Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Naveen.S	V.R AYYAPPAN	SOMASHEKAR NIDAGUNDI
Designation	Prof / Senate.	PROFESSOR/ ACMEMBER	PRINCIPAL
Address	SCMCH&RI Chanapatna.	SANJAY GANDHI INSTITUTE OF TRAUMA AND ORTHOPAEDICS BANGALORE	TMAR SOCIETY'S COLLEGE OF NURSING BELLARI ROAD HOSPET
Mobile No	9886634170	9886291325	98869 37297
Email ID	nvin73@gmail.com	Ayyappan@gmail.com	

Inspection 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	
	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**	CHRISTIAN COLLEGE OF NURSING NO 150/6, HORAMAVU AGARA HORAMAVU POST, BANGALORE 560043	2	**Year of Establishment** 2003
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	SRI RAJARAM MOHAN ROY EDUCATIONAL TRUST NO 17, SANKEY ROAD, BANGALORE-560020 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email:	**Website:**	
		Office No:	**Mobile No:**	

Dr. Naveen.S. 24/8/25

V.R Ayyappan 24/8/25

Prof. Somashekar.N 24/08/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	MR. SUNESH JOSE 9845044494		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** MRS. KUNJESWARI DEVI **Qualification:** MSC NURSING **Experience after MSc:** 15 **Email:** kunjemdevi@gmail.com		**Mobile No:** 9739968189 **Office No:** 6364715544 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	CHAIRMAN		
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing			✓		25000	221050
Post Basic B.Sc. Nursing			✓			196050
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NSG	4	
	2. CHILD HEALTH NSG	4	
	3. OBSTETRICS & GYANECOLOGY	4	
	4. MENTAL HEALTH NSG	4	
	5. COMMUNITY HEALTH NSG	4	
		Total (B)	49500
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ENCLOSED.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	HFW/380 MPS 2003 Annexure - 5	RGU/AFF/ NSG/CoA/01 Annexure - 6	1157/2024-25 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	ENCLOSED				
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	HFW/113 MPS 2010 Annexure - 5	RGU/AFF/ NSG/CoA/01 Annexure - 6	1157/2024-25 Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year	ENCLOSED				
M.Sc. Nursing in a. Community Health ☑ b. Medical Surgical ☑ c. OBG ☑ d. Paediatric ☑ e. Psychiatry ☑	Approval Letter No. and Date	HFW/104 MPS 2011 Annexure - 5	RGU/AFF/ NSG/CoA/01 Annexure - 6	1157/2024-25 Annexure - 7	Annexure - 8	
	Sanctioned Intake	ENCLOSED				
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	07	22	20	12	61
	Female	52	38	40	45	175
Post Basic B.Sc Nursing	Male	04	05	-	-	09
	Female	46	45	-	-	91
M.Sc Nursing	Male	04	01	-	-	05
	Female	06	07	-	-	13
M.Sc NPCC	Male					
	Female					

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

Annexure –10

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

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1			-				
2	Vice-Principal	1	1							1			-				
3	Professor	1	1-2					1*		1		1	-				
4	Associate Professor	2	2-4					1*		5		3	-				
5	Assistant Professor	3	3-8				2	3*		3	3	3	-				
6	Tutor	8-16	16-24				2-10	--		18	20	6	-				
	Total	**16-24**	**24-40**				**4-12**										

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				

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

250 students				
* Aadhar based biometric attendance for students				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

CHRISTIAN COLLEGE OF NURSING

LIST OF M.Sc (N) TEACHING FACULTY LIST 2023

SL. No	Name of Teaching Faculty	Designation	Qualification along with speciality	Year of Passing	KNC Reg. No.	Teaching Experience		Date of Joining	Form – 16 Submitted (Yes/No	Sign
						After UG	After PG			
1	Mrs.Kunjeshwari Devi	**Principal**	**Msc (N) MSN**	**2011**	**9009**	**1 Yr.**	**14 Yrs.**	**10/02/2025**		
2	Dr. Blossom Maria Manuel	Vice-Principal	M.Sc(N) Pediatrics	2008	979	8Yrs.	17 Yrs	02/05/2008		
3	Mrs. Sandhya Mary Paul	Professor	M.Sc OBG	2007	724	05 Yrs.	18 Yrs	03/10/2009	✓	
4	Sobha .B	Professor	M.Sc(N) Community	2010	362	04 Yrs.	15 yrs	05/01/2012	✓	
5	Shuby P.Chacko	Professor	M.Sc (N) Pediatrics	2011	003857	2 Yrs.	14 Yrs	05/01/2012	✓	
6	Deepak Krishna	Professor	M.Sc (N) MSN	2011	002910	1Yrs.	14 Yrs	30/06/2014	✓	
7	Jenishia M	Professor	MSc (N) OBG	2011	RR TMN 20187325 KAR	1 Yr.	14 Yrs	11/06/2024	✓	
8	Nikhil George	Asso. Professor	M.Sc (N) Psychiatry	2017	11508	6 yrs	8 Yrs.	05/09/2019	✓	
9	Nagaratna Naik	Asst. Professor	MSc (N) Community	2019	33095	2 Yrs.	6 Yrs	02/05/2025	✓	
10	Jinsha Raj P	Asst. Professor	M.Sc (N) Psychiatry	2019	82930	1 yrs.	6 Yrs.	16/06/2025		
11	Jinu Thomas	Asst. Professor	M.Sc(N) Psychiatry	2020	184948	1 Yrs.	5 Yrs	02/07/2020		

12	Sharmila S	Lecturer	MSc (N) Paediatrics	2023	88890	-	2 Yrs.	19/11/2024		
13	K Bhavani	Lecturer	MSc (N) OBG	2023	RR TMN 2005 1912 KAR	20 Yrs.	2 Yrs.	05/02/2025	✓	
14	K Sharon Angel	Lecturer	MSc (N) OBG	2023	RR ANP 2019 8190 KAR	-	2 Yrs.	18/03/2024	✓	
15	Mary Mathew	Tutor	BSc (N)	2010	13933	14 Yrs.	-	28/02/2024	✓	
16	Joanna Nirmal	Tutor	BSc (N)	2003	RR BSc 699	12 Yrs.	-	12/06/2024		
17	Roopa N	Tutor	BSc (N)	2014	181659	11 Yrs.	-	06/06/2023	✓	
18	Rebeccal Jane	Tutor	PB.BSc (N)	2015	103886	10 Yrs.	-	01/02/2023	✓	
19	Jobin K Issac	Tutor	BSc (N)	2016	077206	9 Yrs.	-	01/02/2024	✓	
20	BIBIN E	Tutor	BSc (N)	2017	89457	8 Yrs.	-	02/11/2017		
21	Jesnamol A L	Tutor	PB.BSc (N)	2017	178088	8 Yrs.	-	17/04/2023	✓	
22	Antony Pradeep RaJ	Tutor	BSc (N)	2019	98215	6yr		01/11/2023		
23	Anita Limbu	Tutor	BSc (N)	2020	110623	5 yr		16/05/2023		
24	Josmy Joseph	Tutor	BSc (N)	2020	111419	5 Yrs.	-	02/06/2025		
25	Shantha Basthav Souza	Tutor	PB.BSc (N)	2021	195239	4 Yrs.	-	17/05/2023	✓	

26	Lakshmi Vaddar	Tutor	BSc (N)	2021	123480	4 Yrs.	-	04/05/2023	✓	
27	Sumalatha K	Tutor	PB.BSc (N)	2022	205876	3 Yrs.	-	12/06/2023	✓	
28	Aleena Mariya Grace K V	Tutor	BSc (N)	2023	128425	2 yr		06/02/2023		
29	Soumya Sunny	Tutor	BSc (N)	2023	145266	2 Yr.	-	12/06/2025		
30	Kezia C last	Tutor	PB.BSc (N)	2023	RR KRL 2024 25235KAR	2 Yrs.		04/06/2025		
31	Parvathy Biju	Tutor	BSc (N)	2023	160518	2 yr		08/07/2025		
32	Aswathy S	Tutor	BSc (N)	2024	164097	1 Yr	-	10/07/2025		
33	Jiya Johnson	Tutor	BSc (N)	2024	169657	1yr		20/06/2025		
34	Disna Thomas	Tutor	BSc (N)	2024	179335	1 yr		04/07/2025		
35	Bayoola Baby Debora	Tutor	BSc (N)	2024	161696	1 Yr.	-	19/08/2024		

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma.**Annexure - 11**

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		ENCLOSED			

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	83650	
	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	4800	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2400	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2400	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	350	
	2. Vice-Principal Chamber	200	300	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	400	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1200	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3500	
	14. Toilets	1000	1200	

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

	15. A.V/Aids room	600	1600	

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	
	Nutrition & Community Health Nursing	1200sq.ft	1200	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000	
	Pediatrics Nursing Laboratory	900sq.ft	1000	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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 ?**	
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 / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
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	KA53AA5524	55	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2500	YES ☑ No ☐	YES	YES	

Total No. of Nursing Books available	4820	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	150	**Is internet facility available for Students?**	YES
No of e-books	1500	**How many books were purchased in last financial year?**	420

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	MR. RAMESH	M LIB	6	PERMANENT

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		
NAME OF THE TRUST/ Person owning The Hospital			NA		
Name Of The Owner Of The Trust of Hospital			NA		
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 CHRIS HOSPITAL	100	4		
	2. HAL HOSPITAL	218	12		
	3. BOWRING HOSPITAL	650	12		
	4. CADABAMS	600	35		
	5 COXTOWN	50	10		

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:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			30	80 %
Surgery including OT			30	82 %
Obstetrics & Gynecology			25	88 %
Pediatrics,			25	90 %
Emergency Medicine			25	88 %
Psychiatry			10.	70 %

NA

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			10 tables	15 surgery/day
Minor OT			20 tables	20 surgery/day
Dental, Otorhinolaryngology, Ophthalmology			30	80 %
Burns and Plastic			20	80 %
Neonatology care unit			20	84 %
Communicable disease/Respiratory medicine/TB & chest diseases			20	82 %
Dermatology			10	80 %
Cardiology			20	80 %
Oncology			10	80 %
Neurology/Neuro-surgery			20	82 %
Nephrology/Urology			20	82 %
ICU/ICCU			25	80 %
Geriatric Medicine			15	80 %

NA

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other	30	80-/.	30	82-/.

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**	BEMA ULSOOR.
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	12
b.	Services Rendered by Health & Family Welfare Programmes	ANC
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	K NARAYANPURA PRIMARY HEALTH CENTER
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	4
b.	Services Rendered by Health & Family Welfare Programmes	FAMILY PLANNING & 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** ☐

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	Sq.ft 3500	
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 : 320	Boys : 64
f.	Total No. of rooms	Girls : 242	Boys : 38
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:

Christian College of Nursing Meets the requirement of apex body/RGUHS in terms of Infrastructure, Faculty, Equipments and clinical Material in the associated hospitals for Continuation of affiliation for the year 2025-2026 for the following.

1) BSc Nursing - 60 Seats
2) PB BSc Nursing - 50 Seats
3) MSc Nursing - 25 Seats.

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 Christian 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 _____ 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)

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

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)

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
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4th T Block, Jayanagar, Bengaluru – 560 041

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)**