



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 Bawela	DR. D.V. CHALAPATHY	Mr. Praveend Kumar
Designation	RGUHS Senate member	PROFESSOR	ASST. PROFESSOR
Address	11/2, 1st Main, Kamathipalya, Bangalore	UDEMI MEDICAL COLLEGE, BANGALORE	Jane Priya College of Nsg. - Hosur
Mobile No	9066679444	9945000037	8197670317
Email ID	manjunathgonda31@gmail.com	dvchalapathy@yahoo.com	Praveendkumar22@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, NH 75, 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, NH 75, Nellyady P.O & village Kadaba Taluk . D.K. Karnataka 574229 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Saintgregoriossecf197@gmail.com	Website: www.sigcollege.org	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



INSPECTION PROFORMA FOR NURSING 2025-26 AY

Name	Designation	Address	Mobile No.	Email ID	Subject Expert
Dr. V. Srinivas	Principal	100/100, 100/100, 100/100	9999999999	srinivas@rghs.ac.in	Dr. V. Srinivas

Date of Inspection:

(Please Tick the appropriate boxes below)

Type of Inspection:	1. Fresh Admission	2. Continuation of Admission	3. Enhancement of Seats	4. Additional Course (M.Sc Nursing only)	5. M.Sc Nursing	6. Post Basic B.Sc Nursing
	☐	☒	☒	☐	☒	☐

Name of the Institution with Full Address	Status of the course conducting body	(a) Name of the Trust/Society & complete postal address
St. John's College of Nursing, opposite St. John's Hospital, 100/100, 100/100, 100/100	Government / University / Autonomous / Municipal Corporation	St. John's Hospital, 100/100, 100/100, 100/100

Signature of Member (2)

Signature of Member (1)

Signature of Chairman

(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 of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5 Details of Principal/Head of the institution	Name: Pallavi Shettigar.S Qualification: MScN Experience: 15 years Email: <i>Stycollegeofnursing@gmail.com</i>	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 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 <i>Enhancement of Seats</i>				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Enhancement fee	- 1,50,000				1,76,050.
Post Basic B.Sc. Nursing	Penalty	- 25,000				
	Application process	- 1,000				
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)

On Name of the
 (Number of
 (Country)

Mr. Pashank Chakraborty

Training Councils
 Audit Report of
 Total

Total Number of Members in Governing Council: 06

(Enclose copy of Governing Council Minutes & Audit Report of Society Form)

Details of
 Training Councils of the
 Institution

Name: Pashank Chakraborty
 Qualification: M.A. (English)
 Experience: 12 years
 Residential phone No: 8823456789
 Office No: 8823456789
 Mobile No: 8823456789
 Fax No: 8823456789

Do you have any other award
 or recognition other than the current
 recognition mentioned above under the
 same trust?

YES ☐
 NO ☒

If yes, specify the full name of the award
 recognition with full address only with the
 original TRLIST document
 (Verify, attach a copy of the awarded
 trust document)

7. Affiliation Fee Paid Details:

Course Applied for Affiliation	Continuation Fee	Annual Fee	Renewal Fee	Administrative Charges	Interest for L/G and P/C courses	Amount
B.Sc. Nursing						15,000
B.Sc. Nursing						
B.Sc. Nursing						
B.C.						
B.C. Continuation Fee Affiliation						
No of Seats X Prescribed fee of each faculty						
1.						
2.						
3.						
4.						
5.						
Total (A)						
Total (B)						
Total (C)						
Grand Total (A+B+C)						

Online Transaction Number or Details:

Signature of Member (2)

Signature of Member (1)

Signature of Chairman

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
✓ Basic B.Sc. Nursing	Approval Letter No. and Date	MED 158 RGU 2024 25/10/2024 Annexure - 5	RGU/AFF/ COE/F-1/01/ 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				
- NA - Post Basic B.Sc. Nursing	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)

Verify & Enclose copy of Affiliation form in documents

3. Approval status of the Institution & sanctioned intake:

Name of the Course	Intake / Approved and Admitted	COE	BCJHS	RSNC	I/C	Remarks
BSc Nursing ✓	Approval Letter No. and Date	Approved - 2	Approved - 6	Approved - 2	Approved - 2	Intake 100
	Sanctioned Intake	100	100	100		
Post Basic B.Sc Nursing	Approval Letter No. and Date	Approved - 2	Approved - 6	Approved - 2	Approved - 2	Intake 100
	Sanctioned Intake					
BSc Nursing in a Community Health a Medical Surgical a OBG a Paediatric a Psychiatry	Approval Letter No. and Date	Approved - 2	Approved - 6	Approved - 2	Approved - 2	Intake 100
	Sanctioned Intake					
BSc NMC	Approval Letter No. and Date	Approved - 2	Approved - 6	Approved - 2	Approved - 2	Intake 100
	Sanctioned Intake					

Signature of Member (2)

Signature of Member (1)

Signature of Chairman

— NA —	Admissions Made for the Current Academic Year					
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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	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

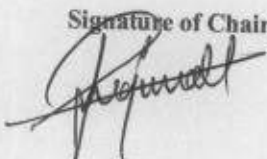
Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From— To—

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: _____

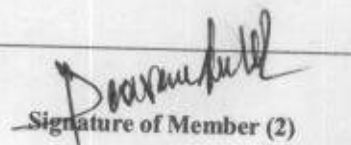
Signature of Chairman



Signature of Member (1)



Signature of Member (2)



Admission Made
for the Current
Academic Year

VI. No. of students under training in each of the Nursing Education Programs:

Program	I Year	II Year	III Year	IV Year	Total
BSc Nursing	10	NA	NA	NA	NA
	27	NA	NA	NA	NA
Post Basic BSc Nursing					
M.Sc Nursing					
M.Sc NRC					

10. If the college has PNBSC(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 of Address of work in the form of admission (verify with respective certificate and relevant entry)	Board/ University/ Institution from where admission was given (verify)	Declaration of parent/ guardian/ sponsor with date

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

11. If the college has MNC(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 of Address of work in the form of admission (verify with respective certificate and relevant entry)	Board/ University/ Institution from where admission was given (verify)	Declaration of parent/ guardian/ sponsor with date

Note: Separate list to be enclosed and electronic attendance to be verified and copy to be attached.
Ref: No. 1-6/1-2015-PW, dt. 23.02.2015 (U) ADP/ B-01/2017-18 dt. 25.03.2017

Remarks:

Signature of Chairman

Signature of Member (I)

Signature of Member (II)

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)

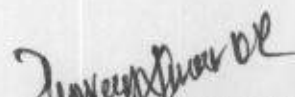
Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1 st Year	2 nd Year	3 rd Year	4 th 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. Teaching Faculty Requirements for all Nursing Programs:

No.	Organization	Required				Existing / Available				Deficit		
		R-100	R-101	R-102	R-103	R-104	R-105	R-106	R-107	R-108	R-109	R-110
1	Principal	1	1			1						
2	Vice Principal	1	1			1						
3	Professor	1	1			1						
4	Associate Professor	2	2			2						
5	Assistant Professor	3	3			3						
6	Total	8-10	8-10			8-10						
	Total	16-24	16-24	4-12		16						

For Example: For 40 Students Initial minimum number of faculty required is 16 including Principal, i.e. Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Nurse - 03.
(The Faculty and Student Ratio is 1:10 and 1:15 for B.S. Nursing. Depends on Specialty offered and ratio remains same i.e. 1:10 for all other B.S. Nursing Programs.)

Year 1st Year: 40 Students, 2nd Year: 40 Students, 3rd Year: 40 Students, 4th Year: 40 Students
(Total 160 Students for 4 Years minimum 3 M.Sc. Nursing qualified faculty shall be appointed)

1st Year	2nd Year	3rd Year	4th Year
40 Students Initial 1 M.Sc. Nursing qualified faculty 1 Nurse Total 2 Faculty	40 Students 2 M.Sc. Nursing qualified faculty 1 Nurse Total 3 Faculty	40 Students 2 M.Sc. Nursing qualified faculty 1 Nurse Total 3 Faculty	40 Students 2 M.Sc. Nursing qualified faculty 1 Nurse Total 3 Faculty
60 Students Initial 2 M.Sc. Nursing qualified faculty 1 Nurse Total 3 Faculty	60 Students 3 M.Sc. Nursing qualified faculty 1 Nurse Total 4 Faculty	60 Students 3 M.Sc. Nursing qualified faculty 1 Nurse Total 4 Faculty	60 Students 3 M.Sc. Nursing qualified faculty 1 Nurse Total 4 Faculty
100 Students Initial 3 M.Sc. Nursing qualified faculty 1 Nurse Total 4 Faculty	100 Students 4 M.Sc. Nursing qualified faculty 1 Nurse Total 5 Faculty	100 Students 4 M.Sc. Nursing qualified faculty 1 Nurse Total 5 Faculty	100 Students 4 M.Sc. Nursing qualified faculty 1 Nurse Total 5 Faculty

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 After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	PALLAVI SHETTIGAR S	PRINCIPAL	MSC OBG	2008	24	0	05/10/2023		
2.	PRADEEP B S	VICE PRINCIPAL	MSC PAEDIATRICS	2016	40051	0	13/07/2024		
3.	JULIANA D SOUZA	ASSISTANT PROFESSOR	MSC PSYCHAIATRY	2020	53407	7	14/11/2024		
4.	PRAJYOTHSNA	NURSING TUTOR	MSC OBG	2023	14109	1.7	02/09/2024		
5.	KAVYA	ASSOCIATE PROFESSOR	MSC MEDICAL SURGICAL	2017	30410	0	27/11/2024		
6.	MINI PA	NURSING TUTOR	MSC COMMUNITY HEALTH NURSING	2024	161225	0	28/05/2025		
7.	ARCHANA ANIL	NURSING TUTOR	MSC MEDICAL SURGICAL	2024	115844	0	22/04/2025		
8.	BLESSY D SOUZA	NURSING TUTOR	PBBSC	2017	176335	0	11/11/2025		
9.	LAVANYA	NURSINBG TUTOR	BSC	2023	153210	0	04/11/2024		
10.	PREETHI TP	NURSING TUTOR	PBBSC	2015	166267	0	07/04/2025		
11.	AMBILY JACOB	NURSING TUTOR	PBBSC	2012	62966	0	01/10/2012		
12.	VANAJAKSHI	NURSING TUTOR	BSC NURSING	2017	87727	0	27-05-2024		
13.	SHAJU T J	ASSOSIATE PROFESSOR	MSC COMMUNITY HEALTH NURSING	2014	116055	0	07-11-2024		
14.	JISHA DANIEL	NURSING TUTOR	BSC NURSING	2013	150876	0	16-05-2024		
15.	SHALET DSOUZA	NURSING TUTOR	BSC NURSING	2017	86870	0	04-10-2024		
16.	PRASHANTH R K	NURSING TUTOR	BSC NURSING	2020	109605	0	27-05-2024		
17.	ASHISH JACOB	NURSING TUTOR	BSC NURSING	2018	92824	0	09-09-2024		
18.	SHARANYA RAJU B R	NURSING TUTOR	BSC NURSING	2019	200091	0	09-10-2024		
19.	AMRITHA SOMAN	NURSING TUTOR	BSC NURSING	2021	126379	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	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) 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	23,200sq.ft	35280	Verified
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	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 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room 13. Seminar hall 14. Toilets 15. A.V/Aids room	 300 200 5 x 200 = 1000 800+2400=3200 1000 3000 1000 600	 300 200 5x200=1000 800+2400=3200 400 200 300 900 900 150 1000 3000 1000 650	 Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified

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	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, 2021 F.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 Licence
01	KA19AF328	52	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Sl. No.	Details	Required	Existing	Remarks
1	LABORATORIES			
	General Lab (1:2 computer student)	1500 sq ft	1500	✓
	Physics/Chemistry Laboratory	900 sq ft	900	✓
	Botany/Plant Science Laboratory	900 sq ft	900	✓
	Microbiology Laboratory	300 sq ft	300	✓
	Genetics and Cytology Laboratory	900 sq ft	900	✓
	Nursing & Community Health Nursing Lab	1500 sq ft	1500	✓
	Nursing Foundation including Adult Health Nursing & Advanced	1500 sq ft	1500	✓

Note:

- The college will have a separate lab for the computer lab with a total of 3500 sq ft size.
- The college will have five separate labs in the college.
- At least 10-12 sq ft in all areas except simulation for advanced skills e.g. administration of intravenous, tracheotomy, IV, etc. (this is a requirement for the college).
- The laboratory should have equipment, internet connection, ventilation and ventilation system, ventilation for use in clinical care.
- For NPT, the laboratory should have a simulation lab with high fidelity simulation and task trainers available.
- Each laboratory area should be 1000 sq ft for 40-60 students. The size of the lab will be determined 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

1. Is the college building own or leased / rented?
 2. Blue print of the building attested by competent authority.
 3. Tax paid receipt (if any) / current year.
 4. Occupancy certificate.
 5. Self-declaration of the building / land.
- It is mandatory to enclose all the documents mentioned above.

Note:

- The institution should have a building plan with 2016 affidavit of completion and be marked as 2016-17-2017-18.
- It is mandatory that all existing buildings shall have its own building within two years of its establishment 2021-22 onwards.
- If one of the members of the Trust/Committee/Board of the institution desires to take the building owned by him for running program, it should be for a period of 10 years. (Building Rules, 1986) (Section 10(1) and 10(2) of the Act).
- Complete location of college to be marked by L.C. form.

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

Total Number of Vehicle	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving License
01	KARNATAKA	52	Yes/No	Yes/No	Yes/No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

10

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.	Vivekshitha	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 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	- NA -	-
Conferences conducted	- NA -	-
Conferences attended	- NA -	-

Signature of Chairman

[Signature]

Signature of Member (1)

[Signature]

Signature of Member (2)

[Signature]

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

(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/CCU. (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)

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, 2021 F.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

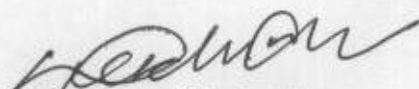
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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)

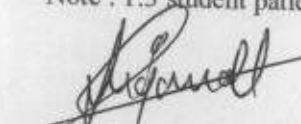
18.1. Distribution of Beds

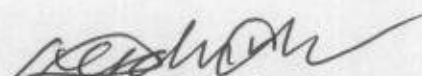
Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	23	21	39	30
Surgery including OT	24	23	10	07
Obstetrics & Gynecology	15	14	05	03
Pediatrics,	23	21	04	02
Emergency Medicine	06	05	05	03
Psychiatry / Icu	10	08	07	06

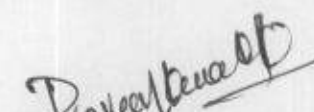
Additional/Other Specialties/Facilities for clinical experience:

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/CCU	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)

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	23	21	37	30
Surgery including OT	24	22	10	07
Obstetrics & Gynecology	15	14	02	03
Podiatry	23	21	04	03
Emergency Medicine	06	02	02	03
Psychiatry	10	08	02	04

Additional Clinical 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	02	02	02
Neurophysiology Ophthalmology	02	02	02	01
Neurology and Plastic	02	02	—	—
Neurology care unit (communicable diseases)	04	02	04	3
Neurology medicine & surgery Neurology	1	—	—	—
Cardiology	02	04	02	04
Oncology	03	02	03	03
Neurology/Neuro surgery	03	02	1	—
Neurology/Neurology	03	02	04	04
R.U.C.U.	02	01	04	04
Geriatric Medicine	1	—	—	—
any other	1	—	10	08

Note: If a student patient unit is needed. Verify and attach details of previous month.

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

19 COMMUNITY HEALTH NURSING :Annexure - 17

RURAL FILELD

a. Name of CHC / PHC / SC	Neddyady Primary Health Centre
Adopted / ☒ Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	• 5 KM
b. Services Rendered by Health & Family Welfare Programmes	

URBAN FEILD :

a. Name of CHC / PHC / SC	Urban Health Centre Putter
Adopted / ☒ Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	29 KM
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

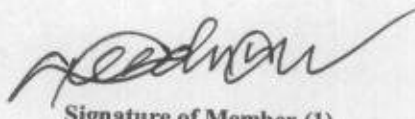
Signature of Member (1)

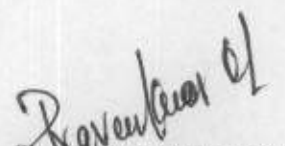
Signature of Member (2)

h.	Extracurricular activities of students	YES ☒	NO ☐
●	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)

r.	Student welfare committee	YES	☒	NO	☐
q.	Anti ragging committee	YES	☒	NO	☐
p.	Start development programmes	YES	☒	NO	☐
o.	Annual report of activities and achievements	YES	☒	NO	☐
n.	Records of stock	YES	☒	NO	☐
m.	Affiliation records	YES	☒	NO	☐
l.	Committee meetings	YES	☒	NO	☐
k.	Location plans	YES	☒	NO	☐
j.	Course planning of each subject	YES	☒	NO	☐
i.	Comprehensive record of staff	YES	☒	NO	☐
h.	Extra-curricular activities of students	YES	☒	NO	☐

23	Hostel Facilities (Appendix - II)				
a.	Whether the college is having a separate Hostel?	YES	☒	NO	☐
b.	Built up area of the Hostel	sq ft	13200		
c.	Is the Hostel Owned or Rented Locally?	Own	☐	Rented Locally	☒
d.	Is there separate provision of Hostel for Male and Female Students?	YES	☒	NO	☐
e.	Total No. of students in the hostel	Girls: 10		Boys: 02	
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 Member (C)

Signature of Member (D)

Signature of Chairman

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	Details	Submitted (Tick Mark)
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 - GOR Order	✓
Annexure - 6	Approval Status - RGHS Notification (last 3 years) Approval	✓
Annexure - 7	Approval Status - KMC Notification	✓
Annexure - 8	Status - KMC 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 Particular Part time Teachers	✓
Annexure - 12	Physical Facilities: 1. College Building - Own not lease MOU documents, self deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building necessity in Bangalore 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, NRI KAPB & KPMI certificate, current academic year clinical fee paid receipts from affiliated hospitals	✓
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓
Annexure - 18	Staff Rotation plan and Time table	✓

Signature of Member (A)

Signature of Member (B)

Signature of Chairman

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:

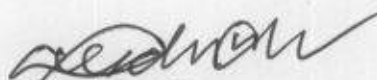
On the day of inspection, as per the documents provided the observation is as follows:-

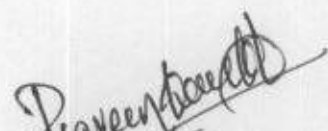
- i) Infrastructure - Adequate as per norms.
- ii) Equipments - Adequate as per norms
- iii) Staff - Adequate as per norms
- iv) clinical load - As per norms

⇒ Can be considered for

- i) Continuation of Affiliation
- ii) Enhancement of seats CBSc-Nursing 40-60


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Signature - 19	✓	List of Teachers with their Declaration forms & necessary documents
Signature - 20	✓	REI HAS approved Scholarship letters of 41 SC students (acchly 1998) specialists were

Note: 7 only & 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.

(Check values)

As the head of institution, as per the documents provided
the declaration is as follows

- 1) Information - Adequate as per records
- 2) Information - Adequate as per records
- 3) Staff - Adequate as per records
- 4) Physical - Adequate as per records

Can be used for

- 1) Certificate of Affiliation
- 2) Information of staff (as per records)

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at STG College of Nursing Nellore 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)



Signature of Chairman

A C Member
(Member)

DR. D. V. CRIPAPATHY

Signature of Member (1)

Subject Expert
(Member)

Dr. Venkateshwar
20/6/24

Signature of Member (2)

UNIVERSITY

We the Chairman and members of local inspection committee appointed by REGIS for conduct of LIC inspection at St. Joseph's College of Arts and Sciences with a view to the 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, staff, student's attendance and the original documents pertaining to institution as per the latest Minimum Standard Requirements (MSR) notified by apex body and notification issued by REGIS vide ref no. REGIS/MSR/COV/2024-25 dated 11/12/2023. We have also visited the attached hospital and verified the bed strength and clinical facility in 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 REGIS.

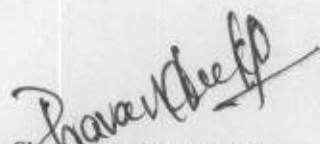
<i>[Signature]</i> Subject Expert (Member)	<i>[Signature]</i> A C Member (Member)	<i>[Signature]</i> Senate Member (Chairman)
<i>[Signature]</i> Signature of Member (2)	<i>[Signature]</i> Signature of Member (1)	<i>[Signature]</i> Signature of Member (1)

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 the 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: Dishank 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)

Instructions for reporting of Local Inspections by RGHS

1. The Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection having which:
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMBA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording and tagged Photography during LIC inspection is mandatory.
4. The checklist 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 book 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. Dishank app may be used to verify the owner's details of the particular institution.
9. For any misreading / wrong information the whole LIC team shall be made responsible.

Signature of Member (I)

Signature of Member (II)

Signature of Chairman



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
submitting the affidavit to University.

The trust ST. Gregorious Educational Trust is
running/managing the colleges 1. STG 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



UNDERTAKING BY Trust Management

We, the Chairman/President/Secretary/Member of the Trust Mr. Prakash Chandra S. submitting the affidavit to University

The trust Dr. Prakash Chandra S. Educational Trust is Managing the college Dr. Prakash Chandra S. Educational Trust since 1980

We confirm that all the information provided by us to the UG (university) and correct to the best of our knowledge.

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

We also confirm that the college is solely managed by the trust and is not managed or owned by any other management to manage the college.

We also confirm that the college is adding to the norms of Apex body/KGHE, 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 DR. PRASHANTH 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

I/We, Dr. Bhaskar Shrinivas

is/are the Owners/MD/CEO/Board Members of the

Puttur City Hospital
Puttur

hospital situated at

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

affiliated to any other nursing college.

For ST GREGORIOS EDUCATION & CHARITABLE TRUST (R)

MANAGING TRUSTEE

The information provided by us is true and correct.



UNDERTAKING

I/we Dr. P. S. Srinivas
being the General Manager Board Member of the
St. Gregory's Hospital
hospital situated at Bangalore

This is to confirm that our hospital St. Gregory's Hospital
is registered under KMR & PCB with 101 beds and the hospital certificate has
been received.

This is to confirm that the hospital St. Gregory's Hospital
functioning as a General Hospital for General
college.

We also confirm that our hospital is solely affiliated to
St. Gregory's 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 (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 26/6/24 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)

UNDERTAKING

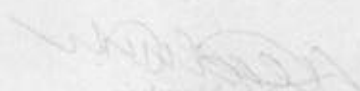
The Chairman and members of local inspection committee appointed by MHHS for
conduct of LIC inspection in 21st College of Health Sciences which has
applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 02.12.2023 and verified the
infrastructure, institutional facilities, Student Strength, Staff, Post, Staff, Biometric, Students
attendance and the original documents pertaining to institution. As per the latest Maharastra Standard
Requirements (MSR) stipulated by Apex body and notification issued by RCUHS vide ref no
RCHHS/MSR/COA/2023-24 dated 11/02/2023 we have also visited the attached hospital and
verified the bed strength and clinical facility of the hospital.

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

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


Subject Expert
(Member)


Member
(Member)


Chairman
(Chairman)

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	Biochemistry	40	
8	Dr Sweena	BAMS	Microbiology	40	
9	Mr Sanjay	M.A Sociology	Sociology	60	


 PRINCIPAL
 STG COLLEGE OF NURSING
 NELLYADY

STC COLLEGE OF NURSING (MILYAD)
Particulars of Lectural Teachers (Part time)

Sl. No.	Name	Qualification	Subject	Number of hours per year	Remarks
1	Dr. Jeyaraj	BAMS	Pharmacology	60	
2	Dr. Jeyaraj	BAMS	Anatomy	60	
3	Dr. Jeyaraj	BAMS	Pathology		
4	Mr. Jeyaraj	M.Sc Psychology	Psychology	30	
5	Mr. A.V.	M.Sc Psychology	Psychology	30	
6	Mr. Jeyaraj	M.A English	Communicative English	40	
7	Mr. K. Srinivas	M.A. Biochemistry	Biochemistry	40	
8	Dr. Jeyaraj	BAMS	Physiology	40	
9	Mr. Jeyaraj	M.A. Zoology	Zoology	60	


 Principal
 STC College of Nursing (Milyad)



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

STG COLLEGE OF NURSING



A Unit Of St. George's Hospital & University Trust (R)
Unit No. 1-101, Mt. St. George's Hospital, Kumbakonam, Tamil Nadu, India - 612 002
Ph: +91 8662222222, +91 9842101010, 0434-4031133, Email: stgcollege@stg-trust.org

Ref: STG/AF/RGHS/2022

Date: 20/06/2022

To,

Registrar

RGHS, Bangalore

Dear Sir / Madam,

Subj: Documents of Continuation Affiliation / Enhancement of Seats 2022-23.

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 2022-23.

Following documents are enclosed:

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

Kindly acknowledge the same and do the needful.

Thanking You

Principal

STG College of Nursing, Kumbakonam