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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 Anoop Nair	Dr. Leeladhar DV	Mr. Mithun Kumar BP
Designation	Assoc Prof	Chairman BOS us (AYU)	Professor
Address	40021 Bangalore	KVG Ayu. Medical College, Sullia	RV SINS Mandya.
Mobile No	9886459375	9449717171	9886622280
Email ID	dranoopnair@ratn.com	drleeladhar.dv @rediffmail.com	Mithunbp222@gmail.com

For the Academic Year : 2025 - 26

Date of Inspection: 12/06/2025

(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 [40-60]	✓	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	MOODLAKATTE COLLEGE OF NURSING Moodlakatte, Kundapura Taluk, Udupi Dist, 576217, Karnataka.	2	Year of Establishment	2020-21
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	MOODLAKATTE EDUCATION TRUST Moodlakatte Post, Kandavara Village, Kundapura - 576217 (Enclose copy of Registration documents of Society/Trust) Annexure - 1 Email: menkundapura@gmail.com Website: menkundapura.com			
	(b). Name of the Owner of Trust/Society	SRI. SIDDARTHA J SHETTY			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Mr. MITHUNKUMAR.B.P.
Subject Expert



INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of IIC Inspectors	Chairman	Assessment Council Member	Subject Expert
Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair
Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair
Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair
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Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair
Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair
Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair
Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair	Dr. Anand Nair

For the Academic Year: 2025 - 26
 Date of Inspection: 18/05/2025

For the Academic Year: 2025 - 26		Date of Inspection: 18/05/2025	
(Please Tick the appropriate boxes below)			
For the Academic Year: 2025 - 26	Date of Inspection: 18/05/2025	For the Academic Year: 2025 - 26	Date of Inspection: 18/05/2025
1. First Affiliation	2. Confirmation of Affiliation	3. Enhancement of seats (If - Yes)	4. Change of Name/Address
5. Additional Course (N/A - Nursing only)	6. Post Basic B.Sc Nursing	7. M.Sc Nursing	8. M.Sc NRC

Name of the Institution with Full Address	Name of the Institution	Year of Establishment
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11
MOOLAKUTE COLLEGE OF NURSING, MOOLAKUTE, KANDAYANAHOLY, BANGALORE - 560041	MOOLAKUTE EDUCATION TRUST	2010-11

Signature of Institution: _____
 Date: 18/05/2025

4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : — Enclosed — (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	Details of Principal/Head of the institution	Name: Prof. Jennifer Freeda Menezes Qualification: M.Sc (N), MPhil (N) Experience: 12 Years, 6 Months Email: diyaadeep18@gmail.com	Mobile No: 9886153555 Office No: 8088583160 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
		Application Annual Fees	Increase In Total Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing		1,000.00	1,50,000.00	50.00	-	1,51,050.00
Post Basic B.Sc. Nursing						
Total (A)						1,51,050.00
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.					
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						

Online Transaction Number or Details:

ZHDFGZE095XVX2 dated 24/12/2024 of Rs. 151,000.00
BSBI2J30JR9SF0 dated 02/05/2025 of Rs. 50.00

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	MED 181/MSF/2021 dated 24.02.2021 Annexure - 5	RGU/AFF/NSG/COA/01/2021-25 dated 20.09.2024 Annexure - 6	KNC/1847/2020-2021 dated 06/3/21 Annexure - 7	18-15/15465-INC 253 dated 16.04.2024 Annexure - 8	Verified
	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	NA
	Sanctioned Intake	_____	NA	_____	_____	
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	_____	NA	_____	_____	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	_____	NA	_____	_____	
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)
12/6/24

Signature of Member (2)

8. Approval Status of the Institution's sanctioned intake

Name of the Course	Intake Approved and Sanctioned	Approval Number and Date	COA				Remarks
			by	no	by	no	
B.Sc Nursing	Sanctioned Intake	100	by	no	by	no	100
	Admissions Made for the Current Academic Year		by	no	by	no	
	Approval Letter No. and Date		by	no	by	no	
	Approval Letter No. and Date		by	no	by	no	
M.Sc Nursing	Sanctioned Intake	100	by	no	by	no	100
	Admissions Made for the Current Academic Year		by	no	by	no	
	Approval Letter No. and Date		by	no	by	no	
	Approval Letter No. and Date		by	no	by	no	
M.Sc NPTC	Sanctioned Intake	100	by	no	by	no	100
	Admissions Made for the Current Academic Year		by	no	by	no	
	Approval Letter No. and Date		by	no	by	no	
	Approval Letter No. and Date		by	no	by	no	

- M.Sc Nursing in
- ☐ a. Community Health
 - ☐ b. Medical Surgical
 - ☐ c. OBG
 - ☐ d. Pediatric
 - ☐ e. Psychiatry

Signature of Chairman

Signature of Vice-Chairman

Signature of Member

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	10	18	10	09	47
	Female	30	22	29	31	112
Post Basic B.Sc Nursing	Male					
	Female	- NA -				
M.Sc Nursing	Male					
	Female	- NA -				
M.Sc NPCC	Male					
	Female	- NA -				

Total = 159

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

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-----

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) - NA -

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-----

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)

1. List of Students under Training in each of the Starting Education Programmes:

Programme	Year	17 Year	18 Year	19 Year	20 Year	Total
B.Sc. Nursing	Male	10	18	10	08	46
	Female	30	22	24	31	117
Post Basic B.Sc. Nursing	Male					
	Female	44				44
B.A. / B.Com.	Male					
	Female	44				44
B.E. / B.Tech.	Male					
	Female	44				44

Total: 282

2. If the college has BSC(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) - 10/1 -

Sl. No.	Name of the student	Registration Number	Residential Address	Parent's Address	Parent's Telephone No.	Parent's Occupation	Parent's Signature

For separate list to be enclosed and BSC(N) students to be verified and copy to be attached.

3. If the college has B.A/B.Com following details of the admitted students to be enclosed (physical verification to be done with original documents) - 10/1 -

Sl. No.	Name of the student	Registration Number	Residential Address	Parent's Address	Parent's Telephone No.	Parent's Occupation	Parent's Signature

For separate list to be enclosed and B.A/B.Com students to be verified and copy to be attached.
 B.A/B.Com students to be verified and copy to be attached.

Remarks:

Signature of Chairman
 Signature of Member
 Signature of Member

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

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)

2. Teaching Faculty Requirements for All Nursing Programs:

Program	RN	LPN	BSN	PhD	Total	Education Requirements				Degree
						PhD	MS	BS	BA	
1. Principal	1	1	1		3					
2. Associate Professor	1	1	1		3					
3. Assistant Professor	1	1	1		3					
4. Lecturer	1	1	1		3					
5. Total	4	4	4		12					

For E sample: For 40 students initial minimum number of teachers required is 12 including Principal, 1 Associate Professor - 01, Assistant Professor - 02, and Lecturer - 09.
(The Faculty and Student Ratio is 1:10 and 1:20 for the Nursing Program.)

Program	RN	LPN	BSN	PhD	Total	Education Requirements				Degree
						PhD	MS	BS	BA	
1. Principal	1	1	1		3					
2. Associate Professor	1	1	1		3					
3. Assistant Professor	1	1	1		3					
4. Lecturer	1	1	1		3					
5. Total	4	4	4		12					

Signature of Principal: _____
Signature of Dean: _____
Signature of Faculty: _____

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/ Bank Statement (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Jennifer Freida Menezes	Principal	M.Sc (N), M.Phil (N)	2012	5228	1 year 3 Months	12 years 6 Months	14/12/2020	Yes	
2.	Mrs. Roopashree K. S	Vice-Principal	M.Sc OBG M.Sc	2015	32499	2 years 8 Months	9 years	20/11/2023	Yes	
3.	Mrs. Chandona Shukhara	Professor	Pediatrics	2012	18992	1 year	10 years 3 yrs CCHO	27/03/2025	Yes	
4.	Mrs. Shanthi Benedicta Vay	Assoc. Professor	M.Sc. pediatrics	2010	16219	1 year	12 years	24/06/2024	Yes	
5.	Mrs. Praveena KM	Assoc. Professor	M.Sc Med. Surg	2018	99214	3 years	6 years	01/02/2022	Yes	
6.	Mrs. Sunil Mugali	Asst. Professor	M.Sc Psychiatrics	2014	112165	-	5 years	03/03/2025	Yes	
7.	Ms. Alsheetha L	Asst. Professor	M.Sc CHN	2023	88916	2 years 4 Months	2 years	01/04/2023	Yes	
8.	Ms. Keerthana	Lecturer	M.Sc Med. Surg	2024	128351	9 months	4 Months	03/02/2025	Yes	
9.	Ms. Deepika	Lecturer	M.Sc CHN	2024	88917	34 CCLinical 1 year	4 Months	03/02/2025	Yes	
10.	Ms. Rakshitha H	Nursing Tutor	B.Sc	2022	137084	2 years 4 Months	-	15/02/2025	Yes	
11.	Mrs. Malini MK	Nursing Tutor	B.Sc	2020	110548	4 years	-	03/07/2023	Yes	
12.	Ms. Saijanya	Nursing Tutor	B.Sc	2022	140923	7 months	-	04/11/2024	Yes	
13.	Ms. Shwetha	Nursing Tutor	B.Sc	2020	116944	44 CCLinical 3 Months	-	24/02/2025	Yes	
14.	Mrs. Chethana R	Nursing Tutor	B.Sc	2020	110146	3 yr CCHO 3 Months	-	26/03/2025	Yes	
15.	Mrs. Jyothi J	Nursing Tutor	B.Sc	2020	110490	24 CCLinical 24 8 Months	-	26/03/2025	Yes	
16.	Mrs. Poojithi	Nursing Tutor	B.Sc	2024	178460	Fresher	-	14/02/2025	Yes	
17.	Mrs. Divya Maria Panthi	Nursing Tutor	PBBSC	2018	80713	4 years CCLinical	-	Consent Given	Yes	Consent

Signature of Chairman
12/6/24

Signature of Member (2)

18.	Ms. Shaubhinekha	Nursing Tutor	B.Sc	2019	103373	8 Monthly (clinically)	-	Consent Given	Cancel
19.	Ms. Shubhashree TN	Nursing Tutor	B.Sc	2019	101156	6 Monthly	-	Consent Given	Cancel
20.	Mn. Nithin Jyoti Monteiro N	Nursing Tutor	PcB.Sc	2023	237481	-	-	Consent Given	Cancel
21.	Ms. Ambika	Nursing Tutor	B.Sc	2020	108626	(clinically) 3 Years	-	Consent Given	Cancel
22.	Ms. Monisha	Nursing Tutor	B.Sc	2020	110549	-	-	Consent Given	Cancel
23.	Ms. Sahana TS	Nursing Tutor	B.Sc	2024	174182	-	-	Consent Given	Cancel
24.	Ms. Halfida NP	Nursing Tutor	B.Sc	2024	174191	-	-	Consent Given	Cancel
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Signature of Chairman

Signature of Member (1)
12/6/23

Signature of Member (2)

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Calculation of average

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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	24,842 Sq.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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	2x900 = 1800 Sq.ft 2x1200 = 2400 Sq.ft with ventilation and lighting	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	NA	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	330 Sq.ft	
	2. Vice-Principal Chamber	200	260 Sq.ft	
	3. HOD	5 x 200 = 1000	5x200 = 1000 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	820 + 2440	
	5. Lecturer/ Tutors		3260 Sq.ft	
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		400 Sq.ft	
	7. Accountants Office		200 Sq.ft	
	8. Store Room		200 Sq.ft	
	9. Record room		150 Sq.ft	
	10. Room for maintenance staff		400 Sq.ft	
	11. Xeroxing room		100 Sq.ft	
	12. common room	1000	250 Sq.ft	
	13. Seminar hall	3000	3000 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	620 Sq.ft	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			Verified
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1700 Sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1230 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	920 Sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	980 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600 Sq.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

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **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
02	KA20DS197 KA20AB4932	44 22	✓ Yes / No	✓ Yes / No	✓ Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6/15

Sl. No.	Details	Estimated	Existing	Remarks
1	Computer Lab	1500 sq.ft	1600 sq.ft	
	Library	900 sq.ft	950 sq.ft	
	Physics & Chemistry Laboratory	900 sq.ft	100 sq.ft	
	Chemistry Laboratory	900 sq.ft	950 sq.ft	
	Nursing	2000 sq.ft	1800 sq.ft	
	Vitamins & Community Health	2000 sq.ft	1800 sq.ft	
2	Building Foundation including	1000 sq.ft	1700 sq.ft	
	Water Supply, Sewerage & Ventilation			

- Notes:
- * The above 1000 sq.ft. laboratory lab can be constructed consisting of the lab specified with a total of 2500 sq.ft. in the main five separate labs in the building.
 - * In case 1000 sq.ft. is not available, the above lab can be constructed in the existing building.
 - * The laboratory should have separate, indoor ventilation, moisture and ventilation mechanism. The lab is to be used for 1000 sq.ft.
 - * The 1000 sq.ft. laboratory should be constructed with high quality, aluminium and low cost material.
 - * The laboratory should be 1000 sq.ft. in size, the size of the building and the building should be constructed according to the design of the building.

Examination and Laboratory (Ex/Lab) & attach a copy of Building Plan approved by competent authority for building construction certificate.

Annexure - 12 Building Documents

1. Is the college building own or leased? - *Leased*
 2. The plan of the building attached by competent authority - *Attached*
 3. The plan of the building (latest correct year) - *Attached*
 4. Occupancy certificate - *Attached*
 5. Sale deed, lease deed of the building - *Attached*
- It is mandatory to enclose all the documents mentioned above.

- Notes:
- * If the institution doesn't have own building, then 2016 building plan will be required. (1000 sq.ft. - 1000 sq.ft.)
 - * It is mandatory that all building documents shall have to be submitted within two years of the expiry of the building plan.
 - * If one of the documents is not submitted, then the building plan will be cancelled by the competent authority.
 - * The building plan should be for a period of 10 years. (The building plan should be submitted to the competent authority within 10 years of the expiry of the building plan.)
 - * The building plan should be submitted to the competent authority.

Annexure - 13 Vehicle Details: List of all vehicles, including license

Sl. No.	Vehicle Number	Vehicle Description	RC Book	Insurance	Vehicle Class
01	KA0502194	1000 cc	Yes	Yes	Yes
02	KA0502193	1000 cc	Yes	Yes	Yes

Signature of Institution: _____
 Signature of Chairman: _____
 Signature of Secretary: _____

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	2320 Sq.ft	YES ☒ No ☐	Good	Good	
Total No. of Nursing Books available	2003	No. of Nursing Journals subscribed			05
No. of Thesis/Research titles available	04	Is internet facility available for Students?			Yes
No of e-books	300 HELINGT	How many books were purchased in last financial year?			310

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MR. JAGADHISH	BLISE, MLISE	11 Years	Verified

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	ENCLOSED	
Conferences conducted	ENCLOSED	
Conferences attended	ENCLOSED	

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 CHINMAI HOSPITAL Church Road, Kundapura Taluk, Udupi Dist, Kannataka - 576201.		100	7 KM	88.66%.	Own Parent Hospital
NAME OF THE TRUST/ Person owning The Hospital MOODLAKATTE EDUCATION TRUST DR. UMESH PUTHRAN, Trustee of the Trust and also the medical director of Chinmai Hospital, Kundapura.					
Name Of The Owner Of The Trust of Hospital SRI. SIDDARTHA J SHETTY - DR. Umesh Puthran		Managing Trustee, Moodlakatte Education Trust - Trustee & Medical director of chinmai Hospital.			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 GOVERNMENT GENERAL HOSPITAL, KUNDAPURA	200	7 KM	92.16%.	Affiliated
	2 GORETTI HOSPITAL KALLIANPUR	40	30 KM	86%.	Affiliated
	3 NEW MEDICAL CENTRE, KUNDAPUR	30	7 KM	80%.	Affiliated
	4 JEEVAN JYOTI HOSPITAL, BRAMAVAR	12	26 KM	90%.	Affiliated
	5 DR. A.V. BALIGA MEMORIAL, HOSPITAL UDUPI.	100	38 KM		
	6 MANASA NURSING HOME, SHIVAMOGGA	100	148 KM		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6/15

(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 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:

Own parent hospital with trustee 100 bedded.
Grant hospital affiliation 200 bedded.
New medical hospital MOU - 30 bed
Coratti Hospital MOU - 40 bed.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6/24

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	47	22	110
Surgery including OT/Ortho	50	254	32	140
Obstetrics & Gynecology	-	-	74	111
Pediatrics,	-	-	30	37
Emergency Medicine	05	235	06	526
Psychiatry	-	-	-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	-	06	-
Minor OT	01	-	01	-
Dental, Otorhinolaryngology, Ophthalmology	05	0	09	03
Burns and Plastic	-	-	-	-
Neonatology care unit	-	-	06	27
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-	-	-
Dermatology	-	-	-	-
Cardiology	02	0	-	-
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	-	-
Nephrology/Urology	18	38	10	72
ICU/CCU	-	-	11	53
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)

12/6/24

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC	GOVERNMENT PHC, BASRURU	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	3 KM	
b. Services Rendered by Health & Family Welfare Programmes	Plus Polio, MCH Programme, Vector borne Control, Family Planning, Disease control.	
URBAN FEILD :		
a. Name of CHC / PHC / SC	COMMUNITY HEALTH CENTRE, KOTA	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	12 KM	
b. Services Rendered by Health & Family Welfare Programmes	Plus Polio, MCH Programme, Vector borne Control, Family Planning, Disease control.	
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)

12/6/20

RURAL FIELD	
a. Name of CHC/PHC/SC	GOVERNMENT PHC, JASURU
b. Address	4/1/10/10
c. Administered by	State Govt. ☒ Municipal Corporation ☐ Private ☐
d. Distance from the Nursing Institute	3 KM
e. Services rendered by Health & Family Welfare Officer	Family Planning, PNC Programme, Vector Borne Control, Family Planning, PNC Programme, Vector Borne Control
URBAN FIELD	
a. Name of CHC/PHC/SC	COMMUNITY HEALTH CENTRE, KOTA
b. Address	4/1/10/10
c. Administered by	State Govt. ☒ Municipal Corporation ☐ Private ☐
d. Distance from the Nursing Institute	12 KM
e. Services rendered by Health & Family Welfare Officer	Family Planning, PNC Programme, Vector Borne Control, Family Planning, PNC Programme, Vector Borne Control

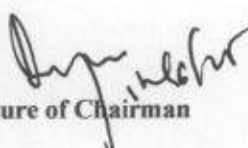
20. Master Station Item : Answer - 18			
a. Basic HSC Nursing	YES ☒	NO ☐	
b. Post Basic HSC Nursing	YES ☐	NO ☒	
c. MSc Nursing	YES ☐	NO ☒	
21. Type of the available for all Nursing Programmes			
a. Basic HSC Services	YES ☒	NO ☐	
b. Post Basic HSC Nursing	YES ☐	NO ☒	
c. MSc Nursing	YES ☐	NO ☒	

22. Records of students : Are the following records kept and maintained well?		
a. Admission record	YES ☒	NO ☐
b. Daily Attendance Register	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. Labo record	YES ☒	NO ☐

Signature of Chairman
 Date
 Signature of Head of Institution
 Date
 Signature of Student
 Date

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 19,000	
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 : 92	Boys : 40
f.	Total No. of rooms	Girls : 30	Boys : 13
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)
16
12/6/23


Signature of Member (2)

7.	Student welfare committee	YES	☒	NO	☐
8.	Non smoking canteen	YES	☒	NO	☐
9.	Self development programmes	YES	☒	NO	☐
10.	achievements	YES	☒	NO	☐
11.	Aimed a part of activities and achievements	YES	☒	NO	☐
12.	Records of Stock	YES	☒	NO	☐
13.	Attendance records	YES	☒	NO	☐
14.	Constitution Meetings	YES	☒	NO	☐
15.	Financial plans	YES	☒	NO	☐
16.	Course planning of each subject	YES	☒	NO	☐
17.	Curriculum record of each	YES	☒	NO	☐
18.	Extracurricular activities of students	YES	☒	NO	☐

19.	Hostel facilities summary - 12				
a.	Whether the college is having a separate "Hostel"	YES	☒	NO	☐
b.	Hostel area of the hostel	2400 sq. ft.			
c.	Is the Hostel owned or Rented?	Own	☐	Rented	☒
d.	Is there separate provision of Hostel for Male and Female Students?	YES	☒	NO	☐
e.	Total No. of students in the hostel	Girls: 42		Boys: 40	
f.	Total No. of rooms	Girls: 20		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	☐

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	✓	
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		✓

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Sl. No.	Annexure	Description	Remarks
1	Annexure - 1	Details of Thrift Society related documents	✓
2	Annexure - 2	Details of Governing Council, its structure & Auditor report of Thrift	✓
3	Annexure - 3	Details of any other Nursing Institution under the same Trust	✓
4	Annexure - 4	Details of Affidavit from bank receipts	✓
5	Annexure - 5	Approval Status - GOK Order	✓
6	Annexure - 6	Approval Status - BQHS Notification Class 3 (Final) Approval	✓
7	Annexure - 7	Approval Status - KMC Notification	✓
8	Annexure - 8	Status - BMC Notification	✓
9	Annexure - 9	List of Post Basic B.Sc Nursing students as per format	✓
10	Annexure - 10	List of M.Sc Nursing students as per format	✓
11	Annexure - 11	Details of External Full time Teachers	✓
12	Annexure - 12	Physical Facilities: 1. College Building - Govt. rent lease MOU documents, Site 2. Labours 3. Building related documents 4. Hostel 5. Accommodation - 111 Campus working condition 6. Computer, network, occupancy, certificate, building 7. School current year and previous year building plan & 8. College Building - Govt. rent lease MOU documents, Site	✓
13	Annexure - 13	Vehicle Details : Bus	✓
14	Annexure - 14	Details of List of Library Books & others	✓
15	Annexure - 15	Academic Activities	✓
16	Annexure - 16	Details of Clinical Hospital / Institute - Regional Hospital / IOU, latest A.P.C.T. & K.V.B. certificate, current academic year clinical records receipts from affiliated hospitals	✓
17	Annexure - 17	Details of Community Health Nursing Program / activities	✓
18	Annexure - 18	Master Rotation plans and other tables	✓
19	Annexure - 19	List of 3 sections with their Description format & necessary documents	✓
20	Annexure - 20	BQHS approved partnership letter of M.Sc Nursing (Academy) with speciality was	✓

Signature of Member

Signature of Member

Signature of Member

16/10/20

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:

As on date of inspection 12-6-25 total 16 staff were present with 1 principal & 1 vice principal. 8 staff have given consent to join later. Queen parent hospital with trustee 100 bedded as per PCB & KPMc. Affiliated Govt hospital 200 bed. Private two hospitals also 30 & 40 beds. Infrastructure facilities, lab, hostel boys & girls separate auditorium. Library with 2003 books & 5 Journals. 4+3 classrooms with audio visual aids as per RCUHS norms & INC guidelines. All relevant enclosures are here by enclosed.

Signature of Chairman

Dr. Dinesh Nair
Secretary RCUHS

Signature of Member (1)

18
12/6/25

Signature of Member (2)

Mr. Mithun Kumar B.P.
Subject Expert
RCUHS

Note: Verify & attach relevant documents (include staff duty roster) along with this report. The recordings of the report should be clearly legible. LJC team is solely responsible for the details & remarks noted in the LJC format.

Observations:

As on date of inspection 12-12-2020 total 12 staff

were present with 1 principal & 1 vice principal

2 staff have given consent to form later. (Consent)

Parental involvement was not observed as per school

records. Affiliated school was not observed. Private

school was not observed. Also not observed. The observations

conducted by school staff & principal

on 12-12-2020. The principal was not observed as per

school records. Also not observed as per

school records. All relevant

documents are being enclosed.

Signature of Principal
12/12/20

Signature of Principal
12/12/20

Signature of Principal
12/12/20

Signature of Principal
12/12/20



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 Anoop NAIR	Dr. Leeladhar DV	Mr. Mithun Kumar B.P
Designation	Assoc Professor	Chairman BOS/VG/Ayu.	Professor
Address	ADCAI Bangalore	KVG Ayurveda Medical Collg, Sullia	RVSIN'S MANDYA
Mobile No	9886 459375	9449 7171 71	98866 22280
Email ID	dranoopnair@rediffmail.com	drleeladhar_dv@rediffmail.com	mithunbp222@gmail.com

For the Academic Year : 2025-26

Date of Inspection: 12/06/2025

(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	MOODLAKATTE COLLEGE OF NURSING Moodlakatte, Kundapura Taluk, Udupi Dist, 576217, Karnataka.	2	Year of Establishment
				2020-21
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	MOODLAKATTE EDUCATION TRUST Moodlakatte Post, Kandavara village, Kundapura - 576217 (Enclose copy of Registration documents of Society/Trust) Annexure - 1 Email: monkundapura@gmail.com Website: monkundapura.com		
	(b). Name of the Owner of Trust/Society	SRI. SIDDARTHA J SHETTY		

Signature of Chairman

Dr Anoop Nair

Signature of Member (1)

Dr. Leeladhar DV
12/6/25

Signature of Member (2)

MR. MITHUN KUMAR B.P



Rajiv Gandhi University of Health Sciences, Karnataka
4th Floor, Block Jagannath, Bangalore - 560041
Website: www.rghu.ac.in Phone: 080-26701932

INSPECTION PROFORMA FOR NURSING 2022-23 AY

Name of the Institution	Chairman	Inspected by	Subject Expert
Name	Dr. Pradyumn	Dr. Pradyumn	Dr. Pradyumn
Designation	Dr. Pradyumn	Dr. Pradyumn	Dr. Pradyumn
Address	Bangalore	Bangalore	Bangalore
Mobile No.	9886 414970	9886 414970	9886 414970
Email ID	pradyumn@rghu.ac.in	pradyumn@rghu.ac.in	pradyumn@rghu.ac.in

Inspection Year: 2022-23

(Please Tick the Appropriate Boxes Below)

Type of Inspection	1. First Admission	2. Continuation of Admission	3. Re-admission
1. Additional 1st year (1st 50 Nursing only)			
2. Enhancement of Seats			
3. Change of Name/Address			
4. Re-inspection			
Nursing Programme Under Inspection	1. Basic BSc Nursing	2. MSc Nursing	3. Post Basic BSc Nursing
1. Basic BSc Nursing			
2. MSc Nursing			
3. Post Basic BSc Nursing			

1. Institution with Full Address	2. State of the course conducting body	3. (a) Name of the Trust/Society & complete postal address	4. (b) Name of the Trust/Society
MOODLARTHE COLLEGE OF NURSING Moodlarthe, Kolar District, Karnataka - 562113	Government / Private / Autonomous / Minority / Cooperative / Missionary / Other	MOODLARTHE EDUCATION TRUST Moodlarthe Post, Kolar District, Karnataka - 562113 The above copy of Registration document of Society/Trust/Association - 1	MOODLARTHE EDUCATION TRUST Moodlarthe Post, Kolar District, Karnataka - 562113
Year of Establishment	2000-21		

Signature of Chairman
Signature of Inspected by
Signature of Subject Expert

4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : <u>Enclosed -</u> (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	Details of Principal/Head of the institution	Name: Prof. Jennifer Freeda Menezes Qualification: M.Sc (N), MPhil (N) Experience: 12 Years, 6 Months Email: diyadeep18@gmail.com	Mobile No: 9886153555 Office No: 8088583160 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:

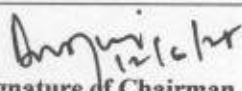
Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Application 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		1,000.00	1,30,000.00	50.00	25,000.00	1,56,050.00
Post Basic B.Sc. Nursing						
Total (A)						1,56,050.00
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.					
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						

Online Transaction Number or Details:

2HDF302095X97B dated 24/10/2024 of Rs. 156,050/-

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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	MED 181/MSF/2021 dated 24.02.2021 Annexure - 5	RGU/AFF/NSG/COA/01/2024-25 dated 20.09.2024 Annexure - 6	KNC/1847: 2020-2021 dated 06.03.21 Annexure - 7	18-15/15465-INC 253 dated 16.04.2024 Annexure - 8	Verified NA
	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	NA
	Sanctioned Intake	_____	NA	_____		
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☒ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	_____	NA	_____		
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	_____	NA	_____		
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Name of the Course	Institution Approved and Affiliated	COR	REGISTRATION	ASSNO	FAC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	24.02.2021	20.02.2021	20.02.2021	20.02.2021	20.02.2021
	Sanctioned Intake	100	100	100	100	100
	Admissions Made for the Current Academic Year	100	100	100	100	100
Post Basic B.Sc. Nursing	Approval Letter No. and Date	24.02.2021	20.02.2021	20.02.2021	20.02.2021	20.02.2021
	Sanctioned Intake	100	100	100	100	100
	Admissions Made for the Current Academic Year	100	100	100	100	100
B.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Paediatric e. Geriatric	Approval Letter No. and Date	24.02.2021	20.02.2021	20.02.2021	20.02.2021	20.02.2021
	Sanctioned Intake	100	100	100	100	100
	Admissions Made for the Current Academic Year	100	100	100	100	100
B.Sc. NPCC	Approval Letter No. and Date	24.02.2021	20.02.2021	20.02.2021	20.02.2021	20.02.2021
	Sanctioned Intake	100	100	100	100	100
	Admissions Made for the Current Academic Year	100	100	100	100	100

Signature of Chairman
Signature of the Head
Signature of the Head

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	10	18	10	09	47
	Female	30	22	29	31	112
Post Basic B.Sc Nursing	Male					
	Female	- NA -				
M.Sc Nursing	Male					
	Female	- NA -				
M.Sc NPCC	Male					
	Female	- NA -				

Total = 159

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

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) - NA -

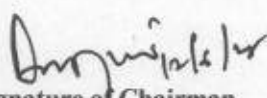
Annexure -10

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-----

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)
4 12/6/22


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				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		4									
6	Tutor	8-16	16-24	2-10	--		7									
	Total	16-24	24-40	4-12			16									

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

(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)

12) Teaching Faculty Requirements for all Nursing Programs

Faculty	Position	Required				Available				Deficit			
		Ph.D.	Master's	BSN	RN	Ph.D.	Master's	BSN	RN	Ph.D.	Master's	BSN	RN
1	Professor	1	1	1	1								
2	Associate Professor	1	1	1	1								
3	Professor	1	1	1	1								
4	Associate Professor	1	1	1	1								
5	Assistant Professor	1	1	1	1								
6	Faculty	1	1	1	1								
Total		5	5	5	5								

For Assistant: For 40 students intake minimum number of faculty required is 10 including Principal - 01

For Associate: 01, Professor: 01, Assistant Professor: 01, Lecturer: 01, and Tutor: 01

(The Faculty and Student Ratio is 1:10 and for B.Sc. Nursing) depends on specialty offered and other norms.

1:10 ratio offer B.Sc. Nursing Program

For B.Sc. Distribution of Faculty for B.Sc. Nursing:

(Based on Proposed intake, year wise minimum 100 students for B.Sc. Nursing program will be required)

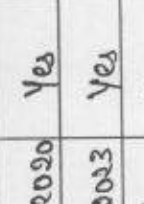
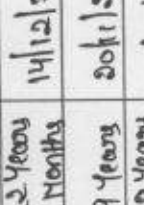
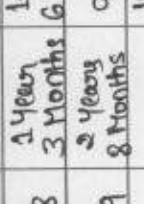
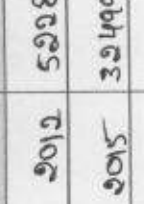
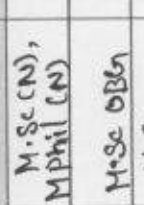
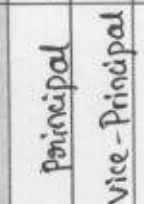
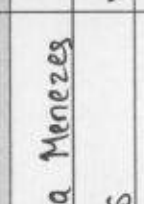
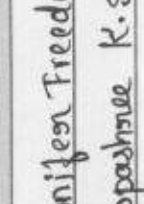
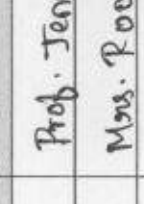
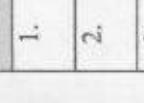
Faculty	1st Year	2nd Year	3rd Year	4th Year
10 students intake	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor
20 students intake	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor
30 students intake	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor	1 M.Sc. Nursing qualified faculty 1 Tutor

Signature of Principal

Signature of Principal

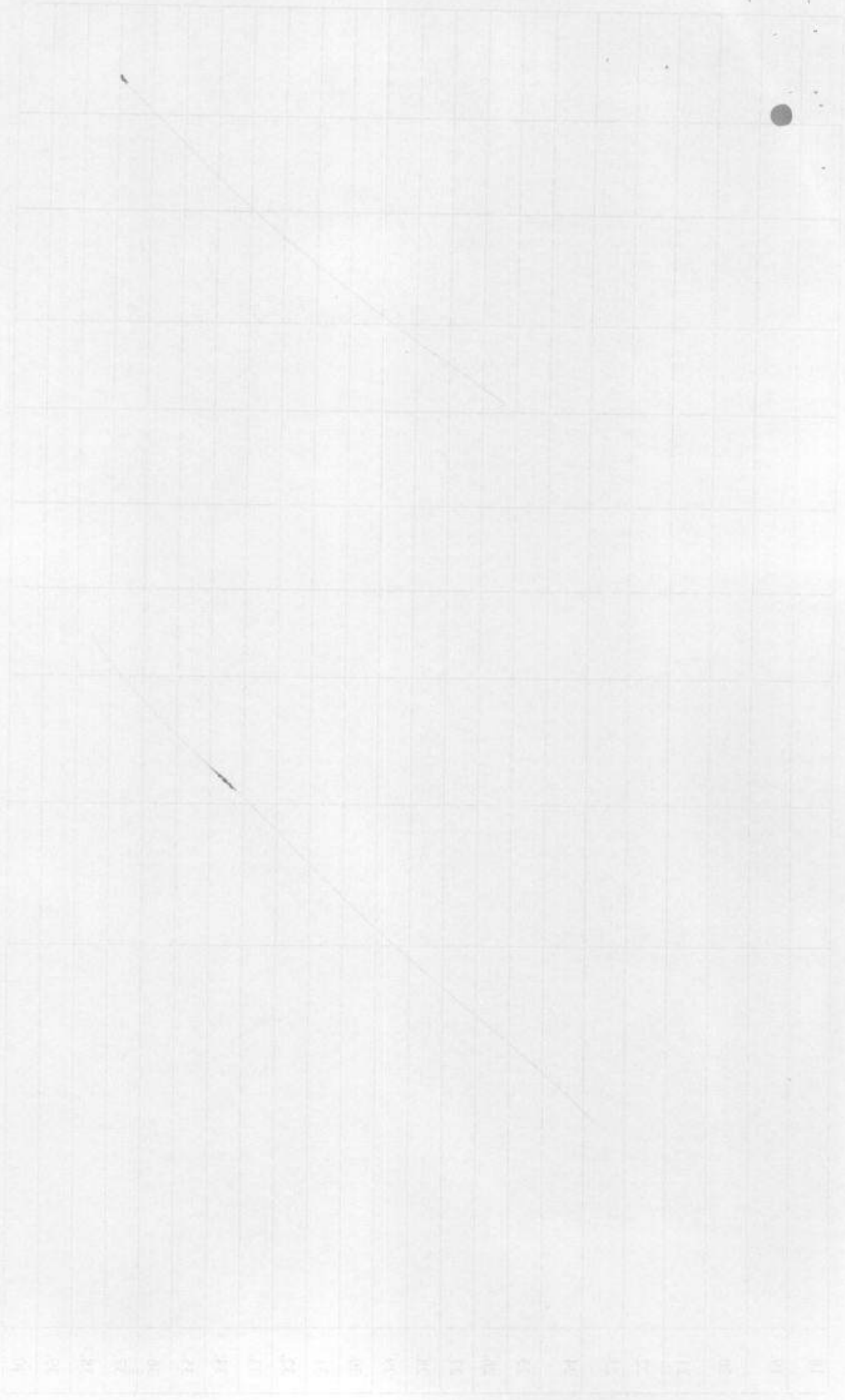
Signature of Chairman

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	KSN C Reg. Number	Teaching experience		Date of joining	Form -16 Submitted/ Bank Statement (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Jenniffer Freeda Menezes	Principal	M.Sc (N), MPhil (N)	2012	5228	1 Year 3 Months	12 Years 6 Months	14/12/2020	Yes	
2.	Mrs. Poopathree K.S	Vice-Principal	M.Sc OBE	2015	32499	2 Years 8 Months	9 Years	20/11/2023	Yes	
3.	Mrs. Chandrasekharana	Professor	M.Sc Pediatrics	2012	18992	1 Year	10 Years 3 Yrs CCHD	27/03/2025	Yes	
4.	Mrs. Shanthi Benedicta Vas	Asst. Professor	M.Sc Pediatrics	2010	16219	1 Year	12 Years	24/06/2024	Yes	
5.	Mrs. Praveena K.M	Asst. Professor	M.Sc Med-Surg	2018	92214	3 Years	6 Years	01/02/2022	Yes	
6.	Mrs. Sunil Mugali	Asst. Professor	M.Sc Psychiatric	2014	112165	-	5 Years 3 Months	03/03/2025	Yes	
7.	Ms. Akshatha L	Asst. Professor	M.Sc CHN	2023	88916	2 Years 4 Months	2 Years	01/04/2023	Yes	
8.	Mrs. Keerthana	Lecturer	M.Sc Med-Surg	2024	122351	9 Months	4 Months	03/02/2025	Yes	
9.	Ms. Deepika	Lecturer	M.Sc CHN	2024	88917	3 Yr 4 Mths (Clinical)	4 Months	03/02/2025	Yes	
10.	Ms. Rakshitha H	Nursing Tutor	B.Sc	2022	137084	2 Years 4 Months	-	15/02/2025	Yes	
11.	Mrs. Malini MK	Nursing Tutor	B.Sc	2020	110548	4 Years	-	03/07/2023	Yes	
12.	Ms. Soujanya	Nursing Tutor	B.Sc	2022	140923	4 Months	-	04/11/2024	Yes	
13.	Ms. Shwetha	Nursing Tutor	B.Sc	2020	116944	4 Yr (Clinical) 3 Months	-	24/02/2025	Yes	
14.	Mrs. Chethana R	Nursing Tutor	B.Sc	2020	110146	3 Yr CCHD 2 Months	-	28/03/2025	Yes	
15.	Mrs. Tyathi T	Nursing Tutor	B.Sc	2020	110490	2 Yr CCHD 2 Yr 8 Months	-	26/03/2025	Yes	
16.	Mrs. Preethi	Nursing Tutor	B.Sc	2024	178460	Fresher	-	14/02/2025	Yes	
17.										

Signature of Chairman

Signature of Member (2)



12/10/10
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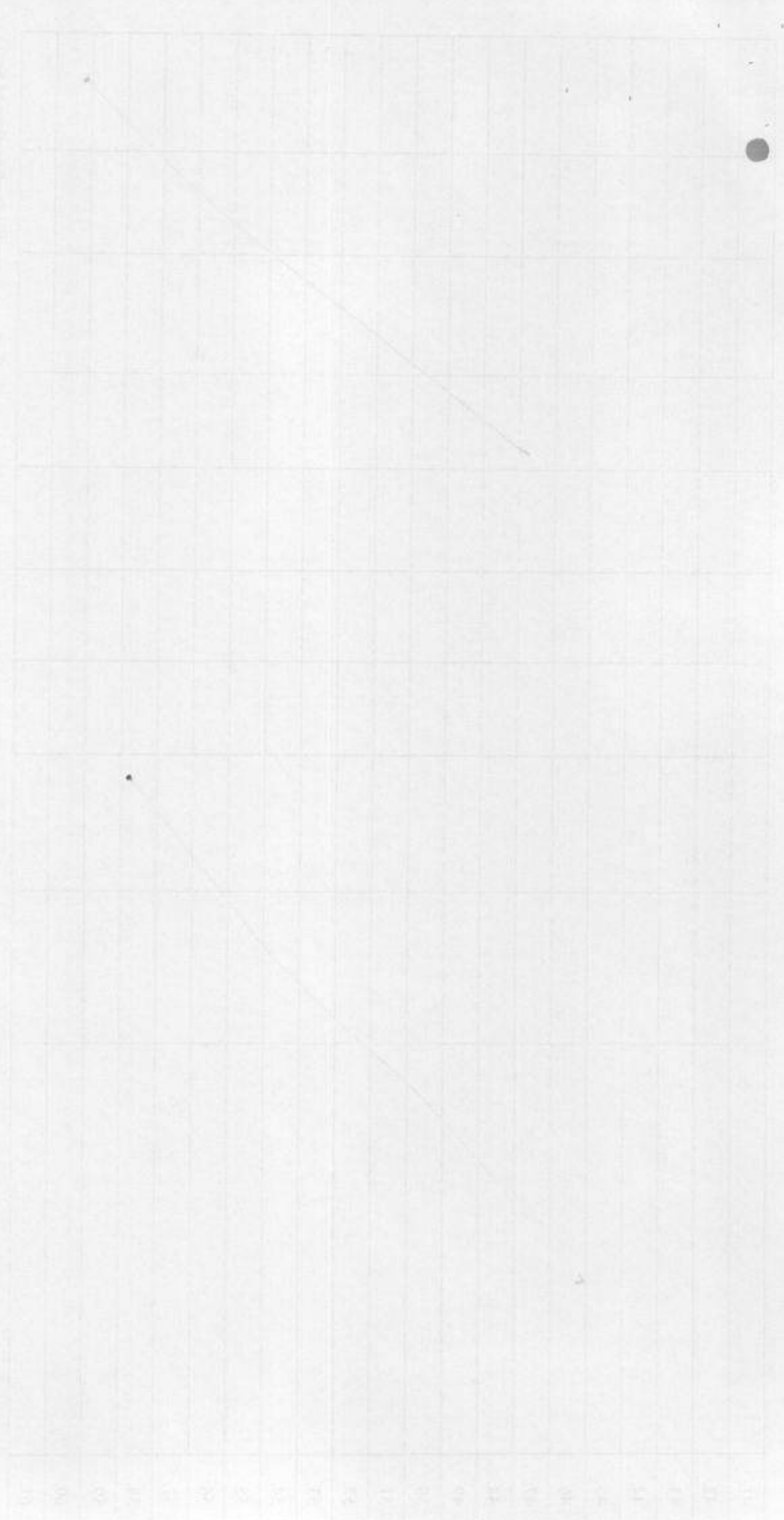
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13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. Annexure - 11

SLNo.	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	24,842 Sq.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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	2x900 = 1800 Sq.ft 2x1200 = 2400 Sq.ft with ventilation & lighting	Vertical
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	NA	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	330 Sq.ft	
	2. Vice-Principal Chamber	200	260 Sq.ft	
	3. HOD	5 x 200 = 1000	5x200 = 1000 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	820 + 2440	
	5. Lecturer/ Tutors		3260 Sq.ft	
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		400 Sq.ft	
	7. Accountants Office		200 Sq.ft	
	8. Store Room		200 Sq.ft	
	9. Record room		150 Sq.ft	
	10. Room for maintenance staff		400 Sq.ft	
	11. Xeroxing room		100 Sq.ft	
	12. common room	1000	250 Sq.ft	
	13. Seminar hall	3000	3000 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	620 Sq.ft	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6/21

13. Particulars of External Teachers (Part time) - Attach a separate sheet with this programme Annexure - II

Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Buildings :

S. No.	Building	Area (sq. ft.)	Remarks
1	Hostel - on roof of the building (on 2nd fl.)	22,200 sq. ft.	
2	Classrooms	4 Class rooms 60' x 100' each 2 Class rooms 60' x 100' each 2 Class rooms 60' x 100' each 2 Class rooms 60' x 100' each	33,600 - 1800 sq. ft. 22,200 - 2200 sq. ft. with ventilation & lighting 100 sq. ft. 100 sq. ft. 100 sq. ft.
3	Administrative Facilities		
	Office		
	1. Principal's Chamber	300	320 sq. ft.
	2. Vice-Principal's Chamber	200	250 sq. ft.
	3. HOD	7 x 200 - 1000	2 x 300 - 1800 sq. ft.
	4. Professor/Assoc. Prof.	800 - 2400 - 3100	250 + 2400 2500 sq. ft.
	5. Lecturer's Office		
	6. Institution Office/Other		
	7. Accounts Office		
	8. Store Room		
	9. Reception Room		
	10. Room for		
	11. Reception Room		
	12. Common room	1000	250 sq. ft.
	13. Seminar hall	3000	2000 sq. ft.
	14. Faculty	1000	1000 sq. ft.
	15. A. V. Room	600	600 sq. ft.

Signature of Chairman
Signature of Member (I)
Signature of Member (II)

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1700 Sq.ft	Verified ✓
	Nutrition & Community Health Nursing	1200sq.ft	1230 Sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	920 Sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	950 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1600 Sq.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

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **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
02	KA20DS197	44	✓ Yes / No	✓ Yes / No	✓ Yes / No
	KA20AB4932	22			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6/22

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	2320 sq.ft	YES ☒ No ☐	Good	Good	
Total No. of Nursing Books available		2003	No. of Nursing Journals subscribed		05
No. of Thesis/Research titles available		04	Is internet facility available for Students?		Yes
No of e-books		300 HELINET	How many books were purchased in last financial year?		310

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MR. JAGADHISH	BLISE , MLISE	11 Years	

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	Enclosed	Verified
Conferences conducted	Enclosed	
Conferences attended	Enclosed	

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 CHINMAYI HOSPITAL Church Road, Kundapura Taluk, Udupi Dist, Karnataka - 576201		100	7 KM	88.66%.	Own Parent Hospital
NAME OF THE TRUST/ Person owning The Hospital MOODLAKATTE EDUCATION TRUST DR. UMESH PUTHRAN, Trustee of the trust and also the Medical director of Chinmayi Hospital, Kundapura					
Name Of The Owner Of The Trust of Hospital SRI. SIDDARTHA S SHETTY - DR. UMESH PUTHRAN -		Managing Trustee, Moodlakatte Education Trust. Trustee & Medical Director of Chinmayi Hospital.			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 GOVERNMENT GENERAL HOSPITAL, KUNDAPURA	200	7 KM	92.16%.	Affiliated
	2 GORETTI HOSPITAL KALJANPUR	40	30 KM	86%.	Affiliated
	3 NEW MEDICAL CENTRE, KUNDAPURA	30	7 KM	80%.	Affiliated
	4 JEEVAN JYOTI HOSPITAL. BRAHMAVAR	12	26 KM	90%.	Affiliated
	5 DR. A.V. BALIGA MEMORIAL HOSPITAL, UDUPI	100	38 KM		
	6 MANASA NURSING HOME, SHIVAMOGGA	100	148 KM		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12/6/18

1	Do you have parent Medical College?	YES ☐	NO ☒
2	Do you have parent hospital?	YES ☒	NO ☐
	If Yes, Hospital Owned by	I. Trust/Company/Institution ☐ II. Trust member with MOU ☒	

Sl. No.	Name of the Hospital	Distance from the college (km)	Location of the hospital (km)	Remarks
1	Government General Hospital, Bangalore	200	20 km	Applicable
2	Private Hospital, Bangalore	10	20 km	Applicable
3	Private Hospital, Bangalore	20	20 km	Applicable
4	Private Hospital, Bangalore	15	20 km	Applicable
5	Private Hospital, Bangalore	100	20 km	Applicable
6	Private Hospital, Bangalore	100	20 km	Applicable

Do not add to existing 6 rows if you have 7 or more hospitals

(Signature)

(Signature)

(Signature)

(Signature)

(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 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.)

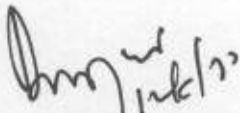
Note

- 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:

Verified parent hospital with trustee as owner of hospital 100 bedded with in 6 km of radius available.


Signature of Chairman


Signature of Member (1)
13/12/2023


Signature of Member (2)

10.1111/j.1365-3113.2012.04811.x

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	50	47	22	110
Surgey including OT/ortho	50	554	32	140
Obstetrics & Gynecology	-	-	74	111
Pediatrics,	-	-	30	37
Emergency Medicine	05	235	06	506
Psychiatry	-	-	-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	-	06	-
Minor OT	01	-	01	-
Dental, Otorhinolaryngology, Ophthalmology	05	0	09	03
Burns and Plastic	-	-	-	-
Neonatology care unit	-	-	06	27
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-	-	-
Dermatology	-	-	-	-
Cardiology	02	0	-	-
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	-	-
Nephrology/Urology	18	38	10	72
ICU/ICCU	-	-	11	53
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)

12/6/21

Table 1. Distribution of Beds

Clinical Area	Patient		Attended	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	47	32	1/0
Surgery including Ortho	20	22	32	1/0
Gynaecology & Obstetrics	-	-	14	1/1
Paediatrics	-	-	30	3/3
Emergency Medicine	02	032	04	2/04
Psychiatry	-	-	-	-

Table 2. Specialist Facilities for Clinical Experience

Clinical Area	Patient		Attended	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	-	06	-
Minor OT	01	-	01	-
Dental & Radiology	02	0	04	03
Pharmacy and Physics	-	-	-	-
Neonatology Unit	-	-	04	1/1
Community Health Services	-	-	-	-
Respiratory Medicine & Chest Disease	-	-	-	-
Pathology	-	-	-	-
Cardiology	03	0	-	-
Oncology	-	-	-	-
Neurology & Neuro-surgery	-	-	-	-
Nephrology & Radiology	12	38	10	3/3
ICCU	-	-	11	5/3
Geriatric Medicine	-	-	-	-
Other	-	-	-	-

Note: 1/3 student patient ratio needed; 2/empty; and 3/with specialist provision needed.

Signature of Chairman
 Signature of Dean
 Signature of Director
 Date: 20/10/20

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC	GOVERNMENT PHC, BASRURU	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	3 KM	
b. Services Rendered by Health & Family Welfare Programmes	Plus Polio, MCH Programme, Vector borne Control, Family Planning, Disease Control	
URBAN FEILD :		
a. Name of CHC / PHC / SC	COMMUNITY HEALTH CENTRE, KOTA	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	12 KM	
b. Services Rendered by Health & Family Welfare Programmes	Plus Polio, MCH Programme, Vector borne Control, Family Planning, Disease Control	
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)

12/6/14

RURAL FIELD

a. Name of CHC / PHC / SC

GOVERNMENT PHC, TADIPUL

Address / Village

TADIPUL

Administered by

State Govt ☒ Municipal Corporation ☐ Private ☐

Distance from the nearest Institute

3 km

b. Services rendered by Health & Family Welfare Programme

Plan for HFI Programme, Vaccines, Family Planning, Disease Control

URBAN FIELD

a. Name of CHC / PHC / SC

GOVERNMENT HEALTH CENTRE, KOTA

Address / Village

TADIPUL

Administered by

State Govt ☒ Municipal Corporation ☐ Private ☐

Distance from the nearest Institute

10 km

b. Services rendered by Health & Family Welfare Programme

Plan for HFI Programme, Vaccines, Family Planning, Disease Control

If a copy of the report for submission to the Institute is not available, please state the reason.

Master Rotation Plan - Annexure - 1

a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☒
c.	M.Sc. Nursing	YES ☐	NO ☒
11	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 ☒

Records of Students : Are the following records 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 ☐

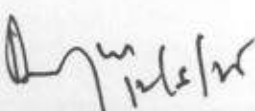
Signature of Headmaster (1)

Signature of Headmaster (2)

Signature of Headmaster (3)

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 19000	
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 : 92	Boys : 40
f.	Total No. of rooms	Girls : 30	Boys : 13
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)
16 12/6/24


Signature of Member (2)

1.	Student welfare committee	YES	☒	NO	☐
2.	Anti-racism committee	YES	☒	NO	☐
3.	Self development programme	YES	☒	NO	☐
4.	Annual report of activities and achievement	YES	☒	NO	☐
5.	Records of staff	YES	☒	NO	☐
6.	Attendance records	YES	☒	NO	☐
7.	Committee Meetings	YES	☒	NO	☐
8.	Rotation plan	YES	☒	NO	☐
9.	Course planning of each subject	YES	☒	NO	☐
10.	Continuous record of each	YES	☒	NO	☐
11.	Extracurricular activities of students	YES	☒	NO	☐

12.	Hostel Facilities - Annexure - 12				
a.	Whether the college is having a separate Hostel?	YES	☒	NO	☐
b.	Build-up near the hostel	Self - 1990			
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 - 92		Boys - 49	
f.	Total No. of rooms	Girls - 30		Boys - 13	
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.	State that the water facilities	YES	☒	NO	☐

[Signature]
Signature of Member

[Signature]
Signature of Member

[Signature]
Signature of Member

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	✓	
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		✓

Signature of Chairman

[Signature]
12/6/24

Signature of Member (1)

[Signature]
12/6/24

Signature of Member (2)

[Signature]

Annexure -	Details	Remarks
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 : DOK Order	✓
Annexure - 6	Approval Status : RCHHS Notification (134/5 Terms) Approval	✓
Annexure - 7	Approval Status : KMC 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	1. College Building- Own trust lease MOU document, 2nd floor current year occupied for sanctioned building plan by competent authority, necessary certificate, building accessibility with Ramp for working condition 2. Laboratory 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 KSR, B & KPMI certificate, current academic year clinical fees paid receipts from affiliated hospitals	✓
Annexure - 17	Details of Community Health Nursing Training facilities	✓
Annexure - 18	Master Rotation plans and time tables	✓
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓
Annexure - 20	RCHHS approved guideline letters of M.Sc Nursing faculty each	✓

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

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:

As on date of inspection 12.6.25 total 16 staff were present with 1 principal & 1 vice principal 8 staff have given consent to join. Queen parent hospital with trustee 100 bed as per PCB & KPme. Land leased to 30 yrs mother of trustee. Affiliated Govt hospital 200 bed. 2 buses, with separate boys & girls hostels available. Library with 2003 books, 5 Journals & Librarian available. Skill lab, lab, 4 + 3 classrooms available as per RAUHS norms. Infrastructure facilities, clinical material, hostel facilities laboratory facilities as per RAUHS norms. All relevant enclosures are here by enclosed.

Signature of Chairman

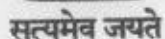
Dr Anoop Nair
Serving member

Signature of Member (1)

18
12/6/25

Signature of Member (2)

Mr. Mithun Kumar
Subject expert



Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	: IN-KA54137344122177X
Certificate Issued Date	: 10-Jun-2025 01:22 PM
Account Reference	: NONACC (FI)/ kaksfcl08/ KUNDAPUR2/ KA-UD
Unique Doc. Reference	: SUBIN-KAKAKSFCL0828887851662576X
Purchased by	: CHINMAYI HOSPITAL KUNDAPURA
Description of Document	: Article 4 Affidavit
Property Description	: UNDERTAKING
Consideration Price (Rs.)	: 0 (Zero)
First Party	: CHINMAYI HOSPITAL KUNDAPURA
Second Party	: REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	: CHINMAYI HOSPITAL KUNDAPURA
Stamp Duty Amount (Rs.)	: 100 (One Hundred only)

(One Hundred only)



To
Authorised Signatory
NAMMA NIMMA SUDHAKAR SHARMA
PAPURU

CHANDHRI HOSPITAL KUNDRA
DR. SUDIP TITIAI 97-175
RS. 100
18-JUN-2025 01:12 PM

Please write or type below this line

UNDERTAKING

I, Dr. Umesh Puthran is the Owner/ MD of the Chinmayi Hospital situated at Church Road, Kundapura.

NO OF CORRECTION ONLY

DR. UMESH PUTHRAN, MD
KMC Reg. No.29662, MBBS, MD
MEDICAL DIRECTOR
DERMATOVENEROLOGIST
CHINMAYI HOSPITAL
KUNDAPURA-576 201
COLLEGE OF NURSING
KUNDAPURA

Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at www.shileestamp.com or using the QR Code.
Any discrepancy in the details on this Certificate and its 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.



INDIA NON JUDICIAL

Government of Karnataka

Stamp

CHINMAY HOSPITAL KUNDAPURA
 REGISTRAR RUDRA BENGALURU
 CHINMAY HOSPITAL KUNDAPURA
 100
 (One Hundred only)

Consent No.
 Consent Issued Date
 Account Reference
 Unique Doc. Reference
 Purchased by
 Description of Document
 Property Description
 Consideration Price (Rs.)
 First Party
 Second Party
 Stamp Duty Paid By
 Stamp Duty Amount (Rs.)

CHINMAY HOSPITAL KUNDAPURA
 REGISTRAR RUDRA BENGALURU
 CHINMAY HOSPITAL KUNDAPURA



UNDERSTANDING

I, Dr. Umesh Putnam, is the Owner MD of the Chinmay Hospital situated at Chinnay,
 KUNDAPURA.

DR. UMESH PUTNAM, MD
 CHINMAY HOSPITAL
 KUNDAPURA



This is to confirm that our hospital Chinmayi Hospital is registered under KPMEA and CB with 100 beds and the Bonafide certificate has been attached.

This is to confirm that the hospital Chinmayi Hospital is functioning as parent hospital for Moodlakatte College of Nursing, Kundapura.

We also confirm that our hospital is solely affiliated to Moodlakatte College of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.



Executed before me
on this 11th day of June 25
at Kundapura

NO OF CORRECTION ... Nil ...



DR. UMESH PUTHRAN, MD
KMC Reg. No. 29662, MBBS, MD
MEDICAL DIRECTOR
DERMATOVENEROLOGIST
CHINMAYI HOSPITAL
KUNDAPURA-576 201

NOTARY
KUNDAPURA

NOTARIAL REGISTER
SL No. 5835 DL 11-6-2025

PRINCIPAL
MOODLAKATTE COLLEGE OF NURSING
KUNDAPURA

This is to confirm that our hospital (Chinmayi Hospital) is registered under KAMA and
 with 100 beds and the Hospital certificate has been attached.
 This is to confirm that the hospital (Chinmayi Hospital) is functioning as a general hospital
 for the medical college of nursing, Kumbhari.
 We also confirm that our hospital is solely affiliated to the medical college of nursing
 and is not affiliated to any other nursing college.
 The information provided by us is true and correct.

Handwritten signature
 DR. P. S. KUMAR
 MEDICAL DIRECTOR
 CHINMAYI HOSPITAL
 KUMBHARI, DIST. NAGPUR



Handwritten signature
 PRINCIPAL
 COLLEGE OF NURSING
 KUMBHARI

Government of Karnataka

1-Stamp

IN KARNATAKA

10-05-2025 01:24 PM

MOHAC (P) KARNATAKA KUDAPURU KA-UD

SUBIN KARNATAKA 0828881287397PK

MOOLAKATTE EDUCATION TRUST

At the Annual

UNDERTAKING

0

(200)

MOOLAKATTE EDUCATION TRUST

REGISTERED BRANCH BANGALURU

MOOLAKATTE EDUCATION TRUST

(100 Hundred only)

IN KARNATAKA
10-05-2025 01:24 PM
MOHAC (P) KARNATAKA KUDAPURU KA-UD
SUBIN KARNATAKA 0828881287397PK
MOOLAKATTE EDUCATION TRUST
At the Annual
UNDERTAKING
0
(200)
MOOLAKATTE EDUCATION TRUST
REGISTERED BRANCH BANGALURU
MOOLAKATTE EDUCATION TRUST
(100 Hundred only)



UNDERTAKING

I, Mr. Siddharth S. Chandra, Chairman of the Moolakatte Education Trust submitting the

affidavit to the undersigned.

[Signature]

Notary Public, Bangalore

PRINCIPAL
MOOLAKATTE EDUCATION TRUST
BANGALURU



Notary Public

● The Trust Moodlakatte Education Trust is running / managing the Moodlakatte College of Nursing since four 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.

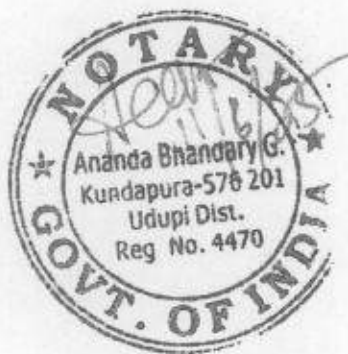
We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

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.



Managing Trustee
Moodlakatte Education Trust (R.)
Kundapura



Executed before me
on this 11/5 day of June 2025
at Kundapura

NO OF CORRECTION 2/1/0/0



NOTARY
KUNDAPURA

NOTARIAL REGISTER
Sl.No 3856 Dt. 11-6-25



PRINCIPAL
MOODLAKATTE COLLEGE OF NURSING
KUNDAPURA

The Trust Moohakshara Education Trust is running / managing the Moohakshara College of Nursing since four 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 of 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 intended to be used to any other purpose to manage the college.

We also confirm that the college is subject to the norms of APAR BODY (ICGHS). 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.

[Signature]

Managing Trustee
Moohakshara Education Trust (P)
Bangalore



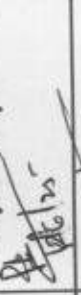
NOTARY
MUNOABURA

NOTARIAL REGION
BANGALORE

MOOHAKSHARA COLLEGE OF NURSING
BANGALORE

MOODLAKATTE COLLEGE OF NURSING, KUNDAPURA.

Teaching Faculty details

S.No.	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing		KSNC Registration Number	Teaching experience		Clinical Experience	Date of joining	Form-16 Submitted/ Bank Statement (Yes/No)	Signature of Faculty
				UG	PG		After UG	After PG				
1	PROF. JENNIFER FREEDA MENEZES	PRINCIPAL	M.Sc (N) Mphil (N)	2006	2012	5228	1 YEAR 3 MONTHS	12 YEARS 6 MONTHS	-	14-12-2020	Yes	
2	MRS. ROOPASHREE K S	VICE PRINCIPAL	M.Sc OBG	2010	2015	32499	2 YEARS 8 MONTH	9 YEARS	-	20-11-2023	Yes	
3	MR. CHANDRASHEKHARA	PROFESSOR	M.Sc Paediatric	2009	2012	18992	1 YEAR	10 YEARS	3 YEAR CHO	27-03-2025	Yes	
4	MRS. SHANTHI BENEDICTA VAS	ASSOCIATE PROFESSOR	M.Sc Paediatric	2007	2010	16219	1 YEAR	12 YEARS	-	24-06-2024	Yes	
5	MRS. PRAVEENA K.M	ASSOCIATE PROFESSOR	M.Sc MED-SURG	2012	2018	92214	3 YEARS	6 YEARS	-	01-02-2022	Yes	
6	MR. SUNIL MUGALI	ASSISTANT PROFESSOR	M.Sc Psychiatric	2012	2014	112165	-	5 YEARS 2 MONTHS	-	03-03-2025	Yes	
7	MS. AKSHATHA L	ASSISTANT PROFESSOR	M.Sc CHN	2017	2023	88916	2 YEARS 4 MONTHS	2 YEARS	-	01-04-2023	Yes	
8	MS. KEERTHANA	LECTURER	M.Sc MED-SURG	2021	2024	122351	9 MONTHS	4 MONTHS	-	03-02-2025	Yes	
9	MS. DEEPIKA S	LECTURER	M.Sc CHN	2017	2024	88917	1 YEAR	4 MONTHS	3 YEARS 4 MONTHS	03-02-2025	Yes	
10	MS. RAKSHITHA H	NURSING TUTOR	B.Sc	2022	-	137084	2 YEARS 4 MONTHS	-	-	15-02-2023	Yes	
11	MRS. MALINI M K	NURSING TUTOR	B.Sc	2020	-	110548	4 YEARS	-	-	03-07-2023	Yes	
12	MS. SOUJANYA	NURSING TUTOR	B.Sc	2022	-	140923	7 MONTHS	-	-	04-11-2024	Yes	
13	MS. SHWETHA	NURSING TUTOR	B.Sc	2020	-	116944	3 MONTHS	-	4 YEARS	24-02-2025	Yes	
14	MRS. CHENTHANA R	NURSING TUTOR	B.Sc	2020	-	110146	2 MONTH	-	3 YEARS	26-03-2025	Yes	
15	MRS. JYOTHI J	NURSING TUTOR	B.Sc	2020	-	110146	2 YEARS 8 MONTHS	-	2 YEARS	26-03-2025	Yes	
16	MS. PREETHI	NURSING TUTOR	B.Sc	2024	-	178460	FRESHER	-	-	14-02-2025	Yes	

Don't write here

S.No.	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing		KSN C Registration Number	Teaching experience		Clinical Experience	Consent
				UG	PG		After UG	After PG		
17	MRS. DIVYA MARIA DANTHI	NURSING TUTOR	PBBSC	2018	-	80713	-	-	4 YEARS	Given
18	MS. SHASHIREKHA	NURSING TUTOR	B.SC	2019	-	103373	-	-	8 MONTHS	Given
19	MS. SHUBHASHREE J N	NURSING TUTOR	B.SC	2019	-	101156	6 MONTHS	-	-	Given
20	MR. NITHIN JOYAL MONTEIRO N	NURSING TUTOR	PCBSC	2023	-	237481	-	-	-	Given
21	MS. AMBIKA	NURSING TUTOR	B.SC	2020	-	108626	-	-	3 YEARS	Given
22	MS. MONISHA	NURSING TUTOR	B.SC	2020	-	110549	-	-	10 MONTHS	Given
23	MS. SAHANA T S	NURSING TUTOR	B.SC	2024	-	174182	-	-	-	Given
24	HALFIDA N P	NURSING TUTOR	B.SC	2024	-	174191	-	-	-	Given

Quilley

Dr. George Mead
Senate member
U.C.

Dr. S. C. H. (S. C. H.)
Chambers
N.Y.
J. W. H.

~~✓~~ 12/6/26
Mr. Mithenbeaver. BP
Subject Expert
Rights, (see signature)

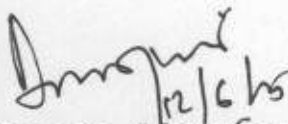
UNDERTAKING

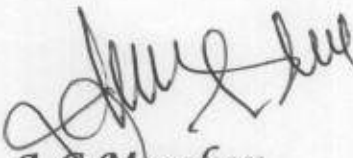
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Moodlakatte College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 12.6.24 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.


12/6/24
Senate Member
(Chairman)
Dr Anoop K. Nair


A C Member
(Member)
12/6/24
Dr Leeladhar


Subject Expert
(Member)
Mr. Mithun Kumar

UNPUBLISHING

At the Chairman and members of local inspection committee appointed by REGIS for conduct of LIC inspection at Northville College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted the inspection of this college on 11.4.24 and verified the infrastructure, institutional facilities, student strength, Staff, Post Staff, Promoters, 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 REGIS vide no. REGIS/MSR/2023/00425 dated 11/3/2023, we have also visited the attached hospital and verified the bed strength and clinical facility in the hospital.

The information recorded by us in the LIC report is true and correct. The LIC inspection report along with documents and soft copy is submitted to REGIS.

<i>[Signature]</i> Subject Expert (Member) 11/4/2024	<i>[Signature]</i> A.C. Member (Member) 11/4/2024	<i>[Signature]</i> Senate Member (Chairman) 11/4/2024
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Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from 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)

Mr. Mithun Kumar, GP

Instructions for reporting of Local Inspections by RCUHS

1. The Team shall submit an Undertaking enclosed with the LIO order of having completed the inspection as per the RCUHS norms.

2. Team shall submit the report and a hard copy within 48 hours of the inspection.

3. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the NEMA & PHS Certificates.

4. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.

5. Submission of soft copy of video recordings and tagged Photography during LIO inspection is mandatory.

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

7. 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 room, number of teacher faculty, number of class rooms/Laboratories/Number of books etc. Such reports will be rejected directly without the approval.

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

9. 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.

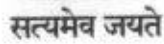
10. Original Land documents to be verified; if authentic and may be sent to verify the owner details of the particular institution.

11. For any misleading / wrong information the whole LIO team shall be made responsible.

Signature of Chairman

Signature of Member

Signature of Member



Government of Karnataka

Rs. 100

Certificate No.	: IN-KA54137344122177X
Certificate Issued Date	: 10-Jun-2025 01:22 PM
Account Reference	: NONACC (FI)/ kaksfcl08/ KUNDAPUR2/ KA-UP
Unique Doc. Reference	: SUBIN-KAKAKSFCL0828887851662576X
Purchased by	: CHINMAYI HOSPITAL KUNDAPURA
Description of Document	: Article 4 Affidavit
Property Description	: UNDERTAKING
Consideration Price (Rs.)	: 0 (Zero)
First Party	: CHINMAYI HOSPITAL KUNDAPURA
Second Party	: REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	: CHINMAYI HOSPITAL KUNDAPURA
Stamp Duty Amount (Rs.)	: 100 (One Hundred only)

(One Hundred only)



Authorised Signatory
S. S. SOHARDA SARKAR

Authorised Dealer
NARAYANA SUBHARDA SANKAR
CHINMAYI
KUNDAPUR

RS 100

Please write or type below this line

UNDERTAKING

I, Dr. Umesh Puthran is the Owner/ MD of the Chinmayi Hospital situated at Church Road, Kundapura.

NO OF CORRECTION ONLY


DR. UMESH PUTHRAN, MD
KMC Reg. No.29662, MBBS, MD
MEDICAL DIRECTOR
DERMATOVENEROLOGIST
CHINMAYI HOSPITAL
KUNDAPURA-576 201

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 Corporation of India Ltd. 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 Chinmayi Hospital is registered under KPMEA and PCB with 100 beds and the Bonafide certificate has been attached.

This is to confirm that the hospital Chinmayi Hospital is functioning as parent hospital for Moodlakatte College of Nursing, Kundapura.

We also confirm that our hospital is solely affiliated to Moodlakatte College of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.



Executed before me
on this 11th day of June 25
at Kundapura

Dr. Umesh Puthran
DR. UMESH PUTHRAN, MD
KMC Reg. No. 29662, MBBS, MD
MEDICAL DIRECTOR
DERMATOVENEROLOGIST
CHINMAYI HOSPITAL
KUNDAPURA-576 201

Notary
NOTARY
KUNDAPURA

NO OF CORRECTION *Nil*

NOTARIAL REGISTER
Sl.No. 5835 DL. 11-6-2025

This is to certify that our hospital, Chinnay Hospital is registered under KPMHA and
PCR with 100 beds and the Bonafide certificate has been attached.

This is to confirm that the hospital Chinnay Hospital is functioning as a private hospital
for Medical College of Nursing, Kumbhari.

We also confirm that our hospital is solely affiliated to Medical College of Nursing
and is not affiliated to any other nursing college.

The information provided by us is true and correct.

CHINNAY HOSPITAL
KUMHARI
MEDICAL COLLEGE OF NURSING
KUMHARI
CHINNAY HOSPITAL
KUMHARI





सत्यमेव जयते

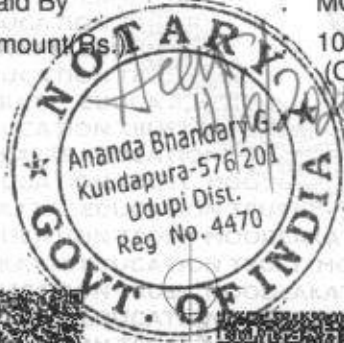
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Government of Karnataka

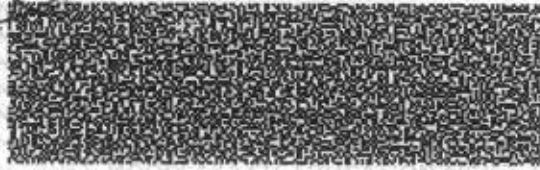
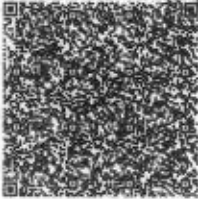
Rs. 100

e-Stamp

Certificate No. : IN-KA54142938009245X
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 Account Reference : NONACC (FI)/ kaksfcl08/ KUNDAPUR2/ KA-UD
 Unique Doc. Reference : SUBIN-KAKAKSFCL0828896199758196X
 Purchased by : MOODLAKATTE EDUCATION TRUST
 Description of Document : Article 4 Affidavit
 Property Description : UNDERTAKING
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : MOODLAKATTE EDUCATION TRUST
 Second Party : REGISTRAR RGUHS BENGALURU
 Stamp Duty Paid By : MOODLAKATTE EDUCATION TRUST
 Stamp Duty Amount (Rs.) : 100
 (One Hundred only)



Authorised Signatory
 VAMMA NIMMA SOUHARDA SAHAKARI LTD.
 KUNDAPURA, UDUPI DISTRICT



Please write or type below this line

UNDERTAKING

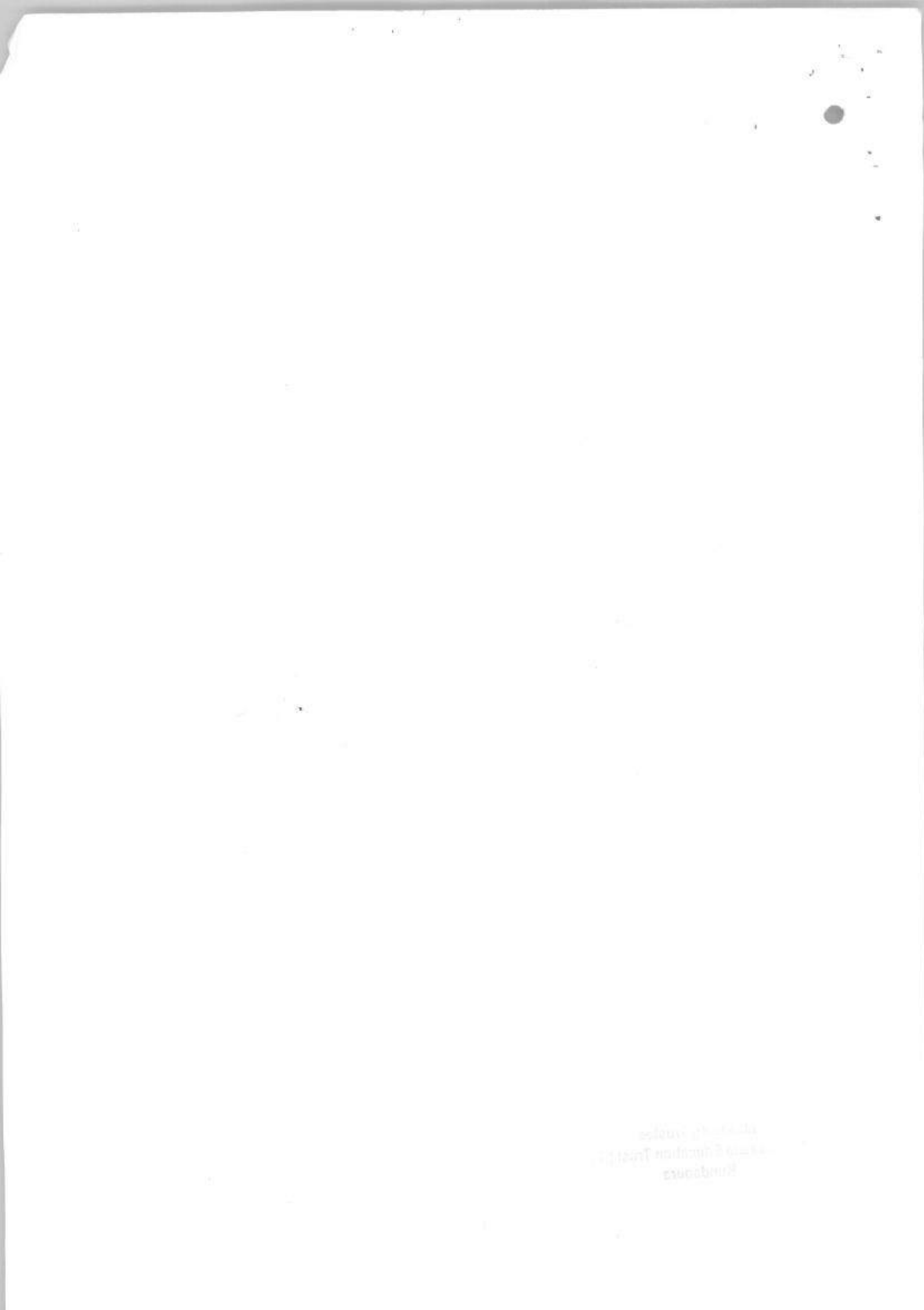
I, Mr. Siddartha J Shetty Chairman of the Moodlakatte Education Trust submitting the affidavit to University.

Managing Trustee
 Moodlakatte Education Trust (R.)
 Kundapura

NO OF CORRECTION Nil ONLY

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.sholestamp.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.



The Trust Moodlakatte Education Trust is running / managing the Moodlakatte College of Nursing since four 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.



Managing Trustee
Moodlakatte Education Trust (R.)
Kundapura



Executed before me
on this 11th day of June 2025
at Kundapura

NO OF CORRECTION Nil ONI


NOTARY

KUNDAPURA

NOTARIAL REGISTER
St.No. 3856 Dt. 11-6-25

The Trust / Modakur Education Trust is running / managing the Modakur College of Nursing since then / since.

We confirm that all the information provided by us to the LLC 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 and leased to any other trust / agency to manage the college.

We also confirm that the college is abiding to the norms of AICTE / UGC. As mentioned from time to time.

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

Managing Trustee
Modakur Education Trust (R)
Kundapura

Examined before me
on this day of 20.....
at Kundapura

NOTARY
KUNDAPURA



NOTARIAL REGISTER
Subscribed by