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. G. Manjunath Gowda	DR. D.V. CHALAPATHY	Mr. Praveen Kumar DK
Designation	RGUHS Senate member	PROFESSOR.	Asso. Professor.
Address	Rajiv Gandhi Main Kamakshipalya, Bangalore	VYDEHI MEDICAL COLLEGE. BANGALORE.	Jana Prabha Colony Hoovani
Mobile No	9066679444	9945000037	8197670317
Email ID	manjunathgowda3in@gmail.com	dvchalapathy@yahoo.com.	praveenkrgc@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	SIG College of Nursing. opposite Gandhi Maidan, NH75, Nellyady post & village Kadaba Taluk, D.K. Dist. Karnataka 574229		2	Year of Establishment
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	Saint Gregorios Educational and charitable Trust (R) opposite Gandhi Maidan, NH75, Nellyady P.O & village Kadaba Taluk. D.K. Karnataka 574229 (Enclose copy of Registration documents of Society/Trust) Annexure – 1			
		Email: saintgregoriosecf1972@gmail.com	Website: www.sigcollege.org		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Mr. Prashanth Chacko. S.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 06 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)		Annexure - 2
5	Details of Principal/Head of the institution	Name: Pallavi Shettigar. S Qualification: MSc(N) Experience: 15 years Email: Stycollegeofnursing@gmail.com	Mobile No: 8867395317 Office No: 08246637177 Fax No: Residential phone No:	
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 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 Enhancement of Seats 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	Enhancement fee		- 1,50,000			1,76050.
Post Basic B.Sc. Nursing	Penalty Application Process		- 25,000 - 1,000 50			
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
				Grand Total (A+B+C)		

Online Transaction Number or Details:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

3	Name of the Owner of Teaching Society	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council :
5	Details of Head of the Institution	Name: Qualification: Experience: Email: Mobile No: Office No: Fax No: Residential phone No:
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. (Verify & enclose a copy of the registered trust Document)

7. Affiliation Fee Paid Details:

Particulars of fees paid for

Course Applied for (UG Course)	Continuation / Fresh Affiliation	Annual Fees	Renewal Fees	Administration Charges	Details of the Fee paid by the UG and PG courses to INC	Amount
B.Sc Nursing						
Post Basic B.Sc Nursing						
					Total (A)	

PG Course (M.Sc Nursing)	P.G Continuation/Fresh Affiliation	No of Seats & Fees of each Faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details

Signature of Chairman / Secretary (1)

Signature of Member (2)

Signature of Member (3)

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	MED158 RGU2024 25/10/2024 Annexure - 5	RGU/AFF/ COE/F1/01 2024-25 Annexure - 6	KSNC/2298: 2024-25 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	37				
Post Basic B.Sc. Nursing — NA —	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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 ☐ — NA —	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC — NA —	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

— NA —	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	10	NA	NA	NA	NA
	Female	27	NA	NA	NA	NA
Post Basic B.Sc Nursing NA	Male					
	Female					
M.Sc Nursing NA	Male					
	Female					
M.Sc NPCC NA	Male					
	Female					

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

— NA —

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To-------

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

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

— NA —

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From----- To-------

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

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

		Admission Made for the Current Academic Year					

9. 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					
	Female					
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc PSYC Nursing	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)	Details of Experience (Please write Exact No. of years and months)	Duration of Course with date From——— To———

Note: Scanned 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)	Details of Experience (Please write Exact No. of years and months)	Duration of Course with date From——— To———

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

Remarks:

Signature of Chairman

Signature of Member (2)

Signature of Member (1)

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*		1									
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		1									
6	Tutor	8-16	16-24	2-10	--		16									
	Total	**16-24**	**24-40**	**4-12**			21									

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)**

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

Sl. No	NAME OF THE 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	Aftr PG			
1.	PALLAVI SHETTIGAR S	PRINCIPAL	MSC OBG	2008	24	0	15	05/10/2023		
2.	PRADEEP B S	VICE PRINCIPAL	MSC PAEDIATRICS	2016	40051	0	10	13/07/2024		Leave
3.	JULIANA D SOUZA	ASSISTANT PROFFESSOR	MSC PSYCHAITRY	2020	53407	7	4.8	14/11/2024		
4.	PRAJYOTHSNA	NURSING TUTOR	MSC OBG	2023	14109	1.7	1.3	02/09/2024		
5.	KAVYA	ASSOCIATE PROFFESOR	MSC MEDICAL SURGICAL	2017	30410	0	6	27/11/2024		Leave
6.	MINI PA	NURSING TUTOR	MSC COMMUNITY HEALTH NURSING	2024	161225	0	0	28/05/2025		
7.	ARCHANA ANIL	NURSING TUTOR	MSC MEDICAL SURGICAL	2024	115844	0	0	22/04/2025		Leave
8.	BLESSY D SOUZA	NURSING TUTOR	PBBSC	2017	176335	0	.6	11/11/2025		
9.	LAVANYA	NURSINBG TUTOR	BSC	2023	153210	0	.6	04/11/2024		
10.	PREETHI TP	NURSING TUTOR	PBBSC	2015	166267	0	0	07/04/2025		Preethi
11.	AMBILY JACOB	NURSING TUTOR	PBBSC	2012	62966	0	0	01/10/2012		
12.	VANAJAKSHI	NURSING TUTOR	BSC NURSING	2017	87727	0	0	27-05-2024		
13.	SHAJU T J	ASSOSIATE PROFESSOR	MSC COMMUNITY HEALTH NURSING	2014	116055	0	10	07-11-2024		
14.	JISHA DANIEL	NURSING TUTOR	BSC NURSING	2013	150876	0	0	16-05-2024		
15.	SHALET DSOUZA	NURSING TUTOR	BSC NURSING	2017	86870	0	0	04-10-2024		Shalet
16.	PRASHANTH R K	NURSING TUTOR	BSC NURSING	2020	109605	0	0	27-05-2024		Prashanth R K
17.	ASHISH JACOB	NURSING TUTOR	BSC NURSING	2018	92824	0	0	09-09-2024		
18.	SHARANYA RAJU B R	NURSING TUTOR	BSC NURSING	2019	200091	0	0	09-10-2024		
19.	AMRITHA SOMAN	NURSING TUTOR	BSC NURSING	2021	126379	0	0	08-11-2024		
20.	ROOBLE VARGHESE ABRAHAM	NURSING TUTOR	BSC NURSING	2012	54401			08-05-2025		
21.	SIJI SCARIAH	NURSING TUTOR	BSC NURSING	2009	18812	0	0	24-04-2025		

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

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

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

14. **Physical Facilities :**

14.1. **College Building:**

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	35280	Verified
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 classrooms 900x4=3600	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	300	Verified
	2. Vice-Principal Chamber	200	200	Verified
	3. HOD	5 x 200 = 1000	5x200 = 1000	Verified
	4. Professor/Assoc. Prof	800+2400=3200	800+2400 = 3200	Verified.
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		400	Verified
	7. Accountants Office		200	Verified
	8. Store Room		300	Verified
	9. Record room		900	Verified
	10. Room for maintenance staff		900	Verified
	11. Xeroxing room		150	Verified
	12. common room	1000	1000	Verified
	13. Seminar hall	3000	3000	Verified
	14. Toilets	1000	1000	Verified
	15. A.V/Aids room	600	650	Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S.No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	25,200sq.ft		
	Note: The 25,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The norms of India extension may in section 4 published by audavis, Ghatan Meeting Council (Nursing) regulations and orientation for B.Sc. (nursing programme) 2020) file July 2021 F.NO. 11-1/2019-NC/102 (Corp) Printed Annexure required copy		
2	CLASSROOMS			
	Size of each classroom (sq.ft) for 40 to 60 intake (B.Sc (N)- 900 sq.ft	4 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		
	MPCC - 600sq.ft	2 Class rooms 600sq.ft Each		
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	200		
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000		
	4. Professor/Asso. Prof.	300+2x100=500		
	5. Lecturer/ Tutors			
	Facilitation office /Others			
	6. Office of Administrative, clerical staff and PA (s)			
	7. Accounts Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Secretary room			
	12. conference room	1000		
	13. Seminar hall	2000		
	14. Toilets	1000		
	15. A.V. Aide room	600		

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

S. No	Details	Required	Existing	Remarks
	LABORATORIES			
4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1623	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	928	Verified
	Pediatrics Nursing Laboratory	900sq.ft	928	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	928	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	Verified

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/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 Licience
01	KA19AF3628	52	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Sr. No	Details	Required	Existing	Remarks
	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1000 sq ft		
	Nutrition & Community Health Nursing	1200sq ft		
	Chemistry and Cytology Laboratory	900sq ft		
	Pediatrics Nursing Laboratory	900sq ft		
	Para Clinical Sciences Laboratory	900sq ft		
	Computer Lab (25 computer Students)	1500sq ft		

Note:

- One large skill laboratories 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. Simulator for advance skills e.g. administration of tube feeding, medications, I.V. injecting IMS, pressure ulcer prevention model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models, ventilator for use in Critical Care Units.
- For NICU preparation there should be a simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size 900 sq ft for 40-60 student intake & proportionately the size of the lecture hall 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. Title 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 owns / have own building even after 2016 whichever of affiliation will be initiated. (F.No.INC-1-3019-INC dtd 29/10/2018)
- It is mandatory that all nursing institution shall have its own building within two years of its establishment 2021-22 onwards.
- Name of the trust/society/director of the Trust/Society/Company desires to lease the building owned by him/a for nursing programs it should be for a period of 30 years. [Indian Nursing Council (revised regulations and conditions on BSc. nursing) regulations 2020] Sr.No.9 2021 NO. 11-1/2019 INC.)
- Couple location of college to be attended by LIC loan.

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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
01			Yes / No	Yes / No	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	2800	YES ☑ No ☐	Good	Good	Verified

Total No. of Nursing Books available	1069	**No. of Nursing Journals subscribed**	18
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	Yes
No of e-books	500	**How many books were purchased in last financial year?**	800

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Vekshitha	M.LIB	1	Verified
2	Vidya	Diploma in Library Science	.5	Verified

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	- NA -	—
Conferences conducted	- NA -	—
Conferences attended	- NA -	—

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 Puttur City Hospital A.P.M.C Road Puttur 574201		101	29		Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Bhaskar Shrinivas					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Adarsha Hospital Puttur A.P.M.C Road Puttur. D.K 574201	70	29		Verified
	2 Ashwini Hospital Nellyady. Nellyady P.O Gvillage 574229	30	1KM		Verified

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

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

1	Do you have parent Medical College?	YES ☐	NO ☒
2	Do you have parent hospital?	YES ☒	NO ☐
	If Yes, Hospital Owned by	a. Trust/Society/Missionary ☐	
		b. 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	191	2.4		
NAME OF THE TRUST/Person owning The Hospital				
Name Of The Owner Of The Parent Hospital				
	320	2.4		
	320	1.8/4		

Mention the number of beds, verify the original documents of previous year, the overnight at hospital and the number of beds with KPME and Pollution control board certificate, also verify the details in online website of KSPCB & KPME while visiting the units.

NOTE:

- If the college established (i.e., 2012-13 and before (before 2013-14) parent hospital rule is not applicable (G.NO 1-8/2014-INC).
- Colleges established since 2014-15 shall have 100 bedded parent hospital for opening new B.Sc. Nursing Programme. But several other provisions are here clinical affiliation with govt hospitals and nursing parent hospital is not applicable. Other applicable Facilities to clinical experience required are (1) Community Nursing, Community health nursing, Psychiatric Nursing, Neurology, Neuro Nephro, ICU/CCU. (Reference G.NO.1-8/2014-INC dtd 29/10/2014 and G.NO.1-8/2014-INC dtd 29/10/2014).
- With effect from 2022-23 A.Y. Nursing colleges for Bangalore Urban and Mangalore city should have 200 bedded Teaching Multispecialty parent hospital. This hospital should continue to function as parent hospital till the end of the academic year and also allow the hospital to be treated as Parent Affiliated Hospital to any other nursing institution and will

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

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

Note

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

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	23	21	39	30
Surgery including OT	24	23	10	07
Obstetrics & Gynecology	15	14	05	03
Pediatrics,	23	21	04	02
Emergency Medicine	06	05	05	03
Psychiatry / ENT	10	08	07	06

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	03	03	01
Minor OT	07	06	07	05
Dental, Otorhinolaryngology, Ophthalmology	02	02	02	01
Burns and Plastic	02	02	—	—
Neonatology care unit	04	02	04	3
Communicable disease/ Respiratory medicine/TB & chest diseases	—	—		
Dermatology	—	—		
Cardiology	05	04	05	04
Oncology	03	03	03	02
Neurology/Neuro-surgery	03	03	—	—
Nephrology/Urology	03	03	04	04
ICU/ICCU	06	06	04	04
Geriatric Medicine	—	—	—	—
Any other / Ortho	—	—	10	08

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)

18.1: Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	223	21	39	20
Surgery including OT	24	03	10	07
Obstetrics & Gynaecology	15	04	05	03
Pediatrics	03	01	04	02
Emergency Medicine	01	05	05	02
Psychiatry	10	05	03	01

Additional Other Specialized Facilities for clinical experience

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	03	03	01
Minor OT	07	06	05	05
Dental (Dentistry/prosthesis, Opthalmology	03	02	02	01
Burns and Plastic	03	02	—	—
Neonatology care unit	04	02	04	3
Communicable diseases	—	—		
Respiratory medicine/TB & chest diseases				
Dermatology	—	—		
Cardiology	05	04	05	04
Oncology	03	02	03	02
Neurology/Neuro surgery	03	03	—	—
Nephrology/Urology	05	03	04	04
ICU/HDU	01	01	04	02
Geriatric Medicine	—	—		
Any other	—	—	10	08

Note: 1. Student parents may be needed. Verify and attach details of previous month.

Signature of Clerk(s)

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Nedlyady Primary Health Centre
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	• 5KM
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Urban Health Centre Puttur
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	29KM
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)**

19	COMMUNITY HEALTH NURSING: Annexure - 17
BRANCH FIELD	
a. Name of CHC/PHC/SC	
Adopted / Affiliated	
Administered by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FIELD:	
a. Name of CHC/PHC/SC	
Adopted / Affiliated	
Administered by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	

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 Register	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 (I)

Signature of Member (I)

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 12050	
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 : 13	Boys : 05
f.	Total No. of rooms	Girls : 36	Boys : 16
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)

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 Visits	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 12265.0		
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 : 85		Boys : 65
f.	Total No. of rooms	Girls : 26		Boys : 16
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 (2)

Signature of Member (1)

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 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 : KNC 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 Internal Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own or not. If not MOU documents Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility for Ramp in working condition. 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of Library Books & others	✓	
Annexure - 15	Academic Activities		✓
Annexure - 16	Details of Clinical Hospital Facilities- registered Hospital MOU, latest KSNC & KPME certificate, current academic year clinical pass/fail receipts from affiliated hospitals	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time table	✓	

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, as per the documents provided the observation is as follows:

i) Infrastructure - Adequate as per norms.
ii) Equipments - Adequate as per norms
iii) Staff - Adequate as per norms
iv) clinical load - As per norms.

⇒ Can be considered for
i) Continuation of Affiliation
ii) Enhancement of seats (BSc-Nursing 40-60)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 19	List of Faculties with their Declaration forms if necessary documents		
Annexure - 20	BCI/BIS approved Bachelor letters of M.Sc Nursing faculty (each applicable wise)		

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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. D. V. CHAKRAPANI	Praveen Kumar 26/6/25
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

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

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

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Mr. Prashanth Chacko S. are is submitting the affidavit toUniversity.

The trust St. Gregorious Educational Trust is running/managing the colleges 1. SIG College of Nursing
2. _____
3. _____ since _____ years.

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

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

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

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

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

For ST GREGORIOS EDUCATION & CHARITABLE TRUST (R)

MANAGING TRUSTEE

For ST GREGORIOS EDUCATION & CHARITABLE TRUST (R)

MANAGING TRUSTEE

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, Dr. Bhaskar Shrinivas
is/are the Owners/MD/CEO/Board Members of the
Puttur City Hospital ~~hospital~~ situated at
Puttur

This is to confirm that our hospital City Hospital Puttur Private Limited is registered under KPMEA and PCB with 101 beds and the bonafide certificate has been attached.

This is to confirm that the hospital City Hospital Puttur Private Limited is functioning as ~~affiliated~~/parent/own hospital for STG College of Nursing college.

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

The information provided by us is true and correct.

For ST GREGORIOS EDUCATION & CHARITABLE TRUST (R)

MANAGING TRUSTEE

For ST GREGORIOS EDUCATION & CHARITABLE TRUST (P)

MANAGING TRUSTEE

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

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

We have conducted LIC inspection of this college on 26/6/25 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)

STG COLLEGE OF NURSING NELLYADY

Particular of External Teachers (Part time)

SL. No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1.	Dr Aneesh	BHMS	Physiology	60	
2.	Dr Ananya	BAMS	Anatomy	60	
3.	Dr Prajwal	BAMS	Pathology		
4.	Ms Blessy	M Sc Psychology	Psychology	30	
5.	Ms Alfy	MSc Psychology	Psychology	30	
6.	Mr. Jose	M.A English	Communicative English	40	
7	Mr. Kashinath	MSc Biochemistry	Biochemestry	40	
8	Dr Sweena	BAMS	Microbiology	40	
9	Mr Sanjay	M.A Sociology	Sociology	60	

PRINCIPAL
STG COLLEGE OF NURSING
NELLYADY

STG COLLEGE OF NURSING

A Unit Of St Gregorios Educational & Charitable Trust (R)

Door No. 1-191, NH. 75.Opposite Gandhi Maidan, Nellyady Post, Kadaba Thaluk, D.K District, Karnataka – 574229

Ph. : +91 8867395317, +91 9845184197, 0824 6637177 E-mail : stgcollegeofnursing@gmail.com

Ref: SL017/AFF/RGUHS/2025

Date: 26/06/2025

To,

Registrar

RGUHS, Bangalore

Dear Sir / Madam,

Sub: Documents of Continuation Affiliation / Enhancement of Seats 2025-26.

With due respect we would like to mention that we are submitting the documents of the continuation affiliation / Enhancement of Seats for Basic BSc nursing for the academic year 2025-26.

Following Documents are enclosed:

1. Increase Intake Affiliation Application Form.
2. Fees Paid receipt.
3. Scanned copy of the uploaded documents through Pen drive and Photos

Kindly acknowledge the same and do the needful.

Thanking You.

Principal

STG College of Nursing Nellyady