Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Ismail J B	Dr S. Srinivasulu Naik	Prof. MANJULA. P
Designation	Professor	Professor, Principal	Principal
Address	IIAMR Bangalore	Shri Atal Bihari Vaj medical colle	#1, 2nd cross Sri Kalabyraveshwa Swamy cor B lore
Mobile No	9739309658	9880656516	9964535541
Email ID	dr.ijs29@rediffmail.com	Srurslnaidu@gmail.com	manjusriparameshgmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 13.09.25

(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	MM COLLEGE OF NURSING #713, NANDHI CIRCLE DATTAGALLI , 3RD STAGE MYSORE 570022	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	MANASA MALTASHA EDUCATION TRUST MM Education Trust (Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email:mmnursingcollege@gmail.com	Website:www.mminstitutions.com	
		Office No:	Mobile No:9886009703	

13.09.25
Signature of Chairman
Dr Ismail J B

Signature of Member (1)
Dr S. Srinivasulu Naik
Academic Member

13/9/25
Signature of Member (2)
MANJULA. P

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	SASIKUMAR M R	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council: (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: SANTHOSHA T G Qualification: MSC IN COMMUNITY HEALTH NURSING Experience after MSc: 13 YEARS Email:principalmmcollegeofnursing@gmail.com	Mobile No:9886415312 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college		

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 UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	√		195000	1000	25000	221050
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)	

NA

13.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: BD00000007590618

Remarks:
Date 30-12-2024 Fee paid receipt are verified and enclosed

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	60	60	60	—	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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 ☐	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	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	

13.01.25
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake					
	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	1				1
	Female	1				1
Post Basic B.Sc Nursing	Male	Nil				
	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----------

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----------

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: Student attendance register are verified

13.08.24

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							1	-	-	-				
2	Vice-Principal	1	1							1	-	-	-				
3	Professor	1	1-2					1*		0	-	-	-				
4	Associate Professor	2	2-4					1*		1	-	-	-				
5	Assistant Professor	3	3-8				2	3*		2							
6	Tutor	8-16	16-24				2-10	--		7							
	Total	**16-24**	**24-40**				**4-12**			12	-	-	-				

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)

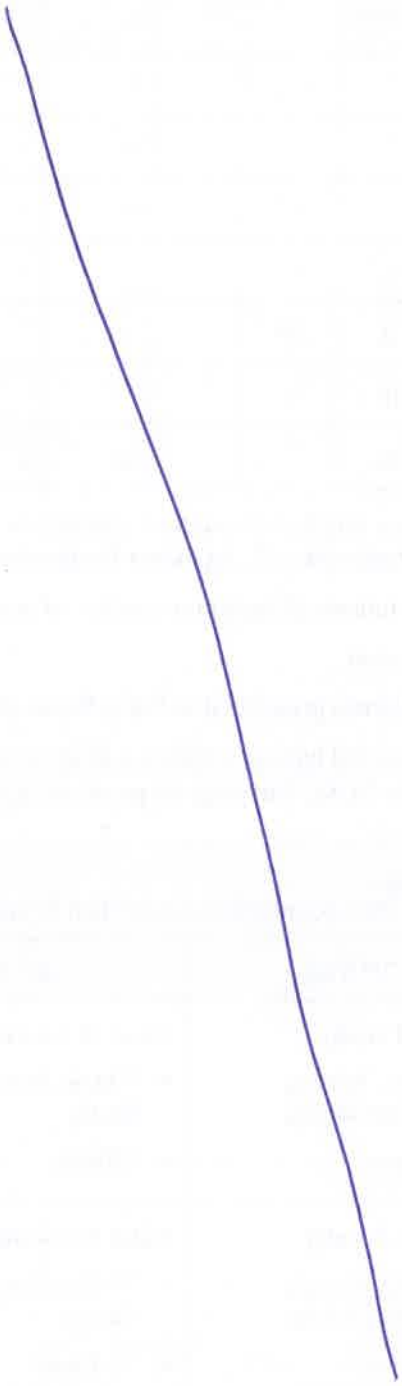
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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				

13.08.25

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

intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students** NO				



13.08.25

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.	SANTHOSHA T G	PRINCIPAL	MSC IN COMMUNITY HEALTH NURSING	2012	19154	1 YEAR	13 YEARS 4 MONTHS	04/01/2024		
2.	VINUTHA M T	VICE PRINCIPAL	MSC IN CHILD HEALTH NURSING	2012		1 YEAR	13 YEARS 4 MONTHS	11/08/2025		
3.	CHAYADEVI H R	ASSOCIATE PROFESSOR	MSC IN OBSTETRIC AND GYNAECOLOGICAL NURSING	2020	73880	2 YEARS 8 MONTHS	4 YEARS	04/03/2024		
4.	NISCHITHA D	ASSISTANT PROFESSOR	MSC IN MEDICAL SURGICAL NURSING	2024	88449	2 YEARS	5 MONTHS	04/11/2024		
5.	CHAITRA	ASSISTANT PROFESSOR	MSC IN MENTAL HEALTH NURSING	2020	83687	1 YEAR	*	08/08/2025		
6.	PRAMOD S	TUTOR	PBBSC NURSING	2020	212643	3 YEARS 3 MONTHS	-	03/02/2025		
7.	SAGAR J S	TUTOR	PBBSC NURSING	2021	121678	2 YEARS 4 MONTHS	-	01/06/2024		
8.	LIKHITHA D	TUTOR	BSC NURSING	2023	154307	10 MONTHS	-	10/05/2024		
9.	ROOPA R	TUTOR	PBBSC NURSING	2024	212178	4 MONTHS	-	04/11/2024		
10.	ANUPAMA M P	TUTOR	PBBSC NURSING	2024	206743	4 MONTHS	-	04/11/2024		
11.	SOWMYA M V	TUTOR	PBBSC NURSING	2024	206743	4 MONTHS	-	04/11/2024		
12.	NIHARIKA M	TUTOR	BSC NURSING	2024	152024	-	-			
13.										
14.										
15.										
16.										

L.S.T. Enclosed

13.08.25

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

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13.08.25

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

42.										
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45.										

- **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.

13.08.25

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		—	Enclosed	—	

14. Physical Facilities :

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)	23,000 Sq.ft	Verified
	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*900= 3600sq ft	
	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	400 sq ft	
	2. Vice-Principal Chamber	200	300sq ft	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	2400sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	500 sq ft	
	7. Accountants Office	**100**	200 sq ft	
	8. Store Room	**100**	100 sq ft	
	9. Record room	**100**	100 sqft	
	10. Room for maintenance staff	**100**	100 sqft	
	11. Xeroxing room	**100**	100 sq ft	
	12. common room (Girls & Boys)	600+400= 1000	1000sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2900sqft	
	14. Toilets	1000	1200sqft	

13.08.25

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

	15. A.V/Aids room	600	700sqft	✓

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600sq ft	Verified.
	Nutrition & Community Health Nursing	1200sq.ft	1200 sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq ft	
	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**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Verified & enclosed
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

13.08.25

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01		50	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	2300 sq.ft	YES ☑ No ☐	✓	✓	Verified.

Total No. of Nursing Books available	1100	**No. of Nursing Journals subscribed**	5
No. of Thesis/Research titles available	0	**Is internet facility available for Students?**	YES
No of e-books	1	**How many books were purchased in last financial year?**	400

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	GEETHA KS	MLIC	3	Documents verified.

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	— Nil	—

13.08.25

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

Conferences conducted	— NO —	
Conferences attended	— NO —	

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

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 NIRMALA Multispeciality hospital. MOU(Registered parent hospital MOU)	100	12KM	85%	ISPME - 100 Level 1B. PCB - 100 Bed. are verified enclosed
NAME OF THE TRUST/ Person owning The Hospital DR NIRMALA				
Name Of The Owner Of The Trust of Hospital DR. NIRMALA				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1				
2		NOC		
3 (MOU/Clinical permission letter)				

13.09.24

Signature of Chairman | Signature of Member (1) | Signature of Member (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 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: The college is established in the year 2024. The college is having parent hospital i.e Nirmala Multispeciality hospital. The owner of the hospital Dr Nirmala AP is the Trustee of the college Trust. The hospital is 150 bed - Level 1B and PCB certificate shows - 100 Bed strength. Both the certificates are verified and enclosed. The clinical fee paid receipts are verified & enclosed.

13.08.25

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	30	26		
Surgery including OT	30	22		
Obstetrics & Gynecology	15	11		
Pediatrics,	10	08		
Emergency Medicine	10	09		
Psychiatry	5	03		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05			
Minor OT	05			
Dental, Otorhinolaryngology, Ophthalmology	2			
Burns and Plastic	2			
Neonatology care unit	2			
Communicable disease/Respiratory medicine/TB & chest diseases	1			
Dermatology	5			
Cardiology	10			
Oncology	~~5~~			
Neurology/Neuro-surgery	~~5~~			
Nephrology/Urology	~~5~~			
ICU/ICCU	~~5~~			
Geriatric Medicine	-			
Any other	-			

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

13.08.21

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
URBAN ~~RURAL~~ FILELD		
a. Name of CHC / PHC / SC		COMMUNITY HEALTH CENTER JAYANAGAR
Adopted / Affiliated		AFFLIATED
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		5. K.M.
b. Services Rendered by Health & Family Welfare Programmes		**UNDER FIVE CLINICS,VACCINATION,FAMILY PLANNING PROGRAMMES, EDUCATIONAL PROGRAMMES**
RURAL ~~URBAN~~ **FEILD :**		
a. Name of CHC / PHC / SC		PRIMARY HEALTH CENTER MOOGANAHUND
Adopted / Affiliated		AFFLIATED
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		6 K.M.
b. Services Rendered by Health & Family Welfare Programmes		**UNDER FIVE CLINICS,VACCINATION,FAMILY PLANNING PROGRAMMES, EDUCATIONAL 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** ☐

13.08.25

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

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 21,000	
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 : 34	Boys : 08
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 ☐

13.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
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 Library Books & 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.	✓		

17.09.25

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

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 i.e MM College of Nursing, Mysore for continuation of affiliation for BSc Nursing - 60 seats for the year 2025-26, on the day of inspection, the LIC Team had made the following observations:

(1) General Information: The college is established in the year 2024. under MM Education Trust. The college is affiliated with RGUHS & INC Affiliation.

(2) Infrastructure: Trust Deed, Audit report for last 3 years, Tax paid receipt, Lease deed for 30 years which is registered under Sub registry office Dishanis app all verified and found to be correct & enclosed.

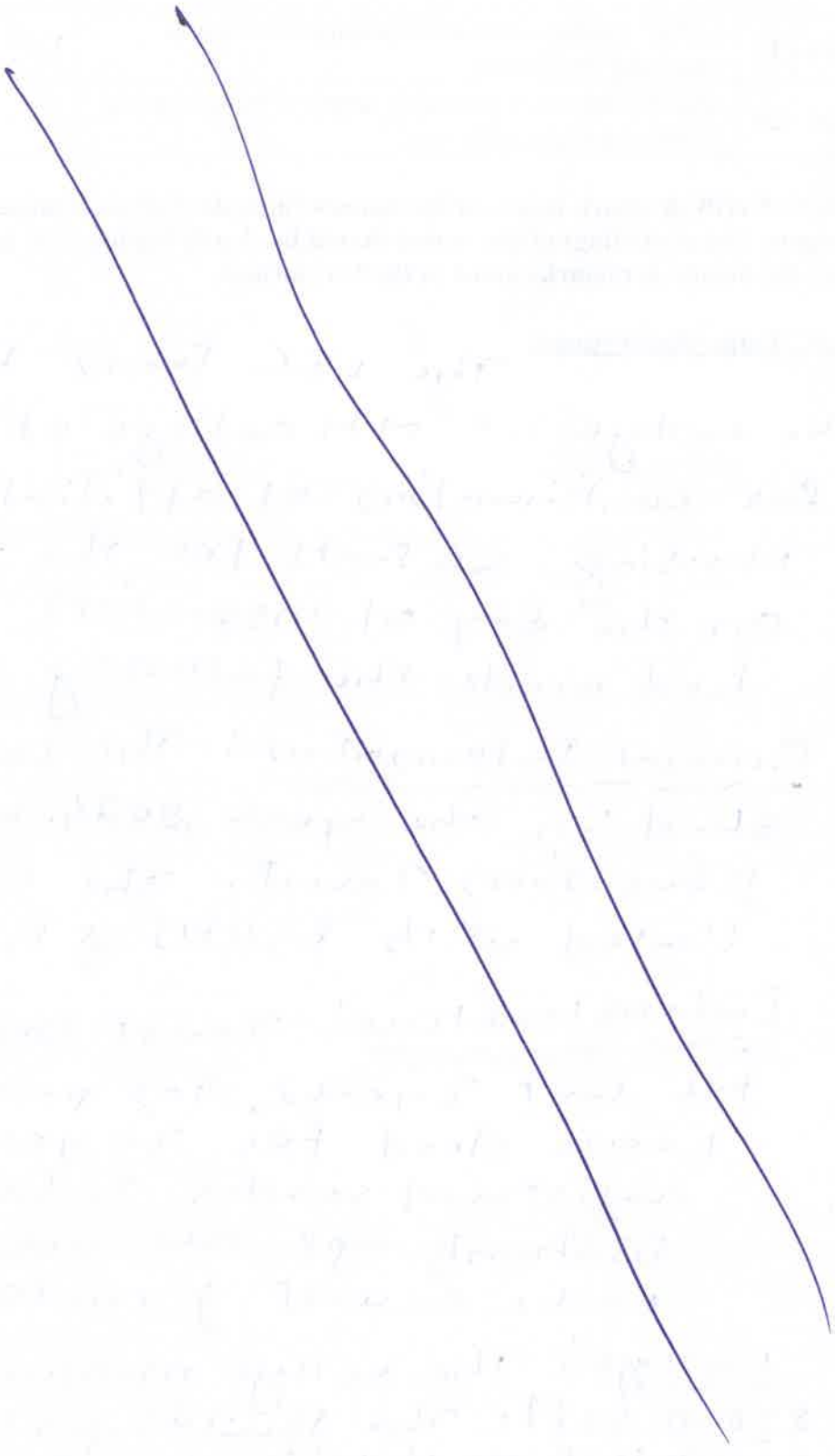
(3) College: The college measurement is around 23,000 Sft. The Building plan approved by competent authority are enclosed. The college is having 04 classrooms & 05 Labs.

(cont'd)

13.08.25
Signature of Chairman

Signature of Member (1)

Signature of Member (2)



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

LIC Team Observations: (contd):

(4) Library: The college Library is having 1100 books. On the day of inspection Library Register. Seating arrangement Ventillation & Lighting arrangements are good

(5) Faculty: On the day of inspection Principal and 09 faculties were physically present with required documents. 02 faculties are on Leave. Leave letters are enclosed. Total = 12 faculties.

(6) Hospital: The college is having parent hospital i.e Nirmala Multispeciality hospital. The owner of the hospital Dr Nirmala AP is the Trustee of the college Trust. The ISPME - Level 1B & PCB Certificate - 100 Bedded. Both the certificates are verified and enclosed. The clinical Fee paid receipts are verified & enclosed.

(7) Hostel: The college is having Separate ~~Xxx~~ hostel for Both Boys & Girls

13.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Nirmala AP

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.	SANTHOSHA T G	PRINCIPAL	MSC IN COMMUNITY HEALTH NURSING	2012	19154	1 YEAR	13 YEARS 4 MONTHS	04/01/2024	No	
2.	VINUTHA M T	VICE PRINCIPAL	MSC IN CHILD HEALTH NURSING	2012		1 YEAR	13 YEARS 4 MONTHS	11/08/2025	No	
3.	CHAYADEVI H R	ASSOCIATE PROFESSOR	MSC IN OBSTETRIC AND GYNAECOLOGICAL NURSING	2020	73880	2 YEARS 8 MONTHS	4 YEARS	04/03/2024	NO	leave
4.	NISCHITHA D	ASSISTANT PROFESSOR	MSC IN MEDICAL SURGICAL NURSING	2024	88449	2 YEARS	5 MONTHS	04/11/2024	No	
5.	CHAITRA	ASSISTANT PROFESSOR	MSC IN MENTAL HEALTH NURSING	2020	83687	1 YEAR	*	08/08/2025	No	leave
6.	PRAMOD S	TUTOR	PBBSC NURSING	2020	212643	3 YEARS 3 MONTHS	-	03/02/2025	No	
7.	SAGAR J S	TUTOR	PBBSC NURSING	2021	121678	2 YEARS 4 MONTHS	-	01/06/2024	No	
8.	LIKHITHA D	TUTOR	BSC NURSING	2023	154307	10 MONTHS	-	10/05/2024	No	
9.	ROOPA R	TUTOR	PBBSC NURSING	2024	212178	4 MONTHS	-	04/11/2024	No	
10.	ANUPAMA M P	TUTOR	PBBSC NURSING	2024	206743	4 MONTHS	-	04/11/2024	No	
11.	SOWMYA M V	TUTOR	PBBSC NURSING	2024	206743	4 MONTHS	-	04/11/2024	No	
12.	NIHARIKA M	TUTOR	BSC NURSING	2024	152024	-	-			
13.										
14.										
15.										
16.										

13.08.25

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

UNDERTAKING

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

We have conducted LIC inspection of this college on 13/02/25 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.

13.02.25 — 13/02/25 — 13/02/25

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

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

सत्यमेव जयते

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Unique Doc. Reference	:	SUBIN-KAKAKSCSA0846842092498803X
Purchased by	:	M M COLLEGE OF NURSING MYSORE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	M M COLLEGE OF NURSING MYSORE
Second Party	:	RAJIVGANDHI UNIVERSITYOFHEALTHSCIENCES BANGALORE
Stamp Duty Paid By	:	M M COLLEGE OF NURSING MYSORE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Society Ltd. Branch Mysore 570021

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NOTARY
S. KAMALA
B.A.L.,LL.B.
Reg. No. 12350
MYSORE DISTRICT
11/2/2022
to 11/2/2027
GOVERNMENT OF INDIA

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 the Chairman/President/Secretary/Member of the trust SASIKUMAR M R. are submitting the affidavit to University.

The trust MANASA MALTASHA EDUCATION TRUST is running/managing the college

MM COLLEGE OF NURSING MYSORE since 2024 years.

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 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.

For Manasa Maltasha Education Trust

President

NOTARY
S. KAMALA
B.A.L.,LL.B.
Reg. No. 12350
MYSORE DISTRICT
11/2/2022
to 11/2/2027
GOVERNMENT OF INDIA

Solemnly Affirmed & Declared
Before me on 13...AUG..2025...

NOTARY, MYSORE

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

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Certificate No.	:	**IN-KA15926702625394X**
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Purchased by	:	NIRMALA MULTI SPECIALITY HOSPITAL MYSORE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	NIRMALA MULTI SPECIALITY HOSPITAL MYSORE
Second Party	:	RAJIVGANDHI UNIVERSITYOFHEALTHSCIENCES BANGALORE
Stamp Duty Paid By	:	NIRMALA MULTI SPECIALITY HOSPITAL MYSORE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

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NOTARY
S. KAMALA
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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.

UNDERTAKING

I/We, DR. NIRMALA is/are the Owners/MD/CEO/Board Members of the NIRMALA MULTISPECIALITY HOSPITAL MYSORE hospital situated at 7PR4+932 1004/963, Ring Rd, next to Doctors Layout, Alanahalli, Netaji Nagar, Nadanahalli, Mysore, Karnataka 570028

This is to confirm that our hospital NIRMALA MULTISPECIALITY HOSPITAL MYSORE is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital NIRMALA MULTISPECIALITY HOSPITAL MYSORE is functioning as affiliated/parent/own hospital for MM COLLEGE OF NURSING MYSORE college.

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

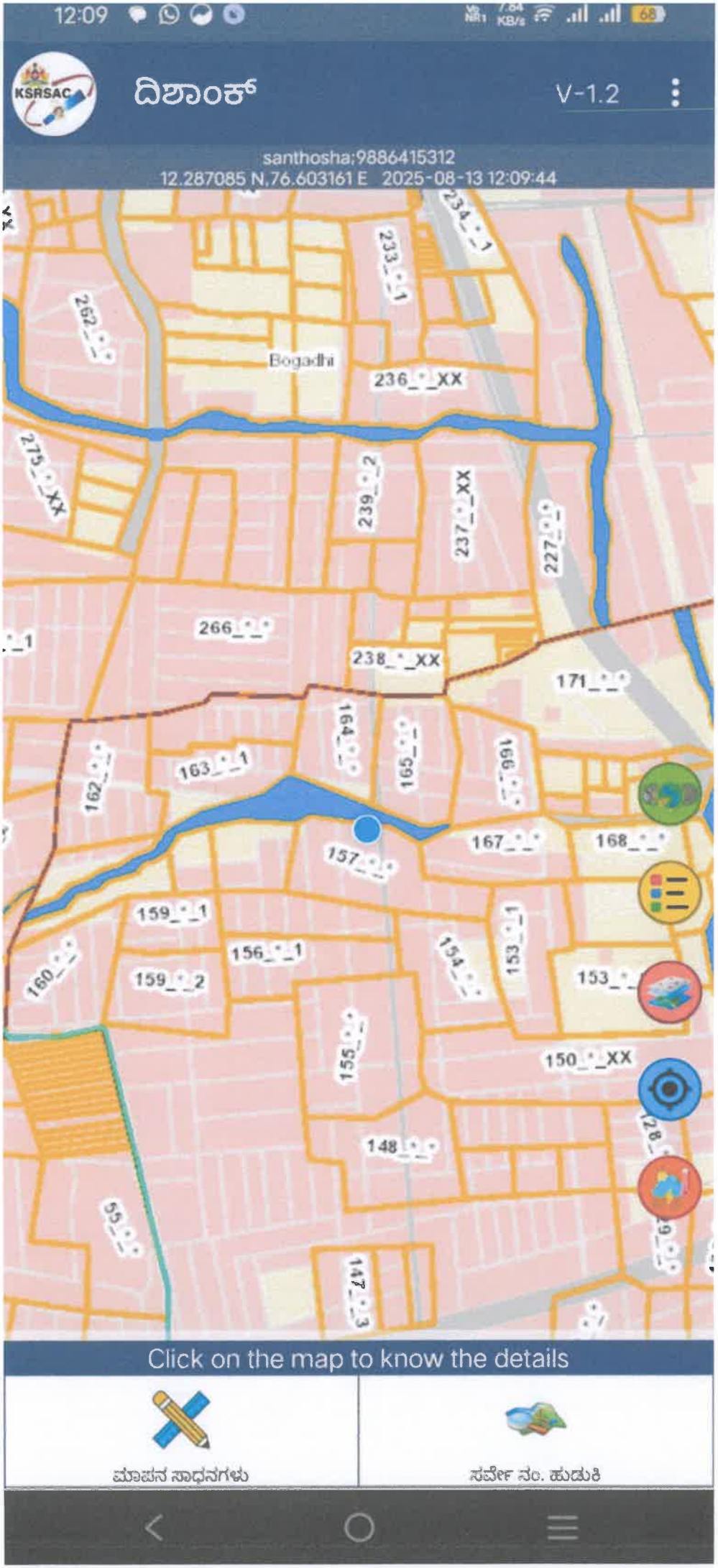
The information provided by us is true and correct.

Dr Nirmala A P

NOTARY
S. KAMALA
B.A.L.,LL.B.
Reg. No. 12350
MYSORE DISTRICT
11/2/2022
to 11/2/2027
GOVERNMENT OF INDIA

Solemnly Affirmed & Declared
Before me on 13 AUG 2025
NOTARY, MYSORE

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**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M M COLLEGE OF NURSING, MYSORE
Approved by Government of Karnataka
Affiliated to Rajiv Gandhi University of Health Science, Bengaluru
Recognised by Indian Nursing Council (INC), New Delhi
Recognised by Karnataka Nursing
EGE OF NURSING
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