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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. Basavaraj Chivade	Dr. Anil Kumar R
Designation	Principal	Professor of Pharmacology	Dean & Principal
Address	MVM College of Naturopathy & Yogic Sciences, Maruthi Nagar, Yelahanka Post, Bangalore 560064.	SVET's College of Pharmacy, Kollur Road, Humunabad, Bidar 585330	Blossom College of Nursing, Mallathahalli, Bangalore 560056
Mobile No	9980181331	9886469816	9886682712
Email ID	drvinuthamvm@gmail.com	basavarajchivade@gmail.com	anilkalegowda@gmail.com

For the Academic Year :			*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**	**STELLA MARIS COLLEGE OF NURSING** Navajeevan Complex, Opp. Mount Caramel Forane Church, Carmelaram, Bangalore – 560035.	2	**Year of Establishment** **2023**
2	**Status of the course conducting body**	**Trust**		
3	**(a). Name of the Trust/Society & complete postal address**	**KSHEMA EDUCATIONAL TRUST** Sholam Nivas, Navajeevan Complex, Opp. Mount Caramel Forane Church, Carmelaram, Bangalore – 560035.		

Signature of Chairman
Dr. Vinutha Rao

Signature of Member (1)
Dr Basavaraj Chivade
A.C-Member

Signature of Member (2)
Dr Anil Kumar R.V

		Email: principalbelenus@gmail.com	**Website:**
	(b). Name of the Owner of Trust/Society	**Sr. Valsa Thekkan**	
4	**Governing Council & Audit Report of Trust**	Total Number of Members in Governing Council: **5**	
5	**Details of Principal/Head of the institution**	Name: **Nagarathna DN** Qualification: **M.Sc Community Health Nursing** Experience: **16** Email: **dnnagarathna1@gmail.com**	Mobile No: **9035763060** Office No: **7204847472** Fax No: Residential phone No:

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 UG or b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	**Continuation Affiliation**	**30000**	**60000**	**40000**	**25000**	**1,56,050.00**
Post Basic B.Sc. Nursing						
					Total (A)	**1,56,050.00**

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: ZSIBH43096A04I / DATED: **24/12/2024**

Remarks:
Continuation Affiliation including application Fee of Rs.1000/- & Course identification Fee of Rs.50/- paid.

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 30RGU 2023 Dated 28/08/2023 Annexure - 5	RGU/AFF/FR/N625/ 2022-23 Dated :04/09/2023 Annexure - 6	KNC: 2211:2023 -24 Dated: 06/11/2023 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	23	23	23		
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					
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date					
	Sanctioned Intake					

Signature of Chairman | Signature of Member (1) | 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	5	15				
	Female	18	23				
Post Basic B.Sc Nursing	Male						
	Female						
M.Sc Nursing	Male						
	Female						
M.Sc NPCC	Male						
	Female						

Not Applicable

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 Addres	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				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		2									
4	Associate Professor	2	2-4		1*		-									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		4									
	Total	**16-24**	**24-40**	**4-12**			11									

Not Applicable

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)**

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.	Sr. Valsa Thekkan	Director	M.Sc (OBG Nursing)	2023	20466	Nil	1	4/11/2024	No	
2.	Mrs. Nagarathna DN	Principal	M.Sc (Community Health Nursing)	2010	4389	1	15	25/10/2023	Yes	
3.	Mrs. Elaiyarasi S	Vice Principal	M.Sc (Community Health Nursing)	2012	10634	2	12	3/12/2024	Yes	
4.	Mrs. Anju Kumawat	Professor	M.Sc (OBG Nursing)	2010	RR RAJ 2016 5960 KAR	8	10	3/12/2024	Yes	
5.	Mrs. Silvy Thomas	Professor	M.Sc (Community Health Nursing)	2011	19454	8	10	3/12/2024	Yes	
6.	Sr. Deepa Joseph	Lecturer	M.Sc (Medical Surgical Nursing)	2023	101123	Nil	1	4/11/2024	No	
7.	Ms. Jancy A O	Assistant Lecturer	M.Sc (Paediatric Nursing)	2023	68757	Nil	1	4/11/2024	No	
8.	Sr. Flora Rani B	Tutor	B.Sc	2010	35707	1	Nil	4/11/2024	No	
9.	Sr. Solly Thomas	Tutor	PBB.Sc	2017	48195	1	Nil	4/11/2024	No	
10.	Sr. Hemalatha Mary A	Tutor	B.Sc	2019	97808	1	Nil	4/11/2024	No	
11.	Sr.Arul Francies	Tutor	PBB.Sc	2012	RR TMN 2014 6985	1	Nil	4/11/2024	No	

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

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12.										
13.										
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21.										
22.										

- **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.

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)	23,200 sq. ft	23,900 sq. 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 intakes (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**7 Class rooms** 900sq 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	300sq ft	
	2. Vice-Principal Chamber	200	200sq ft	
	3. HOD	5 x 200 = 1000	5 x 200 = 1000 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	800+2400=3200 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		200sq ft	
	7. Accountants Office		200sq ft	
	8. Store Room		300sq ft	
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1000 sq ft	
	13. Seminar hall	3000	3000 sq ft	
	14. Toilets	1000	1000 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	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq. ft	1600 sq. ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computers: student)	1500sq.ft	1500sq.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 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.

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/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. [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 Licience
1	KA 01 NA 5761	25	Yes	Yes /	Yes / No

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	**2300 sq ft**	**NO**	**YES**	**YES**	

Total No. of Nursing Books available	2943	**No. of Nursing Journals subscribed**	13
No. of Thesis/Research titles available	28	**Is internet facility available for Students?**	YES
No of e-books	148	**How many books were purchased in last financial year?**	237

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Dominic	M.LIB	20	Librarian
2.	Mr. Joseph Antony	BA	15	Asst. Librarian

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 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	**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?**		**NO**
2	**Do you have parent hospital?**	**YES**	
	If Yes, Hospital Owned by	i. Trust/Society/Missionary	**No**
		ii. Trust member with MOU	**YES**

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 **Belenus Champion Hospitals Private Ltd., 46/1, 43/3 ,92&97, Mullur Village, Varthur Hobli, Sarjapura Main Road, Bangalore East – 560035.**	201	1.5 Km	86%	
NAME OF THE TRUST/ Person owning The Hospital **Dr. Manjunath H**				
Name Of the Owner of The Trust of Hospital **Dr. Manjunath H**				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1. Snehadaan Hospital Ambedkar Nagar, Sarjapur Road, Carmelaram Post, Bengaluru-560035.	50	2 Km	88%	

(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 hospitals 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

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

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	38	88	8	95
Surgery including OT	30	92	8	83
Obstetrics & Gynecology	11	83	5	81
Pediatrics,	08	76	5	79
Emergency Medicine	09	91	5	77
Psychiatry	0	0	0	0

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	06	77	2	82
Minor OT	03	89	2	85
Dental, Otorhinolaryngology, Ophthalmology	05	93	0	0
Burns and Plastic	0	0	0	0
Neonatology care unit	14	81	2	76
Communicable disease/ Respiratory medicine/TB & chest diseases	04	76	0	0
Dermatology	04	80	0	0
Cardiology	08	95	4	83
Oncology	02	79	0	0
Neurology/Neuro-surgery	04	72	0	0
Nephrology/Urology	07	82	2	89
ICU/ICCU	32	90	3	78
Geriatric Medicine	10	84	2	80
Any other	06	88	2	81

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		Urban PHC Gunjur
Adopted / Affiliated		Affiliated
Administrate red by		State Govt.
Distance from the Nursing Institute		5 Km
b. Services Rendered by Health & Family Welfare Programmes		□ Provision of medical care. □ Maternal-child health serives. □ Safe water supply and basic sanitation. □ Immunization □ Prevention and control of locally endemic diseases. □ Collection and reporting of vital statistics. □ Education about health □ Distribution of Drugs
URBAN FEILD:		
a. Name of CHC / PHC / SC		Rural PHC Dommasandra
Adopted / Affiliated		Affiliated
Administrate red by		State Govt.
Distance from the Nursing Institute		6.6 Km
b. Services Rendered by Health & Family Welfare Programmes		□ Provision of medical care. □ Maternal-child health including labour & family planning. □ Safe water supply and basic sanitation. □ Immunization □ Prevention and control of locally endemic diseases. □ Collection and reporting of vital statistics. □ Education about health □ Distribution of Drugs
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	
b.	Post Basic B.Sc. Nursing	N/A	
c.	M.Sc. Nursing		
21	Time Table available for all Nursing Programmes		
a.	Basic B.Sc. Nursing	YES	
b.	Post Basic B.Sc. Nursing	N/A	
c.	M.Sc. Nursing		

22	Records of Students: Are the following students records are maintained well?		
a.	Admission record	YES	

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

b.	Daily Attendance Registers	YES	
c.	Health Records	YES	
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	

23	**Hostel Facilities: Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES	
b.	Built-up area of the Hostel	**42584 Sq ft**	
c.	Is the Hostel Owned or Rented/Leased?		**Leased**
d.	Is there separate provision of Hostel for Male and Female Students?		
e.	Total No. of students in the hostel	**Girls: 41**	**Boys: 20**
f.	Total No. of rooms	**Girls: 27**	**Boys: 25**
g.	Water Supply	YES	
h.	Electricity Supply	YES	
i.	Is Facilities available for outdoor games and indoor games?	YES	
j.	Is Sick room available?	YES	
k.	Whether the hostel mess is available with	YES	
l.	Safe drinking water facilities	YES	

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		
Annexure - 18	Master Rotation plans and Time tables		

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

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 12/05/2025 Stella Maris College of Nursing following observation were made -

* Library and labs were inspected and documents were verified.
* Many books of multiple departments were kept and neatly arranged in the Library
* All documents were verified and found correct
* Building infrastructure is satisfactory and documents were verified.
* College has parent hospital Balenus Champion Hospital and KPMEA documents, has been verified. RCB certificates
* Building infrastructure is satisfactory and documents were verified and enclosed for your Rs. personal.

Signature of Chairman

DR. VINUTHA RAO.

Signature of Member (1)

Signature of Member (2)

BELENUS INSTITUTE OF NURSING SCIENCES
INTERNAL TEACHER DATABASE

Sl. No	Name of the Teaching Faculty	Designation	Qualification along with specialty	Year of Passing	KSNC Reg. Number	Teaching Experience in Years		Date of Joining	Form -16 / Bank Statement (Yes/No)	ID Proof	Photo
						UG	PG				
1	Sr. Valsa Thekkan	Director	M.Sc (OBG Nursing)	2023	20466	Nill	1	4/11/2024	No	BERPV8694D	
2	Mrs. Nagarathna DN	Principal	M.Sc (Community Health Nursing)	2010	4389	2	14	25/10/2023	Yes	AMRPN9712F	
3	Mrs. Elaiyarasi	Vice Principal	M.Sc (Community Health Nursing)	2012	10634	2	13	3/12/2024	Yes	AAMPE7885M	
4	Mrs. Anju Kumawat	Professor	M.Sc (OBG Nursing)	2010	RR RAJ 2016 5960 KAR	8	14	3/12/2024	Yes	AMIPK9865D	
5	Mrs. Silvy Thomas	Professor	M.Sc (Community Health Nursing)	2011	19454	8	13	3/12/2024	Yes	FYQPS4445Q	
6	Sr. Deepa Joseph	Lecturer	M.Sc (Medical Surgical Nursing)	2023	101123	Nill	1	4/11/2024	No	DRSPD2793B	

PRINCIPAL

Belenus In... Nursing Sciences
Whi... ...ra Road,
Yetta... ...dkur Hobli,

7	Ms. Jancy A O	ssistant Lectur	M.Sc (Paediatric Nursing)	2023	68757	Nill	1	4/11/2024	No	COZPJ7241D	
8	Sr. Flora Rani B	Tutor	B.Sc	2010	35707	1	Nill	4/11/2024	No	HAXPB0577F	
9	Sr. Solly Thomas	Tutor	PBB.Sc	2017	48195	1	Nill	4/11/2024	No	CQUPT9559H	
10	Sr. Hemalatha Mary A	Tutor	B.Sc	2019	97808	1	Nill	4/11/2024	No	FNUPA0801F	
11	Sr.Arul Francies	Tutor	PBB.Sc	2012	RR TMN 2014 6985 KAR	1	Nill	4/11/2024	No	CKHPA8431N	

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at **Stella Maris College of Nursing, Bengaluru** which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on **12/05/2025** 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)
Dr. Vinutha Rao.		Basavaraj Kurubar

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 **Change of Change of College Name & Address** which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on **12/05/2025** and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Student's 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)
Dr. Vinutha Rao.	Basavaraj Chivade.	Dr Anil Kumar R.V.

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

Date: 02/05/2025

From,

Mrs Sowmya C M

Asso. Professor,

SJM Institute of Nursing Sciences,

Chitradurga.

To,

Principal,

SJM Institute of Nursing Sciences,

Chitradurga.

Respected Mam,

Sub: Requesting for Leave reg-

With reference to the subject cited above, I am here by request your goodself to kindly sanction me 1 week of maternity leave from 09/12/2024to 08/06/2025. Kindly do the needful.

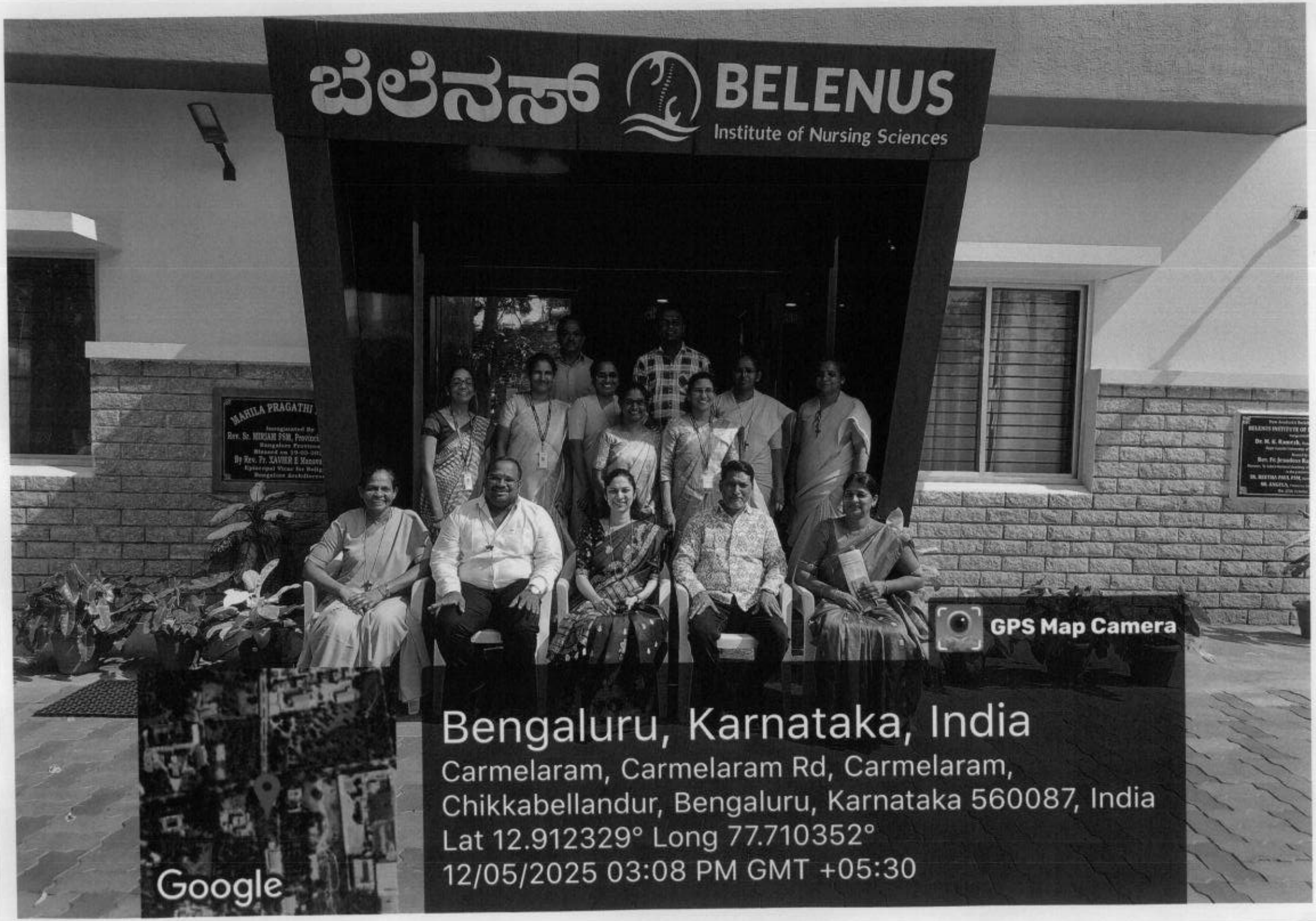
Thanking you,

Yours faithfully

PRINCIPAL
SJM Institute of Nursing Science
CHITRADURGA

PRINCIPAL
SJM Institute of Nursing Sciences
CHITRADURGA


ಬೆಲೆನಸ್
BELENUS
Institute of Nursing Sciences
MAHILA PRAGATHI
GPS Map Camera
Bengaluru, Karnataka, India
Carmelaram, Carmelaram Rd, Carmelaram,
Chikkabellandur, Bengaluru, Karnataka 560087, India
Lat 12.912329° Long 77.710352°
12/05/2025 03:08 PM GMT +05:30
Google


ಬೆಲೆನಸ್
BELENUS
Institute of Nursing Sciences
MAHILA PRAGATHI
GPS Map Camera
Bengaluru, Karnataka, India
Carmelaram, Carmelaram Rd, Carmelaram,
Chikkabellandur, Bengaluru, Karnataka 560087, India
Lat 12.912329° Long 77.710352°
12/05/2025 03:08 PM GMT +05:30
Google

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA27945655420098X
Certificate Issued Date	:	12-May-2025 10:45 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ HSR LAYOUT1/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0879302624098410X
Purchased by	:	DIRECTOR STELLA MARIS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DIRECTOR STELLA MARIS COLLEGE OF NURSING
Second Party	:	REGISTRAR R G U H S
Stamp Duty Paid By	:	DIRECTOR STELLA MARIS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY VYSHALI. K BENGALURU REG. NO. 13266 Expiry On : 7-8-2027 GOVT OF INDIA

KMSSN (R) Branch Authorised Signatory Bengaluru-102

DIRECTOR STELLA MARIS COLLEGE OF NURSING IN-KA27945655420098X RS. 100 12-MAY-2025 10:45 AM

Please write or type below this line

UNDERTAKING by Trust Management

Director of the trust **Kshema Educational Trust** are submitting the affidavit to the university. The **Kshema Educational Trust** is running the college, **STELLA MARIS COLLEGE OF NURSING** since **3** years.

For Kshema Educational Trust (R)

Chairman

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 Kshema Educational Trust (R)

Chairman

ATTESTED BY ME

VYSHALI. K., B.A.L., LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
12-5-2025
No. 16, Lakshmiranga 2nd 'D' Cross,
Ramaiah Layout, Kacharakanahalli,
BENGALURU - 560 084

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Government of Karnataka

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Certificate No.	:	IN-KA27946522130651X
Certificate Issued Date	:	12-May-2025 10:45 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ HSR LAYOUT1/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0879307066804054X
Purchased by	:	STELLA MARIS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DIRECTOR BELENUS CHAMPIONS HOSPITAL PVT LTD
Second Party	:	STELLA MARIS COLLEGE OF NURSING
Stamp Duty Paid By	:	STELLA MARIS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY VYSHALI. K BENGALURU REG. NO. 13268 Expiry On : 7-8-2022 GOVT OF INDIA

PMSSN (R) Branch Bengaluru-102 Authorised Signatory

STELLA MARIS COLLEGE OF NURSING IN-KA27946522130651X RS. 100 12-MAY-2025 10:45 AM

Please write or type below this line

UNDERTAKING AFFIDAVIT

I **Dr. Manjunath.H** Medical Director of the **BELENUS CHAMPION HOSPITALS PRIVATE LTD**, situated at Sy.No.46/1,3 92 & 97, Mullur Village, Varthur Hobli, Sarjapura Main Road, Bangalore East Taluk, Bangalore -35.

Belenus Champion Hospitals Private Ltd. No. 46/1, 46/3, 92 & 97 Mullur Village Varathur Hobli Bangalore-35

This is to confirm that our hospital **BELENUS CHAMPION HOSPITALS PRIVATE LTD** is registered under KPMEA and PCB with **201** beds and the bonafide certificate has been attached.

This is to confirm that the hospital is functioning as parent hospital for **STELLA MARIS COLLEGE OF NURSING**. We also confirm that our hospital is solely affiliated to **STELLA MARIS COLLEGE OF NURSING** and is not affiliated to any other nursing college. The information provided by us is true and correct.

Deponent

Champion Hospitals Private Ltd. No. 46/1, 46/3, 92 & 97 Mullkuru Village Varathur Hobli Bangalore-35

No of Corrections.....nil

NOTARY VYSHALI. K BENGALURU REG. NO. 13266 Expiry On : 7-8-2027 GOVT. OF INDIA

ATTESTED BY ME

VYSHALI. K., B.A.L., LL B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
12-5-2022
No. 16, Lakshmiranga 2nd 'D' Cross,
Ramaiah Layout, Kacharakanahalli,
BENGALURU - 560 084

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Certificate No.	:	IN-KA27944989745811X
Certificate Issued Date	:	12-May-2025 10:45 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ HSR LAYOUT1/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKACRSFL0879298482643527X
Purchased by	:	DIRECTOR STELLA MARIS COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DIRECTOR STELLA MARIS COLLEGE OF NURSING
Second Party	:	REGISTRAR R G U H S
Stamp Duty Paid By	:	DIRECTOR STELLA MARIS COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY
VYSHALI. K
BENGALURU
REG. NO. 13266
Expiry On : 7-8-2027
GOVT OF INDIA

PMSSN (R) Branch
Authorised Signatory
Bengaluru-102

Please write or type below this line

UNDERTAKING by Trust Management

Director of the trust **Kshema Educational Trust** are submitting the affidavit to the university. The **Kshema Educational Trust** is running the college, **STELLA MARIS COLLEGE OF NURSING** since **3** years.

For Kshema Educational Trust (R)

Chairman

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.

To,

Dr. Vinutha Rao,
Principal,
MVM College of Naturopathy & Yogic Sciences
Yelahanka, Bengaluru
9980181331
drvinuthamvm@gmail.com

Below are the details of the college who have applied for Change of College Name and Change of College Address

Change of Name

Old existing name	Proposed name
BELENUS INSTITUTE OF NURSING SCIENCES	STELLA MARIS COLLEGE OF NURSING

Change of Address

Old existing address	Proposed address
BELENUS INSTITUTE OF NURSING SCIENCES Yettakodi Village, Lakkur Hobli, Chikkathirupthim Whitefield Road, Malur Taluk, Kolar District – 563160.	**STELLA MARIS COLLEGE OF NURSING** Navajeevan Complex, Opp. Mount Caramel Forane Church, Carmelaram , Bangalore – 560035.

NOTARY GOVT. OF INDIA
VYSHALI. K
BENGALURU
REG. NO. 13266
Expiry On : 7-8-2027

For Kshema Educational Trust (R)

Chairman

ATTESTED BY ME

VYSHALI. K., B.A.L., LL B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 16, Lakshmiranga 2nd 'D' Cross,
Ramaiah Layout, Kacharakanahalli,
BENGALURU - 560 084