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. Srinivasan Velu	Prof. V R Ayyapan	Prof. Veeresh V B
Designation	Senate Member, RGUHS	Chairman of BOS, Physiotherapy, RGUHS and Professor	Principal
Address	N0.709,1st Cross, 2nd Main, Koramangala, 8th Block Bangalore-560095	College of Physiotherapy, Sanjay Gandhi Institute of Trauma and Orthopaedics, Bangalore-560011	SS College of Nursing Davanagere
Mobile No	9448060250	9886291325	9972474258
Email ID	drseena4333@yahoo.com	ayyappan28@gmail.com	

Inspection For the Academic Year :2025-26 *Date of Inspection: 26/08/2025*

(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	✓ 60	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	Green City College of Nursing #259/B, Bommasandra Industrial Area, Hosur Road, Bangalore-560099	2	Year of Establishment: 2003
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	Green City Charitable Education Trust #259/B, Bommasandra Industrial Area, Hosur Road, Bangalore-560099 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:principal2012btlnursing@gmail.com		Website:
		Office No: 9482080910		Mobile No:9482080910

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Suma Ranagath Secretary 8217352321		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council: 05 Enclosed (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. Pushpakumari K Qualification: M.Sc Nursing, PhD Experience after MSc: 18 Years Email: pushpasanthosh14@gmail.com		Mobile No: 9740719418 Office No:080 Fax No:0 Residential phone No: 9740719418
	b) Drawing authority of the college	Mr. Harsha H G Chief Administrative Officer		
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	Continuation	Rs. 2,20,050/-				Rs. 2,20,050/-
Post Basic B.Sc. Nursing						-
					Total (A)	Rs. 2,20,050/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
NPCC						-
						-
					Total (C)	-
					Grand Total (A+B+C)	Rs. 2,20,050/-

Online Transaction Number or Details:
Rs. 2,20,050/- paid on the date of 24-12-2024 with transaction number BD00000007567229
Remarks:

Verify &Enclose copy of Affiliation fee paid documents

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	AAKUKA149 MPS 2022 Bangalore 28/03/2023 Annexure – 5	RGU/AFF/NSG/CoA /01/2024-25 20/09/2024 Annexure- 6	2225:2023-24 06/11/2023 Annexure - 7	335/2024-25 15/07/2024 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure – 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure – 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure – 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				
	Admissions Made for the Current Academic Year					

Signature of Chairman | 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	14	26	26	19	85
	Female	46	34	15	39	134
Post Basic B.Sc Nursing	Male					—
	Female					—
M.Sc Nursing	Male			NA		—
	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——
			NA			

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

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

Annexure –10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

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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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		01							
4	Associate Professor	2	2-4					1*		03							
5	Assistant Professor	3	3-8				2	3*		04							
6	Tutor	8-16	16-24				2-10	--		15							
	Total	**16-24**	**24-40**				**4-12**			24							

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				

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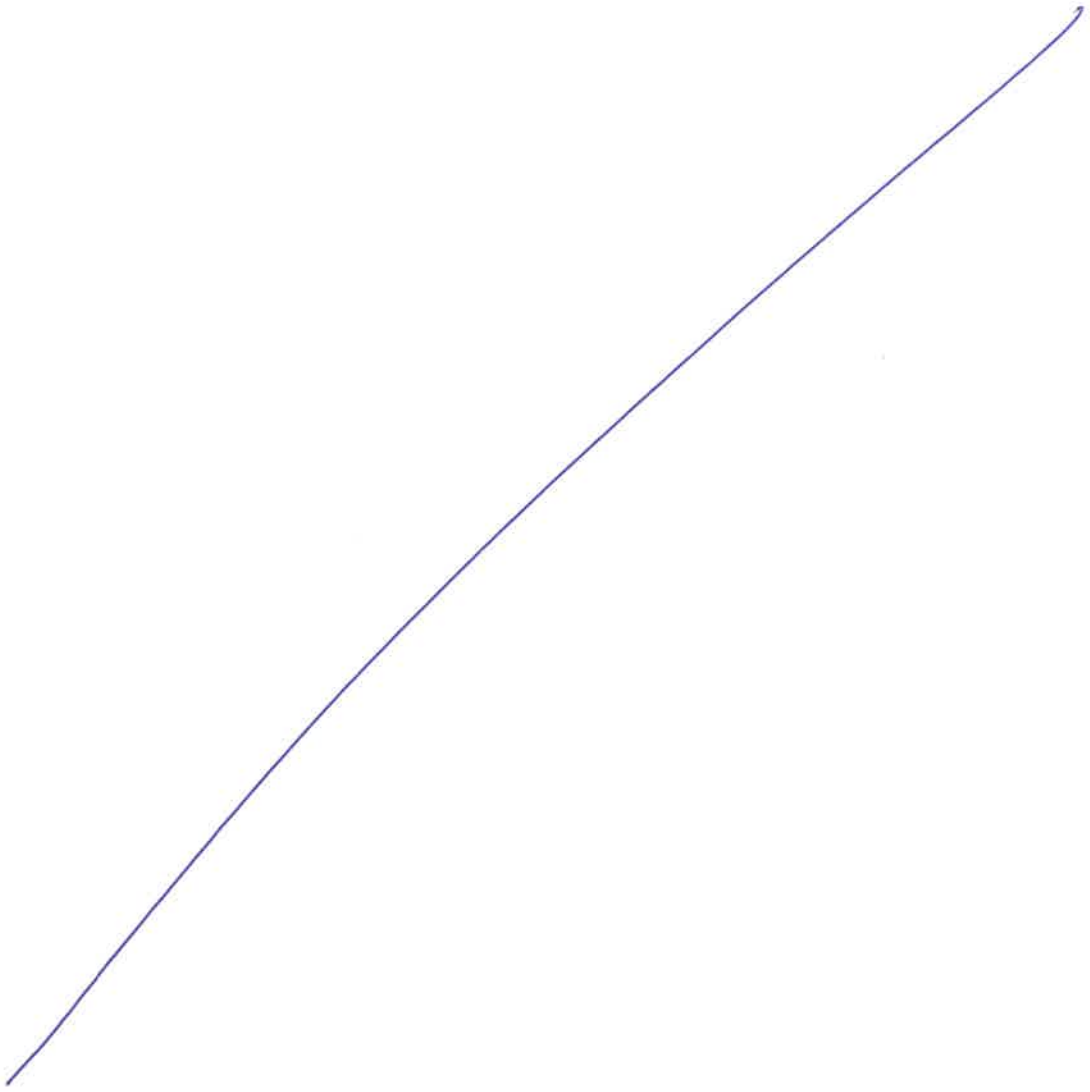
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				



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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Dr. Pushpakumari K	Principal	M.Sc (N) Pediatric	2007	48819	04 Years	18 Years	09/12/2022	Yes	
2.	Prof. A Mangaiyarkarasi	Professor and Vice Principal	MSc (N) MSN	2003	3159	02 Years	21 Years	01/08/2025	Yes	
3.	Mrs. A S Pooja	Associate Professor	M.Sc (N) Pediatric	2017	RRRAJ20229851KAR	1.5 Years	7 Years	25/03/2022	Yes	
4.	Ms. Satyabala R	Associate Professor	M.Sc (N) MSN	2019	98265	02 Years	06 Years	25/05/2024	Yes	
5.	Mrs. Shyny P Samuel	Associate Professor	M.Sc (N) Pediatric	2016	55978	02 Years	06 Years	12/04/2024	Yes	
6.	Mrs. Rajeshwari B	Assistant Professor	M.Sc (N) OBG	2021	124083	02 Years	04 Years	01/10/2025	Yes	
7.	Mrs. Nisha N	Lecturer	M.Sc (N) M S N	2024	RRTMN201814691KAR	08 Years	01 Year	12/08/2024	Yes	
8.	Mr. Swamy G T	Lecturer	M.Sc (N) Community HN	2024	195195	03 Years	01 Year	01/10/2024	Yes	
9.	Mrs.Deepa H	Tutor	B.Sc (N)	2003	62503	18 Years		12/04/2024	Yes	
10.	Mrs. Doddamma R	Tutor	B.Sc (N)	2022	271969	2.5 Years		01/04/2025	Yes	
11.	Ms. Bincy baby	Tutor	B.Sc (N)	2021	112445	04 Years		12/04/2024	Yes	
12.	Mr. Ashokkumar S	Tutor	B.Sc (N)	2020	114394	03 Years		12/04/2024	Yes	
13.	Mrs. Deepa J	Tutor	B.Sc (N)	2023	159831	02 Years		12/04/2024	Yes	
14.	Ms. Bhavana J	Tutor	B.Sc (N)	2021	129501	02 Years		12/04/2024	Yes	
15.	Ms. Surama Rudra	Tutor	B.Sc (N)	2023	156596	02 Years		25/05/2024	Yes	
16.	Ms. Sukanya	Tutor	B.Sc (N)	2020	113484	05 Years		14/08/2025	Yes	
17.	Mr. Santu Khatua	Tutor	B.Sc (N)	2024	202504206	01 Year		01/10/2024	Yes	
18.	Ms.Titu Das	Tutor	B.Sc (N)	2024	161134	01 Year		01/10/2024	Yes	
19.	Mr. Durgaprasad Reddy	Tutor	B.Sc (N)	2022	134070	03 Years		18/08/2025	Yes	
20.	Ms. Mekala Nagaveni	Tutor	B.Sc (N)	2022	139579	03 Years		18/08/2025	Yes	
21.	Ms. Lilly Christina	Tutor	PBBSC (N)	2020	181367	04 Years		18/08/2025	Yes	
22.	Mr. Santosha U	Tutor	PBBSC (N)	2022	217997	02 Years		18/08/2025	Yes	

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23.	Mr. Amzad Hossain	Tutor	B.Sc (N)	2024	161137	01 Year		01/10/2024		Amzad.
24.	Mr. Pritam Kundu	Tutor	B.Sc (N)	2024	167893	01 Year		01/10/2024		Pritam
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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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
01	Enclosed	Enclosed	Enclosed	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)	**61,200 sq.ft**	verified
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**1800*4=7200 sq.ft 1600*1=1600 sq.ft 1100*1=1100 sq.ft**	verified
	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	**450 sq.ft**	verified
	2. Vice-Principal Chamber	200	**350 sq.ft**	
	3. HOD	5 x 200 = 1000	**1100 sq.ft**	
	4. Professor/Assoc. Prof	800+2400=3200	**1. 2*450=900 sq.ft 2. 2600 sq.ft Total= 3500 sq.ft**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**1100 sq.ft**	
	7. Accountants Office	**100**	**250 sq.ft**	
	8. Store Room	**100**	**250 sq.ft**	
	9. Record room	**100**	**150 sq.ft**	
	10. Room for maintenance staff	**100**	**200 sq.ft**	
	11. Xeroxing room	**100**	**120 sq.ft**	
	12. common room (Girls & Boys)	600+400= 1000	**2400 sq.ft**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3200 sq.ft**	
	14. Toilets	1000	**2100 sq,ft**	

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	15. A.V/Aids room	600	**850 sq.ft**	Verified

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	**60**	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**2100 sq.ft**	Verified
	Nutrition & Community Health Nursing	1200sq.ft	**1300 sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**1100 sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**1200 sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**1210 sq.ft**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1800 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**	Enclosed.
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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- 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
02	KA51 AF 7493 KA51 MW 3307	21 5	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	4600 sq.ft	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	3015	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	Yes
No of e-books	25	**How many books were purchased in last financial year?**	650

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Ms. Naveena M A	M.Lib	6 Years	Librarian
02	Mr. Aman Kumar	Diploma in Cs	1 Year	Assistant

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	**10**	Enclosed
Conferences conducted	**05**	
Conferences attended	**12**	

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* 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 **Blossom Multi-Specialty Hospital Hosa Rd, Naganathapura, Bengaluru, Karnataka 560100.** MOU(Registered parent hospital MOU)		101	7km	82%	Verified KPME - PCA-101 Beds.
NAME OF THE TRUST/ Person owning The Hospital Blossom Educational Charitable Trust **Dr. Suma Ranganath**					Verified.
Name Of The Owner Of The Trust of Hospital **Dr. Suma Ranganath**					Verified.
Affiliated hospitals- Full Name & Address of the Parent Hospital	**Prashanth Hospital 90/D, Hosur Rd, Bommanahalli, Bengaluru, Karnataka 560068**	100	13km	84%	Verified.
	(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).

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- With effect from 2022-23 AY, Nursing colleges **for Bangalore 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:

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	16	14	13	12
Surgery including OT	09	08	12	10
Obstetrics & Gynecology	06	05	05	03
Pediatrics,	05	04	05	04
Emergency Medicine	08	06	10	08
Psychiatry	01	00	00	00

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02	03	02
Minor OT	02	01	02	02
Dental, Otorhinolaryngology, Ophthalmology	03	03	05	05
Burns and Plastic	02	01	01	00
Neonatology care unit	01	01	01	01
Communicable disease/Respiratory medicine/TB & chest diseases	05	04	06	06
Dermatology	06	06	05	04
Cardiology	05	04	03	02
Oncology	05	03	04	03
Neurology/Neuro-surgery	01	01	01	00
Nephrology/Urology	06	04	05	04
ICU/ICCU	12	10	10	10
Geriatric Medicine	05	05	08	08
Any other	01	01	01	00

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

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

19	COMMUNITY HEALTH NURSING :Annexure – 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**Chandapura PHC**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**1Km**
b.	Services Rendered by Health & Family Welfare Programmes	**Yes**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**Anekal Government Hospital**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**10Km**
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** ☐
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)**

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	**71,620Sq.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 : 134**	**Boys : 85**
f.	Total No. of rooms	**Girls : 74 Rooms**	**Boys : 24 Rooms**
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)**

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.	✓		

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

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

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

LIC Team Observations:

Green City college of Nursing - Continuation Application - 60 set

Trust: Green City Charitable trust Reg - 2016.
Chairman - Sreevas Lakmans with 5 member.

College: Building area 61200 sqft, with 5 class room, 5 - Labs, 1 - Comp lab, 1 - A-V Aids, 1 - seminar hall, library with 3000 books. Canteen Available.

Hospital: Parent - Blossom multi specaility Hospital with 101 bed as per PCB, Dr. Suma Lokanath is member of Trust & Hospital board directer. Hospital at 7 km

Affiliated hospital: Narayanth Hospital with 100 bed @ 13 km

vehicle - 26 seater bus available

Faculty: Total 24 available :
1 - Principal
1 - Vice principal
3 - Asso prof
1 - Asst
Tutor - 18.

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 Green City 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 26/8/25 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)

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

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)**

BLOSSOM HOSPITAL
Your family healthcare partner
Reg No. DHO (BH) PR/107/12-13

Ref :- BMH/2025/08/C-01

26/08/2025

UNDERTAKING

I, **Dr. Suma Ranganath** is the Owners of the **Blossom Multi-Specility hospital** situated at Hosa Road, Naganathpura, Bangalore-560100.

This is to confirm that our **Blossom Multi-Specility hospital** is registered under KPMEA and PCB with **101** beds and the bonafide certificate has been attached.

This is to confirm that the hospital is functioning as parent hospital for Green City College of Nursing.

We also confirm that our hospital is solely affiliated to Green City College of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Suma Ranganath

Ph:080-27835319
080-27832379

GREEN CITY COLLEGE OF NURSING

Affiliated to RGUHS and Recognised by KSNC & INC

Ref, GCON/2025-26/I-01 Date : 26/08/2025

UNDERTAKING

We the Chairman/President/Secretary/Member of the trust **Green Charitable and Educational Trust** are submitting the affidavit to university.

The trust Green Charitable and Educational Trust is running/managing the colleges Green City College of Nursing since 2003.

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.

PRINCIPAL
GREEN CITY COLLEGE OF NURSING
259/B, Bommasandra Industrial Area,
Hosur Road, Bangalore - 560 099.

GREEN CITY COLLEGE OF NURSING
No.:
Date :
BANGALORE