Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors:	Chairman	Academic Council Member	Subject Expert
Name	Melbin Michael Arackal	Dr. Bharathi S H	Paramesh GM
Designation	Associate Professor	Principal	Associate Professor and HOD Of Mental Health Nursing
Address	Laasya College of Nursing	Government Dental College and Research Institute Bellary-583104	Bapuji College of Nursing Davangere-577001
Mobile No	9739215124	9844394595	9916370289
Email ID	melbin000@gmail.com	gdcribellary@gmail.com	parameshgmbapuji@gmail.com

Inspection For the Academic Year : 2025-2026			*Date of Inspection:*	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M. Sc Nursing) only.			

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing	✓	4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	**Dr. JOHN'S COLLEGE OF NURSING NO.13, 13TH 'A' MAIN, SECTOR-A YELAHANKA NEW TOWN, BENGALURU-560064**	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**	VIJAYANAGAR EDUCATIONAL TRUST (REGD) NO.6, 9TH CROSS, 2ND MAIN, HAMPINAGAR, VIJAYANAGAR IIND STAGE, BENGALURU-560104 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: ho@ewgi.edu.in	**Website:**	djconursing@gmail.com
		Office No: 080-28566115	**Mobile No:**	9945684283

Signature of Chairman **Signature of Member (1)** 18/08/25 Dr. Bharathi S.H **Signature of Member (2)** 18/08/25 Paramesh GM

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Rashmi Ravikiran		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. Anjana Mathew Qualification: M.sc(N) Experience after MSc: 18YRS Email: Anjana.robymathew@gmail.com		Mobile No: 9945684283 Office No: 080-28566115 Fax No: 080-23350035 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?		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	2,15,000	45,000+2000 =47,000	90,000	60,050	25,000+7500=32,500	2,29,550
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. MEDICAL SUGICAL NURSING	10,000	
	2. COMMUNITY HEALTH NURSING	10,050	
	3.		
	4.		
	5.		
		Total (B)	20,050
NPCC			
		Total (C)	
		Grand Total (A+B+C)	Rs.2,49,600/-

Signature of Chairman

Signature of Member (1) 18/08/25

Signature of Member (2)

Online Transaction Number or Details: ZCNBEIY08VKWW0, ZUR397E096BGRW

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					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health b. Medical Surgical c. OBG d. Pediatric e. Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	10	10	-	-	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

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	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	32	35	27	18	112
	Female	27	24	25	29	105
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----------

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)** 12/08/22 **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			40 to 60							
1	Principal	1	1							01		01					
2	Vice-Principal	1	1							01		01					
3	Professor	1	1-2					1*		-		-					
4	Associate Professor	2	2-4					1*		01		01					
5	Assistant Professor	3	3-8				2	3*		05		05					
6	Tutor	8-16	16-24				2-10	--		16							
	Total	**16-24**	**24-40**				**4-12**			**24**		08					

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

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

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Signature of Member (1) 18/04/25

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	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof. Anjana Mathew	PRINCIPAL	M. Sc (Paediatrics)	2008	RR MDP 2011 2070 KAR	2yrs	17yrs	21/10/2022	YES	
2.	Mrs. Sheba Geevarghese	Associate Professor	M. Sc (Med. Surg Nursing	2010	RR CTG 2011 2045 KAR	2yrs	7 yrs	01/08/2022	YES	
3.	Mrs. S Rani	Assistant Professor	M. Sc (Paediatrics)	2018	RR TMN 2019 8151 KAR	1yr	7yrs	12/06/2023	YES	Leave
4.	Mrs. Daly Thomas	Lecturer	M.Sc (OBG)	2016	6510	1yr	3yrs 6months	01-03-2023	YES	
5.	Mrs. Ekxa Ashish	Lecturer	M.Sc (Psychiatric Nursing)	2018	UTP 2025 11366 KAR	1yr	6yrs	10-06-2024	NO	
6.	Mr. Ashoka.R	Assistant Professor	M.Sc (Community Health Nursing)	2016	82215	1yr	3yrs 6months	15-03-2024	YES	
7.	Mrs. Princy Elsa Thomas	Lecturer	M. Sc (PaediatricsNursing)	2023	RR ANP 2009 1111 KAR	1yr	2yrs	09-10-2023	YES	
8.	Ms. Subi Joby	Asstt. Lecturer	B. Sc (N)	2007	8213	1yr 6months	-	18/08/2022	NO	
9.	Mrs. Preethi Dhanish	Tutor/Clinical Instructor	B.Sc(N)	2002	RR MDP 2024 10860 KAR	1yr	-	01-02-2024	NO	Leave
10.	Ms. Pritisha Roy	Tutor/Clinical Instructor	B.Sc(N)	2022	205861	1yr 8months	-	15-12-2023	NO	
11.	Ms. Manjula Mathew	Asstt. Lecturer	B.Sc(N)	2002	CTG 2024 10900 KAR	7yrs	-	16-01-2024	NO	
12.	Mr. Ravikanth Patil	Tutor/Clinical Instructor	B.Sc(N)	2022	140912	2yr	-	29-08-2024	NO	
13.	Mr. Shivappa.G	Tutor/Clinical Instructor	P.B.B.Sc(N)	2023	176903	7 months	-	02-02-2025	NO	
14.	Mr. Sathisha M N	Tutor/Clinical Instructor	B.Sc(N)	2016	079677	1yr	-	04-11-2024	NO	
15.	Ms. Roshan Zameera J D	Tutor/Clinical Instructor	B.Sc(N)	2024	162704	1yr	-	10-06-2024	NO	
16.	Mr. Siddaling	Asstt. Lecturer	B.Sc(N)	2023	155909	1yr 3months	-	14-05-2024	NO	Siddaling
17.	Ms. Sushma S	Tutor/Clinical Instructor	B.Sc(N)	2022	141050	1yr	-	01-10-2024	NO	Sushma.S

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Signature of Member (1) 18/08/25

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18.	Mrs. B N Veena	Asstt. Lecturer	P.B.B.Sc(N)	2019	198049	1yr 5months	-	20-03-2024	NO	
19.	Ms. Aleena Treesa Thomas	Tutor/Clinical Instructor	B.Sc(N)	2024	168794	8months	-	09-01-2025	NO	
20.	Mr. Ramanjaneya	Asstt. Lecturer	B.Sc(N)	2009	13754	1yr 5months	-	18-12-2023	NO	
21.	Mrs. Asha Rani	Tutor/Clinical Instructor	B.Sc(N)	2021	120771	4months	-	01-04-2025	NO	
22.	Ms. Suchethana	Tutor/Clinical Instructor	B.Sc(N)	2023	149441	-	-	06-08-2025	NO	
23.	Ms. Bhagyashri Kannur	Asstt. Lecturer	B.Sc(N)	2021	120768	1yr	-	01-08-2025	NO	
24.	Ms. Snehasis Das	Tutor/Clinical Instructor	B.Sc(N)	2022	143495	8months	-	21-01-2025	NO	
25.										
26.										
27.										
28.										
29.										
30.										
31.										

- **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.

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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

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)	34,560sq.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 class rooms 1200. 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	1000 sq.ft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	800 sq.ft	
	2. Vice-Principal Chamber	200	400.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**	400 sq.ft	
	7. Accountants Office	**100**	1200 sq.ft	
	8. Store Room	**100**	600 sq.ft	
	9. Record room	**100**	800 sq.ft	
	10. Room for maintenance staff	**100**	800 sq.ft	
	11. Xeroxing room	**100**	500 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	1200 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	5000 sq.ft	
	14. Toilets	1000	1500 sq.ft	

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Signature of Member (1)

18/08/25

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	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	16000 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	
	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	600 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)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	Owned
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)**	Produced & Enclosed
6	**Occupancy certificate.**	Produced & Enclosed
7	**Sale deed / Lease deed of the building / Land.**	Produced & Enclosed
8	**Land Conversion order from DC**	Produced & Enclosed
9	**Town planning/Authorities approval order**	**YES**

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

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18/08/20

- 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	KA 02 AE 8316 KA 02 AE 8317	41 41	Yes	Yes	Yes

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	2500 sq.ft	✓ YES			

Total No. of Nursing Books available	3050	**No. of Nursing Journals subscribed**	10	
No. of Thesis/Research titles available	20	**Is internet facility available for Students?**	YES	
No of e-books	05	**How many books were purchased in last financial year?**	150	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MR. HEMANTH	Master of LIBRARYFORMATION SCIENCE	12 YRS	
2	MR. NAGARAJ	Master of LIBRARY& AN	15 YRS	

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

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks

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

 18/08/23

Research Projects		
Conferences conducted	02	
Conferences attended	08	

* 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?**		**NO**
2	**Do you have parent hospital?**		**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 – **New Varalakshmi Hospital** Address- **#2, Mahakvai Kuvempu Road, D-Block, 2nd stage, Rajajinagar Bengaluru, Karnataka-560010** MOU(Registered parent hospital MOU)	100	17kms	85%	
NAME OF THE TRUST/ Person owning The Hospital – **Dr. M .C. Naveen Kumar and Dr. M . C. Dharma Prakash**				
Name Of The Owner Of The Trust of Hospital **Dr. M .C. Naveen Kumar and Dr. M . C. Dharma Prakash**				

Signature of Chairman **Signature of Member (1)** 18/08/25 **Signature of Member (2)**

Affiliated hospitals- Full Name & Address of the Parent	1.New Varalakshmi Hospital	100	17kms	85%	
	2.General Government Hospital- Yelahanka	100	03kms	100%	
	3. Victoria Hospital K R Market Bangalore	100	16kms	90%	
	4. Vani Vilas Hospital Bangalore	150	20kms	95%	
	5.Indira Gandhi Hospital	475	25kms	90%	
	6. Spandana Hospital	100	25kms	90%	

(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)** 18/08/23 **Signature of Member (2)**

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	100	85	764	764
Surgery including OT	25	25	250	250
Obstetrics & Gynecology	30	25	200	200
Pediatrics,	20	15	200	200
Emergency Medicine	15	15	200	200
Psychiatry	05	05	500	500

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	15	15	20	20
Minor OT	10	10	20	20
Dental, Otorhinolaryngology, Ophthalmology	10	10	25	25
Burns and Plastic	10	10	25	25
Neonatology care unit	15	15	15	15
Communicable disease/Respiratory medicine/TB & chest diseases	10	10	25	25
Dermatology	05	05	10	10
Cardiology	15	15	20	20
Oncology	05	05	30	30
Neurology/Neuro-surgery	05	05	15	15
Nephrology/Urology	10	10	30	30
ICU/ICCU	15	15	30	30
Geriatric Medicine	05	05	20	20

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

18/08/23.

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	**PRIMARY HEALTH CENTRE LAGGERE**	
Adopted / Affiliated	**AFFILIATED**	
Administrate red by	✓ **State Govt**	**Municipal Corporation** **Private**
Distance from the Nursing Institute	**17**	
b. Services Rendered by Health & Family Welfare Programmes	**MEDICAL CARE, SAFE WATER AND DRINKING FACILITY, MATERNAL AND CHILD HEALTH CARE SERVICES, IMMUNIZATION, SCREENING AND SURVEY OF VARIOUS COMMUNICABLE DISEASES ETC.**	
URBAN FEILD :		
a. Name of CHC / PHC / SC	**PRIMARY HEALTH CENTRE MS PALAYA**	
Adopted / Affiliated	**AFFILIATED**	
Administrate red by	✓ **State Govt.**	**Municipal Corporation** **Private**
Distance from the Nursing Institute	**6**	
b. Services Rendered by Health & Family Welfare Programmes	**MEDICAL CARE, SAFE WATER AND DRINKING FACILITY, MATERNAL AND CHILD HEALTH CARE SERVICES, IMMUNIZATION, SCREENING AND SURVEY OF VARIOUS COMMUNICABLE DISEASES ETC.**	
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**	
b.	Post Basic B.Sc. Nursing		**NO**
c.	M.Sc. Nursing	**YES**	
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES**	
b.	Post Basic B.Sc. Nursing	**YES**	**NO**
c.	M.Sc. Nursing		**NO**

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

18/08/25

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	YES	
b.	Daily Attendance Registers	YES	
c.	Health Records	YES	
d.	Clinical and field experience record	YES	
e.	Practical record books - procedure record	YES	
f.	Practical record books - Midwifery case book	YES	
g.	Leave record	YES	

h.	Extracurricular activities of students	YES	
i.	Cumulative record of each	YES	
j.	Course planning of each subject	YES	
k.	Rotation plans	YES	
l.	Committee Meetings	YES	
m.	Affiliation records	YES	
n.	Records of Stock	YES	
o.	Annual report of activities and achievements	YES	
p.	Staff development programmes	YES	
q.	Anti ragging committee	YES	
r.	Student welfare committee	YES	
s.	POSHE Committee	YES	
t.	Prevention of Gender harassment committee	YES	

23	**Hostel Facilities :Annexure – 12**		
a.	Whether the college is having a separate Hostel?	YES	
b.	Built-up area of the Hostel	Sq.ft - 30000	
c.	Is the Hostel Owned or Rented/Leased?	Own	
d.	Is there separate provision of Hostel for Male and Female Students?	YES	
e.	Total No. of students in the hostel	Girls : 120	Boys : 100

Signature of Chairman

Signature of Member (1)

18/08/25

Signature of Member (2)

f.	Total No. of rooms	Girls : 47	Boys : 62
g.	Water Supply	YES	
h.	Electricity Supply	YES	
i.	Is Facilities available for outdoor games and indoor games?	YES	
j.	Is Sick room available?	YES	
k.	Whether the hostel mess is available with	YES	
l.	Safe drinking water facilities	YES	

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/ Ramp in working condition,	✓		

Signature of Chairman

Signature of Member (1)

18/08/23

Signature of Member (2)

	2. Laboratories 3. Building related documents 4. Hostel			
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of Library Books & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
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:

The LIC team inspected Dr. John's College of nursing on 18/08/2025 for the continuation of affiliation of B.Sc.(N) and M.Sc.(N). On the day of inspection all the documents related to college, building, Trust deeds, Vehicle details, hostel documents and hospital documents are all verified. All the labs are well equipped with latest mannequiens, instruments model and charts, library is fully equipped with latest edition textbooks. They have 100 bedded hospital to provide good exposure to clinicals practices to students. All the faculty documents were personally verified by the LIC team. Overall the college functions actively in academics and practicles, they are maintaing proper report and records of student details.

Signature of Chairman

Signature of Member (1) 18/08/25

Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Dr. John's College of Nursing, Yelahanka, Bengaluru which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 18/8/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1) 18/08/25	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**

Signature of Chairman

Signature of Member (1)

18/08/25

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**

Signature of Chairman

Signature of Member (1) 18/08/23

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18670742379522X**
Certificate Issued Date	:	16-Aug-2025 11:10 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ YELAHANKA5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKACRSFL0852044044402221X
Purchased by	:	VIJAYANAGAR EDUCATIONAL TRUST R
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VIJAYANAGAR EDUCATIONAL TRUST R
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	VIJAYANAGAR EDUCATIONAL TRUST R
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ANJUMRUDDI CREDIT CO-OPERATIVE SOCIETY LTD. Reg No AR-44-RGN169 46230-15 16 Yelahanka

NOTARY ★ INDIA OF GOVT. ★ G.RAVICHANDRA REDDY ★ Reg. No. 21/98 ★ Expires on : 03-03-2030 ★ BENGALURU NORTH

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I Mr. Tejas Kiran C R Secretary of the trust Vijayanagar Educational Trust are submitting the affidavit to university.

The Vijayanagar Educational Trust is managing Dr. John's College of Nursing since 2015 (Started in the year 2003-04 in the name of Infant Jesus College of Nursing).

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 all 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 trust management can be held responsible and suitable action can be initiated by the University.

Signature of Deponent

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

NOTARY ★ INDIA ★ GOVT. OF
G.RAVICHANDRA REDDY
BENGALURU
Reg. No. 21598
Expires on: 03-03-2030

"ATTESTED BY ME"
G.R.RAVICHANDRA REDDY
B.sc.,LL.B., PGDIR & PMI
Advocate & Notary Public
#61, 11th Cross, Sri Krishnadevaraya Layout
Kogilu, Yelahanka, Bengaluru - 560 064
Mob : 9845089115
6 AUG 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18670187165507X**
Certificate Issued Date	:	16-Aug-2025 11:10 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ YELAHANKA5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKACRSFL085204092427980OX
Purchased by	:	NEW VARALAKSHMI NURSING HOME
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	NEW VARALAKSHMI NURSING HOME
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	NEW VARALAKSHMI NURSING HOME
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ANUVRUDDI CREDIT CO-OPERATIVE SOCIETY LTD. Reg No AR-44-RGN169 46230.15 16 Yelahanka Bangalore - 64 PH 7411342892 Sign

Please write or type below this line

NOTARY ★ GOVT. OF INDIA ★ G. RAVICHANDRA REDDY Reg. No. 21[illegible] BENGALURU

UNDERTAKING

I/We, Dr. M.C. NAVEEN KUMAR is/are the Owners/MD/CEO/Board Members of the New Varalakshmi Hospital situated at #2, Mahakavi Kuvempu Road, D-Block, 2nd Stage, Rajajinagar, Bengaluru, Karnataka-560010.

Dr. M.C. NAVEEN KUMAR

This is to confirm that our hospital New Varalakshmi Hospital, Rajajinagar, Bengaluru is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that hospital New Varalakshmi Hospital, Rajajinagar, Bengaluru is functioning as affiliated with MOU for Dr. John's College of Nursing.

The information provided by us is true and correct.

Signature of Deponent

Dr. M.C. NAVEEN KUMAR

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

NOTARY GOVT INDIA G.R. RAVICHANDRA REDDY BENGALURU

ATTESTED BY ME

G.R. RAVICHANDRA REDDY
B.Sc., LL.B., PGDCA & DIP
Advocate & Notary Public
#61, 11th Cross, Sri Krishna Udyoga Layout
Kogilu, Yelahanka, Bengaluru - 560 064
Mob : 9845089118

16 AUG 2025