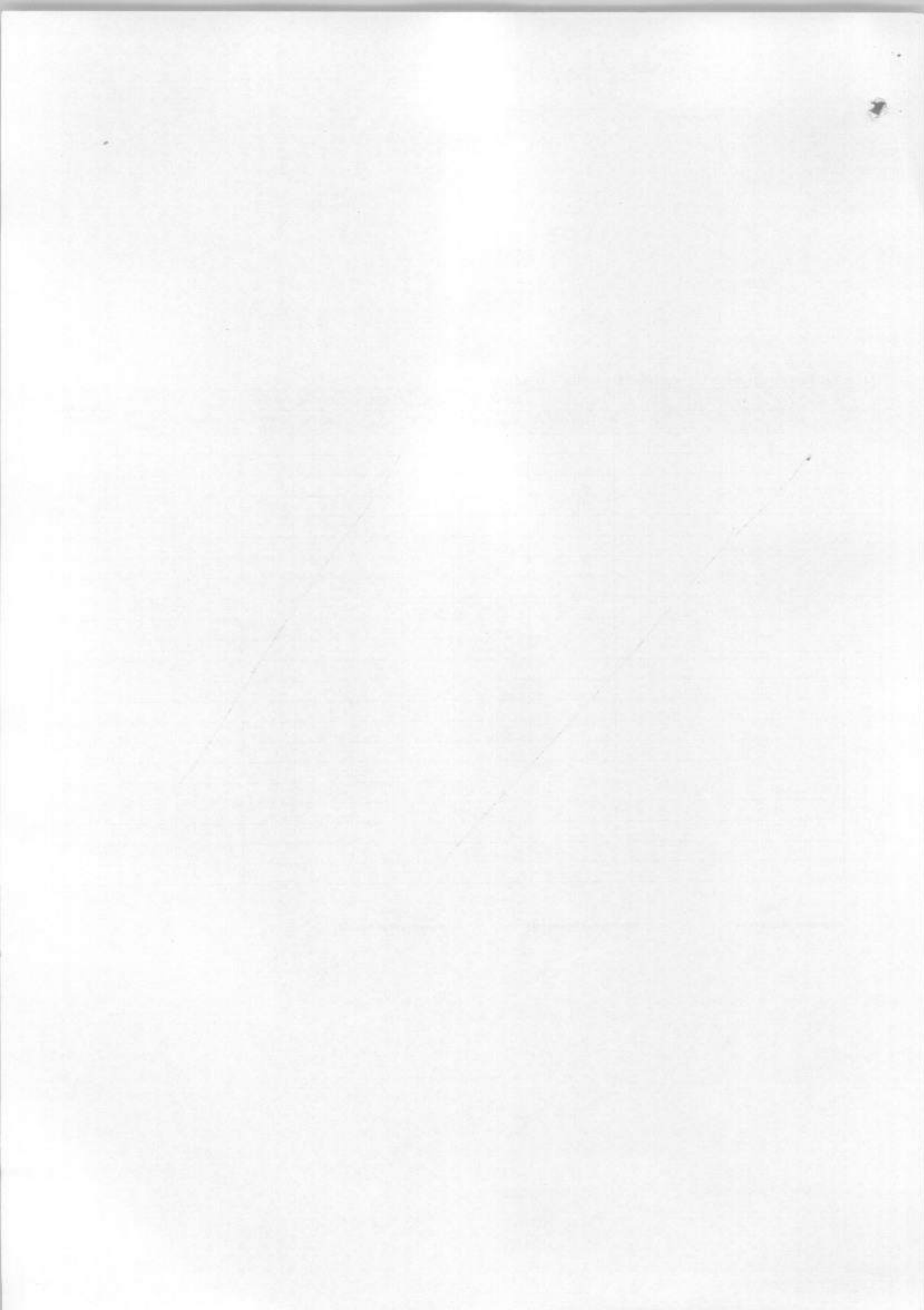
12.1. Teaching Faculty details :- Details should be written in format only

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			
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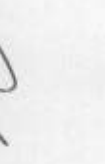
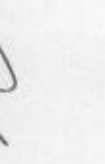
Signature of Chairman

Signature of Member (1)

Signature of Member (2)



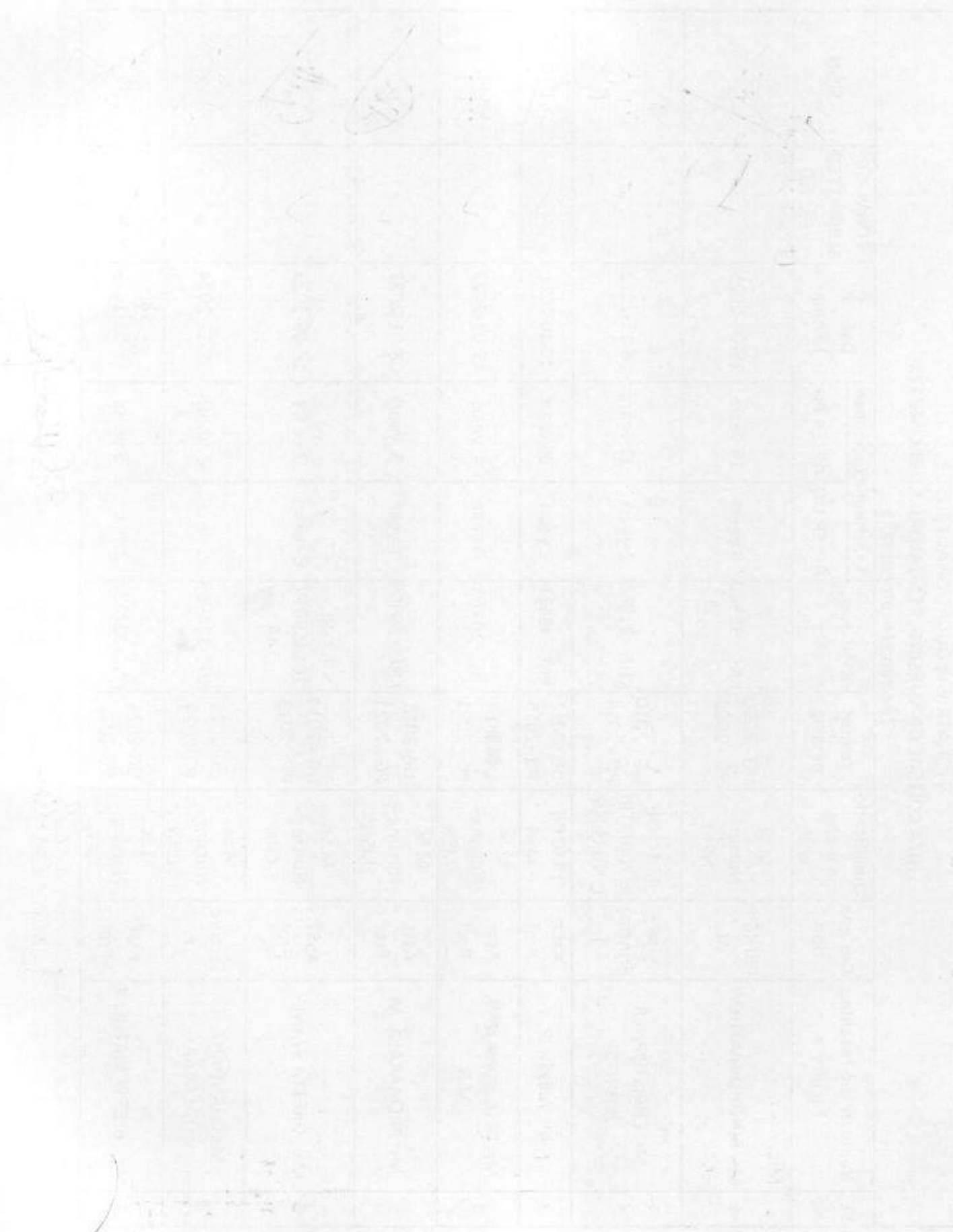
12.1. Teaching Faculty Details

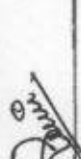
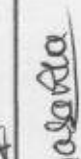
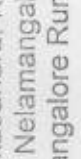
KSHATRIYA EDUCATIONAL TRUST ® HITA COLLEGE OF NURSING, BENGALURU RURAL-562123										
Teaching Faculty details										
SL. No	Name of the teaching Faculty	Designation	Qualification along with	Year of passing	KSNC Reg. No	Teaching experience		Date of joining	FORM -16 SUBMITTED YES/ NO	SIGN
						AFTER UG	AFTER PG			
1	Ms. BINDHU MATHEW	PRINCIPAL	M.Sc Nursing - MHN	UG - 2000 PG - 2009	KNC - 35540	9 years	16 years	25-04-2025		
2	Mr. CHRISTOPHER JEHIN .S	Vice - Principal	M.Sc. (N) PSYCHIATRIC NURSING	UG - 2010 PG - 2014	KNC - 31860	2 years	11 years	16-11-2022		
3	Mr. AJEESH .P	Asso. Prof	M.SC (N) MSN	UG - 2012 PG - 2016	KNC - 48521	2 years	09 years	10-10-2022		
4	Mr. DEVENDRA NAIK M P	Asst. Prof	M.Sc. Nursing - MSN	UG - 2014 PG - 2021	KNC - 14261	4 year	4 years	15-02-2022		
5	Ms. PREMAKALA. M	Asst. Prof	M.Sc. Nursing - MSN	UG-2018 PG - 2021	KNC - 94906	1 year	3 years	03-01-2022		
6	Mrs. GRETTA STANLY	ASST. Prof	M.Sc. Nursing - CHN	UG - 2014 PG - 2023	RRKRL 20146961K AR	6- years	2 years	18-09-2023		
7	Ms.CHANDANA H TALAVAR	Lecturer	M.Sc. Nursing - CHN	UG-2021 PG-2024	KNC-124963	1 year	2 month	25-12-2024		
8	Mrs. BLESSY MATHEW	Asst. Prof	M.Sc. Nursing - OBG	UG-2021 PG-2024	KNC-202236	2 years	3 years	16-01-2025		

James Rana

Jul

Subashini



9	Mr. MOHAN RAJU B V	Asst. Prof	M.Sc. Nursing - CHN	UG-2010 PG - 2021	KNC-24055	9 years	3 years	03-02-2025	✓	
10	Ms. CHAITRA K	Asst. Lecturer	MSC Nursing-MSN	UG-2018 PG - 2022	KNC-170788	1 YEAR	1 YEAR	11-04-2025	✓	
11	Mrs. CHIKKAMMAIAH .V	Asst. Lecturer	B.Sc. Nursing	UG-2016	KNC-162895	5 years	0	17-03-2021	✓	
12	Ms. SHRUTHY M .H	Nursing Tutor	B.Sc. Nursing	UG - 2022	KNC - 138104	1.5 years	0	05-01-2025	✓	
13	Ms. ASWINI BHAIJANTRI	Nursing Tutor	B.Sc. Nursing	UG - 2021	KNC - 124694	3 years	0	18-03-2025	✓	
14	Mr. SREEKANTH. S	Nursing Tutor	B.Sc. Nursing	UG - 2023	KNC - 161255	1 year	0	30-04-2024	✓	
15	Ms. ANITHA B. C	Nursing Tutor	PB,B.Sc. Nursing	UG - 2021	KNC - 214485	3 years	0	26-03-2025	✓	
16	Ms. NAGAVENI	Nursing Tutor	B.Sc. Nursing	UG - 2021	KNC - 161255	2 years	0	08-01-2025	✓	
17	Ms. VASANTHA	Nursing Tutor	PB,B.Sc. Nursing	UG - 2024	KNC - 238031	1 year	0	18-02-2025	✓	
18	Ms. RAJESHWARI H M	Nursing Tutor	B.Sc. Nursing	UG - 2022	KNC - 134491	2 years	0	22-03-2025	✓	
19	Ms. NIKHILA M	Nursing Tutor	PB,B.Sc. Nursing	UG - 2022	KNC - 205861	2 years	0	11-03-2025	✓	
20	Ms. SHOBHA G M	Nursing Tutor	PB,B.Sc. Nursing	UG - 2023	KNC - 196361	1 year	0	15-02-2024	✓	
21	Ms. SUMALATHA	Nursing Tutor	PB,B.Sc. Nursing	UG - 2022	KNC - 205876	2 years	0	18-03-2023	✓	
22	Mr. SUNIL KUMAR	Nursing Tutor	PB,B.Sc. Nursing	UG - 2024	KNC - 205838	1 year	0	27-02-2025	✓	

PRINCIPAL

HITA COLLEGE OF NURSING
Jakkasandra, Kasaba Hobli
Nelamangala Taluk,
Bangalore Rural-562 123



Unmesh Ram

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq. ft	27000	
	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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	4 $1400 \times 4 = 5600$	Verified & Available
	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			Available
	Office			
	1. Principal's Chamber	300	400	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	2500	Available
	5. Lecturer/ Tutors			
	Institution office /Others			Available
	6. Office of Administrative, clerical staff and PA (s)		200	
	7. Accountants Office		150	
	8. Store Room		150	
	9. Record room		300	
	10. Room for maintenance staff		80	
	11. Xeroxing room ✓		80	
	12. common room ✓	1000	800	
	13. Seminar hall	3000	3200	
	14. Toilets	1000	1100	
	15. A.V/Aids room	600	500	

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Signature of Chairman

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Signature of Member (1)

[Signature]
Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1500	} Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000	
	Pediatrics Nursing Laboratory	900sq.ft	800	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000	
	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

1. Is the college building own or leased / rented?
2. Blue print of the building attested by competent authority.
3. Tax paid receipt (Latest / current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA52B8580	60	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



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16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 sq ft	YES ☐ No ☒	Good	Good.	
Total No. of Nursing Books available		3060	No. of Nursing Journals subscribed		02
No. of Thesis/Research titles available		01	Is internet facility available for Students?		YES
No of e-books			How many books were purchased in last financial year?		

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	RAJAKUMARA . R	MSc LIBRARY & INFORMATION	2 YEAR.	
2.	LEELA . H . R	MA		

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

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		

Immed Ram
Signature of Chairman

[Signature]
Signature of Member (1)

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Signature of Member (2)



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18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital <i>WE CARE MULTISPECIALITY HOSPITAL</i>	<i>100</i>	<i>18 km</i>	<i>82%</i>	<i>Verified</i>
NAME OF THE TRUST/ Person owning The Hospital <i>KSHATRIYA EDUCATIONAL TRUST</i>				
Name Of The Owner Of The Trust of Hospital <i>DR. SEETHARAMAIAH . R.</i>				
Affiliated hospitals- Full Name & Address of the Parent Hospital	<i>1 PRIME MULTISPECIALITY HOSPITAL</i>	<i>28</i>	<i>17 km</i>	<i>78%</i>
	<i>2 Sri. DHANVANITARI MULTISPECIALITY</i>	<i>25</i>	<i>2.3 km</i>	<i>85% .</i>
	<i>3. SHIVAGANGA HOSPITAL</i>	<i>28</i>	<i>9.6 km</i>	<i>85%</i>

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

NOTE:

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

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Signature of Chairman

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Signature of Member (1)

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January 1964 - 1965

The following table shows the results of the survey.

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26. The results of the survey are as follows:

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

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

Note

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

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

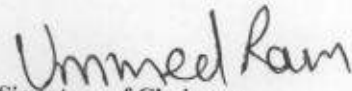
18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	08	06	05
Surgery including OT	06	03	03	02
Obstetrics & Gynecology	04	04	04	03
Pediatrics,	11	08	06	04
Emergency Medicine	06	05	06	04
Psychiatry	02	00	02	01

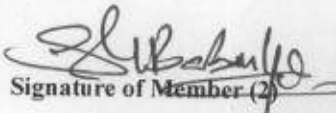
Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02	02	02
Minor OT	01	01	01	01
Dental, Otorhinolaryngology, Ophthalmology	17	15	10	08
Burns and Plastic	02	01	02	01
Neonatology care unit	06	05	06	05
Communicable disease/ Respiratory medicine/TB & chest diseases	05	04	05	04
Dermatology	06	05	06	05
Cardiology	05	03	05	04
Oncology	02	01	02	02
Neurology/Neuro-surgery	06	04	06	04
Nephrology/Urology	03	03	03	02
ICU/ICCU	03	03	03	02
Geriatric Medicine	03	03	03	02
Any other	00	00	00	00

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


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

19 COMMUNITY HEALTH NURSING :Annexure - 17

RURAL FILELD

a. Name of CHC / PHC / SC	
Adopted / Affiliated	MADALA KOTE CHC
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	8 km
b. Services Rendered by Health & Family Welfare Programmes	

URBAN FEILD :

a. Name of CHC / PHC / SC	SONDEKOPPA PRIMARY HEALTH CARE CENTRE
Adopted / Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	9 km.
b. Services Rendered by Health & Family Welfare Programmes	

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20 Master Rotation Plan : Annexure - 18

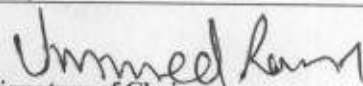
a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☒
c.	M.Sc. Nursing	YES ☐	NO ☒

21 Time Table available for all Nursing Programmes

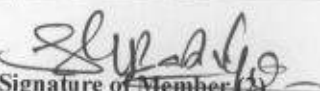
a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☒
c.	M.Sc. Nursing	YES ☐	NO ☒

22 Records of Students : Are the following students records are maintained well?

a.	Admission record	YES ☒	NO ☐
b.	Daily Attendance Registers	YES ☒	NO ☐
c.	Health Records	YES ☒	NO ☐
d.	Clinical and field experience record	YES ☒	NO ☐
e.	Practical record books - procedure record	YES ☒	NO ☐
f.	Practical record books - Midwifery case book	YES ☒	NO ☐
g.	Leave record	YES ☒	NO ☐


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



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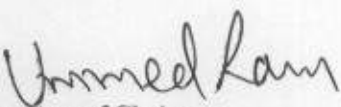
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h.	Extracurricular activities of students	YES ☒	NO ☐
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of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

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft 21800 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 : 98	Boys : 55
f.	Total No. of rooms	Girls : 17	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 ☐

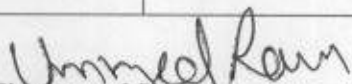

Signature of Chairman

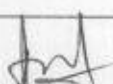

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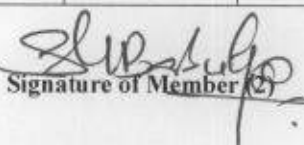

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	
Annexure - 10	List of M.Sc. Nursing Students as per format	—	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure - 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	—	

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

Observations:

LIC Inspection Conducted at Hita College of Nursing, Nelamangala, Bangalore on 17/05/2025.

College has built up area of 27000 sq.ft with 4 class Rooms, 1 multipurpose hall, Labs with required equipments, library with 3066 books.

College has parent hospital with 100 Bed Capacity and affiliated with 3 hospital with 81 beded strength.

Hostel facility for boys & girls available Separately.

Transport facility available with College.

College has total 22 faculty including Principal & Vice-Principal.

Ummedrann
Signature of Chairman

Dr. UMMEDRAM

Signature of Member (1)

(Dr. Anand Horur)

Signature of Member (2)

SURESH BABU. G.O.

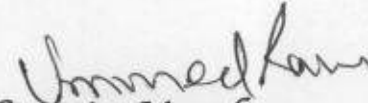
UNDERTAKING

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

We have conducted LIC inspection of this college on 17/12/25 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.

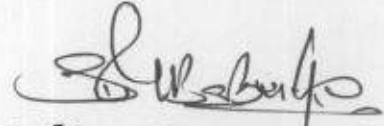
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

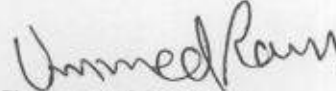

Senate Member
(Chairman)

(Dr. UMMEDRAM)

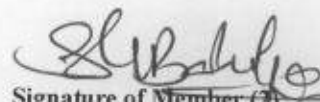

A C Member
(Member)

(Dr. Anand Kumar)


Subject Expert
(Member)
(SURESH BABU.G.O)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

DECLARATION

I, the undersigned, do hereby declare that the foregoing is a true and correct copy of the original as the same appears in the records of the Court.

I further declare that the foregoing is a true and correct copy of the original as the same appears in the records of the Court.

I further declare that the foregoing is a true and correct copy of the original as the same appears in the records of the Court.

[Signature]

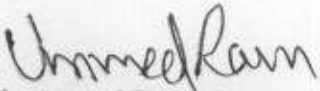
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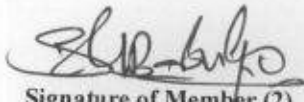
(10-11-11) (11-11-11)

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


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



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सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA33222406758126X
 Certificate Issued Date : 17-May-2025 10:02 AM
 Account Reference : NONACC (FI)/ kagcs108/ NELAMANGALA4/ KA-BR
 Unique Doc Reference : SUBIN-KAKAGCSL0889278853814147X
 Purchased by : HITA COLLEGE OF NURSING
 Description of Document : Article 4 Affidavit
 Property Description : AFFIDAVIT
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : THE REGISTRAR RGUHS
 Second Party : HITA COLLEGE OF NURSING
 Stamp Duty Paid By : HITA COLLEGE OF NURSING
 Stamp Duty Amount (Rs.) : 100
 (One Hundred only)

सत्यमेव जयते



Please write or type below this line

UNDERTAKING

I/We, Dr. SEETHARAMAIAH R is/are the Board Members of the
 WE CARE MULTI SPECIALITY HOSPITAL hospital situated at DABBASPETE,
 MADHUGIRI MAIN ROAD, BANGALORE RURAL

Statutory Alert:

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

Seetharamaiah R

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

This is to confirm that the hospital WE CARE MULTI SPECIALITY HOSPITAL is functioning as parent hospital for HITA COLLEGE OF NURSING.

We also confirm that our hospital is solely affiliated to HITA COLLEGE OF NURSING and is not affiliated to any other nursing college.

The information provided by us is true and correct.

For KSHATRIYA EDUCATIONAL TRUST (R)

Seetharamaiah, R

Authorised Signatory



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA33222036259725X
 Certificate Issued Date : 17-May-2025 10:01 AM
 Account Reference : NONACC (FI)/ kagcs108/ NELAMANGALA4/ KA-BR
 Unique Doc. Reference : SUBIN-KAKAGCSL0889278315960433X
 Purchased by : HITA COLLEGE OF NURSING
 Description of Document : Article 4 Affidavit
 Property Description : AFFIDAVIT
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : THE REGISTRAR RGUHS
 Second Party : HITA COLLEGE OF NURSING
 Stamp Duty Paid By : HITA COLLEGE OF NURSING
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते



Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman of the trust Dr. SEETHARAMAIAH.R are

Submitting the affidavit to University.

1. The authenticity of this Stamp Certificate should be verified at 'www.shcilestamp.com' 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.

Seetharamaiah R

The trust KSHATRIYA EDUCATIONAL TRUST is running/managing the colleges 1. HITA COLLEGE OF NURSING since 2021 / 4 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/subleased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

For KSHATRIYA EDUCATIONAL TRUST (R)

Seetharamaiah
Authorised Signatory