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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sudhaeeham	Dr. Leeladhar. D.V	Dr. Shivanagonda V.M
Designation	Member of Senate	Academic Council	Principal
Address	K.L.E.'s Institute of Dental Sciences & Research Centre, Bangalore	K.V.G. Ayurvedic Medical College & Hospital Sullia, D.K.	GIMS Government College of Nursing Gadag
Mobile No	9449104316	9449717171	9964287187
Email ID	Sudarshansajjan78@gmail.com	drleeladhar_dv@rediffmail.com	

For the Academic Year : 2025-2026 *Date of Inspection:* 07/05/2025

(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	Ekam Health Care Institution Survey No. 105, Hinnakki Village, Jigani Hobli, Anekal, Bengaluru Urban-562105	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	(Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: ekamhealthcareinstitution@gmail.com	Website: www.ekamhealthcareinstitution.com	

Signature of Chairman

Signature of Member (1)
Dr. Leeladhar DV
Chairman BOS Ayurveda

Signature of Member (2)
07/05/25
Dr. Shivanagonda V.M
Subject Expert
GIMS Govt College of Nursing Gadag

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

Details of the Inspection:	Chairman	Academic Council Member	Subject Expert
Name			
Designation			
Address			
Mobile No			
Email ID			

For the Academic Year: Date of Inspection:

(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 NICC	

1	Name of the Institution with Full Address	2. Year of Establishment
2	Status of the conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust/Society /Company
3	Name of the Trust/Society Complete postal address	Email: Website:

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

	(b). Name of the Owner of Trust/Society	Shri. Vasu. S. N		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr. Avinash. N Qualification: Ph. D Nursing Experience: 15 years 6 months Email: Avinash281@gmail.com		Mobile No: 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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Hellinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓	✓	✓	✓	✓	Rs. 4,50,000/- Rs. 1085/-
Post Basic B.Sc. Nursing						
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	
Online Transaction Number or Details:	ZHDFNXA09NVDE6 BSBIA0LOJAMW63					Rs. 4,51,085/- (Rs. 1085)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

6. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	COK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation					

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc(N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc(N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc(N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 40			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1													
2	Vice Principal	1	1													
3	Professor	1	1-2		1*											
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	1*											
6	Tutor	8-10	15-24	2-10	–											
	Total	16-21	24-40	4-13												

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

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

Year Wise Distribution of Faculty for B.Sc Nursing:
(Start the Program i.e. the 1st Year, minimum [illegible] 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 • [illegible] Tutors	Total 8 Faculty • [illegible] M.Sc Nursing qualified faculty • [illegible] Tutors	Total 12 Faculty • [illegible] M.Sc. Nursing qualified faculty • [illegible] Tutors	Total 16 Faculty • 8 M.Sc Nursing qualified faculty • 8 Tutors
60 Students Intake	Total 6 Faculty • [illegible] M.Sc Nursing qualified faculty	Total 12 Faculty • [illegible] M.Sc Nursing qualified faculty	Total 18 Faculty • [illegible] M.Sc Nursing qualified	Total 24 Faculty • [illegible] M.Sc Nursing

EKAM HEALTH CARE INSTITUTION – B.Sc NURSING

SURVEY NO.105, HINNAKKI VILLAGE, SURYANAGAR PHASE-2, JIGANI HOBLI, ANEKAL TALUK BENGALURU – 562105

Sl. No.	Name of the Faculty	Designation	Qualification along with Speciality	Year of Passing	KSNC Registration No.	Teaching Experience After UG	Teaching Experience After PG	Date of Joining	Form-16 Submitted (Yes/No)	Signature
1.	Dr. Prof. Avinash N	Principal	M.Sc(N) CHN c Ph.D Nursing	M.Sc(N)-2010 Ph.D-2022	6273	1	15 years	16/05/25	✓	
2.	Mr. Mahantesh Mirje	Vice Principal	M.Sc OBG N	BSc-2010 MSc-2014	32989	1 year	11 years	3/5/2025		
3.	Mr. Girishak	Nursing tutor	MSc(N) Psy	PBSc(N) MSc(N) 2018/25	70106			3/05/25		
4.	Mr. Kasibasappa H.S	Assist Professor	MSc(N) CHN	2021	132929			03/05/2025		
5.	Mr. Anil P.S	Assist Professor	MSc(N) MS	2019	68375	1 yr	3 years	06/05/2025		
6.	Mrs. Aswathy A	Assist professor	MSc(N) OBG	2019	76932		2 yrs 4 mth	3/05/25		
7.	Mrs. Shruthima K.P	Assist professor	M.Sc(N) Paed	2018	13620	3 1/2 yr	5 years	3/05/25		
8.	Mr. Naveen Kumar	Asst. Prof	M.Sc(N) MSN	2011	9578	1.5 yrs	10 yrs	6/5/25		
9.	Suresha D.M	Professor	MSc Psychiatric	2012	13365	1.8 years	12 years	05/05/25		
10.	Nutan Raj	Asst professor	MSc MHN	2012	15418	1.6 years	10 years	06/05/25		
11.	Pradeep B.S	Asst. Prof	M.Sc(N) Child	2016	40051	2 years	5 yrs	02/05/25		
12.	Sunitha Raji John	Tutor	BSc (N)	2013	27721	17 m	-	02/5/25		
13.	Manasa H.B	Tutor	BSc N	2021	108149	2 yrs	-	02/5/25		
14.	Persis Jayaprakash	Tutor	B.Sc N	2022	121857	1 year		03/5/25		
15.										
16.										
17.										

Signature of Chairman

Signature of Member(1)

PRINCIPAL
EKAM HEALTH CARE INSTITUTION
B.Sc NURSING,
SURVEY No. 105, HINNAKKI VILLAGE,
JIGANI HOBLI, SURYA NAGAR PHASE-2,
ANEKAL, BENGALURU URBAN - 562105

Signature of Member(2)
Dr. Shivanagowda V.M
Subject Expert

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.											

- **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
	—	List enclosed	—	—	—

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	65244 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 Classrooms 1300 Sq ft each	
	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	300 Sq ft	
	2. Vice-Principal Chamber	200	200 Sq ft	
	3. HOD	5 x 200 = 1000	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)		200 Sq ft	
	7. Accountants Office		150 Sq ft	
	8. Store Room		150 Sq ft	
	9. Record room		150 Sq ft	
	10. Room for maintenance staff		200 Sq ft	
	11. Xeroxing room		200 Sq ft	
	12. common room	1000	1000 Sq ft	
	13. Seminar hall	3000	3000 Sq ft	
	14. Toilets	1000	1000 Sq ft	
	15. A.V/Aids room	600	600 Sq ft	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Sl.No.	Name	Qualification	Subject	Number of hours per week	Remarks

14. Physical Facilities :

14.1. College Building:

Sl. No.	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. ft):	23,200sq.ft		
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-50 strength. (The second or fourth column must be provided by author(s). Indian Nursing Council reserves the right to verify the correctness of the data given by the applicant)			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft each		
	P.B.B.Sc (N) : 900 sq ft	2 Class rooms 900sq ft each		
	M.Sc (N) : 900 sq ft	2 Class rooms 900sq ft Each		
	NPCC : 900sq ft	2 Class rooms 900sq ft Each		
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300		
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institutive office /Others			
	6. Office of Administrative/ clerical staff and PA (s)			
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for medico-nurse staff			
	11. Nursing room			
	12. common room	1000		
	13. Seminar hall	3000		
	14. Toilets	1000		
	15. A.V Aids room	500		

Signature of Chairman

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000Sq ft	1
	Nutrition & Community Health Nursing	1200sq.ft	1250 Sq ft	1
	Obstetrics and Gynecology Laboratory	900sq.ft	1100 Sq ft	1
	Pediatrics Nursing Laboratory	900sq.ft	1100 Sq ft	1
	Pre-Clinical Sciences Laboratory	900sq.ft	1100 Sq ft	1
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 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)

Building Documents:

Annexure – 12

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1500 sq.ft		
	Nutrition & Community Health Nursing	1200sq.ft		
	Obstetrics and Gynecology Laboratory	900sq.ft		
	Pediatrics Nursing Laboratory	900sq.ft		
	Pre-Clinical Sciences Laboratory	900sq.ft		
	Computer Lab (15 computer students)	1500sq.ft		

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5300 sq.ft area 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 labor, feeding, mechanotherapy, electrotherapy, I.V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have complete, latest, contextual, modern and ventilator models manikins, simulators for use in Critical Care Units.
- For NICU, programmes there should be simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size according for 40-60 student intake & proportionately the size of the lab up to 80 will appropriately increase according to the number of students applied.

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

Building Documents

Annexure – 12

1. Is the college building own or leased / rented?
2. Title print of the building attested by competent authority.
3. Tax paid receipt (Latest / current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

It is mandatory to enclose all the documents as quoted above.

Note:

- If the institution does not have own building even after 2016 with approval of affiliation will be initiated. (GSR 5320 E,5320 E,5320 E,5320 E dtd 28/10/09) E
- It is mandatory that all nursing institution shall have its own building within two years of its establishment 2017-18 onwards.
- Copy of the notarized affidavit of the Trust/Society/Company desires to lease the building owned by him for nursing programs, it should be for a period of 30 years. (Indian Nursing Council Revised regulations and conditions for B Sc (Nursing) programme, 2020 (Gazette, 2020 [F.No.11-1/2019-INC])
- Google location of college to be attached by LEC team.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Type of Vehicle	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving License

Signature of Chairman

Signature of Member (1)

Signature of Member

			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	Remarks
Required 2300 Sq.Ft	2300 Sq/ft	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	2000	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	Yes
No of e-books	00	**How many books were purchased in last financial year?**	300

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Meenakumari	M-Libsci	08 years	
2.	Mr. Amar Shah	M-Libsci	05 years	

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

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Conferences attended		

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 Sakra World Hospital Devarabeesanahalli Varthur Hobli, Marathahalli, Bengaluru-560103		300	26kms	85%.	
NAME OF THE TRUST/ Person owning The Hospital YUSCHI NAGAND					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1				
	2				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other

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

Conference attended		

18. Details of Clinical / Hospital Facilities :

Annexure - 18

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 as the date of inspection (min 75%)	Remarks
	1) Full Name & Address of the Parent Hospital				
	NAME OF THE TRUST/Person owning the Hospital				
	Name Of The Owner Of The Trust of Hospital				
Affiliation Letter & Valid upto	1				
	2				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPME's and Pollution control board certificate, also verify the details as online website of KSPCB & KPME's monitoring the same)

NOTE:

- If the college established i.e., 2012-13 and before (below 2012 -13) parent hospital rules is not applicable (if NO) (CCI/INC).
- Colleges established since 2013-14 shall have 100 bedded parent hospital for opening new B.Sc.Nursing Programme. The parent hospital must give undertaking that they will have clinical affiliation with their hospitals and having parent hospital is not applicable. Other

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

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 collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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 ;

- 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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	77			
Surgery including OT	25			

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

Obstetrics & Gynecology	13			
Pediatrics,	20			
Emergency Medicine	10			
Psychiatry	—			

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	16			
Minor OT	05			
Dental, Otorhinolaryngology, Ophthalmology	10			
Burns and Plastic	05			
Neonatology care unit	08			
Communicable disease/Respiratory medicine/TB & chest diseases	10			
Dermatology	12			
Cardiology	20			
Oncology	32			
Neurology/Neuro-surgery	08			
Nephrology/Urology	05			
ICU/ICCU	15			
Geriatric Medicine	09			
Any other	—			

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

Obstetrics & Gynecology				
Pediatrics				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties Facilities for clinical experience

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
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 :1:5 student patient ratio needed. Verify and attach details of previous month

19	CONTINUITY BEST TIME SHEET/Annexure - 12
MURALI KRISHNA	
a. Name of CHC / PHC / Sc	
Adopted / Affiliated	
Administrate red by	
Nature Govt.	Municipal Corporation Private

Signature of Chairman

Signature of Member

Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	PHC Maseuen & Chandapura
a. Name of CHC / PHC / SC	
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	03 kms
b. Services Rendered by Health & Family Welfare Programmes	All NHProgrammes
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** ☐

h.	Extracurricular activities of students	**YES** ☑	**NO** ☐
i.	Cumulative record of each	**YES** ☑	**NO** ☐
j.	Course planning of each subject	**YES** ☑	**NO** ☐

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

Distance from the Nursing Institute	
b. Services rendered by Health & Family Welfare Programmes	
URBAN FIELD:	
a. Name of CHC / PHC / SC	
Adopted / Allocated	
Administered 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 Centre is to be attached.

20	Master Teaching Plan : Annexure - IX				
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.	Duty Attendance Register	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.	Counseling record of each	YES ☐	NO ☐		
j.	Course planning of each subject	YES ☐	NO ☐		

Signature of Chairman (1) Signature of Member (2) Signature of Member (3)

k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 30,000 Sq/ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 80	Boys : 70
f.	Total No. of rooms	Girls : 80	Boys : 70
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:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	yes	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	yes	

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

k.	Rotavirus plans	YES ☐	NO ☐
l.	Committee Meetings	YES ☐	NO ☐
m.	ADI Inspection 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.	Any ongoing committee	YES ☐	NO ☐
r.	Student welfare committee	YES ☐	NO ☐

23	Hostel Facilities (Annexure - 12)		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
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 :	Boys :
f.	Total No. of rooms	Girls :	Boys :
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:

Annexure Numbers	Details	Submitted (Tick Mark) Yes	No
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Annual report of Trust	✓	

Signature of Chairman

Signature of Member

Signature of Member

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 : College Building, Laboratories and Building related documents, 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		
Annexure - 17	Details of Community Health Nursing Posting Facilities		
Annexure - 18	Master Rotation plans and Time tables		

Signature of Chairman

(2)

Signature of Member (1)

Signature of Member

Annexure - 3	Details of any other Nursing Institution under the same Trust		
Annexure - 4	Details of Affiliated fees paid receipts		
Annexure - 5	Approval Status : COA Order		
Annexure - 6	Approval Status : KGUHS 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 : College Building, Laboratories and Building related documents, Hostel		
Annexure - 13	Vehicle Details : Bus		
Annexure - 14	Details of List of Library Book's & 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		

Signature of Chairman

Signature of Secretary

Signature of Member

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

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

Observations: As a part of LIC Inspection from RGUHS the Team visited EKAM HEALTH CARE INSTITUTION Himasagi Village on 7/5/2018

- The Institution is managed by THIMMARAYASWAMY CHILD AND WOMEN DEVELOPMENT Education Society. In a own building.

Physical facilities: College is permitted with 40 seats and - ally applied for 60 more. On Inspection college building is have four Class Rooms with 1500 Sqt dimension along with Smart board System. Laboratories are present as per the requirements of university with all the Infrastructure in each dept Nursing Fundation, community health Nursing, Maternity, OBG & Pediatrics. Each Lab is having required mannequins and equipments along with advanced Skill Lab.

Library: Library is approxly 2300 Sqft with 2000 thousand Text books and an MLIS librarian having maintaid the protocols as per requirments.

Faculty: There are 14 faculties present on the day of inspection with - ose having Credentials and Tutors. Institution is attached to Sagara World Hospital with 300 hundred beds.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

- the College is having own buses and drivers for transportation.

Annexure - 19	List of Teachers with their Declaration forms & necessary documents		
Annexure -20	RCI/PCI approved guidelines for M.Ed. Training faculty each specialty wise		

UNDERTAKING

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

We have conducted LIC inspection of this college on 07/05/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Dr. Sudharshan

Dr. Leeladhar D V

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 500

e-Stamp

Certificate No.	:	**IN-KA23697259650786X**
Certificate Issued Date	:	06-May-2025 11:45 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ MARUTHI NAGAR8/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0871271739601616X
Purchased by	:	SECRETARY EKAM HEALTH CARE INSTITUTION BSC NURSING
Description of Document	:	Article 5(J) Agreement (in any other cases)
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY EKAM HEALTH CARE INSTITUTION BSC NURSING
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	SECRETARY EKAM HEALTH CARE INSTITUTION BSC NURSING
Stamp Duty Amount(Rs.)	:	500 (Five Hundred only)

सत्यमेव जयते

SEVA KENDRA MARUTHINAGAR BRANCH Authorized Signatory

Please write or type below this line

UNDERTAKING BY REGISTERED SOCIETY

I Smt.Punya Gopal, Secretary of THIMMARAYASWAMY CHILD AND WOMEN DEVELOPMENT EDUCATION SOCIETY is submitting the affidavit to Rajiv Gandhi University of Health Sciences.

GOVT. OF KARNATAKA Bengaluru Metropolitan Area NOTARY

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.

The Society is running/managing the Ekam Health Care Institution

1. Ekam Health Care Institution – B.Sc Nursing

2. Ekam Health Care Institution – Allied Health Sciences

Since one year. We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge. We confirm that the faculty in the college are employed for full time in the college. We also confirm that the college is solely managed by the society 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/RGUHSas 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.

For Thimmaraya Swamy Child and Women
Development Education Society

Secretary

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

SWORN TO BEFORE ME

B.M. CHANDRASHEKAP
Advocate & Notary Public
B.D.A. Complex, Keramangala
BANGALORE - 560 034

06 MAY 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA23693645517795X**
Certificate Issued Date	:	06-May-2025 11:44 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ MARUTHI NAGAR8/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0871313409320651X
Purchased by	:	MANOJ KUMAR SINGH
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MANOJ KUMAR SINGH
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	MANOJ KUMAR SINGH
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

SEVA KENDRA MARUTHINAGAR BRANCH Authorized Signatory

GOVT. OF KARNATAKA Bangaluru Expiry Date 02-12-2026 NOTARY

Please write or type below this line

UNDERTAKING

I Yuichi Nagano, the Managing Director, of the SAKRA WORLD HOSPITAL, A UNIT OF TAKSHASILA HOSPITALS OPERATING PRIVATE LIMITED situated at Sy. No 52/2 & 52/3, Devarabeesanahalli, Varthur Hobli Bangalore 560103. This is to confirm that our hospital SAKRA WORLD HOSPITAL, A UNIT OF TAKSHASILA HOSPITALS OPERATING PRIVATE

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.

LIMITED is registered under KPMEA and PCB with 300 beds and the bonafide certificate has been attached. This is to confirm that SAKRA WORLD HOSPITAL is functioning as a parent/own hospital for EKAM Health Care Institution – B.Sc Nursing College. We also confirm that our hospital is solely affiliated to Ekam Health Care Institution – B.Sc Nursing College and is not affiliated to any other nursing college.

The information provided by us is true and correct.

For Sakra World Hospital (a unit of Takshashila Hospitals Operating Private Limited)

Sakra World Hospital (A Unit of Takshashila Hospitals Operating Pvt. Ltd.) Bangalore

For Thimmaraya Swamy Child and Women Development Education Society

Secretary

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

GOVT. OF KARNATAKA Bengaluru Metropolitan Area Expiry Date 02-12-2026 NOTARY

SWORN TO BEFORE ME

B.M. CHANDRASHEKAR
Advocate & Notary Public
B.D.A. Complex, Keramangala
BANGALORE - 560 034

06 MAY 2025