



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. UMMED RAM	Dr. Siddanaguda A Ash	Dr. ARPITHA
Designation	PRINCIPAL cum PROFESSOR	Prof. AMV	PRINCIPAL
Address	NOOR COLLEGE OF NRS BANGALORE	PRINCIPAL RUGHS	SURASH COLLEGE OF NRS BIDADI - 562109 RAMANAGARA DIST
Mobile No	9448089518	9448565148	7204932923
Email ID	rammed@gnail.com	disapath1.madnara@gmail.com	aspi.maryu2016@gmail.com

Inspection For the Academic Year : 2025-26

Date of Inspection: 14-08-2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1. Fresh Affiliation		4. Re-Inspection	
	2. Continuation of Affiliation	✓	5. Surprise Inspection	
	3. Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	NHF College of Nursing, Mysore #29, Blok No. 18, Madhuvana Layout, Srirampura 2nd Stage, Mysuru - 570023	2	Year of Establishment
				2022
2	Status of the course conducting body	Trust		
3	(a). Name of the Trust/Society & complete postal address & Phone number	Narayana Hrudayalaya Foundations, #258/A, Bommasandra Industrial area, Anekal Taluk, Bangalore- 99		
		(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: nhf college nursing mysore@gmail.com		Website: nhfcolleges.in
		Office No: 8904263788		Mobile No: 8904263788

Signature of Chairman

Dr. Ummad RAM
14/08/25

Signature of Member (1)

Dr. Siddanaguda A Ash
14/08/25

Signature of Member (2)

Dr. ARPITHA
14/08/25

	(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No	DR. DEVI PRASAD SHETTY		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 05 (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: Dr. Nisha P Nair Qualification: MSC (N)., PhD Experience after MSc: 22 Years Email: nisha.pnair@hrudayalayafoundation.org	Mobile No: 8088710454 Office No: 8904263788 Fax No: Residential phone No:	
	b) Drawing authority of the college	Narayana Hrudayalaya Foundations		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☒	NO ☐	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation on Affiliation	1,30,000/-	--	1,000/-	25,000/-	1,56,000/-
Post Basic B.Sc. Nursing	Not Applicable					
Total (A)						1,56,000/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	Not Applicable					
	Total (B)					
NPCC	Not Applicable		Total (C)			
			Total (C)			
Grand Total (A+B+C)						1,56,000/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: Transaction ID : BD00000007551970

Payment Ref No. : ZHDFEXP08VT5YA

Date of Payment : 20/12/2024

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	- Verified -
	Affiliation Sanctioned Intake	40	40	40	--	
	Admissions Made for the Current Academic Year	30	30	30	--	
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				

Signature of Chairman

Signature of Member (1)

Signature of Member (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.ScNursing	Male	07	08	11	--	26
	Female	22	20	19	--	61
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-----
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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-----
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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:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

2. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							0							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		2							
6	Tutor	8-16	16-24				2-10	--		7							
	Total	16-24	24-40				4-12			12							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

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

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	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
150 students intake				
200 students				

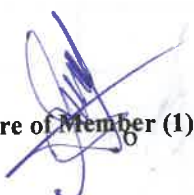
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

intake				
250 students		ENCLOSED		
* Aadhar based biometric attendance for students				


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Dr. Nisha P Nair	Principal	MSC (N) Community Health Nursing, PhD	2007	1770	3.9 Years	18.1 Years	10/11/22	Yes	
2.	Prof. Ananda S	Professor	MSC (N) Community Health Nursing	2012	16462	--	13 Years	14/11/22	Yes	
3.	Dr. Kavya K N	Associate Professor	MSC (N) Pediatric Nursing, PhD	2015	132123	6 months	9.8 Years	10/11/22	Yes	
4.	Mrs. Jitty M Joseph	Assistant Professor	MSC (N) Medical Surgical Nursing	2014	33976	--	9.1 Years	10/06/25	No	
5.	Mrs. Anjali R	Lecturer	MSC (N) Medical Surgical Nursing	2022	101978	--	1.9 Years	06/11/23	Yes	
6.	Ms. Soujanya M	Tutor	PBBSC (N)	2024	245176	01 Year	--	17/09/24	Yes	
7.	Ms. Harshitha S K	Tutor	B.SC (N)	2024	176542	--	--	26/03/25	No	
8.	Mrs. Savithakumari	Clinical Instructor	PBBSC (N)	2023	80997	01 Year	--	22/04/24	Yes	
9.	Mrs. Geetha K R	Clinical Instructor	PBBSC (N)	2024	130865	01 Year	--	06/05/24	Yes	
10.	Ms. Komala M	Clinical Instructor	PBBSC (N)	2023	200758	--	--	16/06/25	Yes	
11.	Mr. Puttaraju B L	Clinical Instructor	PBBSC (N)	2023	205703	--	--	16/06/25	Yes	
12.	Mr. Umesha N	Clinical Instructor	PBBSC (N)	2023		--	--	16/06/25	Yes	
13.										
14.										
15.										
16.										
17.										
18.										
19.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)

- If required attach same extra pages.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	25,368 Sq ft	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 and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC./EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	900 sq ft	Verified
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	Not Applicable	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each		
	NPCC : 600sq ft	2 Class rooms 600sq ft Each		
3	Administrative Facilities			—
	Office			
	1. Principal’s Chamber	300	310 sq ft	—
	2. Vice-Principal Chamber	200	--	—
	3. HOD	5 x 200 = 1000	--	—
	4. Professor/Assoc. Prof	800+2400=3200	1500 sq ft	—
	5. Lecturer/ Tutors			—
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	310 sq ft	—
	7. Accountants Office	100	--	—
	8. Store Room	100	500 sq ft	—
	9. Record room	100	500 sq ft	—
	10. Room for maintenance staff	100	250 sq ft	—
	11. Xeroxing room	100	--	—
	12. common room (Girls & Boys)	600+400= 1000	950 sq ft	—
13. Multipurpose hall / Seminar hall/ examination hall	3000	3100 sq ft	—	
14. Toilets	1000	980 sq ft	—	
15. A.V/Aids room	600	600 sq ft	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1310 sq ft	Verified -
	Obstetrics and Gynecology Laboratory	900sq.ft	910 sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	910 sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	910 sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	800 sq ft	

Note:

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

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

Annexure – 12

Building Documents:

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- 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.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01	KA59 5325	53	Yes	Yes	Yes

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	1,500	YES ☒ No ☐	YES	YES	

Total No. of Nursing Books available	1534	No. of Nursing Journals subscribed	10 221
No. of Thesis/Research titles available	--	Is internet facility available for Students?	YES
No of e-books	200	How many books were purchased in last financial year?	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Sridhar M P	MLISC	17	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals 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	--	
Conferences conducted	<u>Attached</u>	
Conferences attended	--	

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

Annexure - 16

1	Do you have parent Medical College?	YES ☐	NO ☒
2	Do you have parent hospital?	YES ☒	NO ☐
	If Yes, Hospital Owned by	i. Trust/Society/Missionary	☒
		ii. Trust member with MOU	☐

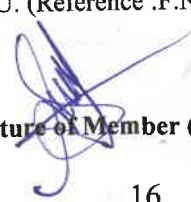
Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital: Narayana Hrudayalaya Surgical Hospital, CAH/1, 3rd Phase, Devanur, 2nd stage, R S Naidu Nagar, Mysuru - 19	260	14	195	Verified
NAME OF THE TRUST/ Person owning The Hospital Narayana Hrudayalaya Foundations				
Name Of The Owner Of The Trust of Hospital Trustees of Narayana Hrudayalaya Foundations				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Suraksha Childrens Hospital, HIG-202 Sharadadevi Nagara Circle, New Kantharaj Urs Rd, Basaveshwaranagar, TK Layout, Mysuru - 570022	45	04	38
	2 Prerana Psychiatric Hospital, Water tank, 452, Paduvana Road, Kuvempunagara North, TK Layout, Mysuru - 570023	50	03	39

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/CCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

- With effect from 2022-23 AY, Nursing colleges for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital. This hospital should continue to function as parent hospital 'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 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:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	85%	--	--
Surgery including OT	20	82%	--	--
Obstetrics & Gynecology	20	88%	--	--
Pediatrics,	12	79%	45	84%
Emergency Medicine	15	93%	--	--
Psychiatry	00	0%	50	78%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	06	--	--	--
Minor OT	02	--	--	--
Dental, Otorhinolaryngology, Ophthalmology	10	62%	--	--
Burns and Plastic	00	0%	--	--
Neonatology care unit	06	79%	--	--
Communicable disease/Respiratory medicine/TB & chest diseases	05	74%	--	--
Dermatology	00	0%	--	--
Cardiology	25	92%	--	--
Oncology	10	80%	--	--
Neurology/Neuro-surgery	20	82%	--	--
Nephrology/Urology	44	78%	--	--
ICU/CCU	45	60%	--	--
Geriatric Medicine	00	0%	--	--
Any other	00	0%	--	--

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

RURAL FILED

a. Name of CHC / PHC / SC	Primary Health Center, Hampapura, H D Kote Taluk Mysuru
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	24 Kms
b. Services Rendered by Health & Family Welfare Programmes	OPD, Referral Services, Inpatient Services, Maternal and Child Health Care Services, Nutrition Services, MTP, School Health Services, Immunization, Basic Lab Investigations, Implementation of National Health Programmes

URBAN FILED :

a. Name of CHC / PHC / SC	Urban Primary Health Center, Kuvempunagar, Mysuru
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	04 Kms
b. Services Rendered by Health & Family Welfare Programmes	MCH Care, Family Planning Services, Management of Common Communicable Diseases NCD, Immunization, Mental Health, Lab Investigations, ENT Dental, Implementation of National Health Programmes

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20 Master Rotation Plan : Annexure - 18

a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	☐	☐
c.	M.Sc. Nursing	☐	☐

21 Time Table available for all Nursing Programmes

a.	Basic B.Sc. Nursing	YES ☒	NO ☐
b.	Post Basic B.Sc. Nursing	☐	☐
c.	M.Sc. Nursing	☐	☐

22 Records of Students : Are the following students records are maintained well?

a.	Admission record	YES	
b.	Daily Attendance Registers	YES	
c.	Health Records	YES	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

d.	Clinical and field experience record	YES	
e.	Practical record books - procedure record	YES	
f.	Practical record books - Midwifery case book	YES	
g.	Leave record	YES	

h.	Extracurricular activities of students	YES	
i.	Cumulative record of each	YES	
j.	Course planning of each subject	YES	
k.	Rotation plans	YES	
l.	Committee Meetings	YES	
m.	Affiliation records	YES	
n.	Records of Stock	YES	
o.	Annual report of activities and achievements	YES	
p.	Staff development programmes	YES	
q.	Anti ragging committee	YES	
r.	Student welfare committee	YES	
s.	POSHE Committee	YES	
t.	Prevention of Gender harassment committee	YES	

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	7400 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☒
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls : 43	Boys : 00
f.	Total No. of rooms	Girls : 16	Boys : 00
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

k.	Whether the hostel mess is available with	YES	☒	NO	☐
l.	Safe drinking water facilities	YES	☒	NO	☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification		✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

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

LIC Team Observations:

- On the day of inspection the committee observed as follows -
1. Infrastructure built in 2836 sqft area as a lease build, with 4-classroom, lab and library around blocks, for BSc Nursing no intake.
 2. 12 Teaching staff were present on the day of inspection
 3. Library well equipped with inadequate no of books and built up area.
 4. Institution is having its own parent hospital & affiliated hospital.
 5. Nursing college is affiliated to RML & KMC
 6. vehicle facility is there for boys and girls
 7. Hostel facility for girls.


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 MHE COLLEGE OF NURSING MYSORE which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/08/25 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)

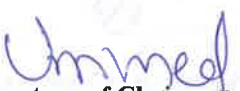
Dr. UMMAEDRAM
14/08/25


A C Member
(Member)

Signature of Member (1)

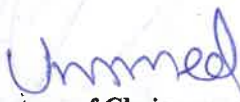

Subject Expert
(Member)

Signature of Member (2)


Signature of Chairman

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 & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list 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. 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: Dishank 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)



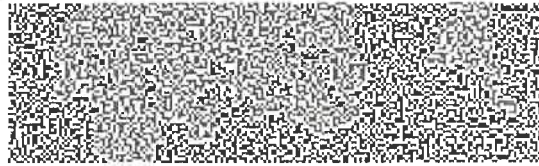
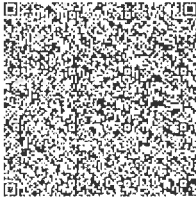
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Government of Karnataka

e-Stamp

Certificate No. : IN-KA11758319873119X
Certificate Issued Date : 07-Aug-2025 12:02 PM
Account Reference : NONACC (FI)/ kacrsf108/ KUVEMPUNAGAR MYS2/ KA-MY
Unique Doc. Reference : SUBIN-KAKACRSFL0838921639346754X
Purchased by : NHF COLLEGE OF NURSING MYSORE
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
 (Zero)
First Party : RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE BANGALOR
Second Party : NHF COLLEGE OF NURSING MYSORE
Stamp Duty Paid By : NHF COLLEGE OF NURSING MYSORE
Stamp Duty Amount(Rs.) : 100
 (One Hundred only)



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- Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
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- In case of any discrepancy please inform the Competent Authority.

UNDERTAKING

I Mr. Pavan Kumar Paratmuni, is the Owners of the Narayana Hrudayalaya Surgical Hospital Pvt. Ltd. situated at CAH/1, 3rd Phase, Devanur, 2nd stage, R S Naidu Nagar, Mysuru - 19.

This is to confirm that our hospital Narayana Hrudayalaya Surgical Hospital Pvt Ltd is registered under KPMEA and PCB with 260 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Narayana Hrudayalaya Surgical Hospital Pvt Ltd is functioning as Parent hospital for NHF College of Nursing, Mysore.

We also confirm that our hospital is solely affiliated to NHF College of Nursing, Mysore college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NARAYANA HRUDAYALAYA
SURGICAL HOSPITAL PVT. LTD.
CAH.1, 3rd Phase, Devanur
Mysore-570019

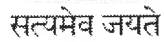
Pavan Kumar
Pavan Kumar Paramatmuni
FACILITY DIRECTOR
Narayana Hrudayalaya Surgical
Hospital Pvt. Ltd.



Solemnly Affirmed & Declared
before me on.....14 AUG 2025

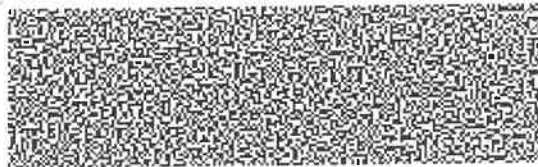
Kany
NOTARY, MYSORE DIST.

No. of Corrections: 1



Government of Karnataka

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Certificate Issued Date	: 07-Aug-2025 02:57 PM
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Purchased by	: NARAYANA HRUDAYALAYA FOUNDATIONS
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: NARAYANA HRUDAYALAYA FOUNDATIONS
Second Party	: RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	: NARAYANA HRUDAYALAYA FOUNDATIONS
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the trust **Narayana Hrudayalaya Foundations**
are submitting the affidavit to university.



For Narayana Hrudayalaya Foundations


 Authorized Signatory

Statutory Alert:

Statutory Alert:

1. The authenticity of the Stamp certificate should be verified at www.shoilaastamp.com or using e-Stamp Mobile App of State Highway. Any discrepancy in the details on the Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the Certificate.
3. In case of any discrepancy, please inform the Constituent Authority.

No. of Corrections

The trust Narayana Hrudayalaya Foundations is running/managing the colleges,

1. NHF College of Nursing, Mysore.

2. Narayana Hrudayalaya college of Nursing Bangalore.

3. _____ since 4 years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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

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

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

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



For Narayana Hrudayalaya Foundations

Vinith
Authorized Signatory

Solemnly Affirmed & Declared
before me on 14 AUG 2025

Kay
NOTARY, MYSORE DIST.



No. of Corrections 7

