Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. SANTOSH SUBHAS INDI	Dr. A.T.S. GIRI	PRAKASH. N. HALWAR
Designation			
Address	BLDE's college of nursing Tikota Vijapur Dist	Goutham college of nursing Bangalore	Nandi Inst of nursing science Bangalabole
Mobile No	8123374800	9845022057	9880531234
Email ID	santoshindi16@gmail.com	drgiri.ts57@gmail.com	

Inspection For the Academic Year : 2025 – 2026 *Date of Inspection:* 16/08/2025

(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	SRI KRISHNA COLLEGE OF NURSING No 29/57 Chimney hills chikkabanavar post Bangalore - 560090	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	SRI RAGHAVENDRA EDUCATIONAL INSTITUTIONS SOCIETY NO. 29 Chimney hills chikkabanavara post Bangalore - 560090 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: srikrishnaconbng@gmail.com	Website: www.sreis.in	
		Office No: 080-28392221	Mobile No: 8095141518	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. K. M. Venkataramana. M.B.B.S Sri Raghavendra Educational Institutions society 080-28392221	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Prof. Veena.H.P **Qualification:** MSC (CHN) **Experience after MSc:** 14 **Email:** srikrishnaconbng@gmail.com	**Mobile No:** 8095141518 **Office No:** 080-28392221 **Fax No:** **Residential phone No:**
	b) Drawing authority of the college	MRS. SUMITRA	

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	90,000/-	45,000/-	60,000/-	25,050/-	2,21,050/-
Post Basic B.Sc. Nursing	–	–	–	–	–	–
					Total (A)	2,21,050/-

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)	

Online Transaction Number or Details: ONLINE PAYMENT TRANSACTION. NO - ZHDF4VD095YIJ4 DATE - 24/12/2024

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	AKR443MME 2004 DATE - 19/12/2003 Annexure - 5	RGU/AFF/NSG/ CoA/01/2024-2025 Annexure - 6	878/2024-2025 Annexure - 7	INC/2021-2022 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	40	
	Admissions Made for the Current Academic Year	60	60	60	40	
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	–	–	–	–	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	– Annexure - 5	– Annexure - 6	– Annexure - 7	– Annexure - 8	
	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	–	–	–	–	

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.ScNursing	Male	17	28	27	23	95
	Female	23	32	33	37	125
Post Basic B.Sc Nursing	Male	–	–	–	–	–
	Female	–	–	–	–	–
M.Sc Nursing	Male	–	–	–	–	–
	Female	–	–	–	–	–
M.Sc NPCC	Male	–	–	–	–	–
	Female	–	–	–	–	–

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

Annexure - 9

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

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 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							01							
2	Vice-Principal	1	1														
3	Professor	1	1-2					1*		02							
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*		04							
6	Tutor	8-16	16-24				2-10	--		17							
	Total	**16-24**	**24-40**				**4-12**			24							

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)

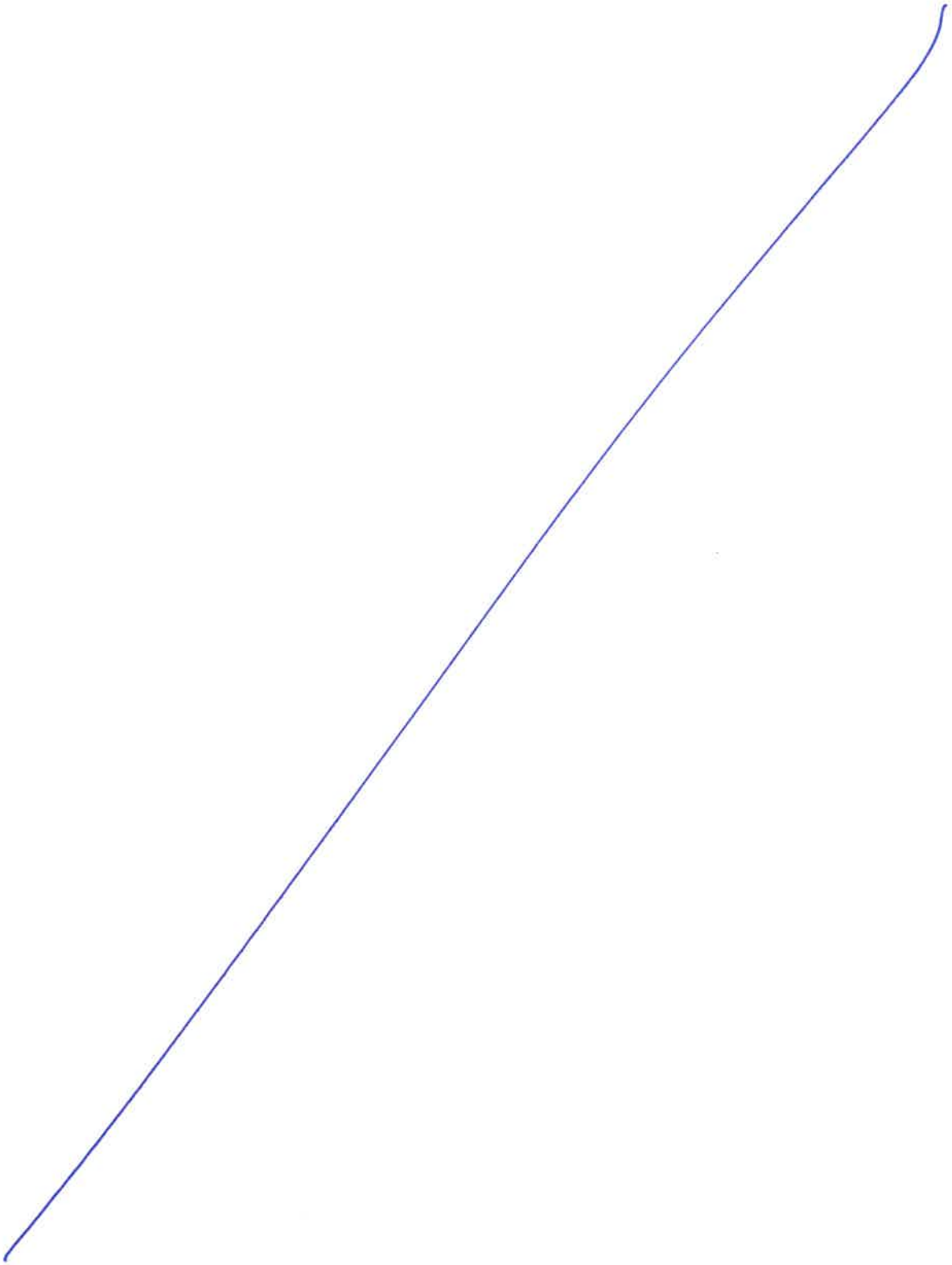
Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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)

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. VEENA H.P.	PRINCIPAL	MSC NURSING (CHN)	2015	57340	14 yrs	10 yrs	8/05/2023	Yes	
2.	PROF, YANAMALA CHAITANYA	PROFESSOR	MSC-CHN	2020	RRAMP 89178KR	5 yrs 6 month	4 yrs 9 month	12/10/2022	Yes	
3.	PROF, YANGLEM OLYPUS DEVI	PROFESSOR	MSC-MHN	2019	79148	7 yrs 3 month	6.5 month	2/11/2024	Yes	
4.	PROF. CHAITRA. K. B	Asst. PROFESSOR	MSC-MHN	2021	64664	4.3 month	3 yr 8 month	2/11/2022	Yes	
5.	PROF. SWAMY G.T	LECTURER	MSC-CHN	2024	195195	2 yrs	1 yr 6 month	01/01/2024	Yes	
6.	PROF. POOJASHREE R.S	LECTURER	MSC- MSN	2025	123361	1 yrs	6 month	1/01/2025	Yes	
7.	MR. MADHUMITA SUTRADHAR	LECTURER	MSC - OBG	2025	118430	2 yr 3 month	6 month	01/02/2025	Yes	
8.	MR. MAHESH GURAPPA SAJJAN	LECTURER	B.Sc.NSG	2021	123344	3 yr month	–	3/01/2022	Yes	
9.	MR. KIRAN LAMANI	LECTURER	B.Sc.NSG	2021	123406	3 yr. 8 month	–	3/01/2022	Yes	
10.	MS. NAGAMMA. D	Asst. LECTURER	B.Sc NSG	2023	155177	1 yr 9 month	–	10/1/2024	Yes	
11.	MR. MANJUNATHA WADDAR	NSG TUTOR	B.Sc NSG	2024	166841	1 year 2 month	–	20/6/2024	Yes	
12.	MS. POORNIMA P NAREGALLA	Asst. LECTURER	B.Sc NSG	2023	150247	1 year 9 month	–	8/01/2024	Yes	
13.	MR. RANJIT MANNA	NSG. TUTOR	B.Sc NSG	2024	181359	6 month	–	3/02/2025	Yes	
14.	MR. MANAJIT DEY	NSG. TUTOR	B.Sc NSG	2024	183101	6 month	–	10/2/2025	Yes	
15.	MR, SAJAL MANDAL	NSG. TUTOR	B.Sc NSG	2024	162060	1 yrs 2 month	–	17/06/2024	NO	
16.	MR. JESAUL MONDAL	NSG. TUTOR	B.Sc NSG	2022	143025	2 yrs 3 month	–	8/05/2023	NO	
17.	MS. SARBANI MOHANTA	NSG. TUTOR	B.Sc NSG	2022	142916	2 yrs 3 month	–	12/05/2023	NO	
18.	MS. JAHANARA KHATUN	NSG. TUTOR	B.Sc NSG	2024	163107	1 year 2 month	–	22/07/2024	NO	
19.	MS, MITALI KHATUN	NSG. TUTOR	B.Sc NSG	2023	157914	1 yrs 6 month	–	2/12/2024	NO	
20.	MS, SHUVAJIT KOLAY	NSG. TUTOR	B.Sc NSG	2024	162846	1 year 2 month	–	24/06/2024	NO	
21.	MR. SUMAN DAS	NSG. TUTOR	B.Sc NSG	2024	163288	1 year 2 month	–	1/07/2024	NO	
22.	MR, UTPAL MANDAL	NSG. TUTOR	B.Sc NSG	2023	160763	1 year 6 month	–	9/12/2024	NO	

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Signature of Member (1)

Signature of Member (2)

23.	MS. ANKITA NAYAK	NSG. TUTOR	B.SC NSG	2024	181831	6 month	—	10/2/2025	NO	Ankita
24.	MS. SANGHITA MONDAL	NSG. TUTOR	B.SC NSG	2024	171652	6 month	—	17/02/2025	NO	Sangh
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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

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

14. Physical Facilities :

Annexure - 12

14.1. College Building:

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)	24,000SqFt	✓
	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	4 class 950x4= 3,800SqFt	✓
	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	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	600SqFt	✓
	2. Vice-Principal Chamber	200	250 SqFt	✓
	3. HOD	5 x 200 = 1000	1000 SqFt	✓
	4. Professor/Assoc. Prof	800+2400=3200	2800SqFt	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 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	1000Sqft	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2500SqFt	✓
	14. Toilets	1000	1200 SqFt	✓

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600 sqft	✓

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

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 / 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 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
1	KA18C5620	53	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	2300SqFt	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	2126	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	03	**Is internet facility available for Students?**	Yes
No of e-books	02	**How many books were purchased in last financial year?**	300

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Ashok	MLISC	8yrs	
2	Mrs. Suvarna	B.LIB	24yrs.	

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	A STUDY ON SMARTPHONE ADDICTION AND ITS EFFECT ON SLEEP AMONG ADOLESCENTS	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	EVIDENCE-BASED NURSING CARE	
Conferences attended	CRITICAL CARE AND EMERGENCY NURSING	

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

Annexure - 16

18. Details of Clinical / Hospital Facilities :

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)					
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 SHRI ATAL BIHARI VAJPAYEE MEDICAL COLLEGE	1046	18KM	78%	✓
	2 SPANDANA HOSPITAL	150	16KM	75-1.	✓
	3				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				

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

NOTE:

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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	28	254	190
Surgery including OT	25	24	250	195
Obstetrics & Gynecology	20	18	120	45
Pediatrics,	10	10	70	60
Emergency Medicine	10	08	16	15
Psychiatry	NIL	NIL	150	130

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			06	04
Minor OT			08	06
Dental, Otorhinolaryngology, Ophthalmology			10	08
Burns and Plastic			05	03
Neonatology care unit			05	03
Communicable disease/Respiratory medicine/TB & chest diseases			06	05
Dermatology			06	04
Cardiology			16	14
Oncology			10	08
Neurology/Neuro-surgery			20	18
Nephrology/Urology			12	10
ICU/ICCU			20	18
Geriatric Medicine			10	08

NIL

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other	–	–	–	–

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	General Hospital Velamangala.
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	12 Km
b.	Services Rendered by Health & Family Welfare Programmes	Immunization. MCH services
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Abbigere.
	Adopted / Affiliated	Affiliated
	Administrate red by	State Govt. ☑ Municipal Corporation ☐ Private ☐
	Distance from the Nursing Institute	5.1 Km.
b.	Services Rendered by Health & Family Welfare Programmes	Immunization. MCH services

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 29,870 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 : 163	Boys : 108
f.	Total No. of rooms	Girls : 53	Boys : 42
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 Library Books & 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:

On the day of inspection 16/8/2025. Sri Krishna. College of Nursing having the following facilities.

→ Physical Infrastructure:- This institution having own building 24000sqft. builtup, including classroom, labs. labratory, Common rooms & offices. With well furnished & all the original documents verified & found correct.
- This institution having over seperate boys & girls hoste

→ Clinical facility:- This institution established in 2004 & for clinical experiences. this institution affiliated with. Atal bihari vajpayee medical college hospital, & clinical fees reciept verified & found correct.

→ Teaching facilities:- On the day inspection, total 24 staff were present including principal & all staffs, all original documents verified & found correct.

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 Sri Krishna 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 16/8/2025 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)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18688484882761X**
Certificate Issued Date	:	16-Aug-2025 11:19 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ CHIKKABANAWARA/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKACRSFL08520473857216 65X
Purchased by	:	SRI KRISHNA COLLEGE OF NURSING BANGALORE 560090
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SRI KRISHNA COLLEGE OF NURSING BANGALORE 560090
Second Party	:	REGISTRAR RGHUS BANGALORE KARNATAKA
Stamp Duty Paid By	:	SRI KRISHNA COLLEGE OF NURSING BANGALORE 560090
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY

Please write or type below this line

UNDERTAKING by Trust Management

We the President of the trust **SMT. K. SUMITRA** are submitting the affidavit to University.

The trust **SRI RAGHAVENDRA EDUCATIONAL INSTITUTIONS SOCEITY** is running/managing the colleges 1. **SRI KRISHNA COLLEGE OF NURSING, CHIKKABANAVARA, BANGALORE-560090**. Since **21 (Twenty One)** 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.

Smt. K. Sumitra
(President)

NOTARY
CHIDANANDAPPA RAMANNA HOSPAR
Throughout Bengaluru
Regd. No. 21596
Expiry Dt: 09-03-2030
GOVT. OF INDIA

18 AUG 2025

ATTESTED BY ME
18/08/2025
CHIDANANDAPPA RAMANNA HOSPAR
ADVOCATE AND NOTARY PUBLIC
GOVT OF INDIA
51/1457, "Samartha Sadana"
Acharya College Road, Veerashettihalli,
Achit Nagar P.O., BENGALURU - 560 107

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**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

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

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

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

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

The information provided by us is true and correct.

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)