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	Prof. VAISHALI SREEJITH	C.S. Sawan	DEVINAYAPPA
Designation	VICE PRINCIPAL	Prof.	Principal
Address	DR M.V. SHETTY COLLEGE OF PHYSIOTHERAPY, KULUR, MANGALORE -	R.R.K.'S College of Pharmacy Bidar	Smt NAGARATHNA MMA College of Nsg
Mobile No	9845325069	8050396080	7204646708
Email ID	vaishalisreejith9@gmail.com	csawan888@gmail.com	devinayappan@acharya-ac.in

Inspection For the Academic Year : 2025 – 2026 *Date of Inspection:* 19/8/25

(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	60
	3. M.Sc. Nursing	29	4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	KOSHYS COLLEGE OF NURSING No.31/1, KADUSONNAPANAHALLI P.O HENNUR BAGALUR ROAD, BANGALORE-560077	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**	KOSHYS EDUCATIONAL TRUST, C/o KOSHYS HOSPITAL T.C.PALAYA MAIN ROAD, K R PURAM HOBLI, BANGALORE 560036 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: info@kgi.edu.in	**Website:** www.kgi.edu.in	
		Office No: 8088660000	**Mobile No:** 9731590156	

19/8/25
Signature of Chairman
PROF. VAISHALI SREEJITH

Signature of Member (1)

19/8/25
Signature of Member (2)
SUBJECT EXPERT

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. SANTHOSH KOSHY. 9731590156.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 4. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. SEREENA SHAJI. Qualification: MSc (N), PhD Nursing Experience after MSc: 22 years. Email: principal.kcn@kgi.edu.in	Mobile No: 9341274120. Office No: 8088660000 Fax No: – Residential phone No: –	
	b) Drawing authority of the college	Principal		

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation	195050	+1000		25,000.	4,17,100/–
Post Basic B.Sc. Nursing	"	195050	+1000			
					Total (A)	4,17,100.

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty		
	1. Medical Surgical Nursing.	8 X 2000		
	2. Child Health Nursing.	8 X 2000	29 X 2000	– 58,000 + 50.
	3. Community Health Nursing.	5 X 2000		
	4. OBG Nursing	8 X 2000		+ 25,000
	5.	Helinet – 25,000		= 84,050.
			Total (B)	
NPCC				
			Total (C)	5,01150.
			Grand Total (A+B+C)	

Online Transaction Number or Details: ZHDFAWW08U9PXL.

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

Remarks: Verified the reciepts & Enclosed

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA NO-341 12/12/2003. Annexure - 5	20/9/2024. Annexure - 6	- Annexure - 7	31/12/2024. Annexure - 8	Verified
	Affiliation Sanctioned Intake	60	60	60	60.	
	Admissions Made for the Current Academic Year	55.				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA 234. 27/5/10. 2010. Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Sanctioned Intake	60.	60	60		
	Admissions Made for the Current Academic Year	55.				
M.Sc. Nursing in a. Community Health 5 b. Medical Surgical 8 c. OBG 8 d. Paediatric 8 e. Psychiatry	Approval Letter No. and Date	375 M. 25/1/2008 Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Sanctioned Intake	29.	29	29.		
	Admissions Made for the Current Academic Year	10.				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	10	9	10	4	33
	Female	45	51	46	50	196
Post Basic B.Sc Nursing	Male	7	3	–	–	10
	Female	48	23	–	–	71
M.Sc Nursing	Male	2	1	–	–	3
	Female	8	17	–	–	25
M.Sc NPCC	Male	NA				
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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 of the Students verified

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*		3							
4	Associate Professor	2	2-4					1*		6							
5	Assistant Professor	3	3-8				2	3*		4							
6	Tutor	8-16	16-24				2-10	--		26							
	Total	**16-24**	**24-40**				**4-12**			41							

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**				

→ Staff Declaration forms verified

→ Principal documents verified

→ Staff Attendance & biometric verified

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 SEREENA SHAJI	PRINCIPAL/ PROFESSOR	CHN	2005	05548	–	20YRS	05/12/2016	YES	
2.	MS MELBA ELIZABTH K	ASSO PROF/ VICE PRINCIPAL	MSN	2013	44169	–	12YRS	13/11/2015	YES	
3.	MS MINI MATHAI	PROFESSOR	OBG	2009	50130	–	16YRS	11/06/2018	YES	
4.	DR JEAN TRESA.J	PROFESSOR	MSN	2004	31862	–	14YRS 8MON	28/08/2023	YES	
5.	MS JHANSI RANI J	ASST. PROFESSOR	CHN	2010	002437	–	14YRS	01/12/2020	YES	
6.	MS LINTA THOMAS	ASST. PROFESSOR	MSN	2017	69180	–	8YRS	19/04/2018	YES	
7.	MS TINA ANN JOHN	ASSO. PROFESSOR	CHN	2011	6653	–	14YRS	01/12/2022	YES	
8.	MS HANNAH ROSELINE D	ASSO PROFESSOR	OBG	2014	8318	–	11YRS	04/04/2022	YES	
9.	MS. MARY ANITHA	ASSO PROFESSOR	CHN	2013	17157	–	12YRS	08/03/2025	YES	
10.	MS. RENUKA DEVI MURTHY	ASSO PROFESSOR	MSN	2014	8212	–	11YRS	03/02/2025	YES	
11.	MS. ANCY JOSE	ASSO PROFESSOR	CHN	2014	5213	–	11YRS	25/07/2016	YES.	
12.	MS. CHAITHANYA V	ASST PROFESSOR	MSN	2019	11240	–	6YRS	21/10/2024	YES	
13.	MR RENJITH	ASST PROFESSOR	MHN	2018	27889	–	7YRS	06/01/2025	YES	
14.	MS KUNCHE HANNAH	LECTURER	CHN	2021	5836	–	3YRS	10/05/2023	NO	
15.	MS. PREETHI PJ	ASST LECTURER	Bsc.(N)	2018	93068	1YR	–	18/02/2019	NO	
16.	MS NEELA	ASST LECTURER	Bsc.(N)	2023	159708	1YR 10 MON	–	06/01/2024	NO	
17.	MS SEBIN PHILIPOSE	ASST LECTURER	Bsc.(N)	2015	117172	3YRS	–	17/08/2022	NO	
18.	MS ASWATHI MS	ASST LECTURER	Bsc.(N)	2021	125887	3YRS	–	01/01/2023	NO	
19.	MR RAHUL	ASST LECTURER	Bsc.(N)	2014	63689	2YRS	–	01/07/2025	NO	
20.	MS. MINU MATHEW	ASST LECTURER	Bsc.(N)	2025	178487	1MONTH	–	14/07/2025	NO	
21.	MS NICE MOL BABY	ASST LECTURER	Bsc.(N)	2025	173337	7 MONTHS	–	06/01/2025	NO	
22.	MS. STEPHY MALL	ASST LECTURER	Bsc.(N)	2023	158877	5 MONTHS	–	02/03/2025	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	MR FRANCIS VB BOHA	ASST LECTURER	BSc (N)	2024	162347	7 MONTHS	-	08/01/2025	NO	
24.	MS NISHMA K	ASST LECTURER	BSc (N)	2021	112936	6 MONTHS	-	16/02/2025	No	
25.	MS BESSY JOHNY	ASST LECTURER	BSc (N)	2023	145430	5 MONTHS	-	15/03/2024	NO	
26.	MS JOLSANA JOSE P	ASST LECTURER	BSc (N)	2014	53222		-	03/08/2025	NO	
27.	MS PAVITHRA M	ASST LECTURER	BSc (N)	2019	8625	4 MONTHS	-	14/04/2025	NO	
28.	MS ALPHONSE ROSE MATHEW	ASST LECTURER	BSc (N)	2024	190060-223	4 MONTHS	-	20/04/2025	NO	
29.	MS AIKA YOHANNAN	ASST LECTURER	BSc (N)	2024	174996	3 MONTHS	-	09/05/2025	NO	
30.	MS SOUMILI ADHIKARY	ASST LECTURER	BSc (N)	2024	182369	3 MONTHS	-	06/05/2025	NO	
31.	MS SUBARNA MAJI	ASST LECTURER	BSc (N)	2024	2050-203	3 MONTH	-	09/05/2025	No	
32.	MS SONY VANDANA JACOB	ASST LECTURER	BSc (N)	2024	174132	3 MONTH	-	10/05/2025	NO	
33.	MS JEREENA M	ASST LECTURER	BSc (N)	2018	84069	1YR 6MON	-	01/06/2025	NO	
34.	MS MEGHA DILEEP	ASST LECTURER	BSc (N)	2023	155303	10 MON	-	11/10/2024	NO	
35.	MS NANEESHA MARTIN	ASST LECTURER	BSc (N)	2024	162832	10 MONTHS	-	20/11/2024	NO	
36.	MS JINCY ANIYAN	ASST LECTURER	BSc (N)	2023	155346	1 YR 4 MON	-	20/04/2024	NO	
37.	MS AMIL JOSEPH	ASST LECTURER	BSc (N)	2021	129095	3YR 2 MON	-	01/06/2022	NO	
38.	MS ALOKPARNA GHOSH	ASST LECTURER	BSc (N)	2024	172912	2 MONTHS	-	06/05/2025	NO	
39.	MS SHAYISTA KHANOM	ASST LECTURER	BSc (N)	2019	101890	—	-	04/08/2025	NO	
40.	MR SATHIYA RAJ G	ASST LECTURER	BSc (N)	2023	186442	—	-	04/08/2025	NO	
41.	MS ALANA SHAJU	ASST LECTURER	BSc (N)	2024	173801	—	-	08/08/2025	NO	
42.										
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	—	ENCLOSED	—	—	VERIFIED

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)	36000 sq ft.	Checked
	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	800 sq ft.	Available
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	800 sq ft.	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600 sq ft.	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	500 sq ft.	Available
	2. Vice-Principal Chamber	200	300 sq ft.	
	3. HOD	5 x 200 = 1000	3x300 1000	
	4. Professor/Assoc. Prof	800+2400=3200	3x300 6x300 1x550 = 3250.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600.	
	7. Accountants Office	**100**	100.	
	8. Store Room	**100**	100.	
	9. Record room	**100**	100.	
	10. Room for maintenance staff	**100**	100.	
	11. Xeroxing room	**100**	100.	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	300.	
	14. Toilets	1000	1000	

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

	15. A.V/Aids room	600	–	–

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

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	✓
2	**Is the college building own or leased ?**	own
3	**Blue print of the building plan approved and attested by competent authority.**	✓
4	**Building construction license from competent authority**	✓
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy certificate.**	✓
7	**Sale deed / Lease deed of the building / Land.**	✓
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

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

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	- Enclosed -		~~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	2200sq ft	YES ☑ No ☐	Available	Available	Verified

Total No. of Nursing Books available	2818	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	153	**Is internet facility available for Students?**	yes
No of e-books	2000+	**How many books were purchased in last financial year?**	92

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mr. Anand D	M LISc	09 years	Verified

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	Enclosed -	Verified

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

Conferences conducted	Enclosed.	Verified
Conferences attended		

* 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 Koshys Multi-speciality Hospital, T. C. Palaya Road. Rammurthy Nagar. MOU(Registered parent hospital MOU) Attached.	100.	12 kms.	80-90%.	Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Santhosh Koshy Koshys Educational Trust.				Verified
Name Of The Owner Of The Trust of Hospital Dr. Santhosh Koshy.				Verified
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 Manipal Hospital Hebbal Bangalore.	100	8 kms	90%.	Verified
2 Sparsana Hospitals Pvt. Ltd. Mysore Road Bangalore-39.				Verified
3				

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

	(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.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

→ The college has its own hospital managed the same trust & chairman

→ KPMEA & PCB Certificate verified. It is 100 Bedded.

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	12		10	
Surgery including OT	10		10	
Obstetrics & Gynecology	15	80%	8	
Pediatrics,	10		5	
Emergency Medicine	06		6	
Psychiatry			150	

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02		04	
Minor OT	02		04	
Dental, Otorhinolaryngology, Ophthalmology	05		04	
Burns and Plastic	—		—	
Neonatology care unit	05	80%	06	
Communicable disease/Respiratory medicine/TB & chest diseases	—			
Dermatology	—		—	
Cardiology	05		10	
Oncology	02		06	
Neurology/Neuro-surgery	06		07	
Nephrology/Urology	10		10	
ICU/ICCU	10		10	
Geriatric Medicine	—		—	

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Kadosonapanahalli PHC.
Adopted / Affiliated		
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2 km.
b. Services Rendered by Health & Family Welfare Programmes		Enclosed
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red 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** Enclosed		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

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

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

f.	Practical record books - Midwifery case book	YES ✓	NO ☐
g.	Leave record	YES ✓	NO ☐

h.	Extracurricular activities of students	YES ✓	NO ☐
i.	Cumulative record of each	YES ✓	NO ☐
j.	Course planning of each subject	YES ✓	NO ☐
k.	Rotation plans	YES ✓	NO ☐
l.	Committee Meetings	YES ✓	NO ☐
m.	Affiliation records	YES ✓	NO ☐
n.	Records of Stock	YES ✓	NO ☐
o.	Annual report of activities and achievements	YES ✓	NO ☐
p.	Staff development programmes	YES ✓	NO ☐
q.	Anti ragging committee	YES ✓	NO ☐
r.	Student welfare committee	YES ✓	NO ☐
s.	POSHE Committee	YES ✓	NO ☐
t.	Prevention of Gender harassment committee	YES ✓	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✓	NO ☐
b.	Built-up area of the Hostel	Sq.ft	
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 : 428.	Boys : 154.
f.	Total No. of rooms	Girls : 120	Boys : 45
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 Library Books & 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	✓		

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

	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 visited the college at the said address by RGUHS.
→ Trust Documents verified, registered & notarised
→ Geo Tag Photos Enclosed
→ Infrastructure is sufficient
→ Labs are available & are equipped
→ Classrooms available for all courses
→ Library sufficient & is as per norms
→ Staff Declaration forms verified.
→ Principal documents verified
→ Trust has its own hospital run by same management.
→ KPHCA & PCB Certificate verified. It is 100 Bedded hospital
→ Hostel facility & Transport facility Available
→ MOU with other hospital also available

19/8/25

Signature of Chairman
PROF. VIJESHAN PREETHI

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 KOSHY'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 19/8/25 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)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13443093576053X**
Certificate Issued Date	:	09-Aug-2025 11:16 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ BAGALURU5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842096502148877X
Purchased by	:	DR SANTHOSH KOSHY OWNER AND MD KOSHYS HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SANTHOSH KOSHY OWNER AND MD KOSHYS HOSPITAL
Second Party	:	RGUHS
Stamp Duty Paid By	:	DR SANTHOSH KOSHY OWNER AND MD KOSHYS HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA BAGALURU BRANCH Authorized Signatory

NOTARY D. SARALAKUMARI Reg. No. 10192 BENGALURU KARNATAKA GOVT. OF INDIA

UNDERTAKING

I, Dr. Santhosh Koshy am the **Owner and MD** of the **Koshys Hospital** situated at **Ramamurthy Nagar, Thambuchetty Palya Main Road**.

This is to confirm that our Koshys hospital is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

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

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

The information provided by us is true and correct.

Deponent

NOTARY
D. SARALAKUMARI
Reg. No. 10192
BENGALURU
KARNATAKA
GOVT. OF INDIA

ATTESTED BY ME

D. SARALA KUMARI, B.A.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 391, EWS 14th 'B' Cross,
Yelahanka New Town,
BANGALORE - 560 064

9/8/25

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA13443554110330X**
Certificate Issued Date	:	09-Aug-2025 11:16 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ BAGALURU5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842093486647127X
Purchased by	:	DR SANTHOSH KOSHY CHAIRMAN KOSHYS EDUCTIONAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SANTHOSH KOSHY CHAIRMAN KOSHYS EDUCTIONAL TRUST
Second Party	:	RGUHS
Stamp Duty Paid By	:	DR SANTHOSH KOSHY CHAIRMAN KOSHYS EDUCTIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorized Signatory

NOTARY D. SARALAKUMARI Reg. No. 10192 BENGALURU KARNATAKA GOVT. OF IND

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I the **Chairman** of the **Koshys Educational Trust** is submitting the affidavit to University.

The **Koshys Educational Trust** is running/managing the colleges

1. Koshys College of Nursing, since **22** years
2. Koshys Institute of Allied Health Sciences, since **6** 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 faculties 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.

Deponent

KOSHYS EDUCATIONAL TRUST
BANGALORE
562140
BANGALORE

NOTARY
D. SARALA KUMARI
Reg. No. 19192
BANGALURU
KARNATAKA
GOVT. OF INDIA

ATTESTED BY ME

D. SARALA KUMARI, B.A.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 391, EWS 14th 'B' Cross,
Yelahanka New Town
BANGALORE - 560 064

9/8/25