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. Mahadevappa Reader	Dr. Basayya. U.H	AVINASH.N
Designation		Principal	Professor
Address		RMCS Institute of Nursing Science Hunsur	Sapthagiri College of Nursing Bangalore
Mobile No	9845583431	8618309489	9632758060
Email ID	[illegible] gmail.com	basayyas5@gmail.com	avinash281@gmail.com

For the Academic Year :	2025-2026.	*Date of Inspection:*	12-Aug-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	Mother Mary College of Nursing Rajapur Road, Gulbarga-05	2	Year of Establishment: 2021.
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	Bharath Education Society (R) (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: mothermarycongb@gmail.com	Website: –	

Signature of Chairman (Dr. Mahadevappa)

Signature of Member (1) (Dr. Basayya. U.H)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Sri. Chandarkanth. M. Gaddgi (Chairman) Bharath Education Society (R).			
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council: 07. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)			Annexure - 2
5	Details of Principal/Head of the institution	Name: Mr. Mahesh. L. Qualification: M.Sc(N) Experience: Email: mothermarycongib@gmail.com.		Mobile No: Office No: 9606303333. 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				
		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	Continuation Affiliation	30,000/-	30,000/-	40,000/-	25000/-	1,25,000/-
Post Basic B.Sc. Nursing			After 50% (Relaxation. Sc Mgt)		Application	1050/-
					Total (A)	1,26,050/-
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)	1,26,050/-

One lakh Twenty Six thousand fifty only

NA

Online Transaction Number or Details: BDO 00000759022 6.
Payment Ref.No. ZIOB 7ED09KIWXB.

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

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 96 MPS2021 10-03-22 Annexure - 5	RGU/AFF/Fr/ N531/21-22 22-03-22. Annexure - 6	KNC-2019 21-22. Annexure - 7	– Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	–	
	Admissions Made for the Current Academic Year	Nil.				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	– Annexure - 5	– Annexure - 6	– Annexure - 7	Annexure - 8	
	Sanctioned Intake	–	–	–	–	
	Admissions Made for the Current Academic Year	–	–	–	–	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	– Annexure - 5	– Annexure - 6	– Annexure - 7	– Annexure - 8	
	Sanctioned Intake	–	–	–	–	
	Admissions Made for the Current Academic Year	–	–	–	–	
M.Sc. NPCC	Approval Letter No. and Date	– Annexure - 5	– Annexure - 6	– Annexure - 7	– Annexure - 8	
	Sanctioned Intake	–	–	–	–	

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

	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	Nil	23	12	27	62
	Female	Nil	17	28	13	58
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--------
			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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01	–	–	01	–					
2	Vice-Principal	1	1				01	–	–	01	–					
3	Professor	1	1-2		1*		01	–	–	01	–					
4	Associate Professor	2	2-4		1*		02	–	–	02	–					
5	Assistant Professor	3	3-8	2	3*		03	–	–	03	–					
6	Tutor	8-16	16-24	2-10	--		10	–	10	–	–					
	Total	**16-24**	**24-40**	4-12			18	–	10	08	–					

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 (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MR. MAHESH. L	PRINCIPAL	MSc(N)	2013	16753	03.	12 yr	01/4/22.	yes	
2.	MRS. ASHWINI RATHOD	VICE PRIN	MSc.(N)	2014	23511	02 yr	11 year	04/5/21	yes.	
3.	MR. JAMES.	PROFE	MSc(N)	2019.	31420	04.	06.	01/4/23	yes	
4.	MR. VINOD KUMAR	ASSO. PROF	MSc(N)	2022	23564	09 year	04 yr	01/4/22	yes.	
5.	MRS. JIJI JOHN.	"	MSc(N)	2019	65081	03 year	05 year	05/10/22	yes	
6.	MRS. HOSMANI KAMALA	Asst. prof	MSc(N)	2024	35085	06 year	01 year	01/02/25	yes	
7.	MRS. SARASWATI	Asst. prof	MSc (N)	2024	26426	05 year	01 year	01/2/25	yes.	
8.	MR. CHANDERSHEKAR	Asst. prof	MSc(N)	2023.	56271	07 year	03 year	01/1/25	yes.	
9.	MS. ARCHANA	TUTOR	BSc (N)	2019	127368	06 year	–	01/3/21	yes	
10.	MS. SAROJA	"	"	2024	109313	03 year	–	01/4/22	yes	
11.	MS. SWETHA	"	"	2022	140507	02 year	–	01/4/23	yes	
12.	MS. ZEBANAK	"	"	2023	18144	01 year	–	16/9/2024	yes	
13.	MR. SUNNY	"	"	2018	94588	02	–	01/8/24	yes.	
14.	MR. SUDARSHAN	"	"	2022	133013	01	–	1/9/24	yes	
15.	MR. SHASHIKANTH T.	"	"	2022	132999	01		13/9/24	yes	
16.	MR PRADEEP	"	"	2022	133022	02	–	01/8/24	yes	
17.	MS. JAYASHREE	"	"	2022	163136	01	–	01/10/24	yes	
18.	MR. RICHARD	"	"	2024	146003	01	–	05/1/25	yes	
19.	MS. LUMBINI	"	"	2024.	174495	01	–	01/7/25	yes.	
20.										
21.										
22.										

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

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

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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)**

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 : Enclosed

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	30781.50 sqft	
	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	4 Class Room. 900 sqft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	500 sqft	
	2. Vice-Principal Chamber	200	300 sqft	
	3. HOD	5 x 200 = 1000	1000 sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sqft	verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		200 sqft.	
	7. Accountants Office		100 sqft	
	8. Store Room		100 sqft	
	9. Record room		100 sqft	
	10. Room for maintenance staff		100 sqft	
	11. Xeroxing room		100 sqft	
	12. common room	1000	1000 sqft	
	13. Seminar hall	3000	3000 sqft	
	14. Toilets	1000	1000 sqft	
	15. A.V/Aids room	600	600 sqft.	

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 sqft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	2000 sqft	

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?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
			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	2500 Sft	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	3260	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	Yes
No of e-books	01	**How many books were purchased in last financial year?**	240

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs. Suretcha.	M.Librarian.	10 years.	.
02.	Mr. Sharbasappa	B.Librarian	03 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	–	
Conferences conducted	–	
Conferences attended	–	

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 Oxylife Multispeciality Hospital. Vidya Nagar Gulbarga		100	03Kms.	80%.	
NAME OF THE TRUST/ Person owning The Hospital DR. PRIYA. GADDGI Managing Director		–	–	–	
Name Of The Owner Of The Trust of Hospital Dr. priya Gaddgi Treasurer, Bharath Education Society.		–	–	–	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Govt Hospital Gulbarga.	750	01.5 kms	90%.	
	2 –	–	–	–	

(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

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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:

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		80	
Surgery including OT	10		50	
Obstetrics & Gynecology	20		80	
Pediatrics,	20		80	
Emergency Medicine	20		100	
Psychiatry	10		50	

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02		20	
Minor OT	01		20	
Dental, Otorhinolaryngology, Ophthalmology	01		05	
Burns and Plastic	02		20	
Neonatology care unit	02		25	
Communicable disease/ Respiratory medicine/TB & chest diseases	05		25	
Dermatology	02		10	
Cardiology	05		50	
Oncology	03		50	
Neurology/Neuro-surgery	03		50	
Nephrology/Urology	02		50	
ICU/ICCU	05		100	
Geriatric Medicine	03		50	
Any other	05		100	

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

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19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	NANDUR. B.
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	15 KM.
b. Services Rendered by Health & Family Welfare Programmes	ICDS, minor OT, Labour, Vaccination
URBAN FEILD :	
a. Name of CHC / PHC / SC	SHAHABAZAR
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	05 Km.
b. Services Rendered by Health & Family Welfare Programmes	Minor. OT, Vaccination, Labour, etc.
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)**

h.	Extracurricular activities of students	YES ☐	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ☐
b.	Built-up area of the Hostel	**Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☐	**Rented/Leased** ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	NO ☐
e.	Total No. of students in the hostel	**Girls :**	**Boys :**
f.	Total No. of rooms	**Girls :**	**Boys :**
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	- NA -	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	- NA -	
Annexure - 10	List of M.Sc. Nursing Students as per format	- NA -	
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	✓	

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

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	NA -	–

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations:

On the day of inspection as per documents provided and observations made, it was found that the college is established in the year 2021 as per GOK. provisional confirmation of application granted for the year 2024-25 due to court case. later consent application is issued by RGUHS.

College has own parent hospital in the name of oxylife multispecialty hospital, it is in the final finishing stage for functioning. KPME certificate shows 100 bed consent letter given by society, PCB also enclosed.

physical infrastructure like classrooms, laboratories, hostel, library are adequate.

The faculties were present on the day of inspection physically with their due signature is attached.

All the required documents and assessment done enclosed for your kind information

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

Owner Details

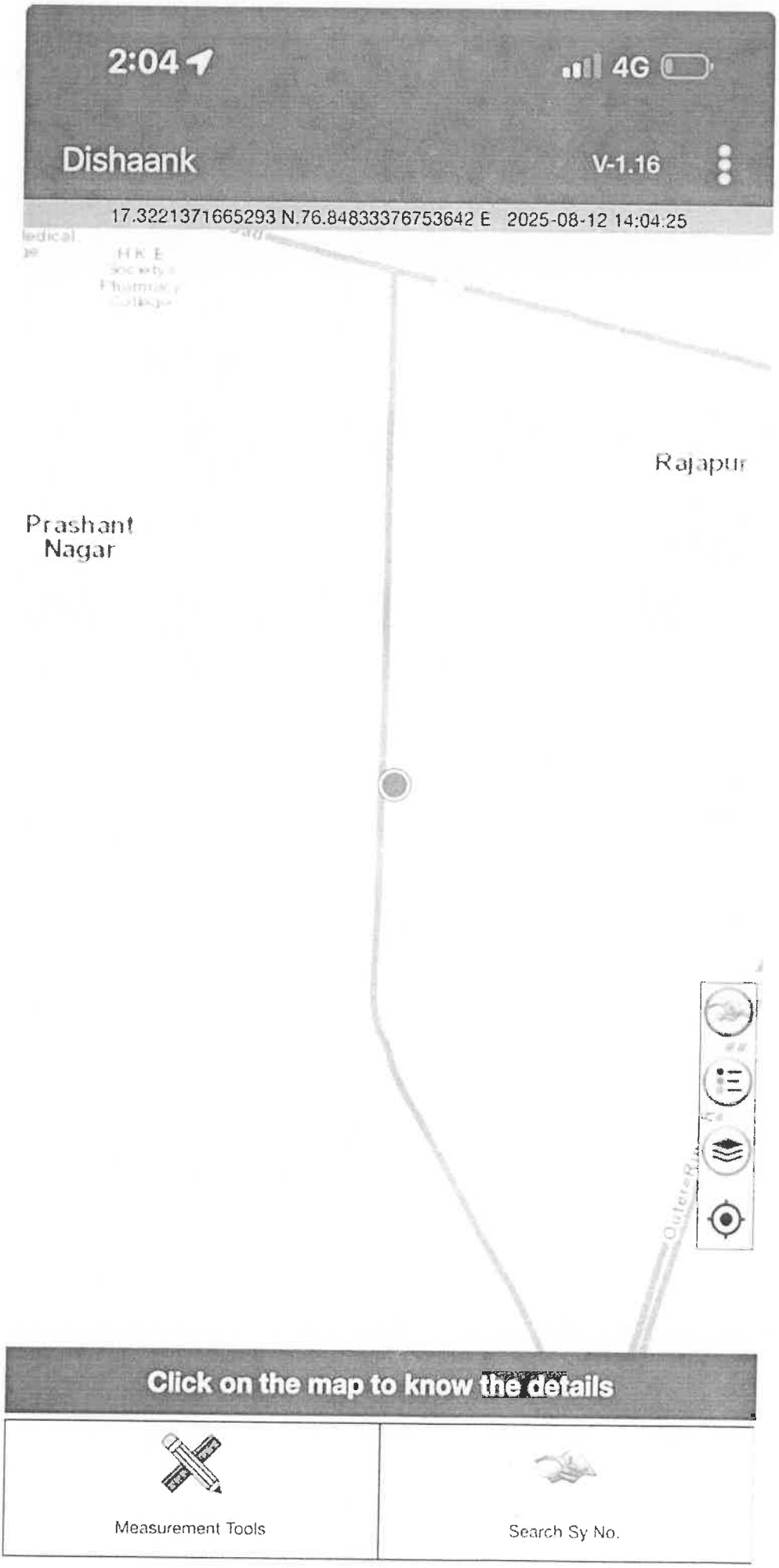
Surnoc No. :

Hissa No. : 1

Owners | RTC

Owner Name	ದಿ.ಉಜ್ವಲ ಹೌಸಿಂಗ ಕೊ.ಆಫ.ಸೊಸಾಯಿಟಿ - ಗುಲಬರ್ಗಾ
Extent	4 : 35 : 0
Is he main owner?	YES
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
Is land alienated?	NO
Any Trnsc running?	NO

For more details please visit https://landrecords.karnataka.gov.in/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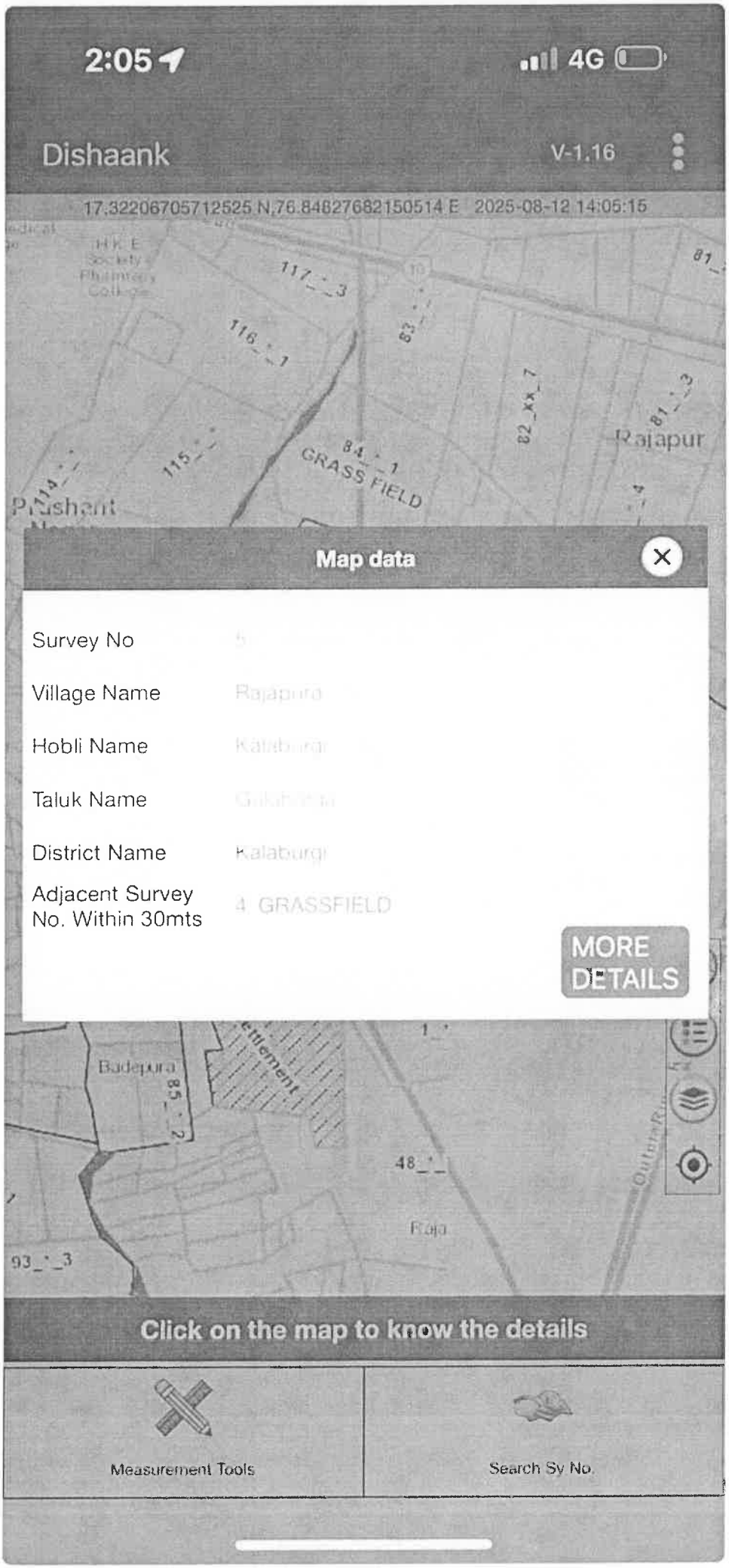
Rajapur
Prashant Nagar
Click on the map to know the details
Measurement Tools
Search Sy No.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Rajapur
GRASS FIELD
Prushant
Map data
Survey No
Village Name
Hobli Name
Taluk Name
District Name
Kalaburgi
Adjacent Survey No. Within 30mts
4 GRASSFIELD
MORE DETAILS
Badepura
Click on the map to know the details
Measurement Tools
Search Sy No.

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INDIA NON JUDICIAL

Government of Karnataka

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Certificate No.	:	**IN-KA13675239962524X**
Certificate Issued Date	:	09-Aug-2025 06:16 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ KALABURGI8/ KA-GU
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842539745960039X
Purchased by	:	DR PRIYA MD OXYLIFE HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	MEMORANDUM OF UNDERSTANDING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BHARATH EDUCATION SOCIETY R
Second Party	:	DR PRIYA MD OXYLIFE HOSPITAL
Stamp Duty Paid By	:	DR PRIYA MD OXYLIFE HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY KUSUMAKAR R.V. Dist. Kalaburagi Reg.No.21504/2020 Ex.Dt.08-03-2030 GOVT. OF INDIA

Branch Kalaburagi 08 Authorised Signatory

Please write or type below this line

MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding (MOU) is made and entered into on **09th of August, 2025**, by and between:

BHARATH EDUCATION SOCIETY (R)
Represented by: **Sri Chandarkanth Gaddgi**, Chairman

OXY LIFE MULTISPECIALITY HOSPITAL, GULBARGA
Represented by: **Dr.Priya Gaddgi**, Managing Director

"SWORN BEFORE ME"
KUSUMAKAR. R.V.
B.A., LL.B. (Spl.)
ADVOCATE & NOTARY
GOVT. OF INDIA, DIST. KALABURAGI

11 AUG 2025

Cont-2

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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.

WHEREAS, **BHARATH EDUCATION SOCIETY** (R) has established Mother Mary College of Nursing Kalaburagi; and

WHEREAS, Oxy Life Multispeciality Hospital, Gulbarga, is a 100-bedded hospital run under the Trust; and

WHEREAS, the Trust and the Hospital desire to establish a long-term affiliation for the purpose of providing clinical training and education to the students of the College.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, the parties agree as follows:

Article 1: Term

The term of this MOU shall commence on the date of execution and shall continue for a period of thirty (30) years.

Article 2: Parent Hospital

1. The Hospital shall function as the parent hospital for the College for the duration of this MOU.
2. The Hospital shall provide all necessary support and facilities to the College, including clinical training and education to the students.

Article 3: Exclusivity

The Trust agrees that the Hospital shall be the exclusive parent hospital for the College for the duration of this MOU. The Trust shall not permit any other institution to be used as a parent hospital or affiliated hospital for the College.

Article 4: Obligations

The Hospital shall:

- Provide clinical training and education to the students of the College;
- Provide necessary support and facilities to the College;
- Ensure that the College meets all applicable accreditation and regulatory requirements.

The Trust shall:

- Ensure that the College operates in accordance with all applicable laws and regulations;
- Provide necessary support and resources to the College.

Article 5: Termination

This MOU may be terminated by either party upon written notice to the other party. Upon termination, the parties shall cooperate to ensure a smooth transition of the College's clinical training and education programs.

IN WITNESS WHEREOF, the parties have executed this MOU as of the date first above written.

Signed and executed in the presence of:

Dr. Priya Gaddg
Managing Director
Oxy Life Multi speciality Hospital, Gulbarga
&Treasurer Bharath education Society(R)

Sri Chandarkanth Gaddgi, Chairman
BHARATH EDUCATION SOCIETY (R)

SECRETARY
BHARAT EDUCATION SOCIETY
KALABURAGI

"SWORN BEFORE ME"
K. KUSUMAKAR, R.V.
B.A., LL.B. (Spl)
ADVOCATE & NOTARY
GOVT. OF INDIA, DIST. KALABURAGI

OXYLIFE
MULTISPECIALITY HOSPITAL
Nagar, KALABURAGI-585103.

11 AUG 2025

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Purchased by	:	CHAIRMAN BHARATH EDUCATION SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN BHARATH EDUCATION SOCIETY
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN BHARATH EDUCATION SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association
Branch Kalaburagi 08 Authorised Signatory

Please write or type below this line

NOTARY GOVT. OF INDIA
KUSUMAKAR R.V.
Dist. Kalaburagi
Reg.No.21504/2020
Ex.Dt.08-03-2030

11 AUG 2025

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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.

UNDERTAKING BY TRUST MANAGEMENT

We the **Sri. CHANDARKANTH GADDGI.** Chairman **Bharath Education Society (R)**Member of the trust **Bharath Education Society (R)** are submitting the affidavit to RGUHS, Bangalore University. The trust **Bharath Education Society (R)** is running/managing the colleges **MOTHER MARY COLLEGE OF NURSING GULBARGA** since **05 years**. We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

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

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

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

SECRETARY
BHARAT EDUCATION SOCIETY

"SWORN BEFORE ME"

KUSUMAKAR. R.V.
B.A., LL.B. (Spl)
ADVOCATE & NOTARY
GOVT. OF INDIA, DIST. KALABURAGI

11 AUG 2025

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Unique Doc. Reference	:	SUBIN-KAKAKSCSA0842540250726694X
Purchased by	:	DR PRIYA MD OXYLIFE HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR PRIYA MD OXYLIFE HOSPITAL
Second Party	:	MOTHER MARY CON GULBARGA
Stamp Duty Paid By	:	DR PRIYA MD OXYLIFE HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association Branch Kalaburagi 08 Authorised Signatory

Please write or type below this line

NOTARY GOVT. OF INDIA
KUSUMAKAR R.V.
Dist. Kalaburagi
Reg.No.21504/2020
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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.

11 AUG 2025

UNDERTAKING

I, **DR.PRIYA GADDGI** is the Owners & Managing Director & Board Members of the **OXYLIFE MULTI SPECIALITY GULBARGA** hospital situated at Vidya Nagar Opp.Central Bus Stand Near Sanjavani Press,Gulbarga . This is to confirm that our hospital **OXYLIFE MULTI SPECIALITY GULBARGA** is registered under **KPMEA** and **PCB** with 100 beds and the bonafide certificate has been attached. This is to confirm that the hospital **OXYLIFE MULTI SPECIALITY GULBARGA** is functioning as parent hospital for **MOTHER MARY COLLEGE OF NURSING GULBARGA.** We also confirm that our hospital is solely affiliated to **MOTHER MARY COLLEGE OF NURSING GULBARGA.** and is not affiliated to any other nursing college. The information provided by us is true and correct.

OXYLIFE
MULTISPECIALITY HOSPITAL
Vidya Nagar, KALABURAGI-585103.

"SWORN BEFORE ME"

KUSUMAKAR. R.V.
B.A., LL.B. (Spl)
ADVOCATE & NOTARY
GOVT. OF INDIA, DIST. KALABURAGI

11 AUG 2025

Bharat Education Society

WISDOM TO ACCOMPLISH

KHB Colony, Near Ambedkar Garden, KALABURAGI - 585 102.

Ref. No. BES/MMCON/68/2025

Date : 12/08/2025

TO WHOM SOEVER IT MAY CONCER

This is to certify that our parent hospital, **Oxylife Multi Specialty Hospital,** located opposite Central Bus Stand, Vidya Nagar, Gulbarga, has undertaken renovation work which is nearing completion We anticipate commencing operations and making the hospital functional from August 25, 2025.

Chairman

BHARAT EDUCATION SOCIETY
KALABURAGI.

Bharat Education Society (R)
MOTHER MARY
COLLEGE OF NURSING
(Affiliated to Rajiv Gandhi University of Health Sciences Bengaluru
& Karnataka State Nursing Council Bengaluru)
Naidu Layout Rajapur Road Kalaburagi (Gulbarga) 585 105 Karnataka - Cell : 9006303333
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Google
Kalaburagi, Karnataka, India
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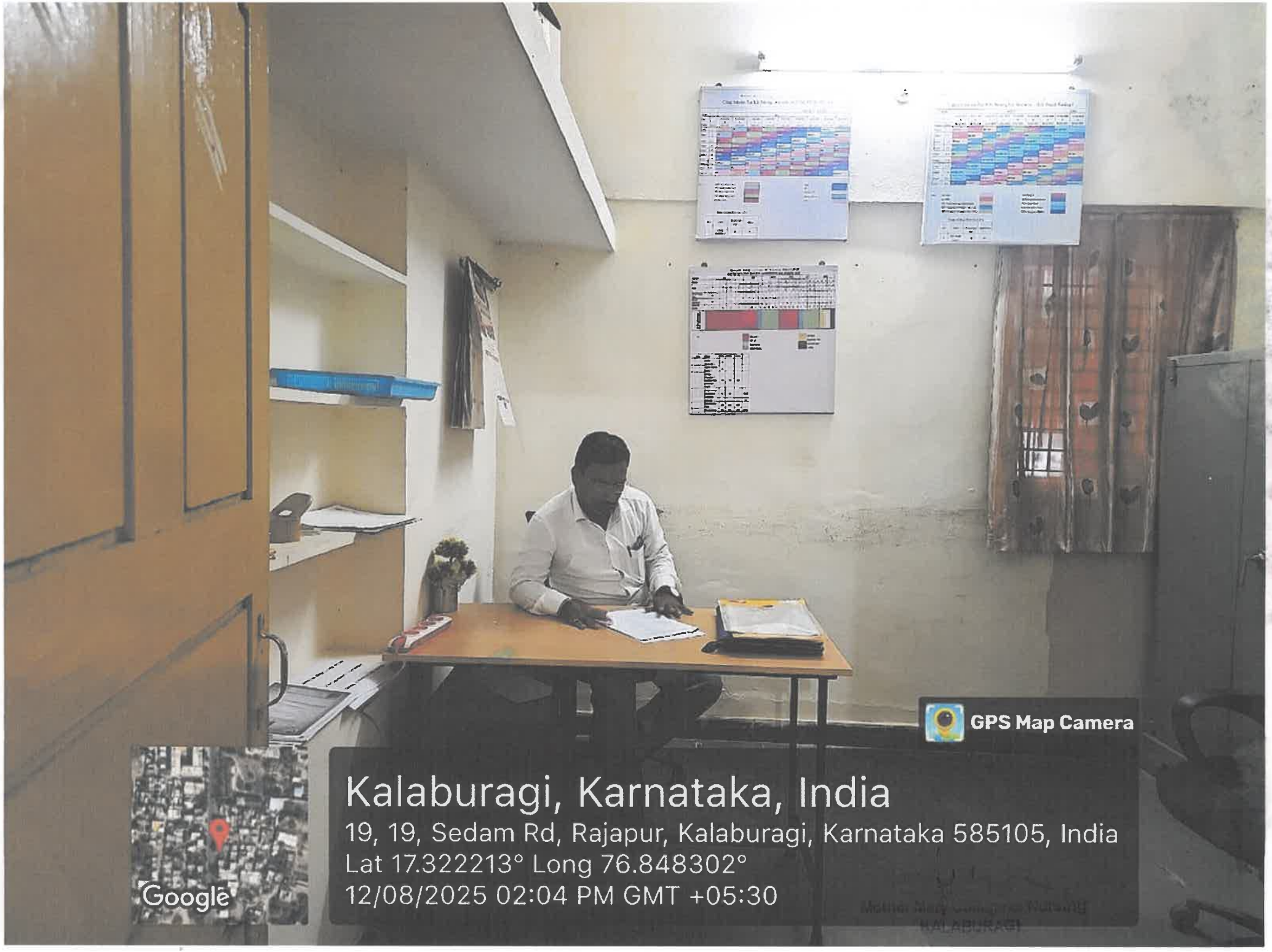
Mother Mary College of Nursing
KALABURAGI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12/08/2025 02:04 PM GMT +05:30
Google

Mother Mary College of Nursing
KALABURAGI

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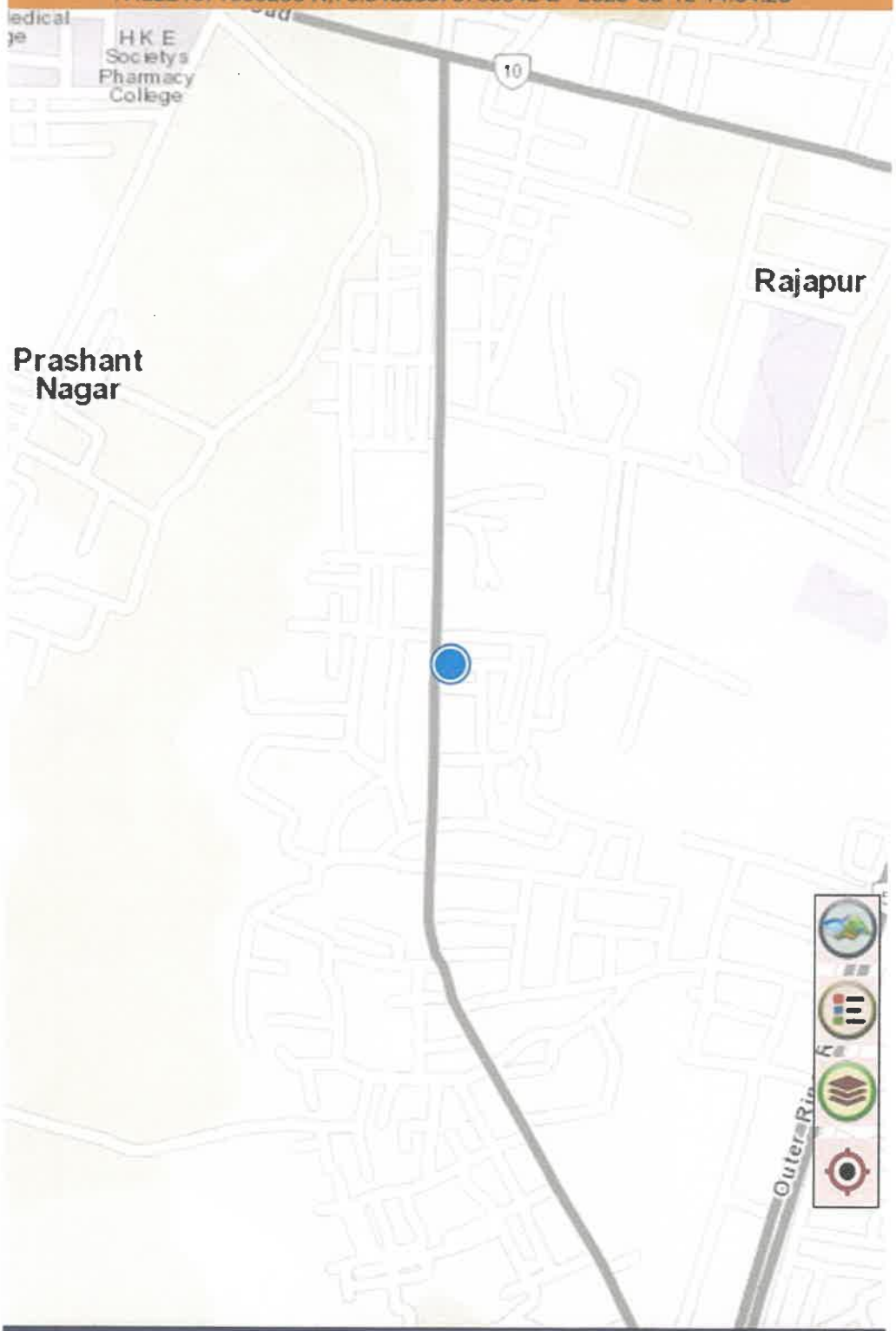

Click on the map to know the details

Measurement Tools

Search Sy No.

PRINCIPAL
Mother Mary College of Nursing
KALABURAGI

PRINCIPAL
Mother Mary College of Nursing
KALABURAGI

Owner Details

Surnoc No. : *

Hissa No. : 1

Owners | RTC

Owner Name	ದಿ.ಉಜ್ವಲ ಹೌಸಿಂಗ ಕೊ.ಆಫ.ಸೊಸಾಯಿಟಿ - ಗುಲಬರ್ಗಾ
Extent	4 : 35 : 0
Is he main owner?	YES
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
Is land alienated?	NO
Any Trnsc running?	NO

PRINCIPAL
Mother Mary College of Nursing
KALABURAGI

For more details please visit https://landrecords.karnataka.gov.in/

PRINCIPAL
Mother Mary College of Nursing

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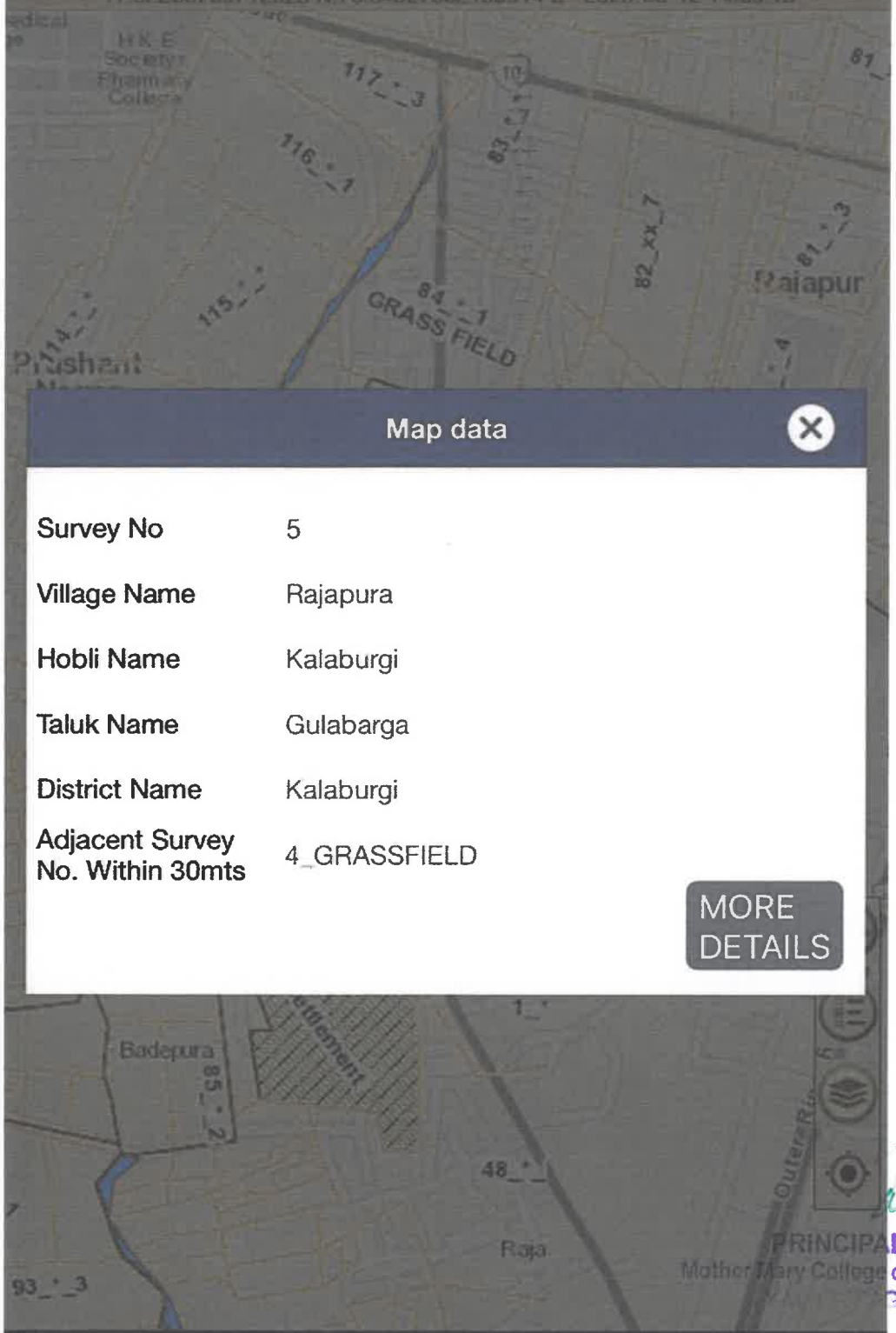

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Village Name	Rajapura
Hobli Name	Kalaburgi
Taluk Name	Gulabarga
District Name	Kalaburgi
Adjacent Survey No. Within 30mts	4_GRASSFIELD

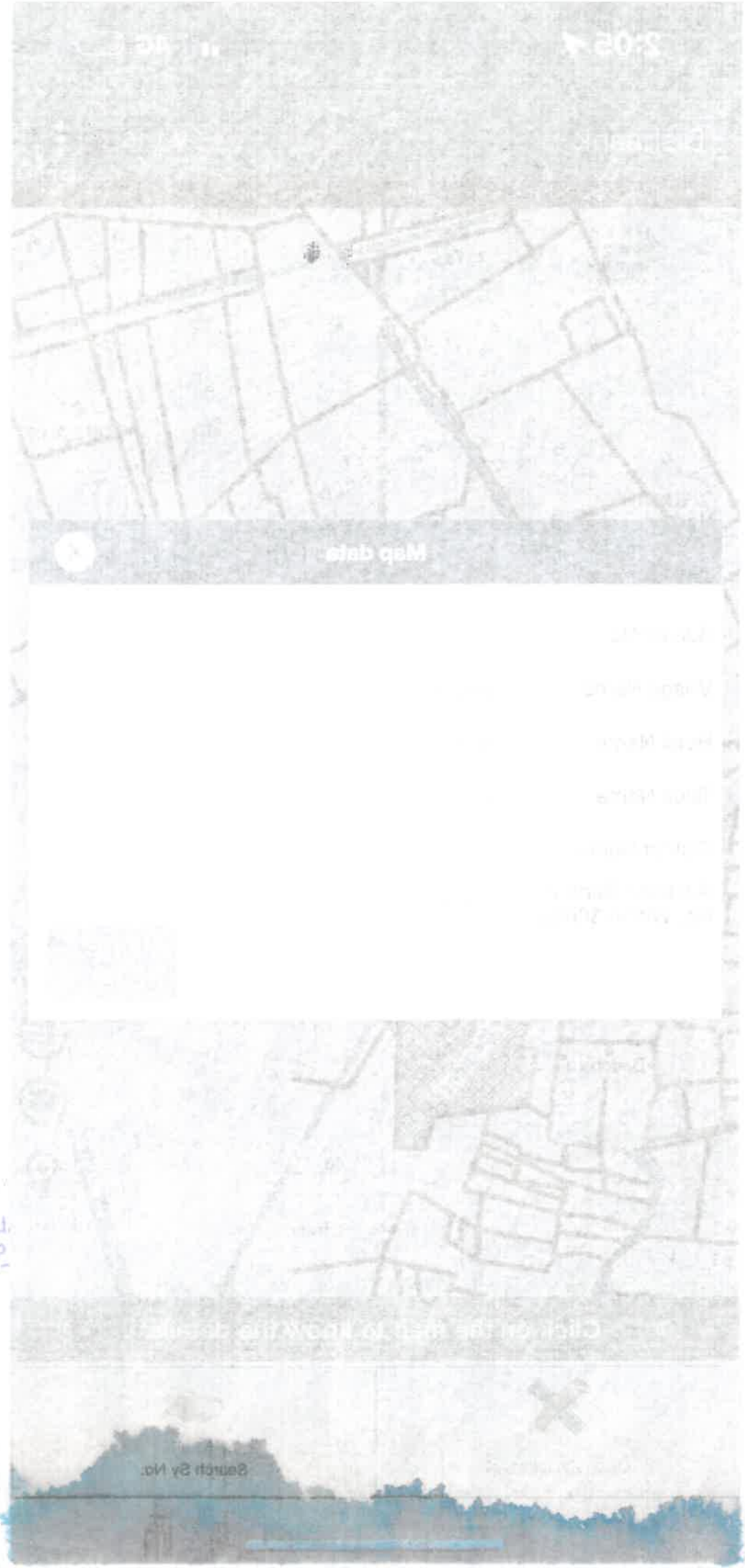
MORE DETAILS

Click on the map to know the details

Measurement Tools

Search Sy No.

PRINCIPAL
Mother Mary College of Nursing



PRINCIPAL
Mother Mary College of Nursing
KALABURAGI

PRINCIPAL
Women's New College of Nursing
KATABANAVI