222

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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Suresh. S. Kanakannavar	Dr. Basayya. V.H	Dr Lakshmamma
Designation	(Retd) Professor	Principal	Principal
Address	Bangalore Medical College and Research Institute	RMES Institute of Nursing Science Hubballi	Kempegowda College of Nursing Bangalore
Mobile No	9448033228	8618339489	9448809024
Email ID	kanakannavar@gmail.	basayya85@gmail.	Lakshmamma.r@gmail.com

For the Academic Year :2024-2025			*Date of Inspection:*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation		5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	**Name of the Institution with Full Address**	Maharaja College of Nursing, Belawadi, Srirangapatna Taluk, Mandya-571477	2	**Year of Establishment** 2022
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society complete postal address**	Maharaja Education Trust ® (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: mcommandya@gmail.com	Website: www.metmcn.in	

Signature of Chairman 06/08/2025
Dr. SURESH. S.
KANAKANNAVAR.

Signature of Member (1) 6/8/25
(Dr Basayya. V.H)

Signature of Member (2)
Dr. Lakshmamma. V.R.

	(b). Name of the Owner of Trust/Society	Dr. S. Murali	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :15** (Enclose copy of Governing Council Members & Audit report of Society/Trust) copy enclosed **Annexure - 2**	
5	**Details of Principal/Head of the institution**	**Name:** Mrs. Angel Sampath kumari J **Qualification:** MSc Nursing **Experience:** 14 years **Email:**mconmandya@gmail.com	**Mobile No:** 8904284405 **Office No:**9620228001 **Fax No:**08236292601 **Residential phone No:**9731113728

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 theoriginal TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3** NA

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 for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	5000	20000	50000	30000	25000	126050
Post Basic B.Sc. Nursing	—	—	—	—	—	—
					Total (A)	

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZSBI1014014518, ZSBI1614021083, ZSM21622943723

Signature of Chairman 6/8/25

Signature of Member (1) 6/8/25 (Dr Basavya. RH)

Signature of Member (2)

Remarks: verified and found correct

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing (√)	Approval LetterNo. and Date	MED:147:MPS:2022 16/01/23	RGU/AFF/Fr/N603/2021-2022 16/01/2023	KNC:2054:2023-2024 01/06/23	NOT YET RECEIVED	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Madefor the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval LetterNo. and Date	NA Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Madefor the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval LetterNo. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Madefor the Current Academic Year					
M.Sc. NPCC	Approval LetterNo. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman 6/8/25

Signature of Member (1) (Dr. Basavaraja .V.H)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	10	22	----	----	32
	Female	29	18	-----	------	47
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) NA NA

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——

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) NA NA

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——

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: Copies enclosed

Signature of Chairman

6/8/25

Signature of Member (1)

6/8/25

(Dr Basavaraja. U. H)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th 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

Signature of Chairman 6/8/25

Signature of Member (1) 6/8/25

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.	Mrs. Angel Sampath Kumari	Associate Prof.	MSc PhD	2016	02228	3.7 yrs	11 yrs	24-03-25	no	
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

6/8/25

Signature of Member (1)

6/8/25

Signature of Member (2)

MAHARAJA COLLEGE OF NURSING

DETAILS OF TEACHERS DATA 2025-26

Sl No	Name of the staff	Designation	Qualification with specialty	Experience		E mail ID	Phone Number	Date of reliving from previous institution	Date of joining in present institution	Signature
				BSc	MSc					
1	Mrs. Angel Sampath kumari J	Principal Associate Professor	MSc Nursing Pediatric Nursing	3.7 year	11 year	angel.sampath@gmail.com	8904284405	13/03/2025	24/03/2025	
2	Ms. Nicshitha Not qualified for Tutor	-	MSc Nursing MSN	-	Fresher	Nischitha91@gmail.com	8105218916	-	10/02/2025	
3	Ms. Roopashree	TUTOR.	MSc Nursing MSN Nursing	Fresher	-	Roopadhawin8863@gmail.com	9972733405	-	25/07/2025	
4	Mr. Sharanappa	TUTOR.	MSc Nursing Psychiatric Nursing	Fresher	-	Sharantelagi123@gmail.com	6364652393	-	28/07/2025	
5	Mrs. Akshatha Nanda	TUTOR	BSc Nursing	01 year 6	-	Akshatha257@gmail.com	8310723793	-	15/07/2024	

6/8/25

6/8/25

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

Signature of Chairman

6/8/25

Signature of Member (1)

6/8/25

Signature of Member (2)

46.										
47.										
48.										
49.										
50.										
51.										
52.										
53.										
54.										
55.										
56.										
57.										
58.										
59.										
60.										
61.										
62.										
63.										
64.										
65.										

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

Mrs Anjali Sampath Kumari Associate Professor having 11 years of Post-PG experience is acting as the Principal.

Signature of Chairman

6/8/25

Signature of Member (1)

6/8/25

Signature of Member (2)

PE', Photo enclosed copy attached

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

Enclosed.

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft		
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900 Sq.ft X 4 room	well furnished with adequate lighting, Fixed wall mounted Projector.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sqft	Verified, Photo enclosed PE
	2. Vice-Principal Chamber	200	—	Verified, enclosed PE
	3. HOD	5 x 200 = 1000	—	Verified PE
	4. Professor/Assoc. Prof	800+2400=3200	5 room 300 sqft each.	Verified PE
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		200 Sqft	Verified PE
	7. Accountants Office		200 sqft	Verified PE
	8. Store Room		500 Sqft	Verified PE
	9. Record room		500 Sqft	Verified PE
	10. Room for maintenance staff		300 Sqft	Verified PE
	11. Xeroxing room		—	PE
	12. common room	1000	1000 Sqft	Verified PE
	13. Seminar hall	3000	—	Verified PE
	14. Toilets	1000	500 Sqft Gents Ladies	PE
	15. A.V/Aids room	600	200 Sqft	Verified PE

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1200 Sqft	Verified PE
	Nutrition & Community Health Nursing	1200sq.ft	500 Sq.ft each	Verified PE
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sqft	Verified PE
	Pediatrics Nursing Laboratory	900sq.ft		Verified PE
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq.ft	Verified PE
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sqft	Computers Verified for BSc & MSc Students

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)

Copy enclosed

Annexure – 12

Building Documents:

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

It is mandatory to enclose all the documents mentioned above.

CE CB CE

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 **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

Annexure – 13

Copy enclosed.

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
			Yes / No	Yes / No	Yes / No

Signature of Chairman

6/8/25

Signature of Member (1)

6/8/25

Signature of Member (2)

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2800 Sq.ft	YES ☐ No ☑	good	Good	Common Library for Ayurveda & Alumni.

Total No. of Nursing Books available	1675	**No. of Nursing Journals subscribed**	—
No. of Thesis/Research titles available	—	**Is internet facility available for Students?**	Yes
No of e-books	—	**How many books were purchased in last financial year?**	80

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Dr. Venkatesh	M.Lib. Phd	5yrs	Physically present
02.	Mr. Shyam	M.Lib	4 yrs.	Physically present.

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

17. Academic activities : Enclose the details of past 3 years Copies enclosed **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Nil.	Nil.
Conferences conducted	01	No documents.
Conferences attended	50	No documents

Signature of Chairman 6/8/25

Signature of Member (1) 6/8/25

Signature of Member (2)

PE = Photo enclosed

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%)	Remarks
Full Name & Address of the Parent Hospital River view Healthy care Private Limited.	100	11 km	86%	Verified PE
NAME OF THE TRUST/ Person owning The Hospital Dr. Murali. S Maharaja Education Trust	—	—	—	Copy enclosed
Name Of The Owner Of The Trust of Hospital Dr. Murali. S	—	—	—	Copy enclosed
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 Diya Health Care Mysore				Permission letter enclosed
2 District Hospital Mysore				Permission letter enclosed

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **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 allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

Signature of Chairman 6/8/25 **Signature of Member (1)** 6/8/25 **Signature of Member (2)**

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

Note

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

Observation

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks: LIC inspection done for 100 seats
& application for B.Sc nursing on 6/8/25
On the day of inspection, all documents pertaining to the college building, hostel (common girls hostel for other courses), electricity (generator) drinking water facility, wash rooms, separate for boys and girls, college vehicle, laboratories with charts and name plates with equipments, Library (books common for all institutions and library and teaching staff were verified & found to be as per the norms & Regd/Note principal (Resigned last month on health issues) Vice Principal. 1-Professor. 1-Associate Professor. 3-Assistant Professors and 5. Tutors. Tutors whoever presented to us (5) didn't have to no necessary Qualification All the facilities inspected were present on the day of inspection i.e., 6/8/25. Parent institution statistics for 6/8/25 and past 3 months enclosed

6/8/25

Signature of Chairman

6/8/25 A. Suresh. S.
Kanakamuaar

Signature of Member (1)

(Dr Basavaya. U. H)

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	18	10	6	3
Surgery including OT	11	05	5	2
Obstetrics & Gynecology	2	4	2	1
Pediatrics,	7	1	2	1
Emergency Medicine	2	2	4	2
Psychiatry	2	1	1	1.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	2	2	1
Minor OT	2	2	2	1
Dental, Otorhinolaryngology, Ophthalmology	2	1	5	3
Burns and Plastic	5	1	2	1
Neonatology care unit	4	1	1	1
Communicable disease/ Respiratory medicine/TB & chest diseases	4	2	2	1
Dermatology	1	1	2	1
Cardiology	3	2	2	1
Oncology	2	—	2	1
Neurology/Neuro-surgery	9	5	2	2
Nephrology/Urology	1	1	2	1
ICU/ICCU	2	1	2	1
Geriatric Medicine	3	2	2	1
Any other	5	1.	2.	1

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

Signature of Chairman

6/8/25

Signature of Member (1)

6/8/25

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Not applicable / letter for permission applied to DHO office.
Adopted / Affiliated		
Administrate red by		State Govt. ☒ Municipal Corporation ☒ Private ☐
Distance from the Nursing Institute		Not applicable / Permission for applied to DHO office.
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		Applied to DHO office for permission
Adopted / Affiliated		
Administrate red by		State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		NA
b. Services Rendered by Health & Family Welfare Programmes		NA
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	Master Rotation Plan : Annexure - 18		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☑ NA
c.	M.Sc. Nursing	YES ☐	NO ☐ NA
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☐ NA
c.	M.Sc. Nursing	YES ☐	NO ☐ NA

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	YES ☑	NO ☐
b.	Daily Attendance Registers	YES ☑	NO ☐
c.	Health Records	YES ☑	NO ☐
d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

Signature of Chairman 6/8/25

Signature of Member (1) 6/8/25

Signature of Member (2)

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☑ Common Hostel
b.	Built-up area of the Hostel	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 : 30	Boys : 20
f.	Total No. of rooms	Girls : 6 9 Room	Boys : 60 Room
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		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	NA	
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 — Not available. In process		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
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 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 Time tables	✓	

Signature of Chairman 06/08/2025 Dr. Suresh. S, Kanakanna

Signature of Member (1) 6/8/25 (Dr. Basavaraja. U.H)

Signature of Member (2)

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	NA	

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.

Observations:

All observation recorded on page 13

Signature of Chairman

Dr. Ramesh S.
Kanakapura

Signature of Member (1)

6/8/25

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Maharaja College & Nursing which has applied for Belavadi. continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 06/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
6/8/25	6/8/25	

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
	6/8/25	

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 he 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: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING

I/We, Dr S Murali

_ is/are the Owners/~~MD/CEO/Board~~ ~~Members~~ of the Riverview _ hospital situated at Hebbal ibdustrial area

This is to confirm that our hospital Riverview is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Riverview is functioningas affiliated/parent √/own hospital for Maharaja College Of Nursing, mandya college.

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

The information provided by us is true and correct.

PRESIDENT
MAHARAJA EDUCATION TRUST®
MYSORE-570023

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

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

The trust Maharaja education Trust is running/managing the colleges

1. Maharaja college of Nursing

2. _____

3. _____ since 01 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.

Affidavit not prowided.

Signature of Chairman (2) 6/8/25

Signature of Member (1) 6/8/25

Dr Basavaraja (H)

Signature of Member

Riverview Healthcare

RIVERVIEW HOSPITAL
9, Beside Hebbal Lake, Hebbal Ring Road, Mysore.
Karnataka, India.
Website: www.miamsh.in E-mail Id: murali@mitmysore.in Mobile: +91 9620228001

Patients OPD & IPD STATISTIC - 2025

MONTH	OP	IP
May	470	31
June	510	25
July	530	23
On the day of Inspection OPD – 36 IPD - 32		

06/08/2025.

Principal
Maharaja College of Nursing
Belawadi, Sriranga Pattana Tq.
Mandya - 571477

RIVER VIEW HEALTH CARE PVT. LTD.
#9, Beside Hebbal Lake, (Behind V LEAD)
Hebbal Ring Road, Mysore - 570016
Ph : 0821-2515251, 2513444