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

29

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Harish M.R	Dr. Rajasekaran. S	Gayathri Devi
Designation	Dean & Director	Principal	Principal
Address	Chikkamangaluru Institute of Medical Sciences Chikkamangaluru-577101	Icon Pharmacy College, No.32 Bheemanahalli, Bidadi, Bengaluru-562109	Kripa Institute of Nursing Sciences, Bengaluru
Mobile No	9448323157	9241033201	8123406423
Email ID	drmaharish@yahoo.com	rajasekaranpharm@gmail.com	

Inspection For the Academic Year :2025-26			*Date of Inspection: 15/08/2025*	
(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	Apollo Apex College of Nursing No.2, 3rd A Cross Road, 7th Main, 6th Block, Banashankari 3rd Stage, Banashankari, Bangalore-560085	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	PLV Educational and Charitable Trust #11/8, 10th Main, 4th Block, Nandini Layout, Bangalore-560085 (Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email:apolloapexcollegeofnursing2024@gmail.com	Website:	
		Office No:	Mobile No:8861986296	

15/08/25
Dr. Harish M.R
Dean & Director
CIMS
Chikkamangaluru

Signature of Chairman

Signature of Member (1)
Dr. S. Rajasekaran

Signature of Member (2)
GAYATHRI DEVI .M.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Suma Ranganth Secretary 8217352321	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 05 Enclosed (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: Mrs. Bharathi V Qualification: MSc(N) Experience after MSc: 17 Years Email:apolloapexcollegeofnursing2024@gmail.com	Mobile No:8861986296 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	Mr. Harsha H G Director 9482080910	

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

7. Affiliation Fee Paid Details: Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation	Rs. 3,50,050/-				Rs. 3,50,050/-
Post Basic B.Sc. Nursing						-
					Total (A)	Rs. 3,50,050/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
					Total (B)	-
NPCC						
					Total (C)	-
					Grand Total (A+B+C)	Rs. 3,50,050/-

Online Transaction Number or Details: Rs. 3,50,050/- paid on 24/12/2024 and reference number is ZFBKRHP09663KJ

Remarks: nil

Verify &Enclose copy of Affiliation fee paid documents

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

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	MED144RGU2024, Bangalore 24/10/2024 Annexure - 5	RGU/AFF/COE/ F-I/01/2024-25 Annexure - 6	2282:2024-25 Annexure - 7	Annexure - 8	nil
	Affiliation Sanctioned Intake	100	100	100		
	Admissions Made for the Current Academic Year	100	100	100		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Paediatric e. Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	11	–	–	–	11
	Female	22	–	–	–	22
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: nil

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		01							
4	Associate Professor	2	2-4					1*		02							
5	Assistant Professor	3	3-8				2	3*		04							
6	Tutor	8-16	16-24				2-10	--		11							
	Total	**16-24**	**24-40**				**4-12**			**20**							

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

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

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

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

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

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

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

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

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

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.

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.	Mrs. Bharathi V	Prof and Principal	M.Sc OBG	2008	88121	06 Years	17 Years	07/09/2024	Yes	
2.	Mrs. Ambli Venugopal	Prof and Vice-Principal	MSc OBG	2011	6159	02 Years	13 Years	09/09/2024	Yes	
3.	Ms. Priyadarshani S	Professor	M.Sc OBG	2018	144901	1 Year	8 Years	07/09/2024	Yes	
4.	Mrs. Priya Jose	Associate. Professor	M.Sc Psychiatry	2017	37255	2 Years	6 Years	07/09/2024	Yes	
5.	Ms. Sartaj S	Associate Professor	M.Sc OBG	2019	77231	1 Year	5 Years	09/09/2024	Yes	
6.	Mrs. Vandana	Asst. Professor	MSc OBG	2021	173729	1 Year	4 Years	04/08/2025	Yes	
7.	Mr. Beerendra Keshava O	Asst. Professor	M.Sc Peadiatric	2021	79270	2 Years	3Years	07/09/2024	Yes	
8.	Mr. Mallesh H	Asst. Professor	M.Sc Community	2022	126562	4 Years	2 Years	07/09/2024	Yes	
9.	Ms. Neha K L	Asst. Professor	M.Sc MSN	2024	112473	2 Years	1 Year	07/09/2024	Yes	
10.	Mrs. Anu Abraham	Tutor	B.Sc (N)	2011	43443	13Years		09/09/2024	Yes	
11.	Ms.Amrutha Rajendran	Tutor	B.Sc (N)	2013	70583	11 Years		12/02/2025	Yes	
12.	Ms. Savitha K S	Tutor	B.Sc(N)	2021	211305	4 Years		09/09/2024	Yes	
13.	Ms. Nayana H	Tutor	B.Sc(N)	2018	94774	6 Years		09/09/2024	Yes	
14.	Ms. Priya M	Tutor	B.Sc (N)	2024	179194	6 Months		15/09/2024	Yes	
15.	Mr. Mijanur Khan	Tutor	B.Sc (N)	2021	126475	3 Years		15/09/2024	Yes	
16.	Mr. Laxman Dashavant	Tutor	B.Sc (N)	2024	180381	6 Months		15/09/2024	Yes	
17.	Mr. Nagendrappa R	Tutor	PBB.Sc	2020	149730	4 Years		15/11/2024	Yes	
18.	Mr.Bhushan Jadhav	Tutor	B.Sc (N)	2024	179200	6 Months		15/09/2024	Yes	
19.	Mr.Mallikarjun Biradar	Tutor	B.Sc (N)	2022	132733	4 Years		03/07/2025	Yes	
20.	Mr. Manojkumar Talawar	Tutor	B.Sc (N)	2022	133600	4 Years		05/07/2025	Yes	
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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.

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	**Enlcosed**	**Enlcosed**	**Enlcosed**	**Enlcosed**	—

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	**73,018.67 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	**12*900=10,800 sq.ft**	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	–	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**531.93 sq.ft**	Verified
	2. Vice-Principal Chamber	200	**300 sq.ft**	Verified
	3. HOD	5 x 200 = 1000	**5*250=1250 sq.ft**	Verified
	4. Professor/Assoc. Prof	800+2400=3200	**3288 sq.ft**	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**1200 sq.ft**	Verified
	7. Accountants Office	**100**	**308.81 sq.ft**	Verified
	8. Store Room	**100**	**400 sq.ft**	Verified
	9. Record room	**100**	**400 sq.ft**	Verified
	10. Room for maintenance staff	**100**	**200 sq.ft**	Verified
	11. Xeroxing room	**100**	**200 sq.ft**	Verified
	12. common room (Girls & Boys)	600+400= 1000	**306.86*2=613.72 sq.ft 400 sq.ft Total-1013.72 sq.ft**	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**1586.11*2=3,172.22 sq.ft**	Verified
	14. Toilets	1000	**2*319.70=639.70 sq.ft 2*206.87=413.74 sq.ft Total= 1053.44 sq.ft**	Verified
	15. A.V/Aids room	600	**1253.20 sq.ft**	Verified

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

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	**100**	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**2*2659.64=5,319 sq.ft**	Verified
	Nutrition & Community Health Nursing	1200sq.ft	**1253.20 sq.ft**	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	**3191.56 sq.ft**	Verified
	Pediatrics Nursing Laboratory	900sq.ft	**3189.78 sq.ft**	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	**967.14 sq.ft**	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	**3191.56 sq.ft**	Verified

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Verified
2	**Is the college building own or leased ?**	
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)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
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
- 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.

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

- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	KA51 AJ3320 KA51 AF7493	21 51	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	6555.06 sq.ft	YES ☑ No ☐	Yes	Yes	Verified

Total No. of Nursing Books available	3792	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	-	**Is internet facility available for Students?**	Yes
No of e-books	52	**How many books were purchased in last financial year?**	2792

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Ms. Naveen M A	M.Lib	6 Years	Librarian
02	Neetha R	B.Com	1 Years	Assistant

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	**NA**	–
Conferences conducted	**01**	Verified
Conferences attended	**02**	Verified

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

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital **Apollo Hospitals, A Unit of Imperial Hospital and Reaserach centre Ltd N0.154/11,Opp. IIM, Bannerghatta Road, Bangalore- 560076.** MOU(Registered parent hospital MOU)		350	8.4km	96%	
NAME OF THE TRUST/ Person owning The Hospital **A Unit of Imperial Hospital and Reaserach centre Ltd** **Dr. Manish Matto** **CEO**					
Name Of The Owner Of The Trust of Hospital **Dr. Manish Matto** **CEO**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3 (MOU/Clinical permission letter)				

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

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

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:

18.1. Distribution of Beds

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

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	55		
Surgery including OT	56	52		
Obstetrics & Gynecology	6	05		
Pediatrics,	5	05		
Emergency Medicine	18	18		
Psychiatry	5	02		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	12	12		
Minor OT	10	10		
Dental, Otorhinolaryngology, Ophthalmology	10	09		
Burns and Plastic	5	04		
Neonatology care unit	9	08		
Communicable disease/Respiratory medicine/TB & chest diseases	8	07		
Dermatology	0	0		
Cardiology	40	35		
Oncology	20	17		
Neurology/Neuro-surgery	15	13		
Nephrology/Urology	25	22		
ICU/ICCU	33	28		
Geriatric Medicine	8	06		
Any other	5	03		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17

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

RURAL FILELD	
a. Name of CHC / PHC / SC	**Arakere PHC**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**9.5 Km**
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	**Gottikere UPHC**
Adopted / Affiliated	**Affilated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**12Km**
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	**Master Rotation Plan : Annexure – 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☐	**NO** ☑

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

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

23	**Hostel Facilities :Annexure – 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**42,620Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	**Own** ☐	**Rented/Leased** ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	**Girls : 22**	**Boys : 11**
f.	Total No. of rooms	**Girls : 49**	**Boys :19**
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		Signature
		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 LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

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

LIC Team Observations:

- There are 1 Principal Professor, 1 Professor Vice principal, 1 Professor, 2 Associate Professors, 4 Assistant Professors, and 11 Tutors available on the day of inspection.
- There are 5 labs available on the day of inspection.
- There are 4 class rooms of 100 sitting capacity available on the day of inspection.
- There are 3792 books available in the Library on the day of inspection.
- Infrastructure - Clinical material is available as per the apex body norms and RGUHS norms

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

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

PLV EDUCATIONAL AND CHARITABLE TRUST ®

#11/8, 10th Main, 4th Block, Nandhini Layout, Bangalore – 560 096

Ref: PLVEACT/2025/U-01 Date: 15/08/2025

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/Member of the **PLV Educational and Charitable Trust** are submitting the affidavit to University.

The BTL Educational trust for Rural Development is running/managing the colleges **Apollo Apex College of Nursing, Apollo Apex College of Allied Health Sciences and Apollo Apex College of Physiotherapy** since 1 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 faculties 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.

GROUP
No. 2, 3rd A-CROSS ROAD, 7th MAIN,
h BLOCK, 3rd STAGE, BANASHANKARI,
BENGALURU - 560 085.

Apollo HOSPITALS
TOUCHING LIVES

UNDERTAKING

I, **Dr. Manish Mattoo**, is the Regional CEO of **Apollo Hospitals, A Unit of Imperial Hospital & Research Centre Ltd.** Hospital is situated at **154/11, Opp IIM Bangalore, Banneraghatta Road, Bangalore.**

This is to confirm that our **Apollo Hospitals, A Unit of Imperial Hospital & Research Centre Ltd.** is registered under KPMEA and PCB with **350** beds and the bonafide certificate has been attached.

This is to confirm that the **Apollo Hospitals, A Unit of Imperial Hospital & Research Centre Ltd.** is functioning as parent hospital for **Apollo Apex College of Nursing, Bangalore.**

We also confirm that our hospital is solely affiliated to Apollo **Apex College of Nursing, Bangalore and** is not affiliated to any other nursing college.

The information provided by us is true and correct.

Manish

Dr Manish Mattoo
CEO – Karnataka & Central Region
Apollo Hospitals
154/11, Opp IIM
Bannerghatta Road
Bangalore – 560076

Apollo
Apollo Hospitals
Bengaluru
Dr. Manish Mattoo
Chief Executive Officer
Karnataka Region
(A Unit of Imperial Hospital & Research Center Limited)
154/11, Opp IIM Bannerghatta Road Bengaluru - 560 076