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 ANOOP NAIR	Dr. Basavaraj Nadagouda	mala. m.g
Designation	Associate Professor	Dean & Professor.	Ass. Scient Profft
Address	Govt Dental college Bangalore	Rajarajeshwari ayu medical college Kommabad.	Vidura College of Nursing Bangla
Mobile No	9886459375	9845975191	9739985247
Email ID	dranoopnair@yahoo.com	drbasunadagouda@gmail.com	malamg2602@gmail.com

Inspection For the Academic Year :			*Date of Inspection:* 13.8.25	
(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	NA

1	Name of the Institution with Full Address	ST MARYS COLLEGE OF NURSING, Fort Road, K B Extension, Chitradurga - 577501	2	Year of Establishment: 2003-04
2	Status of the course conducting body	Society ®		
3	(a). Name of the Trust/Society & complete postal address & Phone number	ANUPAMA EDUCATION AND RURAL DEVELOPMENT SOCIETY® (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: anupamaeducation@gmail.com	Website: www.stmaryscollegecta.com	
		Office No: 08194234168	Mobile No: 9880100738/9986468260	

Signature of Chairman

Signature of Member (1) 13/8/25

Signature of Member (2) 13/8/25.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	**Mr. S BHASKAR, Secretary, Ph.No: 9880100738**		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council : 09 Members** (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:** G PUNITHAMANI **Qualification:** MSC Nursing **Experience after MSc:** 16 Years **Email:** gpunithamani@gmail.com		**Mobile No:** 9986468260 **Office No:** 08194 234168 **Fax No:** 08194234195 **Residential phone No:** 08194234476
	b) Drawing authority of the college	**Secretary St Marys College of Nursing**		
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 (Not Applicable)**

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	Continuation	45000/-	45000/-	60000/-	25000/- Appl fee 1050/-	176050
Post Basic B.Sc. Nursing	Continuation	45000/-	45000/-	60000/-	Appl Fee 1050/-	151050
					Total (A)	327100

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Community Health Nursing	5X2000=10000	10000
	2. Medical Surgical Nursing	5X2000=10000	10000/-
	3. OBG Nursing	5X2000=10000	10000/-
	4. Paediatric Nursing	5X2000=10000	10000/-
	5. Psychiatric Nursing	5X2000=10000	10000/-
		Helinet & Application	8550/-
NPCC		**Total (B)**	58850/-
		Total (C)	
		Grand Total (A+B+C)	385650/-

Online Transaction Number or Details:ZKVB0109EH9D0, BKVBG7A0IFSD60, BKVBYTR0KSWR640

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

Remarks:

Verified & Affiliation fee receipt enclosed.

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	Enclosed
	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	Enclosed
	Sanctioned Intake	50	50	50	50	
	Admissions Made for the Current Academic Year	36	36	36	36	
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	Enclosed
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Not Applicable
	Sanctioned Intake	Not Applicable	Not Applicable	Not Applicable	Not Applicable	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	Not Applicable	Not Applicable	Not Applicable	Not Applicable	

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	16	13	20	22	71
	Female	43	46	34	35	158
Post Basic B.Sc Nursing	Male	05	01	–	–	06
	Female	31	35	–	–	66
M.Sc Nursing	Male	04	02	–	–	06
	Female	21	14	–	–	35
M.Sc NPCC	Male	–	–	–	–	–
	Female	–	–	–	–	–

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From—— To——
	Details 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——
	Details 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							1	—	—					
2	Vice-Principal	1	1							1	—	—					
3	Professor	1	1-2					1*		6	—	3					
4	Associate Professor	2	2-4					1*		-	2	1					
5	Assistant Professor	3	3-8				2	3*		—	—	1					
6	Tutor	8-16	16-24				2-10	--		15	10	—					
	Total	**16-24**	**24-40**				**4-12**			24	12	5					

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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250 students				
* Aadhar based biometric attendance for students			Not applicable.	

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.	G PUNITHAMANI	PRINCIPAL	Msc Nursing Medical Surgical Nursing	2009	2842	23	16	01-11-2011	Yes	
2.	SENTHIL KUMAR G P	VICE PRINCIPAL	Msc Nursing Paediatrics Nursing	2010	3535	19	15	12-05-2010	Yes	
3.	SATHIYA N	PROFESSOR	Msc Nursing OBG Nursing	2010	3776	19	15	16-06-2015	Yes	
4.	RIJO GEORGE MATHEW	PROFESSOR	Msc Nursing Medical Surgical Nursing	2012	4081	16	13	13-11-2012	Yes	
5.	DEVARAJ N T	PROFESSOR	Msc Nursing Psychiatric Nursing	2013	5348	14	12	06-03-2013	Yes	
6.	SHWETHA M P	PROFESSOR	Msc Nursing Medical Surgical Nursing	2013	6007	14	12	12-05-2013	Yes	
7.	RANGASWAMY P N	PROFESSOR	Msc Nursing Community Health Nursing	2017	14249	11	8	20-02-2024	Yes	
8.	GAANASHREE H	PROFESSOR	Msc Nursing OBG Nursing	2018	167765	9	7	20-02-2023	Yes	
9.	PAVITHRA C U	PROFESSOR	Msc Nursing Paediatrics Nursing	2018	51877	9	7	20-02-2023	Yes	
10.	PRIYA S	PROFESSOR	Msc Nursing Community Health Nursing	2018	68524	9	7	20-02-2023	Yes	
11.	AMRUTHA M	PROFESSOR	Msc Nursing Psychiatric Nursing	2018	122837	9	7	20-02-2023	Yes	
12.	HARSHITHA M N	ASST PROFESSOR	Msc Nursing Psychiatric Nursing	2018	14309	9	7	20-02-2023	Yes	
13.	MOHAMMED WAZAYATHULLA	LECTURER	Msc Nursing Medical Surgical Nursing	2021	14572	9	4	20-02-2023	Yes	
14.	ISMAIL NADAF	NURSING TUTOR	Bsc Nursing	2018	93892	7 years		03-10-2018	Yes	
15.	NUTAN ISHWARAPPA HOSAMANI	NURSING TUTOR	Bsc Nursing	2019	105820	6years		15-12-2021	Yes	
16.	RENUKA B C	NURSING TUTOR	Bsc Nursing	2019	100278	6 years		03-10-2019	Yes	
17.	SANDHYA MALLAPUR	NURSING TUTOR	Bsc Nursing	2020	111509	5 years		15-12-2021	Yes	
18.	KAVERI HANUMANTA KATTIMAN	NURSING TUTOR	Bsc Nursing	2020	114721	5 years		02-06-2022	Yes	
19.	SRIDEVI T	NURSING TUTOR	Bsc Nursing	2020	216562	5 years		02-12-2022	Yes	

13/8/25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

20.	SHILPA MALLAPUR	NURSING TUTOR	Bsc Nursing	2020	100861	5 years		15-12-2021	Yes	
21.	NEHA K L	NURSING TUTOR	Bsc Nursing	2021	112473	4 years		17-12-2020	Yes	
22.	KURUBA GAYATHRI	NURSING TUTOR	Bsc Nursing	2021	122143	4 years		02-06-2022	Yes	
23.	CHETANA G V	NURSING TUTOR	Bsc Nursing	2021	122479	4 years		03-01-2022	Yes	
24.	DINAKAR DHUMALE	NURSING TUTOR	Bsc Nursing	2021	121590	4 years		02-06-2022	Yes	
25.	GEETHANJALI J	NURSING TUTOR	Bsc Nursing	2021	122439	4 years		17-12-2021	Yes	
26.	SHILPA JADHAV	NURSING TUTOR	Bsc Nursing	2021	121568	4 years		02-06-2022	Yes	
27.	KAVYASHREE G V	NURSING TUTOR	Bsc Nursing	2022	133999	3 years		17-12-2022	Yes	
28.	NAYANA D	NURSING TUTOR	Bsc Nursing	2022	138652	3 years		15-12-2022	Yes	
29.	KEERTI TILAVALLI	NURSING TUTOR	Bsc Nursing	2022	138672	3 years		15-11-2022	Yes	
30.	BINDU K C	NURSING TUTOR	Bsc Nursing	2022	138671	3 years		15-11-2022	Yes	
31.	VISHALAKSHI B	NURSING TUTOR	Bsc Nursing	2023	198992	2 years		15-11-2022	Yes	
32.	D MAMATHA	NURSING TUTOR	Bsc Nursing	2023	145714	2 years		02-12-2022	Yes	
33.	BHAGYAMMA B	NURSING TUTOR	Bsc Nursing	2023	145534	2 years		03-07-2023	Yes	
34.	SARASWATHI V A	NURSING TUTOR	Bsc Nursing	2023	145526	2 years		03-07-2023	Yes	Saraswathi V.A
35.	SIMRAN P	NURSING TUTOR	Bsc Nursing	2023	145717	2 years		03-07-2023	Yes	Simran.P
36.	DIVYA E	NURSING TUTOR	Bsc Nursing	2023	214443	2 years		02-12-2022	Yes	Divya .E
37.	MALLESHA H	NURSING TUTOR	Bsc Nursing	2023	155912	2 years		02-12-2022	Yes	
38.	NAGAVENI S	NURSING TUTOR	Bsc Nursing	2023		2 years		05/03/2025	Yes	
39.	NETHRAVATHI G	NURSING TUTOR	Bsc Nursing	2024		1 years		05/03/2025	Yes	Nethravathi G
40.	RAKSHITHA B	NURSING TUTOR	Bsc Nursing	2024		1 years		05/03/2025	Yes	Rakshitha B
41.	TEJASHWINI S	NURSING TUTOR	Bsc Nursing	2024		1 years		05/03/2025	Yes	Tejashwini S.A
42.										
43.										

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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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)**

- **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
Details 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)	23,200sq.ft (40 – 60 intake)	**56080 Sq.Ft**	Verified.
	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	**3600 Sft**	Verified.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1800 Sq.Ft**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**1800 Sq.ft**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**300 Sq.Ft**	Verified.
	2. Vice-Principal Chamber	200	**200 Sq.Ft**	"
	3. HOD	5 x 200 = 1000	**1000 Sq.Ft**	"
	4. Professor/Assoc. Prof	800+2400=3200	**3200 Sq.Ft**	Verified.
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**600 Sq.Ft**	Verified.
	7. Accountants Office	**100**	**100 Sq.Ft**	"
	8. Store Room	**100**	**100 Sq.Ft**	"
	9. Record room	**100**	**100 Sq.Ft**	"
	10. Room for maintenance staff	**100**	**100 Sq.Ft**	"
	11. Xeroxing room	**100**	**100 Sq.Ft**	
	12. common room (Girls & Boys)	600+400= 1000	**1000 Sq.Ft**	"
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**3000 Sq.Ft**	Verified
	14. Toilets	1000	**1000 Sq.Ft**	"

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	15. A.V/Aids room	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	**1600 Sq.Ft**	Verified
	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	**1500 Sq.Ft**	Verified.

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**	Verified
2	**Is the college building own or leased ?**	own Building.
3	**Blue print of the building plan approved and attested by competent authority.**	Verified.
4	**Building construction license from competent authority**	Verified
5	**Tax paid receipt (Latest / current year)**	yes Verified.
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	Verified
8	**Land Conversion order from DC**	Verified
9	**Town planning/Authorities approval order**	Verified.

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
02	KA16AA2377, KA16AA2631	40 40	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 ☑ No ☐	~~Available~~	~~Available~~	

Total No. of Nursing Books available	5000	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	Yes
No of e-books	—	**How many books were purchased in last financial year?**	500

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. GIRIDHAR	B.Library	20	

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	—	—

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 MOU(Registered parent hospital MOU)	NA	NA	NA	NA
NAME OF THE TRUST/ Person owning The Hospital	NA	NA	NA	NA
Name Of The Owner Of The Trust of Hospital	NA	NA	NA	NA
Affiliated hospitals- Full Name & Address of the Parent Hospital 1. District Govt Hospital , Chitradurga	650	1Km	98%	
2. SJM Psychiatric Centre, Chitradurga	100	2 Km	90%	
3				

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

	(MOU/Clinical permission letter)				

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

MOU with District Govt, Hospital Chitradurga.
copy enclosed.

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	NA	NA	120	100%
Surgery including OT	NA	NA	100	100%
Obstetrics & Gynecology	NA	NA	100	100%
Pediatrics,	NA	NA	100	100%
Emergency Medicine	NA	NA	30	100%
Psychiatry	NA	NA	100	85%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10	95%
Minor OT			10	95%
Dental, Otorhinolaryngology, Ophthalmology			0	0
Burns and Plastic			05	100%
Neonatology care unit			05	100%
Communicable disease/Respiratory medicine/TB & chest diseases			10	90%
Dermatology			0	
Cardiology			10	100%
Oncology			0	0
Neurology/Neuro-surgery			15	100%
Nephrology/Urology			10	100%
ICU/ICCU			15	100%
Geriatric Medicine			0	0

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

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	**AIMANGALA , PHC**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	**10 Km**
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	**Chitradurga**
	Adopted / Affiliated	**Affiliated**
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
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 - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

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

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

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	**30560 Sq.ft**	
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 :** 85	**Boys :** —
f.	Total No. of rooms	**Girls :** ~~20~~ 25	**Boys :** 15
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	+	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	✓		
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

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

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations:

For continuous affiliation LIC inspection as on date 13-8-25 total 41 faculty were present. College established in 2003 MOU with government district hospital with 600 bed Own land in trust name. five subjects Msc guides present guideship letters enclosed. Total 8 classrooms with audiovisual aids present. Own hostel & transport facilities available. library with more than 5000 books, 10 Journals and librarian available. Digital library facilities available. Infrastructure facilities, lab facilities as per RGUHS norms.

All relevent documents, annexures, photographs along with pen drive here by enclosed.

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 St mary's college of Nursing Chitradurga which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

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

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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

Enclosed -

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

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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

Enclosed.

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)


ANUPAMA EDUCATION & RURAL DEVELOPMENT SOCIETY ®
ADMISSIONS OPEN
ADMISSIONS OPEN
GPS Map Camera
Chitradurga, Karnataka, India
698x+4r3, Chickpet, Chitradurga, Karnataka 577501, India
Lat 14.21534° Long 76.399377°
13/08/2025 12:23 PM GMT +05:30
Google

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA16414359338766X**
Certificate Issued Date	:	13-Aug-2025 12:07 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ CHITRADURGA 6/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0847772420673224X
Purchased by	:	SECRETARY ST MARYS COLLEGE OF NURSING CTA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY ST MARYS COLLEGE OF NURSING CTA
Second Party	:	R G U H S BANGALORE
Stamp Duty Paid By	:	SECRETARY ST MARYS COLLEGE OF NURSING CTA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

State Co-Operative Societies Association (R) Karnataka Branch Chitradurga Authorized Signatory

Please write or type below this line

UNDERTAKING

I Secretary St Marys College of Nursing, Chitradurga and District Surgeon confirm District Govt Hospital, Chitradurga hospital situated at Chitradurga.

This is to confirm that the hospital District Govt Hospital, Chitradurga hospital is registered under KPMEA and PCB with 650 beds and the bonafide certificate has been attached.

SECRETARY
St. Marys's College of Nursing
Fort Road, K.B. Extention
Chitradurga-577501

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 the hospital District Govt Hospital, Chitradurga is functioning as affiliated for St Marys College of Nursing, Chitradurga

We also confirm that our hospital is solely affiliated to St Marys College of Nursing, Chitradurga 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**

SECRETARY
St. Marys's College of Nursing
Fort Road. K.B. Extention
Chitradurga-577501

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Certificate No.	:	**IN-KA16228226855774X**
Certificate Issued Date	:	13-Aug-2025 10:45 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ CHITRADURGA 6/ KA-CD
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0847402284199399X
Purchased by	:	SECRETARY ST MARYS COLLEGE OF NURSING CTA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SECRETARY ST MARYS COLLEGE OF NURSING CTA
Second Party	:	R G U H S BANGALORE
Stamp Duty Paid By	:	SECRETARY ST MARYS COLLEGE OF NURSING CTA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co-Operative Societies Association (R) Branch Chitradurga Authorized Signatory

Please write or type below this line

UNDERTAKING by Trust Management

We the Secretary of the **Anupama Education and Rural Development Society®** are submitting the affidavit toUniversity.

The trust **Anupama Education and Rural Development Society®** is running/managing the colleges Namely **St Marys College of Nursing** since **22** years.

SECRETARY
St. Marys's College of Nursing
Fort Road, K.B. Extention
Chitradurga-577501

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.

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.

Date : 13/08/2025

Place : Chitradurga

SECRETARY
St. Marys's College of Nursing
Fort Road. K.B. Extention
Chitradurga-577501