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 & PROF IKON
Address	NOOR COLLEGE OF NURSING No 5, NOOR BUILDING RMV 2nd stage, BENGALURU 560094	Bharathesh Homoeopathic Medical college & Hospital Belagavi	IKON COLLEGE OF NURSING RAMANAGAR
Mobile No	9448089518	9449065665	8296533362.
Email ID	rammummed@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 NELAMANGALA, BANGALURU. RURAL DISTRICT PIN :- 562123	2 Year of Establishment	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.	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	DR. SRETHARAMAIAH .R / CHAIRMAN		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy ofGoverning 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: 17yrs. 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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	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.		
	2.		
	3.		
	4.		
	5. NA		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: CONTINUTION :- BD000000075625 17

INCREASE INTAKE :- BD000000080117 71

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	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	— Annexure - 5	NA 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	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)

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	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

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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

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	(Bank statement) ✓	
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 - 142617	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 20146961KAR	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	✓	

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.Lecture	MSC Nursing-MSN	UG-2018 PG - 2022	KNC-170788	1YEAR	2YEAR	11-04-2025	✓	
11	Mrs. CHIKKAMMAIAH .V	Asst.Lecture	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 - 13810	1.5 years	0	05-01-2025	✓	
13	Ms. ASWINI BHAJANTRI	Nursing Tutor	B.Sc. Nursing	UG - 2021	KNC - 12469	3 years	0	18-03-2025	✓	
14	Mr. SREEKANTH. S	Nursing Tutor	B.Sc. Nursing	UG - 2023	KNC - 16125	1 year	0	30-04-2024	✓	
15	Ms. ANITHA B. C	Nursing Tutor	PB,B.Sc. Nursing	UG - 2021	KNC - 21448	3 years	0	26-03-2025	✓	
16	Ms.NAGAVENI	Nursing Tutor	B.Sc. Nursing	UG - 2021	KNC - 16125	2 years	0	08-01-2025	✓	
17	Ms . VASANTHA	Nursing Tutor	PB,B.Sc. Nursing	UG - 2024	KNC - 23803	1 year	0	18-02-2025	✓	
18	Ms. RAJESHWARI H M	Nursing Tutor	B.Sc. Nursing	UG - 2022	KNC - 13449	2 years	0	22-03-2025	✓	
19	Ms. NIKHILA M	Nursing Tutor	PB,B.Sc. Nursing	UG - 2022	KNC - 20586	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 - 20587	2 years	0	18-03-2023	✓	
22	Mr. SUNIL KUMAR	Nursing Tutor	PB,B.Sc. Nursing	UG - 2024	KNC - 20583	1 year	0	27-02-2025	✓	

Ummeel Ram

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

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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 1400 x 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**			
	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 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	Available
	12. common room	1000	800	
	13. Seminar hall	3000	3200	
	14. Toilets	1000	1100	
	15. A.V/Aids room	600	500	

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

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 willincrease/decrease according to the number of seats approved.

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted	Enclosed	
Conferences attended		

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

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

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

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

(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

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

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	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.

Ummeel Ram
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		MADAKA KOTE CHC
Administrate red 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		
Administrate red 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)**

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

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
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 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, 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 Seperately.

Transport facility available with College.

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

Signature of Chairman
Dr. UMMEDRAM

Signature of Member (1)
(Dr. Anand Hosur)

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 17/5/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
(Dr. UMMED RAM)	(Br Anand Hosur)	(SURESH BABU. G.O)
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 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 he hospital in the prescribed format.

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

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

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

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

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

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

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

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

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)/ kagcsl08/ NELAMANGALA4/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL08892788538141 47X
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

SEVA KENDRA E-Kaveri NELAMANGALA Authorized Signatory

HITA COLLEGE OF NURSING IN-KA33222406758126X RS. 100 17-MAY-2025 10:02 AM

Please write or type below this line

UNDERTAKING

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

Seetharamaiah. R

Statutory Alert:

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

This is to confirm that our hospital WE CARE MULTI SPECIALITY HOSPITA L 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 HOSPITA L 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 in formation provided by usistrue and correct.

For KSHATRIYA EDUCATIONAL TRUST (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)/ kagcsl08/ NELAMANGALA4/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL08892783159604 33X
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

SEVA KENDRA NELAMANGALA BRANCH Authorized Signatory

HITA COLLEGE OF NURSING IN-KA33222036259725X RS. 100 17-MAY-2025 10:01 AM

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.

Seethoramaiah R

Statutory Alert:
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.

The trust KSHATRIYA EDUCATIONAL TRUST_is running/managingthecolleges1. 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 bythe University.

For KSHATRIYA EDUCATIONAL TRUST (R)

Authorised Signatory