



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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR SUDARSHAN	A. Chandrasekhar	P. SELVAPATI M.
Designation	Chairman Senate member prof		Principal
Address	KIE 7th Mile, Dand	2nd Floor, 1st Stage, Jayanagar	CNK College of Nursing, Bangalore
Mobile No	9449104316	9886298342	9751096859
Email ID	Sudarshanraj78@gmail.com	chandrasekhar.aj@gmail.com	msc.selva82@gmail.com

For the Academic Year : 2025-26

Date of Inspection: 11/08/2025

(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

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	MANGALA COLLEGE OF NURSING PLOT NO 1A, KIADB, INDUSTRIAL AREA B.KATIHALLY, B.M.ROAD, HASSAN 573201, KARNATAKA	2	Year of Establishment
				2009
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company		
3	Name of the Trust & complete postal address (if private)	MANGALA EDUCATION TRUST BEHIND DRK RESIDENCY, B.M.ROAD HASSAN 573201 (Enclose copy of Registration document s of Society/Trust) Annexure – 1		
		Email: mangalains@gmail.com	Website: www.mangalacollege.com	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 04 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name : Mrs. Amala Vennila.R Qualification : M.Sc(N) Experience : 17 Email : amalabijo@gmail.com		Mobile No: 8884766751 Office No : 08172240232 Fax No: 08172295009
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	Applicati on Fee	Processing fee	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION	1,95,000/-	1000/-	50/-	25000/-	2,21,050=00
Post Basic B.Sc. Nursing	---					
Total (A)						2,21,050=00
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: ZSBIG3509137J2 DATED 23/12/2024						

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKK:404:MPS:2008 08/12/2008 Annexure - 5	ACA/F/NS/004 03/02/2009 Annexure - 6	KNC:140:2009-10 30/06/2009 Annexure - 7	18-15/1157 INC 15/08/2008 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chair man

Signature of Member (1)

Signature of Member (2)

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	06	13	08	10	37
	Female	28	47	50	50	175
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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: _____

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1	-	-	-	-	0	-	-	-	-
2	Vice-Principal	1	1				1	-	-	-	-	0	-	-	-	-
3	Professor	1	1-2		1*		1	-	-	-	-	0	-	-	-	-
4	Associate Professor	2	2-4		1*		1	-	-	-	-	0	-	-	-	-
5	Assistant Professor	3	3-8	2	3*		2	-	-	-	-	0	-	-	-	-
6	Tutor	8-16	16-24	2-10	--		18	-	-	-	-	0	-	-	-	-
	Total	16-24	24-40	4-12			24	-	-	-	-	0	-	-	-	-

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1 st Year	2 nd Year	3 rd Year	4 th 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

Signature of Chairman

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Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MRS. AMALA VENNILA.R	PRINCIPAL	M.Sc (N) Medical Surgical Nursing	2008	RR TMN 2008 918 KAR	04	17.5	01/03/2011	YES	
2.	Mr.RAVI	VICE PRINCIPAL	M.Sc (N) Community Health Nsg	2008	2010	2012	13	01/01/2013	YES	
3.	MRS. PRIYADARSHINI.S.	ASSO.PROF	M.Sc (N) OBG	2015	144901	01	10	30/07/2025	YES	
4.	MR. RAVINDRA.D.M	ASSO.PROF	M.Sc (N) Psychiatric Nursing	2017	43461	03	8	01/11.2017	YES	
5	MR. THYAGARAJ.R.	ASST. PROF	M.Sc (N) Community Health Nsg	2018	65400	04	07	15/07/2025	YES	
6	MRS. SUDHA.M.J	ASST.PROF	M.Sc (N) Psychiatric Nursing	2021	155527	05	04	01/01/2022	YES	
7	MRS. SUMATHI	ASST.PROF	M.Sc (N) Medical Surgical Nursing	2023	197754	01	02	01/07/2025	YES	
8	MS. SASHIREKHA.B.A.	LECTURER	M.Sc (N) Pediatric Nursing	2024	113704	01	01	01/01/2024	YES	
9	MS. PRUTHVISHREE.S.S.	LECTURER	M.Sc (N) Community Health Nsg	2024	126389	01	7 Months	01/01/2025	YES	
10	MS. MEGHANA.K.G.	LECTURER	M.Sc (N) OBG	2024	113692	01	7 Months	01/01/2025	YES	
11	MS. CHITHRA.R.V.	NSG TUTOR	M.Sc (N) Pediatric Nursing	2025	120443	01	Fresh	27/07/2025	YES	
12	MS. ROJASHREE.R	NSG TUTOR	B.Sc (N)	2022	126385	03	---	01/01/2022	YES	
13	MS.NISHU.G.P	NSG TUTOR	B.Sc (N)	2022	129733	03	----	09/10/2023	YES	

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14	MS. AISHWARYA.K.D.	NSG TUTOR	B.Sc (N)	2024	157104	01	----	01/02/2024	YES	
15	MR. SHASHI KUMAR	NSG TUTOR	PeBSc(N)	2021	244671	01	----	15/09/2024	YES	
16	MS. NAYANA.S.T.	NSG TUTOR	B.Sc(N)	2024	176583	01	----	24/02/2025	YES	
17	MS.SHRUTHI .M. L	NSG TUTOR	B.Sc(N)	2024	176005	6 months	----	13/02/2025	YES	
18	MS. THEJASWINI.M.R.	NSG TUTOR	B.Sc(N)	2024	182513	FRESH	----	01/07/2025	YES	
19	MS. KAVANA.D.L.	NSG TUTOR	B.Sc(N)	2024	175027	FRESH	----	08/08/2025	YES	
20	MS. ARPITHA.B.N.	NSG TUTOR	B.Sc(N)	2024	245668	01	---	05/07/2025	YES	
21	MR. PUNEETH.H.K.	NSG TUTOR	B.Sc(N)	2010	93255	03	---	15/07/2025	YES	
22	MS.S.ASHA SUBANI	NSG TUTOR	B.Sc(N)	2018	95207	01	----	15/07/2025	YES	
23	MR.GANESHA.D.S.	NSG TUTOR	PeB.Sc(N)	2015	170892	--	--	15/07/2025	YES	
24	MR. MURULIDHARA.M.M.	NSG TUTOR	PeB.Sc(N)	2018	97240	---	---	15/07/2025	YES	
25	MR.MANJUNATHA.H.B.	NSG TUTOR	PeB.Sc(N)	2014	103163	---	--	15/07/2025	YES	
26	MR.HAREESHA.H.B.	NSG TUTOR	PeB.Sc(N)	2016	125510	----	---	01/08/2025	YES	

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

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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	Remarks
1	Built – up area of the building (in Sq. Ft) Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III--- section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy	23,200 SQ.FT	49881 SQ.FT.	
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	6 Class rooms 1100 SQ.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	300	
	2. Vice-Principal Chamber	200	300	
	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)		300	
	7. Accountants Office		300	
	8. Store Room		400	
	9. Record room		300	
	10. Room for maintenance staff		300	
	11. Xeroxing room		300	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	900	

Signature of Chairman

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S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	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

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned		Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed		Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed		Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES		No	
5.	Whether Safe drinking water supply in available	YES		No	

Note:

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

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 Licence
1	KA138791	41	YES	YES	YES

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft		YES ☒ No ☐	Yes	Yes	----

Total No. of Nursing Books available	3000	No. of Nursing Journals subscribed	06
No. of Thesis/Research titles available	12	Is internet facility available for Students?	YES
No of e-books	20	How many books were purchased in last financial year?	240

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MS.LAKSHMI	D.LIB	4 YEARS	
2.				

Note : A minimum of 500 of different subject titled nursing books (all new editions). in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/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	YES	
Conferences conducted	<u>YES</u>	
Conferences attended	<u>YES</u>	

Signature of Chair man

Signature of Member (1)

Signature of Member (2)

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital MANGALA HOSPITAL SAMPIGE ROAD, K.R.ROAD HASSAN 573201		120	KMS	95%	---
NAME OF THE TRUST/ Person owning The Hospital MANGALA HOSPITAL DR.M.P.ASHOK GOWDA					
Name Of The Owner Of The Trust					
Affiliated hospitals- Full Name & Address of the Parent Hospital	DIMHANS	375	359	95%	
	KRISHNA HOSPITAL	30	6 KMS	98%	

(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).

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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/Single allopathic 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, 2021 F.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

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authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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	20	98%		
Surgery including OT	25	95%		
Obstetrics & Gynecology	20	90%		
Pediatrics,	04	90%		
Emergency Medicine	06	98%		
Psychiatry			375	98%

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	-			
Burns and Plastic	05		80%	
Neonatology care unit	04		94%	
Communicable disease/ Respiratory medicine/TB & chest diseases	-			
Dermatology	-			
Cardiology	10		96%	
Oncology	-			
Neurology/Neuro-surgery	02		90%	
Nephrology/Urology	13		98%	
ICU/ICCU	10		95%	
Geriatric Medicine				
Any other				

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

Signature of Chairman

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Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure – 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		BHOOVANAHALLI COMMUNITY HEALTH CENTRE	
Adopted / Affiliated		ADOPTED	
Administrated by		State Govt. ☐ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		1 KILOMETER	
b. Services Rendered by Health & Family Welfare Programmes		HEALTH & FAMILY WELFARE	
URBAN FEILD :			
a. Name of CHC / PHC / SC		KRISHNA HOSPITAL, KRISHNA NAGAR	
Adopted / Affiliated		ADOPTED	
Administrated by		State Govt. ☐ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		06 KMS	
b. Services Rendered by Health & Family Welfare Programmes		HEALTH & FAMILY WELFARE	
<i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i>			

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 ☐	--

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

g.	Leave record	YES ☒	NO ☐
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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 ☐

23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ☐
b.	Built-up area of the Hostel	15451 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 : 160	BOYS: 48
f.	Total No. of rooms	ROOMS: 55	ROOMS: 12
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)

15/10/15

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & 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 : College Building, Laboratories and Building related documents, 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	✓	
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	✓	

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.

Observations: As a part of the Inspection the Team Visited Mangala College of Nursing, Hassan which is managed by "MANGALA EDUCATION TRUST" Running in a Own College Building.

Physical Facilities: College is permitted with 60 Intake BSc Nursing seats annually. Currently College has 6 Class Rooms of 1100 sqft each. With all required laboratories. Facilities for Nursing foundation, Community Health Nursing, Matulron, OBC & Pediatrics. Each lab are having required mannequins and Equipment with all advance skill labs.

The college is have parent hospital with 120 beds Mangal hospital at 5 km distance from the college.

Library: 2300 sqft library present with 3000 Text Books in the library. Library has ELNATE Connection also.

Teaching facilities: There are 26 Teaching faculties present in the college and among that 11 are Teachers are there. (Principal, 1 VP & Associate and 3 Asst professor are there for Teaching and College has 1 Bus for student transportation during clinical Posting.

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 YANAGAL 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 _____ 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)

