



INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Mr. Srinivasan Vely	DR. ANU THOMAS	Dr. Muthalyappa R.
Designation	senior Member	PRINCIPAL	Professor
Address	No 740, 1st Cross, 2nd main Kereemangala 8th Block Bangalore - 95	NALAPAD C. of Hwy YELAHANKA	Sarabha Institute Mysore Bangalore
Mobile No		9880471831	9886120067
Email ID		anuthom5477@gmail	muthalyappa@jai.com

Inspection For the Academic Year : 2025 - 26

Date of Inspection: 4/8/25

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

1	Name of the Institution with Full Address	Heartland College of Nursing, #1357, 15 th Cross, Anjaneya Temple Street, RK Hegde Nagar, Dr. SK Nagar Post, Bangalore, Karnataka.	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	Shekhar Medical and Educational Trust, A/o : 81, Bull Temple Road, Basavanagudi Bangalore - 19. (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
	Email:	heartlandcolleges nursing2017@gmail.com	Website:	-	
	Office No:		Mobile No:	9845247297	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

ANU THOMAS

A/c member

9880471831

Dr. Muthalyappa
Subcom Bangalore

(b). Name of the president/Secretary/Chairman of Trust/Society & Phone No	MALLINATH GOLA 9845247297		
4 Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 05 (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: <u>Bhenuja August A</u> Qualification: <u>M.Sc (N)</u> Experience after MSc: <u>15 years</u> Email: <u>augusta.atul@gmail.com</u>	Mobile No: <u>9036455674</u> Office No: <u>-</u> Fax No: <u>-</u> Residential phone No: <u>-</u>	
b) Drawing authority of the college	MALLINATH GOLA		
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	Administrati ve Charges	Helinet Inst Fee a) only for UG b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓	1,95,050/-	25,000/-	1000/-	25,000/-	2,21,050/-
Post Basic B.Sc. Nursing	—	N/A	—	—	—	—
Total (A)						2,21,050/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.	N/A				
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
Grand Total (A+B+C)						
Online Transaction Number or Details: ZH0FO3Q091AMV4, BH0FP4L0G0PTUS						

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

M. K. Kalyan -
Subot Rao

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	HFW 217 HWC 2019, 03/10/2019 Annexure - 5	RGU/AFF/ MSC/COA/01/ 2024-25 Annexure - 6	KSNC/1157 2025-26 Annexure - 7	INC/18-15/ 1388/ 14/10/2024 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A			
	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		N/A			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	N/A	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					
				N/A		

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	39	40	37	29	145
	Female	16	20	22	31	89
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male			N/A		
	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-----
			N/A			

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

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

Annexure -10

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

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

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

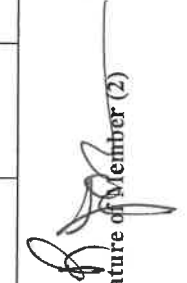
Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	Mrs. Ebenezer August A.	Principal	MSC OBG	2010	2007340	5 years	09/01/2017		
2.	Mrs. Devi V.	Professor	MSC OBG	2014	007589	6 years	11/01/2017		
3.	Mr. Walter Kailash.	Asst. Professor	MSC CHN	2019	1617	6 years	1/04/2022		
4.	Mr. Mustafa H.S	Lecturer	MSC MHN	2020	76616	2 years	12/10/2020		
5.	Ms. Jackeline S	Lecturer	MSC MSN	2020	86092	1 year	9/12/2020		
6.	Ms. Sofia Rani Bag	Lecturer	MSC Pendi	2022	10009	2 years	5/01/2022		
7.	Mrs. Mymona K M	Lecturer	MSC Pendi	2025	91998	2 years	01/03/2025		
8.	Mrs. Zubaida K M	Lecturer	MSC CHN	2025	18012	5 years	01/10/2025		
9.	Mrs. Sheela Blessy.	Asst. Lecturer	BSC.	2003	005288	22 years	12/01/2017		
10.	Mr. Navesh	Asst. Lecturer	BSC	2014	066058	11 years	12/01/2017		
11.	Mrs. Joba Naramanian R	Asst. Lecturer	PBBSc	2015	19509	9 years	21/10/2017		
12.	Mrs. Sneha Kurein.	Asst. Lecturer	BSC	2021	251425	4 years	1/04/2021		
13.	Mrs. Soneel B S	Asst. Lecturer	BSC	2021	221244	1 year	01/6/2022		
14.	Mrs. Puspahala Lakha B	Nursing Tutor	BSC	2022	134607	3 years	2/9/2024		
15.	Ms. Kavip R	Nursing Tutor	BSc	2022	134615	3 years	07/8/2024		
16.	Mr. MD Mahinul Islam	Nursing Tutor	BSC	2023	146444	2 years	01/7/2024		
17.	Ms. Bharifa N.	Nursing Tutor	BSC	2022	134598	3 years	01/8/2024		
18.	Ms. Kallana S	Nursing Tutor	BSC	2021	123539	4 years	03/10/2024		
19.	Ms. Vanishree H M	Nursing Tutor	PB BSC	2021	202361	4 years	01/07/2024		
20.	Ms. Jyothi H G.	Nursing Tutor	PB BSC	2021	219781	4 years	07/10/2024		
21.	Mrs. Pankajawra Sindhori	Nursing Tutor	PB BSC	2021	191040	4 years	02/12/2024		
22.	Ms. Rajiya Modinsab	Asst. Lecturer	BSC	2022	138185	1 year	04/11/2024		

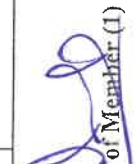
Signature of Chairman

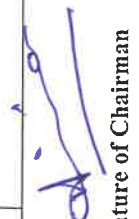
Signature of Member (1)

Signature of Member (2)

23.	Mr. Premkumara M.K.	Nursing Tutor	BSc	2023	199334	2 years	11/11/2024	
24.	Mr. Anup Sen.	Nursing Tutor	BSc	2024	1825724	6 months	01/02/2025	
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Signature of Member (2)


Signature of Member (1)


Signature of Chairman

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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.

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
		<i>Enclosed</i>			

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) Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III— section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy	23,200sq.ft (40 – 60 intake)	44,428	<i>verified</i>
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each <i>1400sq ft each</i> 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	<i>4 x 1050 sq ft</i> <i>2 x 1400 sq ft</i> NA NA NA	<i>6 class rooms.</i> <i>verified</i>
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room (Girls & Boys) 13. Multipurpose hall / Seminar hall/ examination hall 14. Toilets	 300 200 5 x 200 = 1000 800+2400=3200 600 100 100 100 100 600+400= 1000 3000 1000	 400 200 5 x 200 = 1000 800+2400 = 3200 600 200 200 200 200 600+400 = 1000 3000 1000	<i>verified</i>

[Signature]
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature]
Signature of Member (2)

	15. A.V/Aids room	600	600	
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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	1500 sq.ft	verified
	Nutrition & Community Health Nursing	1200sq.ft	900 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	1200 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	verified
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


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 Lience
01	KA52A0061	40	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	2400 Sq.ft	YES ☒ No ☐	Good	Good	

Total No. of Nursing Books available	2480	No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	24	Is internet facility available for Students?	yes
No of e-books	560	How many books were purchased in last financial year?	115

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Mrs. Renuka Patel	B.Lib.	12 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 will increase/decrease according to the number of seats approved.

17. Academic activities :Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted		
Conferences attended	02	Certificates Enclosed.

* 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 Shekhar Hospital No. 81, Bull Temple Road Bangalore - 560019 MOU (Registered parent hospital MOU)	100	20km	90%	verified.
NAME OF THE TRUST/ Person owning The Hospital Dr. P. Vishnu Murthy Aithal				
Name Of The Owner Of The Trust of Hospital Dr. P. Vishnu Murthy Aithal				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 PD Hinduja Sindh Hospital	200	15km	85%
	2 Sai Jeyadeva Institute of Cardiovascular			100%
	3 Shijaa Hospital	200	8km	85%
	4. Cadabam's	662		95%

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				
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(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:

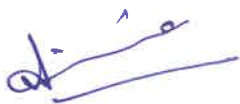
- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have 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 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, 2021 F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by 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	13	09	25	21
Surgery including OT	10	07	20	17
Obstetrics & Gynecology	17	13	30	25
Pediatrics,	10	08	15	13
Emergency Medicine	05	04	10	08
Psychiatry	02	01	05	04

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01	01	05	03
Minor OT	01	00	05	04
Dental, Otorhinolaryngology, Ophthalmology	05	03	13	11
Burns and Plastic	02	01	05	03
Neonatology care unit	05	04	10	08
Communicable disease/Respiratory medicine/TB & chest diseases	10	08	15	12
Dermatology	01	01	05	04
Cardiology	02	01	07	05
Oncology	03	01	05	03
Neurology/Neuro-surgery	02	01	05	03
Nephrology/Urology	03	02	05	02
ICU/CCU	06	04	10	07
Geriatric Medicine	02	01	05	04

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILED	
a. Name of CHC / PHC / SC	Bethalalalala
Adopted / Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	15 Kms
b. Services Rendered by Health & Family Welfare Programmes	OPD, AWC, PNC, Family Planning, School Health Services, General Health
URBAN FEILD :	
a. Name of CHC / PHC / SC	K. Narayanpura.
Adopted / Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	3 Kms
b. Services Rendered by Health & Family Welfare Programmes	General OPD, AWC, PNC, School Health Services, Family Welfare.
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 ☐	

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 : 89	Boys : 145
f.	Total No. of rooms	Girls :	Boys :
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		No	
Annexure - 10	List of M.Sc. Nursing Students as per format		No.	
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	✓		

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: Heartland College of Nursing for Continuation
Affiliation for 60 seats. started in 2003.

Trust: Shree Medical & Educational Trust

Chairman: Mr. P. Vishnumathy with 5 members
Mallinath Gole (Secretary)

College: Heartland College of Nursing (Built by owned by

Infrastructure: Built up area 44x28 sq ft Mallinath Gole - Secy

6 classroom, 5 lab, 1-Compt lab, Seminar hall, Hostel.

Hostel: Available on Rent near by college. separate for boy & girls

Vehicle: 40 seats bus available.

Library: 2480 books, 10 Journals, with Librarian (M Lib)

Hospital: Shree hospital is parent at Bangalore with 70 bed PCB.

Affiliated hospitals: 1) P.D.Hinduja Sindhi Hospital - 200 bed PCB

2) Jayadeva Hospital, 3) Shree hospital, 4) Adalarayam Hospital.

Faculty: Total 24 Available.

1-Principal (Prof), 1-Vice Principal (Prof), 1-Asst prof.

5-lecturer, 16 Tutor.

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 Heatlend College & Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/7/25 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)

DR. ANU THOMAS

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



Signature of Chairman



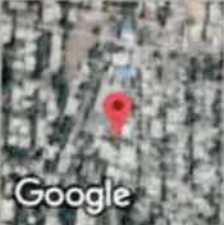
Signature of Member (1)



Signature of Member (2)



OPS Map Camera



Bengaluru, Karnataka, India

3jch+g7m, 15th Cross Rd, S R K Nagar, Dr.shivaram Karanth Nagar,
Rk Hegde Nagar, Bengaluru, Karnataka 560077, India

Lat 13.071271° Long 77.627972°

14/08/2025 11:30 AM GMT +05:30



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Nagar, Bengaluru, Karnataka 560077, India

Lat 13.071271° Long 77.627972°

14/08/2025 11:30 AM GMT +05:30

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Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority



Bengaluru Urban

CERTIFICATE OF REGISTRATION

This is to certify that SHEKHAR HOSPITAL JAYANAGAR located at NO.942, 28TH MAIN, 9TH BLOCK, JAYANAGAR, BANGALORE-560069. owned by DR.SURESH.K 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 Hospital (Level 1A) under Allopathy system of medicine.

Reg No: **BLU02741ALH1A**

Date of Issue: 14 Dec 2021

Valid Till: 13 Dec 2026

Place: Bengaluru Urban

Signature Not Verified

Digitally signed by
Date: 2021.12.14 14:36:58
+05:30

Member Secretary And District Health And Welfare Officer
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
Bengaluru Urban

Principal
Heartland College of Nursing
Bangalore

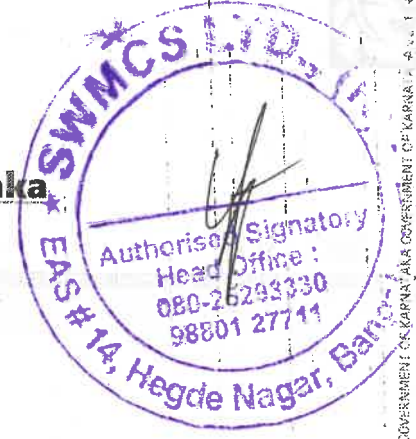


सत्यमेव जयते

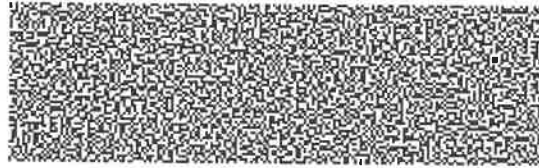
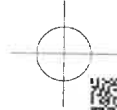
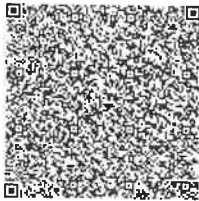
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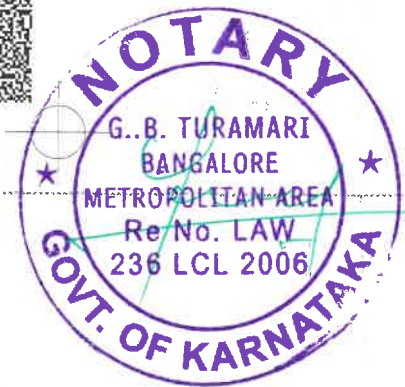


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Unique Doc. Reference	: SUBIN-KAKACRSFL0849012765289755X
Purchased by	: RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Second Party	: HEARTLAND COLLEGE OF NURSING
Stamp Duty Paid By	: RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Please write or type below this line

UNDERTAKING
by Trust Management



We the Chairman/President/ Member of the trust **Dr. P. VISHNU MURTHY AITHAL** are submitting the affidavit to university the trust **Shekhar Medical and Educational Trust**, No. 81, Bull Temple Road, Basavanagudi, Bangalore – 560 019. is running/Managing the colleges **Heartland College of Nursing**, since 2003.

-1-

Statutory Alert:

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

We confirm that all the information provided by us to 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.



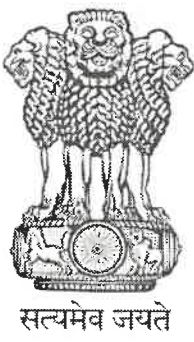
[Handwritten Signature]

[Handwritten Signature]
DR. P. VISHNU MURTHY AITHA

SWORN TO BEFORE ME

[Handwritten Signature]

G..B. TURAMARI
ADVOCATE & NOTARY
No. 46/1, Behind Binny Mill
1st Main Road, Ganganagar Extn.,
BANGALORE-560 032.



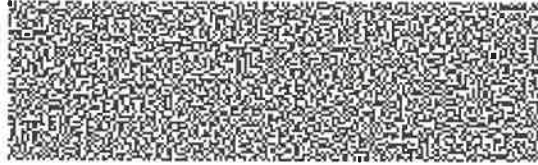
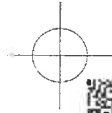
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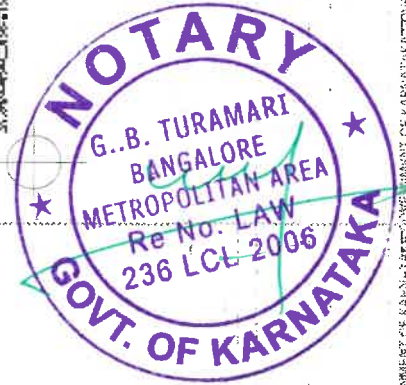


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Consideration Price (Rs.) : 0
(Zero)
First Party : RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Second Party : HEARTLAND COLLEGE OF NURSING
Stamp Duty Paid By : RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



Please write or type below this line



UNDERTAKING

We **Dr. P. VISHNU MURTHY AITHAL** is/are the Owners/MD/CEO/Board Members of the **Shekhar Hospital** situated at No. 81, Bull Temple Road, Basavanagudi, Bangalore – 560 019. This is to confirm that our hospital **Shekhar Hospital** registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

Statutory Alert:

- 1 -

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

This is to confirm that the hospital **Shekhar Hospital** is functioning as affiliated/parent/own hospital for **Heartland College of Nursing**. We also confirmed that our hospital is solely affiliated to **Heartland College of Nursing** and is not affiliated to any other nursing college.

The information provided by us is true and correct

Shekhar
(DR. VISHNU MURRAY AITAHAL)

SWORN TO BEFORE ME

G.B. Turamari
G..B. TURAMARI
ADVOCATE & NOTARY
No. 46/1, Behind Sanny Mill
1st Main Road, Gangapagar Extn.,
BANGALORE-560 032.

