



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

(156)

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Melbin Michael Asackal	Dr. Mahesh G. Salimath	Udaya Ravi prakash
Designation	Chairman	AC member	Subject Expert
Address	Laasya College g Nsg Bangalore	Swasthansitta and yoga Ayurveda mahar Hospital Huttballi 24	Patel college g Nsg Ramnagar
Mobile No	9739215124	9739106823	8884098583
Email ID	melbin000@gmail.com	drmahesh.salimath@gmail.com	prakashudayravi@gmail.com

Inspection For the Academic Year : 2025-26.

Date of Inspection: 14.08.25.

(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	HOPKINS COLLEGE OF NURSING. No. 04, Mallathahalli Lake Road, Balagangadhar Nagar, Bangalore-560056.		2	Year of Establishment	2021. - Enclosed
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 & Phone number	CHIRON CANCER FOUNDATION. (Enclose copy of Registration documents of Society/Trust) Annexure - 1				
	Email:	hopkinscollegeofnursing@gmail.com		Website:		
	Office No:			Mobile No:		86600 72061

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Secretary/		DR. PANDU. D. 8660072061	
Governing Council & Audit Report of Trust		Total Number of Members in Governing Council : 63. Enclosed Annexure - 2 (Enclose copy of Governing Council Members & Audit report of Society/Trust)	
5	a) Details of Principal/Head of the institution (After MSc)	Name: SOUJANYA.P. Qualification: MSc (N). Experience after MSc: 15 years. Email: hopkinscollegeofnursing@gmail.com	Mobile No: 8792467935 Office No: — Fax No: — Residential phone No: —
	b) Drawing authority of the college		
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:

— Enclosed —

Annexure - 4

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Appli ⁿ 1000/-	100000/-	-	-	25000/-	126000/-
Post Basic B.Sc. Nursing			NA -	Extra - Security		30000/-
Total (A)						156000/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.					
	2.					
	3.					
	4.					
	5.		NA			
	Total (B)					
NPCC						
	Total (C)					
Grand Total (A+B+C)						

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details:

ZKBLXN308SEUFV and ZKBL3U9091QH8E.

Remarks:

126000/-

30000/-

We paid continuation of Affiliation fee on 23/12/2024.

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Enclosed Annexure NO - ⑥.

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 165 MMC 2021. Dated - 29/12/21 Annexure - 5	R&V/A77/ Fr./NS12/2021-2022 18/01/22 Annexure - 6	KNC:2003: -2021-22. 24.02.2022. Annexure - 7	— Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	40	40	40.	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	
	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	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	NA	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Sanctioned Intake					
Admissions Made for the Current Academic Year			NA		

9.Total No. of Students under Training in each of the Nursing Education Programme: *Enclosed students details*

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	22	21	28	24	95
	Female	18	19	12	16	65
Post Basic B.Sc Nursing	Male					<u>Total = 160 students</u>
	Female					
M.Sc Nursing	Male					
	Female			NA		
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure -10

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

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

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

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required							Existing / Available				Deficit				
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
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*		1	-	-					
5	Assistant Professor	3	3-8				2	3*		-	-	-					
6	Tutor	8-16	16-24				2-10	--		13	-	-					
	Total	16-24	24-40				4-12			Total = 17							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e., 1:5 if they offer B.Sc Nursing Program)

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)

150 students intake				
200 students intake			Enclosed	
250 students				
* Aadhar based biometric attendance for students				

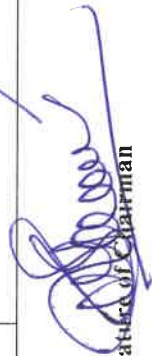
Signature of Chairman

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	KNSC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	P SOUJANYA	PRINCIPAL	M.Sc (OBG)	2011	65519	3	14	6/4/21	yes	R
2.	SHIRJI JOY	LECTURER	M.Sc (Ped)	2023	125100	1	2	16/6/25	yes	CL
3.	KIRAN THATAI	LECTURER	M.Sc	2023	58670	2	—	15/6/25	yes	Kumar
4.	MOUSUMI DAS	LECTURER	M.Sc (CHN)	2021	87012	2	—	9/6/25	yes	Mousumi
5.	ABU MOTALEB SH	TUTOR	B.Sc.	2022	134638	—	—	1/3/25	yes	Abu
6.	BHAVANA H	TUTOR	B.Sc.	2023	151939	—	—	22/4/25	yes	Bhavana
7.	MD ASIF HOSSAIN	TUTOR	B.Sc.	2021	126307	—	—	1/4/25	yes	Asif
8.	JHUMPA MODDAL	TUTOR	B.Sc.	2024	178580	—	—	16/06/25	yes	Jumpa
9.	UNNISHA BANU	TUTOR	B.Sc.	2024	183407	—	—	9/6/25	yes	Unnisha
10.	SAHELI NAYELI	TUTOR	B.Sc.	2024	177618	—	—	24/6/25	yes	Saheli
11.	HABIBUR RAHMAN	TUTOR	B.Sc.	2021	131051	—	—	1/4/25	yes	Habib
12.	RUPSANA PARBEEN	TUTOR	B.Sc.	2023	153898	—	—	24/3/25	yes	Rp
13.	SULTANA NAZMA	TUTOR	B.Sc.	2023	154669	—	—	9/6/25	yes	Sultana
14.	MANOJ KUMAR	TUTOR	B.Sc.	2022	143412	—	—	1/5/25	yes	Manoj KA
15.	MONALISA KARMAKAR	TUTOR	B.Sc.	2023	1597021	—	—	1/6/25	yes	Monalisa
16.	SUBUYADI	TUTOR	B.Sc.	2019	105299	—	—	1/6/25	yes	CL
17.	SASOVAN KARMAKAR	TUTOR	B.Sc.	2024	176522	—	—	5/9/25	yes	Sosovan
18.										
19.										
20.										
21.										
22.										


Signature of Chairman


Signature of Member (1)


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
			Enlosed		Annexure

14. Physical Facilities :

14.1. College Building:

Enlosed - Annexure .

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	4x1000 = 4000 sq feet.	
	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	
	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300 sq. feet.	
	2. Vice-Principal Chamber	200	300 sq. feet.	
	3. HOD	5 x 200 = 1000	930 sq. feet	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq. feet.	
	5. Lecturer/ Tutors			
3	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	900 sq. feet.	
	7. Accountants Office	100	100 sq. feet.	
	8. Store Room	100	100 sq. feet.	
	9. Record room	100	100 sq. feet.	
	10. Room for maintenance staff	100	100 sq. feet.	
	11. Xeroxing room	100	100 sq. feet.	
	12. common room (Girls & Boys)	600+400= 1000	1000 sq. feet.	
	13. Multipurpose hall / Seminar hall/ examination hall	3000		
	14. Toilets	1000	1000 sq. feet.	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

15. A.V/Aids room	600	600 sq. feet.
-------------------	-----	---------------

S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)	yes	verified
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq. feet.	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq. feet	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq. feet.	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq. feet.	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq. feet.	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq. feet.	

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.

Enclosed - Annexure -

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

Building Documents:

Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	verified
2	Is the college building own or leased ?	verified
3	Blue print of the building plan approved and attested by competent authority.	verified
4	Building construction license from competent authority	verified
5	Tax paid receipt (Latest / current year)	verified
6	Occupancy certificate.	verified
7	Sale deed / Lease deed of the building / Land.	verified
8	Land Conversion order from DC	verified
9	Town planning/Authorities approval order	verified

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- If one of the trustee/member/directors 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 registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01.	KA-54-6943.	51.	Yes / No	Yes / No	Yes / No

16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft		YES ☒ No ☐	Adequate	Adequate.	Yes.

Total No. of Nursing Books available	890.	No. of Nursing Journals subscribed	10.
No. of Thesis/Research titles available	04.	Is internet facility available for Students?	Yes.
No of e-books	12.	How many books were purchased in last financial year?	230.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Devaraju. N.C Yadan.	M.Lib.	9 years.	
				Enclosed details.

Note : A minimum of 500 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	2	Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	2	
Conferences attended	1	

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)

Enclosed

18. Details of Clinical / Hospital Facilities :

Enclosed

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%)	Verified by LIC team
Full Name & Address of the Parent Hospital Dasappa Memorial Institute of Oncology. MOU(Registered parent hospital MOU) BLU05970 ALHLA.	100.	10 Km.	85%.	
NAME OF THE TRUST/ Person owning The Hospital	Dr. Pandu.D.			
Name Of The Owner Of The Trust of Hospital	Dr. Pandu.D.			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1	Aryan Multi Speciality Hospital. No. 4 & 5. Mariyappana palay chole, Bengaluru.		
	2			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	3		<u>Enclosed</u>		
	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/CCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have **200 bedded Unitary/Singleallopathic 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:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	90 %		
Surgery including OT	20	90 %		
Obstetrics & Gynecology	20	70 %		
Pediatrics,	20	90 %		
Emergency Medicine	20	90 %		
Psychiatry	—	—		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	90 %		
Minor OT	08.	90 %		
Dental, Otorhinolaryngology, Ophthalmology	20	90 %		
Burns and Plastic	20	90 %		
Neonatology care unit	10	90 %		
Communicable disease/Respiratory medicine/TB & chest diseases	07	90 %		
Dermatology	05	90 %		
Cardiology	05	90 %		
Oncology	15	90 %		
Neurology/Neuro-surgery	2	80 %		
Nephrology/Urology	3.	80 %		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

ICU/ICCU				
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING : Annexure - 17		<i>Enclosed, Annexure -</i>	
RURAL FILED				
a. Name of CHC / PHC / SC		<i>Machohalli.</i>		
Adopted / Affiliated		<i>Affiliated.</i>		
Administrate red by		State Govt. ☒ Municipal Corporation ☐ Private ☐		
Distance from the Nursing Institute		<i>12 Km.</i>		
b. Services Rendered by Health & Family Welfare Programmes		<i>CHC, MCH RCH, etc. .</i>		
URBAN FEILD :				
a. Name of CHC / PHC / SC		<i>Mallathahalli</i>		
Adopted / Affiliated		<i>Affiliated.</i>		
Administrate red by		State Govt. ☒ Municipal Corporation ☐ Private ☐		
Distance from the Nursing Institute		<i>2 Km.</i>		
b. Services Rendered by Health & Family Welfare Programmes		<i>CHC, MCH, RCH. Community Health progam</i>		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.				

20	Master Rotation Plan : Annexure - 18		<i>Enclosed - Annexure</i>	
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 ☐	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 ☐

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 ☐
s.	POSHE Committee	YES ☒	NO ☐
t.	Prevention of Gender harassment committee	YES ☒	NO ☐

23	Hostel Facilities :Annexure - 12 <i>Enclosed - Annexure.</i>		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft <i>12000 Sq feet</i>	
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 : <i>60</i>	Boys : <i>39.</i>
f.	Total No. of rooms	Girls : <i>08</i>	Boys : <i>08.</i>
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	Verified as per originals documents		Signature
		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		NA	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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		✓	

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.

LIC Team Observations:

Hopkins College of Nursing was inspected on 14/08/2025 for continuation of affiliation for B.Sc. (N). On the day of inspection all the documents related to College, building, hostel, vehicle, hospitals, postings are personally verified by the LIC team. All the labs are equipped with sophisticated articles, instruments, models and charts, library provides latest edition textbooks for students reference with a good internet connections and latest journals with qualified library incharge. All the faculties were present on the day of inspection and their documents were personally verified by the LIC team. The students are getting good exposure to clinical facilities and practical, they are also actively participating in community postings. Overall the college is suitable for continuation of affiliation.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Hopkins 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 14/08/25 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.

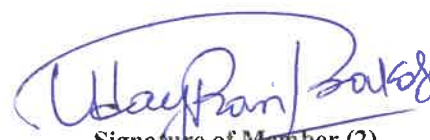

Senate Member
(Chairman)


A C Member
(Member)


Subject Expert
(Member)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



CHURCH CANCER FOUNDATION

ಹಾಪ್ಕಿನ್ಸ್ ಸ್ಕೂಲ್ ಮತ್ತು ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್

HOPKINS SCHOOL AND COLLEGE OF NURSING

Approved by Government of Karnataka
Recognised by KSDNEB KNC RGHHS INC

No. 4, Mallathahalli lake road, Bengaluru -560056

ನಿಲ್ದಾಣವಲ್ಲ
NO PARKING
IF You Park here
500 /- Penalty
20 MTRS

Bengaluru, Karnataka, India
343, Malathalli Rd, Mallathahalli, Bengaluru, Karnataka 560056, India
Lat 12.960563° Long 77.503236°
14/08/2025 12:24 PM GMT +05:30

Google

GPS Map Camera



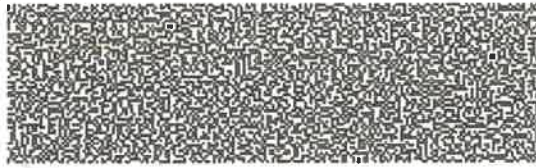
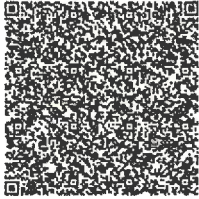
सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	: IN-KA17147816424791X
Certificate Issued Date	: 13-Aug-2025 04:58 PM
Account Reference	: NONACC (FI)/ kagcsl08/ NAGARABHAVI1/ KA-RJ
Unique Doc. Reference	: SUBIN-KAKAGCSL0849145517380955X
Purchased by	: CHIRON CANCER FOUNDATION TRUST
Description of Document	: Article 4 Affidavit
Property Description	: UNDERTAKING
Consideration Price (Rs.)	: 0 (Zero)
First Party	: CHIRON CANCER FOUNDATION TRUST
Second Party	: TO THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	: CHIRON CANCER FOUNDATION TRUST
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Please write or type below this line



UNDERTAKING

We the Chairman / President/Secretary of the trust **CHIRON CANCER FOUNDATION** are submitting the affidavit to the university.

The trust **CHIRON CANCER FOUNDATION®** is running the **HOPKINS COLLEGE OF NURSING** since 2021 (4 years).

[Handwritten signature]

Statutory Alert:

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

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 manage 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 / RGHUS. As prescribed from time to time.

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



Chiron Cancer Foundation



SWORN TO BEFORE ME
H.C. KARNANAKARA, M.A., LL.B.
ADVOCATE & NOTARY
No. 19/A, 2nd Floor, 4th Main, Shivnagar,
Rajahmundry, GUNTURU - 520 018

18 AUG 2025

NOTARY STAMP NOT AFFIXED
DUE TO NON AVAILABILITY
FROM 01-04-2023



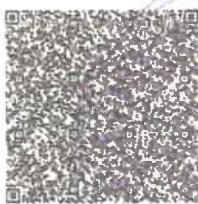
सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No. : IN-KA17147816424791X
 Certificate Issued Date : 13-Aug-2025 04:58 PM
 Account Reference : NONACC (FI)/ kagcs108/ NAGARABHAVI1/ KA-RJ
 Unique Doc. Reference : SUBIN-KAKAGCSL0849145517380955X
 Purchased by : CHIRON CANCER FOUNDATION TRUST
 Description of Document : Article 4 Affidavit
 Property Description : UNDERTAKING
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : CHIRON CANCER FOUNDATION TRUST
 Second Party : TO THE REGISTRAR RGUHS BANGALORE
 Stamp Duty Paid By : CHIRON CANCER FOUNDATION TRUST
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)



Please write or type below this line

UNDERTAKING

I Dr. Pandu D, is the owners of the **DASAPPA MEMORIAL INSTITUTE OF ONCOLOGY** hospital situated at Vani Vilas Road, Opposite to National College, Basavanagudi, Bangalore-560004, KPEMEA and PCB with 100 beds and the Bonafide certificate has been attached.

This is to confirm that the hospital **DASAPPA MEMORIAL INSTITUTE OF ONCOLOGY** is functioning as affiliate/ parent/own hospital for **HOPKINS COLLEGE OF NURSING**.

We also confirm that our hospital is solely affiliated to **HOPKINS COLLEGE OF NURSING** and is not affiliated to any other colleges.

The information by us is true and correct.

Statutory Note:

1. The authenticity of this Stamp certificate should be verified at www.e-stamping.com or using e-Stamp Mobile App of Sub Registrar.
2. The onus of checking the legitimacy is on the users of the certificate.

H.R. KARUNABADIA, B.A., LL.B.
 ADVOCATE & NOTARY
 Bangalore

[Signature]

18 AUG 2025

