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 Inspector's :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mahendra. M	Dr. Thippeswamy T M J	Nagarathna DN
Designation	Asst Prof	Principal	Principal
Address	East Point Medical college	Sri Nirvanaswamy College of Nursing Sri Deegula Mutt Karnataka	Belemus Institute of Nursing Science Kolar
Mobile No	9980796290	9964186525	9035763060
Email ID	drmahigowda@gmail.com	thippesh.tyalakunte@gmail.com	drnagarathna1@gmail.com

Inspection For the Academic Year : 2025 – 2026		***Date of Inspection:*** 16/8/25	
(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**	Mother teresa college of nursing Mysore #2587, 3rd stage dattagalli, Nethaji Circle mysore - 570022	**2 Year of Establishment**	2003
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** (Trust ticked)		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	St Jude Education and charitable trust Registered office # No A4/127, RMV Clusters, RMV 2nd stage, Bangalore - 560094 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: mothertersacollege123@gmail.com	**Website:** www.motherteresacollegemysuru.org	
		Office No:	**Mobile No:** 9449554444	

Signature of Chairman | **Signature of Member (1)** Dr. Thippeswamy T M J | **Signature of Member (2)** Nagarathna DN

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mr. Suneesh jose Chairman St' jude charitable trust, Bangalore Ph no – 9449554444		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** Enclosed (Enclose copy of Governing Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	**a) Details of Principal/Head of the institution (After MSc)**	**Name:** Prof. Selu john **Qualification:** MSc(N) **Experience after MSc:** 20yrs **Email:** mother teresa college 123@gmail.com	**Mobile No:** 9902643229 **Office No:** 9449554444 **Fax No:** **Residential phone No:**	
	b) Drawing authority of the college	Mr. suneesh jose 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	Continuation of affiliation	-	1,95,050/-	1000/-	25,000/-	2,21,050/-
Post Basic B.Sc. Nursing	Continuation of affiliation	-	1,95,050/-	1000/-	–	1,96,050/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**	**No of Seats X Prescribed fees of each faculty**	
	1. Medical Surgical nursing	04 X 2050	8,200/-
	2. Obstetrics and gynaecology	04 X 2050	8,200/-
	3. Peadiatric nursing	04 X 2050	8,200/-
	4. Community health nursing	04 X 2050	8,200/-
	5.		
		Total (B)	32,800/-
NPCC			
		Total (C)	NIL
		Grand Total (A+B+C)	4,49,900/-

Online Transaction Number or Details: Bsc - BD00000007566671
PBBSc - BD00000007566741 Msc - BD00000007566874

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

marks:

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	AAKUKA 346 MPS 2003 Annexure - 5	RGUAFF/NS G/COA/124 25 Annexure - 6	KNC/1157/ 4/2004 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	50	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AAKUKA 170 MPS 2010 Annexure - 5	RGUAFF/NS G/COA/124 25 Annexure - 6	KNC/248/ 2010/11 Annexure - 7	Annexure - 8	
	Sanctioned Intake	50	50	50	-	
	Admissions Made for the Current Academic Year	50	50	50	-	
M.Sc. Nursing in a. Community Health ✓ b. Medical Surgical ✓ c. OBG ✓ d. Paediatric ✓ e. Psychiatry	Approval Letter No. and Date	RGU: 2012, 116 Annexure - 5	RGU/AFF/ NF 170/20 18-19 Annexure - 6	2253; 2024-25 Annexure - 7	Annexure - 8	
	Sanctioned Intake	MSN - 4 OBG - 4 Pead - 4 CHN - 4	MSN - 4 OBG - 4 Pead - 4 CHN - 4	MSN - 4 OBG - 4 Pead - 4 CHN - 4		
	Admissions Made for the Current Academic Year	MSN - 4 OBG - 4 Pead - 4 CHN - 4	MSN - 4 OBG - 4 Pead - 4 CHN - 4	MSN - 4 OBG - 4 Pead - 4 CHN - 4		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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**	10	09	19	20	58
	Female	50	49	37	40	176
Post Basic B.Sc Nursing	**Male**	04	13			17
	Female	45	37			82
M.Sc Nursing	**Male**	03	06			09
	Female	13	08			21
M.Sc NPCC	**Male**					
	Female					

10. If the college has P.B.B.Sc(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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 25.03.2017

Remarks: _____

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

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	1	1				1							
2	Vice-Principal	1	1	1	1	1				1							
3	Professor	1	1-2	2-3	3-5	5-6		1*		1		1					
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*		3		3					
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*		3	3	1					
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--		13	10						
	Total	16-24	24-40	36-60	48-80	60-100	4-12			21	13	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 INC letter: F.NO.1-6/LT/2023-INC dated: 06.03.2024

(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	**Total 15 Faculty** * 7 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty *18 Tutors	**Total 45 Faculty** * 18 M.Sc. Nursing qualified faculty *27Tutors	**Total 60 Faculty** * 24 M.Sc. Nursing qualified faculty *36 Tutors

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

200 Students Intake	**Total 20 Faculty** * 10 M.Sc. Nursing qualified faculty * 10 Tutors	**Total 40 Faculty** * 17 M.Sc. Nursing qualified faculty *23Tutors	**Total 60 Faculty** * 25 M.Sc. Nursing qualified faculty *35 Tutors	**Total 80 Faculty** * 32 M.Sc. Nursing qualified faculty *48 Tutors
250 students	**Total 25 Faculty** * 12 M.Sc. Nursing qualified faculty * 13 Tutors	**Total 50 Faculty** * 20 M.Sc. Nursing qualified faculty *30 Tutors	**Total 75 Faculty** * 30 M.Sc. Nursing qualified faculty * 45Tutors	**Total 100 Faculty** * 40 M.Sc. Nursing qualified faculty *60Tutors
* **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.	Prof. Selu John	Principal	Msc (MSN)	1997	303	24yrs	25yrs	6/8/2018	Yes	Sick leave.
2.	Prof. Preeti Nagur	Vice principal	Msc (ABN)	2015	33444	2.8yr	10.5yrs	1/6/23	Yes	
3.	Mrs. Divya priyadarshini	Asso. Prof	Msc (Psad)	2016	47067	1yr	9.5yrs	13/2/24	Yes	
4.	Ms. Shubha T eldose	Asso. Prof	Msc (MSN)	2017	009315	2yrs	8yrs	1/8/23	Yes	Sick leave
5.	Mrs. Nagaratna Naik	Asst. Prof	Msc (CHN)	2018	033095	5yrs	7yrs	1/10/19	Yes	
6.	Ms. Kavyashree	Asst. Prof	Msc (Psad)	2021	80095	1yr	4yrs	6/1/25	Yes	
7.	Mr. Shanmukh	Lecturer	Msc (Psad)	2025	120937	1yr	5 months	2/1/25	Yes	
8.	Ms. Sneha	Asst. Prof	Msc (MSN)	2023	109458	7yrs	2yrs	5/1/25		
9.	Ms. Gaanavi	Asst. Prof	Msc (OBG)	2024	110106	1yr	Fresher	4/1/24		
10.	Mr. Victor david	Asst. Lekchr	Pbbsc (N)	2021	208272	4yrs	-	22/5/22		
11.	Mr. Mallikarjun	Asst. Lecturer	Bsc (N)	2021	121001	3yrs	-	8/11/23		
12.	Ms. Maheshwari	Asst. Lectur	Bsc (N)	2021	129926	3.6yrs	-	7/6/23		
13.	Ms. Preethi. KM	Asst. Lectur	Bsc (N)	2022	131956	2.5yrs	-	1/8/23		
14.	Ms. Poojitha	Asst. Lectur	Bsc (N)	2020	109454	2yrs	-	30/11/24		
15.	Ms. Aswini	Asst. Lectur	PBsc (N)	2023	208729	2yrs	-	29/10/24		
16.	Ms. Anoopa	Asst. Lectur	Bsc (N)	2021	111304	3.6yrs	-	10/2/25		
17.	Ms. Afreena. P D	Asst. Lectur	PBsc (N)	2024	246209	1yr	-	20/11/24		
18.	Ms. Ratnamma. R	Tutor	Bsc (N)	2020	157856	3yrs	-	22/1/25		
19.	Mr. Abhishek MR	Tutor	Bsc (N)	2025	20N6B2	Fresher	-	1/5/25		
20.	Ms. Lakshmi	Tutor	Bsc (N)	2023	199470	2.4yrs	-	25/5/25		
21.	Ms. Geetanjali	Tutor	Bsc (N)	2020	109460	4yrs	-	1/6/25		
22.	Ms. Madhu	Asst. Lecturer	Bsc (N)	2021	122477	10 Months	-	28/11/24		

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Signature of Member (1)

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23.	Mr. Robin smith	Tutor	Pbbsc (N)	2021						
24.	Mr. Deepak rao	Tutor	Bsc(N)	2008	29870	10yrs	—	6/4/23		
25.	Ms. Meghana H.N	Tutor	Bsc(N)	2021	108913	Fresher	—	10/5/25		Meghana HN
26.	Ms. Anusha .M.R	Tutor	Bsc(N)	2020	109414	Fresher	—	8/5/25		
27.	Ms. Soumya Sunny	Tutor	Bsc(N)	2022	145266	2yrs	—	26/9/23		
28.	Mr. Haraprasad K.R	Tutor	PBBsc(N)	2023	137877	2yrs	—	10/2/25		
29.	Mr. Natraju	Tutor	Bsc (N)	2022	132586	7 months	—	5/6/25		
30.	Ms. Jinsha Raj	Asso. Profess	MSc(MHN)	2019	82930	6yrs	—	16/6/25		
31.	Ms Saraladevi. A.T	Tutor	BSc(N)	2025	240546	Fresher	—	02/06/25		Absent
32.	Ms. Bharathi. E	Tutor	BSc(N)	2022	133505	2 years	-			
33.	Ms. Vijayalakshmi	Tutor	Bsc(N)	2021	134112	2yrs				
34.	Ms. Ishwarya	Tutor	Bsc(N)	2022	135117	2yrs				A
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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	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	23,200 sqft	✓
	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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900 sqft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	650 sqft	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	650 sqft	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	350 sqft	
	2. Vice-Principal Chamber	200	200 sqft	
	3. HOD	5 x 200 = 1000	800 sqft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	800 sqft	
	7. Accountants Office	**100**	100 sqft	
	8. Store Room	**100**	100 sqft	
	9. Record room	**100**	100 sqft	
	10. Room for maintenance staff	**100**	100 sqft	
	11. Xeroxing room	**100**	100 sqft	
	12. common room (Girls & Boys)	600+400= 1000	1000 sqft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sqft	—
	14. Toilets	1000	1000 sqft	
	15. A.V/Aids room	600	650 sqft	

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

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1650 sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1300 sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 sqft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 sqft	
	Computer Lab (1: 5 computer :student)	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?**	✓
2	**Is the college building own or leased ?**	Leased ✓
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	✓
6	**Occupancy Certificate**	–
7	**Sale deed / Registered lease deed of the building / Land**	–
8	**Land Conversion order from DC**	–
9	**Town planning/Authorities approval order**	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dated 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- 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.

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

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
1	KA41 C0472	34	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	Remarks
Required 2300 Sq.Ft	2300sqft	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	3500	**No. of Nursing Journals subscribed**	
No. of Thesis/Research titles available		**Is internet facility available for Students?**	
No of e-books		**How many books were purchased in last financial year?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Shilpa K.P	B.LIB	10yrs	

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	MSc synopsis & dissertation	
Conferences conducted		

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

Conferences attended		

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

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%)**	**Remarks**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Krishna hospital Nanjangud road Mysore	120	20 kms	100	
	2 Anagha hospital Mysore	100	12 kms	90	
	3 Alpha hospital Mysore. (MOU/Clinical permission letter)	70	12 kms	45	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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			45	30
Surgery including OT			35	25
Obstetrics & Gynecology			20	15
Pediatrics,			10	06
Emergency Medicine			10	10
Psychiatry			05	01

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			04	02
Minor OT			01	00
Dental, Otorhinolaryngology, Ophthalmology			00	00
Burns and Plastic			01	00
Neonatology care unit			02	01
Communicable disease/Respiratory medicine/TB & chest diseases			02	01
Dermatology			00	00
Cardiology			05	04
Oncology			05	03
Neurology/Neuro-surgery			05	04
Nephrology/Urology			02	01
ICU/ICCU			12	10
Geriatric Medicine			05	02
Any other				

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FIELD		
a.	**Name of CHC / PHC / SC**	Udhoor PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	12 kms
b.	Services Rendered by Health & Family Welfare Programmes	Antenatal check up, Family planning
URBAN FIELD:		
a.	**Name of CHC / PHC / SC**	Saraswati Puram PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	5 kms
b.	Services Rendered by Health & Family Welfare Programmes	Antenatal checkup, Immunization
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** ☐
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** ☐
s.	POSHE Committee	**YES** ☑	**NO** ☐
t.	Prevention of Gender harassment committee	**YES** ☑	**NO** ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft**	
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 :** 176	**Boys :** 58
f.	Total No. of rooms	**Girls :** 40	**Boys :** 14
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	4		
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	2		
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)**

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each Speciality wise	✓		

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

LIC Team Observations:

Lic Inspection Conducted on 16/8/25, Mother Teresa College run by st Jude edu & charitable trust is Established in 2003, College building is a leased Consisting of Basement, 1st floor, 2nd & 3rd flod, ~~total~~ 8 class room, labs, library and Amenities are as per RGUHS norms, fotos are Enclosed in the pen drive.

Faculty: Total 34 Staff shown on day of Inspection - 2 prof Including principal, 2 Assoc prof 4 Asst prof and rest are tutors.

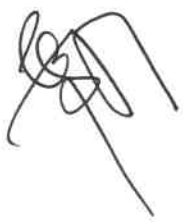
Principal on Sick leave on the day of Inspection.

3 Affiliated hospitals are shown and details have been Enclosed.

Signature of Chairman 16/8/25

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 Mother Theresa College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 16/8/25 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)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA18643578728507X
Certificate Issued Date	:	16-Aug-2025 10:58 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ RAMAKRISHNA NAGARA/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0851982369508866X
Purchased by	:	CHAIRMAN ST JUDE EDUCATION AND CHARITABLE TRUST
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	M O U
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN ST JUDE EDUCATION AND CHARITABLE TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	CHAIRMAN ST JUDE EDUCATION AND CHARITABLE TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

RS. 100

Please write or type below this line

S. KAMALA
B.A.L.,LL.B.
Reg. No. 12350
MYSORE DISTRICT
11/2/2022
to 11/2/2027

MOU

I chairman of the trust St Jude education and charitable trust are submitting the affidavit to University.The Trust St Jude education and charitable trust is running the college Mother Teresa college

We confirm the 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.

Suresh Jose

ATTESTED BY ME

NOTARY, MYSORE

16 AUG 2025

NOTARY
S. KAMALA
B.A.L.,LL.B.
Reg. No. 12350
MYSORE DISTRICT
11/2/2022
to 11/2/2027
GOVT.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA18645826090507X
Certificate Issued Date	:	16-Aug-2025 10:59 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ RAMAKRISHNA NAGARA/ KA-MY
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0851986527212178X
Purchased by	:	DR GEETHA
Description of Document	:	Article 2(B) Administration Bond - In any other case
Property Description	:	UNDERTAKING
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR GEETHA
Second Party	:	MOTHER TERESA COLLEGE OF NURSING
Stamp Duty Paid By	:	DR GEETHA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

IN-KA18645826090507X RS. 100 16-AUG-2025 10:59 AM

UNDERTAKING

Please write or type below this line

I Dr. K Greetha is the Owner of the Krishna Hospital situated at Nanjangudu Road- 571301 This is to confirm that our hospital Krishna Hospital is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached. This is to confirm that the hospital Krishna Hospital affiliated hospital for mother teresa College of nursing college.

We also confirm that our hospital is solely affiliated to Motor Teresa College of Nursing college and is not affiliated to any other Nursing college

The information provided by us is true and correct.

NOTARY S. KAMALA B.A.L.,LL.B. Reg. No. 12350 MYSORE DISTRICT 11/2/2022 to 11/2/2027

ATTESTED BY ME

NOTARY MYSORE 16 AUG 2025

Dr. Geetha K

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.