# 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. Sankanagoud Patil | Dr. GURUBASAVARAJA SWAMY | Dr. Danamma. Mami |
| Designation | Principal | professor | professor. |
| Address | RIAMSH College. | Acharya & BM Reddy College of Pharmacy Blore | Shri. Sapthagiri Ins of Nsg. Hospet. |
| Mobile No | 9019587969 | 9886001140 | 8970064204. |
| Email ID | ayursank@gmail.com | gurubasaraj@acharya.ac.in | danumsupatil@gmail.com danu@gmail.com |

| *Inspection For the Academic Year :* | | | *Date of Inspection:* | |
|---|---|---|---|---|
| *(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 | MARGADARSHAN COLLEGE OF NURSING THONDIHAL ILKAL -587154 | | Year of Establishment: 2021-2022 |
| 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 | MARGADARSHAN EDUCATION TRUST THONDIHAL ILKAL -587154 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** | | |
| | | Email: metnursing ilk2021@gmail.com | Website: | |
| | | Office No: 9741094766 | Mobile No: 9148830388 | |

Signature of Chairman 4/10/25
(Dr. Sankanagoud Patil)

Signature of Member (1)
Dr. Gurubasaraja swamy

Signature of Member (2)
Danamma. Mami

| | | | | | |
|---|---|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No | V. G. KUDALGIMATH<br>PH: 9980098555 | | | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 07.<br>(Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2 | | | |
| 5 | a) Details of Principal/Head of the institution ( After MSc) | Name: DEVMANE SHOBHA<br>Qualification: MS.C.N. CHILD HEALTH NSG<br>Experience after MSc: 21 Yr.<br>Email: | | | Mobile No: 8310142044<br>Office No: 9148830388<br>Fax No:<br>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:

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 UGor b) for UG and PG courses c) NPCC | |
| B.Sc. Nursing | 50,000 | 36,000 | 15,000 | 1000 | 25,000 | 1,27,000/- |
| Post Basic B.Sc. Nursing | | | | | | |
| | | | | | Total (A) | |
| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation | | | No of Seats X Prescribed fees of each faculty | | |
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| — | 4. NA | | | | | |
| | 5. | | | | | |
| | | | | | Total (B) | |
| NPCC | | | | | | |
| | | | | | Total (C) | |
| | | | | | Grand Total (A+B+C) | |
| Online Transaction Number or Details: | | | | | | |

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

**Remarks:** Verified the fee paid receipt & found correct.

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 | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | Verified & found correct |
| | Affiliation Sanctioned Intake | ✓ | ✓ | ✓ | | |
| | Admissions Made for the Current Academic Year | | | | | |
| 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<br>a. Community Health ☐<br>b. Medical Surgical ☐<br>c. OBG ☐<br>d. Paediatric ☐<br>e. Psychiatry ☐ | 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. NPCC | Approval Letter No. and Date | — | NA | — | | |
| | | 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 | 15 | 15 | 13 | 18 | 61 |
| | Female | 25 | 25 | 19 | 17 | 86 |
| Post Basic B.Sc Nursing | Male | | | NA | | |
| | Female | | | | | |
| M.Sc Nursing | Male | | | NA | | |
| | Female | | | | | |
| M.Sc NPCC | Male | | | NA | | |
| | 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:** Verified the related documents of BSc curriculum & found correct

**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 | | 0 | | | | | |
| 2 | Vice-Principal | 1 | 1 | | | | | | | 1 | | | | | | | |
| 3 | Professor | 1 | 1-2 | | | | | 1* | | 1 | | | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | | | | 1* | | 3 | | | | | Nil | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | 10. | | | | | | | |
| 6 | Tutor | 8-16 | 16-24 | | | | 2-10 | -- | | 06. | | | | | | | |
| | **Total** | **16-24** | **24-40** | | | | **4-12** | | | 22. | | | | | | | |

**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 | 1st Year | 2nd Year | 3rd Year | 4th Year |
|---|---|---|---|---|
| **40 Students Intake** | **Total 5 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors | **Total 8 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 16 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors | **Total 18 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors | **Total 24 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 20 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | **Total 30 Faculty**<br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | **Total 40 Faculty**<br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 150 students intake | | | | |
| **200 students intake** | | | | |

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

| | | | | |
|---|---|---|---|---|
| **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 | KSNC Reg. Number | Teaching experience | | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | After UG | After PG | | | |
| 1. | Devamane. Shobha | Principal | MSc Nsg (Paediatric) | 2002 | 6319 | 8 | 13 | 01-01-2022 | | |
| 2. | Savita. Kosishetti | vice. Principal | MSc Nsg (Paediatric) | 2024 | 32749 | | | 01-12-2022 | | |
| 3. | Pooja. Kavalli | Lecturer | MSc Nsg (Paediatric) | 2024 | 120011 | | | 02-04-2025 | | |
| 4. | Sahana. P. Savadatti | Lecturer | MSc Nsg (MSN) | 2024 | 120003 | | | 02-04-2025 | | |
| 5. | Sachin. Benal. | Lecturer | M.Sc Nsg (CHN) | 2024 | 119924 | | | 02-04-2025 | | |
| 6. | Shivanand. J. | Lecturer | M.Sc Nsg (CHN) | 2022 | | | | 01-03-2025 | | Shiva |
| 7. | Deepa. Madhol | Lecturer | M.Sc Nsg (Psychiatric) | 2022 | 92238 | | | 03-06-2025 | | Deepa |
| 8. | Sangeeta. Kamble | Lecturer | M.Sc Nsg (OBG) | 2023 | 92231 | | | 28-02-2022 | | |
| 9. | Rahul - Mangalore | Nsg. Tutor | B.Sc Nsg | 2022 | 219476 | | | 01-12-2023 | | |
| 10. | Vinoda. K.S | Nsg Tutor. | B.Sc Nsg | 2025 | 135059 | | | 01-03-2023 | | |
| 11. | Anilkumar. | Nsg. Tutor | B.Sc Nsg | 2022 | 134489 | | | 01-03-2025 | | |
| 12. | Neelamma | Nsg. Tutor | B.Sc Nsg | 2024 | 230565 | | | 01-03-2025 | | |
| 13. | Shantavva. G. | Nsg. Tutor | B.Sc Nsg | 2023 | 175641 | | | 01-08-2025 | | |
| 14. | Sana | Nsg Tutor | B.Sc Nsg | 2025 | 167856 | | | 02-04-2025 | | |
| 15. | Preeti | Nsg. Tutor | B.Sc Nsg | 2025 | 167926 | | | 02-04-2025 | | |
| 16. | Suresh | Nsg. Tutor | B.Sc Nsg | 2025 | 261228 | | | 02-04-2025 | | |
| 17. | Abhishek. N.P. | Nsg. Tutor. | B.Sc Nsg | 2025 | 176797 | | | 02-04-2025 | | |
| 18. | Poornima | Nsg. Tutor | B.Sc Nsg | 2025 | 171441 | | | 02-04-2025 | | |
| 19. | Reshma | Nsg. Tutor. | B.Sc Nsg | 2025 | 261283 | | | 02-04-2025 | | |
| 20. | Dyamavva. Bandargall | Lecturer | M.Sc Nsg (OBG) | 2025 | 211940 | | | 01-09-2025 | | |
| 21. | Manjula. N. | Lecturer | M.Sc Nsg (Psychiatric) | 2025 | 120016 | | | 03-10-2025 | | |
| 22. | Shreedevi. A. | Nsg. Tutor | B.Sc Nsg | 2012 | 51104 | | | 02-04-2025 | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 23. | | | | | | | | | | |
| 24. | | | | | | | | | | |
| 25. | | | | | | | | | | |
| 26. | | | | | | | | | | |
| 27. | | | | | | | | | | |
| 28. | | | | | | | | | | |
| 29. | | | | | | | | | | |
| 30. | | | | | | | | | | |
| 31. | | | | | | | | | | |
| 32. | | | | | | | | | | |
| 33. | | | | | | | | | | |
| 34. | | | | | | | | | | |
| 35. | | | | | | | | | | |
| 36. | | | | | | | | | | |
| 37. | | | | | | | | | | |
| 38. | | | | | | | | | | |
| 39. | | | | | | | | | | |
| 40. | | | | | | | | | | |
| 41. | | | | | | | | | | |
| 42. | | | | | | | | | | |
| 43. | | | | | | | | | | |
| 44. | | | | | | | | | | |
| 45. | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 46. | | | | | | | | | | |
| 47. | | | | | | | | | | |
| 48. | | | | | | | | | | |
| 49. | | | | | | | | | | |
| 50. | | | | | | | | | | |
| 51. | | | | | | | | | | |
| 52. | | | | | | | | | | |
| 53. | | | | | | | | | | |
| 54. | | | | | | | | | | |
| 55. | | | | | | | | | | |
| 56. | | | | | | | | | | |
| 57. | | | | | | | | | | |
| 58. | | | | | | | | | | |
| 59. | | | | | | | | | | |
| 60. | | | | | | | | | | |
| 61. | | | | | | | | | | |
| 62. | | | | | | | | | | |
| 63. | | | | | | | | | | |
| 64. | | | | | | | | | | |
| 65. | | | | | | | | | | |
| 66. | | | | | | | | | | |
| 67. | | | | | | | | | | |
| 68. | | | | | | | | | | |
| 69. | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 70. | | | | | | | | | | |
| 71. | | | | | | | | | | |
| 72. | | | | | | | | | | |
| 73. | | | | | | | | | | |
| 74. | | | | | | | | | | |
| 75. | | | | | | | | | | |
| 76. | | | | | | | | | | |
| 77. | | | | | | | | | | |
| 78. | | | | | | | | | | |
| 79. | | | | | | | | | | |
| 80. | | | | | | | | | | |
| 81. | | | | | | | | | | |
| 82. | | | | | | | | | | |
| 83. | | | | | | | | | | |
| 84. | | | | | | | | | | |
| 85. | | | | | | | | | | |
| 86. | | | | | | | | | | |
| 87. | | | | | | | | | | |
| 88. | | | | | | | | | | |
| 89. | | | | | | | | | | |
| 90. | | | | | | | | | | |
| 91. | | | | | | | | | | |
| 92. | | | | | | | | | | |
| 93. | | | | | | | | | | |
| 94. | | | | | | | | | | |
| 95. | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 96. | | | | | | | | | | |
| 97. | | | | | | | | | | |
| 98. | | | | | | | | | | |
| 99. | | | | | | | | | | |
| 100. | | | | | | | | | | |
| 101. | | | | | | | | | | |
| 102. | | | | | | | | | | |
| 103. | | | | | | | | | | |
| 104. | | | | | | | | | | |
| 105. | | | | | | | | | | |
| 106. | | | | | | | | | | |
| 107. | | | | | | | | | | |
| 108. | | | | | | | | | | |
| 109. | | | | | | | | | | |
| 110. | | | | | | | | | | |
| 111. | | | | | | | | | | |
| 112. | | | | | | | | | | |
| 113. | | | | | | | | | | |
| 114. | | | | | | | | | | |
| 115. | | | | | | | | | | |
| 116. | | | | | | | | | | |

- **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 |
|---|---|---|---|---|---|
| | | | NIA | | |

**14. Physical Facilities :**

**14.1. College Building:** **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 ) | 24,600 sq ft | |
| | **Note:** The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy | | | |
| 2 | **CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft | **4 Class rooms** 900sq ft Each | 4 CLASS ROOM 1020sq Ft EACH | Verified & found adequate Total 4080 Sq ft |
| | 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 | 300 Sq Ft | Verified & found adequate for 40 intake capacity. |
| | 2. Vice-Principal Chamber | 200 | 280 Sq ft | |
| | 3. HOD | 5 x 200 = 1000 | 5 X 250 = 1250 | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | 4000 Sq Ft. | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | **600** | 850 Sq Ft | |
| | 7. Accountants Office | **100** | 100 Sq Ft | |
| | 8. Store Room | **100** | 100 Sq Ft | |
| | 9. Record room | **100** | 100 Sq Ft | |
| | 10. Room for maintenance staff | **100** | 100 Sq Ft | |
| | 11. Xeroxing room | **100** | 100 Sq Ft | |
| | 12. common room ( Girls & Boys) | 600+400= 1000 | 800+800=1600Sq Ft | |
| | 13. Multipurpose hall / Seminar hall/ examination hall | 3000 | 5200Sq Ft | |
| | 14. Toilets | 1000 | 2600 Sq Ft | |

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

| | | | | |
|---|---|---|---|---|
| | 15. A.V/Aids room | 600 | 650 Sq Ft | |

| S. No | Details | Required | Existing | Verified by LIC team |
|---|---|---|---|---|
| 4 | **LABORATORIES** | **( 40-60 intake)** | | |
| | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | 1800 Sq Ft | Verified & found adequate |
| | Nutrition & Community Health Nursing | 1200sq.ft | 1650 Sq Ft | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | 1650 Sq Ft | |
| | Pediatrics Nursing Laboratory | 900sq.ft | 1650 Sq Ft | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | 800 Sq Ft | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | 1500 Sq Ft | |

**Note:**

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

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

**Building Documents:** **Annexure – 12**

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

**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, 2021F.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.

**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 |
|---|---|---|---|---|---|
| 2 | KA 29 - B - 1625<br>KA 29 - B - 1623 | 53<br>53 | 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 | 2400 Sq ft | YES ☑ No ☐ | Wel Ventilated | Sufficient | Verified |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 1400 | **No. of Nursing Journals subscribed** | 20 |
| **No. of Thesis/Research titles available** | - | **Is internet facility available for Students?** | - |
| **No of e-books** | - | **How many books were purchased in last financial year?** | - |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 1 | MANJANATH. S. | MLISC | 13 yr | Verified & found correct |
| | | | | |
| | | | | |

**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 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 | - | - |

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

| | | |
|---|---|---|
| Conferences conducted | — | — |
| Conferences attended | — | — |

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

**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%)** | **Verified by LIC team** |
|---|---|---|---|---|---|
| Full Name & Address of the Parent Hospital - MARGADARSHAN HOSPITAL, TONDIHAL, ILKAL - 587154<br>MOU( Registered parent hospital MOU) | | 100 MARGADARSHAN HOSPITAL | 0 km | 85% | Verified & NME & found correct |
| NAME OF THE TRUST/ Person owning The Hospital<br>MARGADARSHAN EDUCATION TRUST | | MARGADARSHAN EDUCATION TRUST | | | |
| Name Of The Owner Of The Trust of Hospital<br>V. G. KUDALIGIMATH CHARMAN. | | V. G. KUDALIGIMATH. | | | |
| Affiliated hospitals- Full Name & Address of the Parent Hospital | 1 Govt. HOSPITAL ILKAL | 125 Bed | 3 km | | |
| | 2 Govt. HOSPITAL HUNAGUND | 150 Bed | 15 km | | |
| | 3 | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| | ( 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/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**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 institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

**Note**

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

Verify &Attach Clinical permission letter, fee paid receipts.

**Remarks:** Parent hospital Margadarshan Hospital Ilkal having 100 Bed capacity. & PCB, KPME are Verified & found Correct

KPME got cancellation by the competent authority due to hospital were under renovation but Hble Highcourt of Karnataka Dharwada issued the Stay against the Cancellation. (W.P. No 19936 of 2025) Enclosed

**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 | 25 | 22 | | |
| Surgery including OT | 20 | 15 | | |
| Obstetrics & Gynecology | 20 | 17 | | |
| Pediatrics, | 20 | 18 | | |
| Emergency Medicine | 10 | 09 | | |
| Psychiatry | 05 | 0 | | |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | 10 | 10 | | |
| Minor OT | 10 | 09 | | |
| Dental, Otorhinolaryngology, Ophthalmology | 00 | 00 | | |
| Burns and Plastic | 05 | 01 | | |
| Neonatology care unit | 00 | 00 | | |
| Communicable disease/Respiratory medicine/TB & chest diseases | 10 | 10 | | |
| Dermatology | 02 | 01 | | |
| Cardiology | — | — | | |
| Oncology | — | — | | |
| Neurology/Neuro-surgery | — | — | | |
| Nephrology/Urology | — | — | | |
| ICU/ICCU | 05 | 03 | | |
| Geriatric Medicine | 05 | 01 | | |

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

| | | | | |
|---|---|---|---|---|
| Any other | | | | |

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

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 |
|---|---|
| **RURAL FILELD** | |
| **a. Name of CHC / PHC / SC** | HIRE SHENGANGUTTE |
| Adopted / Affiliated | |
| Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| Distance from the Nursing Institute | 16 km |
| **b.** Services Rendered by Health & Family Welfare Programmes | IMMUNIZATION, EMERGENCY, NORMAL LABOUR ANC, MINOR HEALTH PROBLEM. |
| **URBAN FEILD :** | |
| **a. Name of CHC / PHC / SC** | Govt. HOSPITAL ILKAL. |
| Adopted / Affiliated | |
| Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| Distance from the Nursing Institute | 63 km. |
| **b.** Services Rendered by Health & Family Welfare Programmes | IMMUNIZATION. EMERGENCY. NORMAL LABOUR, MINOR HEALTH CHECK UP. |
| *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** ☐ |

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

| | | | |
|---|---|---|---|
| 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** | | |
|---|---|---|---|
| a. | Whether the college is having a separate Hostel? | YES ✓ | NO ✓ |
| b. | Built-up area of the Hostel | Sq.ft 40,000 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 : 05 | Boys : 00 |
| f. | Total No. of rooms | Girls : 10 | Boys : 10 |
| 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 | 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 | | ✓ | |
| **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 :<br>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,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | ✓ | | |
| **Annexure - 13** | Vehicle Details : Bus | ✓ | | |
| **Annexure - 14** | Details of List of LibraryBooks & 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 | ✓ | | |

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

| | | | | |
|---|---|---|---|---|
| | 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:** LIC Team of RGUHS visited to Margadarshan college of Nursing Ilkal on 4/10/25 & following observation made.

→ 2.5 acr land documents, trust deed, audit reports, Building plan (approved) documents are verified & found correct.

→ 1,00,000 Sq ft Built up area & 4 floors in that 24,6000 Sqft of building allocated to BSc Nursing curriculum of 40 Seats, Again its divided into 4 ~~m~~ cent class-rooms, 7 labs, Library 3000 books & proper seating arrangements.

→ 22 teaching staff are appointed along & eligible ~~staff~~ principal & were present

→ Institution having parent Hospital by name Margadarshan Hospital Ilkal having 100 bed capacity. KPME & PCB are verified & found 100 bed capacity as same.

Its observed that the KPME got cancellation by competent authority during the renovation of hospital. but Honorable High court of Karnataka Dharwad issued the stay against cancelation, by order No WP No 19936 of 2025 (EDN-RES) copy enclosed.

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 Mnagadnsshan College of Nursing Dikal which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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) |

MCR.103246/25
Shivarudra

**IN THE HIGH COURT OF KARNATAKA, DHARWAD BENCH**
**DATED THIS THE 31ST DAY OF JULY, 2025**
**BEFORE**
**THE HON' BLE MR. JUSTICE SURAJ GOVINDARAJ**
**WRIT PETITION No. 19936 OF 2025 (EDN-RES)**

**PETITIONER**

MARGADARSHAN EDUCATION TRUST
ADMINISTRATIVE OFFICE AT, NO 23AND 31/1, 9TH CROSS, HARSHA LAYOUT, KENGERI, BENGALURU-560060
REP. BY ITS CHAIRMAN V.G.KUDALAGIMATH

(BY SRI SHIVARUDRA ADV)

VS

**RESPONDENTS**

1. DEPUTY COMMISSIONER
NAVANAGAR, BAGALKOTE 587 103.

2. MEMBER SECRETARY
REGISTRATION AND REDRESSAL OF GRIEVANCES AUTHORITY AND KPME DISTRICT HEALTH OFFICER BAGALKOTE - 587 103.

(AGA ACCEPTS NOTICE FOR R1 & R2)

Whereas, a Writ Petition filed by the above named petitioner under Articles 226 & 227 of the Constitution of India, has been registered by this court.

**READ :** The interim prayer, praying to stay the operation of Annexure -J bearing No. GAaakukaAaaba/ K.P.M.E/MaaAA/2022-23 dated 24.06.2025 and permit the petitioner to open the hospital for the benefits of patients and students, pending disposal of the above writ petition.

After hearing, the Court made the following:

**ORDER**

"Learned AGA accepts notice for respondent Nos.1 and 2.

The operation of Annexure-J bearing No.ಜಿಆಕುಕಬಾ/ಕೆ.ಪಿ.ಎಮ್.ಇ/ಮಾಆ/2022-23 dated 24.06.2025 is stayed till the next date of hearing.

Learned AGA is directed to secure instructions and make his submission as to whether an opportunity of hearing was made available to the petitioner before the said order was passed.

Re-list this matter on 18.08.2025."

Sd/-
Judge

//COPY//

ASSISTANT REGISTRAR

"TRUE COPY"
05/08/25
Section Officer
Copying Branch
High Court of Karnataka
Dharwad, Bench.

This Certified Copy Contains 1 Pages and Copying Charges of Rs 2 is received in Cash / online.

Scanned by Camera Scanner

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
4ನೇ ಟಿ ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು – 560 041.
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE, KARNATAKA
4th T' Block, Jayanagar, Bangalore – 560 041.

# Annexure - 1

## Guidelines for starting New B.Sc. (N) college

(Check list for Verification of documents as per GOK Circular vide No. MED/261/MPS/2019, Dated: 29.05.2020 & as per new Gazette notification 5th July 2021 INC)

Name of the Proposed College:
(With full Address)

| Sl. No. | Particulars | Existing Guidelines as per INC Norms |
|---|---|---|
| 1. | **Name of the Registered Trust / Society/ Organization** | • Trust / Society/ Organization should be registered in Sub- Registrar Office<br>• Amended Trust / Society / Organization also needs to be registered in Sub- Registrar Office |
| 2. | **Date of Registration Trust / Society/ Organization** | |
| 3. | **Minimum age of the Trust / Society** | Minimum 3 years |
| 4. | **Audit Statement of the Trust / Society** | Past 3 year |
| 5. | **Financial worthiness** | Current Account with 50 lakhs for the last 03 financial year |
| 6. | **Clinical facilities**<br><br>**a) Hospital** | • 200 bedded own Parent Hospital (Single unitary Multispecialty Allopathic Hospital) only for Bengaluru Urban & Mangalore Urban areas, Pollution control board certificate and KPME Certificate to be produced. |
| | | • 100 bedded own Parent Hospital (Single unitary Multispecialty Allopathic Hospital) for rural area and all other Urban areas. |
| | | • College & Hospital should be owned by the same trust |
| | | • Karnataka State Pollution control board certificate & KPMEA certificate |
| | **b) OPD / IPD & Bed Strength** | • 01:03 Student to bed strength ratio to be maintained |
| | | • Bed occupancy (75% minimum) |
| | **c) Distance between Hospital & College** | • Maximum 10 kilometres in city limits |
| | | • Maximum 20 kilometres in rural areas. |
| 7. | **College Building (Own)**<br>**Note:**<br>Two same programs by the same institute / Trust/Society/Company is not allowed in the same campus. The nursing institution can have all the nursing programs in the same building but with requisite program wise infrastructure. However, laboratories can be shared. If the Trust/Society/Company has some other educational programs, the nursing program shall be in separate block/floor with prescribed sq.ft. area. Nursing program may be in hospital premises with a condition that it shall be in separate block/floor with prescribed sq.ft. area.<br>Long lease by the Government will be considered. However, rented building shall not be considered as their own building. It is mandatory that institution shall have its own building within two years of its establishment.<br>Own Building/Lease/Rented Building:<br>a) 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. I t should also be ensured that lease deed that is entered into | • Owner of the building |
| | | • Details of property (attach all land & building related documents) |
| | | • Total Sqft minimum of 23.200 Sq.ft. |
| | | • Building plan approved by the competent authority |
| | | • Occupancy Certificate |
| | | • Up to date tax paid receipt |
| | | • RTC of land |
| | | • Internal and External photos of the building with colleges name board.<br><br>• Any court case pending against the property |

| | | |
|---|---|---|
| | between the Trust/Society/ Company and the trustee/member/ director, owning the building, should contain a clause that the lease deed cannot be terminated for a period of 30 years. Further, it is clarified that, for a Nursing Institution (Managed by a Trust/Society/Company), own building would be a building either owned and controlled by the Trust/Society/Company or owned and controlled by a trustee / member / director of the Trust/Society/ Company. That is, if the owner of the building is a trustee / member / director of the Trust/ Society/Company and she/he leases the building to the Trust/Society/ Company for 30 years, it will be considered as own building of the nursing institution.<br>b) A duly registered gift deed of the building in favor of the Trust/Society/Company should be construed to be "own building". Further it is clarified that if the lease of the building is between any government authority and the Trust/Society /Company/nursing institution and the lease is for 30 years or more, it will also be considered as own building. Any deed of the building which is not as per either clause (a) or (b) above shall be considered as —Rented Building only.<br>c) In cases of irrevocable power of attorney, documents of the building should be duly registered as per law.<br>d) Penalty for not having own building: Institutions which do not have their own building within two years of establishment has to pay the penalty for not having the own building. The penalty fees is Rs. 1 Lakh for B.Sc. (Nursing) Program for 6 consecutive years. Even after 6 years if the institution does not have own building then action shall be taken under Section 14 of the Act. However, a lease of 30 years is permissible with the trustee/member/director of the Trust/Society/ Company. | |
| 8. | **Building (Rent / Lease)** | • Registered Rental / Lease agreement for minimum 30 years |
| 9. | **Infrastructure** | |
| | a) Teaching Block | • Minimum 23,200 sq.ft (As per new Gazette) |
| | b) Class Room | • 4 Rooms (Each 900 Sq.ft) (As per new Gazette) |
| | c) Laboratories | • Minimum 07 |
| | | • Area 2400 sqft |
| | d) Library Books | • Minimum 3000 Books / indented (Write as 500 different sub titles) |
| | e) Room for audio visual Aids | • Minimum 600 sqft |
| | f) Hostel facilities for students | • As per the apex body norms |
| 10. | Staff details | • Each Cadre wise with Govt. ID proof of identity |
| 11. | Principal | • 01 - (15 year experience after M.Sc(N) & Registration certificate |
| 12. | Other Teaching faculties | • 17 – Write cadre wise |
| 13. | Vehicle Details | • Bus (50 Seater) |
| 14. | Sports & Recreation Facilities | • Outdoor Facility & Indoor Facility |

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
4ನೇ ಟಿ ಬ್ಲಾಕ್, ಜಯನಗರ, ಬೆಂಗಳೂರು – 560 041.
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE, KARNATAKA
4th T' Block, Jayanagar, Bangalore – 560 041.

# Annexure - 1

## Guidelines for starting New B.Sc. (N) college

(Check list for Verification of documents as per GOK Circular vide No. MED/261/MPS/2019, Dated: 29.05.2020 & as per new Gazette notification 5th July 2021 INC)

Name of the Proposed College:
(With full Address)

| Sl. No. | Particulars | Existing Guidelines as per INC Norms |
|---|---|---|
| 1. | **Name of the Registered Trust / Society/ Organization** | • Trust / Society/ Organization should be registered in Sub- Registrar Office<br>• Amended Trust / Society / Organization also needs to be registered in Sub- Registrar Office |
| 2. | **Date of Registration Trust / Society/ Organization** | |
| 3. | **Minimum age of the Trust / Society** | Minimum 3 years |
| 4. | **Audit Statement of the Trust / Society** | Past 3 year |
| 5. | **Financial worthiness** | Current Account with 50 lakhs for the last 03 financial year |
| 6. | **Clinical facilities**<br><br>**a) Hospital** | • 200 bedded own Parent Hospital (Single unitary Multispecialty Allopathic Hospital) only for Bengaluru Urban & Mangalore Urban areas, Pollution control board certificate and KPME Certificate to be produced. |
| | | • 100 bedded own Parent Hospital (Single unitary Multispecialty Allopathic Hospital) for rural area and all other Urban areas. |
| | | • College & Hospital should be owned by the same trust |
| | | • Karnataka State Pollution control board certificate & KPMEA certificate |
| | **b) OPD / IPD & Bed Strength** | • 01:03 Student to bed strength ratio to be maintained |
| | | • Bed occupancy (75% minimum) |
| | **c) Distance between Hospital & College** | • Maximum 10 kilometres in city limits |
| | | • Maximum 20 kilometres in rural areas. |
| 7. | **College Building (Own)**<br>**Note:**<br>Two same programs by the same institute / Trust/Society/Company is not allowed in the same campus. The nursing institution can have all the nursing programs in the same building but with requisite program wise infrastructure. However, laboratories can be shared. If the Trust/Society/Company has some other educational programs, the nursing program shall be in separate block/floor with prescribed sq.ft. area. Nursing program may be in hospital premises with a condition that it shall be in separate block/floor with prescribed sq.ft. area.<br>Long lease by the Government will be considered. However, rented building shall not be considered as their own building. It is mandatory that institution shall have its own building within two years of its establishment.<br>Own Building/Lease/Rented Building:<br>a) 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. I t should also be ensured that lease deed that is entered into | • Owner of the building |
| | | • Details of property (attach all land & building related documents) |
| | | • Total Sqft minimum of 23.200 Sq.ft. |
| | | • Building plan approved by the competent authority |
| | | • Occupancy Certificate |
| | | • Up to date tax paid receipt |
| | | • RTC of land |
| | | • Internal and External photos of the building with colleges name board.<br><br>• Any court case pending against the property |

| | | |
|---|---|---|
| | between the Trust/Society/ Company and the trustee/member/ director, owning the building, should contain a clause that the lease deed cannot be terminated for a period of 30 years. Further, it is clarified that, for a Nursing Institution (Managed by a Trust/Society/Company), own building would be a building either owned and controlled by the Trust/Society/Company or owned and controlled by a trustee / member / director of the Trust/Society/ Company. That is, if the owner of the building is a trustee / member / director of the Trust/ Society/Company and she/he leases the building to the Trust/Society/ Company for 30 years, it will be considered as own building of the nursing institution.<br>b) A duly registered gift deed of the building in favor of the Trust/Society/Company should be construed to be "own building". Further it is clarified that if the lease of the building is between any government authority and the Trust/Society /Company/nursing institution and the lease is for 30 years or more, it will also be considered as own building. Any deed of the building which is not as per either clause (a) or (b) above shall be considered as —Rented Building only.<br>c) In cases of irrevocable power of attorney, documents of the building should be duly registered as per law.<br>d) Penalty for not having own building: Institutions which do not have their own building within two years of establishment has to pay the penalty for not having the own building. The penalty fees is Rs. 1 Lakh for B.Sc. (Nursing) Program for 6 consecutive years. Even after 6 years if the institution does not have own building then action shall be taken under Section 14 of the Act. However, a lease of 30 years is permissible with the trustee/member/director of the Trust/Society/ Company. | |
| 8. | **Building (Rent / Lease)** | • Registered Rental / Lease agreement for minimum 30 years |
| 9. | **Infrastructure** | |
| | a) Teaching Block | • Minimum 23,200 sq.ft (As per new Gazette) |
| | b) Class Room | • 4 Rooms (Each 900 Sq.ft) (As per new Gazette) |
| | c) Laboratories | • Minimum 07 |
| | | • Area 2400 sqft |
| | d) Library Books | • Minimum 3000 Books / indented (Write as 500 different sub titles) |
| | e) Room for audio visual Aids | • Minimum 600 sqft |
| | f) Hostel facilities for students | • As per the apex body norms |
| 10. | Staff details | • Each Cadre wise with Govt. ID proof of identity |
| 11. | Principal | • 01 - (15 year experience after M.Sc(N) & Registration certificate |
| 12. | Other Teaching faculties | • 17 – Write cadre wise |
| 13. | Vehicle Details | • Bus (50 Seater) |
| 14. | Sports & Recreation Facilities | • Outdoor Facility & Indoor Facility |