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. MANJUNATH GOWDA	DR. NETHRA S S	MRS. SHOBHAMANI C P
Designation	CHIEF MEDICAL OFFICER	PROFESSOR	PROFESSOR
Address	MATRU MULTI – SPECIALITY HOSPITAL	BMCRI FORT BENGALURU	BAPUJI COLLEGE OF NURSING, SHIMOGGA
Mobile No	9066679444	9448171403	7338597498
Email ID	Manjunathgowda3141@gmail.com	nethra.surhonne@gmail.com	

Inspection For the Academic Year : 2025-2026			*Date of Inspection:* 05/08/2025	
(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	AMBIKA COLLEGE OF NURSING, T. BEGUR, THYAMAGUNDALU CROSS ROAD, NELEMAGALA, BANGALORE RURAL PIN CODE : 562123	2	Year of Establishment 2004
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Society/Trust//Missionary /Company		
3	(a). Name of the Trust/Society & complete postal	AMBIKA INSTITUTE OF EDUCATION SOCIETY (Enclose copy of Registration documents of Society/Trust)Annexure – 1		

5/8/25

Signature of Chairman

CDR-Dr-Manjunath Gowda

Nethra.SS

Signature of Member (1)

AC Member RGUHS

HOD BMCRI

Signature of Member (2)

Subject Expert

Professor HOD OBG Nsg

BCON, Shimoga

	address & Phone number	Email: ambikacollege@ gmail.com	Website: www.ambikainstitutions.org
		Office No:9538534849	Mobile No: 9035869657
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. RAMESH MOOLYA	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Mr. HEMARAJU R Qualification: MSc. (NURSING) Experience after MSc: 40 YEARS Email: hemaraju3002@gmail.com	Mobile No: 9035869657 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college		

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	1000/-	45,000/-	90,000/-	60,000/-	25,000/-	2,21,050/- RS
Post Basic B.Sc. Nursing						
					Total (A)	

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Prof. HOD OBG Nsg
Bapuji College of Nsg, Shimoga

		Total (C)	
		Grand Total (A+B+C)	
Online Transaction Number or Details:			

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	HPW412MPS 2003 Annexure - 5	RGU/AFF/CUA 01/2024-25 Annexure - 6	KNC/1157/V/111:2003/2004 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Professor. HOD & OBG Ms
BC ON, Shimoga

M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	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	10	05	21	15	51
	Female	49	55	28	43	175
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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----------

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Prof. HOD OBG NSG
Shimoga

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: _____

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		01							
4	Associate Professor	2	2-4					1*		02							
5	Assistant Professor	3	3-8				2	3*		01							
6	Tutor	8-16	16-24				2-10	--		19							
	Total	**16-24**	**24-40**				**4-12**			25							

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

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

Professor. HOD of OBG Nsg
BCON, Shimoga

100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

Signature of Chairman

Signature of Member (1)

5/8/25

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	For'm -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MR.HEMARAJU R	PRINCIPAL	BSc(N), MSc(N) MHN	OCT 2007-NOV 2011	7973 7973	1 YEAR 7 MONTHS	13 YEARS 4 MONTHS	03/12/2011		
2.	Mrs. MARGARET MANJU SHALINI R	PROFESSOR	BSc(N) MSc(N) OBG	FEB 2006 NOV 2011	RRTMN 200755IKAR	2 YEARS	13 YEARS 4 MONTHS	06/05/2024		
3.	MR.CHANDAN H G	ASSOCIATE PROFESSOR	BSc(N) MSc(N) CHN	AUG 2009 APRIL 2014	21277	2 YEARS	10 YEARS	02/01/2024		
4.	Mrs. REENA JOSE	ASSOCIATE PROFESSOR	BSc(N) MSc(N) MHN	AUG 2009 OCT 2015	29355	1 YEAR	10 YEARS 5 MONTHS	01/01/2022		
5.	Mr. HEMANTH H S	ASSOCIATE PROFESSOR	BSc(N) MSc(N) MSN	AUG 2010 OCT 2015	36100	1 YEAR	9 YEARS	25/04/2022		
6.	Ms. SUSMITA DEBNATH	LECTURER	BSc(N) MSc(N) MSN	NOV 2021 DEC 2024	125311	1 YEAR	1 MONTH	10/03/2025		Absent
7.	Mrs. JASMINE K JOSE	LECTURER	P.B.BSc(N)	SEP 2013	022054	7 YEAR		26/03/2024		
8.	Mr. YOGISHKUMAR D R	LECTURER	P.B.BSc(N)	NOV 2021	197266	3 YEARS 4 MONTH		10/03/2024		
9.	Ms. SAVITA KURUBAR	TUTOR	BSc (N)	NOV 2021	120522	3 YEARS 5 MONTHS		11/07/2023		
10.	Ms. ADITI MONDAL	TUTOR	BSc (N)	NOV 2021	125850	3 YEARS 5 MONTHS		20/06/2022		Aditi Mondal
11.	Mr. SHUBAM SEN	TUTOR	BSc (N)	NOV 2021	124605	3 YEARS 5 MONTHS		12/07/2022		
12.	Ms. DIPANWITA BASU	TUTOR	BSc (N)	OCT 2022	159927	2 YEARS 5 MONTHS		15/11/2024		Dipanwita Basu
13.	Mr. ANEX POLLY	TUTOR	BSc (N)	OCT 2022	140598	2 YEARS 5 MONTHS		03/06/2024		Absent
14.	Ms. TEJASWINI G ANGADI	TUTOR	BSc (N)	OCT 2022	133354	2 YEARS 5 MONTHS		18/10/2024		
15.	Ms. BHAGYASHREE G HALLIKERI	TUTOR	BSc (N)	OCT 2022	133848	2 YEARS 5 MONTHS		07/11/2024		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16.	Mr. SHIVARAJ KUMAR	TUTOR	BSc (N)	OCT 2022	133640	2 YEARS 5 MONTHS		06/03/2025		
17.	Mr. SHRIDHARA P	TUTOR	PB BSc (N)	OCT 2021	202556	3 YEARS 5 MONTHS		10/03/2025		
18.	Ms. SHABEENA BEGUM	TUTOR	BSc (N)	OCT 2023	154006	1 YEAR 5 MONTHS		03/03/2025		
19.	Ms. RAJESHWARI F SUNGAR	TUTUR	BSc (N)	OCT 2023	154049	1 YEAR 5 MONTHS		03/03/2025		
20.	Mr. SHANKARA D	TUTOR	PB BSc (N)	MAY 2024	197250	1 YEAR 2 MONTHS		03/06/2024		
21.	Ms. BAGYALAKSHMI B KANAJ	TUTOR	BSc (N)	DEC 2024	175687	6 MONTHS		27/02/2025		
22.	Ms. KAVERI PRASAD HIREMATH	TUTOR	BSc (N)	DEC 2024	175689	6 MONTHS		27/02/2025		
23.	Mr. SHREE HARSHA	TUTOR	BSc (N)	DEC 2024	168831	6 MONTHS		03/03/2025		
24.	Ms. BHOOMIKA SHAMBULINGAPPA	TUTOR	BSc (N)	DEC 2024	181163	6 MONTHS		13/03/2025		
25.	Ms. SUSHMITA BASAVARAJ KUMACHI	TUTOR	BSc (N)	DEC 2024	173943	2 MONTHS		13/06/2025		
26.	Mr. AKASH MONDAL	TUTOR	BSc (N)	OCT 2022	133413	-		04/08/2025		
27.										
28.										
29.										
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Signature of Chairman

Signature of Member (1)

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5/8/25

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
		COPY 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)		24,000sqft
	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	—	—
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	—
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	—
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 sq ft**	✓
	2. Vice-Principal Chamber	200	**200 sq ft**	✓
	3. HOD	5 x 200 = 1000	**1000 sq ft**	✓
	4. Professor/Assoc. Prof	800+2400=3200	**3200 sq ft**	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 sq ft**	✓
	7. Accountants Office	**100**	**100 sq ft**	✓
	8. Store Room	**100**	**100 sq ft**	✓
	9. Record room	**100**	**100 sq ft**	✓
	10. Room for maintenance staff	**100**	**100 sq ft**	✓
	11. Xeroxing room	**100**	**100 sq ft**	✓
	12. common room (Girls & Boys)	600+400= 1000	**1000 sq ft**	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 sq ft**	✓
	14. Toilets	1000	**1000 sq ft**	✓

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 5/8/25

	15. A.V/Aids room	600	**600 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	**1600sq ft**	✓
	Nutrition & Community Health Nursing	1200sq.ft	**120 sq ft**	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	**900sq ft**	✓
	Pediatrics Nursing Laboratory	900sq.ft	**900sq ft**	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	**900sq ft**	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1500sq.ft**	✓

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	✓
2	**Is the college building own or leased ?**	✓ **OWN**
3	**Blue print of the building plan approved and attested by competent authority.**	✓
4	**Building construction license from competent authority**	✓
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy certificate.**	✓
7	**Sale deed / Lease deed of the building / Land.**	✓
8	**Land Conversion order from DC**	✓
9	**Town planning/Authorities approval order**	✓

It is mandatory to enclose all the documents mentioned above.

Note:

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

5/8/25

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
02	KA52B4354	52	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500sqft	✓ YES ☐	✓	✓	✓

Total No. of Nursing Books available	2703	**No. of Nursing Journals subscribed**	03
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	✓
No of e-books		**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	**Mrs. JEENA ANTONY**	**MLIB**	**03**	✓

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

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

Research Projects	—	—
Conferences conducted	—	—
Conferences attended	—	—

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	✓	**NO**
2	**Do you have parent hospital?**	**YES** ☐	✓	**NO**
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☐		
		ii.Trust member with MOU ☐		

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)		—	—	—	—
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address	1.MANIPAL HOSPITAL YESHWANTHPUR	160	35 KM		✓

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	2.GENERAL GOVT. HOSPITAL NELEMAGALA	100	08 KM		✓
	3.COMMUNITY HEALTH CENTER THYAMAGUNDALU (MOU/Clinical permission letter)	30	10 KM		✓

(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			40	40
Surgery including OT			10	10
Obstetrics & Gynecology			20	20
Pediatrics,			20	20
Emergency Medicine			-	-
Psychiatry			-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10	10
Minor OT			10	10
Dental, Otorhinolaryngology, Ophthalmology			10	10
Burns and Plastic			-	-
Neonatology care unit			-	-
Communicable disease/Respiratory medicine/TB & chest diseases			40	40
Dermatology			-	-

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Cardiology			-	-
Oncology			-	-
Neurology/Neuro-surgery			10	10
Nephrology/Urology			10	10
ICU/ICCU			10	10
Geriatric Medicine			-	
Any other				

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		**THYAMAGUNDALU COMMUNITY HEALTH CENTER**
Adopted / **Affiliated**		
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		**10 KM**
b. Services Rendered by Health & Family Welfare Programmes		✓
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		**AFFILIATED**
Administrate red by		**State Gov** ☑ **Municipal Corporatio** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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 ☐
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	49000sq ft	
c.	Is the Hostel Owned or Rented/Leased?	✓	Own	Rented/Leased ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 : 51**
f.	Total No. of rooms	**Girls : 72**	**Boys : 15**
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** ☐

List of Annexures:

Annexure Numbers	**Details**	**Verified as per originals documents**		
		Yes	**NO**	**Signature**
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	✓	X	
Annexure - 10	List of M.Sc. Nursing Students as per format	✓	X	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities :	✓		

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

	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 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:

1) Infrastructure – Adequate as per norms.
2) Equipments – Adequate as per norms
3) Staff – Adequate as per norms
4) Clinical load – As per norms.

⇒ Can be considered for
i) Continuation of affiliation of Bsc-Nursing-60.

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 AMRITA 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 _____ 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)

5/8/25

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA10686673286311X
Certificate Issued Date	:	06-Aug-2025 12:41 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ NELAMANGALA13/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0836880560169815X
Purchased by	:	AMBIKA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AMBIKA COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	AMBIKA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-operative Societies Association (R)

Please write or type below this line

UNDERTAKING by Trust Management

I **Mr. RAMESH MOOLYA** the Chairman of the trust **AMBIKA INSTITUTE OF EDUCATION SOCIETY** are submitting the affidavit to university.

For Ambika Institute Of Education Society

President

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 Ambika institute of Education Society is running the Ambika College of Nursing since 2004.

1. We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.
2. We confirm that the faculty in the college are employed for full time in the college.
3. 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.
4. We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.
5. 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.

For Ambika Institute Of Education Society

Deponent

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10698242655222X**
Certificate Issued Date	:	06-Aug-2025 12:44 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ NELAMANGALA13/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0836901156031584X
Purchased by	:	MANIPAL HOSPITAL YESHWANTHPUR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MANIPAL HOSPITAL YESHWANTHPUR
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	MANIPAL HOSPITAL YESHWANTHPUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-operative Societies Association (R) Branch Nelamangala

Please write or type below this line

UNDERTAKING

We Manipal hospital situated at Yeshwanthpur.

1. This is to confirm that our Manipal hospital is registered under KPMEA and PCB with 160 beds and the bonafide certificate has been attached.

Manipal Hospital Yeshwanthpur Bengaluru

2. This is to confirm that the Manipal hospital is functioning as affiliated hospital for Ambika college of Nursing.

3. We also confirm that our Manipal hospital is solely affiliated to Ambika college of Nursing and is not affiliated to any other nursing colleges.

The information provided by us is true and correct.

6.08.25

Deponent

Manipal Hospital Yeshwanthpur
Bengaluru