Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Anoop Nair	Dr. Rajasekaran. S	Gayathri Devi
Designation	Associate Professor	Principal	Principal
Address	Department of Prosthodontics and Implontology Government Dental College and Research Institute, Bengaluru	Icon Pharmacy College, No:32 Bheemanahalli, Bidadi, Bengaluru-562109	Kripa Institute of Nursing Sciences, Bengaluru
Mobile No	9886459375	9241033201	8123406423
Email ID	dranoopnair@gmail.com	rajasekaranpharm@gmail.com	

Inspection For the Academic Year :2025-26			*Date of Inspection: 15/08/2025*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	**Name of the Institution with Full Address**	**BTL College of Nursing Plot No. 301,Kithaganahalli Village, Bommasandra, Anekal Taluk, Bangalore-560099**	2	**Year of Establishment** 2023
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 & Phone number**	**BTL Educational Trust for Rural Development** #259/B, Bommasandra Industrial area, Hosur Road, Bangalore-560099 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: btlcollegeofnursingofnursing2023@gmail.com	**Website:**	
		Office No:	**Mobile No:9482080910**	

Signature of Chairman

Signature of Member (1)
Dr. S. Rajasekaran

Signature of Member (2)
M. GAYATHRI DEVI

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Suma Ranganath, Additional Secretary Contact Number: 8217352321		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mrs. GUNAVATHI S Qualification: M.Sc OBG Experience after MSc: 17 Years Email: btlcollegeofnursing2023@gmail.com		Mobile No:9482080910 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	Mr. Harsha H G Chief Administrative officer BTL Group of Institutions		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		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	Rs. 2,20,050/-				Rs.2,20,050
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.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	Rs.2,20,050/-
Online Transaction Number or Details: Transaction Number: BD00000007595820 dated on 31/12/2024						

Remarks: received

Verify &Enclose copy of Affiliation fee paid documents

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

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	MED129RGU2023 Bangalore, 31/10/2023 Annexure - 5	RGU/AFF/NSG/ COA/ 01/ 2024-25 Annexure - 6	KNC:2224: 2023-24 Annexure - 7	INC/884/2024-25 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	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					
	Admissions Made for the Current Academic Year		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	39	22	—	—	61
	Female	21	38	—	—	59
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

NA

verified

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———
			NA			

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———
			NA			

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

Remarks: verified

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	101 to 150	151 to 200	201 to 250	20 to 60										
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	--		10							
	Total	**16-24**	**24-40**				**4-12**			18							

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

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

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

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

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

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

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

Intake	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
150 students intake				
200 students intake				

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

250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs. Gunavathi S	Principal	M.Sc (OBG)	2007	40193	9 years	17 years	16.08.2024	Yes	
2.	Mrs. Saraswathi V	Vice Principal	M.Sc(Community)	2015	009018	2 year	9 years	01.02.2022	Yes	
3.	Mr. C. Parthiban	Professor	M.Sc (Psychiatry)	2016	33172	3 Year	9 years	20.11.2024	Yes	
4.	Mrs. Asha M R	Associate Professor	M.Sc (Pediatrics)	2020	161355	4 Year	4 year	03.09.2024	Yes	
5.	Mrs. Padasalagi Veeramatha Eshwarappa	Associate Professor	M.Sc (OBG)	2019	043636	5 Year	5 year	03.06.2024	Yes	
6.	Mr. Sujin S S	Asst. Professor	M.Sc (MSN)	2021	47383	2 Year	2 year	06.05.2024	Yes	
7.	Mrs. Chaithra K	Asst. Professor	M.Sc (MSN)	2021	170788	2 Year	2 year	06.08.2024	Yes	
8.	Mrs. Prajina N	Asst. Professor	M.Sc (Pediatrics)	2024	040066	5 Years		07.03.2025	Yes	
9.	Mr. Sandip Panda	Tutor	B.Sc (N)	2023	159045	2 Year		17.12.2024	Yes	
10.	Mrs. Kavana H K	Tutor	B.Sc (N)	2024	165591	5 Years		25.09.2024	Yes	
11.	Mrs. Shwetha Karbelkar	Tutor	B.Sc (N)	2021	122192	2 Years		08.05.2024	Yes	
12.	Mrs. Rakshitha M K	Tutor	B.Sc (N)	2022	135511	2 Year		03.02.2025	Yes	
13.	Ms. Celine	Tutor	B.Sc (N)	2021	121863	3 Year		03.02.2024	Yes	
14.	Mr. Sudarshan	Tutor	B.Sc (N)	2024	161206	1 Year		08.05.2024	Yes	
15.	Mr. Sanjay G S	Tutor	B.Sc (N)	2023	147901	2 Year		08.05.2024	Yes	
16.	Mr. Ajaykumar U	Tutor	B.Sc (N)	2022	132013	4 Year		06.05.2024	Yes	
17.	Ms. Priyanka S	Tutor	B.Sc (N)	2021	120636	3 Years		06.05.2024	Yes	
18.	Ms. Raksha K	Tutor	B.Sc (N)	2021	120939	3 Years		06.05.2024	Yes	
19.										
20.										
21.										

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

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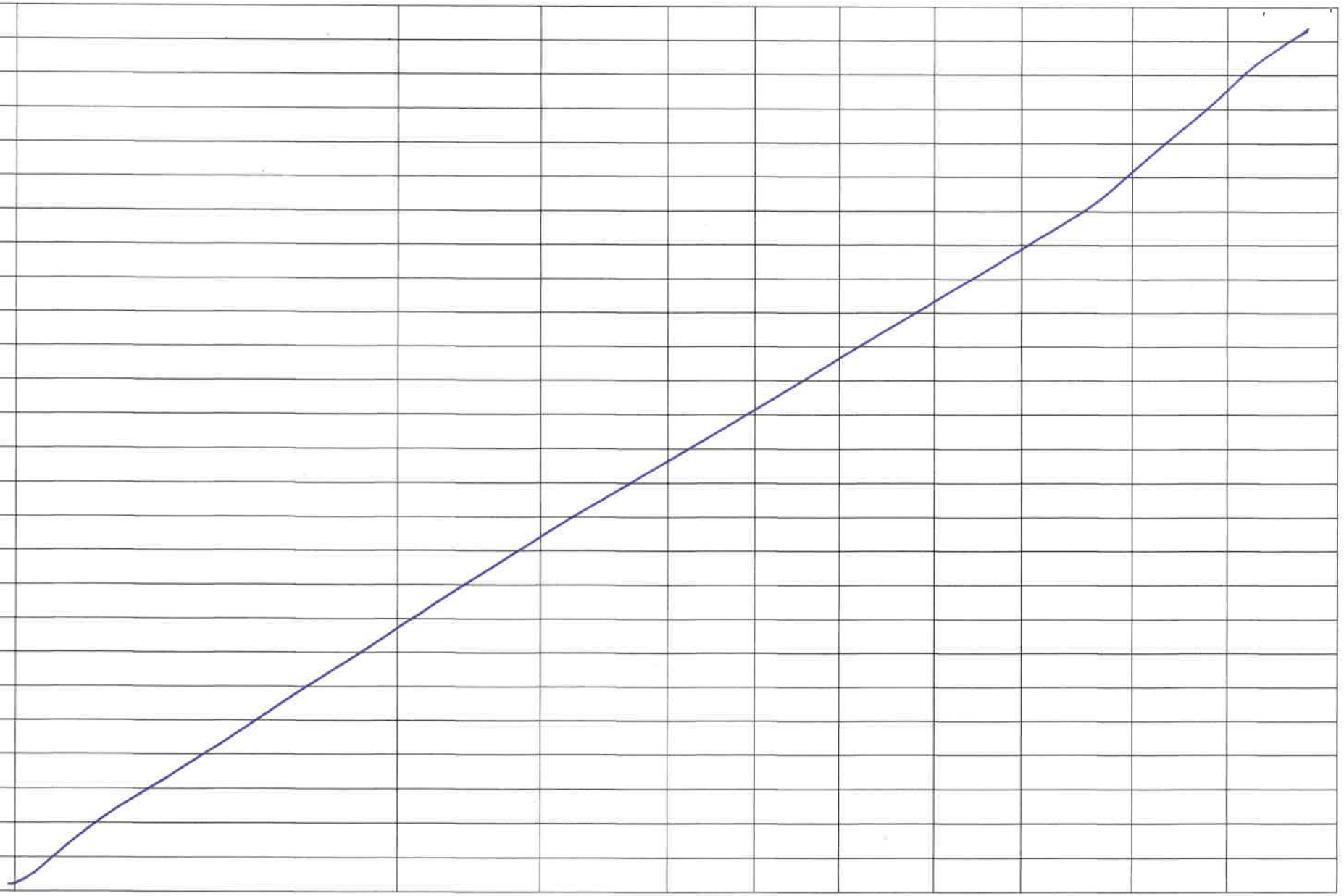

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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- **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			verified

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**62,073 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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**9*1100=9900 sq.ft**	verified
	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	**484 sq.ft**	
	2. Vice-Principal Chamber	200	**350 sq.ft**	
	3. HOD	5 x 200 = 1000	**5*250=2250 sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**1100+2906=4006 sq.ft**	verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**506 sq.ft**	
	7. Accountants Office	**100**	**650 sq.ft**	
	8. Store Room	**100**	**300 sq.ft**	
	9. Record room	**100**	**600 sq.ft**	
	10. Room for maintenance staff	**100**	**250 sq.ft**	
	11. Xeroxing room	**100**	**600 sq.ft**	
	12. common room (Girls & Boys)	600+400= 1000	**2400 sq.ft**	verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3200 sq.ft**	
	14. Toilets	1000	**2100 sq.ft**	

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

	15. A.V/Aids room	600	**850 Sq.ft**	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**2100 sq.ft**	
	Nutrition & Community Health Nursing	1200sq.ft	**1300 sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1100 sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**1200 sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**1210 sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1800 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**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	KA51AJ3320 KA51MQ1740	51 07	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	5670 sq.ft	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	3015	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	Yes
No of e-books	30	**How many books were purchased in last financial year?**	650

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Naveena M A	M.Lib	6 Years	Librarian
02	Netravathi	PUC	12 Years	Assistant

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals 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	**02**	
Conferences conducted	**03**	

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

Conferences attended	**05**	

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital **Natus Women And Children Hospital** 20/13, Sarjapur – Marathanahalli Road, Carmelera Janatha Colony doddakannelli, Bengaluru – 560035 MOU(Registered parent hospital MOU)		100	14 Km	85%	
NAME OF THE TRUST/ Person owning The Hospital **Mr. John Jobin** **Natus Health Care Private Limited**					
Name Of The Owner Of The Trust of Hospital **Mr. John Jobin** **Natus Health Care Private Limited**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. **Narayana Multispecialty Hospital,** H S R Layout, Bangalore-560102	100	13 Km	86%	
	2				
	3 (MOU/Clinical permission letter)				

(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)**

- 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**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing 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	15	12	15	14
Surgery including OT	15	12	10	09
Obstetrics & Gynecology	10	09	05	04
Pediatrics,	10	07	04	03
Emergency Medicine	07	06	08	08
Psychiatry	03	02	02	01

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02	02	02
Minor OT	02	02	02	02
Dental, Otorhinolaryngology, Ophthalmology	02	02	03	02
Burns and Plastic	03	02	02	02
Neonatology care unit	03	02	01	01
Communicable disease/Respiratory medicine/TB & chest diseases	05	03	05	04
Dermatology	02	02	05	04
Cardiology	02	05	06	05
Oncology	08	02	05	04
Neurology/Neuro-surgery	02	02	01	01
Nephrology/Urology	02	01	04	02
ICU/ICCU	05	04	14	14
Geriatric Medicine	00	00	05	03
Any other	02	02	01	00

Note : 1:3 student patient rationeeded. 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**	**Chadapura PHC**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**2Kms**
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**Anekal Govt. Hospital**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**10Kms**
b.	Services Rendered by Health & Family Welfare 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 Programmes**		
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** ☐
s.	POSHE Committee	**YES** ☑	**NO** ☐
t.	Prevention of Gender harassment 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	**61,200Sq.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 : 59**	**Boys : 61**
f.	Total No. of rooms	**Girls : 74**	**Boys : 20**
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	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
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.

LIC Team Observations:

For continuous appliation 25-26 as on date of LIC inspection 15-8-25 total of 18 staff were available. College has own building and land registered under the trust. Own hospital natus as per KPME / PCB 100 bed hospital. Affliated hospital Narayana HSR with 95 bed as per KPME / PCB certificate. Total 5 classrooms with audiovisual aids available. library with more than 3000 books, librarian and digital library available. Infrastructure facilities, lab facilities available as per RGUHS norms. All relevant annexures, along with photographs are here by enclosed along with pendrive.

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 BTL College of Nursing Bangalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 15/2/24 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. S. Rajeshwaran.	

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

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B.T.L. EDUCATIONAL TRUST FOR RURAL DEVELOPMENT

No.259/B, Bommasandra Industrial Area, Hosur Road, Bengaluru-560 099.

Late Prof. B.T. Lakshman	Smt. Suvarna Lakshman	Dr. H.D. Ranganath	Dr. Suma Ranganath
PE. DEE.,	M.A., BEd.,	MBBS., MS (Ortho)	MDS. PHD.
Founder Chairman	Chair Person	Hon. Secretary	Hon. Additional Secretary
	Phone (O): 27832379 Ext.302	Phone (O): 27832379	Phone (O): 080-2783 2379

Ref.: BTL/Trust/RGUHS/U-01/2025 Date : 15/08/2025

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the trust **BTL Educational Trust for Rural Development** are submitting the affidavit to University.

The BTL Educational trust for Rural Development is running/managing the colleges **BTL College of Nursing, BTL Institute of Allied Health Sciences and BTL Institute of Physiotherapy** since 3 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.

Additional Secretary
BTL Educational Trust for Rural Development
259/B, Bommasandra Industrial Area,
Hosur Road, Bangalore - 560 099.

natus HOSPITAL
WOMEN AND CHILDREN

080-69696464 infosr@natushospitals.com www.natushospitals.com

UNDERTAKING

I, **Dr. John Jobin,** is Director of the **Natus Women and Children Hospital** situated at **#20/8, Sarjapura Main Road, Bangalore, Karnataka-560 035.**This is to confirm that our **Natus Women and Children Hospital** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the **Natus Women and Children Hospital** Is functioning as parent hospital for **BTL College of Nursing, Bangalore.** We also confirm that our hospital is solely affiliated to **BTL College of Nursing, Bangalore** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Authorized signatory
Natus Hospital

Date : 13/11/2024
Place : Bangalore