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. Vinutha Rao	DR. ZAKIR HUSSAIN. V	Mr. RAJU BYATI
Designation	Principal.	PRINCIPAL	ASSO. Prof.
Address	MVM CNYS Yelahanka. Bangalore	HMS UNANI MEDICAL COLLEGE TUMKUR 9342123016	Govt. college of NSg - BINY Bellgavi
Mobile No	9980181331	9342123016	7899581955
Email ID	drvinuthamvm@gmail.com	Vzhumc@gmail.com	raju.sbyati@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 16-08-2025

(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	BETHEL MEDICAL INSTITUTEOF NURSING SCIENCES SY NO. 5/3, BETHEL MEDICAL MISSION HOSPITAL VIDHANA SOUDHA LAYOUT, PREETHINAGAR, LAGGERE, BANGALORE -560058	2	Year of Establishment: 2004
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	BENAKA CHARITABLE TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:bethelgroup77@gmail.com	Website: www.bethelmedicalmission.org	
		Office No:08029630877	Mobile No:8861517777	

Signature of Chairman
Dr. Vinutha Rao

Signature of Member (1)
16/8/25
DR. ZAKIR HUSSAIN. V
9342123016.

Signature of Member (2)
16/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Sunny D		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : enclosed (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: shampalatha s p Qualification: MSC Nursing Experience after MSc: Email:		Mobile No:9844014196 Office No:0802960877 Fax No: Residential phone No:
	b) Drawing authority of the college			
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	2025-26	60,000	90,000	10,000	25,000	2,20,050
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	2,20,050/-
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZHDFWZ7095PE5O DATED 24-12-2024

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	50	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	Nil	Nil	Nil	Nil	
	Admissions Made for the Current Academic Year	Nil	Nil	Nil	Nil	
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	Nil	Nil	Nil	Nil	
	Admissions Made for the Current Academic Year	Nil	Nil	Nil	Nil	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	Nil	Nil	Nil	Nil	
	Admissions Made for the Current Academic Year	Nil	Nil	Nil	Nil	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	26	13	0	0	39
	Female	34	46	60	60	200
Post Basic B.Sc Nursing	Male	Nil	Nil	Nil	Nil	Nil
	Female	Nil	Nil	Nil	Nil	Nil
M.Sc Nursing	Male	Nil	Nil	Nil	Nil	Nil
	Female	Nil	Nil	Nil	Nil	Nil
M.Sc NPCC	Male	Nil	Nil	Nil	Nil	Nil
	Female	Nil	Nil	Nil	Nil	Nil

10. If the college has PBBSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) NOT APPLICABLE

Annexure - 9

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

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

11.If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) NOT APPLICABLE **Annexure –10**

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

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:_____

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										

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

1	Principal	1	1					1									
2	Vice-Principal	1	1					1									
3	Professor	1	1-2					1									
4	Associate Professor	2	2-4					1									
5	Assistant Professor	3	3-8				2	4									
6	Tutor	8-16	16-24				2-10	22									
	Total	**16-24**	**24-40**				**4-12**	30									

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				
250 students				

* **Aadhar based biometric attendance for students**

Signature of Chairman 16/8/25 **Signature of Member (1)** 16/8/25 **Signature of Member (2)**

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	DR. JUSTIN JAYA AMUTHA	DEAN AND DIRECTOR	MSC MSN	Apr-13	9082 KAR			10-04-2024		LEAVE
2.	PROF . SHAMPALATHA S P	PRINCIPAL CUM PROFESSOR	MSC COMMUNITY	Apr-06	24959	6 YR	19 YR	11-01-2011		
3.	ASSO. PROF. ANISHA M L	ASSO. PROFESSOR	MSC PEDIATRIC	2018	75187	10 MONTH	6YR	10-05-2018		
4.	ASST. PROF. LAIJI K J	ASST. PROFESSOR	MSC OBG	2020	75940	9 MONTH	4 .8YR	24-04-2025		
5.	Mrs. POONAM VARRARASE	ASST. PROFESSOR	MSC PSYCHATRIC	2024	9688		1.5YR	18-02-2024		LEAVE
6.	MS. KUSUMA J M	ASST. PROFESSOR	MSC MSN	2024	119589	2 YR	9 MONTH	10-11-2024		
7.	MS. ERICA EFFIE MARTIN	ASST. PROFESSOR	MSC PSYCHATRIC	2024	111367	1 YR	9 MONTH	06-11-2024		
8.	MR. CHETHAN S	ASST. PROFESSOR	MSC MSN	2024	111741	1.5 YR	8 MONTH	05-11-2024		
9.	MS. SOBHIYA S	ASST. PROFESSOR	MSC OBG	2024	129399	3 YR		04-01-2023		
10.	MS. RACHEL TINNGAINENG HAOKIP	TUTOR	BSc (N)	2018	95658	5.4 YR		07-02-2019		
11.	MS, VANITHA D	TUTOR	BSc (N)	2020	117737	4YR		05-07-2022		
12.	MS. BINISHA C	TUTOR	BSc (N)	2020	114300	2.8 YR		10-10-2021		
13.	MS. DIVYA M L	TUTOR	BSc (N)	2020	112125	9 MONTH		02-11-2024		Divya M.L
14.	MR. BILAL AHMAD BHAI	TUTOR	BSc (N)	2021	123715	3.6 YR		15-12-2021		LEAVE
15.	MR. MANOJ KUMAR M	TUTOR	BSc (N)	2021	119922	6 MONTH		25-01-2025		

Signature of Chairman

Signature of Member (1) 16/8/25

Signature of Member (2)

16.	Ms. JEMIMOL	TUTOR	BSc (N)	2021	121832	2.6 YR		18-01-2022		Leave.
17.	MS, KM ANCHAL	TUTOR	BSc (N)	2022	130058	2.11 YR		18-08-2022		Anchal
18.	MS. KM KUSUM	TUTOR	BSc (N)	2022	130057	2.1 YR		18-08-2022		Kusum
19.	MS. AMITHA R	TUTOR	BSc (N)	2022	134993	9 MONTH		08-11-2024		Amitha R
20.	MS. ROJA BEGUM	TUTOR	BSc (N)	2022	141097	1 YR		07-08-2024		Roja.
21.	MS. LINSA JOHNSON	TUTOR	BSc (N)	2022	132255	2.6 YR		25-11-2022		Leave.
22.	MS. KAVANA A M	TUTOR	BSc (N)	2022	137175	2.6 YR		25-11-2022		
23.	MS. CHARISHMA GRACELET K V	TUTOR	BSc (N)	2022	132253	2.5YR		01-12-2022		Gracelets
24.	MS. PRIYANKA T K	TUTOR	BSc (N)	2022	142312	5 MONTH		25-02-2025		priyanka
25.	MR. PRAKASH S	TUTOR	BSc (N)	2022	141100	6 MONTH		25-02-2025		Prakash
26.	MS. PRAISY	TUTOR	BSc (N)	2023	151428	1YR		01-07-2024		
27.	MS. JESSY MOL V MARKOSE	TUTOR	BSc (N)	2023	153775	9 MONTH		11-11-2024		Jessy
28.	MS. SAHANA J	TUTOR	BSc (N)	2023	146943	3 MONTH		10-05-2025		
29.	MS. MOMITHA PAUL	TUTOR	BSc (N)	2023	240860	2YR		01-07-2023		Momitha
30.	MS. NAGARATHNA	TUTOR	BSc (N)	2024	256783	3 MONTH		26-04-2025		Nagarathna

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. SRI HARI KULAKARNI	MBBS MS	PHYSIOLOGY		
2	DR. YOGESH	MBBS	ANATOMY		
3	DR GURUPRASAD	PHD	MICROBIOLOGY		
4	DR ABHISHEK	MBBS MD	PATHOLOGY & GENETICS		
5	CHANDRASHE KAR	M Com	STATISTICS		
6	DR. KRISHNA	MBBS	ANATOMY		
7	MAMATHA	MA ENGLISH	COMMUNICATIVE ENGLISH		
8	SUSHMITHA	PHAM D	PHARMACOLOGY		

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)	**AVAILBLE**	
	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	**AVAILBLE**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NIL**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NIL**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NIL**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**AVAILBLE**	
	2. Vice-Principal Chamber	200	**AVAILBLE**	
	3. HOD	5 x 200 = 1000	**AVAILBLE**	
	4. Professor/Assoc. Prof	800+2400=3200	**AVAILBLE**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**AVAILBLE**	
	7. Accountants Office	**100**	**AVAILBLE**	
	8. Store Room	**100**	**AVAILBLE**	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	9. Record room	**100**	**AVAILBLE**	
	10. Room for maintenance staff	**100**	**AVAILBLE**	
	11. Xeroxing room	**100**	**AVAILBLE**	
	12. common room (Girls & Boys)	600+400= 1000	**AVAILBLE**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**AVAILBLE**	
	14. Toilets	1000	**AVAILBLE**	
	15. A.V/Aids room	600	**AVAILBLE**	

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 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1800sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	**ENCLOSED**
2	**Is the college building own or leased ?**	**OWN**
3	**Blue print of the building plan approved and attested by competent authority.**	**ENCLOSED**
4	**Building construction license from competent authority**	**ENCLOSED**
5	**Tax paid receipt (Latest / current year)**	**ENCLOSED**

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

6	**Occupancy certificate.**	**ENCLOSED**
7	**Sale deed / Lease deed of the building / Land.**	**ENCLOSED**
8	**Land Conversion order from DC**	**ENCLOSED**
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
- 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	KA02AE7777 KA51C 7777	50 60	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	3560	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	40	**Is internet facility available for Students?**	YES
No of e-books	Digital Library available	**How many books were purchased in last financial year?**	300

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	SAKE RAMAKRISHNA	MSc Library Sciences	8	

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**

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

Academic activities	Particulars	Remarks
Research Projects	**YES**	
Conferences conducted	**YES (2024 DECEMBER)**	
Conferences attended	**YES (2024 DECEMBER)**	

* 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 **Bethel Medical Mission Hospital Preethinagr, Laggere, Bangalore -560058** MOU(Registered parent hospital MOU)		200	Same campus	75 to 85%	
NAME OF THE TRUST/ Person owning The Hospital **BENAKA CHARITABLE TRUST**					
Name Of The Owner Of The Trust of Hospital **DR. SUNNY D**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1.NARAYANA HRUDHAYALAYA HOSPITAL (In house posting for Final Year)	1500	35km	80 to 90%	
	2. SPANDHANA HOSPITAL	250	½ km	80 to 90%	

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

	(PSYCHATRIC)				
	3 INDIRA GANDHI CHILDREN HOSPITAL	500	15KM	85 to 95%	

(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:

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

18.1. Distribution of Beds: 300

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	85	85-90%	100	80-90%
Surgery including OT	45	85-90%	50	80-90%
Obstetrics & Gynecology	60	85-90%	50	80-90%
Pediatrics,	30	85-90%	50	80-90%
Emergency Medicine	30	85-90%	10	80-90%
Psychiatry	30	85-90%	40	80-90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	85-90%	10	75-85%
Minor OT	15	85-90%	15	75-85%
Dental, Otorhinolaryngology, Ophthalmology	15	85-90%	16	75-85%
Burns and Plastic	15	85-90%	14	75-85%
Neonatology care unit	35	85-90%	30	75-85%
Communicable disease/Respiratory medicine/TB & chest diseases	30	85-90%	35	75-85%
Dermatology	10	85-90%	10	75-85%
Cardiology	20	85-90%	15	75-85%
Oncology	20	85-90%	25	75-85%
Neurology/Neuro-surgery	25	85-90%	20	75-85%
Nephrology/Urology	20	85-90%	25	75-85%
ICU/ICCU	40	85-90%	35	75-85%
Geriatric Medicine	30	85-90%	30	75-85%
Any other	15	85-90%	20	75-85%

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		**PHC**
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		WALKABLE DISTANCE X
b. Services Rendered by Health & Family Welfare Programmes		**YES**
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		**PHC**
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**15**
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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. 24000**	
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 : 200**	**Boys : 40**
f.	Total No. of rooms	**Girls : 150**	**Boys : 50**
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	**Yes**		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Yes**		
Annexure - 3	Details of any other Nursing Institution under the same Trust	**Yes**		
Annexure - 4	Details of Affiliated fees paid receipts	**Yes**		
Annexure - 5	Approval Status : GOK Order	**Yes**		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Yes**		
Annexure - 7	Approval Status : KNC Notification	**Yes**		
Annexure - 8	Status : INC Notification	**Yes**		
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	**YES**		
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	**YES**		
Annexure - 13	Vehicle Details : Bus	**YES**		
Annexure - 14	Details of List of Library Books & others	**YES**		
Annexure - 15	Academic Activities	**YES**		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	**YES**		
Annexure - 17	Details of Community Health Nursing Posting Facilities	**YES**		

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

Annexure - 18	Master Rotation plans and Time tables	**YES**		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**YES**		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		**NO**	

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:

On the day of Inspection at Bethel College of Nursing following observations were made.

Infrastructure :-

- Building documents were verified and found correct.
- Class rooms were spacious and well ventilated

Academics

- Labs were well equipped & well ventilated
- Total teaching staffs were 30 and 25 were Physically presented on the day of Inspection.

clinical

Hospital details were enclosed.

All necessary documents were enclosed for your pessnal.

16/8/23

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 Bethel Medical Institute of Nursing Science. which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 16/8/25 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)
Dr. Vinutha Rao.	DR-ZAKIR HUSSAIN.V	MR. RAJU GHATI
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

16/8/25

DR. ZAKIR HUSSAIN. V

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA18650609120809X
Certificate Issued Date	:	16-Aug-2025 11:01 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ LAGGERE/KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAGCSL08520055768298O4X
Purchased by	:	BETHEL MEDICAL MISSION HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BETHEL MEDICAL MISSION HOSPITAL
Second Party	:	R G U H S BENGALURU
Stamp Duty Paid By	:	BETHEL MEDICAL MISSION HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY G RAMAIAH Bangalore Urban Reg. No. 20054 Expiry Date 04.03.2030 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

P T O

Statutory Alert:

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

UNDERTAKING

I , **Dr. Sunny D** is the **MD** of the **Bethel Medical Mission Hospital** situated at **Sy. No. 5/3 BMMH Campus, Bethel Sreet, Bethel Road , Vidhnasoudha Layout, Preethinagar, Laggere , Bangalore-560058** .

This is to confirm that our hospital **Bethel Medical Mission Hospital** is registered under KPMEA and PCB and applied for upgradation to 300 beds and for that cleared by BWSSB,also 100 KL STP done, fire and safety for 300 beds has been applied and installation done waiting for approval certificate . We will submit the copy immediately once we receive it.

This is to confirm that the hospital **Bethel Medical Mission Hospital** is functioning as parent hospital for **Bethel Medical Institute Of Nursing Sciences , Bangalore** college.

We also confirm that our hospital is solely affiliated to **Bethel Medical Institute Of Nursing Sciences , Bangalore** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

NOTARY P.C. RAMAIAH Bangalore Urban Reg. No. 20054 EXPIRED Date 04.03.2... GOVT. OF INDIA Advocate & Notary Government of India ... 30, 31st Main, Sakamma Extension ... Sai Maruthi Nagar, Nandini Layout ... Bangalore-560 096 Mob: 94490 25604

16 AUG 2025

For BETHEL MEDICAL MISSION HOSPITAL

For Bethel Medical Mission Hospital

Authorised signatory

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18578820302342X**
Certificate Issued Date	:	16-Aug-2025 09:48 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ LAGGERE2/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0851861392696254X
Purchased by	:	BENAKA CHARITABLE TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BENAKA CHARITABLE TRUST
Second Party	:	R G U H S BENGALURU
Stamp Duty Paid By	:	BENAKA CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY P.C. RAMAIAH Bangalore Urban Reg. No. 20054 Expiry Date 04.03.2030 GOVT. OF INDIA

Karnataka State Co-Operative Societies Association (R) Branch Laggere 560 058

Please write or type below this line

UNDERTAKING by Trust Management

PTO

UNDERTAKING by Trust Management

We the Chairman of the trust **Dr. Sunny D** are submitting the affidavit to University.The trust **BENAKA CHARITABLE TRUST** is running/managing the colleges

1. **Bethel Medical Institute Of Nursing Sciences , Bangalore** since **2003** 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.

NOTARY P.C. RAMAIAH Bangalore Urban Reg. No. [illegible] Expiry Date 04.03.2030 GOVT. OF INDIA

For BENAKA CHARITABLE TRUST

Managing Trustee

Authorised Signatory

ATTESTED BY ME

P.C. RAMAIAH
Advocate & Notary
Government of India
No. 30, 31st Main, Sakamma Extension
Shri Maruthi Nagar, Nandini Layout
Bangalore-560 096 Mob: 94480 25504

16 AUG 2025


BETHEL
ಬೆಥೆಲ್ ಮೆಡಿಕಲ್ ಮಿಷನ್ ಆಸ್ಪತ್ರೆ
MEDICAL MISSION HOSPITAL
GPS Map Camera
Bengaluru,Karnataka,India
Preethy Nagar, Laggere, Bengaluru, Karnataka 560058, India
Lat 13.013089, Long 77.524650
08/16/2025 09:58 AM GMT+05:30
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