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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. Harish. M.L	Dr. SHRUTHI. H. P	GURUPRASAD T.R.
Designation	Deon + Director	AC member and Professor	Asst. professor
Address	Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru	Padmashree Institute of AHS, Bangalore	SRI RAMANA MAHARSHI COLLEGE OF NURSING TUMKUR
Mobile No	9448823157	9535504757	9880591217
Email ID	dermaharish@yahoo.com	1111.shruthi@gmail.com	guruprasad.tr2017@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 13/08/25

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		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**	KATEEL ASHOK PAI MEMORIAL INSTITUTE OF NURSING. 60 FEET KALYAN NAGAR, SAGARA ROAD. MALLIGENAHALLI. SHIMOGA - 577205	2	**Year of Establishment** 2024
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** ✓		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	MANASA TRUST ® VINODHINI PARK EXTENSION AREA, WARD NO. 5 SHIMOGA - 577201 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: nursing@kapmi.edu.in	**Website:** Kapmi.edu.in	
		Office No: 9448288489	**Mobile No:** 9986876943	

13/08/25 DR. Harish. M.L Deon + Director CIMS Chikkamagaluru
Signature of Chairman

Dr. SHRUTHI. H.P AC member PIMLT Bangalore
Signature of Member (1)

Asst prof SRI RAMANA MAHARSHI College of Nursing Tumkur
Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. RAJANI. A. PAI CHAIRMAN. MANASA TRUST 9448288480	
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	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** MALLIKARJUNA S **Qualification:** M.Sc. NURSING **Experience after MSc:** 15 **Email:** arjunachar@gmail.com	**Mobile No:** 9986876943 **Office No:** 9448288483 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	CHAIRMAN /TRUSTEE MANASA TRUST. SHIMOGA	

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	**Continuation / Fresh Affiliation**	**Particulars of fees paid for**				
		Annual Fees	**Renewal Fees**	**Administrative Charges**	**Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC**	**Amount**
B.Sc. Nursing	CONTINUATION AFFILIATION	30,000/-	60,000/-	40,000/-	25,000/-	1,56,050/-
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

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

Online Transaction Number or Details:	ZKBLESW095T7RM

Remarks: nil

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 611MPS 2024. 25/10/2024 Annexure - 5	RGU/AFF/ COE/F1/01 2024-2025 7/11/2024 Annexure - 6	KSNC/2283 : 2024-2025 19/11/2024 Annexure - 7	— Annexure - 8	nil
	Affiliation Sanctioned Intake	40	40	40		
	Admissions Made for the Current Academic Year	03	03	03		
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 ☐	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	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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

	Sanctioned Intake					
	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	–	–	–	–	–
	Female	03	–	–	–	03
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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: Nil

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		00							
4	Associate Professor	2	2-4					1*		01							
5	Assistant Professor	3	3-8				2	3*		02							
6	Tutor	8-16	16-24				2-10	--		10							
	Total	**16-24**	**24-40**				**4-12**			15							

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

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

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

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

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

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

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors

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

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

KATEEL ASHOK PAI MEMORIAL INSTITUTE OF NURSING

Teaching Faculty Details : 2025

Sl No	Name of the Teaching Faculty	Designation	Qualification along with specialty	Name of the Institution and University	Year of Passing	KSNC Reg.No	Teaching Experience		Date of Joining	Signature
							After UG	After PG		
1	Mr.Mallikarjuna S	Principal	M.Sc (CHN)	KIMS Bengaluru, RGUHS	2013	13364	1.5 Year	13 Year	02.05.2025	
2	Ms Priyadarshini	Vice Principal	Msc(OBG)	Shree Sidhganga CON, Tumkuru	2017	144901	2 Years	7 Years	01.03.2025	
3	Ms Vasuda N S	Asso Professor	Msc (PAED)	Nanjappa CON Shimoga	2017	117409	1.5 Yr	7 Years	01.08.2025	
4	Mr Shivakumar S	Asst. Professor	Msc(MSN)	SCN College of Nursing RGUHS	2021	123317	2Year	4 Year , 8 Months	02.06.2025	
5	Mrs Shruthi A	Asst. Professor	M.Sc N (PAED)	TSCON, Shimogga, RGUHS	2021	133359	2 Year	3 Year	01.03.2025	
6	Ms Deepashree	Nsg. Tutor	B.Sc N	HPR CON, Udupi, RGUHS	2023	158399	1 Year 7 Month	-	01.09.2024	
7	Joseph Teron	Nsg. Tutor	B.Sc N	T. Subbaiah CON, Shivamogga & RGUHS	2023	162757	1 Year	-	01.09.2024	
8	Ms Pooja S	Nsg. Tutor	B.Sc N	Rajiv College of Nursing	2023	152527	9 Months	-	02.11.2024	
9	Ms Anusha S	Nsg. Tutor	B.Sc N	Mythri CON	2025	173949	3 Months	-	02.05.2025	
10	Ms Kariyamma H	Nsg. Tutor	B.Sc N	G J Surya College of Nursing	2025	180952	3 Months	-	02.05.2025	
11	Ms Krishnaveni Y T	Nsg. Tutor	B.Sc N	G J Surya College of Nursing	2025	180967	3 Months	-	02.05.2025	
12	Ms Chandrika K M	Nsg. Tutor	B.Sc N	SLV College of Nursing	2025	179600	3 Months	-	02.05.2025	
13	Ms Bhoomika	Nsg. Tutor	B.Sc N	JSS CON Mysore	2025	174858	2 Months	-	02.06.2025	
14	Mr Abhishek K R	Nsg. Tutor	B.Sc N	Mythri CON	2025	172536	2 Months	-	02.06.2025	
15	Ms Kavitha bharamapa malager	Nsg. Tutor	PB B.Sc N	G J Surya College of Nursing	2024	241292	1 year	-	02.06.2025	
16	Ms Reshma	Nsg. Tutor	PB B.Sc N	G J Surya College of Nursing	2024	241585	1 year	-	02.06.2025	

PRINCIPAL
KATEEL ASHOK PAI MEMORIAL
INSTITUTE OF NURSING
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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	72322	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 X 1151 = 4604	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	371	Verified
	2. Vice-Principal Chamber	200	210	Verified
	3. HOD	5 x 200 = 1000	5 X 269 = 1345	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3050	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	550	Verified
	7. Accountants Office	**100**	125	Verified
	8. Store Room	**100**	200	Verified
	9. Record room	**100**	250	Verified
	10. Room for maintenance staff	**100**	200	Verified
	11. Xeroxing room	**100**	193	Verified
	12. common room (Girls & Boys)	600+400= 1000	2000	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2912	Verified
	14. Toilets	1000	1200	Verified

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

	15. A.V/Aids room	600	650	Verified

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 Sqft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1350 Sqft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 Sqft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	1200 Sqft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	1200 Sqft	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	1000 Sqft	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**

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA14C-9211	63	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2411	YES ☑ No ☐	YES	YES	Verified

Total No. of Nursing Books available	2064	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	YES
No of e-books	HELINET	**How many books were purchased in last financial year?**	2064

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	GANESH	MLIB	6 YRS	Verified
2.	YOGARAJ BM	MLSI	4 YRS	Verified

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	–	–

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

Conferences conducted	—	-
Conferences attended	—	-

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MANASA HOSPITAL. JPN ROAD 1st CROSS. SHIVAMOGGA - 577201 MOU(Registered parent hospital MOU)		150	6 KM	85-/.	Verified
NAME OF THE TRUST/ Person owning The Hospital DR. RAJANI A PAI MANASA TRUST VINODHINI					Verified
Name Of The Owner Of The Trust of Hospital DR. RAJANI. A. PAI					Verified
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 MATHRU VATSALYA MOTHER AND BABY CARE. OPP. GANDHI PARK. DURGIGUDI SHIMOGA	30	6.6 KM	85-/.	Verified
	2				
	3				

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

	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	40	35		
Surgery including OT	40	35		
Obstetrics & Gynecology	10	07	30	26
Pediatrics,	10	05	30	26
Emergency Medicine	10	05		
Psychiatry	30	25		

Additional/Other Specialties/Facilities for clinical experience:

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

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Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	Sent proposal to DHO
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	Sent Proposal to DHO
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
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** ☐

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

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 ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	NO ☐
e.	Total No. of students in the hostel	Girls : 01	Boys : –
f.	Total No. of rooms	Girls : 25	Boys : 10
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

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

j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☑	**NO** ☐
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification		✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		

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

Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents			
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

- There are 1 Principal Professor, 1 Vice principal, 1 Associate Professor & Assistant Professor and 10 Tutors available on the day of Inspection
- There are 5 Labs available on the day of inspection.
- There are 4 class rooms of 40 Setting Capacity available on the day of inspection.
- There are 2064 books available on the day of inspection.
- Infrastructure, Clinical material is available as per the apex body norms and RGUHS norms.

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA13272334878656X**
Certificate Issued Date	:	08-Aug-2025 04:54 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ SHIMOGA2/ KA-SM
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0841788802660148X
Purchased by	:	TRUSTEE MANASA TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	TRUSTEE MANASA TRUST
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	TRUSTEE MANASA TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

S.S.V.S.S.N, Shimoga

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I Dr. Preethi V Shanbhag the Trustee of Manasa Trust, Shivamogga are submitting the affidavit to Rajeev Gandhi University of Health Sciences, Bengaluru.

The Manasa Trust is managing the Kateel Ashok Pai Memorial Nursing College since 2024. I confirm that all the information provided by us to the LIC team is true and correct to the best of my knowledge.

I confirm that the faculties in the college are employed for full time in the college.

I 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.

I 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.

Dr. Preethi V Shanbhag
Trustee
For MANASA TRUST

Managing Trustee

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

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Unique Doc. Reference	:	SUBIN-KAKAKSFCL0841790748192709X
Purchased by	:	PROPRIETOR MANASA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	PROPRIETOR MANASA HOSPITAL
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	PROPRIETOR MANASA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

S.S.U.S.S.N, Shimoga

Please write or type below this line

UNDERTAKING

I Dr Rajani A Pai is the Owner/ MD of the Manasa Hospital situated at JPN Road, 1st Cross, Shivamogga – 577201.

This is to confirm that our Manasa Hospital is registered under KPMEA and PCB with 150 beds and the bonafide certificate has been attached.

This is to confirm that the Manasa hospital is functioning as parent hospital for KATEEL ASHOK PAI MEMORIAL INSTITUTE OF NURSING.

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

The information provided by us is true and correct.

MANASA TRUST
'Vinodini', Park Extension
Near Mallikarjuna Theatre
SHIMOGA-577 201.

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