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. Vaishali Sreejith	Dr. Saleemulla Kahan	Mrs. Anitha Joseph
Designation	Professor	Principal	Assistant Professor
Address	Dr. M V Shetty College of Physiotherapy Mangalore	P A College of Pharmacy Mangalore	Mangalore college of Nursing Mangalore
Mobile No	9845325069	9916877900	8747017258
Email ID	vaishalisreejith9@gmail.com	saleemulla@pacp.co.in	anithas.fitto@gmail.com

For the Academic Year : 2025-26			*Date of Inspection: 23.07.2025*	
(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 (40 to 100 Seats)	√	6. **Change of Name/Address**	√

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**	**VSH Nursing College** **#83 EPIP Area, Nallurahalli,Whitefield ,** **BENGALURU-560066**	2	**Year of Establishment** **2024-25**
2	**Status of the course conducting body**	**Trust- SHARAN FOUNDATION**		
3	**(a). Name of the Trust & complete postal address (if private)**	Sharan Foundation Sai Keshava No 87, Hoskote Main Road, Seegehalli Main Road, Bengaluru- 560 067 Enclose copy of Registration documents of Society/Trust) Trust Deed is enclosed **Annexure – 1**		
		Email:principalvshnursing@gmail.com	**Website: www.vshhospital.com**	
	(b). Name of the Owner of Trust/Society	**Trust- SHARAN FOUNDATION**		

Signature of Chairman 23/7/25
Prof. Vaishali Sreejith
Senate Member

Signature of Member (1) 23/7/25
Dr. Saleemulla Khan
Academic

Signature of Member (2)
23/7/25

4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 03(inTrust) (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr Kavita Reddy Qualification: MSc, PhD Nursing, Teaching Experience: 17 Years Email: kavired999@gmail.com	Mobile No: 9632101581 Office No: Fax No: Residential phone No:	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO √	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents)

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	1. Continuation 2. Increase Intake 40 to 100 seats 3. Change of address	1,56,050/- 4,50,000/- 3,01,050/-	-	-	Helinet Institution Fee Included	9,07,100/- Application Fee + Helinet Fee Included
					Total (A)	9,07,100/-

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

Online Transaction Number or Details: Payment Reference:-ZHDFU76091SZZ3,BAXCT6Z0NRZAOU , BAXCYXU0R0ND10 and BAXCKRT0R0NPF9 Payment Receipts are enclosed

Remarks: VERIFIED

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

8. Approval Status of the Institution &Sanctioned Intake: Applied for Fresh Affiliation from the year 2024-25

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure -5	Annexure -6	Annexure -7	Annexure-8	Verified
	Affiliation Sanctioned Intake	YES 40 Seats	YES 40 Seats	YES 40 Seats	N/A	
	Admissions Made for the Current Academic Year	YES	YES	YES	N/A	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	N/A	N/A	N/A	N/A	Annexure-9
	Sanctioned Intake	N/A	N/A	N/A	N/A	
	Admissions Made for the Current Academic Year	N/A	N/A	N/A	N/A	
M.Sc. Nursing	Approval Letter No. and Date	N/A	N/A	N/A	N/A	Annexure-10
	Sanctioned Intake	N/A	N/A	N/A	N/A	
	Admissions Made for the Current Academic Year	N/A	N/A	N/A	N/A	
M.Sc. NPCC	Approval Letter No. and Date	N/A	N/A	N/A	N/A	
	Sanctioned Intake	N/A	N/A	N/A	N/A	
	Admissions Made for the Current Academic Year	N/A	N/A	N/A	N/A	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Not Applicable at this stage since applied for fresh affiliation from the year 2024-25

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	-	-	-	-	-
	Female	02	-	-	-	02
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): **Not Applicable**

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----------
	N/A	N/A	N/A	N/A	N/A	N/A

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): **Not Applicable**

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----------
	N/A	N/A	N/A	N/A	N/A	N/A

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 for 1st Year					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			
I	Principal		01	N/A	N/A	N/A	N/A	01	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A
2	Vice-Principal		-	N/A	N/A	N/A	N/A	01	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A
3	Professor		01	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A
4	Associate Professor		-	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A
5	Assistant Professor		03	N/A	N/A	N/A	N/A	02	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A
6	Tutor		07	N/A	N/A	N/A	N/A	04	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A
	Total		12	N/A	N/A	N/A	N/A	08	N/A	N/A	N/A	N/A	Nil	N/A	N/A	N/A

For Example: For **40 Students Intake** minimum number of teachers required is **06** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 00, Associate Professor - 00, Assistant Professor - 02, and Tutors- 02

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

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

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

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

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

Annexure-19

Sl. No	Name Of The Teaching Faculty	Designation	Qualification Along With Specialty	Year Of Passing	KSNC Reg. Number	Teaching Experience		Date Of Joining	Form -16 Submitted (Yes/No)	Signature Of Faculty
						After UG	After PG			
1.	Dr. Kavita Reddy	Principal & Professor	M.Sc. Nursing, Ph.D (Pediatric Nursing)	M.Sc (N) 2010	GUJ20144588KAR	2.6 Years	14 Years	15-02-2024	N/A	
2.	Mrs. Deepa B V	Professor	M.Sc. Nursing, (Community Health Nursing)	M.Sc (N) 2010	4392	1 year	14 years	23-12-2024	N/A	
3.	Mrs. Delphina D	Assistant Professor	M.Sc. Nursing (Medical Surgical Nursing)	M.Sc (N) 2018	RRANP20165812KAR	-	4.6 Years	01-07-2024	N/A	
4.	Mrs. K Udayasree	Assistant Professor	M.Sc. Nursing (Medical Surgical Nursing)	2019	RRANP202410770KAR	2Years	5 Years	Consent given	N/A	
5.	Mrs. Gargi Mondal	Assistant Professor	MSc. Nursing (Community Health Nursing)	2022	RRUTP202511433KAR	1 Year	3 Years	Consent given		
6.	Ms. Chaithanya Valsalan	Assistant Professor	MSc. Nursing (Medical Surgical Nursing)	2024	RRMAH202411240KAR	2 Years	5 Years	Consent given		
7.	Mrs R Premalatha	Lecturer	M.Sc. Nursing (Medical Psychiatry Nursing)	M.Sc (N) 2021	RN189234	1 Year	1 Year	01.01.2024	N/A	
8.	Mrs. Sinthusivasankari Sivasankar	Lecturer	M.Sc. Nursing (Medical Surgical Nursing)	M.Sc (N) 2022	11342			23-12-2024	N/A	
9.	Ms .Ankita Saha	Tutor	B.Sc. Nursing	2023	158512	-	-	19-06-2024	N/A	
10.	Mr.Praveen N Kunigal TQ	Tutor	B.Sc. Nursing	B.Sc (N) 2016	79935	-	-	23-06-2025	N/A	
11.	Ms.Rekha PK	Tutor	B.Sc. Nursing	B.Sc (N) 2016	80330	-	-	23-06-2025	N/A	
12.	Ms. Vaisakhi VS	Tutor	B.Sc. Nursing	B.Sc (N) 2016	RRTMN20229750KAR	-	-	24-06-2025	N/A	
13.	Ms. Besty Kodoor seph	Tutor	B.Sc. Nursing	B.Sc (N) 2022	RRTMN202210117KAR	-	-	25-06-2025	N/A	
14.	Mr. Deepak Basavaraj Kalalakond	Tutor	B.Sc. Nursing	B.Sc (N) 2020	110198	-	-	25-06-2025	N/A	
15.	Ms. Feba Raj	Tutor	B.Sc. Nursing	B.Sc (N) 2019	103952	-	-	30-06-2025	N/A	

- **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 M.Sc Nursing and NPCC Programme there should be full time Research Guides available which needs to be verified with the original Guide ship 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
1.		**Verified and Enclosed Annexure – 11**			

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)	23,200 Sq.ft	37375 Sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing Programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (Sq.ft) for 60 to 100 intake B.Sc (N): 900 Sq.ft	**4 Class rooms** 900 Sq.ft. Each	04 Class Rooms More than 1200 Sq.ft Each	Verified
	P.B.B.Sc (N) : 600 Sq.ft	**2 Class rooms** 600 Sq.ft Each	N/A	
	M.Sc (N) : 600 Sq.ft	**2 Class rooms** 600 Sq.ft Each	N/A	
	NPCC : 600 Sq.ft	**2 Class rooms** 600 Sq.ft Each	N/A	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq.ft	
	2. Vice-Principal Chamber	200	200 Sq.ft	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	3800 Sq.ft	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		800 Sq.ft	
	7. Accountants Office		500 Sq.ft	
	8. Store Room		275 Sq.ft	
	9. Record room		250 Sq.ft	
	10. Room for maintenance staff		100 Sq.ft	
	11. Xeroxing room		250 Sq.ft	
	12. Common room	1000	1200 Sq.ft	

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

	13. Seminar hall	3000	4700 Sq.ft	
	14. Toilets	1000	1000 Sq.ft	
	15. A.V/Aids room	600	1200 Sq.ft	
	16. Computer Lab		3000 Sq.ft	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 Sq.ft	3200 Sq.ft	
	Nutrition Lab & Community Health Nursing	1200 Sq.ft	2400Sq.ft	
	Obstetrics and Gynecology Laboratory	900 Sq.ft	1800 Sq.ft	
	Pediatrics Nursing Laboratory	900 Sq.ft	1800 Sq.ft	
	Pre-Clinical Sciences Laboratory	900 Sq.ft	1800 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500 Sq.ft	3000 Sq.ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 Sq.ft. size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC Programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Annexure - 12

Building Documents:

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Leased	√	Lease	√
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	√	Produced & Enclosed	√
3.	Land deed to be attached	Produced & Enclosed	√	Produced & Enclosed	√
4.	Does all the courses are imparted in this building	Only Nursing College	√	Only Nursing College	√
5.	Whether Safe drinking water supply in available	Yes	√	Yes	√

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.

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

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
2 Vehicles			Yes / No	Yes / No	Yes / No
Vehicle-1	KA53B3616	32	Yes	Yes	Yes
Vehicle-2	KA53B3617	40	Yes	Yes	Yes

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	3800 Sq.ft	YES [√] No [ ]	Adequate	Adequate	Verified

Total No. of Nursing Books available	1200	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	NA	**Is internet facility available for Students?**	Yes
No of e-books	1500	**How many books were purchased in last financial year?**	1200

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Moorthy	M LIB	8 Years	Verified
2	Mr. Basavaraj T	M LIB	8 Years	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

Academic activities	Particulars	Remarks
Research Projects	N/A	-
Conferences conducted	N/A	-
Conferences attended	N/A	-

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

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

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (Min 75%)	Remarks
Full Name & Address of the Parent Hospital 1. Vydehi Super Specialty Hospital #2, Vittal Mallya Road, Ashok Nagar, Bengaluru, Karnataka 560001 2. Dalvkot Wound Care LLP. Nallurahalli, Whitefield, Bengaluru	Total 300 Beds 200 Beds 100 beds	19 KMs 0 Kms	86%	Verified
NAME OF THE TRUST/ Person owning The Hospital Vydehi Super Specialty Hospital Dalvkot Wound Care LLP.				
Name Of The Owner Of The Trust Sharan Foundation				

Affiliated hospitals - Full Name & Address of the Parent Hospital	1	N/A	N/A	N/A	N/A
	2	N/A	N/A	N/A	N/A

(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).

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 hospitals 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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which 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 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.)

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

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

→ KPMEA & pollution control certificate verified. VSH - 200 Beds
DWH - 100 Beds
Hence can be considered.

→ undertaking is attached.

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	50	82%	N/A	N/A
Surgery including OT	40	77%	N/A	N/A
Obstetrics & Gynecology	20	85%	N/A	N/A
Pediatrics	30	75%	N/A	N/A
Emergency Medicine	10	90%	N/A	N/A
Psychiatry	15	75%	N/A	N/A

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	100%	N/A	N/A
Minor OT	10	100%	N/A	N/A
Dental, Otorhinolaryngology, Ophthalmology	10	90%	N/A	N/A

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

Burns and Plastic	05	75%	N/A	N/A
Neonatology care unit	05	75%	N/A	N/A
Communicable disease/ Respiratory medicine/TB & chest diseases	15	81%	N/A	N/A
Dermatology	10	85%	N/A	N/A
Cardiology	10	85%	N/A	N/A
Oncology	0	-	N/A	N/A
Neurology/Neuro-surgery	35	85%	N/A	N/A
Nephrology/Urology	15	80%	N/A	N/A
ICU/ICCU	10	90%	N/A	N/A
Geriatric Medicine	-	-	N/A	N/A
Any other	-	-	N/A	N/A

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

19	**COMMUNITY HEALTH NURSING : Annexure-17**	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**KG Halli RHTC Kannamangala**
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ]
	Distance from the Nursing Institute	**17 KMS**
b.	Services Rendered by Health & Family Welfare Programmes	**NO**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**UHTC Siddapura**
	Adopted / Affiliated	
	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.		

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

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: Since Fresh Affiliation Only Proposed				
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?: **Not Applicable at this stage**				
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	
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	

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

p.	Staff development programmes	YES √	NO
q.	Anti-ragging committee	YES √	NO
r.	Student welfare committee	YES √	NO

23	Hostel Facilities : Annexure -19		
a.	Whether the college is having a separate Hostel?	YES √	NO
b.	Built-up area of the Hostel	Lease	
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	0 Students	
f.	Total No. of rooms	35 Rooms	
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 Typ
k.	Whether the hostel mess is available with	YES √	NO
l.	Safe drinking water facilities	YES √	NO

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	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	N/A	
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	N/A	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	N/A	
Annexure - 10	List of M.Sc. Nursing Students as per format	N/A	
Annexure - 11	Details of External /Part time Teachers	√	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, 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	√	
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	√	

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

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:

(1) The institution has completed 1 year with 2 students being admitted.

(2) The infrastructure of the college meets all the requirements for an intake of 100 students per year

(3) Clinical exposure is excellent with 2 hospitals being parent hospital – VSH (200 Beds) & DWH (100 beds)

(4) The documents of the staff have been verified and observed to be meeting all the requirements as per the proforma.

(5) Library books have been purchased as per requirement

(6) All the labs needed for Bsc. Nursing are available and equipments are as per needed

(7) Community Health – rural & urban field available & document is attached.

(8) Change of address → building verified & is as per the requirement.

⇒ Overall, the institution meets all the necessary requirements for 100 intake, hence can be recommended.

⇒ Secondly, change of address has been applied – The new address & the new building matches the address applied. The new building is set up and built as per the requirement.

Signature of Chairman
23/7/25
PROF. VAISHALI PRADEEP

Signature of Member (1)
PROF. SALEEMULLA KHAN

Signature of Member (2)
MRS. ANITHA JOSEPH