OB / Dean ob Entered Scan (14)

# 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. Shashi Kumar | Dr. Vijayanand Pujari | P. Swarnalatha. |
| Designation | professor | Principal | professor. |
| Address | RRDC. Bangalore Senate member Rguhs (RRDC) | Krishna College of Pharmacy, Hubballi | B.M.S. Hospital College of Nursing Bangalore. |
| Mobile No | 9980280481 | 9542185209 | 9448341974 |
| Email ID | dashashioracortho @ Gmail.com | dr.vjpj@gmail.com | Pasanswarnalaji @gmail.com |

*Inspection For the Academic Year : 2025-26* *Date of Inspection:* 22-08-2025

*(Please Tick the Appropriate Boxes Below)*

| | | | | |
|---|---|---|---|---|
| *Type of Inspection:* | 1.Fresh Affiliation | | 4. Re-Inspection | |
| | 2.Continuation of Affiliation | Yes | 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 | Yes | 2. Post Basic B.Sc. Nursing | |
| | 3. M.Sc. Nursing | | 4. M.Sc. NPCC | |

| | | | | |
|---|---|---|---|---|
| 1 | Name of the Institution with Full Address | **Aishwarya College of Nursing, No-42/65, Jnanaganga Nagar, Opp to Bangalore University staff Quarters, Mysore - Magadi Ring Road, Bangalore -560056.** | 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 | **Aishwarya Educational @ Charitable Trust No-42/65, Jnanaganga Nagar, Opp to Bangalore University staff Quarters, Mysore - Magadi Ring Road, Bangalore -560056.** (Enclose copy of Registration documents of Society/Trust)Annexure – 1 | | |
| | | Email: aishwaryansgblr@gmail.com | Website: **N/A** | |
| | | Office No: **9449000809** | Mobile No: **9449000809** | |

Signature of Chairman

Dr. Shashi Kumar

22/08/2025

Signature of Member (1)

Dr. Vijayanand Pujari

22/08/2025

Signature of Member (2)

P. Swarnalatha.

22/08/2025.

| | | | |
|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No | Dr. L P Nagarajaiha<br>Aishwarya Education and Charitable Trust<br>9449000809 | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 05<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2** | |
| 5 | a) Details of Principal/Head of the institution ( After MSc) | Name: Mr. Siddesha B T<br>Qualification: M.Sc Nursing<br>Experience after MSc: 12 years<br>Email: aishwaryansgblr@gmail.com | Mobile No: 9449000809<br>Office No: 080 23241587<br>Fax No:<br>Residential phone No: 9449000809 |
| | b) Drawing authority of the college | Enclosed | |

| | | | | |
|---|---|---|---|---|
| 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 | ✓ | Enclosed | | | | 1,55,050/- |
| Post Basic B.Sc. Nursing | — | | | | | — |
| | | | | | Total (A) | 1,55,050/- |

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

**Online Transaction Number or Details: ZSBI15109M548E, Dated : 30/12/2024**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

**Remarks:**

**(Fees Paid Details Enclosed)**

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 142 RGU 2024 Bangalore, Dated : 24/10/2024** | **RGU/AFF.COE/F-1/2024-25** | **ENCLOSED** | | **Enclosed** ✓ |
| | Affiliation Sanctioned Intake | 40 | 40 | 40 | — | |
| | Admissions Made for the Current Academic Year | | | | — | |
| **Post Basic B.Sc. Nursing** | **Approval Letter No. and Date** | **Annexure - 5** | **Annexure - 6** | **Annexure - 7** | **Annexure - 8** | NA |
| | **Sanctioned Intake** | **Not Applicable** | | | | |
| | **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** | NA |
| | **Sanctioned Intake** | | | | | |
| | **Admissions Made for the Current Academic Year** | **Not Applicable** | | | | |
| **M.Sc. NPCC** | **Approval Letter No. and Date** | **Annexure - 5** | **Annexure - 6** | **Annexure - 7** | **Annexure - 8** | NA |
| | **Sanctioned Intake** | | | | | |
| | **Admissions Made for the Current Academic Year** | | | | | |

**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: Enclosed**

| Programme | | I year | II Year | III Year | IV Year | Total |
|---|---|---|---|---|---|---|
| B.Sc Nursing | Male | | | | | |
| | Female | | | | | |
| Post Basic B.Sc Nursing | Male | | | | | |
| | Female | Not Applicable | | | | |
| M.Sc Nursing | Male | | | | | |
| | Female | Not Applicable | | | | |
| M.Sc NPCC | Male | | | | | |
| | Female | Not Applicable | | | | |

**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---------- |
|---|---|---|---|---|---|---|
| | Not Applicable | | | | | |

**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---------- |
|---|---|---|---|---|---|---|
| | Not Applicable | | | | | |

**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:**_____

_____

_____

## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. | Designation | Required | Existing / Available | Deficit |
|---|---|---|---|---|

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

| No | | 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 | | | | | | | 1 | | | | | | | |
| 2 | Vice-Principal | 1 | 1 | | | | | | | 1 | | | | | | | |
| 3 | Professor | 1 | 1-2 | | | | | 1* | | 1 | | | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | | | | 1* | | 1 | | | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | | | | | | | | |
| 6 | Tutor | 8-16 | 16-24 | | | | 2-10 | -- | | 12 | | | | | | | |
| | **Total** | **16-24** | **24-40** | | | | 4-12 | | | 16 | | | | | | | |

**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) **ENCLOSED**

**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**<br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors | **Total 8 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 16 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors | **Total 18 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors | **Total 24 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 20 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | **Total 30 Faculty**<br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | **Total 40 Faculty**<br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 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)**

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

| 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. | Mr. Siddesha B.T | Principal | MSC N. | 2013 | 23479 | 1yr | 12yrs | 05.08.25 | | |
| 2. | Ms. Tauro renya oswald | Vice principal | MSC.N | 2014 | 22511 | 3yr | 9 yrs | 05.4.25 | | |
| 3. | Mr. Bhimanagoudapasodi | Professor | MSC.N. | 2015 | 29977 | 4.5yrs | 10yrs | 06.2.25 | | |
| 4. | Mr. Gopinath D.T | ~~Associate Professor~~ | MSc pedia | 2014 | 29656 | 1yrs | 10yrs | 03.07.25 | | |
| 5. | Mr. Usama abad. | Lectures | MSc CHN | 2025 | 109455 | 1yrs | — | 05.03.25 | | |
| 6. | Ms. Mamon das | Lecturer | MSc P.N | 2024 | 103744 | 2yrs | 1.5yrs | 11.02.25 | | |
| 7. | Mr. Danish Althaf | Lecturer | MSc P.N | 2024 | 125093 | 1yrs | — | 06.5.25 | | |
| 8. | Mr. Mashood sheikh | Nursing tutor | BSc N | 2024 | 175387 | — | — | 16.07.25 | | |
| 9. | Mr. Mohammed ishfaq | Tutor | BSC N | 2020 | 144941 | [illegible] | — | 15.07.25 | | |
| 10. | Ms. Hrituparna Sarkar | Tutor | BSC N | 2020 | 115193 | 3yrs | - | 2306.25 | on leave | |
| 11. | Ms Mutum Balina Devi | Tutor | BSC N | 2024 | 135085 | — | — | 16.07.25 | | M. Balina. |
| 12. | Ms Aleena Josby | Tutor | BSC N | 2024 | 177180 | | | 06.08.25 | | |
| 13. | Ms. Aparna | Tutor | BSC N | 2024 | 183122 | — | — | 06.08.25 | | |
| 14. | Ms Bisma ishtiyaq | Tutor | BSC N | 2020 | 129525 | 4yrs | — | 04.06.25 | | |
| 15. | Mr. Talib Hussain shah | Tutor | BSCN | 2024 | 106776 | — | — | 15.07.25 | | |
| 16. | Ms Sarasdita bera | Tutor | Bs N | 2023 | 157858 | — | — | 07.07.25 | | |
| 17. | | | | | | | | | | |
| 18. | | | | | | | | | | |
| 19. | | | | | | | | | | |
| 20. | | | | | | | | | | |
| 21. | | | | | | | | | | |
| 22. | | | | | | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 23. | | | | | | | | | | |
| 24. | | | | | | | | | | |
| 25. | | | | | | | | | | |
| 26. | | | | | | | | | | |
| 27. | | | | | | | | | | |
| 28. | | | | | | | | | | |
| 29. | | | | | | | | | | |
| 30. | | | | | | | | | | |
| 31. | | | | | | | | | | |
| 32. | | | | | | | | | | |
| 33. | | | | | | | | | | |
| 34. | | | | | | | | | | |
| 35. | | | | | | | | | | |
| 36. | | | | | | | | | | |
| 37. | | | | | | | | | | |
| 38. | | | | | | | | | | |
| 39. | | | | | | | | | | |
| 40. | | | | | | | | | | |
| 41. | | | | | | | | | | |
| 42. | | | | | | | | | | |
| 43. | | | | | | | | | | |
| 44. | | | | | | | | | | |
| 45. | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 46. | | | | | | | | | | |
| 47. | | | | | | | | | | |
| 48. | | | | | | | | | | |
| 49. | | | | | | | | | | |
| 50. | | | | | | | | | | |
| 51. | | | | | | | | | | |
| 52. | | | | | | | | | | |
| 53. | | | | | | | | | | |
| 54. | | | | | | | | | | |
| 55. | | | | | | | | | | |
| 56. | | | | | | | | | | |
| 57. | | | | | | | | | | |
| 58. | | | | | | | | | | |
| 59. | | | | | | | | | | |
| 60. | | | | | | | | | | |
| 61. | | | | | | | | | | |
| 62. | | | | | | | | | | |
| 63. | | | | | | | | | | |
| 64. | | | | | | | | | | |
| 65. | | | | | | | | | | |
| 66. | | | | | | | | | | |
| 67. | | | | | | | | | | |
| 68. | | | | | | | | | | |
| 69. | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 70. | | | | | | | | | | |
| 71. | | | | | | | | | | |
| 72. | | | | | | | | | | |
| 73. | | | | | | | | | | |
| 74. | | | | | | | | | | |
| 75. | | | | | | | | | | |
| 76. | | | | | | | | | | |
| 77. | | | | | | | | | | |
| 78. | | | | | | | | | | |
| 79. | | | | | | | | | | |
| 80. | | | | | | | | | | |
| 81. | | | | | | | | | | |
| 82. | | | | | | | | | | |
| 83. | | | | | | | | | | |
| 84. | | | | | | | | | | |
| 85. | | | | | | | | | | |
| 86. | | | | | | | | | | |
| 87. | | | | | | | | | | |
| 88. | | | | | | | | | | |
| 89. | | | | | | | | | | |
| 90. | | | | | | | | | | |
| 91. | | | | | | | | | | |
| 92. | | | | | | | | | | |
| 93. | | | | | | | | | | |
| 94. | | | | | | | | | | |
| 95. | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 96. | | | | | | | | | | |
| 97. | | | | | | | | | | |
| 98. | | | | | | | | | | |
| 99. | | | | | | | | | | |
| 100. | | | | | | | | | | |
| 101. | | | | | | | | | | |
| 102. | | | | | | | | | | |
| 103. | | | | | | | | | | |
| 104. | | | | | | | | | | |
| 105. | | | | | | | | | | |
| 106. | | | | | | | | | | |
| 107. | | | | | | | | | | |
| 108. | | | | | | | | | | |
| 109. | | | | | | | | | | |
| 110. | | | | | | | | | | |
| 111. | | | | | | | | | | |
| 112. | | | | | | | | | | |
| 113. | | | | | | | | | | |
| 114. | | | | | | | | | | |
| 115. | | | | | | | | | | |
| 116. | | | | | | | | | | |

- **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** | | | | | |

**14. Physical Facilities: Available**

**14.1. College Building: Available** **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 ) | **36,000 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 40 to 60 intakeB.Sc (N): 900 sq ft | **4 Class rooms** 900sq ft Each | **4 Each 900 sq ft** | **Enclosed** |
| | 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 | **400 Sq Ft** | |
| | 2. Vice-Principal Chamber | 200 | **200 Sq Ft** | |
| | 3. HOD | 5 x 200 = 1000 | **5 Each 1000 sq ft** | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | **3200 sq ft** | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | **600** | **600 sq ft** | Verified. |
| | 7. Accountants Office | **100** | **100 sq ft** | |
| | 8. Store Room | **100** | **100 sq ft** | |
| | 9. Record room | **100** | **100 sq ft** | |
| | 10. Room for maintenance staff | **100** | **100 sq ft** | |
| | 11. Xeroxing room | **100** | **100 sq ft** | |
| | 12. common room ( Girls & Boys) | 600+400= 1000 | **1000 sq ft** | |
| | 13. Multipurpose hall / Seminar hall/ examination hall | 3000 | **3000 sq ft** | |
| | 14. Toilets | 1000 | **1000 sq ft** | |

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

| | | | | |
|---|---|---|---|---|
| | 15. A.V/Aids room | 600 | **600 sq ft** | |

| 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 | **1600 sqft** | |
| | Nutrition & Community Health Nursing | 1200sq.ft | **1200 sqft** | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | **900 sqft** | Verified |
| | Pediatrics Nursing Laboratory | 900sq.ft | **900 sqft** | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | **900 sqft** | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | **1500 sqft** | |

**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** ✓ | |
| 2 | **Is the college building own or leased ?** Own | |
| 3 | **Blue print of the building plan approved and attested by competent authority.** ✓ | |
| 4 | **Building construction license from competent authority** ✓ | |
| 5 | **Tax paid receipt (Latest / current year)** ✓ Audit reports & tax paid receipts | Verified. |
| 6 | **Occupancy certificate.** ✓ | |
| 7 | **Sale deed / Lease deed of the building / Land.** ✓ | |
| 8 | **Land Conversion order from DC** e-khata | |
| 9 | **Town planning/Authorities approval order** ✓ | |

**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 **ENCLOSED** **Annexure – 13**

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licience |
|---|---|---|---|---|---|
| 01 | KA51C9985 | 50 | Yes / No | Yes / No | Yes / No |

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

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

| | | | |
|---|---|---|---|
| Total No. of Nursing Books available | 890 | No. of Nursing Journals subscribed | Helinet |
| No. of Thesis/Research titles available | 0 | Is internet facility available for Students? | Available |
| No of e-books | 0 | How many books were purchased in last financial year? | 300 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01 | Mrs. SWAPNA M P | M- Lib | 10 yr | 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 | ~~Enclosed~~ | NA. |

**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 : Enclosed** **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** | **Yes** |
| | | **ii.Trust member with MOU** | **Yes** |

| **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<br>**Bengalore Hospital Kengeri, Bengaluru**<br><br>MOU( Registered parent hospital MOU) | **130** | **5 KM** | **85%** | verified. |
| NAME OF THE TRUST/ Person owning The Hospital<br><br>**Aishwarya Educational and Charitable Trust** | | | | verified |
| Name Of The Owner Of The Trust of Hospital<br><br>**Dr. Abhishek Mennan** | | | | |
| Affiliated hospitals- Full Name & Address of the Parent Hospital — 1 | | | | |
| 2 | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | 3<br><br>( 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 contrc1 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 | | | | |
| Surgery including OT | | | | |
| Obstetrics & Gynecology | Enclosed | | | |
| Pediatrics, | | | | |
| Emergency Medicine | | | | |
| Psychiatry | | | | |

Additional/Other Specialties/Facilities for clinical experience: **Enclosed**

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

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

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

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 |
|---|---|
| **RURAL FILELD** | |
| **a. Name of CHC / PHC / SC** | **DODDABASTHI - PHC** |
| Adopted / Affiliated | **Affiliated** |
| Administrate red by | **State** Govt. ☐ **Municipal Corporation** ☐ Private ☐ |
| Distance from the Nursing Institute | **05 KM** |
| **b.** Services Rendered by Health & Family Welfare Programmes | |
| **URBAN FEILD :** | |
| **a. Name of CHC / PHC / SC** | **DODDABASTHI - PHC** |
| Adopted / Affiliated | |
| Administrate red by | State Govt. ☐ **Municipal Corporation** ☐ Private ☐ |
| Distance from the Nursing Institute | **Affiliated** |
| **b.** Services Rendered by Health & Family Welfare Programmes | **5 KM** |
| *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 ☑ NA |
| **c.** | Health Records | **YES** ☐ | NO ☑ NA |
| **d.** | Clinical and field experience record | **YES** ☐ | NO NA |
| **e.** | Practical record books - procedure record | **YES** ☐ | NO NA |
| **f.** | Practical record books - Midwifery case book | **YES** ☐ | NO NA |
| **g.** | Leave record | **YES** ☐ | NO NA |

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

| | | | |
|---|---|---|---|
| h. | Extracurricular activities of students | YES ☐ | NO ☐ NA |
| i. | Cumulative record of each | YES ☐ | NO ☐ NA |
| 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 ☐ NA |
| 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 18,000 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 : 0** | **Boys : 0** |
| f. | Total No. of rooms | **Girls : 15** | **Boys : 10** |
| 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 ☐ |

**List of Annexures:**

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

| Annexure Numbers | Details | Verified as per originals documents | | |
|---|---|---|---|---|
| | | Yes | NO | Signature |
| **Annexure - 1** | Details of Trust/ Society related documents | **Yes** | | |
| **Annexure - 2** | Details of Governing Council, its meetings & Audit report of Trust | **Yes** | | |
| **Annexure - 3** | Details of any other Nursing Institution under the same Trust | **-** | **No** | |
| **Annexure - 4** | Details of Affiliated fees paid receipts | **Yes** | | |
| **Annexure - 5** | Approval Status : GOK Order | **Yes** | | |
| **Annexure - 6** | Approval Status : RGUHS Notification (Last 3 Years) Approval | **Yes** | | |
| **Annexure - 7** | Approval Status : KNC Notification | **Yes** | | |
| **Annexure - 8** | Status : INC Notification | | **No** | |
| **Annexure - 9** | List of Post Basic B.Sc. Nursing Students as per format | | **No** | |
| **Annexure - 10** | List of M.Sc. Nursing Students as per format | | **No** | Verified. |
| **Annexure - 11** | Details of External /Part time Teachers | **Yes** | | |
| **Annexure - 12** | Physical Facilities :<br>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,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | **Yes** | | |
| **Annexure - 13** | Vehicle Details : Bus | **Yes** | | |
| **Annexure - 14** | Details of List of LibraryBooks & others | **Yes** | | |
| **Annexure - 15** | Academic Activities | | **No** | |
| **Annexure - 16** | Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals. | **Yes** | | |
| **Annexure - 17** | Details of Community Health Nursing Posting Facilities | **Yes** | | |
| **Annexure - 18** | Master Rotation plans and Time tables | **Yes** | | |

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

| | | | | |
|---|---|---|---|---|
| **Annexure - 19** | List of Teachers with their Declaration forms & necessary documents | **Yes** | | Verified, |
| **Annexure –20** | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise | | **No** | |

**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:**

- Infra structure and teaching - faculty found to be adequate at the time of inspection.

**Signature of Chairman**
22/08/25

**Signature of Member (1)**
Dr. Vijayanand Rajoli

**Signature of Member (2)**
P. Swaranalatha

# UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Aishwarya College of Nursing which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 22/08 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.

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


AISHWARYA
AISHWARYA COLLEGE OF NURSING
GPS Map Camera
Bengaluru,Karnataka,India
2nd Main Road, Jnana Bharathi, Bengaluru,
Karnataka 560056, India
Lat 12.950391, Long 77.497576
08/22/2025 12:23 PM GMT+05:30
Note : Captured by GPS Map Camera
PRINCIPAL
Aishwarya College of Nursing
Jnanaganga Nagar, Bengaluru


AISHWARYA
AISHWARYA COLLEGE OF NURSING
NURSING
GPS Map Camera
Bengaluru,Karnataka,India
2nd Main Road, Jnana Bharathi, Bengaluru,
Karnataka 560056, India
Lat 12.950391, Long 77.497576
08/22/2025 12:23 PM GMT+05:30
Note : Captured by GPS Map Camera
PRINCIPAL
Aishwarya College of Nursing
Jnanaganga Nagar, Bengaluru

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

**e-Stamp**

| | | |
|---|---|---|
| **Certificate No.** | : | **IN-KA22251393521585X** |
| Certificate Issued Date | : | 20-Aug-2025 12:48 PM |
| Account Reference | : | NONACC (FI)/ kagcsl08/ BASAVESHWARANAGAR8/ KA-RJ |
| Unique Doc. Reference | : | SUBIN-KAKAGCSL0858699388479724X |
| Purchased by | : | BANGALORE HOSPITAL KENGERI |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | BANGALORE HOSPITAL KENGERI |
| Second Party | : | REGISTRAR RGUHS BANGALORE |
| Stamp Duty Paid By | : | BANGALORE HOSPITAL KENGERI |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

G SEVA KENDRA BASAVESHWARANAGAR Authorized Signatory

Please write or type below this line

## UNDERTAKING

I/We, Dr. Abhishek Mennon, is/are the Medical Director of the Bangalore Hospital Kengeri, Bangalore situated at No. 3P/2, 60 Feet Road, Jnanabharathi 1st Block Valgerahalli, Bangalore- 560059.

Bangalore Hospital Kengeri
(A Unit of Surapaneni Health Care Pvt. Ltd.)
# 3p (2) 60 Feet Road, Jnanabharathi Layout
1st Block, Kengeri Satellite Town
Bengaluru-560059

**Statutory Alert:**

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

Rs. 100

**e-Stamp**

| | | |
|---|---|---|
| **Certificate No.** | : | IN-KA22254064662934X |
| Certificate Issued Date | : | 20-Aug-2025 12:49 PM |
| Account Reference | : | NONACC (FI)/ kagcsl08/ BASAVESHWARANAGAR8/ KA-RJ |
| Unique Doc. Reference | : | SUBIN-KAKAGCSL0858689263350441X |
| Purchased by | : | AISHWARYA EDUCATIONAL AND CHARITABLE TRUST |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | AISHWARYA EDUCATIONAL AND CHARITABLE TRUST |
| Second Party | : | REGISTRAR RGUHS BANGALORE |
| Stamp Duty Paid By | : | AISHWARYA EDUCATIONAL AND CHARITABLE TRUST |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

G SEVA KENDRA BASAVESHWARANAGAR Authorized Signatory

Please write or type below this line

# Undertaking by Trust Management

We the **Chairman and Members of the trust Aishwarya Educational and Charitable Trust** are submitting the affidavit to University.

PRINCIPAL
Aishwarya College of Nursing
Jnanaganga Nagar, Bengaluru

**Statutory Alert:**

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.