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. SANTOSH SUBASH JADI	DR. LEELADHAR DV	MR. SURESH M KONI
Designation	ASSOSCIATE PROF	PRINCIPAL	ASSOS. PROF.
Address	BLDEA'S COLLEGE OF NSG TIKOTA, VIJAPURA DIST	KVG AYURVEDIC MEDICAL COLLEGE & HOSP, SULLIA, DK	SHRI SHIVA YOGESH WAR CON VIJAYAPUR
Mobile No	8123374800	9449717171	7204115107
Email ID	mr.santoshjadi16@gmail.com	drleeladhar_dv@rediffmail.com	surgalochi444@gmail.com

Inspection For the Academic Year : 2025 *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	

1	Name of the Institution with Full Address	PRAJCOAL COLLEGE OF NURSING 73/A BALAJI LAYOUT, BYADARAHALLI MAGADI MAIN ROAD, BANGALORE 560091	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	JAI MARUTHI EDUCATION TRUST 73/A BALAJI LAYOUT, BYADARAHALLI, MAGADI MAIN ROAD, BANGALORE – 560091 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Prajcoalcon@gmail.com	Website: www.Prajcoalnursing.com	
		Office No: 9513099333	Mobile No: 9380647137	

Signature of Chairman
Dr. Santosh Jadi
Senate member

Signature of Member (1)
13/8/25

Signature of Member (2)
13/8/2025

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. H.S. BASAVARAJAIAH, PRESIDENT/CHAIRMAN JAI MARUTHI EDUCATION TRUST 9886668630		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 4 MEMBERS ①H S BASAVARAJAIAH ②DR. NAGESHKUMAR HB ③RAMESHKUMAR HB ④SANJEEV GOODA HB (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: PROF. ANITA JOYLE KAMALAM Qualification: M.SC NSG Experience after MSc: 15 YEARS Email: PRAJOARCON@gmail.com		Mobile No: 9380647137 Office No: 9513099777 Fax No: 080-23483677 Residential phone No: 9620692529
	b) Drawing authority of the college	JAI MARUTHI EDUCATION TRUST		

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓	✓	✓	✓	HELINET FEE UG	RS. 2,80,000/-
Post Basic B.Sc. Nursing	✓	✓	✓	✓	HELINET FEE UG	RS. 1,80,000/-
B.Sc NSG - 3BBCC70079VVV8 - 1,75+1,05,000 - HELINET-3BBCSYNOPPOR8 P.B.B.Sc NSG - 3BBC2VE079XHKS - 1,30,500+49,500 - HELINET-3BBCBH1079X480					Total (A)	RS. 4, 60,000/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
✓	1. MEDICAL & SURGICAL NSG			4 X 4,900		19,600
	2. PAEDIATRIC NSG			4 X 4,900		19,600
	3. COMMUNITY HEALTH NSG			4 X 4,900		19,600
	4. MENTAL HEALTH NSG			4 X 4,900		19,600
	5. OBG NURSING + HELINET CHARGES			4 X 4,900 RS. 42,000	Total (B)	19,600 42,000 RS. 1,40,000/-
~~NPCC~~	- NOT APPLICABLE -					-
					Total (C)	
					Grand Total (A+B+C)	RS. 6,00,000/-

Online Transaction Number or Details: PG - 3BBCAYA079Y157 - 98,000
PG HELINET - 3BBCMJX079YT95 - 42,000

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	HFW 405 MPS 12-12-03 Annexure - 5	RGU/ACA/ 7/NS. 126 2003-04 30.10.2003 Annexure - 6	KSNC NO: KNC/1157-4/2004 30.07.2004 Annexure - 7	7. NO. 18-15 1646 - INC Annexure - 8	
	Affiliation Sanctioned Intake	50	50	50	40	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA: 189 MME 2011 Annexure - 5	RGU/AFF 7NS-166/ 2011-12 02.07.2011 Annexure - 6	KSNC NO: KNC/4071 2011-12 21.12.2011 Annexure - 7	INC NO: 20-237/ 2011-INC Annexure - 8	
	Sanctioned Intake	30	45	45	40	
	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	AKUKA: 121 MME 2011 Annexure - 5	RGU/AFF 7NS-1661 2011-12 02.07.2011 Annexure - 6	KSNC NO: KNC/407/ 2011-12 21.12.2011 Annexure - 7	INC NO: 20-237 2011-INC Annexure - 8	
	Sanctioned Intake	20	20	20	20	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	NOT APPLICABLE Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	17 } 49	17 } 49	14 } 46	18 } 48	192
	Female	32 }	32 }	32 }	30 }	
Post Basic B.Sc Nursing	Male	6 } 45	6 } 45			90
	Female	39 }	39 }			
M.Sc Nursing	Male	-	4 } 19			39
	Female	20	15 }			
M.Sc NPCC	Male	NOT APPLICABLE				TOTAL 321 STUDENTS.
	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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01	—	—					
2	Vice-Principal	1	1							01	—	—					
3	Professor	1	1-2					1*		01		01					
4	Associate Professor	2	2-4					1*		02	01	—					
5	Assistant Professor	3	3-8				2	3*		03	03	04					
6	Tutor	8-16	16-24				2-10	--		10	10						
	Total	**16-24**	**24-40**				4-12	Total =		37	Staff						

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

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

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

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

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

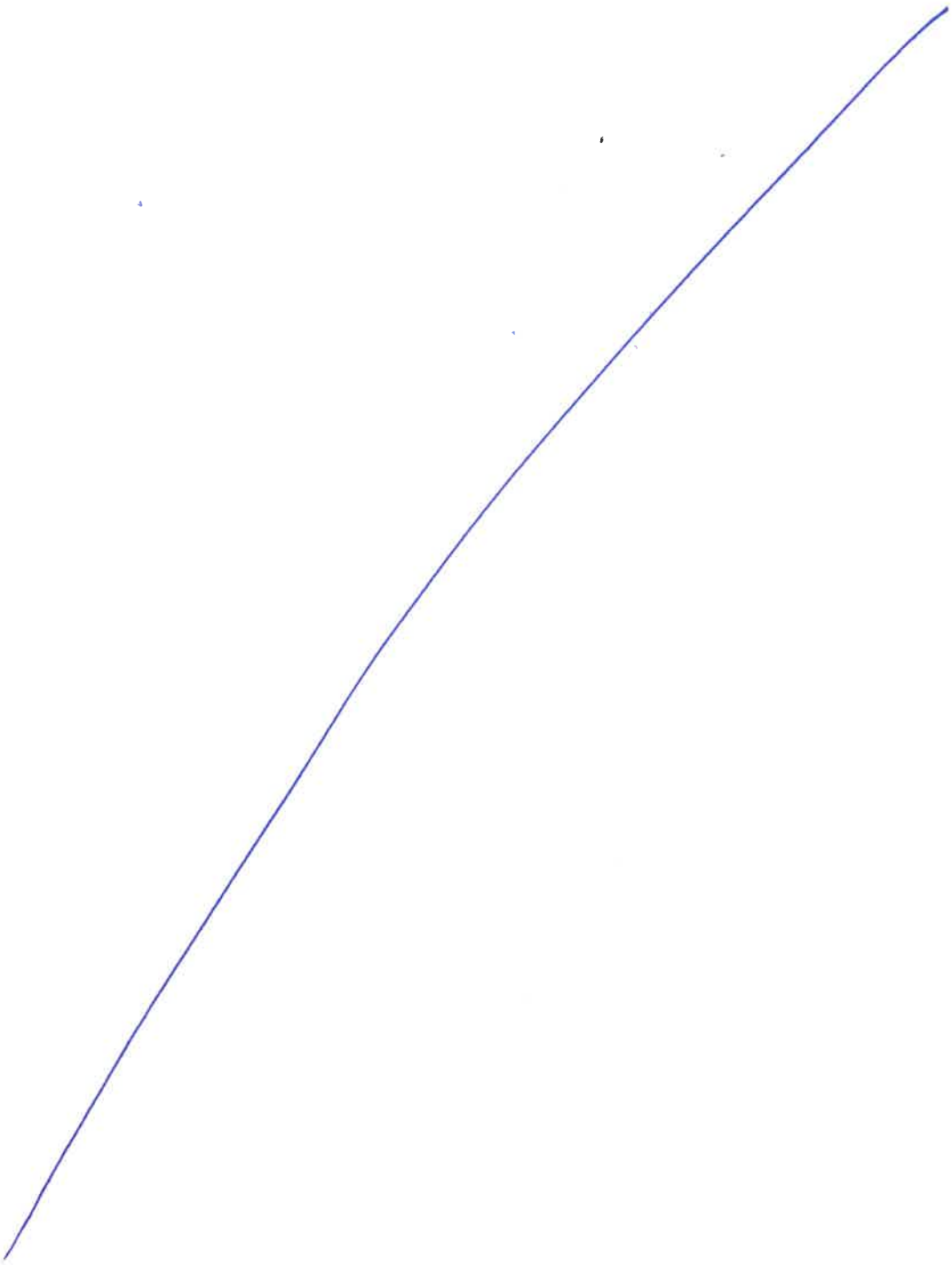
(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

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

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

250 students		ENCLOSED		
* Aadhar based biometric attendance for students				



Signature of Chairman

Signature of Member (1)

Signature of Member (2)

PRAJWAL COLLEGE OF NURSING

TEACHING FACULTY DETAILS

Sl No	Name of Teaching Faculty	Designation	Qualification along with Specialty	Year of Passing	KSNC Reg. Number	Teaching Experience		Date of Joining	F-16	Sign of Faculty
						UG	PG			
01	Mrs. Anita Joyce Kamalam	Prof. cum Principal	M.Sc (N)	2010	0056445	7 Years	15 Years	05/01/2020	Yes	
02	Mrs. Padma	Prof. Cum Vice Principal	M.Sc (N)	2015	20155079	4 Years	4 Years	03/02/2025	-	
03	Mr. Leju Wilson	Professor	M.Sc (N)	2014	18148	3 Years	9 Years	15/03/2016	Yes	
04	Mrs. Chithralekha V	Professor	M.Sc (N)	2014	12668	3 Years	4 Years	16/02/2025	-	
05	Mr. Shine Daniel	Assos.Prof.	M.Sc (N)	2014	11620	2 Years	11 Years	23/06/2014	Yes	
06	Ms. Mamtha S	Assos.Prof.	M.Sc (N)	2018	58602	2 Years	7 Years	22.01.2024	YES	
07	Ms. SiliMole	Assos.Prof.	M.Sc (N)	2015	23015	2 Years	11 Years	29/07/2014	Yes	
08	Ms. Laiji K J	Assistant	M.Sc (N)	2020	75940	2	3Years	01/03/2024	Yes	

Signature of Chairman

Signature of Member 1

Signature of Member 2

		Professor				Years				
09	Mr. Alwin D	Assistant Professor	M.Sc (N)	2020	32161	2 Years	5 Years	21/02/2021	Yes	
10	Ms. Kusuma	Assistant Professor	M.Sc (N)	2022	89309	3 Years	3 Years	15/06/2023	Yes	
11	Mr. Pratap	Assistant Professor	M.Sc (N)	2023	103554	1 Year	2 Years	12/05/2023	Yes	
12	Ms. Sheba Mary Zachariah	Assistant Professor	M.Sc (N)	2023	82408	1 Year	2 Years	10/02/2024	-	
13	Mr. Vinu I K	Assistant Professor	M.Sc (N)	2023	90713	1 Year	3 Years	02/01/2024	Yes	
14	Ms. Zoya Rymbai	Lecturer	M.Sc (N)	2024	106297	1 Year	1 Year	07/07/2025	-	
15	Mrs. SuryaPrabha	Assistant Professor	M.Sc (N)	2023	101318	1 Year	2 Years	06/03/2023	Yes	
16	Ms. Nithya Ponrathi	Assistant Professor	M.Sc (N)	2021	32571	2 Years	4 Years	21/04/2022	Yes	
17	Mr. Karthik	Assistant Professor	M.Sc (N)	2023	100773	1 Year	2 Years	08/03/2023	Yes	
18	Mrs. Subashree	Assistant Professor	M.Sc (N)	2023	97794	2 Years	2 Years	17/02/2025	Yes	
19	Mrs. Prathiba Prasad	Nursing Tutor	B.Sc (N)	2018	95912	4 Years	-	06/08/2022	-	
20	Mrs. SasiRekha	Nursing Tutor	B.Sc (N)	2008	11537	12 Years	-	19/05/2022	-	
21	Ms. Jenifer Theneesh	Nursing Tutor	B.Sc (N)	2024	182252	1 Year	-	15/07/2025	-	

Signature of Chairman

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Signature of Member 2

22	Ms.Sopiya J	Nursing Tutor	B.Sc (N)	2024	170817	1 Year	-	04/02/2025	-	
23	Mr.Kamalesh P	Nursing Tutor	B.Sc (N)	2024	171049	1 Year	-	11/06/2025	-	
24	Mr. Sachin	Nursing Tutor	B.Sc (N)	2024	167866	1 Year	-	29/03/2025	-	
25	Ms. Angel Sweety	Nursing Tutor	B.Sc (N)	2025	168123	1 Year	-	03/06/2025	-	
26	Ms. Jebisha Malar	Nursing Tutor	B.Sc (N)	2024	168156	1 Year	-	01/05/2025	-	
27	Ms. Abi S	Nursing Tutor	B.Sc (N)	2023	156867	2 years	-	17/11/2023	-	
28	Mrs. Pavithra	Nursing Tutor	B.Sc (N)	2020	114629	5 years	-	19/08/2024	-	
29	Mr. Sasidharan P A	Nursing Tutor	B.Sc (N)	2024	171047	1 Year	-	15/06/2025	-	
30	Mr. Abhish D	Nursing Tutor	B.Sc (N)	2024	183100	1 Year	-	02/08/2025	-	
31	Ms.Subbalakshmi	Nursing Tutor	B.Sc (N)	2024	181522	1 Year	-	15/07/2025	-	
32	Ms. Sunitha Nadagoudr	Nursing Tutor	B.Sc (N)	2024	161647	1 Year	-	01/02/2025	-	
33	Mr. Gnana Raj L	Nursing Tutor	B.Sc (N)	2024	172596	1 Year	-	02/06/2025	-	
34	Mr. Kerson D	Nursing Tutor	B.Sc (N)	2018	98620	3 Years	-	18/08/2022	-	
35	Ms. Christina Shaji	Nursing Tutor	B.Sc (N)	2023	154340	2 years	-	17/11/2023	-	

Signature of Chairman

Signature of Member 1

Signature of Member 2

36	Mr. Rajkumar S	Nursing Tutor	B.Sc (N)	2021	125233	3 Years	-	20/08/2022	-	
37	Ms. Aleena P J	Nursing Tutor	B.Sc (N)	2024	177746	1 Year	-	01/07/2025	-	

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	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	32,800 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			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3600 Sq.ft	✓
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 Sq.ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 Sq.ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	— NA —	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	900 Sq.ft	✓
	2. Vice-Principal Chamber	200	500 Sq.ft	✓
	3. HOD	5 x 200 = 1000	1500 Sq.ft	✓
	4. Professor/Assoc. Prof	800+2400=3200	4500 Sq.ft	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	900 Sq.ft	✓
	7. Accountants Office	**100**	600 Sq.ft.	✓
	8. Store Room	**100**	200 Sq.ft.	✓
	9. Record room	**100**	200 Sq.ft.	✓
	10. Room for maintenance staff	**100**	200 Sq.ft.	✓
	11. Xeroxing room	**100**	200 Sq.ft.	✓
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq.ft.	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2500 Sq.ft.	✓
	14. Toilets	1000	1000 Sq.ft.	✓

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

	15. A.V/Aids room	600	750 SQ.FT	✓

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	1800 SQ.FT	✓
	Nutrition & Community Health Nursing	1200sq.ft	1200 SQ.FT	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 SQ.FT	✓
	Pediatrics Nursing Laboratory	900sq.ft	1000 SQ.FT	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 SQ.FT	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	2000 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**	PRODUCED & ENCLOSED
2	**Is the college building own or leased ?**	OWN
3	**Blue print of the building plan approved and attested by competent authority.**	PRODUCED & ENCLOSED
4	**Building construction license from competent authority**	PRODUCED & ENCLOSED
5	**Tax paid receipt (Latest / current year)**	PRODUCED & ENCLOSED
6	**Occupancy certificate.**	PRODUCED & ENCLOSED
7	**Sale deed / Lease deed of the building / Land.**	PRODUCED & ENCLOSED
8	**Land Conversion order from DC**	NOT APPLICABLE
9	**Town planning/Authorities approval order**	PRODUCED & ENCLOSED

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	KA 41C4222 KA 41A8066	31 37	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	3000 SQ.FT	YES ☑ No ☐	GOOD	GOOD	✓

Total No. of Nursing Books available	3100	**No. of Nursing Journals subscribed**	8
No. of Thesis/Research titles available	315	**Is internet facility available for Students?**	YES
No of e-books	25	**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MS. THULASI M	M.LIB.NET	15 YRS	
2.	MS. RAJI	B.LIB	6 YRS	
3.	MR. ALEX	B.SC	2 YRS	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	– ENCLOSED –	

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

Conferences conducted	— ENCLOSED —	
Conferences attended	— ENCLOSED —	

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

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 MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital			Not Applicable		
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 APOLLO HOSPITALS SESHADRIPURAM	200	12.3KMS	96%	✓
	2 FORTIS HOSPITALS NAGHARBHAVI	75	7.2 KMS	94%	✓
	3 TRINITY & HEART CARE	55	17.9KMS	90%	✓

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

	(MOU/Clinical permission letter)		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**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

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			25	25
Surgery including OT			25	25
Obstetrics & Gynecology			10	8
Pediatrics,			10	8
Emergency Medicine			10	10
Psychiatry			10	7

NOT Applicable

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			5	5
Minor OT			8	8
Dental, Otorhinolaryngology, Ophthalmology			05	5
Burns and Plastic			15	13
Neonatology care unit			10	9
Communicable disease/Respiratory medicine/TB & chest diseases			10	9
Dermatology			—	—
Cardiology			10	10
Oncology			10	10
Neurology/Neuro-surgery			10	10
Nephrology/Urology			10	10
ICU/ICCU			20	20
Geriatric Medicine			—	—
		TOTAL :-	200	192

Not applicable

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

Any other	ENCLOSED			

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	TAVAREKERE
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
	Distance from the Nursing Institute	8 KMS
b.	Services Rendered by Health & Family Welfare Programmes	IMMUNIZATION, ANC CLINIC, FAMILY PLANNING, SCHOOL HEALTH PROGRAMS
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	HEROHALLI
	Adopted / Affiliated	AFFILIATED
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☑ **Private** ☐
	Distance from the Nursing Institute	1 KM
b.	Services Rendered by Health & Family Welfare Programmes	IMMUNIZATION, ANC CLINIC, FAMILY PLANNING, SCHOOL HEALTH PROGRAMS

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 13,200	
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 : 175	Boys : 84
f.	Total No. of rooms	Girls : 32	Boys : 22
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of 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:

On the day of inspection. 13/2/2025 Prajwal College of Nursing having the facilities like as follows.

→ Physical infrastructure: This institution having the infrastructure like. classrooms, labs, library, office, all the documents. verified & found correct

→ Teaching faculties: on the day of inspection. principal, Teaching & non teaching were presents. all the original document verified & found correct

→ Clinical facilities: This institution is established in 2004, this ~~hospital~~ College is affiliated with. Apollo Hospital. 200 beded, Sakhadripuram, Fortis Hospital 75 beded & Trinity Heart care Hospital, KPME & PCB Certificate verified & found Correct, and Clinical fees paid. Receipt verified & found correct, This institution is affiliated with PHC & UHC for Community Experiences to Students

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 Prajwal Institute 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)

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

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Certificate No.	:	IN-KA13430327789937X
Certificate Issued Date	:	09-Aug-2025 11:02 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ ANJANANAGAR1/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0816355613117143X
Purchased by	:	JOINT MANAGING TRUSTEE JAI MARUTHI EDUCATION TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	JOINT MANAGING TRUSTEE JAI MARUTHI EDUCATION TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	JOINT MANAGING TRUSTEE JAI MARUTHI EDUCATION TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

State Co-Operative Societies Association (R) Karnataka ★ Branch Anjananagara Magadi Main Road, Bangalore

NOTARY KARUNAK, Bengaluru, Reg. No. 123, Expiry Date 30-12-2026, GOVT. OF IND

Please write or type below this line

UNDERTAKING by Trust Management

I the **JOINT MANAGING TRUSTEE** of the trust **JAI MARUTHI EDUCATION TRUST** are submitting the affidavit to University.

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.

The trust **JAI MARUTHI EDUCATION** is running the college **PRAJWAL COLLEGE OF NURSING** since **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.

Deponent

NOTARY
H.R. KARUNAKARA
Area, Bengaluru Dist.
Reg. No. 12327
Expiry Date
30-12-2026
GOVT. OF INDIA

SWORN TO BEFORE ME

H.R. KARUNAKARA, M.A.,LL.B.
ADVOCATE & NOTARY
No. 19/A, 2nd Floor, 9th Main, Shivanagar
Rajajinagar, BENGALURU - 560 010

11 AUG 2025