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. CHALAPATHY DV	MRS. ANITHA JOSEPH
Designation	Registrar Senate Member	PROF OF SURGERY	DIRECTOR/ASST PROFESSOR
Address	Rtd VC, Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore	Vydehi Institute of Medical Sciences, Bangalore	MANGALORE COLLEGE OF NURSING
Mobile No	9066299411	9945000037	8747017258
Email ID	manjunathgowdasrng@gmail.com	drchalapathy@yahoo.com	anithajoseph@gmail.com

For the Academic Year : 2025-26			Date of Inspection: 26/06/2025	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats	✓	6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	Name of the Institution with Full Address	N.E.T COLLEGE OF NURSING JAINPETE, BELTHANGADY DAKSHINA KANNADA, PIN-574214	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	NITHI EDUCATIONAL TRUST, PUTHUVELIL HOUSE, THOTTATHADY POST, KAKINJE VIA, BELTHANGADY PIN-574228. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: nithieducationaltrust.in@gmail.com	Website: www.netgroupofcolleges.com	

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 26/6/25

	(b). Name of the Owner of Trust/Society	SAJI PR		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 08 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Prof. Christeena Saju Varkey Qualification: M.Sc Nursing Experience: 20 yrs. Email: principalnetcon@gmail.com		Mobile No: 7019784521 Office No: 08256200005 Fax No: Residential phone No: 9980835710
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				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Increase intake	1,50,000	25000	1050		1,76,050
Post Basic B.Sc. Nursing						
					Total (A)	1,76,050
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. NA					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
				Grand Total (A+B+C)		

Online Transaction Number or Details: Pgmt ref NO: BLNBOZJ00D2RCL
Canara bank Hampankatta branch, IFSL-CNRB0010100, Date: 24/06/2025

Signature of Chairman

Signature of Member (1)

Signature of Member (2) 26/6/25

Remarks: Verified.

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 173 RGU 2024 25/10/24 Annexure - 5	RGU/AFF/LOE/ F-1/01/2425 07/11/24 Annexure - 6	MED 173 RGU 2024 25/10/24 Annexure - 7	18-15/16792 -1NC 29/5/2025 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	17	17	17	17	
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		NA			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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	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	06	–	–	–	06
	Female	11	–	–	–	11
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female			NA		
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——
			NA			

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

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

Annexure –10

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

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:_____

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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*		2									
5	Assistant Professor	3	3-8	2	3*		1									
6	Tutor	8-16	16-24	2-10	--		11									
	Total	**16-24**	**24-40**	**4-12**			17									

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

26/6/25

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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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
		Verified & attached			

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	23700 sqft	
	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	4000 sqft.	Adequate
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	Adequate
	2. Vice-Principal Chamber	200	200	Adequate
	3. HOD	5 x 200 = 1000	1000	Adequate
	4. Professor/Assoc. Prof	800+2400=3200	3200	Adequate
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		200	Adequate
	7. Accountants Office		100	Adequate
	8. Store Room		50	Adequate
	9. Record room		50	Adequate
	10. Room for maintenance staff		50	Adequate
	11. Xeroxing room		50	Adequate
	12. common room	1000	1000	Adequate
	13. Seminar hall	3000	3000	Adequate
	14. Toilets	1000	1200	Adequate
	15. A.V/Aids room	600	600	Adequate

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

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.**

ENCLOSED

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	KA19AF2623	42	Yes / No	Yes / No	Yes / No

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16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300	YES ☑ No ☐	Yes	Yes	Verified

Total No. of Nursing Books available	1561	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	6	**Is internet facility available for Students?**	Yes
No of e-books	1250	**How many books were purchased in last financial year?**	520

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Meghana	M Lib Sc	4	Verified
2	Aswini	BSc Lib Sc	3	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	NIL	
Conferences conducted	NIL	
Conferences attended	02	

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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 ABHAYA HOSPITAL JAINPETE, BELTHANGADY DK - 574214		100	100 meters	86 IPD (86 %)	Verified
NAME OF THE TRUST/ Person owning The Hospital DR VIDHYA GOWRI					Verified
Name Of The Owner Of The Trust of Hospital DR VIDHYA GOWRI					Verified
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 SDM Multispeciality Hospital, Ujire, Dakshina Kannada - 574240	200	9 KM	161 IPD (80.5 %)	Verified
	2 Seon Psychiatric Hospital & Rehabilitation Centre, Gandibagilu - 574228	200	27 KM	172 IPD. (86 %)	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

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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:

Related documents Verified & attached

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26/6/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated			
	No. of Beds	Bed Occupancy	No. of Beds SDM	No. of Beds SEOH	Bed Occupancy SDM	Bed Occupancy SEOH
Medical	35	32	40	-	35	-
Surgery including OT	35	31	45	-	38	-
Obstetrics & Gynecology	10	08	40	-	33	-
Pediatrics,	06	06	28	-	23	-
Emergency Medicine	02	01	10	-	08	-
Psychiatry	-	-	-	200	-	172

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated			
	No. of Beds	Bed Occupancy	No. of Beds SDM	No. of Beds SEOH	Bed Occupancy SDM	Bed Occupancy SEOH
Major OT	03	02	5	-	2	-
Minor OT	01	0	2	-	1	-
Dental, Otorhinolaryngology, Ophthalmology	-	-	-	-	-	-
Burns and Plastic	-	-	3	-	1	-
Neonatology care unit	-	-	3	-	1	-
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-	2	-	2	-
Dermatology	-	-	-	-	-	-
Cardiology	05	04	2	-	2	-
Oncology	-	-	2	-	1	-
Neurology/Neuro-surgery	-	-	4	-	3	-
Nephrology/Urology	-	-	4	-	2	-
ICU/ICCU	03	02	8	-	6	-
Geriatric Medicine	-	-	2	-	2	-
Any other	-	-	-	-	-	-

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

26/6/25

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19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		PRIMARY HEALTH CENTER, PAIDANGADY
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		6 km
b. Services Rendered by Health & Family Welfare Programmes		All health and family welfare programmes, OPD, Laboratory, Pharmacy.
URBAN FEILD :		
a. Name of CHC / PHC / SC		TALUK HOSPITAL, BELTHANGADY
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2.5 km
b. Services Rendered by Health & Family Welfare Programmes		All health and family welfare programes, OPD, IPD, Laboratory, X ray, Pharmacy.
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** ☐ NA	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐ NA	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐ NA	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐ NA	**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** ☐

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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 12000 sqft	
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 : 09	Boys : 06
f.	Total No. of rooms	Girls : 03	Boys : 03
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)

Signatur

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓

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

Observations:

On the day of inspection, as per the documents provided, the observation of the LIC 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 BSc Nursing 40-60.

Signature of Chairman

Signature of Member (1)

26/6/25
Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at NET COLLEGE OF NURSING, BELTHANGADY which has applied for continuation of affiliation for the academic year 2025-26.

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)
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.

26/6/25

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 _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____
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.

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, _____
is/are the Owners/MD/CEO/Board Members of the
_____ hospital situated at
_____
.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

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

The information provided by us is true and correct.

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 NET 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 _____ 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)

ABHAYA HOSPITAL

(NABH ACCREDITED)

JAINPETE, BELTHANGADY - 574 214

Ph. 08256 - 298412 Mob. : 9483387554, Gmail : abhayakanthaje@gmail.com

UNDERTAKING

I/We, **Dr. Vidhya Gowri** is/are the Owners/MD/CEO/Board Members of the Abhaya hospital situated at Belthangady.

This is to confirm that our hospital **Abhaya hospital** is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the **Abhaya hospital, Belthangady** is functioning as affiliated/parent/own hospital for N.E.T College of Nursing, Belthangady.

We also confirm that our hospital is solely affiliated to **N.E.T College of Nursing, Belthangady** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

ABHAYA HOSPITAL
Jain Pete Belthangady D.K -574214
Ph : 08256-298412,Mob: 9483387554

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

सत्यमेव जयते

Rs. 500

No.	: IN-KA69911128409093X
Date Issued Date	: 26-Jun-2025 11:12 AM
Account Reference	: NONACC (FI)/ kaksfcl08/ BELTANGADY/ KA-DK
Unique Doc. Reference	: SUBIN-KAKAKSFCL085883134117382 2X
Purchased by	: NITHI EDUCATIONAL TRUST
Description of Document	: Article 5(J) Agreement (in any other cases)
Property Description	: MEMORANDUM OF UNDERTAKING
Consideration Price (Rs.)	: 0 (Zero)
First Party	: NITHI EDUCATIONAL TRUST
Second Party	: RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	: NITHI EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	: 500 (Five Hundred only)

सत्यमेव जयते

Please write or type below this line

UNDERTAKING BY TRUST MANAGEM

We the Chairman/President/Secretary/Member of the trust **Saji PR,** University.

The **Nithi Educational Trust** is running/managing the colleges- **N**

since **1 (2024-25) year**.

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

NITHI EDUCATIONAL TRUST (R)
Puthuvelil House, Thottathady Post
Kakkinje Via, Belthangady - 574 228
Dakshina Kannada District

N.E.T COLLEGE OF NURSING

(A Unit of Nithi Educational Trust®)
Jainpete, Belthangady, Dakshina Kannada District, Karnataka- 574 228
Contact: 08256 200005, 8951730132, 9632847316
Email: netcollegeofnursing@gmail.com

LIST OF TEACHING FACULTY

S.No	Name of the teaching Faculty	Designation	Qualification along with specialty	Signature
1	Mrs. Christeena Saju Varkey	Principal	MSc/Medical Surgical Nursing	
2	Mr. Manu K J	Vice Principal	MSc/ Community Health Nursing	
3	Dr. Jose N M	Professor	MSc/Medical Surgical Nursing	
4	Mr. Manoj M G	Associate Professor	MSc/Medical Surgical Nursing	
5	Lakshmi M	Assistant Professor	MSc/ Community Health Nursing	
6	Rajani Gowda HV	Associate Professor	MSc/OBG	
7	Mrs. Merlyne Lobo	Tutor	MSc/Medical Surgical Nursing	
8	Mrs. Nagaveni P K	Tutor	PB BSc Nursing	
9	Mrs. Mahalaxmi	Tutor	PB BSc Nursing	
10	Ms. Shwethal S	Tutor	BSc Nursing	
11	Ms. Pearl D Silva	Tutor	BSc Nursing	
12	Ms. Poornima Ajithkumar	Tutor	BSc Nursing	
13	Prameela G Suvarna	Tutor	BSc Nursing	
14	Merlyn Boben	Tutor	BSc Nursing	
15	Meghna KM	Tutor	BSc Nursing	
16	Aleena Renny	Tutor	BSc Nursing	
17	Sneha Thomas	Tutor	BSc Nursing	

TEACHING FACULTY DETAILS

S.No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	R.N & R.M.No	Teaching experience		Date of joining	Form 16 submitted	Signature of faculty
						UG	PG			
1	Mrs. Christeena Saju Varkey	Principal	MSc/Medical Surgical Nursing	2004	9823	7 month	20 years	06-01-2025	Yes	
2	Mr. Manu K J	Vice Principal	MSc/ Community Health Nursing	2010	2290	1 year	15 year 11 months	24-02-2025	Yes	
3	Dr. Jose N M	Professor	MSc/Medical Surgical Nursing		7055	-	26 years 4 months	20-11-2024	Yes	
4	Mr. Manoj M G	Associate Professor	MSc/Medical Surgical Nursing	2013	3652	1 years 10 months	12 years	01-12-2023	-	
5	Lakshmi M	Assistant Professor	MSc/ Community Health Nursing	2017	24949	-	11 Years	02-06-2025	-	
6	Rajani Gowda HV	Associate Professor	MSc/OBG	2014	22538	-	11-year 6 Month	03-06-2025	-	
7	Mrs. Merlyne Lobo	Tutor	MSc/Medical Surgical Nursing	2025	64000	11 Months	5 months	04-02-2025	-	
8	Mrs. Nagaveni P K	Tutor	PB BSc Nursing	2013	47415	1 month		05-05-2025	-	
9	Mrs. Mahalaxmi	Tutor	PB BSc Nursing	2017	180377	7 months		02-12-2024	-	
10	Ms. Shwethal S	Tutor	BSc Nursing	2021	120464	7 months		03-12- 024-	-	
11	Ms. Pearl D Silva	Tutor	BSc Nursing	2022	134142	2 months		09-04-2025	-	
12	Ms. Poornima Ajithkumar	Tutor	BSc Nursing	2023	147332	2 months		01-04-2025	-	

13	Prameela G Suvarna	Tutor	BSc Nursing	2024	112780	-	-	2-6-2025		Purnila
14	Merlyn Boben	Tutor	BSc Nursing	2023	1950299	2 Months	-	01-04-2025	-	
15	Meghna KM	Tutor	BSc Nursing	2020	11169	Continues	-	02-05-2025	-	
16	Aleena Renny	Tutor	BSc Nursing	2024	26834	Continues	-	02-05-2025		
17	Sneha Thomas	Tutor	BSc Nursing	2023	147331			05-06-2025		