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

INSPECTIONPROFORMAFORNURSING2025-26AY

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 - 91	AME's Dental College , Raichur	Rajarajeshwari Nursing College
MobileNo	9739215124	9844101555	9880149107
EmailID	melbin000@gmail.com	Sunildhaded2000@gmail.com	Bhavyagowda.bhavya@gmail.com

FortheAcademicYear:2025-26

(Please Tick the Appropriate Boxes Below) ***DateofInspection:16/08/2025***

TypeofInspection:	1.FreshAffiliation		4.Re-Inspection	
	2.ContinuationofAffiliation	✓	5.SurpriseInspection	
	3.EnhancementofSeats		6.ChangeofName/Address	
	7.AdditionalCourse (M.ScNursing)only.			
NursingProgramme Under Inspection:	1.BasicB.Sc.Nursing	✓	2.PostBasicB.Sc.Nursing	
	3.M.Sc.Nursing		4.M.Sc.NPCC	

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

SignatureofChairman

SignatureofMember(1)
Dr. Sunil Dhaded

SignatureofMember(2)

	address	(EnclosecopyofRegistrationdocuments ofSociety/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** (EnclosecopyofGoverningCouncilMembers&AuditreportofSociety/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**	**MobileNo: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,Specifythefullnameofthenursing institutionwithfulladdressVerifywiththe original TRUST document. (Verify&encloseacopyoftheregistered 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 forUGor b) forUGandPG courses c) NPCC	Amount
B.Sc. Nursing	Rs: 1,55,050/-					Rs: 1,55,050/-
PostBasic 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

SignatureofChairman

SignatureofMember(1)

SignatureofMember(2)

Remarks:

Verify&EnclosecopyofAffiliationfeepaiddocuments

8. ApprovalStatusoftheInstitution&SanctionedIntake:

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				
	SanctionedIntake					
	AdmissionsMade for the Current Academic Year					
M.Sc.Nursing in a.CommunityHealth ☐ b.MedicalSurgical ☐ c.OBG ☐ d.Paediatric ☐ e.Psychiatry ☐	ApprovalLetter No. and Date	Not Applicable				
	SanctionedIntake					
	AdmissionsMade for the Current Academic Year					
M.Sc. NPCC	ApprovalLetter No. and Date	Not Applicable				

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	Sanctioned Intake	NA
	AdmissionsMade for the Current Academic Year	NA

9. TotalNo.ofStudentsunderTrainingineachoftheNursingEducationProgramme:

Programme		Iyear	IIYear	IIIYear	IVYear	Total
B.ScNursing	Male	3	14	8	11	36
	Female	30	20	29	10	89
PostBasicB.Sc Nursing	Male	Not Applicable				
	Female					
M.ScNursing	Male					
	Female					
M.ScNPCC	Male					
	Female					

10. IfthecollegehasPBBSc(N)followingdetailsoftheadmittedstudentstobeenclosed(physical verification to be done with original documents)

Annexure-9

Sl. No	NameoftheStudent	NursingCouncil Registration Number	ResidenceAddress	Place&Addressofworkat the time of admission(verify with experiencecertificate and relievingorder)	Board /Universityfro mwherelastex amwasqualifi ed	Durationof Coursewith dates From------ To----------
	Not Applicable					

Note: SeparatelisttobeenclosedandBiometricattendancetobeverifiedandcopytobeattached.

11. IfthecollegehasMSc(N) following detailsof the admitted students to beenclosed(physical verification to be done with original documents)

Annexure–10

Sl. No	NameoftheStudent	NursingCouncil Registration Number	ResidenceAddress	Place&Addressofworkat the time of admission(verify with experiencecertificate and relievingorder)	Board /Universityfro mwherelastex amwasqualifi ed	Durationof Coursewith dates From------ To----------
	Not Applicable					

Note: Separate list tobeenclosedandBiometric attendancetobe verifiedandcopytobeattached. 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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SignatureofChairman SignatureofMember(1) SignatureofMember(2)

12. TeachingFacultyRequirementsforallNursingPrograms:

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									

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

(The FacultyandStudentRatiois**1:10**and***ForM.Sc.Nursing**:DependsonSpecialityofferedandratioremainssamei.e., **1:10**iftheyofferB.ScNursingProgramme)

YearWiseDistributionofFacultyforB.ScNursing:
(StarttheProgrami.e,for1st Year,minimum3M.Sc.Nursingqualifiedfacultyshallbeappointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40Students Intake	**Total5Faculty** • 3M.Sc.Nursing qualifiedfaculty • 2 Tutors	**Total8Faculty** • 5M.Sc.Nursing qualifiedfaculty • 3 Tutors	**Total12Faculty** • 7M.Sc.Nursingqualified faculty • 5 Tutors	**Total16Faculty** • 8M.Sc.Nursing qualifiedfaculty • 8 Tutors
60Students Intake	**Total6Faculty** • 3M.Sc.Nursing qualifiedfaculty • 3 Tutors	**Total12Faculty** • 5M.Sc.Nursing qualifiedfaculty • 7 Tutors	**Total18Faculty** • 7M.Sc.Nursingqualified faculty • 11 Tutors	**Total24Faculty** • 8M.Sc.Nursing qualifiedfaculty • 16 Tutors
100Students Intake	**Total10Faculty** • 5M.Sc.Nursing qualifiedfaculty • 5 Tutors	**Total20Faculty** • 8M.Sc.Nursing qualifiedfaculty • 12 Tutors	**Total30Faculty** • 12M.Sc.Nursingqualified faculty • 18 Tutors	**Total40Faculty** • 16M.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	08/05/2023	No	Leave
2.	MR. DEVARAJA M K	VICE PRINCIPAL	MSc Nursing (Psychiatry)	2017	121379	5 Yrs	7 Yrs	15/09/2024	No	
3.	MRS.RENUKA	ASSOCIATE PROFESSOR	MSc Nursing (MSN)	2021	63191	3 Yrs	4 Yrs	05/06/2025	No	
4.	MR .PRASHANTH	TUTOR	MSc Nursing (OBG)	2025	201257		5 months	03/03/2025	No	
5.	MR. BIRENDRAKESHAVA O	ASSISTANT PROFESSOR	MSc Nursing (Pediatric Nursing)	2022	79270	5 Yrs	3 Yrs	06/05/2024	No	Leave
6.	MRS. SINDHU S	ASSISTANT PROFESSOR	MSc Nursing (Community Health Nursing)	2023	87070	2 Yrs	2 Yrs	15/01/2024	No	
7.	MS.NIVEDHA	ASSISTANT PROFESSOR	MSc Nursing (Medical Surgical Nursing)	2023	85957	3 Years	2 Years	02/01/2023	No	
8.	MR.ABHIJITH S	ASSOCIATE PROFESSOR	MSc Nursing (Community Health Nursing)	2021	94992	3 Yrs	4.5 Yrs	06/06/2023	No	
9.	MRS. JASMINE LYDIA FERNANDES	TUTOR	MSc Nursing (Psychiatry)	2023	103348	1.5 Yrs	2.1 Yrs	01/08/2024	No	
10.	MS. RASHMITHA	TUTOR	MSc Nursing (Medical Surgical Nursing)	2024	109296	1 Yr	1.4Yr	25/04/2024	No	
11.	MRS. PRECILLA VINITHA DSOUZA	TUTOR	PB.BSc Nursing	2017	176329	8 Yrs		09/01/2023	No	
12.	MS. NUTAN ISWARAPPA HOSAMANI	TUTOR	BSc Nursing	2020	105820	5 Yrs		10/03/2025	No	
13.	MR. GOKUL KRISHNAN	TUTOR	BSc Nursing	2025	174687	5 months		19/03/2025	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.										
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- **Note :**Identityof facultyto be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence).Principal cumProfessor- 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 desirableForMscNursingandNPCCprogrammethereshouldbefull timeResearch Guides available whichneeds tobe verified withtheoriginal Guideshipletters.(Student Guideratioto be verified as per norms of RGUHS)
- Ifrequiredattachsameextrapages.

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13. ParticularofExternalTeachers(Parttime)-Attachaseparatesheetwiththisproforma.**Annexure-11**

Sl.No.	Name	Qualification	Subject	NumberofHours perYear	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. PhysicalFacilities:

CollegeBuilding: **Annexure-12**

S.No	Details	Required	Existing	Remarks
1	Built–upareaofthebuilding (inSq.Ft)	23,200sq.ft		
	Note: The 23,200sq.ft onlyfor B.Sc Nursingprogramme with 40-60 intake. (The gazette of India extraordinary part III—section4 published byauthority, [Indian NursingCouncil {revised regulationsandcurriculumforB.Sc. (nursing) program, regulations,2020]5thJuly,2021F.NO.11-1/2019-INC.)/ECCopy/RentalAgreementregisteredcopy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40to60intakeB.Sc(N):900sqft	**4Classrooms** 900sqftEach	4 Classrooms 950 Sq Ft Each	
	P.B.B.Sc(N):600sq ft	**2Classrooms** 600sqftEach	NA	
	M.Sc(N):600sqft	**2Classrooms** 600sqftEach	NA	
	NPCC:600sq ft	**2Classrooms** 600sqftEach	NA	
3	**AdministrativeFacilities**			
	Office 1.Principal'sChamber	300 Sq Ft	275 Sq Ft	
	2.Vice-PrincipalChamber	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			
	Institutionoffice/Others 6.OfficeofAdministrative, clericalstaffandPA(s)			
	7.AccountantsOffice	500Sq Ft	500 Sq Ft	
	8. StoreRoom	400 Sq Ft	400 Sq Ft	
	9.Recordroom	500 Sq Ft	400 Sq Ft	
	10.Room for maintenancestaff	100 Sq Ft	100 Sq Ft	
	11.Xeroxingroom	500 Sq Ft	400 Sq Ft	
	12.commonroom	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**			
	NursingFoundationincluding AdultHealthNursing&Advanced Nursing Lab	1600sq.ft	1500 Sq Ft	
	Nutrition&CommunityHealth Nursing	1200sq.ft	1300 Sq Ft	
	Obstetricsand Gynecology Laboratory	900sq.ft	900 Sq Ft	
	PediatricsNursingLaboratory	900sq.ft	900 Sq Ft	
	Pre-ClinicalSciencesLaboratory	900sq.ft	900 Sq Ft	
	ComputerLab (1:5computer :student)	1500sq.ft	1200 Sq Ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labsspecified witha total of 5500 sq.ft.size or can have five separate labs in the college.
- Atleast10-12setsofallitemsneeded.Simulatorsforadvanceskillse.g.,administrationoftubefeeding,tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internetconnection,monitors andventilator models/manikins/ simulators for use in Critical Care Units.
- ForNPCCprogrammethereshouldbeSimulationlabwith HighfidelityMannequinsandtasktrainersavailable.
- Eachclassroom size-900sqfor 40-60 student intake & proportionatelythesizeof the built-up area will increase/decrease according to the number of seats approved.

ClassroomsandLaboratories(Verify&attachacopyofBuildingPlanapprovedbycompetentauthoritywith building completion certificate)

BuildingDocuments: **Annexure–12**

1. **Isthecollegebuildingownorleased/ rented?**
2. **Blueprintofthe buildingattestedbycompetentauthority.**
3. **Taxpaidreceipt(Latest/currentyear)**
4. **Occupancycertificate.**
5. **Sale deed / Lease deed of the building / Land.**

Itismandatorytoencloseallthedocuments mentionedabove.

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**2021-22onwards.**
- 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.)
- GooglelocationofcollegetobeattachedbyLICteam.

15. VehicleDetails: EncloseacopyofRCBook/Insurance/DrivingLicense **Annexure–13**

TotalNumber of Vehicles	VehicleRegistration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA 443757	37	YES	YES	YES

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16. Libraryfacility: Encloselistoflibrarybooks

Annexure-14

LibraryFacilities	Existing SizeinSqft	SeparateLibrary	Ventilation	Lighting	Remarks
Required 2300Sq.Ft	2200 Sq Ft	YES ☑ No ☐			

TotalNo.ofNursingBooksavailable	590	**No.ofNursingJournalssubscribed**	02
No.ofThesis/Researchtitlesavailable	Nill	**IsinternetfacilityavailableforStudents?**	Nil
Noofe-books	40	**Howmanybookswerepurchasedinlast financial year?**	175

S.No.	NameoftheLibrarian	Qualification	Experience	Remarks
1	MS.PAVITHA	BCA	3 YEARS	

Note: Aminimumof500 ofdifferent subject titled nursingbooks (all neweditions), in themultipleofeditions, total ofminimum 3000 books forall batches; 3 kinds ofnursingjournals, 3 kinds of magazines, 2 kinds ofnewspapers and otherkinds ofcurrent health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academicactivities: Enclosethedetailsofpast3years

Annexure-15

Academicactivities	Particulars	Remarks
ResearchProjects	02	
Conferencesconducted	02	
Conferencesattended	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%	
NAMEOFTHETRUST/Personowning The Hospital DR.KAVITHA DSOUZA					
NameOfTheOwnerOfTheTrust of Hospital MR. IVAN DSOUZA					
Affiliated hospitals-FullName&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/ICCU.(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 NursingCouncil {revised regulations and curriculumforB.Sc. (nursing)program, regulations, 2020]5th July, 2021F.NO. 11-1/2019-INC.)

- Inadditiontoparent hospital,tooffer clinical experience/specialties thestudents shouldbesent toaffiliatedhospital/ agencies / institutions where it is available with minimumof 50 beds. The gazette of India extraordinarypart III—section 4 published by authority,[IndianNursingCouncil{revisedregulationsandcurriculumforB.Sc.(nursing) program,regulations,2020]5thJuly, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify theoriginal KPMEAdocuments, pollution control certificateofthehospitals to provetheownership ofthehospital 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 allowthe hospital tobetreated _Parent/Affiliated Hospital'to any other nursing institution and will be for minimum30 years.

Verify&AttachClinicalpermissionletter,feepaidreceipts.

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 studentpatientrationeeded.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.	Clinicalandfieldexperiencerecord	**YES** ✓	**NO** ☐
e.	Practicalrecordbooks-procedurerecord	**YES** ✓	**NO** ☐
f.	Practicalrecordbooks-Midwiferycase book	**YES** ✓	**NO** ☐
g.	Leaverecord	**YES** ✓	**NO** ☐

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

Listof Annexures:

Annexure Numbers	Details	Submitted (TickMark)	
		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	✓	

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

Annexure-19	ListofTeacherswiththeirDeclarationforms&necessary documents	✓	
Annexure–20	RGUHSapprovedguideshiplettersofM.ScNursingfacultyeach speciality wise		✓

Note:Verify&attachRelevantDocuments(includestaffdeclarationforms)along withthis report.Therecordingsofthereportshouldbeclearlylegible.LICteamissolelyresponsible for the details & remarks noted in the LIC format.

Observations:

St Lourdes College of Nursing inspected on 16/04/2025 for Continual of affiliation for B.Sc. (N). On the day of inspection all the documents pertaining college, building, hostels (Boys & girls) vehicles details, hospital douments 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 beded 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 maintaing proper report of students and activities.

SignatureofChairman SignatureofMember(1) SignatureofMember(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)	Subject Expert (Member)
	Dr. Sunil Dhaded	
Signature of Chairman	Signature of Member(1)	Signature of Member(2)

InstructionsforreportingofLocalinspectionsbyRGUHS

1. LICTeamshallsubmitanUndertakingenclosedwiththeLICorderofhavingcompletedtheinspectionaspertheRGUHSnorms.

2. Teamshallsubmitthereportsoft&hardcopywithin48hoursoftheinspection failing which_

   a. Teamshallcompulsorilyvisittheattachedhospitalandphysicallyverifythe bedstrengthandfacilitiesprovidedalongwiththeKPMEA&PCBCertificates.

   b. Teamshallobtainanundertaking/affidavitfromhehospitalintheprescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. Thechecklistshouldhavespecificcommentswhereverapplicable.

5. ReportshallnotusethewordsAdequate/Satisfactory/available/sufficientetc. wherethespecificinformationissoughtsuchasAreaoftheland/Dimensionsof classrooms/numberofteachingfaculty/numberofclassrooms/Laboratories /numberofbooksetc.Suchreportswillberejecteddirectlywithouttheapproval.

6. AllORIGINALdocumentsmentionedinthechecklistmustbeverifiedbytheteam before writing comments in the report.

7. Aftertheverificationoftheoriginaldocuments,photocopiesofthesametobe collectedandthecopiestobeattestedbythesealandsignatureofthePrincipal.

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.

SignatureofChairman SignatureofMember(1) SignatureofMember(2)

UNDERTAKINGbyTrustManagement

We the Chairman/President/Secretary/Member of the trust _____ are submittingtheaffidavit toUniversity.

The trust_____is running/managingthecolleges1._____ _____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.

Weconfirmthat thefacultyinthecollegeareemployedforfulltimeinthe college.

Wealso confirmthatthecollege is solelymanagedbythetrust and is not leased/subleasedto 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 bythe 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
_____hospitalsituatedat
_____
.

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 _____
_____colleg
e.

Wealsoconfirmthatourhospitalissolelyaffiliated to
_____collegeandisnot
affiliated to any other nursing college.

Theinformationprovidedbyusistrueand 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 conductofLICinspectionat_____which has applied for continuation of affiliation for the academic year 2024-25.

WehaveconductedLICinspectionofthiscollegeon_____ 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 MinimumStandard 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.

Theinformationrecordedbyusin theLICreportsistrueandcorrect.

TheLICinspectionreportalong withdocumentsandsoftcopyissubmittedtoRGUHS.

SenateMember
(Chairman)

ACMember
(Member)

SubjectExpert
(Member)