# RajivGandhiUniversityof HealthSciences,Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website:www.rguhs.ac.inPhone:080-26761933

## INSPECTIONPROFORMAFORNURSING2025-26AY

| DetailsofLICInspectors: | Chairman | AcademicCouncilMember | SubjectExpert |
|---|---|---|---|
| Name | DR SHIVASHARAN K | LINGARAJ.S DANKI | SASIKALA JAISINGH |
| Designation | MEMBER OF DENTAL COUNCIL OF INDIA | VICE PRINCIPAL/PROF.&HOD OF INDUSTRIAL PHARMACY | VICE PRINCIPAL |
| Address | PREMAKANTHI EDUCATIONAL AND CHARITABLE TRUST, PKV BHANDARKAR'S COMPLEX , MANNAGUDDA,MANGALORE-575003 | HKES'S MATOSHREE TARADEVI PAMPURE INSTITUTE OF PHARMACEUTICAL SCIENCES, KALABURGI | MOUNT SHEPERD COLLEGE OF NURSING , BENGALURU |
| MobileNo | 9448144399 | 959005497 | 9900280119 |
| EmailID | shivasharan@hotmail.com | lsdanki@gmail.com | -- |

| *InspectionFortheAcademicYear :* 2025-26. | | *Dateof Inspection:* 07.08.25 | |
|---|---|---|---|
| *(PleaseTicktheAppropriateBoxesBelow)* | | | |
| *Typeof Inspection:* | 1.FreshAffiliation | | 4.Re-Inspection |
| | 2.Continuation of Affiliation | ✓ | 5.Surprise Inspection |
| | 3.Enhancement of Seats | | 6.Change of Name/Address |
| | 7. Additional Course (M.ScNursing)only. | | |

| *NursingProgramme Under Inspection:* | 1.BasicB.Sc. Nursing | | 2.PostBasicB.Sc.Nursing | |
|---|---|---|---|---|
| | 3.M.Sc. Nursing | | 4.M.Sc. NPCC | |

| | | | | |
|---|---|---|---|---|
| 1 | **Name of the InstitutionwithFull Address** | Chikkaballapura Institute of Nursing Sciences, Arooru Village, Peresandra Post, Chikkaballapura-562104 | 2 | **Year of Establishment** 2021-22 |
| 2 | **Statusofthecourse conducting body** | **Government/~~University/Autonomous/MunicipalCorporation/ Missionary/Trust/Society /Company~~** | | |
| 3 | **(a). Name of the Trust/Society & complete postal address&Phone number** | Chikkaballapura Institute of Medical Sciences, Arooru Village, Peresandra Post, Chikkaballapura-562104 (EnclosecopyofRegistrationdocumentsofSociety/Trust)**Annexure–1** | | |
| | | **Email:cinscbpur@gmail.com** | | **Website:https://cimschikkaballapura.karnataka.gov.in/** |
| | | **OfficeNo:**08156–275558 | | **MobileNo: 9945934105** |

Dr. Shiva Sharan
07/08/25

Dr. Lingaraj S. Danki

DR. A. SASIKALA

| | | | | |
|---|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairmanof Trust/Society & PhoneNo | Govt of Karnataka<br>Dr. Manjunath M L, Director cum Dean,<br>9945934105 | | |
| 4 | GoverningCouncil & Audit Report of Trust | TotalNumberofMembersinGoverningCouncil:10<br>(EnclosecopyofGoverningCouncilMembers &AuditreportofSociety/Trust)Annexure-2 | | |
| 5 | a)Details of Principal/Head of the institution ( AfterMSc) | Name: Shanthi G<br>:BSC Nursing & MSc<br>ExperienceafterMSc: 16 years<br>Email:gshanthi198201@gmail.com | MobileNo: 8310359924<br>Office<br>No:<br>Fax No:<br>Residentialphone No: | |
| | b)Drawingauthority of the college | Dr. Manjunath M L, Director cum Dean | | |
| 6 | Do you have any other nursing institution other than the current institutionmentionedaboveunderthe same trust? | YES ☐ | NO ☐ | Ifyes, Specify the fullname ofthe nursing institutionwithfulladdressVerifywiththe original TRUST document. (Verify&encloseacopyoftheregistered trust Documents)<br>Annexure– 3 |

7. AffiliationFeePaidDetails:

Annexure-4

| Course Applied UG Courses | Continuation / Fresh Affiliation | Particularsoffeespaidfor | | | | |
|---|---|---|---|---|---|---|
| | | AnnualFees | Renewal Fees | Administrative Charges | HelinetInstFee a) onlyforUGor b) forUGandPG courses c)NPCC | Amount |
| B.Sc. Nursing | Continuation affiliation for 2025-26 | 10000 | 1050 | | | 11050 |
| PostBasic B.Sc. Nursing | | | | | | |
| | | | | | Total(A) | |
| PG Course:- (M.Sc. Nursing) | PGContinuation/FreshAffiliation | | | NoofSeatsXPrescribed fees of each faculty | | |
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| | 5. | | | | | |
| | | | | | Total(B) | |
| NPCC | | | | | | |
| | | | | | Total(C) | |
| | | | | | GrandTotal(A+B+C) | |

SignatureofChairman

SignatureofMember (1)

SignatureofMember(2)

OnlineTransactionNumberorDetails: ZCNBCHG096JTD1

Remarks:

Verify&EnclosecopyofAffiliationfeepaid documents

8. ApprovalStatusoftheInstitution&SanctionedIntake:

| Nameof theCourse | Intake Approvedand Admitted | GOK | RGUHS | KSNC | INC | Remarks |
|---|---|---|---|---|---|---|
| Basic B.Sc.Nursing | ApprovalLetter No. and Date | Annexure-5 | Annexure-6 | Annexure-7 | Annexure-8 | |
| | Affiliation SanctionedIntake | 100 | 100 | 100 | 100 | |
| | AdmissionsMade for the Current Academic Year | 100 | 100 | 100 | 100 | |
| Post Basic B.Sc.Nursing | ApprovalLetter No. and Date | Annexure-5 | Annexure-6 | Annexure-7 | Annexure-8 | |
| | Sanctioned Intake | | | | | |
| | AdmissionsMade for the Current Academic Year | | | | | |
| M.Sc.Nursingin a.CommunityHealth ☐ b.MedicalSurgical ☐ c.OBG ☐ d.Paediatric ☐ e.Psychiatry ☐ | ApprovalLetter No. and Date | Annexure-5 | Annexure-6 | Annexure-7 | Annexure-8 | |
| | Sanctioned Intake | | | | | |
| | AdmissionsMade for the Current Academic Year | | | | | |
| M.Sc.NPCC | ApprovalLetter No. and Date | Annexure-5 | Annexure-6 | Annexure-7 | Annexure-8 | |

SignatureofChairman

SignatureofMember (1)

SignatureofMember(2)

| | | | | | | |
|---|---|---|---|---|---|---|
| | Sanctioned Intake | | | | | |
| | Admissions Made for the Current Academic Year | | | | | |

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

| Programme | | Iyear | IIYear | IIIYear | IVYear | Total |
|---|---|---|---|---|---|---|
| B.Sc Nursing | Male | 17 | 23 | 28 | 31 | 99 |
| | Female | 89 | 66 | 64 | 51 | 266 |
| Post Basic B.Sc Nursing | Male | | | | | |
| | Female | | | | | |
| M.Sc Nursing | Male | | | | | |
| | Female | | | | | |
| M.Sc NPCC | Male | | | | | |
| | Female | | | | | |

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

Annexure-9

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

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—— |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

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. TeachingFacultyRequirementsforallNursingPrograms:

| Sl. No | Designation | Required | | | | | | | | Existing/ Available | | | | Deficit | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | B.Sc (N) | | | | | P.B. B.Sc (N) | M.Sc (N)* | M.ScN PCC | 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 to1 50 | 151 to 200 | 201 to2 50 | 20 to 60 | | | | | | | | | | |
| 1 | Principal | 1 | 1 | | | | | | | 1 | | 1 | | | | | |
| 2 | Vice-Principal | 1 | 1 | | | | | | | 1 | | 1 | | | | | |
| 3 | Professor | 1 | 1-2 | | | | | 1* | | 1 | | 1 | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | | | | 1* | | | | | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | | | | | | | | |
| 6 | Tutor | 8-16 | 16-24 | | | | 2-10 | -- | | 9 | | 9 | | | | | |
| | **Total** | **16-24** | **24-40** | | | | **4-12** | | | 12 | | | | | | | |

**ForExample:** For**40StudentsIntake** minimumnumberofteachersrequiredis**16**includingPrincipal,i.e.,Principal- 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

**Note:1)**Institute shallhavesectionsof100/60students(Maximumnumberof students100per section)

**2)** 1:10teacherstudentratiosshallbeensured.

**3)** 1:3studentpatientratiointheclinicalareasprescribedinthesyllabusshallbeadhered.

4) Physicalfacilitiesincludinglaboratoriesandhavingadditionalhospital(s)shouldbe increasedasper norms.

(TheFacultyandStudentRatiois **1:10** and***ForM.Sc.Nursing**:DependsonSpecialityofferedandratioremainssamei.e., **1:5**if theyofferB.ScNursingProgram)

**YearWiseDistributionof FacultyforB.ScNursing:**
(Startthe Programi.e,for1st Year,minimum3M.Sc.Nursingqualifiedfacultyshallbeappointed.)

| Intake | 1st Year | 2nd Year | 3rd Year | 4th Year |
|---|---|---|---|---|
| **40Students Intake** | **Total5 Faculty**<br>* 3M.Sc.Nursing qualifiedfaculty<br>* 2 Tutors | **Total8 Faculty**<br>* 5M.Sc.Nursing qualifiedfaculty<br>* 3 Tutors | **Total12 Faculty**<br>* 7M.Sc.Nursingqualified faculty<br>* 5 Tutors | **Total16 Faculty**<br>* 8M.Sc.Nursing qualifiedfaculty<br>* 8 Tutors |
| **60Students Intake** | **Total6 Faculty**<br>* 3M.Sc.Nursing qualifiedfaculty<br>* 3 Tutors | **Total12 Faculty**<br>* 5M.Sc.Nursing qualifiedfaculty<br>* 7 Tutors | **Total18 Faculty**<br>* 7M.Sc.Nursingqualified faculty<br>* 11 Tutors | **Total24 Faculty**<br>* 8M.Sc.Nursing qualifiedfaculty<br>* 16 Tutors |
| **100Students Intake** | **Total10 Faculty**<br>* 5M.Sc.Nursing qualifiedfaculty<br>* 5 Tutors | **Total20 Faculty**<br>* 8M.Sc.Nursing qualifiedfaculty<br>* 12 Tutors | **Total30 Faculty**<br>* 12M.Sc.Nursingqualified faculty<br>* 18 Tutors | **Total40 Faculty**<br>* 16M.Sc.Nursing qualified faculty<br>* 24 Tutors |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

| | | | | |
|---|---|---|---|---|
| 150studentsintake | | | | |
| **200studentsintake** | | | | |
| **250 students** | | | | |
| * **Aadharbasedbiometricattendanceforstudents** | | | | |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

## 12.1. TeachingFaculty details:–Detailsshouldbewritteninformatonly.

| Sl. No | Nameof theteaching Faculty | Designation | Qualification along with specialty | Yearof passing | KSNC Reg. Number | Teaching experience | | Dateof joining | Form -16 Submitted (Yes/No) | Signature ofFaculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | AfterUG | After PG | | | |
| 1. | G SHANTHI | PRINCIPAL | MSC. NURSING IN OBG | 2009 | 43543 | 05 | 16 | 04/04/2022 | YES | |
| 2. | RAGHAVENDRA | VICE PRINCIPAL | MSC NURSING IN MSN | 2024 | 52144 | 15 | 02 | 11/09/2023 | YES | |
| 3. | VISHALAKSHI A | ASSISTANT PROFESSOR | MSC NURSING IN PAEDIATRICS | 2024 | 174314 | 04 | 02 | 11/09/2023 | NO | |
| 4. | RAMADEVI | ASSISTANT PROFESSOR | MSC NURSING IN PAEDIATRICS | 2024 | 133863 | 03 | 02 | 22/01/2024 | NO | |
| 5. | PADMAVATHAMMA | ASSISTANT PROFESSOR | BSC NURSING MSC NUTRITION AND BIOCHEMESTRY | 2009 | 14237 | 16 | 16 | 11/09/2021 | YES | |
| 6. | SYED SAMI ULLA | ASSISTANT PROFESSOR | PC BSC NURSING MSC PSYCHOLOGY | 2011 | 39492 | 14 | 14 | 10/05/2022 | YES | |
| 7. | VIJAYALAKSHMAMMA K | TUTOR | PCBSC NURSING | 2010 | 15133 | 15 | 15 | 06/07/2021 | YES | |
| 8. | CHANDANA G | TUTOR | MSC NURSING IN OBG | 2008 | 15635 | 02 | 02 | 10/10/2021 | YES | |
| 9. | VATSALA H S | TUTOR | PC BSC NURSING | 2006 | 65323 | 02 | 02 | 11/09/2023 | YES | |
| 10. | RAJESHWARI | TUTOR | PCBSC NURSING | 2017 | 204169 | 08 | 08 | 26/06/2022 | NO | |
| 11 | REPALLI VISHRANTHAMMA | LECTURER | MSC NURSING IN PAEDIATRICS | 2014 | 136341` | 15 | 11 | 01/08/2025 | YES | |
| 12 | NAVEEN M | ASSISTANT PROFESSOR | MSC NURSING IN MSN | 2019 | 14864 | 06 | 06 | 11/09/2023 | YES | |

- **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 desirableForMscNursingandNPCCprogrammetheresshouldbefulltimeResearchGuidesavailablewhichneedstobeverifiedwiththeoriginalGuideshipletters.(Student Guideratioto be verified as per norms of RGUHS)

**SignatureofChairman** **SignatureofMember(1)** **SignatureofMember(2)**

13. **ParticularofExternalTeachers(Parttime)**-Attachaseparatesheetwiththis proforma.**Annexure-11**

| Sl.No. | Name | Qualification | Subject | NumberofHours per Year | Remarks |
|---|---|---|---|---|---|
| | | | | | |

14. **PhysicalFacilities:**

**14.1. CollegeBuilding:**

**Annexure- 12**

| S.No | Details | Required | Existing | VerifiedbyLIC team |
|---|---|---|---|---|
| 1 | Built–upareaofthebuilding (in Sq. Ft) | 23,200sq.ft(40–60 intake) | 24000sq.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 andcurriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy | | | |
| 2 | **CLASSROOMS** Sizeofeachclassroom(sqft)for 40to60intakeB.Sc(N):900sq ft | **4Classrooms** 900sqftEach | 4classrooms 4400sqft | |
| | P.B.B.Sc(N) :600 sq ft | **2Classrooms** 600sqftEach | | |
| | M.Sc(N) :600 sqft | **2Classrooms** 600sqftEach | | |
| | NPCC:600sqft | **2Classrooms** 600sqftEach | | |
| 3 | **AdministrativeFacilities** | | | |
| | **Office** 1.Principal'sChamber | 300 | 324sq.ft | |
| | 2.Vice-Principal Chamber | 200 | 225sq.ft | |
| | 3.HOD | 5 x 200 = 1000 | 1125sq.ft | |
| | 4.Professor/Assoc. Prof | 800+2400=3200 | 5000sq.ft | |
| | 5.Lecturer/Tutors | | | |
| | **Institutionoffice/Others** 6.OfficeofAdministrative, clerical staff and PA (s) | **600** | 800sq.ft | |
| | 7.Accountants Office | **100** | 150 sq.ft | |
| | 8. StoreRoom | **100** | 200 sq.ft | |
| | 9.Record room | **100** | 150 sq.ft | |
| | 10. Roomfor maintenancestaff | **100** | 250 sq.ft | |
| | 11.Xeroxingroom | **100** | 150 sq.ft | |
| | 12.commonroom(Girls&Boys) | 600+400=1000 | 1500 sq.ft | |
| | 13.Multipurposehall/Seminar hall/ examination hall | 3000 | 4500 sq.ft | |
| | 14. Toilets | 1000 | 1125 sq.ft | |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

| | | | | |
|---|---|---|---|---|
| | 15.A.V/Aids room | 600 | 1000 sq.ft | |

| S.No | Details | Required | Existing | VerifiedbyLIC team |
|---|---|---|---|---|
| 4 | **LABORATORIES** | **( 40-60 intake)** | | |
| | NursingFoundationincluding AdultHealthNursing&Advanced Nursing Lab | 1600 sq.ft | 1850sq.ft | |
| | Nutrition&CommunityHealth Nursing | 1200sq.ft | 1850sq.ft | |
| | Obstetricsand Gynecology Laboratory | 900sq.ft | 1850sq.ft | |
| | PediatricsNursingLaboratory | 900sq.ft | 1850sq.ft | |
| | Pre-ClinicalSciencesLaboratory | 900sq.ft | 1850sq.ft | |
| | Computer Lab (1:5 computer:student) | 1500sq.ft | 1850sq.ft | |

**Note:**

- Onelargeskilllab/simulationlabcanbeconstructedconsistingofthelabsspecifiedwithatotalof5500sq.ft.sizeor can have five separate labs in the college.
- Atleast10-12setsofallitemsneeded.Simulatorsforadvanceskillse.g.,administrationoftubefeeding,tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- Thelaboratory shouldhave computers, internetconnection, monitorsandventilator models/manikins/simulators for usein Critical Care Units.
- ForNPCCprogrammethereshouldbeSimulationlabwithHighfidelityMannequinsandtasktrainers available.
- Eachclassroom size-900sqfor 40-60 student intake & proportionately the sizeof the built-up areawill increase/decrease according to the number of seats approved.

**ClassroomsandLaboratories(Verify&attachacopyofBuildingPlanapprovedbycompetentauthoritywith building completion certificate)**

**Building Documents:**

**Annexure– 12**

| SL NO | Particulars | VerifiedbytheLICteam |
|---|---|---|
| 1 | **Registereddocumentsinsubregistraroffice** | |
| 2 | **Isthecollegebuildingown or leased?** | |
| 3 | **Blueprintofthe buildingplanapprovedandattested by competent authority.** | |
| 4 | **Buildingconstructionlicensefromcompetentauthority** | |
| 5 | **Taxpaid receipt(Latest/current year)** | |
| 6 | **Occupancycertificate.** | |
| 7 | **Saledeed/Leasedeedofthebuilding/Land.** | |
| 8 | **LandConversionorderfromDC** | |
| 9 | **Townplanning/Authoritiesapprovalorder** | |

**Itismandatorytoencloseallthe documentsmentioned above.**

**Note:**

- Iftheinstitutiondoesn'thaveownbuildingevenafter2016withdrawalofaffiliationwillbeinitiated. .(F.NO.1-5/2014-INCdtd29/10/2014).
- Itismandatorythat**allnursinginstitution**shallhaveits ownbuildingwithintwoyears ofits establishment

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(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, 2021F.NO. 11-1/2019-INC.)
- Googlelocationofcollege tobe attachedbyLIC team.
- Registeredlease documentinsubregistraroffice tobe submitted.

**15. VehicleDetails :**Enclose acopyofRC Book/Insurance /DrivingLicense **Annexure– 13**

| TotalNumber of Vehicles | Vehicle Registration Number | SeatingCapacity | RC Book | Insurance | DrivingLicience |
|---|---|---|---|---|---|
| 00 | ----- | ------ | Yes/ No | Yes/ No | Yes/ No |

**16. Libraryfacility:**Encloselistoflibrary books **Annexure- 14**

| LibraryFacilities | Existing SizeinSqft | SeparateLibrary | Ventilation | Lighting | Verifiedby LIC team |
|---|---|---|---|---|---|
| Required 2300Sq.Ft | 2500 sq.ft | YES [s] No [ ] | YES | YES | |

| | | | |
|---|---|---|---|
| **TotalNo.ofNursingBooks available** | 1500 | **No.ofNursingJournals subscribed** | 08 |
| **No.ofThesis/Researchtitles available** | 06 | **IsinternetfacilityavailableforStudents?** | YES |
| **Noof e-books** | YES | **Howmanybookswerepurchasedinlast financial year?** | 45 |

| S.No. | Nameof the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01 | SARITHA | DIPLOMA IN LIBRARY SCIENCE | 03 YEARS | |

**Note :** A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books forallbatches; 3 kinds ofnursing journals, 3 kinds ofmagazines, 2 kinds ofnewspapers and otherkinds ofcurrent 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. Academicactivities:**Enclosethe detailsofpast3years **Annexure-15**

| Academicactivities | Particulars | Remarks |
|---|---|---|
| ResearchProjects | NO | |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

| | | |
|---|---|---|
| Conferencesconducted | 03 | |
| Conferencesattended | 01 | |

| | |
|---|---|
| *Collegesshoulddeclare&attesttobaccofree/drugsfreecampus(selfdeclarationfromto be submitted) | |

**18. DetailsofClinical/HospitalFacilities:** **Annexure-16**

| | | | |
|---|---|---|---|
| **1** | **DoyouhaveparentMedicalCollege?** | ☑ **YES** | **NO** ☐ |
| **2** | **Doyou haveparent hospital?** | ☑ **YES** | **NO** ☐ |
| | **IfYes,HospitalOwnedby** | **i.Trust/Society/Missionary** ☐ **Yes** | |
| | | **ii.TrustmemberwithMOU** ☐ | |

| ParentHospital. | | Total No. Beds | Distancef rom the college | Occupancyonthe day of inspection (min 75%) | VerifiedbyLIC team |
|---|---|---|---|---|---|
| FullName&AddressoftheParent Hospital<br><br>MOU(Registeredparenthospital MOU) | | 630 (300 beds at Nandi Medical College & Research Institute, Teaching Hospital and 330 beds at new teaching hospital arooru campus) | 16km | 90% | |
| NAMEOFTHETRUST/Personowning The Hospital | | Government of Karnataka (Nandi Medical College & Research Institute) | NA | NA | |
| NameOfTheOwnerOfTheTrustof Hospital | | Government of Karnataka | NA | NA | |
| Affiliatedhospitals -Full Name & Address of the Parent Hospital | 1 | Nandi Medical College & Research Institute, Teaching Hospital (District Hospital, Marula siddeshwara temple road, Chikkaballapura. | | | |

SignatureofChairman SignatureofMember (1) SignatureofMember(2)

| | | | | | |
|---|---|---|---|---|---|
| | 2 | Nandi Medical College & Research Institute, Teaching Hospital Arooru village peresandra post, Chikkaballapura. | | | |

SignatureofChairman

SignatureofMember (1)

SignatureofMember(2)

| | | | | | |
|---|---|---|---|---|---|
| | (MOU/Clinicalpermission letter) | | | | |

(Mentionthenumberofbeds,verifytheoriginaldocumentsofproofregardingtheownershipofhospitalandthenumber of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifyingthe same).

**NOTE:**

- Ifthecollegeestablished,i.e., **2012-13andbefore** (before2013-14)parenthospitalruleisnotapplicable(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-INCdtd29/10/2014andF.NO.1-6/2018-INCdtd20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore 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 institutionand will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital shouldbeownedbythesametrust.(Reference:ThegazetteofIndiaextraordinarypartIII—section4publishedbyauthority,[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/institutionswhereitisavailablewithminimumof50beds.ThegazetteofIndiaextraordinarypartIII—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**

- Verifythe original KPMEAdocuments,pollutioncontrolcertificateofthe hospitals toprove the ownershipofthe hospitaland 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&AttachClinicalpermissionletter,feepaidreceipts.

**Remarks:**

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

**18.1.DistributionofBeds**

| ClinicalAreas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No.ofBeds | BedOccupancy | No.ofBeds | BedOccupancy |
| Medical | 78 | 78 | | |
| SurgeryincludingOT | 103 | 103 | | |
| Obstetrics&Gynecology | 45 | 45 | | |
| Pediatrics, | 24 | 24 | | |
| EmergencyMedicine | 30 | 30 | | |
| Psychiatry | 05 | 05 | | |

Additional/OtherSpecialties/Facilitiesforclinical experience:

| ClinicalAreas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No.ofBeds | BedOccupancy | No.ofBeds | BedOccupancy |
| MajorOT | 38 | 38 | | |
| MinorOT | 05 | 05 | | |
| Dental, Otorhinolaryngology, Ophthalmology | 08 | 08 | | |
| Burnsand Plastic | | | | |
| Neonatologycare unit | 14 | 14 | | |
| Communicable disease/Respiratory medicine/TB&chestdiseases | 10 | 10 | | |
| Dermatology | | | | |
| Cardiology | | | | |
| Oncology | | | | |
| Neurology/Neuro-surgery | | | | |
| Nephrology/Urology | | | | |
| ICU/ICCU | 13 | 13 | | |

**SignatureofChairman** **SignatureofMember(1)** **SignatureofMember(2)**

| | | | | |
|---|---|---|---|---|
| GeriatricMedicine | 20 | 20 | | |
| Anyother | | | | |

Note :1:3studentpatientrationeeded.Verifyandattachdetailsofprevious month.

| 19 | COMMUNITYHEALTHNURSING:Annexure-17 | | |
|---|---|---|---|
| **RURAL FILELD** | | | |
| **a.NameofCHC /PHC/ SC** | Peresandra PHC | | |
| Adopted / Affiliated | Affiliated | | |
| Administrateredby | **StateGovt.** ☑ | ☐ | ☐ |
| Distance fromthe NursingInstitute | 2 km | | |
| **b.**ServicesRenderedbyHealth&FamilyWelfare Programmes | | | |
| **URBANFEILD:** | | | |
| **a.NameofCHC/PHC/ SC** | Vapasandra, Urban PHC | | |
| Adopted / Affiliated | Affiliated | | |
| Administrateredby | **StateGovt.** ☑ | ☐ | ☐ |
| Distance fromthe NursingInstitute | 16km | | |
| **b.**ServicesRenderedbyHealth&FamilyWelfare Programmes | | | |
| *N.B.:Acopy ofthe agreementfor affiliationtothe hospitalandHealthCenters tobe attached.* | | | |

| 20 | MasterRotationPlan:Annexure-18 | | |
|---|---|---|---|
| a. | BasicB.Sc.Nursing | ✓ **Yes** | **No** |
| **Yes** b. | PostBasicB.Sc.Nursing | **NA** | **NA** |
| c. | M.Sc.Nursing | **NA** | **NA** |
| **21** | **TimeTableavailableforallNursing Programmes** | | |
| a. | BasicB.Sc.Nursing | ✓ **Yes** | **No** |
| b. | PostBasicB.Sc. Nursing | **NA** | **NA** |
| c. | M.Sc.Nursing | **NA** | **NA** |

| 22 | RecordsofStudents:Arethefollowingstudentsrecordsaremaintainedwell? | | |
|---|---|---|---|
| **a.** | Admissionrecord | ✓ **Yes** | **No** |
| **b.** | DailyAttendanceRegisters | ✓ **Yes** | **No** |
| **c.** | HealthRecords | ✓ **Yes** | **No** |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

| | | | |
|---|---|---|---|
| **d.** | Clinicalandfield experiencerecord | ✓ **Yes** | **No** |
| **e.** | Practicalrecordbooks-procedurerecord | ✓ **Yes** | **No** |
| **f.** | Practicalrecordbooks-Midwiferycase book | ✓ **Yes** | **No** |
| **g.** | Leaverecord | ✓ **Yes** | **No** |

| | | | |
|---|---|---|---|
| **h.** | Extracurricularactivitiesofstudents | ✓ **Yes** | **No** |
| **i.** | Cumulativerecordofeach | ✓ **Yes** | **No** |
| **j.** | Courseplanningofeach subject | ✓ **Yes** | **No** |
| **k.** | Rotationplans | ✓ **Yes** | **No** |
| **l.** | CommitteeMeetings | ✓ **Yes** | **No** |
| **m.** | Affiliationrecords | ✓ **Yes** | **No** |
| **n.** | RecordsofStock | ✓ **Yes** | **No** |
| **o.** | Annualreportofactivitiesand achievements | ✓ **Yes** | **No** |
| **p.** | Staffdevelopmentprogrammes | ✓ **Yes** | **No** |
| **q.** | Antiragging committee | ✓ **Yes** | **No** |
| **r.** | Studentwelfarecommittee | ✓ **Yes** | **No** |
| **s.** | POSHE Committee | ✓ **Yes** | **No** |
| **t.** | PreventionofGenderharassment committee | ✓ **Yes** | **No** |

| **23** | **HostelFacilities:Annexure-12** | | |
|---|---|---|---|
| **a.** | Whetherthecollegeishavingaseparate Hostel? | **YES** ☐ | ✓ **NO** |
| **b.** | Built-upareaofthe Hostel | **Sq.ft** | |
| **c.** | IstheHostelOwnedorRented/Leased? | **Own** ☐ | **Rented/Leased** ☐ |
| **d.** | IstthereseparateprovisionofHostelfor Male and Female Students? | **YES** ☐ | **NO** ☐ |
| **e.** | TotalNo.ofstudentsinthehostel | **Girls:** | **Boys:** |
| **f.** | TotalNo.ofrooms | **Girls:** | **Boys:** |
| **g.** | WaterSupply | **YES** ☐ | **NO** ☐ |
| **h.** | ElectricitySupply | **YES** ☐ | **NO** ☐ |
| **i.** | IsFacilitiesavailableforoutdoorgames and indoor games? | **YES** ☐ | **NO** ☐ |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

| | | | |
|---|---|---|---|
| j. | IsSickroomavailable? | YES ☐ | NO ☐ |
| k. | Whetherthehostelmessisavailable with | YES ☐ | NO ☐ |
| l. | Safedrinkingwaterfacilities | YES ☐ | NO ☐ |

**Listof Annexures:**

| Annexure Numbers | Details | Verified as peroriginals documents | | Signature |
|---|---|---|---|---|
| | | Yes | NO | |
| **Annexure- 1** | DetailsofTrust/Societyrelateddocuments | **Yes** | | |
| **Annexure- 2** | DetailsofGoverningCouncil,itsmeetings&Audit report of Trust | **Yes** | | |
| **Annexure- 3** | DetailsofanyotherNursingInstitutionunderthe same Trust | **Yes** | | |
| **Annexure- 4** | DetailsofAffiliatedfeespaidreceipts | **Yes** | | |
| **Annexure- 5** | ApprovalStatus: GOKOrder | **Yes** | | |
| **Annexure- 6** | ApprovalStatus:RGUHSNotification(Last3 Years) Approval | **Yes** | | |
| **Annexure- 7** | ApprovalStatus :KNCNotification | **Yes** | | |
| **Annexure- 8** | Status:INC Notification | **Yes** | | |
| **Annexure- 9** | ListofPostBasicB.Sc.NursingStudentsasper format | **Yes** | | |
| **Annexure- 10** | ListofM.Sc.NursingStudentsasper format | **Yes** | | |
| **Annexure- 11** | DetailsofExternal/ParttimeTeachers | **Yes** | | |
| **Annexure- 12** | PhysicalFacilities:<br>1. College Building- Own /rent /lease MOU documents, Sale deed, currentyear tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition,<br>2. Laboratories<br>3. Buildingrelateddocuments<br>4. Hostel | **Yes** | | |
| **Annexure- 13** | VehicleDetails:Bus | **Leased from KSRTC** | | |

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

| | | | | |
|---|---|---|---|---|
| **Annexure- 14** | DetailsofListofLibraryBooks&others | Yes | | |
| **Annexure- 15** | AcademicActivities | Yes | | |
| **Annexure- 16** | Details of Clinical/Hospital Facilities- registered HospitalMOU,latestKSPCB&KPMEcertificate, current academic year clinical fees paid receipts fromaffiliated hospitals. | Yes | | |
| **Annexure- 17** | DetailsofCommunityHealthNursingPosting Facilities | Yes | | |
| **Annexure- 18** | MasterRotationplansand Timetables | Yes | | |
| **Annexure- 19** | ListofTeacherswiththeirDeclarationforms& necessary documents | Yes | | |
| **Annexure–20** | RGUHSapprovedguideshiplettersofM.ScNursing faculty each speciality wise | Yes | | |

**Note: Verify & attach Relevant Documents (includestaff declaration forms) along with this report.Therecordingsofthereportshouldbeclearlylegible.LICteamissolely responsible for the details & remarks noted in the LIC format.**

**LICTeamObservations:**

* The Principal was on Medical leave on the Day of inspection
* There is severe shortage of teaching staff — There were only 3 MSc staff against 16 and only 9 tutors of the required 24.
* Foundation of Nursing lab is very spacious but not at all equipped with instruments.
* The other labs were also ill-equipped.
* The college is attached to a government Medical College and hospital, and the nursing college is part of the Medical college block.

SignatureofChairman
Dr. Shiva Shankar
07/08/25

SignatureofMember (1)
Dr. Lingaraj. S Dandi

SignatureofMember(2)
Dr. A. SASIKALA

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

# UNDERTAKINGbyTrustManagement

We the Chairman/President/Secretary/Member of the trust NANDI MEDICAL COLLEGE AND RESEARCH INSTITUTE ,AROOR ,CHIKKABALLAPURA are submitting the affidavit toUniversity.

The trust NANDI MEDICAL COLLEGE AND RESEARCH INSTITUTE ,AROOR ,CHIKKABALLAPURA isrunning/managing the colleges 1. MEDICAL COLLEGE 2.BSC NURSING COLLEGE

3. ALLIED HEALTH SCIENCES COLLEGE since 04 years.

WeconfirmthatalltheinformationprovidedbyustotheLICteamistrueandcorrecttothebestofourknowledge. 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.

Wealsoconfirmthatthecollegeisabidingto thenormsofApexbody/RGUHS.Asprescribedfromtimetotime. Ifanyoftheinformationdeclaredisfoundtobefalse/misleading,PrincipalandtheTrustmanagementcanbeheld responsible and suitable action can be initiated by the University.

***NoteUndertakingshouldbegiveninaffidavit**

Dean / Director
Chikkaballapur Institute
of Medical Sciences
Chikkaballapur

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

# UNDERTAKING

I/We, DR. MANJUNATH ML DEAN/DIRECTOR is the Owners/MD/CEO/Board Members of the TEACHING HOSPITAL(DISTRICT HOSPITAL) hospital situated at MARALUSIDDESHVARA TEMPLE ROAD, CHIKKABALLAPURA.

This is to confirm that our hospital TEACHING HOSPITAL(DISTRICT HOSPITAL isregisteredunder KPMEA and PCB with 300 beds and the bonafide certificate has been attached.

Thisistoconfirmthatthehospital TEACHING HOSPITAL isfunctioningas affiliated/parent/own hospital for NANDI MEDICAL COLLEGE AND RESEARCH INSTITUTE ,AROOR ,CHIKKABALLAPURA college.

We also confirm that our hospital is solely affiliated to RGUHS collegeandisnotaffiliatedtoanyother nursing college.

Theinformationprovidedbyusistrueandcorrect.

***NoteUndertakingshouldbegiveninaffidavit**

Dean / Director
Chikkaballapur Institute of Medical Sciences
Chikkaballapur

**SignatureofChairman** **SignatureofMember (1)** **SignatureofMember(2)**

SignatureofChairman SignatureofMember (1) SignatureofMember(2)