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. VAISHALI SREEJITH	Dr. BHARATHI S H	Prof CHANNABASAPPA K M
Designation	PROFESSOR AND SENATE MEMBER	PRINCIPAL	PROFESSOR
Address	DR. M. V. SHETTY COLLEGE OF PHYSIOTHERAPY, MANGALORE	GOVERNMENT DENTAL COLLEGE & RESEARCH INSTITUTE, BELLARY - 583104	PADMASHREE INSTITUTE OF NURSING, KOMMGHATTA, KENGERI, SULIKERE POST BANGALORE.
Mobile No	+91 9845325069	+91 9844394595	+91 8105615682/9480223904
Email ID	vaishalisreejith9@gmail.com	gdcribellary@gmail.com	channakm85@gmail.com

For the Academic Year : 2025-26			*Date of Inspection: 19/08/2025*	
(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	CHINMAYA INSTITUTE OF NURSING Chinmaya Mission Hospital CAMPUS, CMH Road, Indiranagar, BENGALURU – 560 032	2	Year of Establishment 2009
2	Status of the course conducting body	~~Government / University / Autonomous / Municipal Corporation /~~ ~~Missionary~~ /Trust/~~Society~~ /~~Company~~		
3	(a) Name of the Trust & complete postal address (if private)	KARNATAKA CHINMAYA SEVA TRUST Deenabandhu Devasthanam, CMH Road, Indiranagar, Bengaluru – 560 038 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: chinmaya.bgl@gmail.com	Website: https://chinmayabangalore.org/	

19/8/25 — Signature of Chairman

19/08/25 — Signature of Member (1)

Signature of Member (2)

	(b) Name of the Owner of Trust/Society	HHSWAMI SWAROOPANANDA		
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	Details of Principal / Head of the institution	Name: PRABHUSWAMY A. C. Qualification: MSC NURSING Experience: 20 YRS Email: principal@chinmayanursing.org	Mobile No : 9886212797 Office No : 080 25200127 Fax No: --- Residential phone No: ---	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full 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 UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	2025-26	₹ 45,000/-	₹ 90,000/-	₹ 60,000/-	₹ 25,000/-	₹ 2,21,050/-
Post Basic B.Sc. Nursing	---	---	---	---	---	---
					Total (A)	₹ 2,21,050/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.	NA	---
	2.	NA	---
	3.	NA	---
	4.	NA	---
	5.	NA	---
		Total (B)	---
NPCC			---
		Total (C)	---
		Grand Total (A+B+C)	₹ 2,21,050/-

Online Transaction Number or Details:
Transaction ID: S73844614
Payment Ref No: ZUB2TLB091Y9OL

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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

19/08/25

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	AaKuKa 09 MPS 2009; Dt:25/05/2009				
		Enhancement- MED 547 MMC 2020; Dt:31/03/2022 Annexure - 5	*Enhancement-* RGU/AFF/ NF005/ RN/2020-2021 Annexure – 6	*Enhancement-* No. KNC:2077: 2022-23; Dt:29-07-2022 Annexure - 7	Annexure – 8	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	44				
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 Chairman

Signature of Member (1)

Signature of Member (2)

19/05/25

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.Sc. Nursing	Male	07	01	02	0	10
	Female	37	42	44	40	163
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) ***Not applicable***

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---------
		N/A				

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) ***Not applicable***

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---------
			N/A			

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: Biometric Verified

12. Teaching Faculty Requirements for all Nursing Programs:

	Designation	Required	Existing / Available	Deficit

Signature of Chairman **Signature of Member (1)** 19/08/25 **Signature of Member (2)**

Sl. No		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									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		2									
6	Tutor	8-16	16-24	2-10	--		9									
	Total	**16-24**	**24-40**	**4-12**			**16**									

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 Specialty 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	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

Signature of Chairman

Signature of Member (1)

19/08/25

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.	Prabhuswamy A. C.	Principal/Director	MSc nursing Medical Surgical Nursing	2002	23111	2.5 yrs	23 yrs	09-09-2019		
2.	Thenmozhi S.	Vice Principal, Professor & HOD	MSc nursing Pediatric nursing	2007	645	3 yrs	13 yrs	01-09-2010		
3.	Deepashree A. V.	Professor	MSc nursing Community Health Nursing	2011	7307	1 yrs	10 yrs	02-01-2020		
4.	Liby Alice Thomas	Associate Professor	MSc nursing Pediatric nursing	2011	8422	1 yrs	10 yrs	07-10-2014		
5.	Evangeline Navratilova	Associate Professor	MSc nursing Medical Surgical Nursing	2012	13721	1.1 yrs	9 yrs	09-10-2014		
6.	Sandhya Raveendran	Assistant Professor	MSc nursing Medical Surgical Nursing	2015	KRL20219249KAR	--	5.1 yrs	15-06-2020		
7.	Polakal Hussainbe	Tutor	MSc nursing Medical Surgical Nursing	2019	160687	--	3 yrs	09-03-2020		LEAVE
8.	Maheswari K	Tutor	MSc nursing OBG Nursing	2018	TMN 2016 5947 KAR	3 yrs 3 months	--	27-03-2023		
9.	Shravanthi	Tutor	MSc nursing Community Health Nursing	2021	026654	9 yrs	1.6 yrs	06-08-2011		LEAVE
10.	Monika G.	Tutor	BSc nursing	2022	138000	--	--	01-08-2023		LEAVE
11.	Anusiya G.	Tutor	MSc nursing Medical Surgical Nursing	2023	113418	--	1 yr, 4 months	28-03-2024		
12.	Jayanthi S	Tutor	BSc nursing	2012	RR ANP 2013 4825 KAR	9 yrs	--	11-09-2014		
13.	Anitha K.	Tutor	BSc nursing	2021	119021	1yr 10 months	--	07-11-2022		DEPUTED (DOWNMENTS LEAVE FOR MSc VERIFIED)
14.	Naidu Nandini Nachiyar Vijayan	Tutor	BSc nursing	2019	RR MAH 2024 11330 KAR	--	--	02-12-2024		
15.	Deevena P.D.	Tutor	BSc nursing	2023	147894	--	--	29-04-2025		
16.	Shakila G.	Tutor	BSc nursing	2017	RR TMN2023 10697 KAR	--	--	02.06.2025	✓	
17.	Soorya A.K.	Tutor	BSc nursing	2022	145409	--	--	02.06.2025	✓	
18.	Shantha C.N.	Tutor	BSc nursing	2023	147418	--	--	02.06.2025	✓	

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

19/08/25

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Signature of Chairman **Signature of Member (1)** 19/08/28. **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.

Signature of Chairman **Signature of Member (1)** 19/08/21 **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
-	—	—	VERIFIED	—	—

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200 sq.ft	**18,200 sq.ft**	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900 sq ft Each	**4 class rooms 700 Sq. Ft. each**	VERIFIED
	P.B.B.Sc (N) : 600 sq. ft.	**2 Class rooms** 600 sq ft Each	**Not applicable**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600 sq ft Each	**Not applicable**	
	NPCC : 600sq ft	**2 Class rooms** 600 sq ft Each	**Not applicable**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**800 SqFt.**	VERIFIED
	2. Vice-Principal Chamber	200	**400 SqFt.**	VERIFIED
	3. HOD	5 x 200 = 1000		NOT AVAILABLE
	4. Professor/Assoc. Prof	800+2400=3200	**1600 SqFt.**	VERIFIED
	5. Lecturer/Tutors			
	Institution office / Others 6. Office of Administrative, clerical staff and PA (s)		**700 SqFt.**	
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. Common room	1000	**400 SqFt.**	
	13. Seminar hall	3000	**2000 SqFt.**	
	14. Toilets	1000	**200 SqFt.**	
	15. A.V/Aids room	600	**600 SqFt.**	

VERIFIED

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2) 19/08/25

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	**1600 SqFt.**	
	Nutrition & Community Health Nursing	1200sq.ft	**1200 SqFt.**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**600 SqFt.**	
	Pediatrics Nursing Laboratory	900sq.ft	**600 SqFt.**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**600 SqFt.**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**500 SqFt.**	

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	Verified by LIC team
1.	**Registered documents in sub registrar office**	✓
2.	**Is the college building own or leased ?**	LEASE FROM GOVT.
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.**	NOT AVAILABLE
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 **2021-22 onwards.**
- 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. [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.

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

19/08/25

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 License
TWO	KA427488	14	Yes / ~~No~~	Yes / ~~No~~	Yes / ~~No~~
	KA03AA8331	8	Yes / ~~No~~	Yes / ~~No~~	Yes / ~~No~~

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq. Ft.	1000 Sq. Ft.	Yes ☑ No ☐	Good	Good	Good

Total No. of Nursing Books available	2935	**No. of Nursing Journals subscribed**	9
No. of Thesis/Research titles available	---	**Is internet facility available for Students?**	Yes
No of e-books	---	**How many books were purchased in last financial year?**	851

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	**Mr. Sharanappa S.**	**MLISC**	**15 Yrs**	VERIFIED

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

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

Academic activities	Particulars	Remarks
Research Projects	ARE KNDCEW(T)	
Conferences conducted	NIL	

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

19/08/25

Conferences attended	ATTACHED	

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

Signature of Chairman

Signature of Member (1)

19/08/24

Signature of Member (2)

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 CHINMAYA MISSION HOSPITAL, CMH ROAD, INDIRANAGAR, BENGALURU – 560 038		200	Same Campus	90 %	
NAME OF THE TRUST/ Person owning The Hospital **KARNATAKA CHINMAYA SEVA TRUST**					
Name Of the Owner of The Trust **Chairperson:** H.H.Swami Swaroopananda					
Affiliated hospitals- Full Name & Address of the Parent	1. SPANDANA HOSPITALS Pvt. Ltd., NAYANDANAHALLI, MYSORE ROAD, BANGALORE.	**270**	**20 KMS**	**200**	**90 – 95%**
	2				
	3 (MOU/Clinical permission letter)				

(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.)

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

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- 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:

→ Parent Hospital Chinmaya Mission Hospital (200 Bedded)

→ Spandana Hospital Affiliated with MOU.

Signature of Chairman

Signature of Member (1) 19/08/23

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	90 %		
Surgery including OT	60	90 %		
Obstetrics & Gynecology	50	90 %		
Pediatrics,	63	90 %		
Emergency Medicine	07	90 %		
Psychiatry	---	---	270 (Spandana hospital)	90 %

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	85 – 100%		
Minor OT	2	85 – 100%		
Dental, Otorhinolaryngology, Ophthalmology	2	85 – 100%		
Burns and Plastic	---	---		
Neonatology care unit	25	75 – 100%		
Communicable disease/ Respiratory medicine/TB & chest diseases	4	70 – 100%		
Dermatology	1	70 – 100%		
Cardiology	6	80 – 85%		
Oncology	2	80 – 100%		
Neurology/Neuro-surgery	7	70 – 100%		
Nephrology/Urology	2	85 – 100%		
ICU/ICCU	5	60 – 80%		
Geriatric Medicine	2	60 – 80%		
Any other	---	---		

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

19/08/22

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

19	COMMUNITY HEALTH NURSING : Annexure - 17	
RURAL FIELD		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	**Avalahalli / Vibhuthipura**
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**5 Km**
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	
	Administered by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	Master Rotation Plan : Annexure - 18		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

19/08/25

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 21646 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 : 135	Boys : NOT AVAILABLE
f.	Total No. of rooms	Girls : 23	Boys : NOT AVAILABLE
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) 19/08/25

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 Library Books & others	✓		
Annexure - 15	Academic Activities	✓		

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

19/08/25.

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	✓		
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 inspected the college on 19/8/25. The college address & location matches.
→ It is on lease with Govt for 30 yrs.
→ Infrastructure upto the mark. Labs are deficient in space. Nutrition Lab was not available.
→ RGUHS intake sanctioned 60 seats. But 2nd yr is 40. Hence they are admitting only forty students per year
→ Faculty is sufficient for 40 seats.
→ Parent Hospital is available with 200 beds
→ Community postings available with Govt. approval.
→ Hostel facility available for girls and is verified.
→ Library Books are sufficient. Space is less.
→ Computer Lab not available
→ Trust & Hospital Affidavit Enclosed.

19/8/25 — Signature of Chairman

19/08/25 — 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 CHINMAYA INSTITUTE OF NURSING which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 19/08/2025 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)**

19/08/25

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

19/08/20

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA20089808107849X
Certificate Issued Date	:	18-Aug-2025 02:02 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ HALASURU/ KA-SV
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08547707845910 77X
Purchased by	:	KARNATAKA CHINMAYA SEVA TRUST
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	BOND
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	KARNATAKA CHINMAYA SEVA TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY HEALTH SCIENCES
Stamp Duty Paid By	:	KARNATAKA CHINMAYA SEVA TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY A.R. MUNEER AHMED Area: BENGALURU METROPOLITAN Regd. No: 4932 Valid Upto: 21-11-2027 GOVT. OF INDIA

Karnataka Sahakari Niyamitha SVR Vividoddeshagala IN-KA20089808107849X RS. 100 18-AUG-2025 02:0

Please write or type below this line

UNDERTAKING

I/We, DR U SUDHIR is MD of the CHINMAYA MISSION HOSPITAL situated at, CMH ROAD, INDIRANAGAR, BENGALURU- 560038.

Medical Director
Chinmaya Mission Hospital
Indiranagar Bengaluru-560038

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.

This is to confirm that our hospital **CHINMAYA MISSION HOSPITAL** is registered under KPMEA and PCB with **200** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **CHINMAYA MISSION HOSPITAL** is functioning as affiliated/parent/own hospital for the **CHINMAYA INSTITUTE OF NURSING, BENGALURU** college.

We also confirm that our hospital is solely affiliated to the **CHINMAYA INSTITUTE OF NURSING, BENGALURU** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Medical Director
Chinmaya Mission Hospital
Indiranagar Bengaluru-560038

Place: Bangalore

Dated: 18-08-2025

NOTARY
A.R. MUNEER AHMED
Area: BENGALURU METROPOLITAN
Regd. No. 4932
Expiry Date: 21-11-2027
GOVT. OF INDIA

SWORN TO BEFORE ME
A.R. MUNEER AHMED
M.Com., LL.B., DPM & IR,
ADVOCATE & NOTARY PUBLIC
Reg. No. 4932
My Commission Expires On 21-11-2027
Mobile : 9845712075

NOTARY PUBLIC 4932 GOVT. OF INDIA NOTARY PUBLIC

18 AUG 2025

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Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA19703985811331X**
Certificate Issued Date	:	18-Aug-2025 11:52 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ HALASURU/ KA-SV
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08540262028768O7X
Purchased by	:	KARNATAKA CHINMAYA SEVA TRUST
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	BOND
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	KARNATAKA CHINMAYA SEVA TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY HEALTH SCIENCES
Stamp Duty Paid By	:	KARNATAKA CHINMAYA SEVA TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the **KARNATAKA CHINMAYA SEVA TRUST** submitting the Affidavit to University.

The **KARNATAKA CHINMAYA SEVA TRUST** is running/managing the **CHINMAYA INSTITUTE OF NURSING, BENGALURU**, since 17 years.

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

We confirm that 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.

Manohara Pai C
MEMBER KCST

NOTARY GOVT. OF INDIA
A.R. MUNEER AHMED
Area: BENGALURU METROPOLITAN
Regd. No. 4932
Expiry Date: 21-11-2027

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18 AUG 2025