



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		Mr. Melbin Michael Arackal	Dr. Sunil Dhaded	Professor Bhavya Y
Designation		Asso. Prof. Laasya con. Senate Member (RGUHS)	Professor of Head Department of Prosthodontics	Associate Professor
Address		Laasya College of Nursing, Bangalore - 71	AME's Dental College, Raichur	Rajarajeshwari Nursing College
Mobile No		9739215124	9844101555	9880149107
Email ID		melbin000@gmail.com	Sunildhaded2000@gmail.com	Bhavyagowda.bhavya@gmail.com

For the Academic Year: 2025-26

(Please Tick the Appropriate Boxes Below)

Date of Inspection: 16/08/2025

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	St. Lourdes College of Nursing NH-66, Adyar, Dakshina Kannada Mangalore-575007	2	Year of Establishment
2	Status of the course conducting body	Government/University/Autonomous/Municipal Corporation/ Missionary/Trust/Society/Company		2021
	(a). Name of the Trust/Society & complete postal	KAVITHA CHARITABLE TRUST MEDFAIR COMPLEX, IIND FLOOR, KARANGALPADY MANGALORE, KARNATAKA - 575003		

Signature of Chairman

Signature of Member (1)

Dr. Sunil Dhaded

Signature of Member (2)

address		(Enclose copy of Registration documents of Society/Trust) Annexure-1	
		Email: st.lourdescollegeofnursing@gmail.com	Website: www.stlourdesedu.com
(b).Name of the Owner of Trust/Society		MR.IVAN DSOUZA & MRS.DR.KAVITHA DSOUZA	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council: 2 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure-2	
5	Details of Principal/Head of the institution	Name: MR.JAISON T J Qualification: PhD Experience: 13 Years Email: principalstlourdescon063@gmail.com	Mobile No: 7337735441 Office No: 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 address. Verify with the original TRUST document. (Verify & enclose copy of the registered trust Documents) Annexure-3	

7. Affiliation Fee Paid Details:

Annexure-4

Annexure-4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Rs: 1,55,050/-					Rs: 1,55,050/-
Post Basic B.Sc. Nursing	NIL					
Total(A)						Rs: 1,55,050/-
PG Course:- (M.Sc. Nursing)	PG Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.	NOT APPLICABLE		NOT APPLICABLE		
	2.	NOT APPLICABLE		NOT APPLICABLE		
	3.	NOT APPLICABLE		NOT APPLICABLE		
	4.	NOT APPLICABLE		NOT APPLICABLE		
	5.	NOT APPLICABLE		NOT APPLICABLE		

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		Total(B)	
NPCC	NOT APPLICABLE	NOT APPLICABLE	
		Total(C)	
GrandTotal(A+B+C)			
Online Transaction Number or Details: BD00000007595333			

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 174 MSF 2022, Bangalore Date: 31/03/2022	RGU/AFF/Fr./ N550/2021-22	KNC : 2049: 2022-23		
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	33	33	33		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Not Applicable				
	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	Not Applicable				
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Not Applicable				

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	Sanctioned Intake	NA	
	Admissions Made for the Current Academic Year	NA	

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.Sc Nursing	Male	3	14	8	11	36
	Female	30	20	29	10	89
Post Basic B.Sc Nursing	Male	Not Applicable				
	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-----
	Not Applicable					

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-----
	Not Applicable					

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: _____

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Signature of Member (2)



Signature of Chairman



Signature of Member(1)



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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	61to 100	20to 60			40to 60	61to 100				40to 60	61to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		10									
	Total	16-24	24-40	4-12			17									

For Example: For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors - 08

(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.)

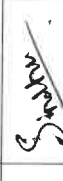
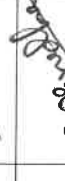
Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty 3 M.Sc. Nursing qualified faculty 2 Tutors	Total 8 Faculty 5 M.Sc. Nursing qualified faculty 3 Tutors	Total 12 Faculty 7 M.Sc. Nursing qualified faculty 5 Tutors	Total 16 Faculty 8 M.Sc. Nursing qualified faculty 8 Tutors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

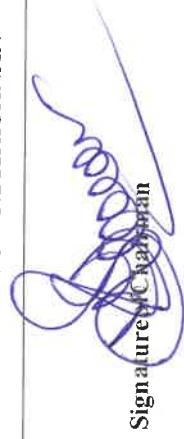
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Teaching Faculty details:—Details should be written in format only

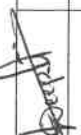
Sl.No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience	Date of joining	Form-16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG		
1.	MR.JAISON T J	PRINCIPAL	PhD (Psychiatry)	2023	142523	2 Yrs	10 Yrs	No	
2.	MR. DEVARAJA M K	VICE PRINCIPAL	MSc Nursing (Psychiatry)	2017	121379	5 Yrs	7 Yrs	No	
3.	MRS.RENUKA	ASSOCIATE PROFESSOR	MSc Nursing (MSN)	2021	63191	3 Yrs	4 Yrs	No	
4.	MR .PRASHANTH	TUTOR	MSc Nursing (OBG)	2025	201257		5 months	No	
5.	MR. BIRENDRAKESHAVA O	ASSISTANT PROFESSOR	MSc Nursing (Pediatric Nursing)	2022	79270	5 Yrs	3 Yrs	No	
6.	MRS. SINDHU S	ASSISTANT PROFESSOR	MSc Nursing (Community Health Nursing)	2023	87070	2 Yrs	2 Yrs	No	
7.	MS.NIVEDHA	ASSISTANT PROFESSOR	MSc Nursing (Medical Surgical Nursing)	2023	85957	3 Years	2 Years	No	
8.	MR.ABHIJITH S	ASSOCIATE PROFESSOR	MSc Nursing (Community Health Nursing)	2021	94992	3 Yrs	4.5 Yrs	No	
9.	MRS. JASMINE LYDIA FERNANDES	TUTOR	MSc Nursing (Psychiatry)	2023	103348	1.5 Yrs	2.1 Yrs	No	
10.	MS. RASHMITHA	TUTOR	MSc Nursing (Medical Surgical Nursing)	2024	109296	1 Yr	1.4Yr	No	
11.	MRS. PRECILLA VINITHA DSOUZA	TUTOR	PB.BSc Nursing	2017	176329	8 Yrs		No	
12.	MS. NUTAN ISWARAPPA HOSAMANI	TUTOR	BSc Nursing	2020	105820	5 Yrs		No	
13.	MR. GOKUL KRISHNAN	TUTOR	BSc Nursing	2025	174687	5 months		No	

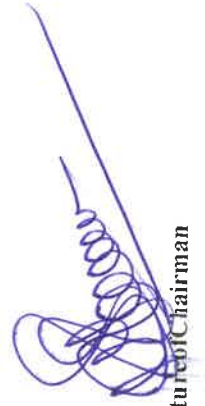


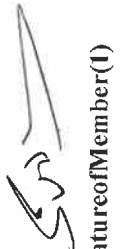
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14.	MS. DEEPTI	TUTOR	BSc Nursing	2025	177026	5 Months		09/04/2025	No	
15.	MS. BHOOMIKA M N	TUTOR	BSc Nursing	2025	183570	5 Months		10/02/2025	No	
16.	MS. DIKSHA VASUDEV GAUDE	TUTOR	BSc Nursing	2022	133498	2.6 Yrs		09/01/2023	No	
17.	MR. MOHAMMED HASEEB U U	TUTOR	BSc Nursing	2025	178151	4 Months		19/03/2025	No	
18.										
19.										
20.										
21.										
22.										


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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1	Dr. Veena Manoj	PhD	Sociology	80 Hours	No Documents
2	Dr. Sapna Ashok	PhD	Anatomy/Physiology	120 Hours	No Documents
3	Mrs. Eunice Rego	PhD	Psychology	60 Hours	No Documents
4	Dr. Deeksha	PhD	Pharmacology	60 Hours	No Documents

14. Physical Facilities:

College Building:

Annexure-12

S.No	Details	Required	Existing	Remarks
1	Built-up area of the building (in Sq. Ft)	23,200 sq. ft		
	Note: The 23,200 sq. ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc(N): 900 sq ft	4 Classrooms 900 sq ft Each	4 Classrooms 950 Sq Ft Each	
	P.B.B.Sc(N): 600 sq ft	2 Classrooms 600 sq ft Each	NA	
	M.Sc(N): 600 sq ft	2 Classrooms 600 sq ft Each	NA	
	NPCC: 600 sq ft	2 Classrooms 600 sq ft Each	NA	
3	Administrative Facilities			
	Office		275 Sq Ft	
	1. Principal's Chamber	300 Sq Ft		
	2. Vice-Principal Chamber	200 Sq Ft	190 Sq Ft	
	3. HOD	5x200=1000 Sq Ft	800 Sq Ft	
	4. Professor/Assoc. Prof	800+2400=3200 Sq Ft	3000 Sq Ft	
	5. Lecturer/Tutors			
	Institution office/Others			
	6. Office of Administrative, clerical staff and PA(s)			
	7. Accountants Office	500 Sq Ft	500 Sq Ft	
	8. Store Room	400 Sq Ft	400 Sq Ft	
	9. Record room	500 Sq Ft	400 Sq Ft	
	10. Room for maintenance staff	100 Sq Ft	100 Sq Ft	
	11. Xeroxing room	500 Sq Ft	400 Sq Ft	
	12. common room	1000 Sq Ft	800 Sq Ft	

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13.Seminar hall	3000 Sq Ft	2700 Sq Ft	
14.Toilets	1000 Sq Ft	800 Sq Ft	
15.A.V/Aidsroom	600 Sq Ft	400 Sq Ft	

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S.No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600sq.ft	1500 Sq Ft	
	Nutrition & Community Health Nursing	1200sq.ft	1300 Sq Ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq Ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq Ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq Ft	
	Computer Lab (1:5 computer : student)	1500sq.ft	1200 Sq Ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the lab 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 advanced skill 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. Blueprint 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 institutions** 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, 2021 F.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 Licence
1	KA 443757	37	YES	YES	YES

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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	2200 Sq Ft	YES ☒ No ☐			
Total No. of Nursing Books available	590	No. of Nursing Journals subscribed			02
No. of Thesis/Research titles available	Nil	Is internet facility available for Students?			Nil
No of e-books	40	How many books were repurchased in last financial year?			175

S.No.	Name of the Librarian	Qualification	Experience	Remarks
1	MS. PAVITHA	BCA	3 YEARS	

Note: A minimum of 500 of different subject titled nursing books (all new editions), in the multiple editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake) & proportionately number of titles of books and journals will increase/decrease according to the number of seats approved.

17. Academic activities: Enclose the details of past 3 years

Annexure-15

Academic activities	Particulars	Remarks
Research Projects	02	
Conferences conducted	02	
Conferences attended	08	

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18. DetailsofClinical/HospitalFacilities:

Annexure-16

1	DoyouhaveparentMedicalCollege?	YES ☐	NO ☒
2	Doyouhaveparenthospital?	YES ☒	NO ☐
	IfYes,HospitalOwnedby	i.Trust/Society/Missionary ☐	
		ii.TrustmemberwithMOU ☒	

ParentHospital.	TotalNo. Beds	Distancefrom the college	Occupancyonthe day of inspection (min 75%)	Remarks
FullName&AddressoftheParent Hospital Yogini Hospicare Adyar Mangalore	100 Beds	0 Km	60%	
NAMEOFTHE TRUST/Personowning The Hospital DR.KAVITHA DSOUZA				
NameOfTheOwnerOfTheTrust of Hospital MR. IVAN DSOUZA				
Affiliated hospitals- Full Name&Address ofthe ParentHospital	1.FATHER MULLER HOSPITAL KANKANADY MANGALORE	1250 Beds	7 Km	100%
	2			

(Mentionthenumberofbeds, verifytheoriginaldocumentsofproofregardingtheownershipofhospitaland the number of beds with KPMEAand Pollution control board certificate, also verify the detailsin online website of KSPCB & KPMEA notifyingthe same).

NOTE:

- Ifthe collegeestablished,i.e., 2012-13andbefore(before2013-14)parent hospital ruleisnot 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 havingparent hospital isnot applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology,oncology,Neuro,Nephro, ICU/CCU.(Reference:F.NO.1-5/2014-INCdtd29/10/2014andF.NO.1-6/2018-INCdtd 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 allowthe hospital to be treated as Parent/AffiliatedHospital' 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, 2021 F.NO. 11-1/2019-INC.)

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

Note

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

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:

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18.1.DistributionofBeds

Clinical Areas	Parent		Affiliated	
	No.ofBeds	BedOccupancy	No.ofBeds	BedOccupancy
Medical	10	60%	750	100%
SurgeryincludingOT	5	60%	100	100%
Obstetrics&Gynecology	10	60%	100	100%
Pediatrics,	5	60%	100	100%
EmergencyMedicine	5	60%	100	100%
Psychiatry	5	60%	100	100%

Additional/OtherSpecialties/Facilitiesforclinicalexperience:

Clinical Areas	Parent		Affiliated	
	No.ofBeds	BedOccupancy	No.ofBeds	BedOccupancy
MajorOT	2	50%	4	100%
MinorOT	1	50%	2	100%
Dental,Otorhinolaryngology, Ophthalmology	Nil	50%	-	100%
Burnsand Plastic	2	50%	2	100%
Neonatologycareunit	5	50%	10	100%
Communicabledisease/ Respiratorymedicine/TB& chest diseases	-	50%	10	100%
Dermatology	2	50%	2	100%
Cardiology	-	50%	-	100%
Oncology	-	50%	-	100%
Neurology/Neuro-surgery	-	50%	-	100%
Nephrology/Urology	-		-	
ICU/ICCU	-		5	
GeriatricMedicine	-		5	
Anyother	-		-	

Note: 1:3 studentpatientrationneeded.Verifyand attachdetailsofpreviousmonth.

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19	COMMUNITYHEALTHNURSING:Annexure-17		
RURALFILELD			
a.NameofCHC/PHC/SC		Adyar PHC	
Adopted/Affiliated		Affiliated	
Administratered by		StateGovt. ☒ MunicipalCorporation ☐ Private ☐	
DistancefromtheNursingInstitute		3 Kms	
b.ServicesRendered byHealth&FamilyWelfare Programmes		CHS	
URBAN FEILD:			
a.NameofCHC/PHC/SC		KULOOR	
Adopted/Affiliated		Affiliated	
Administratered by		StateGovt. ☐ MunicipalCorporation ☐ Private ☐	
DistancefromtheNursingInstitute		3 KM	
b.ServicesRendered byHealth&FamilyWelfare Programmes		PHS	
N.B.:AcopyoftheagreementforaffiliationtothehospitalandHealthCenterstobeattached.			

20	MasterRotationPlan:Annexure-18			
a.	BasicB.Sc.Nursing	YES ☒	NO ☐	
b.	PostBasicB.Sc.Nursing	YES ☐	NO ☒	
c.	M.Sc.Nursing	YES ☐	NO ☒	
21	TimeTableavailableforallNursingProgrammes			
a.	BasicB.Sc.Nursing	YES ☒	NO ☐	
b.	PostBasicB.Sc.Nursing	YES ☐	NO ☒	
c.	M.Sc.Nursing	YES ☐	NO ☒	

22	RecordsofStudents: Arethefollowingstudentsrecordsaremaintained well?			
a.	Admissionrecord	YES ☒	NO ☐	
b.	DailyAttendanceRegisters	YES ☒	NO ☐	
c.	HealthRecords	YES ☒	NO ☐	
d.	Clinicalandfieldexperiercerecord	YES ☒	NO ☐	
e.	Practicalrecordbooks-procedurerecord	YES ☒	NO ☐	
f.	Practicalrecordbooks-Midwiferycase book	YES ☒	NO ☐	
g.	Leaverecord	YES ☒	NO ☐	

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SignatureofMember(2)

h.	Extracurricularactivitiesofstudents	YES ☒	NO ☐
i.	Cumulativerecordofeach	YES ☒	NO ☐
j.	Courseplanningofeachsubject	YES ☒	NO ☐
k.	Rotationplans	YES ☒	NO ☐
l.	CommitteeMeetings	YES ☒	NO ☐
m.	Affiliationrecords	YES ☒	NO ☐
n.	RecordsofStock	YES ☒	NO ☐
o.	Annualreportofactivitiesand achievements	YES ☒	NO ☐
p.	Staffdevelopmentprogrammes	YES ☒	NO ☐
q.	Antiraggingcommittee	YES ☒	NO ☐
r.	Studentwelfarecommittee	YES ☒	NO ☐

23	HostelFacilities:Annexure-12		
a.	Whetherthecollegeishavingaseparate Hostel?	YES ☒	NO ☐
b.	Built-upareaoftheHostel	Sq.ft 18000	
c.	IstheHostelOwnedorRented/Leased?	Own ☐	Rented/Leased ☒
d.	IsthereseparateprovisionofHostelfor MaleandFemaleStudents?	YES ☒	NO ☐
e.	TotalNo.ofstudentsinthehostel	Girls :40	Boys:8
f.	TotalNo.ofrooms	Girls :20	Boys:3
g.	WaterSupply	YES ☒	NO ☐
h.	ElectricitySupply	YES ☒	NO ☐
i.	IsFacilitiesavailableforoutdoorgames and indoor games?	YES ☒	NO ☐
j.	IsSickroomavailable?	YES ☒	NO ☐
k.	Whetherthehostelmessisavailablewith	YES ☒	NO ☐
l.	Safedrinkingwaterfacilities	YES ☒	NO ☐

SignatureofChairman

SignatureofMember(1)

SignatureofMember(2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure-1	DetailsofTrust/Societyrelateddocuments	✓	
Annexure-2	DetailsofGoverningCouncil,itsmeetings&AuditreportofTrust	✓	
Annexure-3	DetailsofanyotherNursingInstitutionunderthesameTrust		✓
Annexure-4	DetailsofAffiliatedfeespaidreceipts	✓	
Annexure-5	ApprovalStatus:GOKOrder	✓	
Annexure-6	ApprovalStatus:RGUHSNotification(Last3Years)Approval	✓	
Annexure-7	ApprovalStatus:KNCNotification	✓	
Annexure-8	Status:INCNotification	✓	
Annexure-9	ListofPostBasicB.Sc.NursingStudentsasperformat		✓
Annexure-10	ListofM.Sc.NursingStudentsasperformat		✓
Annexure-11	DetailsofExternal/ParttimeTeachers	✓	
Annexure-12	PhysicalFacilities: 1. College Building- Own /rent /lease MOU documents, Sale deed, currentyeartaxpaidreceipt,sanctionedbuildingplanby competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Buildingrelateddocuments 4. Hostel	✓	
Annexure-13	VehicleDetails: Bus	✓	
Annexure-14	DetailsofListofLibrary Books&others	✓	
Annexure-15	AcademicActivities		✓
Annexure-16	Details of Clinical/Hospital Facilities- registeredHospital MOU, latestKSPCB&KPMecertificate,currentacademicyearclinical feespaidreceiptsfromaffiliatedhospitals.	✓	
Annexure-17	DetailsofCommunityHealthNursingPostingFacilities	✓	
Annexure-18	MasterRotationplansandTimetables	✓	

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 guide ship letters of M.Sc Nursing faculty each speciality wise		✓

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

Observations:

St. Lourdes College of Nursing inspected on 16/08/2025 for continuation of affiliation for B.Sc. (N). On the day of inspection all the documents pertaining college, building, hostels (Boys & girls) vehicles details, hospital documents and posting details are all verified by the team. The labs are all equipped with instruments, models, equipments and charts. Library provides latest edition textbooks, helinet and well qualified librarian. All faculties were present on the day of inspection, their documents are verified personally by the LIC team. The college has a 100 bedded parent hospital providing a good clinical exposure to the students. Overall the infrastructure and facilities provided by the college is suitable for continuation of affiliation, as the college actively functions all the academic activities and maintaining proper report of students and activities.

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 Lourdes college of Nursing, Mangalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 16/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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


Senate Member
(Chairman)


AC Member
(Member)
Dr. Sunil Dhaded

Subject Expert
(Member)

Signature of Chairman


Signature of Member(1)


Signature of Member(2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC Order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which_
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCBC Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of soft copy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The checklist should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/available/sufficient etc. where the specific information is sought such as Area of the land/Dimensions of classrooms/number of teaching faculty/number of classrooms/Laboratories/number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.



Signature of Chairman



Signature of Member (1)



Signature of Member (2)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKINGbyTrustManagement

We the Chairman/President/Secretary/Member of the trust are submitting the affidavit to University.

The trust _____ is running/managing the colleges 1. _____ 2. _____ 3. _____ since _____ 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/subleased 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.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

I/We, _____
is/are the Owners/MD/CEO/Board Members of the _____
_____ hospital situated at _____

This is to confirm that our hospital _____
is registered under KPMEA and PCB with _____ beds and the bonafide certificate has
been attached.

This is to confirm that the hospital _____ is
functioning as affiliated/parent/own hospital for _____
_____ college
e.

We also confirm that our hospital is solely affiliated to _____
_____ college and is not
affiliated to any other nursing college.

The information provided by us is true and correct.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ 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.

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Senate Member
(Chairman)


ACM Member
(Member)

Subject Expert
(Member)