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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Vinutha Rao	Dr. Jyothi Ramegowda	Dr. Kathyayini NB
Designation	Principal	Associate Professor	PROFESSOR
Address	MVM CNYS, Yelahanka, Bangalore	302, Elegance Brindavana Apartment Jayanagar, 4th Block, Bangalore 560 041	Kempegwoda Institute Of Nursing, Bangalore
Mobile No	9980181331	9740361867	9008035841
Email ID	drvinnthamvm@gmail.com	joe6gowda@gmail.com	kathyayininb@gmail.com

Inspection For the Academic Year :2025-26 *Date of Inspection: 12/8/25*

(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	SREE KRISHNA COLLEGE OF NURSING MAHALAKSHMINAGAR BATAWADI TUMKUR-572103	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	(Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email: skcntumkur@gmail.com	Website: skcnedu.in	
		Office No:0816-2955246	Mobile No:9448271549	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of ' Trust/Society & Phone No	Dr LATHA R CHAIRMAN 9448271549	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council (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: Dr HEMALATHA S Qualification: 15 YEARS Experience after MSc: 10 YEARS Email: hsrshuputtu@gmail.com	Mobile No:8892874270 Office No:0816-2955246 Fax No: Residential phone No:7892414933
	b) Drawing authority of the college	CHAIRMAN	

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	25000	20000		55000	25000	100000
Post Basic B.Sc. Nursing	25000	20000		30000		75000
					Total (A)	175000
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1. MEDICAL- SURGICAL NURSING			04X2000=		8000
	2.COMMUNITY HEALTH NURSING			04X2000=		8000
	3.CHILD HEALTH NURSING			04X2000=		8000
	4.MENTAL HEALTH NURSING			04X2000=		8000
				HELINET FEES		7500
				Total (B)		39500
NPCC						
				Total (C)		
					Grand Total (A+B+C)	2,17,650

Online Transaction Number or Details: ZCNBHXB095WO86

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	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		
	Admissions Made for the Current Academic Year	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	16	16	16		
	Admissions Made for the Current Academic Year	16	16	16		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	-	-	-	-	
	Admissions Made for the Current Academic Year	-	-	-	-	

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	07	11	09	17	44
	Female	51	49	51	43	194
Post Basic B.Sc Nursing	Male	03	05			08
	Female	25	25			50
M.Sc Nursing	Male	06	01			07
	Female	10	07			17
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——
			ENCLOSED			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Annexure –10

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

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

Remarks:_____

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									01					
2	Vice-Principal	1	1									01					
3	Professor	1	1-2					1*				01					
4	Associate Professor	2	2-4					1*				01					
5	Assistant Professor	3	3-8				2	3*				03					
6	Tutor	8-16	16-24				2-10	—		11	12	01					
	Total	16-24	24-40				4-12			11	12	8	31				

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				

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

intake				
290 students intake				
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.	Dr HEMALATHA S	PRINCIPAL	PHD.MSC	2016	19495	5.5YRS	9YRS	1/1/2020	No.	
2.	Smt PALLAVI V	VICE PRINCIPAL	MSC (Com)	2017	7470	4 YRS	8YRS	1/8/2021	No	
3.	Smt VINUTHA R	ASSO PROFESSOR	MSC (CHN)	2015	21285	4 YRS	8YRS	1/2/2022		
4.	Smt YAMUNA D	ASSO PROFESSOR	MSC (Com)	2014	4639	4 YRS	3YRS	2/5/2022		
5.	Smt SUNITHA Y	ASST PROFESSOR	MSC (CHN)	2019	65159	3YRS	5YRS	1/9/2024		
6.	Mr GOVINDA SWAMY	TUTOR	PBBSC	2007	19942	6 YRS	-	5/3/2019		
7.	Mr OBALAPATHI	TUTOR	PBBSC	2020	206956	3YRS	-	1/10/2022	No	
8.	Mr PUTTANA JOGIN	TUTOR	BSC (N)	2014	54281	4YRS	-	13/5/2022	No.	
9.	Mr. NAGENDRAPPA	TUTOR	PBBSC	2011	149703	5YRS	-	07/07/2023	No	
10.	Ms. NISHA N	TUTOR	BSC (N)	2021	120073	2YRS	-	13/06/2023		Leave
11.	Ms. MONIKA O	TUTOR	BSC(N)	2023	1595841	11MNTS	-	02/09/2024		leave
12.	Mrs. LATHA P	TUTOR	PBBSC	2019	159493	1YR	-	02/09/2024		Latha.P
13.	Mrs. AISHWARYA G P	TUTOR	BSC(N)	2023	163989	10 MNTS	-	01/10/2024		Leave
14.	Ms. DIVYA A	TUTOR	BSC (N)	2021	123705	2 YRS	-	03/06/2023	No	
15.	Ms. KAVYA	TUTOR	BSC (N)	2023	157782	9MONTHS	-	08/11/2024		Leave
16.	Ms. MAMATHA B N	TUTOR	PBBSC	2024	236499	1 YR 7M0NTHS	-	06/11/2024		Leave
17.	Mr. NAVEEN KUMAR C	ASST PROFESSOR Tutor	MSC (OBG)	2022	172261	1YR	1YR	12/08/2024		
18.	Ms. ROOPASHREE	TUTOR	BSC (N)	2021	123723	2 YRS	-	07/07/2023	No	Roopa.M
19.	Ms. PRIYA G	TUTOR	PBBSC	2021	169440	2 YRS		11/09/2023	No	
20.	Ms. VIDYA C	TUTOR	PBBSC	2001	39879	1YR	-	01/04/2024		leave
21.	Mr. CHETHANA	TUTOR	PBBSC	2017	206143	2 YRS	-	15/06/2023		leave
22.	Ms. BHAGYASREE G	TUTOR	BSC(N)	2022	131188	1YR	-	05/01/2024		leave

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Ms. CHAITHRA K B	TUTOR	BSC (N)	2022	64664	2YRS	-	07/09/2023		Leave
24.	Ms. KAVYA Y H	TUTOR	BSC(N)	2021	122178	2YRS	-	03/07/2023		Leave
25.	Ms. LAKSHMI U Y	TUTOR	PBBSC	2023	224438	2YRS	-	11/06/2023		Leave
26.	Ms. CHANDRAKALA E	TUTOR	PBBSC	2022	219285	2YRS		10/07/2023		Leave
27.	Mr. AKASH	TUTOR	BSC (N)	2022	130892	1 YR	-	08/01/2024		Leave
28.	Mr. RAGHUNATH R	TUTOR	BSC (N)	2011	43072	1YR 9MNTS	-	02/01/2025	No.	
29.	Mr. RANGARAJU	TUTOR	PBBSC	2020	163090	1 YR	-	08/03/2024	No	
30.	Mr. JAYAKEERTHI	TUTOR	BSC (N)	2022	129878	1 YR	-	04/03/2024		leave
31.	Ms. VEENA M	TUTOR	M.SC(N)	2022	41293	1YR	03 MONTHS	02/05/2025	No	
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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
			ENCLOSED		

14. Physical Facilities

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200 sq.ft (40 – 60 intake)	**240000Sq.Ft**	
	Note: The 23,200 sq.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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	**04**	Varified & Enclosed
	P.B.B.Sc (N): 600 sq ft	**2 Class rooms** 600sq ft Each	**02**	
	M.Sc (N): 600 sq ft	**2 Class rooms** 600sq ft Each	**02**	
	NPCC: 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300**	
	2. Vice-Principal Chamber	200	**200**	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	**1200**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600**	
	7. Accountants Office	**100**	**100**	
	8. Store Room	**100**	**100**	
	9. Record room	**100**	**100**	
	10. Room for maintenance staff	**100**	**100**	
	11. Xeroxing room	**100**	**100**	
	12. common room (Girls & Boys)	600+400= 1000	**600**	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000**	
	14. Toilets	1000	**1000**	

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

	15. A.V/Aids room	600	**600**	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	**1600Sq.ft**	Verified & Enclosed.
	Nutrition & Community Health Nursing	1200sq.ft	**1200Sq.ft**	
	Obstetrics and Gynecology Laboratory	900sq.ft	**900Sq.ft**	
	Pediatrics Nursing Laboratory	900sq.ft	**900Sq.ft**	
	Pre-Clinical Sciences Laboratory	900sq.ft	**900Sq.ft**	
	Computer Lab (1: 5 computer : student)	1500sq.ft	**1500Sq.ft**	

Note:

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

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

Building Documents: **Annexure – 12**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Yes.
2	**Is the college building own or leased?**	Own.
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)**	Yes.
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	Yes
8	**Land Conversion order from DC**	Yes
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

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
01	KA02 AB5412	53	✓ 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 2300Ft	2500Sqft	YES [✓] No [ ]	YES	YES	

Total No. of Nursing Books available	**3050**	**No. of Nursing Journals subscribed**	**10**
No. of Thesis/Research titles available	**02**	**Is internet facility available for Students?**	**YES**
No of e-books	**10**	**How many books were purchased in last financial year?**	**200**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	JEEVANA	B.Lib	1year+2months	
2.	BHAGHA	B.Lib	8months	

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 will increase/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		

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

Conferences conducted		
Conferences attended		

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

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

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital SURYA HOSPITAL 1st MAIN ROAD , VINAYAKANAGARR, TUMKUR-572101 MOU(Registered parent hospital MOU)		100	4Km	90%	
NAME OF THE TRUST/ Person owning The Hospital Dr LAKSHMIKANTH J					
Name Of The Owner Of The Trust of Hospital Dr LAKSHMIKANTH J					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1.CHARAKA HOSPITAL TUMKUR	100	06Km	85%	
	2. VINAYAKA HOSPITAL TUMKUR	100	03Km	90%	

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

	3 (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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/ Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will 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	30	25	82	82
Surgery including OT	20	15	134	134
Obstetrics & Gynecology	20	15	90	90
Pediatrics,	20	15	30	30
Emergency Medicine	05	05	05	05
Psychiatry	05	02	04	04

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	01		
Minor OT	02	01		
Dental, Otorhinolaryngology, Ophthalmology	10	02	30	30
Burns and Plastic	10	05		
Neonatology care unit	10	07		
Communicable disease/Respiratory medicine/TB & chest diseases	05	03		
Dermatology	10	07		
Cardiology	05	05	06	06
Oncology	03	02	05	05
Neurology/Neuro-surgery	05	01	04	04
Nephrology/Urology	10	02	04	04
ICU/ICCU	13	05	06	06
Geriatric Medicine	15	11		

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

Any other				

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

19	COMMUNITY HEALTH NURSING: Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	**BELLAVI**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**12Km**
b. Services Rendered by Health & Family Welfare Programmes	**YES**
URBAN FEILD	
a. Name of CHC / PHC / SC	**KOTHITOPU**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**03Km**
b. Services Rendered by Health & Family Welfare Programmes	**YES**
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** ☐

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

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	**Sqft**	
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: 164**	**Boys: 40**
f.	Total No. of rooms	**Girls: 45**	**Boys: 10**
g.	Water Supply	YES ✓	NO ☐

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

h.	Electricity Supply	YES ✓	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✓	NO ☐
j.	Is Sick room available?	YES ✓	NO ☐
k.	Whether the hostel mess is available with	YES ✓	NO ☐
l.	Safe drinking water facilities	YES ✓	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		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	✓		

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

	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:

On the day of Inspection at Shree Krishna College of Nursing following observations were made.

Infrastructure.

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 _____ which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr. Vinutha Rao	Dr. Jyothi Kamegowda.	
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)**


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ಮಹಾಲಕ್ಷ್ಮೀನಗರ, ಬಟವಾಡಿ, ತುಮಕೂರು
SREE KRISHNA COLLEGE OF NURSING
Mahalakshminagar, Batawadi, TUMAKURU - 572 103.
GPS Map Camera
Tumakuru, Karnataka, India
84gj+986, Chandana Complex, Tumakuru, Karnataka 572103, India
Lat 13.325943° Long 77.130899°
12/08/2025 01:47 PM GMT +05:30
Google

सत्यमेव जयते

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Government of Karnataka

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Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Pushpa H.V
ಶ್ರೀ ಸಮೃದ್ಧಿ ತುಮಕೂರು ಮಹಿಳಾ
ಸೌಹಾರ್ದ ಸಹಕಾರಿ ಸಂಘ ನಿ., ತುಮಕೂರು.

NOTARY P.T. THIPPANNA TUMKUR Reg.No. [illegible] Exp. On: 04-[illegible]-2028 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I **Dr. LAKSHMIKANT J**, is the Owner of the **SURYA HOSPITAL, TUMKUR** is situated at **1st main road vinayaka nagar, Tumkur .**

NO OF CORRECTIONS Nil

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.

This is to confirm that our **SURYA HOSPITAL, TUMKUR** is registered under **KPMEA** and **PCB** with 100 beds and the bonafide certificate has been attached.

This is to confirm that **SURYA HOSPITAL, TUMKUR** is functioning as Parent hospital for **SREE KRISHNA COLLEGE OF NURSING, TUMKUR.**

We also confirm that our hospital is solely affiliated to **SREE KRISHNA COLLEGE OF NURSING, MAHALAKSHMI NAGAR, BATWADI, TUMKUR** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

SURYA HOSPITAL
1st Main, Vinayakanaga
Tumakuru - 572101

NOTARY
P.T. THIPPANNA
TUMKUR
Reg.No. 10506
Exp. On: 04-11-2028
GOVT. OF INDIA

NO OF CORRECTIONS Nil

SWORN TO BEFORE ME
11/08/25
P.T. THIPPANNA, B.A.,LL.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Rim Hospital,
Sira N.H-4 Road, Lingapura,
TUMKUR-572103, Karnataka

सत्यमेव जयते

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Government of Karnataka

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Unique Doc. Reference	:	SUBIN-KAKAKSFCL0839476044875228X
Purchased by	:	SECRETARY SREE KRISHNA COLLEGE OF NURSING
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY SREE KRISHNA COLLEGE OF NURSING
Second Party	:	REGISTRAR RGUHS BENGALURU
Stamp Duty Paid By	:	SECRETARY SREE KRISHNA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Pushpa H.V
ಶ್ರೀ ಸಮೃದ್ಧಿ ತುಮಕೂರು ಮಹಿಳಾ
ಸೌಹಾರ್ದ ಸಹಕಾರಿ ಸಂಘ ನಿ., ತುಮಕೂರು.

NOTARY
P.T. THIMMANNA
TUMKUR
Reg.No. 10506
Exp. On: 04-11-2028
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING by Trust Management

I Secretary of **SREE KRISHNA EDUCATION SOCIETY, MAHALAKHMI NAGAR, BATWADI, TUMKUR** submitting the affidavit to university.

NO OF CORRECTIONS:

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

The **SREE KRISHNA EDUCATION SOCIETY , TUMKUR** is running/managing the college **SREE KRISHNA COLLEGE OF NURSING, MAHALAKSHMI NAGAR, BATWADI, TUMKUR**, Since **21 Years** (Started in 2004).

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

We confirm that the faculties 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/ subleased 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.

NOTARY
P.T. THIPPANNA
TUMKUR
Reg.No 10506
Exp.On:04-11-2029
GOVT. OF INDIA

SECRETARY,
Sri Krishna College of Nursing,
TUMKUR.

NO OF CORRECTIONS Nil

SWORN TO BEFORE ME
11/08/25
P.T. THIPPANNA B.A., LL.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. [illegible]
Sri [illegible]
TUMKUR-572[illegible]