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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. SHASHI KUMAR H.C.	DR. VIJAYANAND PUJARI	MR. SURESH S.
Designation	PROFESSOR.	PRINCIPAL	ASSI. PROFESSOR.
Address	RAJA RAJESHWARI DENTAL COLLEGE BANGALORE	KUSHMA COLLEGE OF PHARMACY HUBBALLI.	ESIC COLLEGE OF NURSING,
Mobile No	9980280485		9035343728.
Email ID	dr.shashihrsdcostho@gmail.com		

For the Academic Year :			*Date of Inspection:*	
(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	SHANTIDHAMA COLLEGE OF NURSING 1/2 A, OPP GOVERNMENT SCHOOL, KODIGEHALLI VILLAGE, VISWANEEDAM MAGADI MAIN ROAD	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	SHREE GANGADESHWARA EDUCATIONAL TRUST NO.24, MAGADI MAIN ROAD, SUNKADAKATTE. VISHWANEEDAM BANGALORE. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:	Website:	

Dr. Shashi Kumar
Signature of Chairman
06/08/25

Signature of Member (1)
Dr. V Jayanand Pujari
06/08/2025

Signature of Member (2)
6/8/25

	(b). Name of the Owner of Trust/Society	MR. GANGADHARIAH, GANGAMMA, JAYALAKSHMI MR. DHANANJAYA, MR. PARAMESH		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 08 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: MR. THOMAS ROBIN GEORGE. Qualification: M.Sc(N) Experience: 15 YEARS Email: shanbhagnursing7@gmail.com	Mobile No: 9234056423. Office No: 8296025429. 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	Continuation					2,20,000
Post Basic B.Sc. Nursing	Continuation					3,50,000
					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			05		
	2. OBG NURSING			05		
	3. Community Health Nsg.			05		
	4. Psychiatric Nursing			05		
	5. Paediatric Nursing			05		
					Total (B)	50,000.
NPCC				Application fee.		3,000
					Total (C)	
					Grand Total (A+B+C)	6,23,150.
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	HFW 35 dt 18/12/2003 Annexure - 5	RGU/AFF CNS NF29 2003 Annexure - 6	KNC/1157 4/2004 17/03/2005 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	—
Post Basic B.Sc. Nursing	Approval Letter No. and Date	GOK HFW 171 NRS 20/04/2010 Annexure - 5	RGU/AFF CNS/NF129 18/02/18 Annexure - 6	KNC/502 12/06/2013 Annexure - 7	Annexure - 8	
	Sanctioned Intake	80	RGU/AFF C 80	80	80	
	Admissions Made for the Current Academic Year	80	80	80	80	—
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	HFW 171 NRS 2010 30/04/2010 Annexure - 5	RGU/AFF NS-165/ 21/03/2010 Annexure - 6	KNC/502/ 2013-14 12/06/2013 Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	25	—
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	NA 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	25	25	19	16	85
	Female	35	35	41	44	155
Post Basic B.Sc Nursing	Male	22	20	—	—	42
	Female	58	60	—	—	118
M.Sc Nursing	Male	4	6	—	—	10
	Female	21	19	—	—	40
M.Sc NPCC	Male					
	Female	—	NA	—		450

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: copy of Biometric attendance attached

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*		1			1		—			1	
4	Associate Professor	2	2-4		1*		2			1		—			1	
5	Assistant Professor	3	3-8	2	3*		3			3		—			3	
6	Tutor	8-16	16-24	2-10	--		28					—				
	Total	**16-24**	**24-40**	**4-12**			36			5		—			5	

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)**

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			
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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Separate list attached

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

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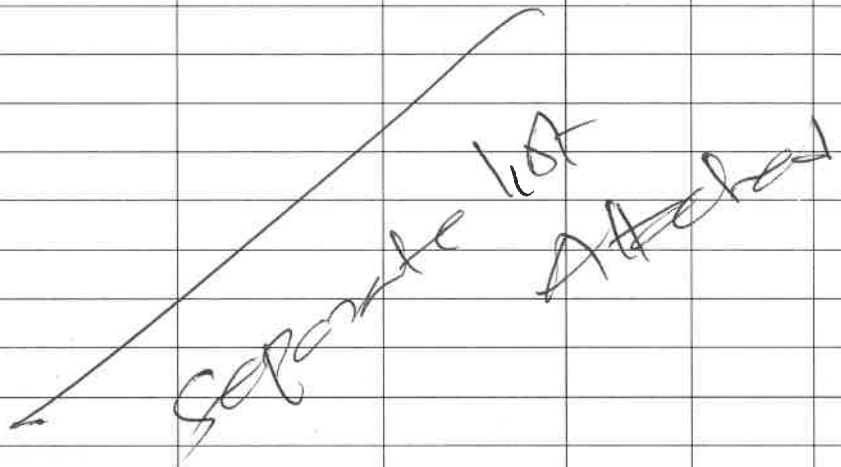

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years 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	43,500 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	4 x 1000 4000 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 x 600 1200 sq.ft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2x600 1200 sq.ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	Adequate
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		300	
	7. Accountants Office		200	
	8. Store Room		200	
	9. Record room		200	
	10. Room for maintenance staff		300	
	11. Xeroxing room		In office	
	12. common room	1000	1000	
	13. Seminar hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

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

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**

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.**

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 **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
02	KA41CA6329	51	Yes / No	Yes / No	Yes / No
	KL60J4640	AG			

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	2300 sq.ft	YES ☑ No ☐	Adequate	Adequate	—

Total No. of Nursing Books available	2816	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	275	**Is internet facility available for Students?**	Yes
No of e-books	640	**How many books were purchased in last financial year?**	400

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Yasodha. G.	M. Lib	11 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	Nil	ENCLOSED.
Conferences conducted	Nil	—
Conferences attended		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** ☐	Not applicable
		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			NA	—	
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				
	2				

(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:

Clinical permission letter from Private & Government Hospital to be closed

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	20
Surgery including OT			20	15
Obstetrics & Gynecology			750 (via).	
Pediatrics,			20	15
Emergency Medicine			10	8
Psychiatry			10	8

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10	08
Minor OT			05	04
Dental, Otorhinolaryngology, Ophthalmology			05	04
Burns and Plastic			05	04
Neonatology care unit			10	8
Communicable disease/ Respiratory medicine/TB & chest diseases			05	04
Dermatology			05	04
Cardiology			10	08
Oncology			10	08
Neurology/Neuro-surgery			10	08
Nephrology/Urology			10	08
ICU/ICCU			10	07
Geriatric Medicine			10	07
Any other			—	—

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**	MACHOHALLI.
	Adopted / Affiliated	Affiliated.
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	4 km.
b.	Services Rendered by Health & Family Welfare Programmes	FP, MCH services. Immunization.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	KANAHALLI.
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	2 km.
b.	Services Rendered by Health & Family Welfare Programmes	MCH, FP. Immunization. Awareness programme.
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** ☐

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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 23900 sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☐	Rented/Leased ☑
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 160	Boys : 70
f.	Total No. of rooms	Girls : 70	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	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:

- Infra structure and teaching faculty found to be adequate at the time of inspection

Dr. Shashi Kumar

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 SHANTIDHAMA 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 06/08/2025 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)

DR. SHANTI KUMAR

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)

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

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Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, GURUPRAKASH, Administrator
is/are the Owners/MD/CEO/Board Members of the
SPANDANA Hospital Pvt. Ltd hospital situated at
Pantharapalya, Mysore Road, Bangalur 560039
.

This is to confirm that our hospital Spandana Hos Pvt Ltd.
is registered under KPMEA and PCB with 150 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
Shanthidhama CON. _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Spandana Hospitals Pvt. Ltd.
1/1, Pantharapalya, Mysore road.
Bangalore - 560039

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

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.

Separate stamp Paper with Notarized
form is attached

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA09998123174521X**
Certificate Issued Date	:	05-Aug-2025 03:44 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ ANJANA NAGAR/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0835577394540397X
Purchased by	:	SHREE GANGADESHWARA EDUCATIONAL TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHREE GANGADESHWARA EDUCATIONAL TRUST
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	SHREE GANGADESHWARA EDUCATIONAL TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

VAIRAMUDI SOUHARDA CREDIT CO-OP LTD ARB50 2829 Anjananagara

Please write or type below this line

UNDERTAKING BY THE TRUST MANAGEMENT

I the Member of the Trust Mr. Dhanajaya, submitting the affidavit to university.

NOTARY DEVARAJA D., B.Sc., LL.B., Nagadevanahalli, Bangaluru City, Reg. No. 20356 GOVT. OF INDIA

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 Shree Gangadharareshwara Educational Trust running the College Shantidhama College of Nursing Since 2004.

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 responsible and the Trust Management can be held responsible and suitable action can be initiated by the University.

PRESIDENT
Gangadhareshwara Educational Trust
MAGADI MAIN ROAD, SUNKADAKATTE
BANGALORE-560091

PRINCIPAL
SHANTIDHAMA COLLEGE OF NURSING
#1/2A, Kodigehalli Village, Opp. Govt. School,
Vishwaneedam Post, Magadi Main Road,
Bangalore -560 091.

NOTARY
GOVT. OF INDIA
Reg. No. 20356
Bengaluru City

SWORN IN BEFORE ME

DEVARAJA B., B.Sc., LL.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
Reg. No. 20356
Expiry Dt. 03-2030
No.1/1a, School Road
Nagadevanahalli,
Bengaluru 560056

05 AUG 2025

SHANTIDHAMA COLLEGE OF NURSING
FACULTY DETAILS

Sl.no.	Name of the Teaching faculty	Designation	Qualification along with Specialty	Year of Passing	R.N & R.M. No. (renewal to be verified with original document)	Teaching Experience		Date of Joining	Form - 16 Submitted	Signature of Faculty
						After UG	**After PG**		**(Yes/No)**	
1	Thomas Robin George	Principal	Msc	2010	19DW47	6Yr 3mo	15yrs	01/06/2017	YES	
2	Gayathri Devi M	Vice Principal	Msc	2012	TNM 2008 KAR 633	11yr	14yrs	06/07/2020	YES	
3	Gopinath P. T	Professor	MSC	2015	29656	1 Yr	10 YEARS	15/07/2020	YES	
4	Raghu M	Professor	Msc	2019	22052	5yr 3mo	2 months	03/07/2023	YES	
5	Shyni K Xavier	Associate Professor	Msc	2010	RRANP20101737K	2	6 Years	10/02/2022	Yes	
6	Shijo Zachariah Jacob	Associate Professor	Msc	2015	48752			03/01/2021	YES	
7	Priyadarshani S	Associate Professor	Msc	2017	14N0131			02/11/2022	YES	
8	Jonas Varghese	Asst Professor	Msc	2017	14NCC74			05/12/2022	YES	
9	Ningaraju	Asst Professor	Msc	2021	49943		11months	07/11/2024	YES	
10	Vanamala Chaitanya	Asst Professor	Msc	2021	RR ANP 2017 6913 KAR		3yr 3month	13/03/2023	YES	
11	Ramyashree D S	Asst Professor	Msc	2022	95535	1yr	2months	08/06/2022		
12	Vaishak K. S	Asst Professor	Msc	2021	39195	9 years	3 Yrs 6 Months	22/12/2021		
13	Nandu R	Asst Professor	Msc	2021	19NM390		2Yr 6Month	06/12/2022	YES	
14	Aluguri Bhavana	Lecture	Msc	2024	103670	9months	1yr 2month	10/06/2024	ES	
15	Shipa B. J	Lecture	MSC	2021	100703	5 Yrs		08/11/2024		

SHANTIDHAMA COLLEGE OF NURSING
FACULTY DETAILS

Sl.no.	Name of the Teaching faculty	Designation	Qualification along with Specialty	Year of Passing	R.N & R.M. No. (renewal to be verified with original document)	Teaching Experience		Date of Joining	Form - 16 Submitted	Signature of Faculty
						After UG	**After PG**		**(Yes/No)**	
16	Gowthama Raj	Asst Lecturer	BSC	2010	RR TMN 2016 605	5 Yrs		22/03/2025		
17	Dhanush. S	Asst Lecturer	BSC	2015	117661	4 Yrs 9 Mon		08/11/2024		
18	Sahana . H	Asst Lecturer	BSC	2022	134658	2 Yrs 6 Mon		08/05/2023		
19	BhayaShree Gotur	Asst Lecturer	BSC	2022	131188	2 Yrs 11 Mon		06/09/2022		
20	Persis Jaayaprakash. K	Asst Lecturer	BSC	2021	121837	4 Yrs		03/07/2023		
21	Silpa Gcuhhait	Asst Lecturer	BSC	2021	120532	3 Yrs		07/07/2022		
22	Namita Sharma	Asst Lecturer	BSC	2021	129447	3 Yrs 7 Mon		14/12/2021		
23	Shyla D. N	Asst Lecturer	BSC	2014	161320	8 Yrs		01/10/2023		
24	Sowndaray. S	Asst Lecturer	BSC	2022	131107	1 Yrs		04/09/2024		
25	Jasin Abraham	Asst Lecturer	BSC	2023	156551	1 Yrs 6 Mon		07/09/2024		
26	Subhoshree Das	Asst Lecturer	BSC	2021				14/12/2021		
27	Sushma Kumari	Asst Lecturer	BS.c	2018	96867	8 yr 5month		05/05/2023		
28	Neelambigai D. M	Asst Lecturer	BSC	2019	101445	5 Yrs		01/05/2024		
29	Sangeetha V	Asst Lecturer	BSC	2021	120569	3 Yrs 6mon		10/01/2022	YES	
30	Radha C. M	Nursing Tutor	BSC	2022	131405	3 Yrs		06/11/2022		

SHANTIDHAMA COLLEGE OF NURSING
FACULTY DETAILS

Sl.no.	Name of the Teaching faculty	Designation	Qualification along with Specialty	Year of Passing	R.N & R.M. No. (renewal to be verified with original document)	Teaching Experience		Date of Joining	Form - 16 Submitted	Signature of Faculty
						After UG	After PG		(Yes/No)	
31	Rajeshwari H. M	Nursing Tutor	BSC	2022	134491	3 Yrs		06/11/2022		
32	Shoba G. M	Nursing Tutor	PBBSC	2023	196361	1 Yrs		17/07/2024		
33	Nikhla . M	Nursing Tutor	PBBSC	2022	205861	2 Yrs 10 Mon		10/10/2022		
34	Nivetha Aishaarya LakshmiS	Nursing Tutor	BSC	2023	151578	9 Mon		21/10/2024		
35	Prakash Betal	Nursing Tutor	BSC	2025	173534	6 MONTHS		27/02/2025		
36	Jayalaskhmi A. V	Nursing Tutor	BSC	2024	161990	1 Yr		05/05/2024		
37	Sandra Shusbhas	Nursing Tutor	BSC	2024	161991	4 Yrs		03/06/2024		
38	Sushanth Kumar. H	Nursing Tutor	BSC	2024	179129	6 MONTHS		05/01/2025		
39	Ranjitha. T. S	Nursing Tutor	BSC	2022	131045	1 Yrs		23/07/2025		
40	Missa Issac	Nursing Tutor	BSC	2014	170600	6 Months		06/01/2025		
41	Kavana	Nursing Tutor	BS.c	2021	255732	2 Yrs		08/01/2022	YES	

6/8/2025