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. NANDEESH J	DR. ZAKIR HUSSAIN V	JOLLY JOSEPH
Designation	PRINCIPAL	PRINCIPAL	PRINCIPAL
Address	AISHWARYA INSTITUTE OF NURSING SCIENCES, MADDUR, MANDYA.	HMS UNANI MEDICAL COLLEGE, BEHIND SSIT, SADASIVA NGAR, TUMKUR.	SARVODAYA COLLEGE NURSING BANGALORE
Mobile No	9845471377	9342123016	9741003661
Email ID	nandeeshaips@gmail.com	vzhumc@gmail.com	

Inspection For the Academic Year : 2025 – 2026. *Date of Inspection:* 12/08/2025

(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	NALAPAD COLLEGE OF NURSING 104/2, KOGILU LAYOUT EXTENSION, BELLAHALLI JUNCTION, YEHLANKA, BANGALORE – 560064	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	NALAPAD HEALTH & EDUCATION TRUST NALAPAD HOUSE, NO.23, 1st CROSS ROAD, MAGRATH ROAD, BANGALORE- 560025. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: nalapadinstitutions@gmail.com	Website: nalapadedu.com	
		Office No: 8024410799	Mobile No:	

Signature of Chairman 12/8/25. (Dr. Nandeesh J)

Signature of Member (1) 12/8/25 Dr. Zakir Hussain V.

Signature of Member (2) 12/8/25 Dr. Jolly Joseph

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	SHRI: N.A. HARIS 8024410799	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 06 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: DR. ANU THOMAS Qualification: PHD NURSING Experience after MSc: 15 YRS. Email: anuthom5477@gmail.com	Mobile No: 9288047 1831 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college	PRINCIPAL.	

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing						155,050.00
Post Basic B.Sc. Nursing	← NA →					
					Total (A)	155,050.00

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

Online Transaction Number or Details: BD0000000756354 7

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. Jolly Joseph

Remarks:

Verified with Original fee receipts.

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 598 MPS 2024 Annexure - 5	RGU/AFF/COE/F-11/01/2024-25 Annexure - 6	2319 : 2024-2025 Annexure - 7	Annexure - 8	Verified the G.O.K order, INC and RGUHS notification letters.
	Affiliation Sanctioned Intake	40	40	40	✓	
	Admissions Made for the Current Academic Year	40	40	40	✓	
Post Basic B.Sc. Nursing -NA-	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year	✓				
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐ -NA-	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year	✓				
M.Sc. NPCC -NA-	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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Signature of Member (1) 12/8/25

Signature of Member (2) 12/08/25
Dr. Jolly Joseph

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	16				16
	Female	24	—	—	—	24
Post Basic B.Sc Nursing	Male					
	Female	← NA →				
M.Sc Nursing	Male					
	Female		NA →			
M.Sc NPCC	Male	←				
	Female					

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

Annexure - 9

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

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

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

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------
	— 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) 12/08/25 | Signature of Member (2) 12/08/25 Dr. Jolly Joseph

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							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		2							
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		1							
6	Tutor	8-16	16-24				2-10	--		3							
	Total	**16-24**	**24-40**				4-12			08							

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				

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Dr. Jolly Joseph

250 students				

* Aadhar based biometric attendance for students

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Dr. ANUTHONAS	PRINCIPAL	PHD. PEDIATRIC NSG.	2019	26818	08yrs	15yrs	05/08/24		
2.	Mrs. JOBINOL MATHEW	VICE PRINCIPAL	MSC MED. SURG.	2015	RR MOD 20155270	08mths	9yrs	05/11/24		
3.	MRS. JIBY ANNIE VARKEY	PROFESSOR	MSC PSYCHIATRY	2010	RR2091	04yrs	15yrs	10/6/25		
4.	Mrs. C. VINODHINI	PROFESSOR	MSC.OBG	2011	TMN2008 810KAR	01yr	13yrs	18/7/25		
5.	Mrs. SIMI MICHAEL	LECTURER	MSC. OBG. NSG	2021	RRKARKRL 2007950	03yrs	01yrs	12/11/24		
6.	Ms. SOMA GOSWAMI	TUTOR	BSC(N)	2021	130964	02yrs	–	15/11/24		
7.	Ms. ARINA KHATUN	TUTOR	BSC(N)	2021	129343	0	–	15/1/25		
8.	Ms. ANSALINA MEERAN	TUTOR	BSC(N)	2024	166467	0	–	14/7/25		
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Jolly Joseph

PRINCIPAL
NALAPAD COLLEGE OF NURSING
#104/2, Kogilu Layout Extension,
Bellahalli Junction
Yelahanka, Bangalore - 560064

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Jolly Joseph

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Signature of Chairman

Signature of Member (1)

12/8/25

Signature of Member (2)

Dr. Jolly Joseph

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

12/8/25

Dr. Jolly Joseph

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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)

Dr. Jolly Joseph

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

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)	23700	Available.
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4000	Verified the physical infrastructure provided by the college and found to be correct.
	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.	
	Ph.D : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office			
	1. Principal's Chamber	300	500	
	2. Vice-Principal Chamber	200	400	
	3. HOD	5 x 200 = 1000	1500	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others			
	Office of Administrative, clerical staff and PA (s)	**600**	600	
	Accountants Office	**100**	200	
	Store Room	**100**	150	
	Record room	**100**	150	
	Room for maintenance staff	**100**	100	
	Xeroxing room	**100**	100	
	common room (Girls & Boys)	600+400= 1000	1200	
	Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	Toilets	1000	1000.	

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	15. A.V/Aids room	600	600	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		College has provided well equipped laboratories as per the norms.
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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**	Leased documents.
2	**Is the college building own or leased ?**	Leased for 30 years.
3	**Blue print of the building plan approved and attested by competent authority.**	Available.
4	**Building construction license from competent authority**	Yes.
5	**Tax paid receipt (Latest / current year)**	Paid and Verified.
6	**Occupancy certificate.**	Obtained.
7	**Sale deed / Lease deed of the building / Land.**	Lease Deed.
8	**Land Conversion order from DC**	Available.
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)

12/08/25

Signature of Member (2)

Dr. Jolly Joseph

- [illegible] of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing [illegible]am, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and [illegible]ulum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- [illegible]le location of college to be attached by LIC team.
- [illegible]tered lease document in sub registrar office to be submitted.

15. Ve[illegible] Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Nu[illegible] of Vehi[illegible]	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA01AK9232	33	Yes / No	Yes / No	Yes / No

16. L[illegible] facility : Enclose list of library books **Annexure - 14**

Librar[illegible]	[illegible]lities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Re[illegible] 230[illegible]	[illegible]l Ft	2500	YES ☑ No ☐	✓	✓	

Total Nu[illegible]	[illegible]rsing Books available	1135	No. of Nursing Journals subscribed	05
No. of T[illegible]	[illegible]esearch titles available		Is internet facility available for Students?	YES
No of e-[illegible]		20.	How many books were purchased in last financial year?	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MR. MATHEW SHAJI	M LIB	02 YRS.	
2.	Mr. Alan Mathew	M LIB	1 yrs	

Note : [illegible]um of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books f[illegible] [illegible]tches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literatu[illegible] [illegible]d be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willinc[illegible] [illegible]crease according to the number of seats approved.

17. A[illegible] ic activities : Enclose the details of past 3 years **Annexure - 15**

Aca[illegible]	[illegible]ctivities	Particulars	Remarks
[illegible]	[illegible]h Projects	NA.	

Signatu[illegible] [illegible]rman

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Dr. Jolly Joseph

Conferences conducted	CONDUCTED CONFERENCE ON CERVICAL CANCER ON WORLD CANCER DAY.	
Conferences attended	1. CASE CONFERENCE PRESENTATION BY NIMHANS ON 24/01/25 2. SEMINAR ON NSQ INFORMATICS 9/6/25 3. NURSING & DIGITAL HEALTH ONLINE SESSION 22/07/25	Nil
* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)		

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**	1		
		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 SVASTHA HOSPITAL MAIN RD. NARAYANAPPA GARDEN WHITEFIELD. - 560066. MOU(Registered parent hospital MOU) ENCLOSED COPY.		100	18 Km		College has parent hospital with the bed strength of 100. (As per KPME and pollution Control Board Certificates)
NAME OF THE TRUST/ Person owning The Hospital DR. PAWAN H.M					
Name Of The Owner Of The Trust of Hospital DR. PAVAN H.M					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3				

Signature of Chairman

Signature of Member (1) 13/8/25

Signature of Member (2)
Dr. Jolly Joseph

	MOU/Clinical permission tter)				

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

NOTE:

- I lege established. i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-I
- C stablished since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But c ate govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other s facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, c y. oncology, Neuro, Nephro. ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 2 8).
- W ect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded U ingleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the n titution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will b inimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital s owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [rsing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. I -INC.)
- I to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hos encies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 p by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 202 ly, 2021 F.NO. 11-1/2019-INC.)

Note

- the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and ber of beds
- the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e.. signed by all members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the t member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital' t her nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter. fee paid receipts.

Rema - The college was established in the year 2024 and they have parent hospital with the bed strength of 100 Beds.
- Verified the KPME and pollution control Board certificate.

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

Dr. Jolly Joseph

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	82 %		
Surgery including OT	20	80 %		
Obstetrics & Gynecology	10	86 %		
Pediatrics,	05	90 %		
Emergency Medicine	10	81 %		
Psychiatry	05	85 %		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02			
Minor OT	01			
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic	05	80 %		
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology	02	82 %		
Cardiology	05	85 %		
Oncology	03	81 %		
Neurology/Neuro-surgery	03	86 %		
Nephrology/Urology	02	90 %		
ICU/ICCU	05	90 %		
Geriatric Medicine	05	85 %		

Signature of Chairman

Signature of Member (1) 18/8/25

Signature of Member (2)
Dr. Jolly Joseph

Any ot					

Note: student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FIELD		
a. Name	CHC / PHC / SC	NARAYANPURA
Adop	Affiliated	AFFLIATED
Admi	ite red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Dist	om the Nursing Institute	07 Km
b. Ser Pro	endered by Health & Family Welfare es	VACCINATION, ANTENATAL CHECKUP OPD FAMILY PLANNING.
URBAN FIELD :		
a. Na	CHC / PHC / SC	YEHLANKA.
Ad	Affiliated	AFFLIATED.
Af	ite red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Di	om the Nursing Institute	10
b. Se Pro	endered by Health & Family Welfare es	FAMILY PLANNING, ANTENATAL CHECKUP, OPD, VACCINATION
N.B.: A	the agreement for affiliation to the hospital and Health Centers to be attached.	

2	aster Rotation Plan : Annexure - 18		
a.	asic B.Sc. Nursing	YES ☑	NO ☐
b.	ost Basic B Sc. Nursing	YES ☐	NO ☑
c.	.Sc. Nursing	YES ☐	NO ☑
2	ime Table available for all Nursing Programmes		
a.	asic B.Sc. Nursing	YES ☑	NO ☐
b.	ost Basic B.Sc. Nursing	YES ☐	NO —
c.	.Sc. Nursing	YES ☐	NO —

2	ecords of Students : Are the following students records are maintained well?		
a.	dmission record	YES ☑	NO ☐
b.	aily Attendance Registers	YES ☑	NO ☐
c.	ealth Records	YES ☑	NO ☐
d.	linical and field experience record	YES ☑	NO ☐
e.	ractical record books - procedure record	YES ☑	NO ☐

Signature of [illegible] 12/08/25

Signature of Member (1) 12/8/25

Signature of Member (2) 12/08/25 Dr. Jolly Joseph

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
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 28000	
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 : 24	Boys : 16
f.	Total No. of rooms	Girls : 06	Boys : 06
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Jolly Joseph

List of Annexures:

Annexure Number	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 receip , sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hoste:	✓		
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	✓		

Signature of Chairman

Signature of Member (1)

12/08/25

Signature of Member (2)

Dr. Jolly Joseph

	affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	—	✓	

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: The LIC team had visited the college on 12/8/25 towards grant & Continuation & affiliation for the year 2025-26 and made the following observations.

1. College is functioning in leased building for 30 years with all necessary infrastructures as per the norms & apex bodies.
2. College has provided well equipped laboratories, with required number & instruments and manikins to train B.Sc (N) students as per the syllabies.
3. The institution has well furnished library with required number & study materials as per the norms.
4. The college has it's parent hospital and verified the KPME & pollution control Board Certificates (Total Bed strength is 100) for their clinical training of U.G. students
5. The institution has appointed total 08 U.G and P.G. teachi staffs and they were present at the time & inspection.
6. College has provided Separate hostel for both boys & Girls.

Overall the institution has necessary physical infrastructure, well equipped laboratories, required study materials in library, qualified and experienced teaching staffs and their own 100 Beds strength parent hospital to train B.Sc (N) students as per the norms & apex bodies.

Signature of Chairman

12/8/25
Signature of Member (1)

12/08/25
Signature of Member (2)
Dr. Jolly Joseph

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Nalapad College of Nursing Bangalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 12/08/25. and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)
12/08/25.	12/8/25	12/08/2025 Dr. Jolly Joseph

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA16240079837269X
Certificate Issued Date	:	13-Aug-2025 10:52 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA1/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0847415428264498X
Purchased by	:	NALAPAD COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	NALAPAD COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	NALAPAD COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

सत्यमेव जयते

Please write or type below this line

We the Chairman of **the NALAPAD HEALTH AND EDUCATION TRUST** are submitting the affidavit to university.

The trust **NALAPAD HEALTH AND EDUCATION TRUST** is running/ managing the college Nalapad College of Nursing since year 2024.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

NALAPAD HEALTH AND EDUCATION TRUST BANGALORE

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.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/ agencies 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

AND HEALTH AND EDUCATION
BANGALORE

NOTARY
H. SRIDHAR RAO
Advocate
GOVT. OF INDIA

ATTESTED BY ME
H. SRIDHAR RAO, B Com ,LL B
ADVOCATE & NOTARY PUBLIC
101, 2nd Cross, Navya Nagar
Jakkur, Bangalore - 560 064

13 AUG 2025

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	IN-KA16238789015694X
Certificate Issued Date	:	13-Aug-2025 10:52 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ YELAHANKA1/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0847411610939777X
Purchased by	:	NALAPAD COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	NALAPAD COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	NALAPAD COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

I, Dr. PAVAN H M, is the owner of the SVASTHA HOSPITAL Situated at Whitefield.

This is to confirm that our hospital SVASTHA HOSPITAL is registered under KPMEA and PCB with 100 Beds and the bonafide certificate has been attached.

SVASTHA HOSPITAL
No. 3, Narayanappa Garden
Main Road, Whitefield, Bangalore-6
080-2[illegible]444 / 4455
+91 809537000[illegible]

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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.

This is to confirm that the hospital SVASTHA HOAPITAL is functioning as Parent Hospital for NALAPAD COLLEGE OF NURSING, BANALORE.

We also confirm that our hospital is solely affiliated to NALAPAD COLLEGE OF NURSING, BANGALORE and is not affiliated to any other nursing college.

The information provided by us is true and correct.

SVASTHA HOSPITAL
No. 3, Narayanappa Garden
Main Road, Whitefield, Bangalore-66
080-28034444 / 4455
+91 8095370000 / +91 8095470000

NOTARY
H. SRIDHAR RAO
Advocate
Bengaluru City
GOVT. OF INDIA

ATTESTED BY ME

H. SRIDHAR RAO, B Com, LL B
ADVOCATE & NOTARY PUBLIC
101, 2nd Cross, Navya Nagar
Jakkur, Bangalore - 560 064

13 AUG 2025