



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 DILIP KUMAR N.R	Dr SIDDARAM S PATEL	SANTOSH B SAJJAN
Designation	SENATE MEMBER	Chairman BOS	Professor
Address	SARVAMERI Bangalore	Dr Malakakaraddy Hosur Patric Medical College	Sri BVVS Nursing College Bangalore
Mobile No	9844288283	8880789800	9548984436
Email ID	DRDILIP57@GMAIL.COM	DRSIDDARAM@GMAIL.COM	Santosh.sajjan83@gmail.com

For the Academic Year :

Date of Inspection:

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	Shri Manjunatha College of Nursing # 22, Chokkanaballi, Hegde Nagar Main Road, Jakkur post, Yelahanka.	Year of Establishment
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	Manjunatha Education Trust.	
		(Enclose copy of Registration documents of Society/Trust) Annexure – 1	
		Email: Shrimanjunathacoln@gmail.com	Website:

[Signature]
12/5

Dilip
Signature of Chairman

[Dr DILIP KUMAR N.R.]

Senate Member

[Signature]
Signature of Member (1)

Dr Siddaram S Patel

[Signature]
Signature of Member (2)

M. Santosh B. Sajjan

	(b). Name of the Owner of Trust/Society	Pr. Basavaraj Rammal		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Mrs. Burela Haritha Qualification: MSc (N) Experience: 15 yrs. Email: haritha@gmail.com	Mobile No: 8328557250 Office No: Fax No: Residential phone No:	
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	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation of affiliation					1,56,050/-
Post Basic B.Sc. Nursing	Increase intake					1,51,064/-
Total (A)						307,114/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
	1.					
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						
Online Transaction Number or Details:						

Signature of Chairman

Signature of Member (1)

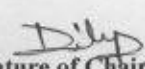
Signature of Member (2)

Remarks:

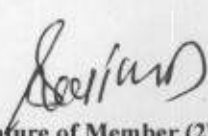
Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40		40	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☒ b. Medical Surgical ☒ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

	Sanctioned Intake					
	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.Sc Nursing	Male	12	21	28	25	86
	Female	28	19	12	15	74
Post Basic B.Sc Nursing	Male	/				
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To-----
	_____	Not	Applicable	_____		

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-----
	_____	Not	Applicable	_____		

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)

No.	Name	Age	Sex	Religion	Marital Status	Education	Occupation	Address	Telephone	Signature	Date
1	John Doe	25	M	Catholic	Single	High School	Teacher	123 Main St.	555-1234	[Signature]	10/1/2023
2	Jane Smith	30	F	Protestant	Married	College	Nurse	456 Oak St.	555-5678	[Signature]	10/2/2023
3	Robert Johnson	45	M	Jewish	Married	University	Engineer	789 Pine St.	555-9012	[Signature]	10/3/2023
4	Maria Garcia	28	F	Muslim	Single	High School	Student	101 Elm St.	555-3456	[Signature]	10/4/2023
5	David Lee	35	M	Buddhist	Married	College	Software Engineer	202 Cedar St.	555-7890	[Signature]	10/5/2023
6	Emily White	22	F	Hindu	Single	High School	Artist	303 Birch St.	555-2345	[Signature]	10/6/2023
7	Michael Brown	40	M	Sikh	Married	University	Physician	404 Spruce St.	555-6789	[Signature]	10/7/2023
8	Sarah Kim	27	F	Christian	Single	College	Journalist	505 Willow St.	555-0123	[Signature]	10/8/2023
9	James Wilson	38	M	Islam	Married	High School	Construction Worker	606 Ash St.	555-4567	[Signature]	10/9/2023
10	Alice Taylor	32	F	Jain	Single	College	Researcher	707 Hickory St.	555-8901	[Signature]	10/10/2023

1. The purpose of this form is to collect personal information from individuals who are interested in joining our organization. The information provided will be used for internal purposes only and will not be shared with any third parties.

1. Name	2. Address	3. City	4. State	5. Zip	6. Phone	7. Email	8. Signature	9. Date
John Doe	123 Main St.	New York	NY	10001	555-1234	john.doe@email.com	[Signature]	10/1/2023

2. The information provided on this form is for internal use only and will not be shared with any third parties. The information will be used to determine if you are eligible to join our organization and to provide you with information about our programs and services.

1. Name	2. Address	3. City	4. State	5. Zip	6. Phone	7. Email	8. Signature	9. Date
Jane Smith	456 Oak St.	Los Angeles	CA	90001	555-5678	jane.smith@email.com	[Signature]	10/2/2023

3. The information provided on this form is for internal use only and will not be shared with any third parties. The information will be used to determine if you are eligible to join our organization and to provide you with information about our programs and services.

1. Name	2. Address	3. City	4. State	5. Zip	6. Phone	7. Email	8. Signature	9. Date
Robert Johnson	789 Pine St.	Chicago	IL	60601	555-9012	robert.johnson@email.com	[Signature]	10/3/2023

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														
2	Vice-Principal	1	1														
3	Professor	1	1-2		1*		Enclosed										
4	Associate Professor	2	2-4		1*												
5	Assistant Professor	3	3-8	2	3*												
6	Tutor	8-16	16-24	2-10	--												
	Total	16-24	24-40	4-12													

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)

1. List of the main components of the system

Component	Function	Location	Material	Quantity
1.1. Main frame	Supports the system	Room 101	Steel	1
1.2. Control panel	Controls the system	Room 101	Plastic	1
1.3. Power supply	Provides power	Room 101	Aluminum	1
1.4. Cooling system	Cools the system	Room 101	Copper	1
1.5. Monitoring system	Monitors the system	Room 101	Glass	1
1.6. Safety system	Protects the system	Room 101	Iron	1
1.7. Backup system	Backs up the system	Room 101	Steel	1
1.8. Maintenance system	Maintains the system	Room 101	Aluminum	1
1.9. Testing system	Tests the system	Room 101	Plastic	1
1.10. Documentation system	Documents the system	Room 101	Paper	1

The system is designed to be used in a room with a temperature of 20-25 degrees Celsius and a humidity of 40-60%.

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Component	Function	Location	Material	Quantity
2.1. Main frame	Supports the system	Room 101	Steel	1
2.2. Control panel	Controls the system	Room 101	Plastic	1
2.3. Power supply	Provides power	Room 101	Aluminum	1
2.4. Cooling system	Cools the system	Room 101	Copper	1
2.5. Monitoring system	Monitors the system	Room 101	Glass	1
2.6. Safety system	Protects the system	Room 101	Iron	1
2.7. Backup system	Backs up the system	Room 101	Steel	1
2.8. Maintenance system	Maintains the system	Room 101	Aluminum	1
2.9. Testing system	Tests the system	Room 101	Plastic	1
2.10. Documentation system	Documents the system	Room 101	Paper	1

10/10/10

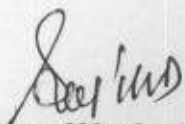
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Signature of Chairman


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
1.	Mrs. Haritha. B.	Principal	MSc (AI)	2008						
2.	Mrs. Prasanna Priyalatha	Vice Principal	MSc (AI)	2013						
3.	Mrs. M. Malakodi	Professor	MSc (AI)	2010						
4.	Mrs. Shilpa priyanka	Asso. Professor	MSc (AI)	2016						
5.	Mrs. Chaitra	Asso. Professor	MSc (AI)	2017						
6.	Mrs. Sneha v. Jose	A. Prof.	MSc (AI)	2018						
7.	Mrs. Ajay Kumar. R.	A. Prof.	MSc (AI)	2017						
8.	Mrs. Madhate cinam	Dr. Lecturer	MSc (AI)	2024						
9.	Mrs. Sindhu myathi. B.	Lecturer	BSc (AI)	2011						
10.	Mrs. Malemaganzi. Akkara	Asst. Lecturer	MSc (AI)	2024						
11.	Mrs. Allwin	BScs Tutor BSc (AI)		2020						
12.	Mrs. Ananya Rani	Asst. Tutor	"	2023						
13.	Mrs. Sathya R.	Asst. Tutor	"	2021						
14.	Mrs. Madhavan kathy	Asst. Tutor	"	2023						
15.	Mrs. Shaphi Kumar	"	"	2020						
16.	Mrs. Sushilani K.	"	"	2020						
17.	Mrs. Rindha	"	"	2024						
18.	Mrs. Keshavimayam Nibhi	"	"	2023						
19.	Mrs. Ritu sharma	"	"	2023						
20.	Mrs. Anjali Ravi	"	"	2023						
21.	Mrs. Anu Dora kothary	"	"	2023						
22.	Mrs. Anand S. Alapad	"	"	2020						

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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23.	MS. Pushpa. M. G.	M. Tute	BS 610	2020
24.	MS. Atthaporn Lalshasaporn	"	"	2020
25.	MS. Kanya. K. G.	"	"	2022
26.	MS. Sangam unphas	"	"	2021
27.	MS. Anthe	"	"	2021
28.	MS. J. Pullen	"	"	2021
29.	MS. Anisya Zukoss	"	"	2022
30.	MS. Soumya Jantakul	"	"	2023
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	23,200sq.ft	
	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	900	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	—	
3	Administrative Facilities			An pur room
	Office			
	1. Principal's Chamber	300	800	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		800	
	7. Accountants Office		800	
	8. Store Room		500	
	9. Record room		500	
	10. Room for maintenance staff		300sq.ft	
	11. Xeroxing room			
	12. common room	1000	Boys - 800 Girls - 800	
13. Seminar hall	3000	1800sq.ft		
14. Toilets	1000	1000sq.ft		
15. A.V/Aids room	600	800sq.ft		

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	1600	
	Nutrition & Community Health Nursing	1200sq.ft	1600	An per room
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab + Library (1: 5 computer :student)	1500sq.ft	1800sq.ft	

Note:

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

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

Building Documents:

Annexure – 12

- Is the college building own or leased / rented?
- Blue print of the building attested by competent authority.
- Tax paid receipt (Latest / current year)
- Occupancy certificate.
- 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 Licence
02	ISA 05 AG4176	40	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	1800sqft	YES ☒ No ☐	Yes	Yes	
Total No. of Nursing Books available	3000 books	No. of Nursing Journals subscribed	(06)	5. tend. ind. - 01	Nat ind - 5
No. of Thesis/Research titles available	—	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	Mrs. Vinutha Kumari	M. Lib	2 yrs	—
2	Mrs. Harshitha	M.L.I.C	Fresh	—

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	To assess the effectiveness of Guided Imagery Technique in reducing stress among elderly.	
Conferences conducted	—	—
Conferences attended	—	—

Dily
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature]
Signature of Member (2)

1. Name of the respondent	2. Gender	3. Age	4. Education level	5. Occupation	6. Duration of stay in the country	7. Reason for migration	8. Current status
1.1. Male	Male	25	High School	Student	1 year	Study	Enrolled
1.2. Female	Female	30	University	Teacher	2 years	Work	Employed
1.3. Male	Male	35	University	Engineer	3 years	Work	Employed
1.4. Female	Female	40	University	Manager	4 years	Work	Employed
1.5. Male	Male	45	University	Doctor	5 years	Work	Employed
1.6. Female	Female	50	University	Retired	6 years	Retirement	Retired
1.7. Male	Male	55	University	Retired	7 years	Retirement	Retired
1.8. Female	Female	60	University	Retired	8 years	Retirement	Retired
1.9. Male	Male	65	University	Retired	9 years	Retirement	Retired
1.10. Female	Female	70	University	Retired	10 years	Retirement	Retired

The data collected from the respondents is summarized in the table above. The table shows the demographic characteristics of the respondents, including their name, gender, age, education level, occupation, duration of stay in the country, reason for migration, and current status. The data is presented in a structured format, allowing for easy comparison and analysis of the different groups of respondents.

1. Name of the respondent	2. Gender	3. Age	4. Education level	5. Occupation	6. Duration of stay in the country	7. Reason for migration	8. Current status
2.1. Male	Male	25	High School	Student	1 year	Study	Enrolled
2.2. Female	Female	30	University	Teacher	2 years	Work	Employed
2.3. Male	Male	35	University	Engineer	3 years	Work	Employed
2.4. Female	Female	40	University	Manager	4 years	Work	Employed
2.5. Male	Male	45	University	Doctor	5 years	Work	Employed
2.6. Female	Female	50	University	Retired	6 years	Retirement	Retired
2.7. Male	Male	55	University	Retired	7 years	Retirement	Retired
2.8. Female	Female	60	University	Retired	8 years	Retirement	Retired
2.9. Male	Male	65	University	Retired	9 years	Retirement	Retired
2.10. Female	Female	70	University	Retired	10 years	Retirement	Retired

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>Regal Hospital also 30, G.R. Complex Thanisandra, Mysore Road, Bellary</i>	100	1 km	70%	verified
NAME OF THE TRUST/ Person owning The Hospital <i>Dr. Suresh Raju . v .</i>				
Name Of The Owner Of The Trust of Hospital <i>Dr. Suresh Raju . v .</i>				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Manipal Hospital Milleer Road, Bhe			
	2 Vinay Hospital Bengaluru, HBR Layout 3 Sparshana Hospital			

(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/CCU. (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

D. L. S.
Signature of Chairman

[Signature]
Signature of Member (1)

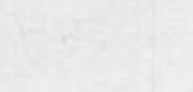
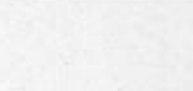
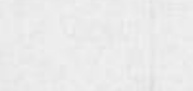
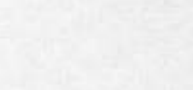
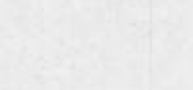
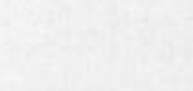
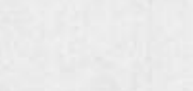
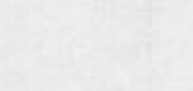
[Signature]
Signature of Member (2)

1. Do you have a current medical license? ☐ YES ☐ NO

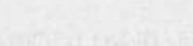
2. Do you have a current hospital license? ☐ YES ☐ NO

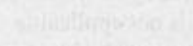
3. If you have a current hospital license, please provide the name of the hospital:

4. If you have a current hospital license, please provide the name of the hospital:

Signature	Print Name	Signature	Print Name
	John Doe		Jane Smith
	John Doe		Jane Smith
	John Doe		Jane Smith
	John Doe		Jane Smith
	John Doe		Jane Smith
	John Doe		Jane Smith

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

Signature of Physician:  Date:

Signature of Hospital:  Date:

Signature of Physician:  Date:

Signature of Hospital:  Date:

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. — Attached.

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

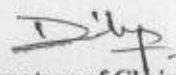
18.1. Distribution of Beds

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

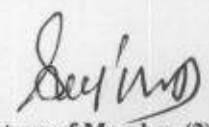
Additional/Other Specialties/Facilities for clinical experience:

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

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


Signature of Chairman

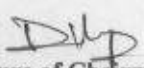

Signature of Member (1)


Signature of Member (2)

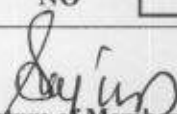
19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC	Bagalur PHC		
Adopted / Affiliated			
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐		
Distance from the Nursing Institute	10 km		
b. Services Rendered by Health & Family Welfare Programmes	MCH, Immunization, FP, AHP		
URBAN FEILD :			
a. Name of CHC / PHC / SC	Agasthase PHC		
Adopted / Affiliated			
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐		
Distance from the Nursing Institute	4 km		
b. Services Rendered by Health & Family Welfare Programmes	MCH, FP, Immunization, AHP		
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)

1. Name of the person

John Doe

Address

City

State

Zip

2. Date of birth

10/10/1980

Gender

Male

Height

5'10"

Weight

180 lbs

3. Education

High School

College

Graduate

4. Employment

Self-employed

Employed

Unemployed

5. Marital status

Single

Married

Divorced

Widowed

Partner

Other

Never

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	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☒
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

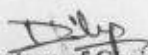

Signature of Chairman


Signature of Member (1)

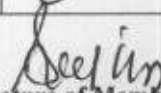

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	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)

Assessment	Details	Score
Assessment 1	Introduction of the project and the role of the project manager	10
Assessment 2	Project management plan development and the role of the project manager	10
Assessment 3	Project management plan development and the role of the project manager	10
Assessment 4	Project management plan development and the role of the project manager	10
Assessment 5	Project management plan development and the role of the project manager	10
Assessment 6	Project management plan development and the role of the project manager	10
Assessment 7	Project management plan development and the role of the project manager	10
Assessment 8	Project management plan development and the role of the project manager	10
Assessment 9	Project management plan development and the role of the project manager	10
Assessment 10	Project management plan development and the role of the project manager	10
Assessment 11	Project management plan development and the role of the project manager	10
Assessment 12	Project management plan development and the role of the project manager	10
Assessment 13	Project management plan development and the role of the project manager	10
Assessment 14	Project management plan development and the role of the project manager	10
Assessment 15	Project management plan development and the role of the project manager	10
Assessment 16	Project management plan development and the role of the project manager	10
Assessment 17	Project management plan development and the role of the project manager	10
Assessment 18	Project management plan development and the role of the project manager	10

Signature of Student

Signature of Supervisor

Signature of Assessor

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.

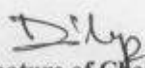
Observations:

- On the day of LIC inspection & as per the documents provided, the following observations were made.

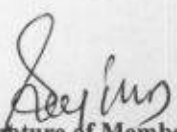
- 1) Infrastructure: Adequate as per norms.
- 2) Equipments: Adequate as per norm.
- 3) Staff: Adequate as per norm.
- 4) Clinical load: Adequate as per norm.

The inspection was conducted for

- a) Continuation of affiliation, BSc Nursing.
- b) Enhancement of Seats BSc N-40-20.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

1. The following information is to be provided by the applicant:	1. The following information is to be provided by the applicant:
2. The following information is to be provided by the applicant:	2. The following information is to be provided by the applicant:
3. The following information is to be provided by the applicant:	3. The following information is to be provided by the applicant:

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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

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

We have conducted LIC inspection of this college on 12/5/25 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.

D. D. D.
Senate Member
(Chairman)

Dr. Siddaram S. Patel
A C Member
(Member)

Mr. Santosh B. Rajan
Subject Expert
(Member)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Center for Health Systems Research and Analysis
 1100 University Avenue, Suite 100
 St. Louis, Missouri 63102-2290

DECLARATION

We, the undersigned, have read the report of the Commission on the
 Health of the Nation, and we hereby declare that the information
 contained therein is true and correct to the best of our knowledge
 and belief. We further declare that we have not been
 influenced by any person or organization in the preparation
 of this report, and that we have not received any financial
 benefit from any person or organization in the preparation
 of this report. We further declare that we have not
 been influenced by any person or organization in the
 preparation of this report, and that we have not received
 any financial benefit from any person or organization in
 the preparation of this report.

(Signature)
(Signature)
(Signature)



MANJUNATHA EDUCATION TRUST (R.)

#22, Chokkanahalli, Hegde Nagar Main Road, Jakkur Post, Yalahanka Hobli, Bengaluru - 560 064.
Phone : +91-9844057967 E-mail : manjunatheducationtrust@gmail.com

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the trust
Prof. Basavaraj Ramana are submitting the affidavit
to University.
The trust Shri Manjunatha College of Nursing 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.

CHAIRMAN

MANJUNATHA EDUCATION TRUST (R)
#22, Chokkanahalli, Hegde Nagar Main Road,
Jakkur Post, Yalahanka Hobli, Bengaluru - 560 064.

12/5/25

12/05/25

CHAIRMAN
 MANJUNATHA EDUCATION TRUST (R)
 437, Chickabahal, Hoysale Nagar, Mysore
 Taluk, Dist. Chikmagalur, Karnataka-576 101

CLINICAL FACILITY DETAILS

1. Name & Address of the Hospital : Manipal Hospital
Miller's road, Bangalore-560064
2. Distance from the nursing institute : 15 km
3. Contact no. of the hospital : 080-41136195., 080-71004500
4. Name of the medical superintendent : Dr. Ranganath Naik
5. Name of nursing superintendent : Mrs. Kamilus Mary
6. No. of schools/colleges affiliated : 1
7. C.N.O/N.S. : 01
8. D.N.S : -
9. A.N.M/D.S : -
10. Ward in-charge/S.N.O : 17
11. Staff nurse : 220
12. Total no of nurses : 238

CLINICAL AREA	NO OF BEDS	AVERAGE PATIENTS ADMITTED/MONTH	NO OF PATIENTS ADMITTED LAST MONTH
Medical	40	80	90
Surgical	40	80	90
Pediatric	-	-	-
Gynec and OBG	12	30	40
Orthopedic	20	70	30
psychiatric	-	-	-
Eye/ENT	10	20	10
ICU/NDSU	52	80	90
Neurology	22	80	90
Emergency	12	40	50
Oncology	12	40	40
Total	220	520	530

13. Average no of patients attending OPD/day: 500

14.

CATEGORY	NO OF TABLES	AVERAGE OF NUMBER OF OPERATION /DAY	NO OF OPERATIONS CONDUCTED ON THE DAY OF INSPECTION
Major OT	4	4-10	
Minor OT	2	4-5	

15. Pollution control board certificate: yes/ No

Dip

12/5/25

12/05/25



CLINICAL FACILITY DETAILS

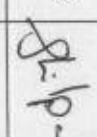
1. Name & Address of the Hospital : REGAL Hospital
Hegde Nagar, Bangalore-560064
2. No. of the Registered Nurses : 35
3. Nursing Superintendent : 01
4. Deputy Nursing Superintendent : 01
5. Total Bed Strength : 100
 - Dialysis : 06
 - ICU : 06 Bed
 - Medical : 40
 - Surgical : 34
 - Casualty : 14
6. OPD : 150/day
7. In-Patient : 60/day
8. Major Surgeries : 2/day
9. Minor Surgeries : 4/day

D. K. F.

S. K. S.
12/5/25

S. K. S.
12/05/25

SHRI MANJUNATHA COLLEGE OF NURSING, BANGALORE
TEACHING FACULTY LIST

Sl. No	Name of Teaching Faculty	Designation	Qualification with Speciality	Name of the University	Year of passing	R.N. & R.M. No. of KNC	Total Year of Experience		Date of Joining to this Institute	ID NO	Remarks
							UG	PG			
1. ✓	Mrs. Haritha. B	Principal	M.Sc Nursing Medical Surgical Nursing	RGUHS	2008	50108	2 years	14 years	01.08.2009	339307485022	
2. ✓	Mrs. Prasanna Priya Latha	Vice Principal	M. Sc Nursing Psychiatric Nursing	RGUHS	2013	RR ANP- 20101733- KAR	1 years	11 Years	03.03.2025	573498711215	 leave
3.	Mrs. M Malarkodi	Professor	M. Sc Nursing Medical Surgical Nursing	RGUHS	2010	004531	2 years	14 years	07.02.2022		
4. ✓	Mrs. Shilpa Priyanka	Associate Prof	M. Sc Nursing Paediatric Nursing	RGUHS	2016	RR-bsc 3654	3 year	9 year	13.03.2025	961377316272	
5. ✓	Mrs. Chaitra	Associate Prof	M. Sc Nursing Psychiatric Nursing	RGUHS	2017	83687	2 years	8 years	01.03.2025	684762950946	
6. ✓	Mrs. Sueha. V. Jose	Assistant Prof	M. Sc Nursing Medical Surgical Nursing	RGUHS	2018	62826	1 year	7 years	19-01.2025	8139667416917	
7. ✓	Mr. Ajay Kumar . R	Assistant Prof	M. Sc Nursing Psychiatric Nursing	RGUHS	2017	58723	2 years	7 years	11.02.2025	386634416029	
8. ✓	Mrs. Manita Oinam	Lecturer	M. Sc Nursing	RGUHS	2024	113061	1 year	-	03.03.2025	576273944084	

Dr. J.

Dr. J.

Dr. J.
12/05/25

[illegible]

Dick



feeding
12/105/25

28.	Ms. J Pallavi	Nursing Tutor	B. Sc Nursing	Indian University	2021	RN230795	4 Years	-	22.04.2022	688730093919	G.P. R
29.	Ms. Asiya Zahoor	Nursing Tutor	B. Sc Nursing	Jammu & Kashmir	2022	4210	3 Years	-	03.02.2024	721738259256	Dr. M. A
30.	Ms. Soumya Jarbandi	Nursing Tutor	B. Sc Nursing	RGUHS	2023	151445	1 years	-	03.03.2025	487349368818	Dr. S. A

Dr. S. A

Dr. S. A 12/8/24

Dr. S. A 12/8/25

