Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mehendras	Rajarathinam P.	Dr. Ananda
Designation	Senate Member	Principal	Asst. professor
Address	Bidar.	#18 KIADB, Hassan	Someshwara Nagar Near NIMHANS.
Mobile No	9845562431	8792353209	7019219193
Email ID	[illegible]@gmail.com	sadhikarajaa@gmail.com	anandtalli24@gmail

For the Academic Year : 2025 – 2026	*Date of Inspection:* 13/08/2025

(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	

3

1	**Name of the Institution with Full Address**	KARNATAKA COLLEGE OF NURSING #33/2, THIRUMENAHALLI, HEGDE NAGAR MAIN ROAD, JAKKUR (P.O), YELAHANKA, BANGALORE-560064	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**	KARNATAKA EDUCATION TRUST #33/2, THIRUMENAHALLI, HEGDENAGAR MAIN ROAD, JAKKUR (P.O), YELAHANKA, BANGALORE - 560064 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: kcon.ket@gmail.com		**Website:** www.karnatakacollege.org

Signature of Chairman	Signature of Member (1)	Signature of Member (2)
Dr. Mehendras	Rajarathinam P.	Dr. Ananda

	(b). Name of the Owner of Trust/Society	Smt. R. SUVARNA BASAVARAJ		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Three (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2 Enclosed		
5	Details of Principal/Head of the institution	Name: Dr. M. BHARATHI Qualification: Ph.D (N) Experience: 33 Years Email: bharathiramesh2012@gmail.com	Mobile No: 9886590478 Office No: Fax No: Residential phone No:	
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 addressVerify 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		ZINBEZM	0966RD8	/24-12-20		RS.2,20,050/-
Post Basic B.Sc. Nursing		ZINBEZM	0966RD8	/24-12-		RS.2,20,050/-
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. Medical Surgical Nursing			(5) ZINBEZM0966 RD8/24-12-20		RS.50,050/-
	2. Paediatric Nursing			(5)		
	3. Psychiatric Nursing			(5)		
	4. Community Health Nursing			(5)		
	5. OBG Nursing			(5)		
					Total (B)	
~~NPCC~~	Helinet Fee + Application Fee					RS.10,500/-
					Total (C)	
					Grand Total (A+B+C)	RS.5,00650/-
Online Transaction Number or Details:						

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	376 MPS2003 11/12/2003 Annexure - 5	ACA-NS-164-0-125 2004-05 30/11/04 Annexure - 6	1157-4: 2003-04 1/4/2004 Annexure - 7	18-15/1859-INC 21/4/2005 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
		— Details Enclosed —				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	HFW-111 MPS/2010 27/3/2010. Annexure - 5	RGU/AFF/FNS-64 2009-10 22/08/2011 Annexure - 6	239: 2010-11 08/07/2010 Annexure - 7	02/9/2009-INC 10/09/2009 Annexure - 8	
	Sanctioned Intake	60	60	60	30	
	Admissions Made for the Current Academic Year	60	60	60	30	
		— Details Enclosed —				
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	424 MPS 2007 27/06/2008 Annexure - 5	ACA/NS-164/0-125/08-09 08/08/08 Annexure - 6	29: 2008-09 23/01/2009 Annexure - 7	02/Sep(2) 2008 - INC 29/9/2008 Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	25	25	
		— Details Enclosed —				
M.Sc. NPCC	Approval Letter No. and Date	Not Annexure - 5	Applicable Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	32	25	24	20	125
	Female	28	35	31	38	132
Post Basic B.Sc Nursing	Male	09	12	—	—	21
	Female	51	48	—	—	99
M.Sc Nursing	Male	03	04	—	—	07
	Female	22	17	—	—	39.
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---------
		— 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:_____

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		2									
4	Associate Professor	2	2-4		1*		4									
5	Assistant Professor	3	3-8	2	3*		5									
6	Tutor	8-16	16-24	2-10	--		32									
	Total	**16-24**	**24-40**	4-12			45									

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

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

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

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

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.										
2.										
3.										
4.										
5.										
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7.										
8.	LIST ENCLOSED									
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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 —			

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	87,518 Sqft	
	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	8 x 1050 = 8400 Sqft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2x1000 = 2000 Sqft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2x800 = 1600 Sqft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	1200 Sqft	
	2. Vice-Principal Chamber	200		
	3. HOD	5 x 200 = 1000	5x200=1000 Sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3500 Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1,200 Sqft	
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1000 Sqft	
	13. Seminar hall	3000	3050 Sqft	
	14. Toilets	1000	1200 Sqft	
	15. A.V/Aids room	600	800 Sqft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1200 Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	-	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sqft	

Note: Details Enclosed

- 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**

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

It is mandatory to enclose all the documents mentioned above. – Enclosed –

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

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
	– Enclosed	———	Yes / No	Yes / No	Yes / No

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

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 Sqft	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	4235	**No. of Nursing Journals subscribed**	11
No. of Thesis/Research titles available	220	**Is internet facility available for Students?**	Yes
No of e-books	50	**How many books were purchased in last financial year?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MS. Manjula	M.Lib	Fresher	
2.	Mrs. Kalpana	SSLC	15 Years	

Note : A minimum of 500 of 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	73	
Conferences conducted	1. Research Methodology 2. POSDCORB	
Conferences attended	1. A voice to lead acheiving the goal 2. Inovation and challenges in NSS 3. Workshop on ESSANCE	

Enclosed

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

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%)	Remarks
Full Name & Address of the Parent Hospital		—	—	—	—
NAME OF THE TRUST/ Person owning The Hospital		—	—	—	—
Name Of The Owner Of The Trust of Hospital		—	—	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Manipal Hospital 2. Spandana	250 300	15 kms 19 kms	80% 90%	
	3. Vinay Hospital 4. 2050	50 75	10 kms 5 kms	90%. 80%. Details Enclosed	

(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/Single allopathic 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

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be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	–	–	40	90%.
Surgery including OT	–	–	40	85%.
Obstetrics & Gynecology	–	–	12	70%.
Pediatrics, BLISS	–	–	20	80%.
Emergency Medicine	–	–		
Psychiatry 250 Mind Hospital	–	–	250.	80%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	–	–	04	80%.
Minor OT	–	–	10	75%.
Dental, Otorhinolaryngology, Ophthalmology	–	–	10	60%.
Burns and Plastic	–	–	–	–
Neonatology care unit	–	–	–	–
Communicable disease/ Respiratory medicine/TB & chest diseases	–	–		
Dermatology	–	–		
Cardiology	–	–	11	90%.
Oncology	–	–	12	80%.
Neurology/Neuro-surgery	–	–	11	90%.
Nephrology/Urology	–	–	–	
ICU/ICCU	–	–	52	80%.
Geriatric Medicine	–	–		–
Any other			220	80%.

Note : 1:3 student patient ratio needed. 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**	Bagalur
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	7kms
b.	Services Rendered by Health & Family Welfare Programmes	MCH Services, Family Welfare Services Immunization.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Agrahara
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	2kms
b.	Services Rendered by Health & Family Welfare Programmes	MCH Services, Family Welfare Services Immunization
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 ☐

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 40,000 Sqft (Boys) 66000 (Sqft) (Girls)	
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 : 254	Boys : 162
f.	Total No. of rooms	Girls : 64	Boys : 32
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	Submitted (Tick Mark)	
		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 affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

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.

Observations:

LIC Team Visited on 13/08/2025 for the Continuation of affiliation 2025-2026 academic year for the Karnataka College of Nursing, Bangalore. - on the day of Inspection as per the documents produced and observed by the College established in 2003, for the clinical facilities in manipal Hospital and Vinay Hospital. The physical infrastructure like Classroom, Laboratory, library, Audio aid Read digital labs, auditorium found to be adequate as per the norms. The list of teaching faculties who are Present on the day of inspection with their due Signatures were attached

All the required documents and Annexures were enclosed for your kind Perusal

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 ---KALINGA 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 13.08.25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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 _____ which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on _____ 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	**A C Member**	**Subject Expert**
(Chairman)	**(Member)**	**(Member)**

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

KARNATAKA COLLEGEOF NURSING, BANGALORE-560064

TEACHING FACULTY LIST

Sl. No	Name Of Teaching Faculty	Designation	Qualification With Specialty	Name Of The University	Year Of Passing	R.N. & R.M. No. Of KNC	Total Year Of Experience		Date Of Joining Of This Institute	ID NO	Sign
							UG	PG			
1.	Dr. M. Bharathi	Principal	PHD Pediatric Nursing	Vinayaka Mission University	2015 (PHD)	RN:290	5years	28 Years	29.04.2006	355923871531	
2.	Mr. Maneesh P G	Vice Prinicipal	M.Sc Nursing MSN	RGUHS	2011	8930	1year 6 Months	14years	02.04.2018	KA502011000 9313	
3.	Mrs .Poornima Hariharan	Professor	M.Sc Nursing OBG Nursing	Dr. MGR University	2007	RR MSC: 315	2 Years	18 Years	07.09.2009	BXXPP4409D	
4.	Mrs .Prasanna Priya Latha	Professor	M.Sc Nursing Psychiatric Nursing	RGUHS	2013	1733	1years 8 Months	12 Years	01.12.2017	573498711215	
5.	Ms. Navis Subhasini. R	Professor	M.Sc Nursing Pediatric Nursing	RGUHS	2011	3630	2 Years	14 Years	01.07.2011	428790637729	Leave
6.	Mrs. Navaneetha M	Associate Professor	M. Sc Nursing Community Health Nursing	Dr. MGR University	2013	3647	2 Years	10years	05.08.2020	555044121452	
7.	Dr. Mandira Gope	Associate Professor	PHD MSN	Mangalaya tan University	2023 (PHD)	9456	2 Years	8 Years	01.08.2025	BPCPG7305A	
8.	Mrs. Sruthy Suresh	Asst Prof	M.Sc. Nursing OBG Nursing	RGUHS	2017	00044281	5 Years	7 Years 8 Months	01.12.2017	342721914352	Leave

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9.	Mrs. Merin Mejatta S	Asst Prof	M.Sc. Nursing OBG Nursing	RGUHS	2020	2693	11 Years	4years 8 Months	01.11.2020	CBHPM154C	
10.	Mrs. Sharma Raveena Rajkumar	Asst Prof	M.Sc. Nursing Medical Surgical Nursing	RGUHS	2020	066533	1 Year	4years 8 Months	14.08.2021	862424319602	
11.	Mr Sridhara Murthy B	Asst Prof	M. Sc Nursing Community Health Nursing	RGUHS	2023	143700	2 Years	2 Years	01.08.2025	601542007462	
12.	Ms. Khushboo Jan	Nursing Tutor	B. Sc Nursing	RGUHS	2022	139631	3 Years	-	01.02.2023	442571317034	
13.	Ms. Shabnum Qadir	Nursing Tutor	B. Sc Nursing	RGUHS	2022	132249	3 Years	-	11.02.2023	982238792046	
14.	Mr.Sachin	Nursing Tutor	B. Sc Nursing	RGUHS	2022	134028	3 Years	-	04.07.2023	418730010910	
15.	Mr.Chandrakanth	Nursing Tutor	B. Sc Nursing	RGUHS	2022	129734	3 Years	-	04.07.2023	519735598959	
16.	Ms. Aasiya Zahoor	Nursing Tutor	B. Sc Nursing	Baba Farid University Of Health Sciences	2021	4210	4 Years	-	20.02.2023	721738259256	
17.	Mr. B N Karthik	Nursing Tutor	B. Sc Nursing	RGUHS	2023	151806	2 Years	-	29.11.2023	662273516638	
18.	Mr.Rohit Kumar	Nursing Tutor	B. Sc Nursing	RGUHS	2022	133583	3 Years	-	02.02.2023	453706699289	
19.	Mr Rizwan Lateef Lone	Nursing Tutor	B. Sc Nursing	PNRC	2023	37997	2 Years	-	01.08.2025	289544163462	

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20.	Mr Ashiq Hussain Bhat	Nursing Tutor	B. Sc Nursing	RGUHS	2021	121872	3 Years	-	04.11.2024	291627167613	
21.	Mr Bilal Ahmd Bhat	Nursing Tutor	B. Sc Nursing	RGUHS	2021	123715	4 Years	-	04.11.2024	633143941909	
22.	Mr. Thejas Raj	Nursing Tutor	B. Sc Nursing	RGUHS	2023	163240	2 Years	-	27.09.2024	757040383576	
23.	Mrs. Aswani P	Nursing Tutor	B. Sc Nursing	KNMC	2021	03202105491	4 Years	-	07.10.2024	262370207642	Maternity Leave
24.	Mr Saboor Gulzar	Nursing Tutor	B. Sc Nursing	RGUHS	2024	166621	1 Year	-	04.11.2024	433551871908	Leave.
25.	Ms Bhavana H	Nursing Tutor	B. Sc Nursing	RGUHS	2024	151939	1 Year	-	10.05.2024	226407062317	
26.	Ms Ritu Sherpa	Nursing Tutor	B. Sc Nursing	RGUHS	2023	160931	2 Years	-	05.07.2024	RYUPS6802K	
27.	Ms Chemila Bhutia	Nursing Tutor	B. Sc Nursing	RGUHS	2023	160930	2years	-	05.07.2024	442956691635	
28.	Mr Nasir Hussain Reshi	Nursing Tutor	B. Sc Nursing	RGUHS	2023	146345	2years	-	01.08.2025	346445166521	
29.	Ms Shivalika Ray	Nursing Tutor	B. Sc Nursing	RGUHS	2024	168408	1year	-	16.07.2025	377464302595	
30.	Ms Megha	Nursing Tutor	B. Sc Nursing	RGUHS	2022	133922	3years	-	01.08.2025	777133395638	

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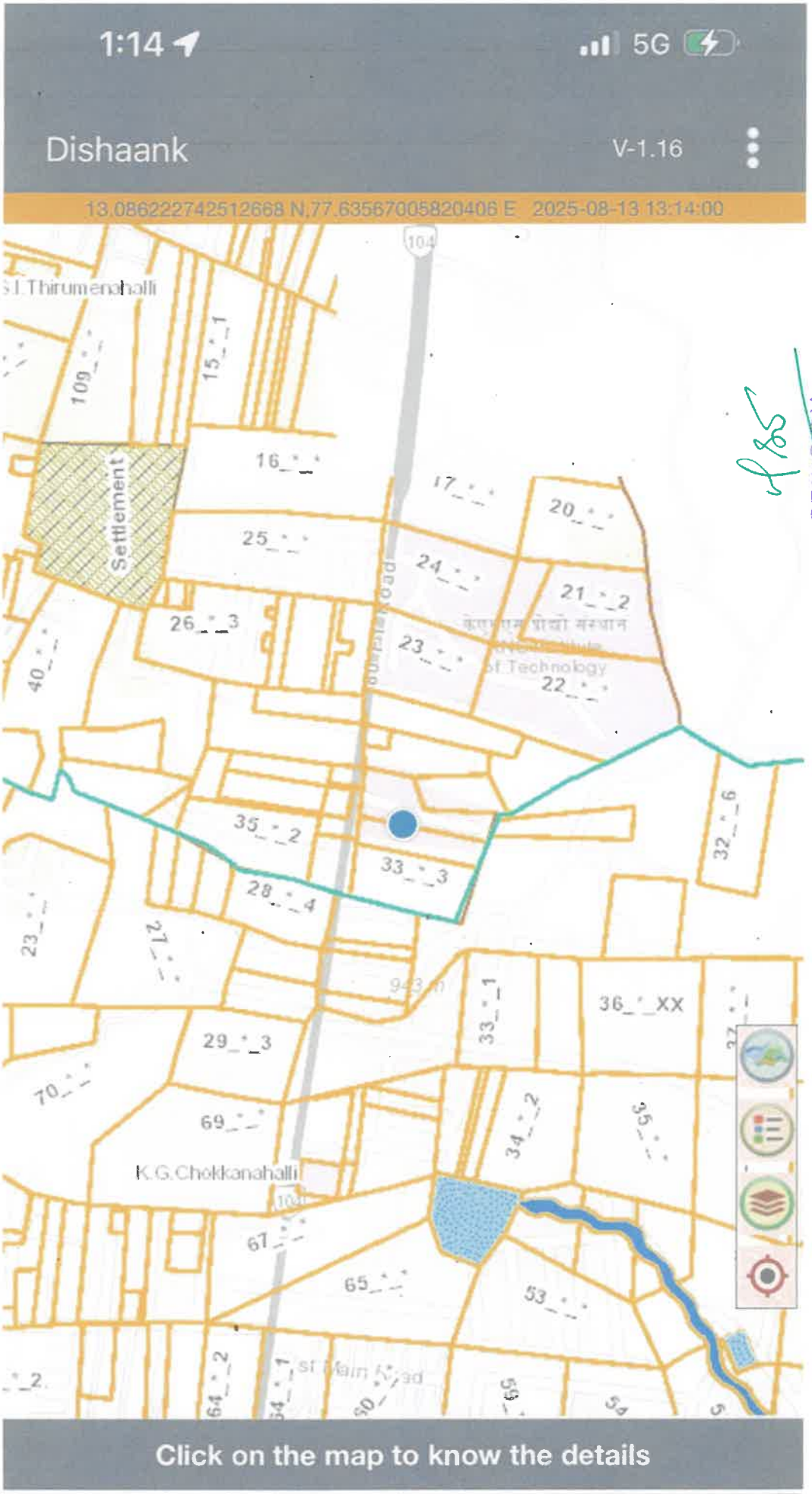
Main Road, Jakkur P

31.	Mr Banapura Umesh Suresh	Nursing Tutor	B. Sc Nursing	RGUHS	2024	164689	8 Months	-	01.08.2025	EPLPB4376E	
32.	Mr Akash Patil	Nursing Tutor	B. Sc Nursing	RGUHS	2022	132059	3 Years	-	01.08.2025	447823528096	
33.	Mr Bharath M	Nursing Tutor	B. Sc Nursing	RGUHS	2022	131049	3 Years	-	01.08.2025	864295778149	Leave
34.	Mr Banappa Galagali	Nursing Tutor	B. Sc Nursing	RGUHS	2022	131984	3 Years	-	01.08.2025	889454464536	
35.	Mr Ranjit	Nursing Tutor	B. Sc Nursing	RGUHS	2023	152001	2 Years	-	01.08.2025	435068724585	
36.	Mr Amaresha	Nursing Tutor	B. Sc Nursing	RGUHS	2022	133462	3 Years	-	01.08.2025	236501502173	
37.	Mr Mallikarjun Ningappa Goted	Nursing Tutor	B. Sc Nursing	RGUHS	2023	153033	1 Year	-	01.08.2025	DBIPG7678J	
38.	Ms Depika Thatal	Nursing Tutor	B. Sc Nursing	RGUHS	2023	158969	2 Years	-	01.08.2025	575353698711	
39.	Ms Mugilarasi G	Nursing Tutor	B. Sc Nursing	RGUHS	2017	90748	8years	-	01.08.2025	211468791804	
40.	Mr Augustin A	Nursing Tutor	B. Sc Nursing	RGUHS	2015	69635	9 Years	-	01.08.2025	896577952041	
41.	Mr Salman Faris	Nursing Tutor	B. Sc Nursing	RGUHS	2024	172929	8 Months	-	01.08.2025	541501662578	

Principal
Karnataka College of Nursi
33/2, Thirumenahalli
Hegdenagar Main Road, Jakkur Po
Yelahanka Hobli, Bangalore North -560 064



PRINCIPAL
KARNATAKA COLLEGE OF NURSING
33/2, Thirumenahalli,
Hegde Nagar Main Road.
Bengaluru-550 064


CERTIFICATE
GPS Map Camera
Bengaluru,Karnataka,India
Thirumenahalli North Taluka, Thirumenahalli
North Taluka, Bengaluru, Karnataka 560064, In
Lat 13.086207, Long 77.635669
08/13/2025 01:12 PM GMT+05:30
PRINCIPAL
KARNATAKA COLLEGE OF NURSING
33/2, Thirumenahalli,
Nagar Main Road
Bengaluru-560 064


KARNATAKA EDUCATION TRUST (R)
KARNATAKA SCHOOL & COLLEGE OF NURSING
PRINCIPAL
KARNATAKA COLLEGE OF NURSING
33/2, Thirumenahalli,
Hegde Nagar Main Road
Bengaluru-560 064
GPS Map Camera
Bengaluru, Karnataka, India
33/2, Kannuru, Bengaluru, Karnataka 562149, India
Lat 13.086348° Long 77.635741°
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Government of Karnataka

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Unique Doc. Reference	:	SUBIN-KAKACRSFL0848392697448247X
Purchased by	:	KARNATAKA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	KARNATAKA COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	KARNATAKA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman of the trust Karnataka Education Trust® are submitting the affidavit to University.

The Karnataka Education Trust® is running / managing the college Karnataka College of Nursing since 2003 – 2004 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.

PRINCIPAL

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College Code : N082