06 Scan

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	GDCRI Bangalore	KVG Ayu. Medical College, Sullia	RVSINS Mandya.
Mobile No	9886459375	9449717171	9886222280
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 [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: mcnkundapura@gmail.com	Website: mcnkundapura.com	
	(b). Name of the Owner of Trust/Society	SRI. SIDDARTHA J SHETTY		

12/6/25
Signature of Chairman
Dr Anoop Nair

12/6/25
Signature of Member (1)
Dr Leeladhar

12/6/25
Signature of Member (2)
Mr MITHUN KUMAR. B.P
Subject Expert

4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** — Enclosed — (Enclose copy ofGoverning 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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Application Annual Fees	Increase In Intake Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
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
BSB12J30JR9SF0 dated 02/05/2025 of Rs. 50.00

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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

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/1843: 2020-2021 dated 06/3/21 Annexure - 7	18-15/15465-INC 253 dated 16.04.2024 Annexure - 8	Varified
	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)

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	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)**

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted/ Bank Statement (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Jennifer Freeda Menezes	Principal	M.Sc (N), MPhil (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	2015	32499	2 Years 8 Months	9 Years	20/11/2023	Yes	
3.	Mr. Chandrashekhara	Professor	M.Sc Peadiatrics	2012	18992	1 Year	10 Years 3 Yrs CCHO)	27/03/2025	Yes	
4.	Mrs. Shanthi Benedicta Vas	Assc. Professor	M.Sc Peadiatrics	2010	16219	1 Year	12 Year	24/06/2024	Yes	
5.	Mrs. Praveena K M	Assc. Professor	M.Sc Med. Surg	2018	99214	3 Years	6 Years	01/02/2022	Yes	
6.	Mr. Sunil Mugali	Asst. Professor	M.Sc Psychiatrics	2014	112165	-	5 Years	03/03/2025	Yes	
7.	Ms. Aleshatha 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	122351	9 Months	4 Months	03/02/2025	Yes	
9.	Ms. Deepika	Lecturer	M.Sc CHN	2024	88917	3 Yr 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 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	4 Yr CClinicals) 3 Months	-	24/02/2025	Yes	
14.	Mrs. Chethana R	Nursing Tutor	B.Sc	2020	110146	3 Yr CCHO) 2 Months	-	26/03/2025	Yes	
15.	Mrs. Jyothi J	Nursing Tutor	B.Sc	2020	110490	2 Yr CClinicals) 2 Yr 8 Months	-	26/03/2025	Yes	
16.	Mr. Preethi	Nursing Tutor	B.Sc	2024	178460	Fresher.	-	14/02/2025	Yes	
17.	Mrs. Divya Maria Panthi	Nursing Tutor	PBBSc	2018	80713	4 Years CClinicals)	-	Consent Given		Consent

Signature of Chairman

Signature of Member (1)

12/6/25

Signature of Member (2)

18.	Ms. Shabhirekha	Nursing Tutor	B.Sc	2019	103373	8 Monthy Clinicals	-	Consent Given	Caime-	
19.	Ms. Shubhashree J N	Nursing Tutor	B.Sc	2019	101156	6 Monthy	-	Consent Given	consent	
20.	Mr. Nithin Joyal Monteiro N	Nursing Tutor	PCB.Sc	2023	237481	-	-	Consent Given	consent	
21.	Ms. Ambika	Nursing Tutor	B.Sc	2020	108626	(Clinicals) 3 Yeary	-	Consent Given	consent	
22.	Ms. Monisha	Nursing Tutor	B.Sc	2020	110549	-	-	Consent Given	Consent	
23.	Ms. Sahana T S	Nursing Tutor	B.Sc	2024	174182	-	-	Consent Given	consent	
24.	MS. Halfida NP	Nursing Tutor	B.Sc	2024	174191	-	-	Consent Given	Consent	
25.										
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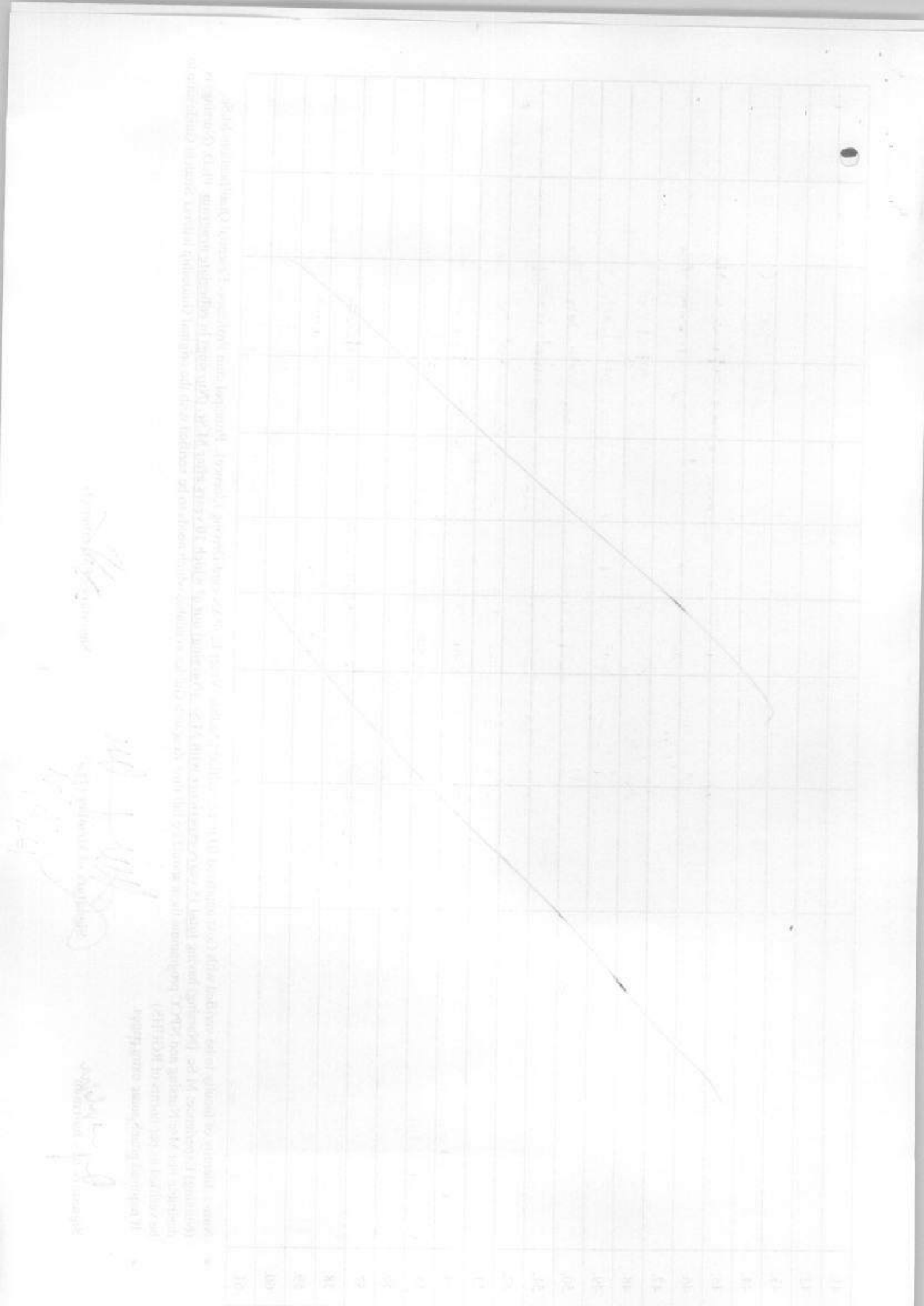
Signature of Chairman

Signature of Member (1)

12/6/24

Signature of Member (2)



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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	– 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 intakeB.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 3260 Sq.ft	
	5. Lecturer/ Tutors			
	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	950 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)

12/6/24

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
	LABORATORIES			
4	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)

Annexure – 12

Building Documents:

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	KA20D5197 KA20AB4932	44 22	✓ Yes / No	✓ Yes / No	✓ Yes / No

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

12/6/25

S/No	Details	Required	Rooms	Remarks
	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing	1000sq.ft	[illegible]	
	Nutrition & Community Health Nursing	1200sq.ft	[illegible]	
	Chemistry and Biochemistry Laboratory	900sq.ft	[illegible]	
	Pediatrics Nursing Laboratory	900sq.ft	[illegible]	
	Psychiatric Clinical Skills Laboratory	900sq.ft	[illegible]	
	Computer Lab (ICT Computer Laboratory)	1500sq.ft	[illegible]	

- One large ICT/Simulation lab can be constructed consisting of the labs specified with a total of 5000 sq.ft
- Other specialties in the college
- Area for 10-12 sets of all basic needed. Simulation by phantom skills e.g. administration of oral, Feeding, Intravenous (IV) injection, ICT classroom consisting
- The histology should have computers, tablets, computer monitors and teaching models/simulators (Clinical Care Unit)
- The NMCK programme should be Simulation lab with High fidelity Mannequins and has capacity of 30 students
- Each classroom size 50sqm for 40-50 student intake or proportionately the size of the built-up area will increase according to the number of learners admitted

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

Building Documents

1. Is the college building own or hired / rented? - Leased
2. Date/ year of the building attested by competent authority - Enclosed
3. Fire pad 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.

S/No	Vehicle Details (Enclose a copy of RC Book/ Insurance/ Driving License)	RC Book	Insurance	Driving License
01	[illegible]	[illegible]	[illegible]	[illegible]
02	[illegible]	[illegible]	[illegible]	[illegible]

Signature of Applicant

Signature of Member(1)

Signature of Member(2)

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	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 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 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 J SHETTY - Managing Trustee, Moodlakatte Education Trust DR. Umesh Puthran - 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 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

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

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Own parent hospital with trustee 100 bedded.

Grant hospital affiliation 200 bedded.

New medical hospital MoU - 30 bed

Constitt Hospital MoU - 100 bed.

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

12/6/25

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/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)

12/6/14

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	GOVERNMENT PHC, BASRURU
	Adopted / Affiliated	Affiliated
	Administrate red 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
	Administrate red 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)**

12/6/17

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)

Signature of Member (2)

12/6/14

h.	Extra-curricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Career planning of each subject	YES ☑	NO ☐
k.	Boarding places	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Attendance records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	SLT development programme	YES ☑	NO ☐
q.	Any ongoing 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.	Building area of the Hostel	Sq.ft 18,000	
c.	Is the Hostel Owned or Rented Lease?	Own ☐	Rented/Lease ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 93	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 ☐

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)

List of Annexure:

Annexure No.	Details	Specified (Tick Mark)	Yes/No
Annexure - 1	Details of Three 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 (pre-paid receipt)	✓	
Annexure - 5	Approval Status : GNC Order	✓	
Annexure - 6	Approval Status : INC/GNC 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 MSc. Nursing Students as per format		✓
Annexure - 11	Details of Clinical Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own (rent /less MOU) (Insurance, Sale deed, current year tax paid receipt, sanctioned building plan & completion authority, occupancy certificate, building necessity-fire & Sanitation working condition. 2. Classrooms 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 & KSCFS certificate, current academic year clinical assignment 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	KSCFHS approved guidelines of M.Sc Nursing faculty and specialities		✓

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 & staff have given consent to join later. Govt parent hospital with trustee 100 bedded as per PCB & KPME. Affiliated Govt hospital 200 bed. Private two hospitals MOU 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 RGUHS norms & INC guidelines. All relevant enclosures are here by enclosed.

Signature of Chairman

Dr Anoop Nair
Smart Member RGUHS

Signature of Member (1)

12/6/25

Signature of Member (2)

Mr. Mithunkumar. B.P
Subject Expert
RGUHS

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	Hnoc Professor	Chairman BOS/UG/Ayu.	Professor
Address	GDCRI Bangalore	KVG Ayurveda Medical collg, Sulli	RVSIN's MANDYA
Mobile No	9886459375	9449717171	9886622280
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: mcnkundapura@gmail.com	Website: mcnkundapura.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
12/6/25

4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** – Enclosed – (Enclose copy ofGoverning 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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Application Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing		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:
ZHDF302095X97B dated 24/10/2024 of Rs. 156050/-

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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

4	Awaiting Report of Transcript	Total Number of Members in Governing Council:
5	Principal/Head of the Institution	Name: Mobile No: Qualification: Office No: Experience: Fax No: Email: Residential phone No:
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐ NO ☒

7. Affiliation Fee Paid Details:

Course Applied for	Combination Applied for	Fees Annual Fees	Remarks	Alternation in Charges	Online Transaction Number or Details
B.Sc. Nursing		1,20,000.00		59.00	61,000.00
Post Basic B.Sc. Nursing					
				Total (A)	
				Total (B)	
NRCC					
				Total (C)	
				Grand Total (A+B+C)	

Remarks:

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 30.09.2024 Annexure - 6	KNC/1847: 2020-2021 dated 06.03.21 Annexure - 7	18-15/15465-INC 253 dated 16.04.2024 Annexure - 8	Verified
	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 12/6/25 | Signature of Member (1) | Signature of Member (2)

Name of the Course	Intake Approved and Admitted	COA	BOGES	AMC	DMC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	100	100	100	100	
	Admissions Made for the Current Academic Year		100			
Post Basic Nurse Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Pediatric e. Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. MSCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	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)** **Signature of Member (2)**

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		1st Year	2nd Year	3rd Year	4th Year	Total
B.Sc Nursing	Male	19	18	15	04	56
	Female	25	25	24	21	115
Post Basic B.Sc Nursing	Male					
	Female	—	—	—	—	—
M.Sc Nursing	Male					
	Female	—	—	—	—	—
M.Sc NPCC	Male					
	Female	—	—	—	—	—

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

N/A

Sl. No.	Name of the student	Nursing Council Registration Number	Residence Address	Date of Birth (Proof to be enclosed)	Date of Admission (Proof to be enclosed)	Category (Proof to be enclosed)

Note: Separate list to be enclosed and Bifurcation of Residence to be verified and copy to be attached

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

N/A

Sl. No.	Name of the Student	Nursing Council Registration Number	Residence Address	Date of Birth (Proof to be enclosed)	Date of Admission (Proof to be enclosed)	Category (Proof to be enclosed)

Note: Separate list to be enclosed and Bifurcation of Residence to be verified and copy to be attached

Ref: Order No.U(1)/2022-INC, dtd 24.03.2022 & RC(E)-A/DM (GR)/2017-18, dtd 23.03.2022

Remarks:

Signature of Chairman

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted/ Bank Statement (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Jennifer Freeda Menezes	Principal	M.Sc (N), Mphil (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	2015	32499	2 Years 8 Months	9 Years	20/11/2023	Yes	
3.	Mr. Chandrashekhara	Professor	M.Sc Peadiatrics	2012	18992	1 Year	10 Years 3 Yrs (CHO)	27/03/2025	Yes	
4.	Mrs. Shanthi Benedicta Vas	Asso. Professor	M.Sc Peadiatrics	2010	16219	1 Year	12 Years	24/06/2024	Yes	
5.	Mrs. Praveena K.M	Asso. Professor	M.Sc Med-Surg	2018	92214	3 Years	6 Years	01/02/2022	Yes	
6.	Mr. 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.	Ms. 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	3Yr 4 Month (Clinical) 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 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	4Yr (Clinicals) 3 Months	-	24/02/2025	Yes	
14.	Mrs. Chethana R	Nursing Tutor	B.Sc	2020	110146	3Yr (CHO) 2 Months	-	26/03/2025	Yes	
15.	Mrs. Jyothi J	Nursing Tutor	B.Sc	2020	110490	2Yr (Clinicals) 2Yr 8 Months	-	26/03/2025	Yes	
16.	Ms. Preethi	Nursing Tutor	B.Sc	2024	178460	Fresher	-	14/02/2025	Yes	
17.										

Signature of Chairman

Signature of Member (1)

12/6/25

Signature of Member (2)

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

12/6/25

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

12/6/25

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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	2X900 = 1800 Sq.ft 2X1200 = 2400 Sq.ft with Ventilation & 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 3260 Sq.ft	Verified
	5. Lecturer/ Tutors			
	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**			
	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	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	KA20D5197 KA20AB4932	44 22	✓ Yes / No	✓ Yes / No	✓ Yes / No

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

12/6/25

No.	Details	Required	Provided	Remarks
	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1000 sq.ft	1500 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1430 sq.ft	
4	Chemistry and Cytogenetics Laboratory	600sq.ft	750 sq.ft	
	Pediatrics Nursing Laboratory	600sq.ft	700 sq.ft	
	Microbiology Laboratory	600sq.ft	750 sq.ft	
	Computer Lab (15 computer capacity)	1000sq.ft	1500 sq.ft	

Notes:

- One large small Demonstration lab can be constructed consisting of the labs specified with a total of 3500 sq.ft size or can have five separate labs in the college.
- At least 10 sets of all items are needed. Simulators for advance skills e.g. administration of tube feeding, intravenous injection, BLS, newborn resuscitation, model etc.
- The laboratory should have computer, internet connection, monitors and simulator models mentioned above in all Clinical Care Units.
- For NPCE programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each Classroom is designed for 40-60 student intake & proportionately the size of the building area will increase according to the number of seats approved.

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

Building Documents:

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

It is mandatory to enclose all the documents mentioned above.

Notes:

- If the nursing college's have own building then NOC from the building owner is required.
- It is mandatory that all nursing institution must have its own building inside two years of its establishment.

Remarks:

- In case of the nursing institution of the Trust Society/Company desires to lease the building owned by him for nursing purpose, it shall be for a period of 30 years. Indian Nursing Council prefers registered lease deed.
- Google location of college to be attached by the team.

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

Serial No.	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01	BA 60 PC 1123	42	Yes / No	Yes / No	Yes / No
02	BA 60 PC 1124	42	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member(1)

Signature of Member(2)

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	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 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)**

12/6/18

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 J SHETTY – Managing Trustee, Moodlakatte Education Trust. DR. UMESH PUTHRAN – 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 KALIJANPUR	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)

12/6/24

Signature of Member (2)

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 ☑ in MOU ☑	

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Verified parent hospital with trustee as owner of hospital 100 beded with in 6 Km of radius available.

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

13/12/2015

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	00	47	22	110
Surgery including OT/ortho	50	054	32	140
Obstetrics & Gynecology	-	-	74	111
Pediatrics,	-	-	30	37
Emergency Medicine	05	035	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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		GOVERNMENT PHC, BASRURU
Adopted / Affiliated		Affiliated
Administrate red 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
Administrate red 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

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)

Signature of Member (2)

k.	Extracurricular activities of students	YES	☑	NO	☐
l.	Curriculum revised or not	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 SUGC	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	☐

21.	Hostel Facilities (Medicare - 12				
a.	Whether the college is having a separate Hostel?	YES	☑	NO	☐
b.	Built-up area of the Hostel	No.of. [illegible]			
c.	Is the Hostel Owned or Rented? If 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 : 12		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 postal 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 12/6/15

Signature of Member (1) 12/6/15

Signature of Member (2)

Annexure No.	Details	Submitted (Tick Mark) Yes	No
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meeting & Authorization of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of AD(Hon)ed fees paid receipts	✓	
Annexure - 5	Approval Status : GDK Order	✓	
Annexure - 6	Approval Status : PCI/INC 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/Ramps/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 & KSPMB certificate, current updated 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	PCI/INC approved guidelines/ letters of M.Sc Nursing (faculty, seats, specialty wise)	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 & staff have given consent to join. Owned parent hospital with trustee 100 bed as per PCB & KPme. Land leased to 30 yrs mother of trustee. Affiliated own hospital 200 bed. 2 buses, with separate boys & girls hostels available. Library with 2003 books, 5 Journals & librarian available. 5 skill labs, labs, 4+3 classrooms available as per RGUHS norms. Infrastructure facilities, clinical material, hostel facilities laboratory facilities as per RGUHS norms. All relevant enclosures are here by enclosed.

Signature of Chairman

By Anoop Nair
Senate member

Signature of Member (1)

12/6/25

Signature of Member (2)

Mr. Mithun Kumar K
Subject expert

INDIA NON JUDICIAL

सत्यमेव जयते

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)

सत्यमेव जयते

NOTARY GOVT. OF INDIA Ananda Bhandary G. Kundapura-576 201 Udupi Dist. Reg. No. 4470

Authorised Signatory NAMMA NIMMA SOUHARDA SAHAKARI ... KUNDAPURA

[redacted] [redacted]

Please write or type below this line

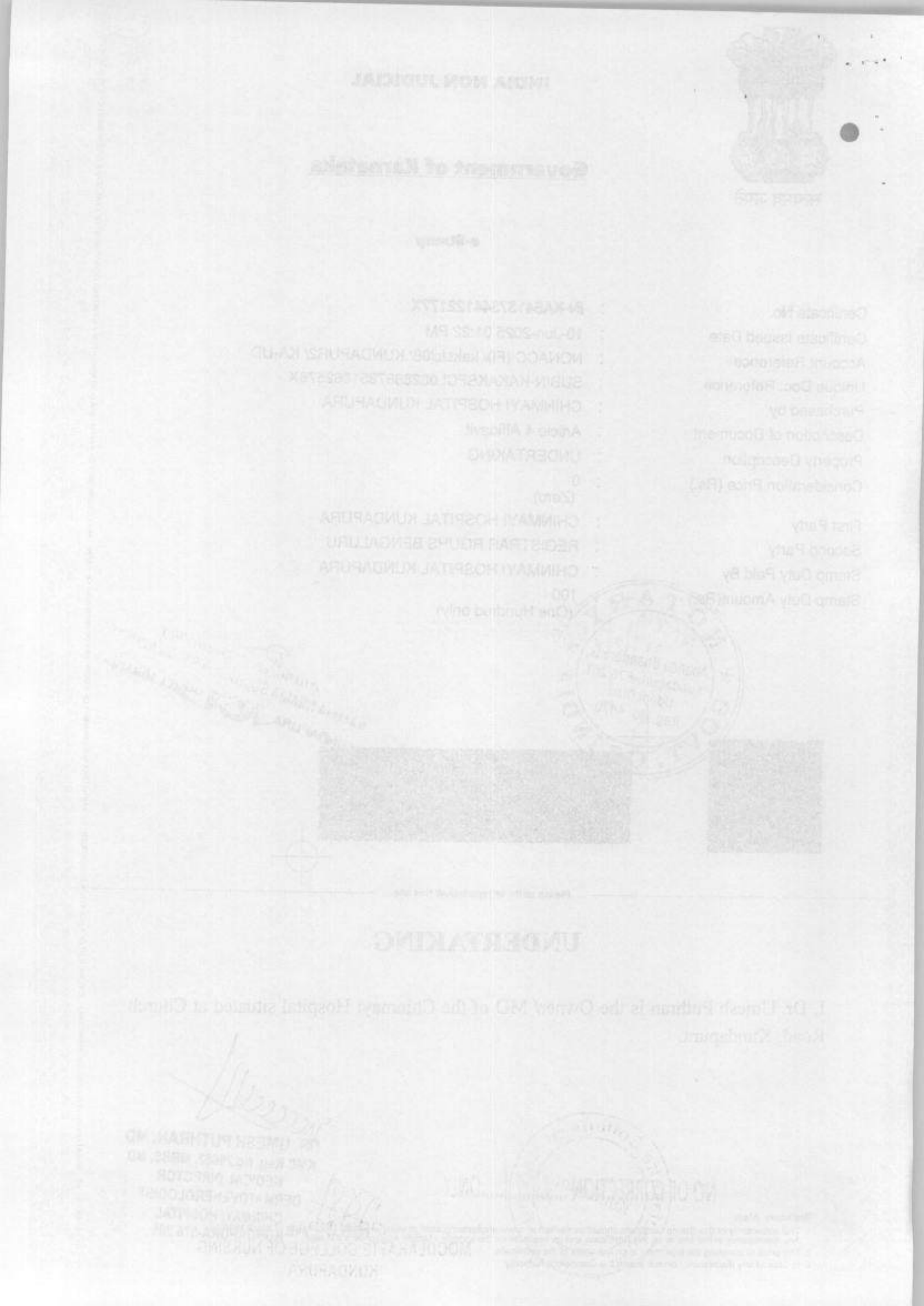
UNDERTAKING

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

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

NO OF CORRECTION ....NIL........ ONLY

PRINCIPAL
MOODLAKATTE COLLEGE OF NURSING
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.

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The information provided by us is true and correct.

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

NOTARY
GOVT. OF INDIA
Ananda Bhandary G.
Kundapura-576 201
Udupi Dist.
Reg No. 4470

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

NOTARY
KUNDAPURA

NO OF CORRECTION ...Nil... ON

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

Moodlakatte College of Nursing
Kundapura

PRINCIPAL
MOODLAKATTE COLLEGE OF NURSING
KUNDAPURA

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA54142938009245X
Certificate Issued Date	:	10-Jun-2025 01:24 PM
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)

NOTARY GOVT. OF INDIA
Ananda Bhandary G
Kundapura-576 201
Udupi Dist.
Reg No. 4470

सत्यमेव जयते

Authorised Signatory
VAMMA NIMMA SOUHARDA SAHAKARI LTD.
KUNDAPURA UDUPI DISTRICT

[redacted]

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

Moodlakatte College of Nursing Kundapura

NO OF CORRECTION ..... ON

PRINCIPAL
MOODLAKATTE COLLEGE OF NURSING
KUNDAPURA

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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.

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Managing Trustee
Moodlakatte Education Trust (R.)
Kundapura

NOTARY
Ananda Bhandary G.
Kundapura-576 201
Udupi Dist.
Reg No. 4470
GOVT. OF INDIA

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

NO OF CORRECTION ...Nil... CNI

NOTARY
KUNDAPURA

NOTARIAL REGISTER
St.No. 5856 Dt. 11-12-25

Moodlakatte College of Nursing
Kundapura

PRINCIPAL
MOODLAKATTE COLLEGE OF NURSING
KUNDAPURA

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	–	110490	2 YEARS 9 MONTHS		2 YEARS	26-03-2025	Yes	
16	MS. PREETHI	NURSING TUTOR	B.SC	2024	–	178450	FRESHER		–	14-02-2025	Yes	

CONSENT GIVEN

S.No.	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing		KSNC 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

12/6/25
Dr Anup Mani
Senate member
UC

12/6/25
Dr Lekshmy. DV
BOS chairman
(Ug Ayush)
RGUHS.

12/6/25
Dr. Mithunkumar. BP
Subject Expert
RGUHS, (IRE Expert)

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
12/6/25	12/6/25	Mr. Mithunkumar R.P

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

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

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

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

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

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

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

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

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

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

12/6/25

Signature of Chairman

Dr Anoop Nand

12/6/25

Signature of Member (1)

Dr Leelavathi

12/6/25

Signature of Member (2)

Mr. Mithun Kumar. BP

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

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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-KAKAKSFCL08288878516625 76X
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NOTARY Ananda Bhandary G. Kundapura-576 201 Udupi Dist. Reg. No. 4470 GOVT. OF INDIA

सत्यमेव जयते

Authorised Signatory NAMMA NIMMA SOUHARDA SAHAKARI R.T. KUNDAPURA UDUPI DIST.

Please write or type below this line

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DERMATOVENEROLOGIST
CHINMAYI HOSPITAL
KUNDAPURA-576 201

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MEDICAL DIRECTOR
DERMATOVENEROLOGIST
CHINMAYI HOSPITAL
KUNDAPURA-576 201

NOTARY
Ananda Bhandary G.
Kundapura-576 201
Udupi Dist.
Reg No. 4470
GOVT. OF INDIA

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

NOTARY
KUNDAPURA

NO OF CORRECTION ...Nil.../Nil

NOTARIAL REGISTER
St.No. 5835 Dt. 11-6-2025

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Kundapura-576 201
Udupi Dist.
Reg No. 4470
GOVT. OF INDIA

सत्यमेव जयते

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

RS. 100
10 JUN 2025 01:24 PM

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Managing Trustee
Moodlakatte Education Trust (R.)
Kundapura

NO OF CORRECTION ...Nil.....ON!

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Reg No. 4470
GOVT. OF INDIA

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NOTARY
KUNDAPURA

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