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. K.C. Shashidhara.	Siddangouda APatil	Dr. Utaibasha. N. Dhandargi
Designation	professor	Professor	Principal Professor
Address	Dept. of Medicine JSS Medical College Mysore	Anjuman Hubli P.G Dos chairman	BES. Bagalkot college of Nursing Bagalkot.
Mobile No	9448066613	9448525198	9740750599.
Email ID	kcshashidhara@gmail.com.	drsapatilmdgpe@gmail.com	undhandargi@gmail.com.

Inspection For the Academic Year : 25-26 *Date of Inspection:* 19/8/25

(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	INDIAN ACADEMY COLLEGE OF NURSING. HENNUR CROSS, HENNUR MAIN ROAD, KALYAN NAGAR POST, B'LORE-43.	2	Year of Establishment: 2004
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	(a). Name of the Trust/Society & complete postal address & Phone number	INDIAN ACADEMY EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: chairman@indianacademy.edu.in	Website: www.iacn.edu.in	
		Office No: 08067458901	Mobile No: 9845035569	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Dr. Utaibasha. N Dhandargi

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. T. SOMASEKHAR 9845035569		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 8 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: SHIYAMALA RANI. T Qualification: MSc (N) Experience after MSc: 20 years 2mths Email: principal@iacn.edu.in	Mobile No: 9902841388 Office No: 08409397 45 Fax No: Residential phone No: 9902841388	
	b) Drawing authority of the college	DR. T. SOMASEKHAR.		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION	–	196050/-	–	25000/-	221050/-
Post Basic B.Sc. Nursing	CONTINUATION	–	131050/-	–		131050/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NSG	4 X 2000 = 8000/-	
	2. CHILD HEALTH NSG	4 X 2000 = 8000/-	
	3. MENTAL HEALTH NSG	4 X 2000 = 8000/-	40,000
	4. COMMUNITY HEALTH NSG	4 X 2000 = 8000/-	1000
	5. OBG NURSING.	4 X 2000 = 8000/-	7500
		Total (B)	48550/-
NPCC			
		Total (C)	
		Grand Total (A+B+C)	400650/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details:
BSc(N): ZAXCZIF095KCWM, PBBSc(N): ZAXCZPX095KMVK, MSc(N): ZAXCZT1095KWY4

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	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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	30	30	30	30	
	Admissions Made for the Current Academic Year	30	30	30	30	
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	20	20	20	20	
	Admissions Made for the Current Academic Year	20	20	20	20	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	**Male**	03	23	25	28	79
	Female	57	37	35	32	161
Post Basic B.Sc Nursing	**Male**	01	-	-	-	01
	Female	29	30	-	-	59
M.Sc Nursing	**Male**	01	02	-	-	03
	Female	19	16	-	-	35
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----------
			ANNX-9	ATTACHED		

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----------
			ANNX – 10	ATTACHED		

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*		3							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		7							
6	Tutor	8-16	16-24				2-10	--		23							
	Total	**16-24**	**24-40**				**4-12**			37							

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

IAGI Indian Academy College of Nursing

Teaching Faculty details

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	Ms. Shiyamala Rani T	Professor cum Principal	M.Sc Nursing Medical surgical Nursing	2003	12314	8yrs	20.2yrs	01.09.2023	Yes	
2	Ms Radha P	Professor / Vice Principal	M.Sc Nursing Community Health Nursing	2010	RR TMN 20122739 KAR	1.3yrs	15.10yrs	18.09.2010	Yes	
3	Ms. Elizabeth Leena P.D	Professor	M.Sc Nursing Obstetrics and Gynecological nursing	2007	24765	7 yrs	17.6yrs	31.01.2008	Yes	
4	Ms. Kothakota Sumithra	Professor	M.Sc nursing mental Health Nursing	2016	RR ANP 2019 8387 KAR	-	8.5yrs	03.02.2021	Yes	
5	Mr. Suresha D M	Professor	M.Sc Nursing Child Health Nursing	2012	13365	1.8rs	12.2yrs	07.07.2020	Yes	
6	Ms.Gowri.M	Associate Professor	M.Sc nursing Child Health Nursing	2018	RR TMN 2015 4770 KAR	8yrs	7.4yrs	02.01.2020	Yes	
7	Ms. Glory Jackeline	Associate Professor	M.Sc Nursing Medical Surgical Nursing	2018	58455	1yr	6.9yrs	19.12.2019	Yes	
8	Ms. Vivina C	Assistant Professor	M.Sc Nursing Medical Surgical Nursing	2019	80859	-	5.4yrs	02.04.2022	Yes	
9	Ms. Praveena M	Assistant Professor	M.Sc nursing Child Health Nursing	2015	2132	3yrs	5.5yrs	15.02.2020	Yes	
10	Ms. Divya Paudyal	Assistant Professor	M.Sc Nursing Obstetrics and Gynecological nursing	2021	73410	-	3.11yrs	20.09.2021	Yes	
11	Ms. Poonam Sharma	Assistant Professor	M.Sc nursing Mental Health Nursing	2020	RR HMP 2025 11409 KAR	_	3.11yrs	28.08.2023	Yes	

PRINCIPAL
Indian Academy College of Nursing
Hennur Cross, Hennur Main Road,
Bangalore - 560 043

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			
12	Ms. Meghashree v	Assistant Professor	M.Sc Nursing Medical surgical Nursing	2021	88261	1.6yrs	3yrs	15.07.2023	Yes	
13	Ms. Jasmine soundharya	Assistant Professor	M.Sc Nursing Medical surgical Nursing	2020	85411	9 Months	4.6yrs	12.08.2024	Yes	
14	Ms. Justymol Jose	Assistant Professor	M.Sc Nursing Obstetrics and Gynecological nursingg	2016	RR KRL 2012 3064 KAR	2.5yrs	3.3yrs	18.07.2024	-	
15	Ms. Arul Nahomi	Lecturer	M.Sc nursing Mental Health Nursing	2024	43776	2yrs	1.5yrs	01.03.2024	-	
16	Ms.Nivedha B	Lecturer	M.Sc Nursing Medical surgical Nursing	2024	126897	-	2 Months	30.5.2025	-	
17	Mr.Shyju C R	Lecturer	M.Sc Nursing Community Health Nursing	2023	19785	-	2.9yr	1.08.2025	-	
18	Mr. Akshay kumar	Assistant Lecturer	B.Sc Nursing	2021	120533	1.9yr	-	25.10.2023	-	
19	Ms. Mary Joseph	Assistant Lecturer	B.Sc Nursing	2020	109993	1.11yrs	-	04.10.2023	-	
20	Ms. Sruthi V S	Assistant Lecturer	PBB.Sc Nursing	2021	RR KRL 2022 20977 KAR	1.11yrs	-	07.10.2023	-	
21	Mr. Paul Jacob	Assistant Lecturer	PBB.Sc Nursing	2020	88142	1.10yrs	-	20.10.2023	-	
22	Ms. Siji Thomas	Assistant Lecturer	PBB.Sc Nursing	2022	RR KRL 2022 22659 KAR	1.10yrs	-	06.10.2023	-	
23	Mr. Mohammed Jeesan	Assistant Lecturer	B.Sc Nursing	2022	131531	1.7syrs	-	08.12.2023	-	
24	Mr. Litto Joseph V	Assistant Lecturer	PBB.Sc Nursing	2012	133795	10 Yrs	-	05.08.2025	-	
25	Mr. Thipperudra T	Tutor	PBB.Sc Nursing	2024	197519	-	-	31.07.2025	-	
26	Ms. Gladis K John	Tutor	B.Sc Nursing	2023	151780	6 Months	-	31.07.2025	-	
27	Mr. Ashwin Krishna	Tutor	B.Sc Nursing	2025	161342	-	-	05.08.2025	-	
28	Ms. Minimol K S	Tutor	PBB.Sc Nursing	2021	RR KRL 2022 22283 KAR	11 Months	-	19.06.2024	-	

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Indian Academy College of Nursing
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Bangalore - 560 043

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			
29	Mr. Abhijith C T	Tutor	B.Sc Nursing	2024	178928	-	-	08.08.2025	-	
30	Mr. Brijin Thomas	Tutor	B.Sc Nursing	2024	168818	-	-	04.08.2025	-	
31	Mr. Akash N S	Tutor	B.Sc Nursing	2024	173199	-	-	04.08.2025	-	
32	Mr. Ahan Pandey	Tutor	B.Sc Nursing	2022	135040	1.1yr	-	20.06.2024	-	Mental health nursing
33	Mr. Kumaresan K	Tutor	B.Sc Nursing	2023	139273	-	-	04.08.2025	-	
34	Ms.Nargis Rehman	Tutor	B.Sc Nursing	2024	173827	-	-	04.8.2025	-	Nargis Rehaman
35	Ms. Anjaly Mathew	Tutor	B.Sc Nursing	2023	157323	-	-	06.08.2025	-	
36	Mr. Sabith V K Kabeer	Tutor	B.Sc Nursing	2023	150329	1 Yr	-	18.04.2024	-	Mental health posing
37	Ms. Kumari Swetha	Tutor	B.Sc Nursing	2024	164091	8 Months	-	02.12.2024	-	Mental health posing

19/8/2025

Dr. Utsabasha N. Dhandangi
(Subject Expert.)

PRINCIPAL
Indian Academy College of Nursing
Hennur Cross, Hennur Main Road,
Bangalore - 560 043

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

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

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

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

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

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
			ANNX-11	ATTACHED	

14. Physical Facilities :

14.1. College Building: ANNX-12 ATTACHED **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)	23000 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	✓
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	2	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	250	✓
	2. Vice-Principal Chamber	200	100	✓
	3. HOD	5 x 200 = 1000	700	✓
	4. Professor/Assoc. Prof	800+2400=3200	2'800	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	550	✓
	7. Accountants Office	**100**	100	✓
	8. Store Room	**100**	100	✓
	9. Record room	**100**	90	✓
	10. Room for maintenance staff	**100**	100	✓
	11. Xeroxing room	**100**	100	✓
	12. common room (Girls & Boys)	600+400= 1000	800	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	✓
	14. Toilets	1000	900	✓

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

	15. A.V/Aids room	600		

ANNX ATTACHED

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	1400 Sq Ft	
	Nutrition & Community Health Nursing	1200sq.ft	1000 Sq Ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	800 Sq.Ft	verified
	Pediatrics Nursing Laboratory	900sq.ft	750 Sq Ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	800 Sq Ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1400 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**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	verified & enclosed
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

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
ANNX-13 ATTACHED			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	3000sqft	YES ☑ No ☐	✓	✓	verified

Total No. of Nursing Books available	4003	**No. of Nursing Journals subscribed**	6 INDIAN 4 INTERNATONAL
No. of Thesis/Research titles available	165	**Is internet facility available for Students?**	YES.
No of e-books —		**How many books were purchased in last financial year?**	84

S. No.	Name of the Librarian	Qualification	Experience	Remarks
		ANNX 14 ATTACHED		

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	ANNX-15 ATTACHED	

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

Conferences conducted	—	—
Conferences attended	ATTACHED	—

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital			NOT APPLICABLE.		
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 P.D. HINDUJA SINDHI HOSPITAL	95	8 km		
	2. BHAGWAN MAHAVEER JAIN HOSPITAL	470	5 km		
	3. INDIRA GANDHI INSTITUTE OF CHILD HEALTH	475	14.5 km		
	4. VISION INDIA	50	16 km		
	5. JAYADEVA INSTITUTE OF CARDIOLOGY	995	18 km		

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

	6. ULSOOR MATERNITY CENTER 7. D J HALLI MATERNITY CENTER. (MOU/Clinical permission letter)	25 25	5 km 3 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:

Nil

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				
Pediatrics,			ANNX 16 ATTACHED	
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				
Neonatology care unit		enclosed		
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				

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

ICU/ICCU				
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		BETTAHALSUR.
Adopted / Affiliated		AFFLIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		21.8 km
b. Services Rendered by Health & Family Welfare Programmes		FAMILY WELFARE SERVICES, SCHOOL HEALTH PROG, ANTENATAL/POSTNATAL CLINIC, UNDERFIV CLIN
URBAN FEILD :		
a. Name of CHC / PHC / SC		K. NARAYANAPURA.
Adopted / Affiliated		AFFLIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		4.6 km.
b. Services Rendered by Health & Family Welfare Programmes		FAMILY WELFARE SERVICES, SCHOOL HEALTH PROG ANTENATAL/POSTNATAL CLINIC, UNDERFIVE CLIN
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** ☐

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

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 25600sqft	
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 : 137	Boys : 45
f.	Total No. of rooms	Girls : 40	Boys : 50
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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		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	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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:

- LIC Inspection of Indira academy College of Nursing, Hennur Cross, Bangalore was done on 19/8/2025 for Continuation of Affiliation of Basic BSc Nursing, Post Basic BSc Nursing and MSc Nursing.
- The Trust deed was verified and Colleg has got MOU with P.D. Hinduja, Sindhi, Bagharam Mahaur Jain hospital, Indira Gandhi Inst. of Child Health, Vision India, and Jaydeva Institute Cardiology & have sufficient Clinical Exposure for the students.
- They have total 37 faculties, out of which 3 professor & 2 Associate professor and there guide Approval records present
- Environment fees had been paid for all the Courses
- Approvals from BOK, Results, KSNC, INC are present.

Signature of Chairman
19/8/2025

Signature of Member (1)
19/8/25

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Indian academy College of Nursing, Bangalore-43 which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 19/8/25 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)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

***Note Undertaking should be given in affidavit**

– Enclosed –

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

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Enclosed.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA19795391958378X**
Certificate Issued Date	:	18-Aug-2025 12:23 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ NARAYANAPPA LAYOUT/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0854163973847148X
Purchased by	:	INDIAN ACADEMY COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	INDIAN ACADEMY COLLEGE OF NURSING
Second Party	:	RGUHS
Stamp Duty Paid By	:	INDIAN ACADEMY COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorized Signatory

NOTARY Y.R. CHANDRASEKAR B.Com., LL.B., GOVT. OF KARNATAKA

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman of the trust Indian Academy College of Nursing are submitting the affidavit to university.

The Indian Academy Education Trust is running/managing the colleges Indian Academy College of Nursing since 21 years.

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

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

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

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

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

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

Dr. T. SOMASEKHAR, Ph.D.,
CHAIRMAN
INDIAN ACADEMY EDUCATION TRUST
Hennur Cross, Hennur Main Road,
Kalyan Nagar, Bangalore - 560 043.

NOTARY
Y.R. CHANDRASEKAR
B.Com., LL.B.,
Bengaluru City
LAW 48
LCL 2021
GOVT. OF KARNATAKA

SWORN TO BEFORE ME
Y.R.CHANDRASEKAR B.Com., LL.B.
ADVOCATE & NOTARY
No. 3, 2nd Main, 10th Cross,
Kanakanagar, R.T. Nagar Post,
BANGALORE - 560032.
19 AUG 2025