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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Sudharshan	Mahesh C Gadag,	Dr. Preetham. R. P
Designation	Professor, department of Oral & Maxillofacial Surgery	Principal	Principal
Address	KLE's Institute pf Dental Sciences & Research Centre, Bangaluru 560 022	Sena Institute of Health Sciences, Shanthiniketha, Baridevarkoppa, Hubballi	Akash Institute of Nursing
Mobile No	9449104316	8147452988	9591200400
Email ID	Sudharshansajjan78@Gmail.com	Maheshgadag6@gmail.com	

For the Academic Year : *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	—

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	ELLEN THOBURN COWEN MEMORIAL (ETCM) COLLEGE OF NURSING, KOLAR	2	Year of Establishment B. Sc. (N) 2004 M. Sc. (N) 2008
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /**Trust/Society** /Company		
3	Name of the Trust & complete postal address (if private)	THE EXECUTIVE BOARD OF THE METHODIST CHURCH IN INDIA, 21 YMCA ROAD, MUMBAI CENTRAL MUMBAI 400 001. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:etcm_nsg@rediffmail.com	**Website: www.etcmnursingcollege.com**	
4	Governing Council & Audit Report of Trust	**Total Number of Members in Governing Council : 16** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		

Signature of Chairman

Dr. Sudarshan 12/8/2025 Venkata nagar

Signature of Member (1)

AC Member Rguhs Mahesh Gadag

Signature of Member (2)

PREETHAM R.P

5	Details of Principal/Head of the institution	Name: Dr. Harish Kumar A. R Qualification: PhD. In Nursing Experience: 16 Years Email: etcm_nsg@rediffmail.com	Mobile No: 9482122694 Office No: 9482122694 Fax No: Residential phone No: 9986084710

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)

7. Affiliation Fee Paid Details:

Annexure - 3

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	INCREASE IN INTAKE	--	--	--	--	3,01,050.00
B.Sc. Nursing	CONTINUATION	45,000.00	90,000.00	60,000.00	32,500.00	2,27,500.00
Post Basic B.Sc. Nursing		--	--	--	--	--
					Total (A)	2,27,500.00

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Medical surgical nursing	5 x 2,000.00	10,000.00
	2. Community Health Nursing	4 X 2,000.00	8,000.00
	3. OBG Nursing	4 X 2,000.00	8,000.00
	4. Paediatric Nursing	4 X 2,000.00	8,000.00
	5. Psychiatric Nursing	4 X 2,000.00	8,000.00
		Total (B)	42,000.00
	Application Fee	2 X 1,000.00	2,000.00
	Course Identification Fee	2 X 50.00	100.00
NPCC			---
		Total (C)	
		Grand Total (A+B+C)	2,71,600.00

Online Transaction Number or Details: ZBBC4N9091L23E, ZBBC4N

Remarks: _____

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

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

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 4	Annexure - 5	Annexure - 6	Annexure - 7	
	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	---	---	---	---	
	Sanctioned Intake	---	---	---	---	
	Admissions Made for the Current Academic Year	---	---	---	---	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 8	Annexure - 9	Annexure -10	Annexure - 11	
	Sanctioned Intake	21	21	21	17	
	Admissions Made for the Current Academic Year	07	07	07	07	
M.Sc. NPCC	Approval Letter No. and Date	---	---	---	---	
	Sanctioned Intake	---	---	---	---	
	Admissions Made for the Current Academic Year	---	---	---	---	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Program		I year	II Year	III Year	IV Year	Total
B. Sc. Nursing	Male	11	16	8	14	49
	Female	49	40	52	44	185
Post Basic B. Sc. Nursing	Male	---	---	---	---	---
	Female	---	---	---	---	---
M. Sc. Nursing	Male	01	---	---	---	1
	Female	06	10	---	---	16
M. Sc. NPCC	Male	---	---	---	---	---
	Female	---	---	---	---	---

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

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----------
NOT APPLICABLE						

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

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

Annexure –12

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----------
	Copy 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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1			NA	1	1		1	NA					NA
2	Vice-Principal	1	1				1	1		1						
3	Professor	1	1-2		1*		2	2		2						
4	Associate Professor	2	2-4		1*		4	4		4						
5	Assistant Professor	3	3-8	2	3*		2	2		2						
6	Tutor	8-16	16-24	2-10	--		26	26		10		-	-	-	-	
	Total	**16-24**	**24-40**	**4-12**	4		**36**	**36**	**0**	**20**		-	-	--	-	

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

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Specialty offered and ratio remains same i.e., **1:10** if they offer B. Sc. Nursing Programme)

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)

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. Harish Kumar A. R	Principal cum Professor	PhD (Nursing) M. Sc. (N) Community Health Nursing	May 2010	KNC 2878	I Year 9 Months	14 Years 10 Month	17-07-2010	Yes	
2	Mr. Praveen A. Loni	Professor cum Director of R & D	M. Sc. (N) Psychiatric nursing	May 2009	KNC 40520	I Years	16 Years	15-06-2012	Yes	
3	Ms. Revathy. D	Vice Principal cum Professor	M. Sc. (N) MSN Nursing	May 2012	KNC 52076	7 Months	12 Years 11 Month	19-07-2013	Yes	
4	Mrs. Esther Deborah. J	Professor cum Reader	M. Sc. (N) MSN Nursing	March 2001	KNC10548	----	27 Years	12-08-2024	Yes	
5	Mrs. Joyce Meshack	Professor	M. Sc. (N) Community Health nursing	May-2011	KNC 1666	I Year	13 Years	01-02-2024	Yes	
6	Ms. Suman	Associate Professor	M. Sc. (N) Paediatric Nsg.	June 2018	KNC 160034	---	7 Years	01-06-2018	NA	on duty
7	Mrs. Sangeetha. R	Associate Professor	M. Sc. (N) OBG Nsg.	Sept. 2018	KNC 67307	---	6 Years 4 Months	01-02-2019	Yes	on duty
8	Mrs. G. Lakshmikala	Associate Professor	M. Sc. (N) MSN Nursing	Oct. 2019	KNC 5459	13 Years 3 Months	5 Years 7 Months	04-11-2019	Yes	
9	Mrs. Asfiya Anjum	Associate Professor	M. Sc. (N) OBG Nursing	Sept. 2019	KNC 67829	2 Years 5 Months	5 Year 5 Months	04-01-2020	Yes	
10	Mr. Sheshadri K. S	Assistant Professor	M. Sc. (N) Psychiatric Nursing	Nov. 2020	KNC 80362	---	4 Years	03-04-2024	Yes	
11	Ms. Angeline Monica. K	Assistant Professor	M. Sc. (N) MSN Nursing	Nov. 2021	KNC 89692	1 Year	3 Years 4 Month	03-01-2022	Yes	
12	Mrs. Vinodhini. S	Tutor	M. sc. (N) Community Health	Feb. 2023	KNC 101058	I Year	2 Years	02-05-2023	NA	

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

13	Mrs. Pallavi. R. C	Tutor	M. Sc. (N) Paediatric Nursing	Feb. 2023	KNC 97656	1 Year 6 Months	2 Years 1 Month	01-04-2023	NA	
14	Ms. Shafiya Taj. S	Tutor	M. Sc. (N) OBG Nursing	Feb. 2023	KNC 103275	----	2 Years	02-05-2023	NA	
15	Mrs. Kushala. N		M. Sc. (N) OBG Nursing	Feb. 2023	KNC 103273	----	2 Years	02-05-2023	NA	
16	Ms. Rabecca. R	Tutor	M. Sc. (N) MSN Nursing	June 2024	KNC93782	1 Year	I Year	01-06-2024	NA	
17	Mrs. Princy J	Tutor	M. Sc. (N) MSN Nursing	Feb. 2023	KNC 75231	2 Years 4 Months	I Year	01-06-2024	NA	
18	Mrs. Radha Singh Nepali	Tutor	M. Sc. (N) MSN Nursing	Jan. 2024	HEN 2024 10976 KAR	----	1 Year 4 Months	02-01-2024	NA	
19	Mrs. Shylashree. S	Tutor	M. Sc. (N) Paediatric Nursing	Dec. 2024	KNC 64812	3 Years 10 Months	2 Months	01-04-2024	NA	
20	Ms. Sneha S	Tutor	M. Sc. (N) Paediatric (N)	Dec. 2024	KNC 114924	---	1 Month	12-05-2025	NA	
21	Ms. Rathnakumari	Tutor	PB B. Sc. (N)	August 2016	KNC 18716	8 Years 8 Months	---	03-10-2016	NA	
22	Mrs. Himavathi. K	Tutor	B. Sc. (N)	Feb. 2011	KNC40022	7 Years 1 Months	—	01-04-2018	NA	
23	Mr. Murali. N	Tutor	PB B. Sc. (N)	Sept. 2017	KNC 17575	6 Years 4 Months	---	01-02-2019	NA	12/6/25
24	Ms. Hamsa. K	Tutor	PP B. Sc. (N)	Nov. 2021	KNC 206534	3 Year 3 Months	---	28-02-2022	NA	12/6/25
25	Ms. Sandhya. L	Tutor	PP B. Sc. (N)	Nov. 2021	KNC 194911	3 Year 3 Months	---	01-03-2022	NA	12/6/25
26	Mrs. Joyprathibha. C	Clinical Instructor	PB B. Sc. (N)	Feb. 2023	KNC 58600	2 Years 4 Months	---	01-04-2023	NA	12/6/25
27	Mr. Vijay Babu. C	Clinical Instructor	B. Sc. (N)	May-2022	KNC 146666	2 Years	---	01-06-2023	NA	12/6/25
28	Mrs. Prethikashree. R	Clinical Instructor	B. Sc. (N)	Nov. 2021	KNC 127522	1 Years 9 Months	---	01-06-2023	NA	12/6/25
29	Mrs. Kavitha Kumari C. V	Clinical Instructor	PB B. Sc. (N)	Spt. 2016	KNC 127922	1 Year 4 Month	----	02-01-2024	NA	12/6/25
30	Ms. Tharunika. M	Clinical Instructor	B. Sc. (N)	Nov. 2021	KNC 128606	1 Year	---	15-05-2024	NA	12/6/25

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

31	Ms. Manjula. V	Clinical Instructor	PB B. Sc. (N)	Feb. 2023	KNC 221772	1 Year	---	15-05-2024	NA	
32	Ms. Sowmya. R	Clinical Instructor	B. Sc. (N)	Oct. 2023	KNC 157495	8 Months	---	01-10-2024	NA	
33	Mrs. Prabhavathi K. N	Clinical Instructor	PB B. Sc. (N)	Jan. 2024	KNC 194637	10 Months	---	01-08-2024	NA	
34	Ms. Kusuma. A	Clinical Instructor	B. Sc. (N)	Dec. 2024	KNC 173871	4 Months	----	01-02-2025	NA	
35	Ms. Nisha M. S	Clinical Instructor	B. Sc. (N)	Oct. 2022	KNC 143596	1 Months	---	17-04-2025	NA	Nisha M.S
36	Mrs. Grace Sowmya	Clinical Instructor	PB B. Sc. (N)	Sept. 2018	KNC 53310	5 Years 5 Months	---	26-05-2025	NA	
37	Mr. Kabilan. M	Clinical Instructor	B. Sc. (N)	Oct. 2023	KNC159637	2 Year	----	01-06-2023	NA	
38	Ms. Swetha. S	Tutor	B. Sc. (N)	Nov. 2021	KNC128338	2 Years 7 Months	---	02-11-2022	NA	
39	Ms. Anusha. S	Tutor	B. Sc. (N)	Nov. 2022	KNC 124097	3 Years 4 Months	---	21-02-2022	NA	
40	Ms. Ramyashree	Tutor	B. Sc. (N)	Sept. 2013	KNC 68123	4 Years 5 Months	----	20-01-2021	NA	

- **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 M. Sc. Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guide ship 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 - 13**

Sl. No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1	Mr. Syed Sajan	M.A. Sociology	Sociology	60	
2	Prof. Rachel	MA. M. Ed.	English	40	
3	Mr. Syed Asif	M.A. Psychology	Psychology	60	
4	Dr. Udaya Kumar	M.D. Pathology	Microbiology, Biochemistry Pathology	40+40+20=100	
5	Dr. Yeshwanth	M. Pharm	Pharmacology	20+60=80	
6	Mrs. Asha	M.A. Kannada	Kannada	40	
7	Mr. Murugan	MCA	Introduction to Computer		
8	Mr. Ponnumuthu	B. Sc. in Nutrition	Nutrition	60	
9	Dr. Ravi Shankar	M. Sc. M. Phil	Statistics	40	

14. Physical Facilities:

14.1. College Building: **Annexure - 14**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.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 60 to 100 intake B. Sc. (N): 900 sq ft	**4 Class rooms** 1500sq ft Each	**Existing**	
	P.B. B .Sc. (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**NA**	
	M. Sc. (N) : 600 sq ft	**2 Class rooms** 1200sq ft Each	**Existing**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	500	**Existing**	
	2. Vice-Principal Chamber	300	**Existing**	
	3. HOD	5 x 200 = 1000	**Existing**	
	4. Professor/Assoc. Prof	1600+2400	**Existing**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**Existing**	

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

	7. Accountants Office		**Existing**	
	8. Store Room		**Existing**	
	9. Record room		**Existing**	
	10. Room for maintenance staff		**Existing**	
	11. Xeroxing room		**Existing**	
	12. common room	2 X 1000	**Existing**	
	13. Seminar hall	3000	**Existing**	
	14. Toilets	1000	**Existing**	
	15. A.V/Aids room	600	**Existing**	

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1625 sq.ft	**Existing**	
	Nutrition & Community Health Nursing	1200sq.ft	**Existing**	
	Obstetrics and Gynecology Laboratory	962 sq.ft	**Existing**	
	Pediatrics Nursing Laboratory	962 sq.ft	**Existing**	
	Pre-Clinical Sciences Laboratory	962 sq.ft	**Existing**	
	Computer Lab (1: 5 computer :student)	1500sq.ft	**Existing**	

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, tracheotomy, 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 - 14**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned		Rent /Lease	NA
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed		Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed		Not Produced & Not Enclosed	

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

4.	Does all the courses are imparted in this building	YES		NO	
5.	Whether Safe drinking water supply in available	YES		NO	

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure - 15**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA01 AG9251	47	Yes	Yes	Yes
1	KA07 A0493	25	Yes	Yes	Yes
1	KA03 MP0507	7	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 Sq. Ft.	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	**3345**	**No. of Nursing Journals subscribed**	**9**
No. of Thesis/Research titles available	**134**	**Is internet facility available for Students?**	**Yes**
No of e-books	**42**	**How many books were purchased in last financial year?**	**100**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. RAMESH KUMAR. S	MA M.LIB	17 Years 6 Months	

Note: A minimum of 500 of 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.

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

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

Annexure - 17

Academic activities	Particulars	Remarks
Research Projects	**Annexure – 17**	
Conferences conducted	**Annexure – 17**	
Conferences attended	**Annexure – 17**	

18. Details of Clinical / Hospital Facilities :

Annexure - 18

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%)	Remarks
Full Name & Address of the Parent Hospital ELLEN THOBURN COWEN MEMORIAL (ETCM) HOSPITAL,		225	WITH IN THE CAMPUS	85 %	
Name of the trust/ Person owning The Hospital THE EXECUTIVE BOARD OF METHODIST CHURCH IN INDIA		---	---	---	---
Name Of The Owner Of The Trust THE EXECUTIVE BOARD OF METHODIST CHURCH IN INDIA		---	---	---	---
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Hope Hospital, Kurubarpet, Kolar	330	0.1 KM	95 %	
	2. Srinivasa Nursing Home, Behind SNR Hospital, Kolar	25	0.2 KM	95	
	3. Leelavathi Children Hospital, 146/2, Pattabhiramn road, Kolar	28	0.2 KM	96%	
	1. Shree Sai Hospital, Kurubarpet Kolar	30	0.1 KM	94%	
	2. CADABAMS, groups of Psycho-social rehabilitation Centers, Bangalore	650	74 KM	95%	
	3. Life Care Centre Psychiatric Hospital	50	18 KM	96%	

(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).

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

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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which 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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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	50	85%		
Surgery including OT	50	80 %		
Obstetrics & Gynecology	50	80%		
Pediatrics,	30	85 %		
Emergency Medicine	20	85%		
Psychiatry	3	95 %		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	5	85 %		
Minor OT	02	85%		
Dental, Otorhinolaryngology, Ophthalmology	3	95 %		
Burns and Plastic	0	0		
Neonatology care unit	2	95%		
Communicable disease/ Respiratory medicine/TB & chest diseases	5	85%		
Dermatology	0	0		
Cardiology	3	85%		
Oncology	3	85%		
Neurology/Neuro-surgery	3	85%		
Nephrology/Urology	3	80%		
ICU/ICCU	3	80%		
Geriatric Medicine	10	85%		
Any other	5	85%		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

19	COMMUNITY HEALTH NURSING :Annexure - 19
RURAL FILELD	
a. Name of CHC / PHC / SC	**Primary Health Centre**
Adopted / Affiliated	**adopted**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☑
Distance from the Nursing Institute	**18 KM**
b. Services Rendered by Health & Family Welfare Programmes	**Yes**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**URBAN HEALTH CENTRE KOLAR**
Adopted / Affiliated	**AFFILIATED**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**1 KM**
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

20	Master Rotation Plan : Annexure - 19		
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 – 20**		
a.	Basic B.Sc. Nursing	YES ☑	NO ☐
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☑
c.	M.Sc. Nursing	YES ☑	NO ☐

22	**Records of Students:** Are the following students records are maintained well?		
a.	Admission record	YES ☑	NO ☐
b.	Daily Attendance Registers	YES ☑	NO ☐
c.	Health Records	YES ☑	NO ☐
d.	Clinical and field experience record	YES ☑	NO ☐
e.	Practical record books - procedure record	YES ☑	NO ☐
f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

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

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 ☐

23	**Hostel Facilities :Annexure - 21**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 31,400	
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 : 144	Boys : 36
f.	Total No. of rooms	Girls : 29	Boys : 08
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

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

Annexure Numbers	Details	Submitted (Tick Mark)	
		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 : College Building, Laboratories and Building related documents, 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	✓	
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	✓	

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

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.

Observations: The LIC Team visited ETCM College of Nursing Kolar as a part of LIC Inspection on 12/6/2015.

The college Run In the name of THE EXECUTIVE BOARD OF THE METHODIST CHRUCH IN INDIA. In its own Building and has present hospital with 225 Beds In the Name of Ellen Thoburn Lowes Memorial Hospital at as Campus. Also the college is have of MOU with Hope Hospital Kolar which is 330 beded.

Physical facilities: The college Required and above Class Rooms. of almost 6 class Rooms with 1500 sqft & 2 class Room with 1200 sqft. presently college has laboratorls for Nursing Foundation Nutrition & community health, OB & pediatric & pre clinical science labs with required infrastructure, mannequins and Equipments. Also has Advance Skill lab In the hospital.

- Library: Their are almost 3345 TB In a labrary with 2400 sqft dimension In size. Also ELINFLE is present with All regent Journals.

- Teaching Faculty: 40 Teaching Staffs were present on the day of Inspection and 9 External teachers are Their the Faculty facilities.

- Their are 3 College Bus present for transportation with driver details. Their are 7 teachers with Master degree and publication total 20 MSC teacher and 20 BSC teachers present.

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