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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors:	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish. M.R	Dr. SHRUTHI. H.P	Dr. LAKSHMIDEVI. B
Designation	Dean & Director	Professor, AC member.	Principal
Address	Chikkanagalura Institute of Medical Sciences, CKM.	Padmashree Institute of AHS, Bangalore	Sparsh college of Nursing # 8 Ideal Home, H B S layout RR Nagar, Bangalore
Mobile No	9448323157	9535504757	9844667370
E mailID	dermaharish@yahoo.com.	shruthi@gmail.com	Lakshmigouda136@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection: 14/08/2025*	
(Please Tick the Appropriate Boxes Below)				
Typeof Inspection:	1.FreshAffiliation	-	4.Re-Inspection	-
	2.ContinuationofAffiliation	✓	5.SurpriseInspection	-
	3.EnhancementofSeats	-	6.Changeof Name/Address	-
	7. Additional Course (M.Sc Nursing)only.	-		

Nursing Programme Under Inspection:	1.BasicB.Sc. Nursing	✓	2.PostBasicB.Sc.Nursing	-
	3.M.Sc. Nursing	-	4.M.Sc. NPCC	-

1	**Name of the Institution with Full Address**	Metrounited nursing college NH-206, Sagar road, Near Sharavathi Dental College, Golden city layout, Shivamogga -577204	2	**Year of Establishment** 2021
2	**Status of the course conducting body**	**IDEAL EDUCATION SOCIETY**		
3	**(a). Name of the Trust/Society & complete postal address &Phone number**	Ideal Education Society NH-206, Sagar road, Near Sharavathi Dental college, Golden city layout, Shivamogga -577204 (Enclosed copy of Registration documents of Society) **Annexure–1**		
		Email: metrounitednursingcollege@gmail.com	**Website:** www.metrounitednursingcollege.com	
		Office No: 90365355667	**Mobile No: 9148182751**	

14/08/25 Dr. Harish. M.R Dean & Director CIMS Chikkanagalura

SignatureofChairman

14/8/25 AC member

SignatureofMember (1)

Professor Padmashree Institute of AHS

14/08/25 Dr. Lakshmidevi. B

SignatureofMember(2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	1. Sri K.S Eshwarappa,Chairman 2. Sri Kantesh K E Vice President 3. Dr. Tejasvi T S Secretary 4. Mrs. Shalini Kantesh Treasurer 5. Mrs. Suma K E Trustee 6.Mrs. Jayalakshmi Eshwarappa K E member 7. Mr. Pruthviraj N C member (Ideal Education Society Shivamogga- 9880030094)	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council: 07** Sri K.S Eshwarappa, Chairman (Enclose copy of Governing Council Members &Audit report of Society/Trust)**Annexure-2**	
5	**a)Details of Principal/Head of the institution (After MSc)**	**Name:**Mrs. Keerthi D'Souza **Qualification:** MSC (N) Child Health Nursing **ExperienceafterMSc:**15 years 3 Months **Email:**prinicipalmetrounitednc@gmail.com	**Mobile No: 9148182751** **Office No: 9036535667**
	b)Drawing authority of the college	Chairman. Ideal education society	
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	☐ NO	

7. **AffiliationFeePaidDetails:**

Annexure-3

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) Only for UG or b) For UG and PG courses c)NPCC**	**Amount**
B.Sc. Nursing	Continuation Of Affiliation					2,21,050/-
Post Basic B.Sc. Nursing						
					Total(A)	
PG Course:- (M.Sc. Nursing)	**PG Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
					Total(B)	
NPCC						
					Total(C)	
					Grand Total(A+B+C)	2,21,050/-

SignatureofChairman

SignatureofMember (1)

SignatureofMember(2)

Online Transaction Number or Details: 30/12/24 – Payment Ref No ZBBCBWN09KELQC, BD00000007589820 AND 20-12-2024 ZBBCQFA08U9K1N BD00000007550370

Remarks: nil.

Verify & Enclose copy of Affiliation fee paid documents

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	10/12/24 MED 770 MPS 2024 Annexure-4	26/12/2024 RGUHS AFF/NSG N551/2024-25 Annexure-4	10/3/25 2378 : Annexure-4	18-15/15425-INC Annexure-4	nil
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	1ST YEAR- ADMISSION IS ON PROCESS 2ND YR- 34 STUDENTS 3RD YR- 40 STUDENTS 4TH YR- 36 STUDENTS				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	-	-	-	-	-
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc.Nursingin a.CommunityHealth ☐ b.MedicalSurgical ☐ c.OBG ☐ d.Paediatric ☐ e.Psychiatry ☐	Approval Letter No. and Date	-	-	-	-	-
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	
M.Sc. NPCC	Approval Letter No. and Date	-	-	-	-	

SignatureofChairman SignatureofMember (1) SignatureofMember(2)

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

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	2025-26 ADMISSIONS UNDER PROCESS	03	08	05	16
	Female		31	32	31	94
Post Basic B.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc Nursing	Male	-	-	-	-	-
	Female	-	-	-	-	-
M.Sc NPCC	Male	-	-	-	-	-
	Female	-	-	-	-	-

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

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place&Addressofworkat the time of admission(verify with experiencecertificate and relievingorder)	Board/University from wherelast examwasqualified	Durationof Coursewith dates From—— To——
	-NA-					

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11. IfthecollegehasMSc(N)followingdetailsoftheadmittedstudentstobeenclosed(physicalverificationto be done with original documents)

Sl. No	Nameof the Student	NursingCouncil Registration Number	Residence Address	Place&Addressofworkat the time of admission(verify with experiencecertificate and relievingorder)	Board/University from wherelast examwasqualified	Durationof Coursewith 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: nil

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.ScN PCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to1 50	151 to 200	201 to2 50	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		-							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		4							
6	Tutor	8-16	16-24				2-10	--		18							
	Total	**16-24**	**24-40**				**4-12**			26							

ForExample: For **40 Students Intake** minimum number of teachers requiredis **16** including Principal,i.e.,Principal- 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

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

2) 1:10teacherstudentratiosshallbeensured.

3) 1:3studentpatientratiointheclinicalareasprescribedinthesyllabusshallbeadhered.

4) Physicalfacilitiesincludinglaboratoriesandhavingadditionalhospital(s)shouldbe increasedasper norms.

(The Faculty and Student Ratiois **1:10** and***ForM.Sc.Nursing**:Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

SignatureofChairman **Signatureof Member (1)** **SignatureofMember(2)**

150students intake				
200students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

12.1. Teaching Faculty details:–Details should be written in format only. ANNEXURE - 13

Sl. No	Nameof theteaching Faculty	Designation	Qualification along with specialty	Yearof passing	KSNC Reg. Number	Teaching experience		Dateof joining	Form -16 Submitted (Yes/No)	Signature ofFaculty
						AfterUG	After PG			
1.	Mrs. Keerthi D'Souza	Principal	MSC (N) Child HN	2010 May	5330	1 Year	15 years 4 Months	01/06/2022	YES	
2.	Mrs. Roopa R D	Vice Principal	MSC (N)OBG	2012 AUG	140742	1 YR	10YRS	01/06/2024	YES	
3.	Mrs. Priyadarshini S	Associate Professor	MSc (N)OBG	2017 June	144901	2 Years	7 YRS	20/09/2022	YES	
4.	Mr. Mohammad Shafiulla	Assistant Professor	MSc(N) MSN	2021March	25990	10 yrs	4 yrs	20/01/2024	YES	
5.	MR. Nagaraj	Assistant Professor	MSc(N) community HN	2022MAY	94366	3 YRS	3 YRS	01/06/2023	YES	
6.	Mr. Rangaswamy	Associate Professor	MSc(N) MSN	2019 SEP	141520	1 YR	5yrs 6 months	25/03/2025	YES	
7.	Mrs. Asha N	Assistant Professor	MSc(N) OBG	2023 May	97234	2 yrs	1 yr	30/09/2024	YES	
8.	Ms. Bithika Mahatho	Lecturer	MSc(N) psychiatry	2024 DEC	129198	1 YR	2 MONTHS	22/05/25	YES	
9.	MS. Sushmitha Sen c	Nursing tutor	B Sc(N)	2018 SEPT	95435	3.5 YRS	-	06-01-2022	NO	
10.	MS. Stella D	Nursing tutor	B Sc(N)	2018 SEPT	96336	3.5 YRS	-	19/09/2022	NO	
11.	Ms. Chandrakala C	Nursing tutor	P.B Sc(N)	2022 MAY	181282	2 YRS	-	06/06/2023	NO	
12.	MR. Ganesha P	Nursing tutor	B Sc(N)	2022 OCT	133669	2 YRS	-	01/12/2023	NO	
13.	MS. Ananya U K	Nursing tutor	B Sc(N)	2023 OCT	151034	1 YRS	-	16/01/2024	NO	
14.	Mr. Suresh s Meti	Nursing tutor	B Sc(N)	2023 June	145871	2 yrs	-	14/11/2024	NO	
15.	MS. Vanishree N B	Nursing tutor	B Sc(N)	2024 JUNE	164714	9 MONTHS	-	04/11/2024	NO	
16.	MS.Suma K H	Nursing tutor	B Sc(N)	2021 NOV	121021	6 MONTHS	-	17/02/2025	NO	
17.	MS. Anu Thomas	Nursing tutor	B Sc(N)	2020 Nov	214444	2 yrs	-	02/04/25	NO	
18.	MS. ASHWINI N	Nursing tutor	B Sc(N)	2023 OCT	154221	1YR	-	09/05/2025	NO	
19.	MS. Meghana R B	Nursing tutor	B Sc(N)	2024 DEC	174036	6 MONTHS	-	17/02/2025	NO	
20.	MS. Anitha D	Nursing tutor	P B Sc(N)	2023 OCT	181044	1YR	-	19/04/2025	NO	

SignatureofChairman

SignatureofMember (1)

SignatureofMember(2)

21.	MR. Pruthviraj M C	Nursing tutor	B Sc(N)	2023 OCT	150570	1 YR	-	02/05/2025	NO	
22.	Ms.Suneetha J M	Nursing tutor	P BBSC (n)	2022 JAN	89838	3 yrs	-	24/02/2025	NO	
23.	MS. Lavanya J	Nursing tutor	PBBSC(n)	2017 JUNE	177045	1 yr	-	26/05/2025	NO	
24.	MR. HALASWAMY C	Nursing tutor	B Sc(N)	2023 OCT	157882	1 YR	-	01/07/2025	NO	
25.	MR. KIRAN	Nursing tutor	b.Sc(n)	2024 DEC	179684	2 MONTHS	-	01/07/2025	NO	
26.	MS. TEJASWINI Y	Nursing tutor	B.Sc (N)	DEC 2024	177002	4 months	-	17/03/25	NO	
27.										
28.										
29.										
30.										

- **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 desirableForMscNursingandNPCCprogrammethereshouldbefulltimeResearchGuidesavailablewhichneedstobeverifiedwiththeoriginalGuideshipletters.(Student Guideratioto be verified as per norms of RGUHS)
- Ifrequiredattachsame extra pages.

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

13. Particular of External Teachers(Parttime)-Attach a separate sheet with this proforma.**Annexure-05**

Sl.No.	Name	Qualification	Subject	NumberofHours per Year	Remarks
	–	–	–	–	–

14. Physical Facilities:

14.1. College Building: **Annexure- 6**

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)	29,000/-	Verified
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations andcurriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sqft)for 40to60intakeB.Sc(N):900sq ft	**4Classrooms** 900sqftEach	4 Class room 1000 Sq ft Each	Verified
	P.B.B.Sc(N) :600 sq ft	**2Classrooms** 600sqftEach	-	
	M.Sc (N) :600 sq ft	**2Classrooms** 600sqftEach	-	
	NPCC:600sqft	**2Classrooms** 600sqftEach	-	
3	**Administrative Facilities**			
	Office 1.Principal'sChamber	300	300	Verified
	2.Vice-Principal Chamber	200	200	Verified
	3.HOD	5 x 200 = 1000	1000	Verified
	4.Professor/Assoc. Prof	800+2400=3200	2000	Verified
	5.Lecturer/Tutors			
	Institution office/Others 6.OfficeofAdministrative, clerical staff and PA (s)	**600**	900	Verified
	7.Accountants Office	**100**	100	Verified
	8. Store Room	**100**	100	Verified
	9.Record room	**100**	100	Verified
	10. Room for Maintenance staff	**100**	100	Verified
	11.Xeroxingroom	**100**	100	Verified
	12.commonroom(Girls &Boys)	600+400=1000	6000	Verified
	13.Multipurposehall/Seminar hall/ examination hall	3000	3000	Verified
	14. Toilets	1000	2000	Verified

SignatureofChairman SignatureofMember (1) SignatureofMember(2)

	15.A.V/Aids room	600	500	Verified

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	1200 sq ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq ft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	900 sq ft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq ft	Verified
	Computer Lab (1:5 computer: student)	1500sq.ft	1500 sq ft	Verified

Note:

- Onelargeskilllab/simulationlabcanbeconstructedconsistingofthelabsspecifiedwithatotalof5500sq.ft.sizeor can have five separate labs in the college.
- *Atleast10-12setsofallitemsneeded.Simulatorsforadvanceskillse.g.,administration of tubefeeding,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.
- ForNPCCprogrammethereshouldbeSimulationlabwithHighfidelityMannequinsandtasktrainers available.
- Each classroom size-900sqfor 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

ClassroomsandLaboratories(Verify&attachacopyofBuildingPlanapprovedbycompetentauthoritywith building completion certificate)

Building Documents: **Annexure– 6**

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

Verified

It is mandatory to enclose all the documents mentioned above.

Note:

- Iftheinstitutiondoesn'thaveownbuildingevenafter2016withdrawalofaffiliationwillbeinitiated. .(F.NO.1-5/2014-INCdtd 29/10/2014).
- It is mandatory that **all nursing Institution** shall have its own building within two years of its establishment

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office.[Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in subregistrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book/Insurance /Driving License **Annexure– 07**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA14BH4158	54	✓ Yes	✓ Yes	Yes

16. Library facility : Enclose list of library books **Annexure- 08**

Library Facilities	Existing Size in Sqft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300Sq.Ft	2500Sq.Ft	YES ☑ No ☐	Good	Good	Verified

Total No.of Nursing Books available	2753	**No. of Nursing Journals subscribed**	02
No.of Thesis/Research titles available	05	**Is internet avilabilility available for Students?**	Yes
No of e-books	56	**How many books were purchased in last financial year?**	563

S.No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mr. Babu Kumar	M Lib	11 Years	Verified

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

17. Academicactivities: Enclosethe detailsofpast3years **Annexure-15**

Academic activities	Particulars	Remarks
Research Projects	–	–

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

Conferences conducted	-	-
Conferences attended	-	-

*Collegesshoulddeclare&attesttobaccofree/drugsfreecampus(selfdeclarationfromto 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 Metro United Healthcare LLP Savalanga Road Shivamogga 577201 MOU(Registered parent hospital-MOU)		135	7 K M	80-1.	Verified
NAMEOFTHETRUST/Person owning The Hospital Dr. Tejasvi T.S C.E.O MUHC LLP (Secretary MUNC Shivamogga)					
Name Of The Owner Of The Trust of Hospital Dr. Tejasvi T.S					
Affiliatedhospitals-Full Name & Address of the Parent Hospital	1 Matru Vatsalya Mother and Child Care	50	7 KM	82-1.	Verified
	2 Manasa Nursing Home Shivamogga	100	6 KM	80-1.	Verified
	3				

SignatureofChairman SignatureofMember (1) SignatureofMember(2)

	(MOU/Clinicalpermission letter)				

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

NOTE:

- Ifthecollegeestablished,i.e., **2012-13andbefore** (before2013-14)parenthospitalruleisnotapplicable(F.NO.1-5/2014- INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme.But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology,oncology,Neuro,Nephro,ICU/ICCU.(Reference:F.NO.1-5/2014-INCdtd29/10/2014andF.NO.1-6/2018-INCdtd 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 institutionand will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital shouldbeownedbythesametrust.(Reference:ThegazetteofIndiaextraordinarypartIII—section4publishedbyauthority,[Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11- 1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutionswhereitisavailablewithminimumof50beds.ThegazetteofIndiaextraordinarypartIII—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify&AttachClinicalpermissionletter,feepaidreceipts.

Remark

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

18.1.Distribution of Beds

ClinicalAreas	Parent		Affiliated	
	No.of Beds	Bed Occupancy	No.of Beds	Bed Occupancy
Medical	30	82-1.		
Surgery including OT	11	80-1.		
Obstetrics & Gynecology	08	78-1.	30	82-1.
Pediatrics,	02	80-1.	20	82-1.
EmergencyMedicine	08	83-1.		
Psychiatry	02	77-1.	100	80-1.

Additional/OtherSpecialties/Facilitiesforclinical experience:

ClinicalAreas	Parent		Affiliated	
	No.of Beds	Bed Occupancy	No.of Beds	Bed Occupancy
MajorOT	03	78-1.		
MinorOT	01	80-1.		
Dental, Otorhinolaryngology, Ophthalmology	00	—		
Burns and Plastic	02	82-1.		
Neonatology care unit	00	—		
Communicable disease/Respiratory medicine/TB & chest diseases	03	80-1.		
Dermatology	02	78-1.		
Cardiology	04	78-1.		
Oncology	00	—		
Neurology/Neuro-surgery	15	80-1.		
Nephrology/Urology	18	82-1.		
ICU/ICCU	25	83-1.		
Geriatric Medicine	01	80-1.		
Any other	00	—		

SignatureofChairman SignatureofMember (1) SignatureofMember(2)

Note :1:3studentpatientrationeeded.Verifyandattachdetailsofprevious month.

19	COMMUNITYHEALTHNURSING:Annexure-17	
RURAL FILELD		
a. Name of CHC /PHC/ SC		MATTUR SHIMOGA
Adopted / Affiliated		AFFILIATED
Administratered by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		13 km
b. Services Rendered by Health & Family Welfare Programmes		MCH, vaccination, deworming , antenatal care, deliveries, Balawadi program
URBANFEILD:		
a. Name of CHC/PHC/ SC		SEGEHATTI SHIMOGA
Adopted / Affiliated		AFFILIATED
Administratered by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		7 KM
b. Services Rendered by Health & Family Welfare Programmes		MCH, vaccination, deworming , antenatal care, deliveries, Balawadi program
N.B.:A copy of the agreement for affiliation o the hospital and Health Centers to be attached.		

20	MasterRotationPlan:Annexure-18		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑
21	**TimeTableavailableforallNursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑

22	RecordsofStudents:Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐

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d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books-procedure record	**YES** ☑	**NO** ☐
f.	Practical record books-Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

h.	Extra curricular 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	**HostelFacilities:Annexure-12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft** 21,300/-	
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:** 73	**Boys:** 11
f.	Total No. of rooms	**Girls:** 34	**Boys:** 11
g.	Water Supply	**YES** ☑	**NO** ☐
h.	Electricity Supply	**YES** ☑	**NO** ☐
i.	Is Facilities available for outdoor games and indoor games?	**YES** ☑	**NO** ☐

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j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Listof Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
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(Last3 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: 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure- 13	Vehicle Details: Bus	✓		

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Annexure- 14	Details of List of Library Books &others	✓		
Annexure- 15	Academic Activities	✓		
Annexure- 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB &KPME certificate, current academic year clinical fees paid receipts From affiliated hospitals.	✓		
Annexure- 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure- 18	Master Rotation plans and Timetables	✓		
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.Therecordingsofthereportshouldbeclearlylegible.LICteamissolely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

- There are 1 Principal professor, 1 vice principal/Associate Professor, 2 Associate Professors, 4 Assistant Professors and 18 Tutors available on the day of inspection.
- There are 5 labs available on the day of inspection.
- There are 4 classrooms of 60 Sitting Capasity available on the day of inspection.
- There are 2753 books available on the day of inspection.
- Infrastructure, Clinical material is available as per the apex body norms and RGUHS norms.

SignatureofChairman SignatureofMember (1) SignatureofMember(2)

InstructionsforreportingofLocalinspectionsbyRGUHS

1. LICTeamshallsubmitanUndertakingenclosedwiththeLICorderofhavingcompleted the inspection as per the RGUHS norms.

2. Teamshallsubmitthereportsoft&hardcopywithin48hoursoftheinspectionfailing which

   a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

   b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of soft copy of Video recording ,geotagged 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 class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. AllORIGINALdocumentsmentionedinthechecklistmustbeverifiedbytheteam before writing comments in the report.

7. Aftertheverificationoftheoriginaldocuments,photocopiesofthesametobecollected and the copies to be attested by the seal and signature of the Principal.

8. OriginalLanddocumentstobeverified:Dishaankappmaybeusedtoverifythe owner's details of th e particular institution.

9. Foranymisleading/wronginformationthewholeLICteamshallbemaderesponsible.

SignatureofChairman | SignatureofMember (1) | SignatureofMember(2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA15722584138759X**
Certificate Issued Date	:	12-Aug-2025 02:46 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ SHIMOGA2/ KA-SM
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0846441246585963X
Purchased by	:	K S ESHWARAPPA CHAIRMAN IDEAL EDUCATION SOCIETY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	K S ESHWARAPPA CHAIRMAN IDEAL EDUCATION SOCIETY
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	K S ESHWARAPPA CHAIRMAN IDEAL EDUCATION SOCIETY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SMG-009

Please write or type below this line

UNDERTAKING by Trust Management

We Sri. K.S Eshwarappa Chairman, Sri Kantesh K.E President, Dr. Tejasvi T.S Secretary and the Members of the trust, Ideal Education Society are submitting the affidavit to University.

The trust Ideal Education Society is running/managing the college Metrounited Nursing College, Shivamogga since 2021.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge. We confirm that the faculty in the college are employed for full time in the college.

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

We also confirm that the college is abiding to the norms of 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.

Sri. K.S Eshwarappa Chairman Metrounited Nursing College Shivamogga	Sri Kantesh KE President Metrounited Nursing College Shivamogga	Dr. Tejasvi T.S Secretary Metrounited Nursing College Shivamogga

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Certificate No.	:	**IN-KA15718204926545X**
Certificate Issued Date	:	12-Aug-2025 02:44 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ SHIMOGA2/ KA-SM
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0846437179184916X
Purchased by	:	Dr TEJASVI T S CEO METRO UNITED HEALTHCARE LLP
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr TEJASVI T S CEO METRO UNITED HEALTHCARE LLP
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	Dr TEJASVI T S CEO METRO UNITED HEALTHCARE LLP
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, DR. Tejasvi T.S the CEO of the Metrounited Health Care LLP hospital situated at Savalanga Road, Shivamogga

This is to confirm that our hospital Metrounited Health Care LLP is registered under KPMEA and PCB with 135 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Metrounited Health Care LLP is functioning as Parent/own hospital for Metrounited Nursing college. We also confirm that our hospital is solely affiliated to Metrounited Nursing College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

DR. Tejasvi T.S
CEO
Metrounited Health Care LLP
Shivamogga