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. VINUTHA RAO	Dr. Thippeswamy TMJ	Dr. Santosh K Y
Designation	PRINCIPAL	Chairman of BOS Nursing UG Principal,	
Address	MVM College of Naturopathy & Yogic Sciences, Yelahanka, Banagalore	Sri Nirvanaswamy College of Nursing, Sri Degula Mutt Campus, Kanakapur	Madhugiri Sri Raghavendra College of Nursing, Madhugiri
Mobile No	9980181331	9964186525	9964202536
Email ID	drvinuthamvm@gmail.com	thippesh.logalerimuth@gmail.com	sksanthu500@gmail.com

For the Academic Year : 2025-26				*Date of Inspection:13.05.25*
(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 (40-60)	✓	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	MATHRUSHREE INSTITUE OF NURSING NO 16/2C, JAKKASANDRA, NELAMANGALA BANGALORE RURAL-562123	2	Year of Establishment: 2022
2	Status of the course conducting body	TRUST		
3	(a). Name of the Trust/Society & complete postal address	MATHRUSHREE CHARITABLE TRUST 6930 NH-4 GANDHI NAGAR BYPASS ROAD NELAMANGALA-562123 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: mathrushreenursing2022@gmail.com		Website: www.mathrushreeinstitutions.com

Signature of Chairman
Dr. VINUTHA RAO

Signature of Member (1)
Dr. Thippeswamy TMJ

Signature of Member (2)
[Dr. Santhoshkumar. K.Y

	(b). Name of the Owner of Trust/Society	DR. MAHESH G. GANDHI	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council: 04 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	Details of Principal/Head of the institution	Name: LITHAL SELVAKUMARI.A Qualification: M.Sc. (NURSING) Experience: 25 YEARS 2 MONTHS Email: lidyastanley@gmail.com	Mobile No:8904010004 Office No:9742477352
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	NO	If yes, Specify the full name of the nursing institution with full addressVerify 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				
		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	Continuation of Affiliation		1,30,050	1,035	25,000	1,56,085
B.Sc. Nursing	Increase in Intake (40-60)		1,50,000	1,050		1,51,050
					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)		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details

Continuation Of Affiliation

AMOUNT	TRANSACTION ID	DATE
1,55,085	BD00000007565219	24/12/2024
1,035	BD00000007924632	10/03/2025

Increase in Intake

AMOUNT	TRANSACTION ID	DATE
1,50,035	BD00000007998225	22/03/2025
1,050	BD00000008140251	24/04/2025

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 59 MPS 2023 18/01/2023 Annexure - 5	RGU/AFF/NSG/COA/ 01/2024-25 23/10/2024 Annexure - 6	KNC/2166/ 2022-23 Dated 18/04/2024 Annexure - 7	18-15/15808/3635 Dated 19/03/2025 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NOT APPLICABLE				
	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NOT APPLICABLE				
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NOT APPLICABLE				
	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	11	29			40
	Female	27	13			40
	Male					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Post Basic B.Sc Nursing	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To——
NOT APPLICABLE						

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

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

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To——
NOT APPLICABLE						

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

_____

_____

Signature of Chairman **Signature of Member (1)** **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				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*		01									
4	Associate Professor	2	2-4		1*		02									
5	Assistant Professor	3	3-8	2	3*		03									
6	Tutor	8-16	16-24	2-10	--		16									
	Total	**16-24**	**24-40**	**4-12**			24									

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 **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
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	**44,164**	
	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	4 Class rooms 1285.5 Sq ft each	
	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	304.5 Sq ft	
	2. Vice-Principal Chamber	200	304.5 Sq ft	
	3. HOD	5 x 200 = 1000	1,020 Sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	3,220 Sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1,050 Sq ft	
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1020 Sq ft	
	13. Seminar hall	3000	3020 Sq ft	
	14. Toilets	1000	1120 Sq ft	
	15. A.V/Aids room	600	610 Sq ft	

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	1800 Sq ft	**Annexure 11 Enclosured**
	Nutrition & Community Health Nursing	1200 sq. ft	1,450 Sq ft	
	Obstetrics and Gynecology Laboratory	900 sq. ft	905.5 Sq ft	
	Pediatrics Nursing Laboratory	900 sq. ft	905.5 Sq ft	
	Pre-Clinical Sciences Laboratory	900 sq. ft	905.5 Sq ft	
	Computer Lab (1: 5 computer :student)	1500 sq. ft	1500 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)

Building Documents: **Annexure – 12**

1. **Is the college building own - YES**
2. **Blue print of the building attested by competent authority. YES - ENCLOSED**
3. **Tax paid receipt (Latest / current year) – YES ENCLOSED**
4. **Occupancy certificate.-ELECTRIAN BILL- YES ENCLOSED**
5. **Sale deed building / Land - YES ENCLOSED**

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 **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**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving License
01	KA 20 AA 3256	50	Yes	Yes	Yes

Signature of Chairman **Signature of Member (1)** **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	2,460 Sq ft	YES	GOOD	GOOD	

Total No. of Nursing Books available	3357	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	25	**Is internet facility available for Students?**	YES
No of e-books	10	**How many books were purchased in last financial year?**	550

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MS. SHYLAJA	M Sc (LIB.SCIENCE)	2 YEARS	

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 **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	**ENCLOSED**	
Conferences conducted		
Conferences attended		

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%)**	**Remarks**
Full Name & Address of the Parent Hospital: KALIPALYA CHANAPPA HOSPITAL, SY.NO.16/2C JAKKASANDRA, NELAMANGALA-562123		100	SAME CAMPUS	81%	
NAME OF THE TRUST/ Person owning The Hospital: MATHRUSHREE CHARITABLE TRUST					
Name Of the Owner of the Trust of Hospital : DR. BHANU H S					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 D G PRERANA HOSPITAL BANGALORE	50	25 KM	85%	
	2 AASARE HOSPITAL NELAMANGALA	30	3 KM	85%	

(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).

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

- 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 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.

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	18	25	23
Surgery including OT	10	09	20	18
Obstetrics & Gynecology	20	18	17	15
Pediatrics,	05	03	10	07
Emergency Medicine	05	03	08	05
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	02		
Minor OT	02	01		
Dental, Otorhinolaryngology, Ophthalmology	02	01		
Burns and Plastic	01	01		
Neonatology care unit	05	03		
Communicable disease/ Respiratory medicine/TB & chest diseases	03	02		
Dermatology	02	02		
Cardiology	02	02		
Oncology	-	-		
Neurology/Neuro-surgery	06	04		
Nephrology/Urology	03	02		
ICU/ICCU	10	09		
Geriatric Medicine	01	01		
Any other	-	-		

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	
Affiliated	DABASPET PRIMARY HEALTH CENTRE
Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	20 KM
b. Services Rendered by Health & Family Welfare Programmes	HEALTH AND FAMILY WELFARE SERVICES, NATIONAL HELATH PROGRAMMES
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Affiliated	LAGGERE PRIMARY HEALTH CENTER
Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	18 KM
b. Services Rendered by Health & Family Welfare Programmes	HEALTH AND FAMILY WELFARE SERVICES, NATIONAL HELATH 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	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐
21	**Time Table available for all Nursing Programme**		
a.	Basic B.Sc. Nursing	**YES** ✓	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐

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 **Signature of Member (1)** **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
b.	Built-up area of the Hostel	**Sq. ft 30,000** 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: 27**	**Boys: 35**
f.	Total No. of rooms	**Girls: 25**	**Boys: 25**
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		✓
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 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	✓	

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

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.

Observations:

On the day of Inspection on 13/5/25 at "Mathrushree College of Nursing following Observations were made.

* Building is Spacious and documents were varified.
* Labs were having Sufficients materials were satisfactory.
* Library has Sufficient books and well ventilated.
* College has parent Hospital Kalyanya Channappa Hospital and has KPME and PCB Certificate and found correct
* All necessary documents were varified & found correct

Signature of Chairman

Dr. VINUTHA RAO.

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA29148356164220X
Certificate Issued Date	:	13-May-2025 10:59 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ NELAMANGALA4/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL0881584386191086X
Purchased by	:	AASARE HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AASARE HOSPITAL
Second Party	:	RGUHS
Stamp Duty Paid By	:	AASARE HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमव जयत

NOTARY
GANGARAJA. C.B
B.A. LLB.
Bangalore Metropolitan Area
Reg. No. 12448
Exp 06-01-2027
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I, Dr. RAVIKUMAR N R is Managing Director of the AASARE HOSPITAL situated at 8th Cross, Subhashnagar B H Road, Near T B Stop, Nelamangala - 562123.

NO OF CORRECTIONS

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this 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 Competent Authority.

AASARE HOSPITAL AASARE HOSPITAL AASARE HOSPITAL

This is to confirm that our hospital AASARE HOSPITAL is registered under KPME and PCB with 30 beds and the bonafide certificate has been attached.

This is to confirm that the hospital AASARE HOSPITAL is functioning as affiliated hospital for MATHRUSHREE INSTITUTE OF NURSING.

We also confirm that our hospital is solely affiliated to MATHRUSHREE INSTITUTE OF NURSING college and is not affiliated to any other nursing college.

The information provided by us is true and correct

Date: 13/05/2025

Place: Nelamangala

NOTARY
GANGARAJA. C.B.
B.A.,LLB.,
Bangalore
Metropolitan Area
Reg. No. 12448
Exp.06-01-2027
GOVT OF INDIA

ATTESTED BY ME

GANGARAJA. C B, B.A.,LLB,
ADVOCATE & NOTARY PUBLIC
GOVT OF INDIA
Basavanahalli, Nelamangala Tq:
Bangalore Rural Dist-562 123
Mob 9880834381

13/05/20

NO OF CORRECTIONS

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA29144226239201X
Certificate Issued Date	:	13-May-2025 10:57 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ NELAMANGALA4/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL08815719232227 98X
Purchased by	:	PRERANA HEALTH CARE
Description of Document	:	Article 4 Affidavit
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PRERANA HEALTH CARE
Second Party	:	RGUHS
Stamp Duty Paid By	:	PRERANA HEALTH CARE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

NOTARY GANGARAJA C.B. B.A.,LL.B. Bangalore Metropolitan Area Reg. No. 12448 Exp.06-01-2027 GOVT OF INDIA

Please write or type below this line

UNDERTAKING

I, Dr. CHENNAKESHAVA M is Managing Director of the PRERANA Health Care situated at # 274/275, M K Puttalingaiah Road, Padmanabhanagar, Bangalore-560070

Dr. Chennakeshava. M

NO OF CORRECTIONS

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this 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 Competent Authority.

This is to confirm that our hospital PRERANA Health Care is registered under KPME and PCB with 50 beds and the bonafide certificate has been attached.

This is to confirm that the hospital PRERANA Health Care is functioning as affiliated hospital for MATHRUSHREE INSTITUTE OF NURSING.

We also confirm that our hospital is solely affiliated to MATHRUSHREE INSTITUTE OF NURSING college and is not affiliated to any other nursing college.

The information provided by us is true and correct

Dr. Chenakeshava. M.

Date: 13/05/2025

Place: Padmanabhanagar

ATTESTED BY ME

GANGARAJA. C B, B.A.,LLB,
ADVOCATE & NOTARY PUBLIC
GOVT OF INDIA
Basavanahalli, Nelamangala Tq
Bangalore Rural Dist-562 123
Mob 9880834381

NOTARY
GANGARAJA. C.B
B.A.,LL.B.
Bangalore Metropolitan Area
Reg. No. 12448
Exp:06-01-2027
GOVT OF INDIA

NO OF CORRECTIONS

UNDERTAKING

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

We have conducted LIC inspection of this college on 13/05/25 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)	A C Member (Member)	Subject Expert (Member)
	13/5/2025	
	(Dr. Nagaraj T.M)	(SANTHOSH KUMAR. K.Y)
	BOS Chairman	13/05/2025.
	Sri Narayana Guru College of Nursing	MADHUGIRI SRI RAGHAVENDRA
	Kenakepura	College of Nsg.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA27115621960123X
Certificate Issued Date	:	09-May-2025 02:48 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ NELAMANGALA4/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL0877771022388830X
Purchased by	:	KALIPALYA CHANAPPA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	KALIPALYA CHANAPPA HOSPITAL
Second Party	:	RAJIVGANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	KALIPALYA CHANAPPA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Authorised Signatory

KALIPALYA CHANAPPA HOSPITAL IN-KA27115621960123X RS. 100 09-MAY-2025 02:48 PM

R. No. Govt. of India NOTARY SEAL RANGA RAJAJINAGAR & MALLESWARAM BANGALORE

Please write or type below this line

UNDERTAKING

I, Dr. BHANU H J is Managing Director of the KALIPALYA CHANAPPA HOSPITAL situated at No 16/2C, JAKKASANDRA VILLAGE, NELAMANGALA, BANGALORE RURssAL-562123.

NO.OF CORRECTIONS :- NIL

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this 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 Competent Authority.

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

This is to confirm that the hospital KALIPALYA CHANAPPA HOSPITAL_is functioning as parent hospital for MATHRUSHREE INSTITUTE OF NURSING college.

We also confirm that our hospital is solely affiliated to MATHRUSHREE INSTITUTE OF NURSING college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. [illegible]

Date: 09/05/2025

Place: Nelamangala

V. RANGA RAMU ADVOCATE
R. No. 491,
Govt. of India
NOTARY
SEAL
VIJAYANAGAR & RAJAJINAGAR, BANGALORE

NO.OF CORRECTIONS :- NIL

SWORN TO BEFORE ME
09 MAY 2025
V. RANGARAMU
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 99, Sathyanarayana Layout,
2nd Stage, J.C Nagar, Kurubarahalli,
BENGALURU - 560 0[illegible]

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA27111456090077X
Certificate Issued Date	:	09-May-2025 02:45 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ NELAMANGALA4/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL087766011436760X
Purchased by	:	MATHRUSHREE CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MATHRUSHREE CHARITABLE TRUST
Second Party	:	RAJIVGANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	MATHRUSHREE CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Authorized Signatory

MATHRUSHREE CHARITABLE TRUST IN-KA27111456090077X RS. 100 09-MAY-2025 02:45 PM

R. No. 491, Govt. of India NOTARY SEAL VIJAYANAGAR & RAJAJINAGAR, BANGALORE

Please write or type below this line

UNDERTAKING

I the Chairman of the trust Dr. MAHESH S GANDHI is submitting the affidavit to university.

The trust MATHRUSHREE CHARITABLE TRUST is running the college MATHRUSHREE INSTITUTE OF NURSING since 3 (2022-23, 2023-24, 2024-25) years.

NO.OF CORRECTIONS :- NIL

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this 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 Competent Authority.

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.

Date: 09/05/2025

Place: Nelamangala

RANGA RAMU ADVOCATE
R. No. 491,
Govt. of India
NOTARY
SEAL
JAYANAGAR & RAJAJINAGAR, BANGALORE.

SWORN TO BEFORE ME
09 MAY 2025
V. RANGARAMU
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 99, Sathyanarayana Layout,
2nd Stage, J.C Nagar, Kumbarahalli,
BENGALURU - 560 0[illegible]

NO.OF CORRECTIONS :- NIL

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. Lithial Selvakumari. A	Principal	M.SC (Nursing) Community Health Nursing	2002	RR TMN 2008 673 KAR	2 years 5 months	22 years 9 months	16/01/2023	YES	
2	Mr. Suresha D M	Vice Principal	M.SC (Nursing) Pediatric Nursing	2012	13365	1 year 8months	12 years 6 months	20/10/2024	NO	
3	Mrs. Rekha B	Professor	M.SC (Nursing) OBG	2013	25231	1 year 2 months	10 years 11 months	05/11/2024	NO	
4	Mrs. Bhagyamma D	Associate Professor	M.SC (Nursing) OBG	2016	120324	1 year 2 months	8 years 10 months	04/11/2024	NO	
5	Mr. Ajay Kumar R	Associate Professor	M.SC (Nursing) Psychiatric Nursing	2016	58723	1 year	7 years 2 months	03/11/2024	NO	Leave
6	Mr. Anil P S	Assistant Professor	M.SC (Nursing) MSN	2018	68375	01 year	5 years 4 months	07/11/2024	NO	
7	Mrs. Sartaj S	Assistant Professor	M.SC (Nursing) OBG	2019	77231	1 year 2 months	5 years 2 months	08/01/2025	NO	
8	Mr. Rangaswamy T	Assistant Professor	M.SC (Nursing) MSN	2019	141520	1 year	5 years 11months	15/11/2024	NO	
9	Mrs. Kavya P	Tutor	B Sc (Nursing)	2017	86023	1 year 6 months	-	10/11/2024	NO	
10	Mrs. P Thimmarajamma	Tutor	B Sc (Nursing)	2018	RR ANP 2019 8280 KAR	1 year 7 months	-	05/10/2023	YES	
11	Mrs. Prakruthi M S	Tutor	B Sc (Nursing)	2018	94020	1 year 6months	-	23/10/2024	NO	
12	Mrs. Bhagyashree S	Tutor	B Sc (Nursing)	2018	93146	1 year	-	09/11/2024	NO	Leave

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

						6 months				
13	Mr. Vijaykumar	Tutor	PB B.SC (Nursing)	2019	148915	1 year 7months	-	02/12/2024	NO	
14	Mr. Shivu Kumar	Tutor	B.SC (Nursing)	2021	123250	1 year 6 months	-	07/01/2025	NO	
15	Ms. Pavithra P K	Tutor	B.SC (Nursing)	2021	122486	3 years 4 months	-	07/01/2025	NO	
16	Ms. Pavithra B	Tutor	PB B Sc (Nursing)	2022	133190	1 year 6 months	-	02/11/2024	NO	
17	Ms. Sumalatha K	Tutor	PB B.SC (Nursing)	2022	205876	2 years 4 months	-	06/01/2025	NO	leave
18	Ms. Nikhila M	Tutor	PB B.SC (Nursing)	2022	205861	2 years 7 months	-	07/01/2025	NO	
19	Mr. Pavanakumar K L	Tutor	B.SC (Nursing)	2023	149330	1 year 5 months		09/12/2024	NO	
20	Ms. Shobha G M	Tutor	PB B.SC (Nursing)	2023	196361	1 year 4 months	-	05/03/2025	NO	
21	Mr. Salman D	Tutor	B.SC (Nursing)	2024	162342	1 year	-	03/03/2025	NO	
22	Mr. Ravi Yamanappa Bajantri	Tutor	B.SC (Nursing)	2024	161857	1 year	-	02/05/2024	NO	
23	Mr. Sunil Kumar M	Tutor	PB B.SC (Nursing)	2024	205838	1 year 2 months	-	04/11/2024	NO	leave
24	Mr. Nagendrappa R	Tutor	PB B.SC (Nursing)	2020	149730	2 years	-	08/02/2025	NO	leave

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- **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.

13/5/2025

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

From

Bhagyashree.S
Assistant lecturer
Mathrushree Institute
of Nursing
Nelamangala.

TO

Principal
Mathrushree Institute
of Nursing.
Nelamangala.

Respected ma'am

Subject:- Leave letter.

As above mentioned. my self Bhagyashree.S Assistant lecturer in your Institution. I am not able to come to college today. due to emergency of my daughter is not well, so I want to go to hospital with my daughter. So please accept my leave letter maam. give one day leave. (13/5/2025).

Thank you

Yours faithfully
Bhagyashree.S

Place:- Nakkarandra.
Date:- 13/5/2025

PRINCIPAL
Mathrushree Institute of Nursing
Nelamangala Bangalore Rural -562 123

Date - 13/5/25
Place - Jakkasandra

From

Sumalatha.
Assistant lecturer
Mathrushree institute of
Nursing. Jakkasandra

TO

principal
Mathrushree institute of
Nursing. Jakkasandra

Respected madam

Subject :- Leave letter

With all due respect, I would like to inform you that I want leave from 13/5/25 to 15/5/25 due to my health issue. Kindly consider my leave letter and grant me the permission

Respectfully
Suma

13/05/25
PRINCIPAL
Mathrushree Institute of Nursing
Nelamangala Bangalore Rural - 562 123.

From

Nagendrappa.P,
Tutor,
Mathrushree Institute of Nursing,
Nelamangala.

TO

The Principal,
Mathrushree Institute of Nursing,
Nelamangala.

Sub - Leave application.

Respected Mam

With the reference to the above mentioned subject I am not able to come for duty from 12-05-2025 to 20-05-2025 due to my hospitalization So, I am requesting you to grant me the permission for some.

PRINCIPAL
Mathrushree Institute of Nursing
Nelamangala Bangalore Rural -5...

Thanking you

10/05/2025
Nelamangala

yours faithfully.
Nagendrappa.

From

Sunilkumara. M,

Tutor,

Mathrushree Institute of Nursing,

Nelamangala.

To

The Principal,

Mathrushree Institute of Nursing,

Nelamangala.

Sub - Leave application.

Respected Mam

With reference to the above mentioned subject I am not able to come for duty from 13-05-2025 to 18-05-2025 as I am hospitalized due to dengue fever so, I am requesting you to grant me the permission for same.

Thanking you

PRINCIPAL
Mathrushree Institute of Nursing
Nelamangala Bangalore Rural -562 123.
12/05/25

yours faithfully,

12/05/25

Nelamangala.

From,

Ajay Kumar.R

Mathrushree Institute of Nursing

Nelamangala

Date 13/05/25

Jakkasandra

To

Principal

Mathrushree Institute

of Nursing

Nelamangala

Subject: leave letter

Respected Mam,

As above mentioned my self Ajay kumar, Associate professor in your institution. I am not able to come to college today due to bike accident. So, I want to go to hospital. So please accept my leave letter and grand me the permission

13/05/25

Ajay

Respectfully

PRINCIPAL
Mathrushree Institute of Nursing
Nelamangala Bangalore Rural -562 123.


Mathrushree Institute Of Nursing
GPS Map Camera
Indiranagara, Karnataka, India
Jakkasandra,, Indiranagara, Karnataka 562123, India
Lat 13.089435° Long 77.389407°
13/05/2025 10:08 AM GMT +05:30
Google