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 Shiva Shankar	Dr. Lingaraj.	Dr. CLEMENT. L.L
Designation	Senior Member	Dalki.	Prof / Principal
Address			Mandya Institute of Nursing Sciences Mandya.
Mobile No	94481 44399	79753 67580.	9886118027
Email ID	shivashankar@hotmail.com		clement678@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	MVJ COLLEGE OF NURSING 30TH MILESTONE, KOLATHUR POST DANDUPALYA, BENGALURU RURAL, HOSKOTE 562114	2	Year of Establishment: 2004
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	VENKATESHA EDUCATION SOCIETY, NO.60/61 OLD, 106/108 NEW, CHARLES CAMPBELL ROAD, COXTOWN, BENGALURU- 56005 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: mvjcon@gmail.com	Website: WWW.MVJCON.EDU.IN,	
		Office No: 080 28060208	Mobile No: 9164902999.	
	(b). Name of the president/Secretary/	DR MJ MOHAN.		

Signature of Chairman

Dr. Shiva Shankar

Signature of Member (1)

Dr. Lingaraj S Dalki

Signature of Member (2)

Dr C Clement L.L

	Chairman of Trust/Society & Phone No	DR MJ MOHAN 9164902999		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 12 (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. PRUCILLA NIRMAL G Qualification: M.SC(NURSING) Experience after MSc: Email: PRUJOHN123@GMAIL.COM.		Mobile No: 8095 294 391 Office No: 9164902999 Fax No: 080 28060290 Residential phone No:
	b) Drawing authority of the college	DR MJ MOHAN.		
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	187500.00	375000.00	2,50000.00	7500.00	820,000.00
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. -	-	
	2. -		
	3. -		
	4. -		
	5. -		
		Total (B)	-
NPCC			
		Total (C)	-
		Grand Total (A+B+C)	820,000.00

Online Transaction Number or Details:

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Verify &Enclose copy of Affiliation fee paid documents

5. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
a. ☐ b. M.Sc. Nursing in ☐ c. Community Health ☐ d. Medical Surg ☐ OBG e. Paediatric ☐ Psychiatry	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	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					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

			"	/	10	12		1*									
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*									
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--									
	Total	16-24	24-40	36-60	48-80	60-100	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 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
0 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
0 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
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
Students ntake	**Total 20 Faculty**	**Total 40 Faculty**	**Total 60 Faculty**	**Total 80 Faculty**

nature of Chairman

Signature of Member (1)

Signature of Member (2)

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	50	41	30	21	
	Female	~~91~~	59	65	78	
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male	1	1			
	Female		1			

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——

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——

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:_____

_____

_____

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No.	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	B.Sc (N)	(N)*	NPCC	(N)	B.Sc (N)	c (N)	C	(N)	B.Sc (N)	c (N)	NPCC
1	Principal	1	1	1	1	1	20 to 60										
2	Vice-Principal	1	1	1	1	1											
3	Professor	1	1-2	2-3	3-5	5-6		1*									
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*									
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*									
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--									
	Total	16-24	24-40	36-60	48-80	60-100	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

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

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00 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
50 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
0 Students Intake	**Total 20 Faculty**	**Total 40 Faculty**	**Total 60 Faculty**	**Total 80 Faculty**

gnature 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 -

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

14. Physical Facilities :

Annexure - 12

14.1. College Building:

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	56,000 SQ.FT.	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	12000SQ.FT	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	1000SQ.FT	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	500SQ.FT	
	2. Vice-Principal Chamber	200	500SQ.FT	
	3. HOD	5 x 200 = 1000	1000SQ.FT	
	4. Professor/Assoc. Prof	800+2400=3200	3200 SQ.FT	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 SQ.FT	
	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	
	14. Toilets	1000	1000 SQ.FT	
	15. A.V/Aids room	600	600 SQ.FT	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Details	Required	Existing	
	LABORATORIES	(40-60 intake)		
4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	3100 SQ.FT	-
	Nutrition & Community Health Nursing	1200sq.ft	2400 SQ.FT	
	Obstetrics and Gynecology Laboratory	900sq.ft	1800 SQ.FT	
	Pediatrics Nursing Laboratory	900sq.ft	1800 SQ.FT	
	Pre-Clinical Sciences Laboratory	900sq.ft	3000 SQ.FT	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 SQ.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) **Annexure – 12**

Building Documents:

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 / 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)

	Details	Required	Existing	Remarks
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	3100 SQ.FT	-
	Nutrition & Community Health Nursing	1200sq.ft	2400 SQ.FT	
	Obstetrics and Gynecology Laboratory	900sq.ft	1800 SQ.FT	
	Pediatrics Nursing Laboratory	900sq.ft	1800 SQ.FT	
	Pre-Clinical Sciences Laboratory	900sq.ft	3000 SQ.FT	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 SQ.FT	

Note:

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

Annexure – 12

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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)	
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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

Annex

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Lic
			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	6000 Sq.Ft	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	4941	No. of Nursing Journals subscribed	4
No. of Thesis/Research titles available	20	Is internet facility available for Students?	Yes
No of e-books	1000	How many books were purchased in last financial year?	1230

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Dr. Savitha.	M.Lisc. PhD	15 years	
2.	Tamuna . B	MLISc	3 years 8 months	

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	3+1 PHD Projects on progress.	
Conferences conducted	Workshops 5 in MVJ COLLEGE — Breast feeding, — BLS, Palliative Care — PLS.	
Conferences attended	10.	Outside colleges

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

14

olleges should declare & attest tobacco free/drugs free campus (self-declaration from to 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%)	Remarks
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)		963	0KM		
NAME OF THE TRUST/ Person owning The Hospital VENKATESHA EDUCATION SOCIETY DR MJ MOHAN					
Name Of The Owner Of The Trust of Hospital DR MJ MOHAN.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3 (MOU/Clinical permission letter)				

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

NOTE:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	225	183		
Surgery including OT	200	165		
Obstetrics & Gynecology	125	109		
Pediatrics,	125	107		
Emergency Medicine	30	18		
Psychiatry	25	21		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology	36	29		
Burns and Plastic				
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology	24	20		
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU	54	45		
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FIELD	
a. Name of CHC / PHC / SC	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Adopted / Affiliated	
Administrate red by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FIELD:	
a. Name of CHC / PHC / SC	
Adopted / 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 ☐
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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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 47,500.	
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 : 270.	Boys :
f.	Total No. of rooms	Girls : 6 & 25	Boys : 25
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel			
Annexure - 13	Vehicle Details : Bus			
Annexure - 14	Details of List of LibraryB ooks & others			
Annexure - 15	Academic Activities			
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities			
Annexure - 18	Master Rotation plans and Time tables			
Annexure - 19	List of Teachers with their Declaration forms & necessary documents			
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each Speciality wise			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

LIC Team Observations:

* The Nursing Institute is attached to a Medical College.
* The Nursing College is present in the same premises as of the Hospital & Medical College.
* The College has a good infrastructure and the necessary teaching staff.

Signature of Chairman

Dr. Shiva Shenoy
07/08/25

Signature of Member (1)

Dr. Lingraj. S. Danti

Signature of Member (2)

CLERICAL

Form No. 5

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block, Jayanagar, Bangalore - 560 041.

ATTENDANCE CERTIFICATE

Dr./Sri./Smt. CLEMENT. L. L Prof. | Principal

of Mandya Institute of Nursing Sciences College has carried out

the university assignment LIC Inspector from 07/08/2025 to 07/08/2025

at MVJ college of Nursing.

for Rajiv Gandhi University of Health Sciences.

Date : 7/8/2025

Place : Hoskote, Bangalor.

Signature of Registrar/ Registrar (Evaluation)/Custodian/Chairman/Co-ordinator

(Office Seal)

Principal
MVJ College of Nursing
Dandupalya, Kolathur Post
Hoskote, Bangalore-562 114

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

MEMO OF TRAVELLING ALLOWANCE

(For use by Non-Official Members of University bodies)

(To be filled in CAPITAL LETTERS only, all the columns are mandatory, bills are subject to rejection if all the columns are not filled & are submitted within 06 months of the event)

1. Name Dr. CLEMENT. L. L. Designation Principal.
2. College Address Mandya Institute Of Nursing Sciences. Mandya. Mobile No. 9886718027.
3. Basic Pay
4. For the month of
5. Purpose of journey LIC Inspection.

Date	Place of Journey				Amount Claimed				
	From	Hours	To	Hours	Train/Bus/ Air Fare	D.A	Mileage	Conveyance Allowance	Total
7/8/25	Mandya		to Hostote.				170km. + 170km.	5,100/-	
	Hostote		to Mandya.				340 x 15 Rs	1,500/-	
						DA (Bangalore)		2,500/-	
						LIC Inspection charge		9,100/-	

Grand total (in figures and words) Nine thousand and hundred rupees Only.

PAN Number ACLPL0949G Account Number 54025131194

Bank Name S.B.I Branch Name MIMS Branch.

IFSC CODE SBIN0041145 TIN Number NRO2646

1. Certified that I have travelled by Road ways/Rail/Bus/Air on this journey.
2. Certified that no.T.A and D.A have been claimed from any other sources.

"ACCEPTED"

CONTENTS RECEIVED

Place

Date:

Receipt Stamp & Signature

Office of the Finance Officer, RGUHS, Karnataka, Bangalore
(For Use in Finance Branch)

Head of Service

Passed for payment by cheque on the State Bank of India

For Rs.....(Rupees.....

In favour of

Case Worker SO/AS AFO Finance Officer

(For use in Finance Branch)

1.Bill No.....

2.Voucher No.....

3.Chq.No. .....

4.Date: .....

5.Amount .....

*The Certificate should be ticked and attested with full signature. If journey was performed by other mode of travelling the same may be recorded and Air ticket, Boarding pass & supporting documents must be enclosed in original only.

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

MEMO OF TRAVELLING ALLOWANCE

(For use by Non-Official Members of University bodies)

(To be filled in CAPITAL LETTERS only, all the columns are mandatory, bills are subject to rejection if all the columns are not filled & are submitted within 06 months of the event)

1. Name Dr. LINGARAJ. S. DANKI Designation Prof. VP & HOD Chairman BoS(PG)-Pharmacy
2. College Address H.E.T's Matoshree Taradevi Rampure Dept. of Pharma. Sciences, Sedam Rd, Kalaburagi Mobile No. 9590054297 05
3. Basic Pay
4. For the month of August 2025
5. Purpose of journey LTe at MVJ College of Nursing, Hosakote - 114

Date	Place of Journey				Amount Claimed				
	From	Hours	To	Hours	Train/Bus/ Air Fare	D.A	Mileage	Conveyance Allowance	Total
07/8/25	Gowri-bidanur		Hosakote Dandupalya Blore				90 r	15	1350=00
									1350=00
07/8/25	Hosakote		Bengaluru				90 r	15 DA	900=00
						Inspection charge			3000=00
									8600=00

Grand total (in figures and words) Six thousand six hundred only

PAN Number AHOPD1558M Account Number 130522000 42139

Bank Name Canara Bank Branch Name MRMC

IFSC CODE CNRB0011305 TIN Number P0275

1. Certified that I have travelled by Road ways/Rail/Bus/Air on this journey.
2. Certified that no.T.A and D.A have been claimed from any other sources.

"ACCEPTED" CONTENTS RECEIVED

Place Hosakote - Bengaluru

Date: 07/08/2025

Receipt Stamp & Signature

Office of the Finance Officer, RGUHS, Karnataka, Bangalore
(For Use in Finance Branch)

Head of Service

Passed for payment by cheque on the State Bank of India

For Rs.....(Rupees.....

In favour of

Case Worker SO/AS AFO Finance Officer

(For use in Finance Branch)

1.Bill No.....

2.Voucher No.....

3.Chq.No. .....

4.Date: .....

5.Amount .....

*The Certificate should be ticked and attested with full signature. If journey was performed by other mode of travelling the same may be recorded and Air ticket, Boarding pass & supporting documents must be enclosed in original only.

Form No. 5

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block, Jayanagar, Bangalore - 560 041.

ATTENDANCE CERTIFICATE

Dr./Sri./Smt. Dr. LINGARAJ S. DANKI, Prof, Vice-Principal & HOD

of HKES's MTRIPS, Sedam Road, Kalaburagi-05 College has carried out

the university assignment LIC Inspection from 07/08/25 to .....

at MVJ College of Pharmacy, Hosakote

for Rajiv Gandhi University of Health Sciences.

Date : 07/08/25

Place : Hosakote

Signature of Registrar/ Registrar(Evaluation)/Custodian/Chairman/Co-ordinator

(Office Seal)

Principal
MVJ College of Nursing
Dandupalya, Kolathur Post
Hoskote, Bangalore-562 114