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 Ishwarappa O B	Dr. Samrat. M.R	Mr. Naghabhushan. G
Designation	Professor	Principal	Asst. Professor, MSN
Address	IIAM Bangalore	Sharavathi Dental College & hospital Shivamogga	Sunflower College of nursing, Bangalore
Mobile No	9739309658	9845184840	8497808888
Email ID	dr-jis29@rediffmail.com.	samrat_hegde@yahoo.co.in	

Inspection For the Academic Year : 2025 - 26 ***Date of Inspection:*** 18.08.2025

(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**	Vikram College of Nursing, Mysore # 7, Paramahamsa road, Yadavagiri, Mysore - 570020	2	**Year of Establishment** 2008
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**	Vikram Educational Trust # 7, Paramahamsa road, Yadavagiri, Mysore - 570020 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: Vikramnursingmysore@gmail.com	**Website:** WWW.Vikramnursing.com	
		Office No: 0821-4000136	**Mobile No:** 9342110613	

18.08.25
Signature of Chairman
Dr Ishwarappa O B

Signature of Member (1)
Dr. SAMRAT.M.R

Signature of Member (2)
M.S. ABHISHANK

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Sanath Kumar. H.N. 9448191007		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 4 (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. Lakshmi. K.N Qualification: Phd Experience after MSc: 15 years Email: lakshmiguru079@gmail	Mobile No: 9480405632 Office No: 0821-4000136 Fax No: Residential phone No:	
	b) Drawing authority of the college	Dr. Sanath Kumar. H.N.		

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	Continuation	Rs 45,000/-	Rs 90,000/-	Rs 60,000/-	Rs 25,000/-	Rs 2,20,000/-
Post Basic B.Sc. Nursing	Continuation	Rs. 45,000/-	Rs 90,000/-	Rs 60,000/-	—	Rs 1,95,000/-
					Total (A)	Rs 4,15,000/-

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:

2SBINZ0HYNPDH, Dt: 10.11.24 (B.Sc(N)) BD000000007595843 Dt: 31.12.24

Signature of Chairman 18-09-25 **Signature of Member (1)** **Signature of Member (2)**

Remarks: Fee paid receipts are verified & enclosed

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 349 MES 2017 13.12.2015. Annexure - 5	C04/01-2024-25 Annexure - 6	Sl.no 56. Annexure - 7	Annexure - 8	verified
	Affiliation Sanctioned Intake	60	Enclosed	Enclosed	Sl.no 598 40	
	Admissions Made for the Current Academic Year	47	Enclosed	Enclosed		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	523 MES dt 04.12.10 Annexure - 5	C04/01-2024-25 Annexure - 6	Sl.no 152 Annexure - 7	Sl.no 598 Annexure - 8	verified
	Sanctioned Intake	45	Enclosed	Enclosed	40	
	Admissions Made for the Current Academic Year	45	Enclosed	Enclosed		
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		0			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	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	18	20	26	30	94
	Female	29	40	33	28	130
Post Basic B.Sc Nursing	Male	2	2	–	–	4
	Female	43	35	–	–	78
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----------
	Enclosed					

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: Students attendance registers are verified & enclosed

18-08-25

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														
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	3*									
6	Tutor	8-16	16-24				2-10	--									
	Total	**16-24**	**24-40**				**4-12**										

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 intake				
200 students intake				

Signature of Chairman 18-08-25 **Signature of Member (1)** **Signature of Member (2)**

250 students				
* Aadhar based biometric attendance for students				

18.07.25

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

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

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

18.09.25

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

Blue Print is enclosed

18-08-25

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

	15. A.V/Aids room	600	600	✓

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	50	verified
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 Sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq 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**	✓
2	**Is the college building own or leased ?**	own
3	**Blue print of the building plan approved and attested by competent authority.**	✓
4	**Building construction license from competent authority**	✓
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy certificate.**	✓
7	**Sale deed / Lease deed of the building / Land.**	✓
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

verified & enclosed

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

18.07.25

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
1	KA09 B0904	40	✓ 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	2400 Sq ft	YES ✓ No ☐	✓	✓	✓

Total No. of Nursing Books available	4205	**No. of Nursing Journals subscribed**	220
No. of Thesis/Research titles available	300	**Is internet facility available for Students?**	YES
No of e-books	3000	**How many books were purchased in last financial year?**	605

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Ayyappa	M.LIB	Fresher	—

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	A study to access Knowledge of mothers regarding prevention and awareness. PCOD among adults and girls in selected areas of Mysore.	Enclosed

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

Conferences conducted	CPR	Enclosed
Conferences attended	Basics in Critical Care E-Education, E-Business and E-Learning	

* 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**			
		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 MOU(Registered parent hospital MOU)		Kamakshi Hospital Mysore. ⇒ Parent Hospital. 230	6 Kms		
NAME OF THE TRUST/ Person owning The Hospital		Bantwal Sulochana Madhava Shenoi Trust			
Name Of The Owner Of The Trust of Hospital		Mr. Mahesh Shenoy			
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 District Hospital, Mysore	300	3 Kms		
	2 Brindavan Hospital, Mysore	150	2 Kms		
	3 Cadabams Bangalore	662	85 Kms		

Signature of Chairman 18.08.25 **Signature of Member (1)** **Signature of Member (2)**

	(MOU/Clinical permission letter)	Enclosed			

(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 2008.. The college is having parent hospital i.e Kamalashi hospital. The owner of the hospital Dr Mahesh Shenoy is the Trustee of the college Trust. The KSPME & PCB certificates are verified and found to be 230 Bed strength & Same are enclosed Clinical fee paid receipts are enclosed.

18.08.25

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	150	100	–	–
Surgery including OT	30	20	–	–
Obstetrics & Gynecology	20	20	100	70
Pediatrics,	20	20	100	75
Emergency Medicine	8	7	–	–
Psychiatry	–	–	662	500

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	12	12	–	–
Minor OT	3	3	–	–
Dental, Otorhinolaryngology, Ophthalmology	10	5	–	–
Burns and Plastic	–	–	–	–
Neonatology care unit	8	8	–	–
Communicable disease/Respiratory medicine/TB & chest diseases	5	5	–	–
Dermatology	–	–	–	–
Cardiology	5	5	–	–
Oncology	–	–	50	30
Neurology/Neuro-surgery	–	–	–	–
Nephrology/Urology	15	8	–	–
ICU/ICCU	10	10	–	–
Geriatric Medicine	–	–	–	–

18.08.25

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

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**	YELWALA
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	18 Kms
b.	Services Rendered by Health & Family Welfare Programmes	YES
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	KUMBARA KOPPALU
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	2 Kms
b.	Services Rendered by Health & Family Welfare Programmes	YES
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** ☐

Signature of Chairman 18.09.25 **Signature of Member (1)** **Signature of Member (2)**

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 28,200 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 : 112	Boys : 93
f.	Total No. of rooms	Girls : 19	Boys : 16
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

18.09.25

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities			
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

18.09.25

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

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		(signature) 18-8-25
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 Vilsram college of Nursing, Mysore for continuation of affiliation for the year 2025-26 for BSc Nursing - 60 seats & PPBSc Nursing - 45 seats. On the day of inspection, the LIC team had made the following observations:

(1) General Information: The college is established in the year 2008 under Vilsram Educational Trust. The college is affiliated with RGUHS, KSNC & INC certifications.

(2) Infrastructure: Trust Deed, Audit report for last 3 years, Tax paid receipt, Building plan & Land documents, Building app are verified and found to be correct & enclosed.

(3) College: The college is around 23200 Sq ft. The college is having 06 classrooms & 05 Labs

(contd)

18-08-25
Signature of Chairman
Dr [illegible]

18/8/25
Signature of Member (1)
Dr. SAIKIRAN.M.R

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 4205 books. Librarian present on the day of inspection. Seating arrangements, ventillation & lighting arrangements are good.

(5) Faculty: On the day of inspection, 33 faculty were physically present with their required documents.

(6) Hospital: The college is having parent hospital ie Ramaiah hospital Mysore. The owner of the hospital ie Dr Mahesh Shenoy is the Trustee of the college trust, ie Vikram Educational Trust. MOU is enclosed. NABH certificate & PCB certificate are verified & found 230 Bed strength. Clinical fee paid receipts are verified & enclosed.

(7) Hostel: The college is having seperate hostel for Boys & Girls.

18.08.25
Signature of Chairman
Dr Kavitha D R
OA

18/8/25
Signature of Member (1)
DR. SAMRAT. M R

18/08/2025
Signature of Member (2)
NAGARAJ HANAGI

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at VIKRAM COLLEGE OF NURSING which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 18/8/25 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)
18.08.25	18/8/25	18/08/2025
Dr Kanchan S	DR. SAMRAJ.M.R	NAGARAJAIAH S

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

सत्यमेव जयते

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Government of Karnataka

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Unique Doc. Reference	:	SUBIN-KAKAKSFCL0852458626736550X
Purchased by	:	BOARD MEMBERS KAMAKSHI HOSPITAL MYSORE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BOARD MEMBERS KAMAKSHI HOSPITAL MYSORE
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Stamp Duty Paid By	:	BOARD MEMBERS KAMAKSHI HOSPITAL MYSORE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Sowharda Sahakari Niyamitha Mysuru

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NOTARY S.N. HEMALATHA LL.M Advocate & Notary Reg. No. 13241 GOVERNMENT OF INDIA

No. of Corrections....Nil

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GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA

UNDERTAKING

I/We, **Mr. Mahesh Shenoy** is Chairman of the Kamakshi Hospital situated at Kuvempunagar, Mysore.

This is to confirm that our hospital **Kamakshi** is registered under KPMEA and PCB with **230** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Kamakshi** is functioning as **parent** hospital for **Vikram college of Nursing**.

We also confirm that our hospital is solely affiliated to **Vikram college** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

KAMAKSHI HOSPITAL CAMPUS
KUVEMPUNAGAR, MYSORE

16 AUG 2025

No. of Corrections...Nil..

NOTARY GOVERNMENT OF INDIA
S.N. HEMALATHA LL.M
Advocate & Notary
Reg No 13241

EXECUTION ADMITTED BEFORE ME
Notary Mysuru District

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

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Certificate No.	:	**IN-KA18875862899475X**
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Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE MANAGING TRUSTEE VET
Second Party	:	RGUHS BANGALORE
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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.

Note of Corrections: Nil

UNDERTAKING

We the Managing Trustee of the Vikram Educational Trust are submitting the affidavit to university.

The Vikram Educational Trust is running/managing the colleges Vikram College of Nursing since 17 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 Vikram Educational Trust

Managing Trustee

NOTARY
S.N. HEMALATHA
LL.M
Advocate & Notary
Reg.No. 13241
GOVERNMENT OF INDIA

EXECUTION ADMITTED BEFORE ME

Notary Mysuru District

16 AUG 2025

No. of Corrections...Nil

VIKRAM COLLEGE OF NURSING
FACULTY DETAILS

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 LAKSHMI.KN	PRINCIPAL	PhD.IN PEDIATRICS	2020	6140	1	15	01-09-2014	Y	
2	MRS.SOWMYA.S.P	VICE PRINCIPAL	MSC IN OBG	2012	15557	1	13	01-12-2012	Y	
3	MR PAVAN KUMAR N	ASSOC PROFESSOR	MSC IN COMMUNITY HEALTH NURSING	2012	17899	1	9	01-06-2016		
4	MRS.NAVYARANI.M.K	LECTURER	MSC IN COMMUNITY HEALTH NURSING	2020	23082	10	4	15-01-2021		
5	MRS.CLITA R SMITH	ASST PROFESSOR	MSC IN MENTAL HEALTH NURSING	2017	15352	3	7	01-08-2025		
6	MRS. INDU V	LECTURER	MSC IN PEDIATRICS	2021	94319	1	3	02-01-2023		
7	MRS.NIRMALA N .L	LECTURER	MSC IN MEDICAL SURGICAL NURSING	2023	200440	2	2	24-07-2024		
8	MRS.SANJANA LIMBU	LECTURER	MSC IN MEDICAL SURGICAL NURSING	2024	15256	5	FRESHER	03-03-2025		
9	MRS PRIYANKA B	LECTURER	MSC IN PEDIATRICS	2024	108180	1	FRESHER	03-03-2025		
10	MR PRAVEEN M	ASST.LECTURER	BSC (N)	2007	8409	16		14-10-2009		
11	MS.THANUSHA.N	ASST.LECTURER	BSC (N)	2021	120877	3		17-03-2022		
12	MS AKHILA P.V	ASST.LECTURER	BSC (N)	2021	120815	2		02-06-2023		
13	MS ROOPA G	ASST.LECTURER	BSC (N)	2021	120910	1		23-07-2024		
14	MS NISARGA N.G	ASST.LECTURER	BSC (N)	2021	120899	2		15-06-2023		
15	MS.SANGEETH H.K	ASST.LECTURER	BSC (N)	2021	120863	2		23-08-2023		
16	MS.RAMYA	ASST.LECTURER	BSC (N)	2021	120866	2		23-10-2023		
17	MS.GOWRI.V	ASST.LECTURER	BSC (N)	2022	131697	1 YEAR 6 MONTHS		08-11-2023		

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			
18	MRS.RADHA G.C	ASST.LECTURER	BSC (N)	2020	108997	2		13-11-2023		
19	MS ANUSHA.A.S	ASST.LECTURER	BSC (N)	2021	120838	FRESHER		02-12-2024		
20	MR.DARSHAN.G.G	ASST.LECTURER	BSC (N)	2021	122446	FRESHER		01-08-2024		
21	MR.SANJAY KUMAR .K.S	ASST.LECTURER	BSC (N)	2021	122417	FRESHER		01-08-2024		
22	MS.BHAVANI.G	ASST.LECTURER	PBSC (N)	2025	173157	FRESHER		02-01-2025		
23	MS.REEMA	ASST.LECTURER	BSC (N)	2021	99123	FRESHER		02-01-2025		
24	MRS.HEENA KOUSAR	ASST.LECTURER	PBBSC (N)	2018	197012	FRESHER		02-01-2025		
25	MS.JAYAPRADA	ASST.LECTURER	PBBSC (N)	2020	206256	FRESHER		01-02-2025		
26	MR.MADAN G	ASST.LECTURER	BSC (N)	2024	180091	FRESHER		01-04-2025		
27	MS.TEZIN TSOMU	ASST.LECTURER	PBBSC (N)	2024	26839	FRESHER		01-04-2025		
28	MRS.SHASHIKALA	ASST.LECTURER	PBBSC (N)	2024	142539	FRESHER		01-04-2025		
29	Mr.SHASHANK.H.N	ASST.LECTURER	BSC (N)	2023	149102	FRESHER		14-08-2025		
30	MS.SUSHMA.S	ASST.LECTURER	BSC (N)	2021	120895	FRESHER		14-08-2025		

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			
31	MRS.NASEEMA M.K	ASST.LECTURER	PBBSC (N)	2023	122506	FRESHER		14-08-2025		
32	Mrs.SANIMOL K KANDATHIL	ASST.LECTURER	PBBSC (N)	2018	11488	FRESHER		14-08-2025		
33	Mr.SHIVASHANKAR	ASST.LECTURER	BSC (N)	2022	132084	FRESHER		14-08-2025		

18.08.25

18/8/25

18/08/25


VIKRAM SCHOOL AND COLLEGE OF NURSING
GPS Map Camera
Mysuru, Karnataka, India
477, Contour Rd, Gokulam 3rd Stage, Vijayanagar, Mysuru, Karnataka 570002, India
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18/08/2025 10:57 AM GMT +05:30
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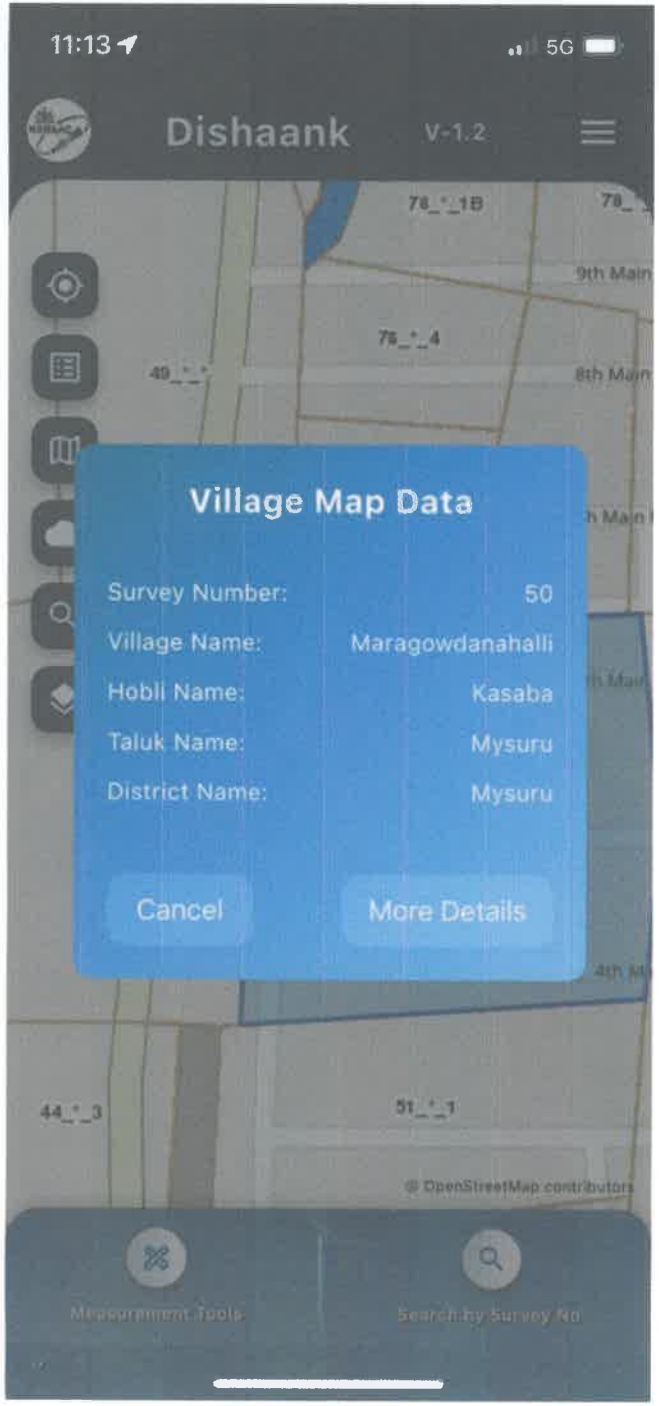
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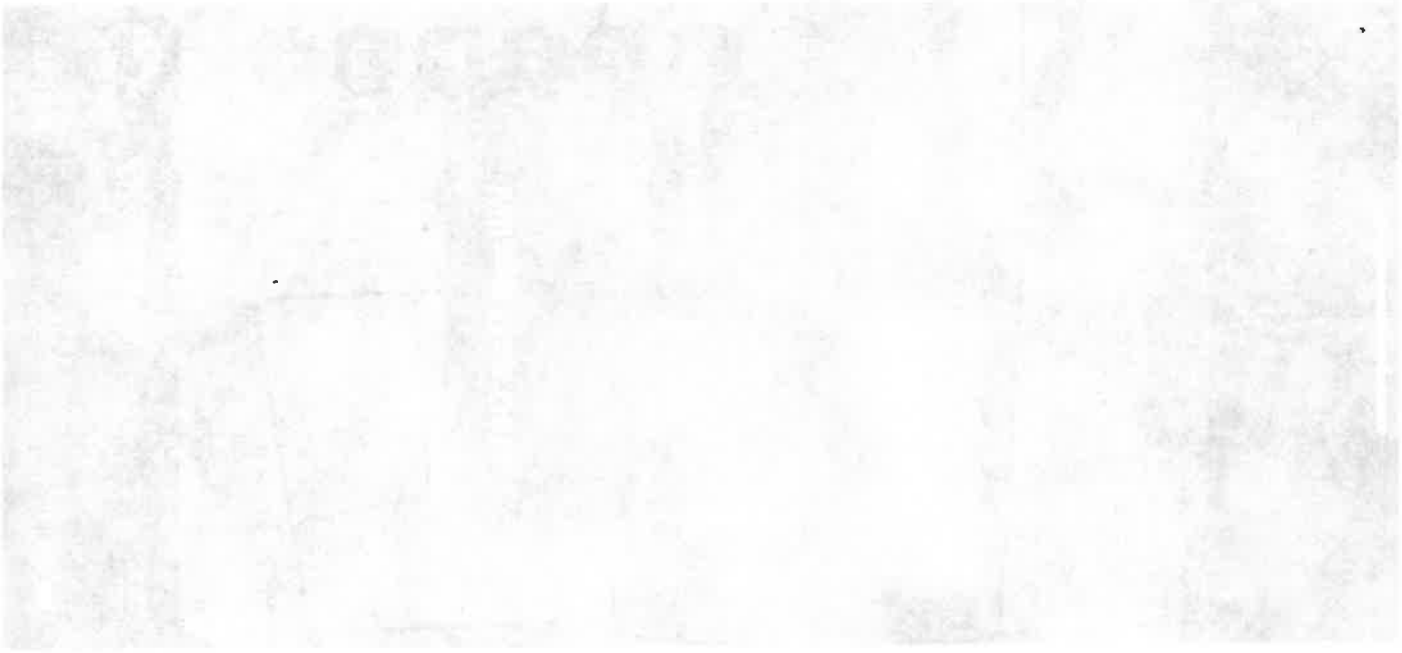

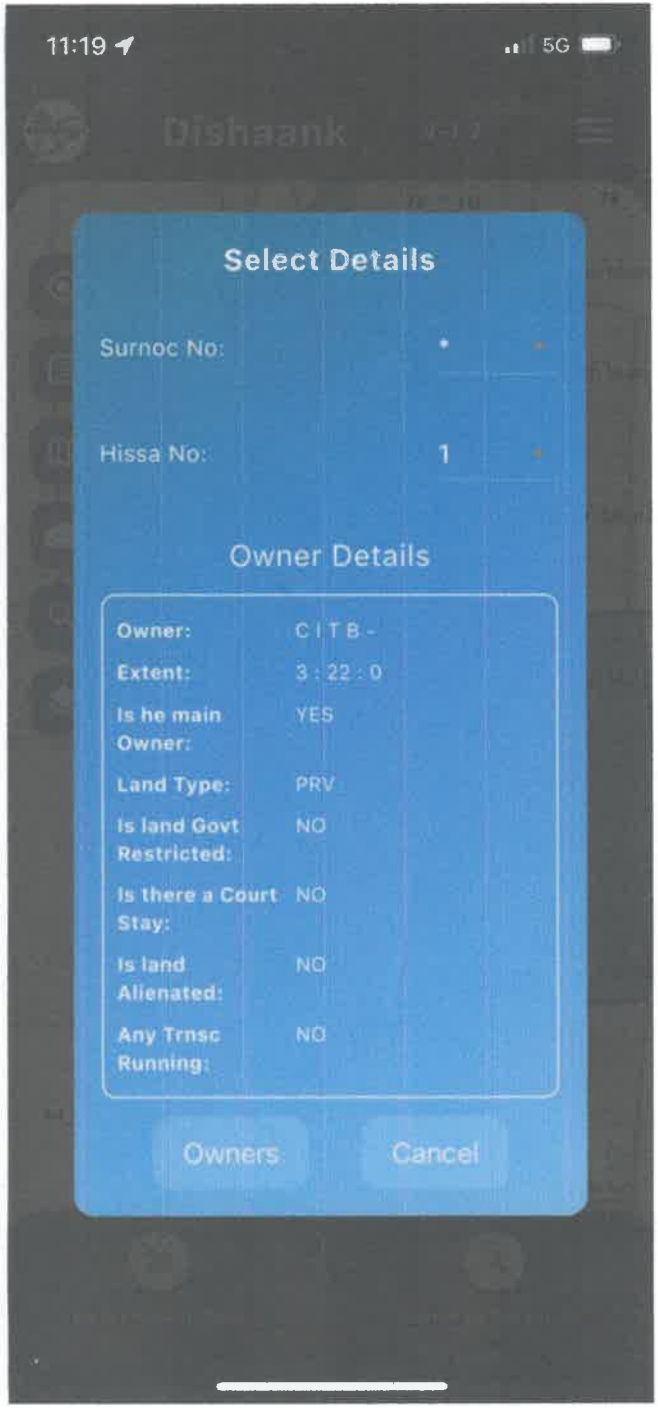
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Is land Alienated:
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Any Trnsc Running:
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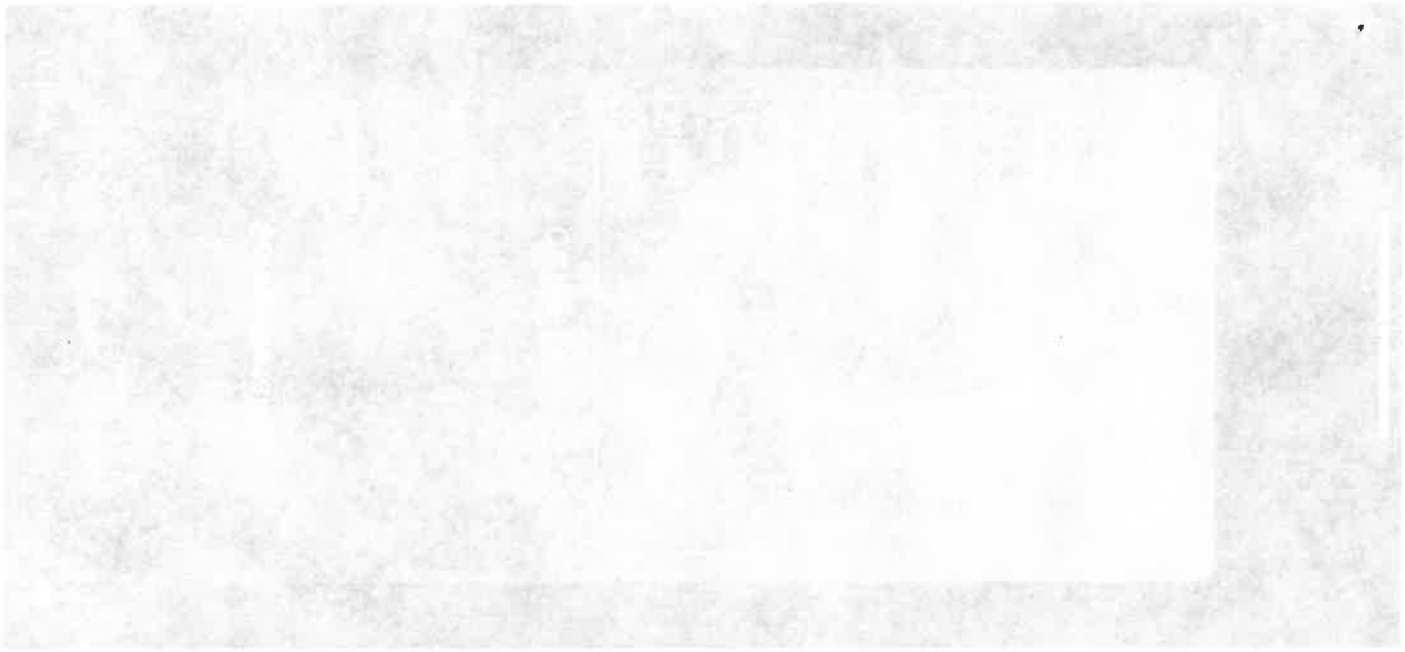

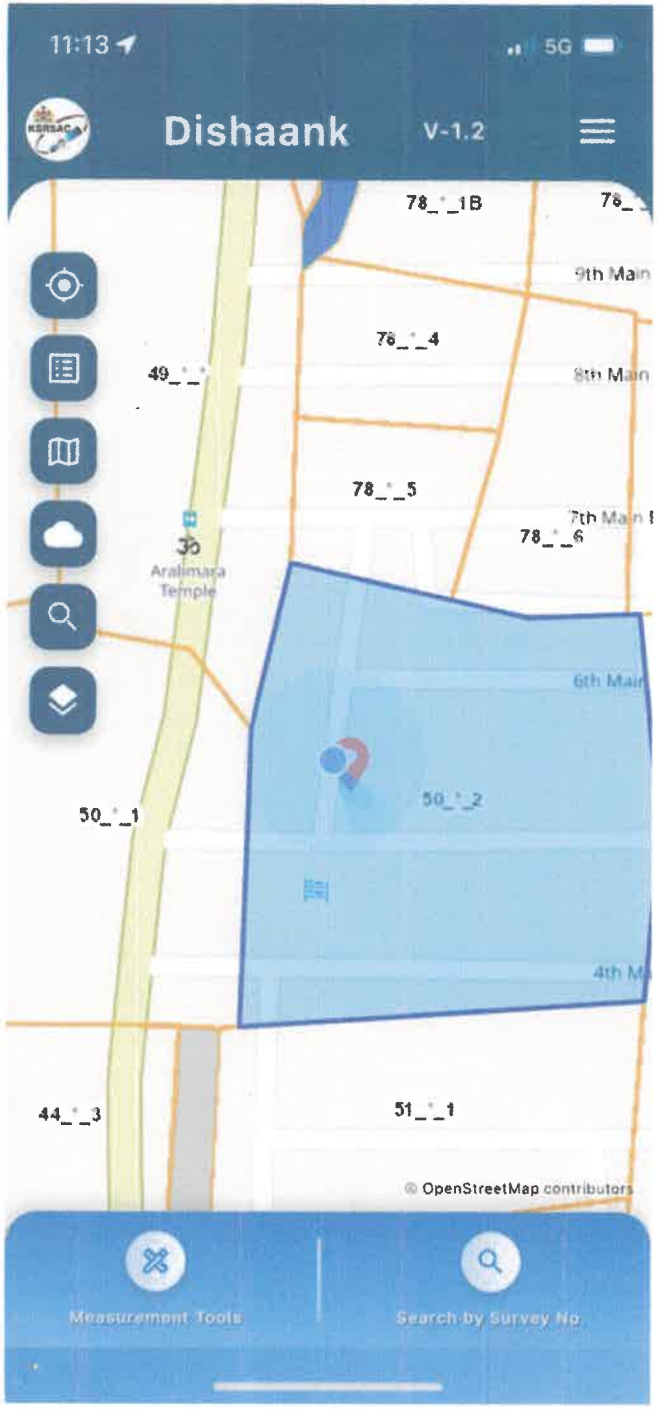
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