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. NAVEEN.S	DR. CHANDRASHEKHAR M.V	PROF. SOMASHEKHAR NIDAGUNDI
Designation	PROFESSOR	CHAIRMAN OF BOS PHARM D. PROFESSOR & HOD OF PHARMACOLOGY	PRINCIPAL OF TMAE SOCIETY'S COLLEGE OF NURSING
Address	SRI CHAMUNDESHWARI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE,BENGALURE	BVVS HANAGAL SHRI KUMARESHWARA COLLEGE OF PHARMACY, BAGALKOT	P B NO-54, KARIGANOOR POST SANKALAPURA, BELLARI ROAD, HOSPETE - 583201
Mobile No	9886634170	9880298342	9886937297
Email ID	nvin73@gmail.com	chandupharm@yahoo.com	

Inspection For the Academic Year : 2025-2026 *Date of Inspection: 28/08/2025*

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation	-	4. Re-Inspection	-
	2.Continuation of Affiliation	✓	5.Surprise Inspection	-
	3.Enhancement of Seats	-	6. Change of Name/Address	-
	7. Additional Course (M.Sc Nursing) only.	-		
Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	-
	3. M.Sc. Nursing	-	4. M.Sc. NPCC	-

1	Name of the Institution with Full Address	ST. MARY'S COLLEGE OF NURSING Mandur (V), Virgonagar Post, Devanahalli Road, Hoskote, Bangalore. PINCODE-560049	2	Year of Establishment 2003
2	Status of the course conducting body	Society		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

3	(a). Name of the Society postal address & Phone number	KAMMANAHALLI ST. MARY'S EDUCATIONAL SOCIETY Mandur (V), Virgonagar Post, Devanahalli Road, Hoskote, Bangalore -560049 (Enclose copy of Registration documents of Society/Trust) Annexure – 1	
		Email: marybsccon@gmail.com	Website: www.stmsonsg.com
		Office No: 08028470060	Mobile No: 9740505555
	(b). Name of the Chairman of Society & Phone No	MR. VISHNU KUMAR 9740505555	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 7 (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: PROF. MOCHE SANTHAMMA Qualification: M.Sc. Nursing Experience after MSc: 17 years Email: raani.santhamma@gmail.com	Mobile No: 9880758078 Office No: 08028470060 Fax No: 08028470061 Residential phone No:
	b) Drawing authority of the college	Mr. Vishnu Kumar	Mobile No: 9740505555

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	UG Continuation	-	-	-	-	220050.00
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	220050.00

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.	-	-
	2.	-	-
	3.	-	-
	4.	-	-
	5.	-	-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

		Total (B)	-
NPCC			-
		Total (C)	-
		Grand Total (A+B+C)	-

Online Transaction Number or Details:

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	GOK-HFW – 392/MPS 2003 Date-24-12-2003 Annexure - 5	RGU/AFF/NSG/ CoA/01/2024-25 Annexure - 6	1157 – 4-2004, KNC NO: 1157/2005 Annexure - 7		
	Affiliation Sanctioned Intake	60	60	60	-	
	Admissions Made for the Current Academic Year	37	37	37	-	
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 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	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Prof. Sonia Shekhar

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	-	-	-	-	

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	12	25	33	32	102
	Female	23	30	25	28	106
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.

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc. (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		19							
	Total	**16-24**	**24-40**				**4-12**			26							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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

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.	PROF. SANTHAMMA MOCHE	PRINCIPAL	M.SC. (MSN)	2008	965	03	17	24/01/2018	Yes	
2.	MRS. KAVITHA B R	VICE-PRINCIPAL	M.SC. (OBG)	2013	21488	02	12	02/01/2020	Yes	
3.	MRS CHAITRA.R	ASST. PROFESSOR	M.SC. (MHN)	2020	83687	01	05	14/02/2024	Yes	
4.	MRS. DODDAMMAIAH B. K	PROFESSOR	M.SC. (PAEDIATRIC NSG.)	2020	65161	04	06	15/02/2024	Yes	
5.	MRS. MERLIN THAMPY	ASST PROFESSOR	M.SC. (MSN)	2021	65612	05	04	20/02/2024	Yes	
6.	MR. GAVIT SANDIP ZALYA	ASST PROFESSOR	M.SC. (CHN-II)	2023	105906	03	02	01/03/2023	Yes	
7.	MR. ADIL AHMAD MIR	ASST. PROFESSOR	M.SC. (MSN)	2025	127409	01	-	02/07/2025	-	
8.	MRS. SOWMYA B	LECTURER	B.SC. NSG.	2009	21620	16	-	01/03/2022	Yes	
9.	MR. DARSHANA. B. N	LECTURER	B.SC. NSG.	2011	43203	14	-	11/03/2024	Yes	
10.	MRS. PUGAZHANTHI.M	LECTURER	B.SC. NSG.	2012	126592	13	-	01/12/2021	Yes	
11.	MRS. KAVITHA SHALINI R	LECTURER	B.SC. NSG.	2012	57751	13	-	16/09/2021	Yes	
12.	MR. VITOBAREVANAKAR. G	LECTURER	B.SC. NSG.	2012	48691	13	-	01/02/2024	Yes	
13.	MRS. RASHMI	LECTURER	B.SC. NSG.	2015	72701	10	-	01/03/2023	Yes	
14.	MRS. ASHWINI R	LECTURER	B.SC. NSG.	2016	81999	09	-	03/01/2025	Yes	
15.	MRS. MANJULA DEVI. C. H	LECTURER	PB.B.SC. NSG.	2020	152772	05	-	04/03/2024	Yes	
16.	MS. MACWAN SHEETALBEN JOHNBHAI	NURSING TUTOR	B.SC. NSG.	2022	142866	03	-	12/11/2022	Yes	
17.	MS. SUSHMITA TUDU	NURSING TUTOR	B.SC. NSG.	2022	143677	03	-	12/11/2022	Yes	
18.	MRS. NUTHANA T. R	NURSING TUTOR	B.SC. NSG.	2022	140474	03	-	01/03/2024	Yes	
19.	MS. GAYITHRI	NURSING TUTOR	B.SC. NSG.	2022	135374	03	-	06/09/2024	Yes	
20.	MS. GAGANA. H. M	NURSING	B.SC. NSG.	2022	135367	03	-	06/09/2024	Yes	

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

		TUTOR								
21.	MR. RAKESHA.S	NURSING TUTOR	PB.B.SC. NSG.	2023	205006	02	-	01/03/2024	Yes	
22.	MR. ALLAPPA.	NURSING TUTOR	PB.B.SC. NSG.	2023	91102	02	-	01/03/2024	Yes	

23.	MR. SUMIT VERMA	CLINICAL INSTRUCTOR	B.SC. NSG.	2024	171499	-	-	03/02/2025	No	
24.	MR. THARUN	CLINICAL INSTRUCTOR	B.SC. NSG.	2024	168439	-	-	03/02/2025	No	
25.	MS. DIPANWITA ROY	CLINICAL INSTRUCTOR	PB.B.SC. NSG.	2024	258326	-	-	01/02/2025	No	
26.	MR. DINANATH JANA	CLINICAL INSTRUCTOR	PB.B.SC. NSG.	2024	178575	-	-	02/04/2025	No	
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

- **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
1	DR. MANJUNATH	MASTER OF SURGERY	APPLIED ANATOMY AND PHYSIOLOGY	120	
2	MRS. K MADHAVI	M.A PSYCHOLOGY	PSYCHOLOGY	60	
3	MRS. LORRAINE SONIA	M.SC MICROBIOLOGY	MICROBIOLOGY	80	
4	MR. KIRUBAGARAN	M.A ENGLISH	ENGLISH	40	
5	MR. RAVI	M.A KANNADA	KANNADA	20	
6	MRS. SRIEDEVI	M.A SOCIOLOGY	SOCIOLOGY	60	
7	MR. MOHAN	M.COM	INTRODUCTION TO COMPUTER	20	
8	MR. PURNENDU KUMAR	MSC IN STATISTICS	STATISTICS	30	
9	MRS. DHANADSHREE SHASHIKANI GONDKAR	MASTER OF PHARMACY	PHARMACOLOGY & PATHOLOGY	100	
10	MR. BHASKAR GAONKAR	M.Sc. BIOCHEMISTRY	APPLIED BIOCHEMISTRY	40	
11	MR. RAJESH	MASTER IN SURGERY	PATHOLOGY AND GENETICS	40	

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)	23,200 sq.ft (40 – 60 intake)	**23,244** 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	**3600** 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** 600 sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300** Sq. Ft.	✓
	2. Vice-Principal Chamber	200	**200** Sq. Ft.	✓
	3. HOD	5 x 200 = 1000	**1044** Sq. Ft.	✓

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

	4. Professor/Assoc. Prof	800+2400=3200	**3200** Sq. Ft.	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600** Sq. Ft.	✓
	7. Accountants Office	**100**	**100** Sq. Ft.	✓
	8. Store Room	**100**	**100** Sq. Ft.	✓
	9. Record room	**100**	**100** Sq. Ft.	✓
	10. Room for maintenance staff	**100**	**100** Sq. Ft.	✓
	11. Xeroxing room	**100**	**100** Sq. Ft.	✓
	12. common room (Girls & Boys)	600+400= 1000	**1000** Sq. Ft.	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000** Sq. Ft.	✓
	14. Toilets	1000	**1000** Sq. Ft.	✓
	15. A.V/Aids room	600	**600** Sq. Ft.	✓

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	**1600** Sq. Ft.	✓
	Nutrition & Community Health Nursing	1200sq.ft	**1200** Sq. Ft.	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	**1100** Sq. Ft.	✓
	Pediatrics Nursing Laboratory	900sq.ft	**900** Sq. Ft.	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	**900** Sq. Ft.	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500** Sq. Ft.	✓

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents:

Annexure – 12

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

SL. NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	
2	Is the college building 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	Sale deed / Lease deed of the building / Land.	
7	Land Conversion order from DC	
8	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
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1.	KA53D4555	26	Yes	Yes	Yes
2.	KA03D4587	52	Yes	Yes	Yes

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	2000 Sq.Ft	YES [-] No [✓]	Adequate	Adequate	

Total No. of Nursing Books available	2754	**No. of Nursing Journals subscribed**	09
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?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs. NEETU SINGH	B.LLB	3 YEARS	-
2.	MISS. MANJU HASDA	B.LLB	2 YEARS	-

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

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**	-
Conferences conducted	-	-
Conferences attended	-	-

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.	Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU) ALTOR HOSPITALS, HLMV HEALTH CARE LLP, KRISHNARAJAPURAM, BANGALORE	100	5 KMS	80%	
NAME OF THE TRUST/ Person owning The Hospital DR. VINAYAKA ALUR				

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

Name Of The Owner Of The Trust of Hospital. DR. VINAYAKA ALUR					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1.TALUK GENERAL HOSPITAL, HOSKOTE	100	12 KMS	85%	
	2.CADABAMS HOSPITALS KANAKAPURA MAIN ROAD, BANGALORE	662	30 KMS	92%	
	3. AVALAHALLI CHC AND MANDUR PHC (MOU/Clinical permission letter)	15 & 8	3 KMS & 1 KM	78%	

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

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

Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	12	85%	10	85%
Surgery including OT	08	85%	08	85%
Obstetrics & Gynecology	07	85%	07	85%
Pediatrics,	09	85%	05	85%
Emergency Medicine	04	85%	04	85%
Psychiatry	-	-	-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	85%	02	85%
Minor OT	2	85%	03	85%
Dental, Otorhinolaryngology, Ophthalmology	04	85%	04	85%

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

Burns and Plastic	02	85%	02	85%
Neonatology care unit	04	85%	04	85%
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	02	85%
Dermatology	-		02	85%
Cardiology	02	85%	02	85%
Oncology	05	85%	03	85%
Neurology/Neuro-surgery	05	85%	07	85%
Nephrology/Urology	08	85%	10	85%
ICU/ICCU	15	85%	12	85%
Geriatric Medicine	-	-	03	85%
ORTHO	10	85%	10	85%

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

19	**COMMUNITY HEALTH NURSING :Annexure - 17**	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**PHC MANDUR**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**1 KM**
b.	Services Rendered by Health & Family Welfare Programmes	**General Health and Family Welfare Services and Statistics**
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**CHC AVALAHALLI**
	Adopted / Affiliated	**AFFILIATED**
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**3 KMS**
b.	Services Rendered by Health & Family Welfare Programmes	**General Health and Family Welfare Services and Statistics**
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** ☐

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

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 ✓	☐
b.	Daily Attendance Registers	YES ✓	☐
c.	Health Records	YES ✓	☐
d.	Clinical and field experience record	YES ✓	☐
e.	Practical record books - procedure record	YES ✓	☐
f.	Practical record books - Midwifery case book	YES ✓	☐
g.	Leave record	YES ✓	☐
h.	Extracurricular activities of students	YES ✓	☐
i.	Cumulative record of each	YES ✓	☐
j.	Course planning of each subject	YES ✓	☐
k.	Rotation plans	YES ✓	☐
l.	Committee Meetings	YES ✓	☐
m.	Affiliation records	YES ✓	☐
n.	Records of Stock	YES ✓	☐
o.	Annual report of activities and achievements	YES ✓	☐
p.	Staff development programmes	YES ✓	☐
q.	Anti ragging committee	YES ✓	☐
r.	Student welfare committee	YES ✓	☐
s.	POSHE Committee	YES ✓	☐
t.	Prevention of Gender harassment committee	YES ✓	☐

23	**Hostel Facilities :Annexure - 12**

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

a.	Whether the college is having a separate Hostel?	YES ✓	☐
b.	Built-up area of the Hostel	47610 Sq.ft	
c.	Is the Hostel Owned or Rented?	YES ✓	NO ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	☐
e.	Total No. of students in the hostel	Girls : 106	Boys : 102
f.	Total No. of rooms	Girls : 21	Boys : 20
g.	Water Supply	YES ✓	☐
h.	Electricity Supply	YES ✓	☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	☐
j.	Is Sick room available?	YES ✓	☐
k.	Whether the hostel mess is available with	YES ✓	☐
l.	Safe drinking water facilities	YES ✓	☐

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	✓		

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

Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
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: St. Mary's College of Nursing meets the requirements of RGUHS in terms of Infrastructure, faculty, equipments and clinical material in the parent & affiliated hospitals for continuation of affiliation (BSc Gen) for the year 2025-2026.

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 St. Mary's 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 28/8/25 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)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading. Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

***Note Undertaking should be given in affidavit**

Copy Enclosed.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

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

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Altor – 30 yrs Affidavit

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA80410732674521W
Certificate Issued Date	:	28-Nov-2024 04:59 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ K R PURAM1/ KA-SV
Unique Doc. Reference	:	SUBIN-KAKAGCSL0801555415478124W
Purchased by	:	Dr VINAYAKA ALUR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr VINAYAKA ALUR
Second Party	:	CHAIRMAN OF ST MARYS SCHOOL AND COLLEGE NURSING
Stamp Duty Paid By	:	Dr VINAYAKA ALUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA K.R.PURAM BRANCH Authorized Signatory

Please write or type below this line

AFFIDAVIT

I, **Dr. VINAYAK ALUR**, Director of Altor Hospital, HLMV HEALTHCARE LLP Address at :No. 23 and 24, Krishnarajapuram, Bangalore-560036, do hereby make this promise on oath as follows:-

I am director/Doctor of Altor Hospital , I have been granted registration as under Karnataka Private Medical Establishment amended act 2018 and Rules 2018 and registered for providing medical services as Hospital Specialty Services under Allopathy system of Medicine and I am member of Kammanahalli St Mary's Educational Society, Bangalore.

I state that our Hospital has been tied up with ST MARY'S SCHOOL AND COLLEGE OF NURSING, Bangalore, 560049. , for the period of 30 years, from the date of this Affidavit.

I further declare that we have giving Clinical postings for both St Mary's College Of Nursing Bangalore and St Mary's School Of Nursing Bangalore, other than above said School and College, we have not tied up with any other colleges.

I swear this affidavit to submit before the concerned authority.

What is stated above is true and correct to the best of my knowledge, information and belief.

Date : 28.11.2024

Place : Bangalore

For HLMV HEALTHCARE LLP

DEPONENT
Partner

"SWORN TO BEFORE ME"

S. SUBASHINI, B.Sc., LL.B
ADVOCATE & NOTARY PUBLIC
GOVT OF INDIA
No 402, 3rd Floor,
Mathrushree Silver Oak Apartment
Kamasree Layout, Medahalli Layout
BENGALURU 560049

ALTOR HOSPITAL
(HLMV HEALTH CARE LLP)
23 & 23A, Near T.C. Palya Signal
K.R. Puram, Bengaluru - 560 03
Karnataka

CERTIFICATE OF REGISTRATION

This is to certify that [illegible] located at [illegible]

owned by [illegible] has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a [illegible] under [illegible] system of medicine.

Number of Beds : 100

Reg No: [illegible]

Date of Issue: [illegible]

Valid Till: [illegible]

Place: [illegible]

Signature valid
Digitally signed by
Date: 2024-[illegible] 12:00:51 +05:30

Member Secretary And District Health And Welfare Officer
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
[illegible]n

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