Online entry done - Sion

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. Vinutha Rao	DR. Anu Thomas	DR. Anil Kumar. V
Designation	Principal	Principal	Principal
Address	MVM College of Naturopathy & Yogic Sciences. Bangalore	Nalapad College of Nursing, Bangalore	Blossom College of Nursing Bangalore.
Mobile No	9980181331	9880471831	9886682712.
Email ID	drvinuthamvm@gmail.com	anuthom5477@gmail.com	

Inspection For the Academic Year : 2025 *Date of Inspection:* 13/8/2025

(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	KRISHNA COLLEGE OF NURSING. ANTARAGANGE ROAD, MUNEESHWARA NAGAR, KOLAR-563101.	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 & Phone number	Schedule Caste and minority welfare Association Bhovi colony, Santhe Extension, Kolar district. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: krishnaconkolar@gmail.com	Website: krishnacollege.com.	
		Office No: -	Mobile No: 7829291999.	

Signature of Chairman: Dr. Vinutha Rao.

Signature of Member (1): DR. ANU THOMAS A/C MEMBER 9880471831

Signature of Member (2): Dr Anil Kumar RV SE 9886682712

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	M. SRI KRISHNA. Ph.no:- 9035889465	
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	a) Details of Principal/Head of the institution (After MSc)	Name: PRASANTH KUMAR. K.N Qualification: M.SC. NURSING (MSN) Experience after MSc: 14 years Email: prasanthkumarayan@gmail.com	Mobile No: 9035889465 Office No: - Fax No: - Residential phone No: -
	b) Drawing authority of the college	PRINCIPAL PRASANTH KUMAR. K.N	

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	✓		1,50,000/-		25,000/-	1,77,115.59/-
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.		NA			
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	
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	Annexure - 5	Annexure - 6	Annexure - 7	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				
	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	NA				
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	NA				

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	22	08	13	07	50
	Female	18	42	36	43	139
Post Basic B.Sc Nursing	Male					
	Female	NA				
M.Sc Nursing	Male					
	Female	NA				
M.Sc NPCC	Male					
	Female	NA				

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--------
		NA				

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--------
		NA				

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							1							
2	Vice-Principal	1	1							1.							
3	Professor	1	1-2					1*		–							
4	Associate Professor	2	2-4					1*		1							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		15							
	Total	**16-24**	**24-40**				**4-12**			21							

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				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	MR. PRASANTH KUMAR	PRINCIPAL	MSC(N) (MSN)	2011	003688	2 YEARS	14 YEARS	10-01-20	yes	
2.	MR. CHANDRASHEKAR	VICE PRINCIPAL	MSC(N) (CHN)	2013	26965	1 YEAR	8y 2M	02-09-24	yes	
3.	MR. NITHIN JOSE	ASSO PROFESSOR	MSC(N) PSYCHIATRY	2015	25952		3y	01-08-23	yes	
4.	MS. CHANDINI . M	ASS. PROFESSOR	MSC(N) DBG	2021	RRANP2022985 6KAR		2y	06-10-24	yes	
5.	MS. YANAMALA CHAITHANYA	ASS. PROFESSOR	MSC(N) PSYCHIATRY	2020	RRANP2017 6913KAR		2y	11-01-2023	yes	
6.	MS. VEENA . M	ASST. PROFESSOR	MSC(N) PSYCHIATRY	2022	41293		1y 6M	08-08-2024	yes	
7.	MR. RAGUNATHA. R	TUTOR	BSC NURSING	2011	430702	1y		02-01-2023	yes	
8.	MR. SRIDHARA. P	TUTOR	BSC (N)	2022	139648	1y		02-01-25	yes	
9.	MS. MONISHA	TUTOR	BSC(N)	2016	77833	1y		04-11-25	yes	
10.	MS. VEENA MANJARI	TUTOR	BSC(N)	2009	24064	1y		22-01-25	yes	
11.	MR. SANDHESH	TUTOR	BSC(N)	2020	114684	1y		02-08-23	yes	
12.	MS. RAMYA	TUTOR	BSC(N)	2020	114911	1y		08-02-24	yes	
13.	MS. LATHA. GS	TUTOR	PBBS(N)	2014	64915	1y		12-03-24	yes	
14.	MS. LAKSHMI DEVI	TUTOR	PBBS(N)	2019	138152	1y		16-12-24	yes	
15.	MRS. MUTHUMANI. M	TUTOR	PBBS(N)	2017	179539	1y		16-12-24	yes	
16.	MRS. JAYABHARATHI D	TUTOR	PBBS(N)	2020	57694	1y		02-09-23	yes	
17.	MR. SRIDHAR. V	TUTOR	PBBS(N)	2016	160269	1y		11-11-24	yes	
18.	MR. CHANDHAN MANDAL	TUTOR	BSC(N)	2022	205861	1y		01-02-25	yes	
19.	MS. SHAMITHA	TUTOR	PBBS(N)	2022	135936	1y		12-10-24	yes	
20.	MS. MADHU. B	TUTOR	PBBS(N)	2022	135937	1y		12-10-24	yes	
21.	MS. PALLAVI	TUTOR	PBBS(N)	2022	135916	1y		12-10-24	yes	
22.										

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

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

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		enclosed.			

14. Physical Facilities : enclosed

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)	24020 sq.f	
	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	4x900 = 3600 sq.f	Verified.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	1x300 = 300 sq.f	Verified
	2. Vice-Principal Chamber	200	1x200 = 200 sq.f	
	3. HOD	5 x 200 = 1000	5x200=1000 sq.f	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.f	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	1x600 = 600 sq.f	Verified
	7. Accountants Office	**100**	1x100 = 100 sq.f	
	8. Store Room	**100**	1x100 = 100 sq.f	
	9. Record room	**100**	1x100 = 100 sq.f	
	10. Room for maintenance staff	**100**	1x100 = 100 sq.f	
	11. Xeroxing room	**100**	1x100 = 100 sq.f	
	12. common room (Girls & Boys)	600+400= 1000	1000 sq.f	Verified
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.f	
	14. Toilets	1000	1000 sq.f	

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

	15. A.V/Aids room	600	600 sq.f	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	50 Intake	
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.f	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.f	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.f	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 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**	Yes.
2	**Is the college building own or leased ?**	Leased.
3	**Blue print of the building plan approved and attested by competent authority.**	Yes.
4	**Building construction license from competent authority**	Yes.
5	**Tax paid receipt (Latest / current year)**	—
6	**Occupancy certificate.**	—
7	**Sale deed / Lease deed of the building / Land.**	Lease deed.
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

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 enclosed **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA07C0328	42	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	2300 Sq.ft	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	1406	**No. of Nursing Journals subscribed**	2
No. of Thesis/Research titles available	–	**Is internet facility available for Students?**	No
No of e-books	10	**How many books were purchased in last financial year?**	50

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Deepa	M.Sc. Lib	6	–
2.	Raju	B.Sc. Lib	4	–

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		

* 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)		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. NARENDRA HOSPITAL M.G. Road. Kolar.	30	2.4 km	90%	
	2 NEW KOLAR HOSPITAL Kuvempu Nagar Kolar.	30	1.5 km	85%	
	3 Srinivasa Nursing Home	50	3 km	90%	

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

	(MOU/Clinical permission letter)				

(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				
Surgery including OT				
Obstetrics & Gynecology	NA		enclosed	
Pediatrics,				
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				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic			enclosed.	
Neonatology care unit	NA			
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD enclosed	
a. Name of CHC / PHC / SC	VAKKALERI PHC
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	2
b. Services Rendered by Health & Family Welfare Programmes	Rural family welfare services
URBAN FEILD : enclosed	
a. Name of CHC / PHC / SC	DARGA
Adopted / Affiliated	Affiliated
Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	3
b. Services Rendered by Health & Family Welfare Programmes	urban family welfare services
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 8000	
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 : 63	Boys : 50
f.	Total No. of rooms	Girls : 30	Boys : 28
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 at Krishna College of Nursing following observations were made.

Infrastructure :-

* Building documents were varified & found correct.
* classrooms are well ventilated.

Academic

* Total 21 were present on that day of Inspection.
* labs were well equipped. & well ventilated.
* Library has 1406 books

Clinical.

* Hospital details were enclosed for your persnal.

All required documents were enclosed for your persnal.

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 Krishna College of nursing, Kolar which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 13/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr. Vinutha Rao Senate Member	Dr. Anuthama A/c. member.	Dr. Anil Kumar R.V. Subject Expert RGUHS Bangalore.
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)**

Leave Letter

From,

Nithin Jose
Professor
Department of psychiatric Nursing

To,

The principal
Krishna college of Nursing.

Subject :- Request for sick leave

Respected sir,

I'm Nithin Jose professor in college and I'm writing to inform you that I have been diagnosed with chicken pox. As per the Doctor's advise I need to take and avoid contact with others' until I completely recover to prevent spreading the infection. Therefore I kindly request you to grant me leave from 4/08/2025 to 13/08/2025 or till I completely recover. I will resume work as soon as I become fit and well. I shall be grateful for your kind consideration

Thank you.

Yours obediently,

Nithin Jose.

Leave granted

KRISHNA COLLEGE OF NURSING

PRINCIPAL

04/08/25

Kolar

From,
Muthumani
KCON
Kolar.

To,
The Principal
KCON
Kolar.

Sub:- Leave Letter/Application

Dear Sir/Maam,

This is for your kind consideration that I Ms. Muthumani, working as tutor at KCON, would like to inform you that my mother is not well enough from past 2 days, due to which I am unable to attend the college today. kindly accept my application.

Yours Faithfully
Muthumani.

KRISHNA COLLEGE OF NURSING
PRINCIPAL

Date:- 13/08/25
place:- Kolar.

College code
NF135
KRISHNA
COLLEGE OF NURSING
ANTARAGANGE ROAD, NEAR KSRTC BUS STAND ,KOLAR - 563101
Kolar, Karnataka, India
Near Ksrtc Bus Stand, Antharganga Road, Antharagange
Muneshwara Nagar, Kolar, Karnataka 563101, India
Lat 13.13777° Long 78.124958°
13/08/2025 02:53 PM GMT +05:30

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INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA11881111803649X
Certificate Issued Date	:	07-Aug-2025 12:42 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ G S PALYA/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0839152970056035X
Purchased by	:	SCHEDULED CAST AND MINORITY WELFARE ASSOCIATION
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SCHEDULED CAST AND MINORITY WELFARE ASSOCIATION
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	SCHEDULED CAST AND MINORITY WELFARE ASSOCIATION
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA G S PALYA BRANCH Authorised Signatory

NOTARY Kalaburagi City T.G. Manjunatha Reddy Date Reg. No. Exp.

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I M. Sri Krsihna M, Chairman of the trust of Schedule caste and welfare association is submitting the affidavit to university

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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.

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e-Stamp

Certificate No.	:	**IN-KA10640402778377X**
Certificate Issued Date	:	06-Aug-2025 12:29 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ G S PALYA/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836767894030094X
Purchased by	:	NARENDRA HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	NARENDRA HOSPITAL
Second Party	:	RGUHS
Stamp Duty Paid By	:	NARENDRA HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY Kolar City
T.G. Manmatha Reddy
Date.....
Reg. No. LCL341/2011
Exp. DT:13/3/2027
Govt. of Karnataka

G SEVA KENDRA G S PALYA BRANCH
Authorised Signatory
M: 7975636833

Please write or type below this line

UNDERTAKING

I Dr.Narendra of Narendra hospital situated at Dargah Shahi Mohallah, Keelu Kote, MB Rd, Raja Nagar, Kolar, Karnataka 563101

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Government of Karnataka

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Certificate Issued Date	:	14-Aug-2025 12:01 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ G S PALYA/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0849960140978450X
Purchased by	:	SRINIVASA NURSING HOME
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRINIVASA NURSING HOME
Second Party	:	RAJIV GANDHI UNIVERSITY
Stamp Duty Paid By	:	SRINIVASA NURSING HOME
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

G SEVA KENDRA G S PALYA BRANCH Authorised Signatory M: 7975636833

Please write or type below this line

GOVT. OF KARNATAKA NOTARY B.M. Chandrashekar Bengaluru Metropolitan Area No. LAW-LCU/329/2021 Expiry Date 02-12-2026

UNDERTAKING

I Mrs. Premalatha, Nursing Superintendent of Srinivasa Nursing Home situated at BB Road Kolar Karnataka 563101.

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.