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. Bharath Anche	Dr. R. MANJUNATHASWAMY. ACADEMIC COUNCIL MEMBER	PROF. DR. CHRISTINA R
Designation	SENATE MEMBER	PROF. OF PAEDIATRICS	PRINCIPAL AND PROFESSOR
Address	RGUHS Bangalore	SUBBAIAH INST. OF MED. SCIENCES, SHIVAMOGGA	43, 1ST MAIN ROAD, VIJAYANAGAR, 2ND STAGE, NAAGARABHAAVI, Bangalore
Mobile No	8892746974	9845504280	9742980988
Email ID	bharath.dr12@gmail.com	somagudhimanju@gmail.com	christina24smiles@gmail.com

For the Academic Year : 2025-2026 *Date of Inspection:* 18/08/2025

(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	ZULEKHA NURSING COLLEGE BIBI ALABI ROAD MANGALURU - 575001	2	Year of Establishment: 2006
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	YENEPOYA INSTITUTE OF MEDICAL SCIENCES & RESEARCH PVT. LTD, KODIALBAIL, MANGALURU-3 ENCLOSED (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: info@zulekhanursingcollege.com	Website: www.zulekhanursingcollege.com	

Signature of Chairman

Signature of Member (1) 18/08 Dr. R. Manjunathaswamy

Signature of Member (2) 18/08/2025 Prof. Dr. Christina. R

	(b). Name of the Owner of Trust/Society	MR. YENEPOYA ABDULLA KUNHI		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)		ENCLOSED Annexure - 2
5	Details of Principal/Head of the institution	Name: DR. G. PRATHIBA Qualification: M.Sc (N) Ph.D (N) Experience: 18 YEARS Email: info@zulekhanursingcollege.com	Mobile No: 9538251863 Office No: 0824-2412188 Fax No: 0824-2412188 Residential phone No:	
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 addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details: ENCLOSED Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION AFFILIATION	Rs. 45,000/-	Rs. 90,000/-	Rs. 60,000/-	Rs. 32,500/-	Rs. 2,27,500/-
Post Basic B.Sc. Nursing	NA			APPLICATION & PROCESSING FEE		Rs. 1,050/-
					Total (A)	Rs. 2,28,550/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL SURGICAL NURSING	4 X Rs. 2,000/-	Rs. 8000/-
	2. OBSTETRIC & GYNAECOLOGICAL NSG.	4 X Rs. 2,000/-	Rs. 8,000/-
	3. PAEDIATRIC NURSING	4 X Rs. 2000/-	Rs. 8,000/-
	4. MENTAL HEALTH NURSING	4 X Rs. 2,000/-	Rs. 8,000/-
	5. COMMUNITY HEALTH NURSING	4 X Rs. 2,000/-	Rs. 8000/-
	APPLICATION & PROCESSING FEE	Total (B)	Rs. 1,050/-
NPCC	NA	TOTAL	Rs. 41,050/-
		Total (C)	NA
		Grand Total (A+B+C)	Rs. 2,69,600/-

Online Transaction Number or Details:

ICNB 650092 AC2C FOR Rs. 2,69,600/-

Signature of Chairman | Signature of Member (1) 18/8/2025 | Signature of Member (2) 18/8/2025 PROF. DR. CHRISTINDR

	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	14	07	11	11	43+191
	Female	45	52	47	47	234
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male	0	0	—	—	0
	Female	02	07	—	—	09
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) NA

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) ENCLOSED

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--------
01.	MANJARI NARAYAN GOUDA	134704	AT & PO LUKKERI KUMTA, UTTARA KANNADA	CANARA CON KUNDAPURA	RGUHS B'LORE	16/10/2024 To 31/10/2026
02.	DIVYA J. TELIS	134853	JANATHA COLONY BHATKAL		RGUHS B'LORE	

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) 18/08/2025

Signature of Member (2) 18/8/2025
Prof. Dr. Christin. R

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake: ENCLOSED

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	60	60	60	60	
	Admissions Made for the Current Academic Year 60					
Post Basic B.Sc. Nursing NA	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 ☑2 c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	04	04	04	03	
	Admissions Made for the Current Academic Year 02					
M.Sc. NPCC NA	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)

Prof. Dr Christine R

12. Teaching Faculty Requirements for all Nursing Programs: ANN:19 ENCLOSED

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		2									
4	Associate Professor	2	2-4		1*		3									
5	Assistant Professor	3	3-8	2	3*		5									
6	Tutor	8-16	16-24	2-10	--		18									
	Total	**16-24**	**24-40**	**4-12**			30									

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Prof. Dr. Christine. R

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.	DR·G·PRATHIBA	PRINCIPAL	M·Sc(N) Ph·D(N) MED·SURG·(N)	2009	RETMN 2012 2887	24RS.	16 YRS.	01/08/2012	YES	
2.	DR. R. JKANAGAVALLI	PROF | HOD | DIRECTOR FOR RESEARCH	M·Sc(N) Ph·D(N) COMMUNITY H(N)	1998	KAR RETMN 2013 3639	5YRS	27 YRS.	24/06/2013	YES	
3.	MRS·LYGIA V. HALDER	PROF | Vice Principal	M·Sc(N) OBG·(N)	2005	33477	2·9 YRS	20 YRS	02/05/2013	YES	
4.	MRS·SONYA SEQUEIRA	PROFESSOR	M·Sc(N) PAEDIATRIC(N)	2009	692	2½ YRS.	16 YRS.	20/06/2012	YES	
5.	MRS. ASHA JOSE	ASSO. PROF.	M·Sc(N) COMMUNITY H(N)	2011	12150	1YR.	14 YRS.	01/08/2016	YES	
6.	MR·GOWTHAMA B. R	ASSO. PROF.	M·Sc(N) MENTAL HEALTH(N)	2011	8206	2 YRS	14 YRS	23/02/2021	YES	
7.	MRS. FLAVIA VEIGAS	ASSO. PROF	M·Sc(N) OBG·(N)	2017	79230	6 YRS clinical experience	8 YRS.	01/06/2017	YES	
8.	MS. JEENA CAB	ASSO. PROF.	M·Sc(N) MED-SURG·(N)	2024	86872	4 YRS.	1YR 3 MONTHS	05/02/2024	YES	
9.	MRS. SAPNA GUNAGI	ASST. PROF.	M·Sc(N) OBG·(N)	2017	37541	1YR.	4 YRS-9 months	06/01/2025	YES	
10.	MRS. TANUJA NAIK	ASST. PROF.	M·Sc(N) MED-SURG·(N)	2024	117209	13 YRS Clinical 1YR Teaching	6 months	06/02/2025	YES	
11.	MRS. ARPANA DEENA DIAS	LECTURER	M·Sc(N) MED-SURG·(N)	2024	123021	1 YR.	6 months	06/02/2025	YES	Maternity Leave
12.	MRS. JEENA MERLYN D'SOUZA	LECTURER	M·Sc(N) MENTAL HEALTH(N)	2023	31767	-	3 months	12/05/2025	-	
13.	MS. RENITA SHALMA D'COSTA	ASST. LECTURER	B.Sc(N)	2010	38849	13 YRS	—	05/08/2013	YES	
14.	MS. SUPRIYA	ASST. LECTURER	PB. BSc(N)	2021	167721	3 YRS. 4 months	—	05/01/2022	YES	
15.	MRS. AISWARYA JOSE	ASST. LECTURER	PB. BSc(N)	2022	RRKEL 2019 17267	3 YRS	—	01/07/2022	YES	
16.	MR. MITHUNRAJ S. N	ASST. LECTURER	BSc(N)	2022	KAR 135957	2 YRS. 4 months	—	16/01/2023	YES	
17.	MR. SANATHKUMAR D B	ASST. LECTURER	BSc(N)	2022	135955	2 YRS. 7 months	—	16/01/2023	YES	
18.	MS. LAVINA D' SOUZA	ASST. LECTURER	P.B BSc(N)	2021	167606	1 YR. 7 months	—	20/10/2023	YES	
19.	MR. MOHAMMED SHAMEER	ASST. LECTURER	B.Sc(N)	2023	146387	1 YR. 6 months	-	02/11/2023	YES	
20.	MS. SMAYANA K.D	ASST. LECTURER	B.Sc(N)	2023	157777	1 YR.	-	05/06/2024	YES	
21.	MS. ANNIE BIJU	ASST. LECTURER	P.B. BSc(N)	2024	RRANP 2022 20511	7 MONTHS	-	15/01/2025	-	Leave
22.	MS. RONIYA DOMINIC	ASST. LECTURER	B.Sc(N)	2021	KAR 117403	7 MONTHS	-	15/01/2025	-	Leave

Signature of Chairman 18/8/2025

Signature of Member (1) 18/08/2025

Signature of Member (2)

23.	MR. ATHUL K.	ASST. LECTURER	B Sc (N)	2023	145984	7 MONTHS	–	20/01/2025	–		
24.	MR. KRISHNA HADIMANI	ASST. LECTURER	B.Sc (N)	2024	163081	6 MONTHS	–	10/02/2025	–		
25.	MS. ANAS MARIA JOBY	ASST. LECTURER	B.Sc (N)	2024	163172	4 MONTHS	–	07/04/2025	–		
26.	MS. PRAJYOTHI SAVANT	ASST. LECTURER	B.Sc (N)	2022	137434	1 YR. 3 MONTH T. EXP. 1 1/2 YR Cl. EXP	–	13/05/2025	–		
27.	MS. ASWINI M D	ASST. LECTURER	B.Sc (N)	2023	148934	1 YR Clinical EXP 2 MONTH T. EXP.	–	10/06/2025	–		
28.	MS. NILEENA M.	ASST. LECTURER	B.Sc (N)	2024	161640	2 MONTHS	–	16/06/2025	–		
29.	MS. SUDHA K	ASST. LECTURER	B.Sc (N)	2019	108211	2 YRS Cl. EXP. 3 MONTH TEACHING EXP	–	07/07/2025	–		
30.	MR. NISHANTH	ASST. LECTURER	B.Sc (N)	2024	168656	1 MONTH	–	10/07/2025	–		
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Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Prof. Dr. Christie. R

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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)**

Prof. Dr. Christin R

ENCLOSED

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

14. Physical Facilities :

ENCLOSED

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	45346.38 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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4x1080 Sq.ft = 4320 Sq.FT	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2x700 Sq.FT = 1400 Sq.FT	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	M.Sc(N) Split 5x500 Sq.FT = 2500 Sq.FT classroom	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	583 Sq.Ft.	
	2. Vice-Principal Chamber	200	400 Sq.FT.	
	3. HOD	5 x 200 = 1000	5x600 Sq.FT. = 3000 Sq.Ft.	
	4. Professor/Assoc. Prof	800+2400=3200	5x600 Sq.FT = 3000 Sq.FT 2x600 Sq.FT = 1200 Sq.FT 3x600 Sq.FT = 1800 Sq.FT	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		682.66 Sq.FT	
	7. Accountants Office		300 Sq.FT	
	8. Store Room		400 Sq.FT	
	9. Record room		400 Sq.FT	
	10. Room for maintenance staff		500 Sq.FT	
	11. Xeroxing room		130 Sq.FT	
	12. common room	1000	1200 Sq.FT	
	13. Seminar hall	3000	3069 Sq.FT	
	14. Toilets	1000	3000 Sq.FT	
	15. A.V/Aids room	600	600 Sq.FT	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1907 Sq.ft.	
	Nutrition & Community Health Nursing	1200sq.ft	1900 Sq.ft.	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	2000 Sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1534 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)

Building Documents:

Annexure – 12

1. **Is the college building own or leased / rented?** ENCLOSED
2. **Blue print of the building attested by competent authority.** ENCLOSED
3. **Tax paid receipt (Latest / current year)** ENCLOSED
4. **Occupancy certificate.** ENCLOSED
5. **Sale deed / Lease deed of the building / Land.** ENCLOSED

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

ENCLOSED

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
06	KA 19 C 5472	50	✓ Yes / No	✓ Yes / No	✓ Yes / No
	KA 19 D 7044	50			
	KA 19 B 8915	33+1			
	KA 19 Z-6550	10			
	KA 06 AA 5620	41			
	KA 19 7455	06			

Signature of Chairman

Signature of Member (1) 18/8/2025

Signature of Member (2) 18/8/2025 Prof. Dr. Christina. R

Online entered

B.SC(N) & M.SC(N)

Verification Report

Name of college	Zulekha Nsg College Mangaluru. 575001		
College address	Bibi Alabi Road Mangaluru - 575001		
Date of establishment	2006		
Purpose of Inspection	COA		
Affiliation fees paid	Paid		
Trust details	Yenepoya Institute of medical Sciences & Research Pvt Ltd		
Trust existing since	1974		
Date of inspection	18/08/2025		
Ownership	Lease		
Details of inspectors	Chairman: Dr Bharath Anchan	AC member: Dr R. Manjunathswamy	Subject Expert: Prof Dr. christinas
Particulars	**As per inspection report**	**Observation done as per documents**	**Remark**
Total build-up area	45346 Sqft	45346 Sqft	
Class rooms with area	4X1080 = 4320 sqft	4X1080 sqft = 4320 Sqft	
	2X700 = 1400 "	2X700 = 1400	
	2X500 = 1000 "	2X500 = 1000	6720 Sqft
	6720 "		
Lab details			
NF	1907 Sqft	1907 Sqft	
Nutrition and com	1900 "	1900 "	
OBG	900 "	900 "	
PEDIATRIC	900 "	900 "	
PRECLINICAL	2000 "	2000 "	
COMP	1534 "	1534 "	
AV AIDS	600 Sqft	600 "	
Library with area and number of books	3324 " 2782 Books	3324 " 2782 Book	
Hostel: area, separate for boys and girls and ownership	120,000 Sqft Seperate	120,000 Sqft Seperate — Lease	
Details of principal Name Qualification Experience		Dr G. Prathiba. M.Sc.N. Ph.D. 18 years.	

MOBILE NUMBER EMAILID KNC Form 16		9538251863 info@zulekhanursingcollege.com.	
Experience of teachers, KNC renewal and form 16		PG - 12 UG - 18	Enclosed
PG teacher details (Guideship letter)		Enclosed.	
Parent hospital details Weather the owner of hospital member of trust/society? KPMEA KSPCB Number of beds Distance from hospital iPD statistics OPD statistics	ID-23627 ① 31565 ②	Yenepoya Speciality Hospital - 334 Beds Yenepoya. Nsg Home. 50 Beds OPD - 210/Day IPD - 121/day	3 kms
Affiliated hospitals with bed strength, distance, permission, fees paid receipt	①	Yenepoya medical college Hospital - 1255 beds	- 18 kms.
Community details: distance, permission, fees paid receipt Rural: Urban:		10 kms - PHC. Adyar 1 km - UHC Guduvur.	
Transportation details Vehicle number Owner name Registration certificate Seating capacity Insurance Driver licence		KA-19-C 5472 The Principal yes	KA19D 7044 The Registrar → 50 Seat → Insulance expired

Signature:

Name: Dr Ramesh.K

Date: 27/10/2025.

ENCLOSED

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	3324 SQ.FT	YES ☑ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	2782	**No. of Nursing Journals subscribed**	25
No. of Thesis/Research titles available	90	**Is internet facility available for Students?**	YES
No of e-books	160	**How many books were purchased in last financial year?**	160

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	MRS. BABITHA	M.Lisc.	20 YRS.	
02.	MR. LAXMAN	BA	14 YRS.	

Note : A minimum of 500 of 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.

ENCLOSED

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	DESSERTATION = 15 PROJECTS = 15	
Conferences conducted	• UTILIZING TELE HEALTH TECHNOLOGIES FOR ENHANCED NSG. CARE DELIVERY IN THE DIGITAL AGE. • EMERGENCY NURSING LIFE SUPPORT	
Conferences attended	• SMART NURSING EXCELLENCE, INNOVATIVE ELIVATE & INSPIRE • FORENSIC NURSING • RESEARCH EXCELLENCE, STRATEGIES FOR SECURING GRANTS	

Signature of Chairman

Signature of Member (1) 18/8

Signature of Member (2) 18/8/2025

Prof. Dr. Christy. R

ENCLOSED

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☐
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☐	
		ii. Trust member with MOU ☐	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital YENEPOYA SPECIALTY HOSPITAL YENEPOYA NURSING HOME		234 50	3 KMS 2 KMS	90%	
NAME OF THE TRUST/ Person owning The Hospital DR. MUHAMMAD THAHIR					
Name Of The Owner Of The Trust of Hospital MR. YENEPOYA ABDULLA KUNHI					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 YENEPOYA MEDICAL COLLEGE HOSPITAL DERALAKATTE.	1255	18 KMS.	98%	
	2 MANGALURU				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital' till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will

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

18/08/2022

Prof. Dr Chandini R

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 ENCLOSED

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	65	92	240	96
Surgery including OT	28	85	240	95
Obstetrics & Gynecology	20	90	150	90
Pediatrics,	22	90	125	92
Emergency Medicine	12	95	30	98
Psychiatry	22	85	40	90

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	8	90	06	96
Minor OT	2	95	12	95
Dental, Otorhinolaryngology, Ophthalmology	20	80	09+40+40	90
Burns and Plastic	07	80	3+10	82
Neonatology care unit	08	82	16	86
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-	30	82
Dermatology	-	-	40	80
Cardiology	10	87	20	93
Oncology	05	82	20+20	96
Neurology/Neuro-surgery	10	80	20	94
Nephrology/Urology	10	93	16+20	92
ICU/ICCU	10	90	20+15	88
Geriatric Medicine	05	85	30	90
Any other (ORTHOPAEDIC), ENT	10+10	90	120+60	94

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17 ENCLOSED	
RURAL FILELD		
a. Name of CHC / PHC / SC		RURAL PHC ADYAR, MANGALURU
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☒ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		10 KMS.
b. Services Rendered by Health & Family Welfare Programmes		IMMUNIZATION SERVICES, ANC PN CARE UNDER 5 CLINIC, FAMILY PLANNING SERVICES, NATIONAL HEALTH PROGRAMME, MALARIA & DENGUE SURVILENCE PROGRAMME, WARM INFETATION PROGRAMME
URBAN FEILD :		
a. Name of CHC / PHC / SC		URBAN HEALTH CENTRE, BUNDER, MANGALURU
Adopted / Affiliated		ADOPTED
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☑
Distance from the Nursing Institute		1 KM.
b. Services Rendered by Health & Family Welfare Programmes		MCH SERVICES PROGRAMME RELATED TO COMMUNICABLE DISEASES, IMMUNIZATION, CONDUCTING HEALTH EDUCATION CAMPAIGN, NATIONAL HEALTH PROGRAMS
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

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

Signature of Chairman 18/8/2025

Signature of Member (1) 18/8/2025

Signature of Member (2) 18/8/2025

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** ☐

23	**Hostel Facilities :Annexure - 12** ENCLOSED		
a.	Whether the college is having a separate Hostel?	**YES** ☑	**NO** ☐
b.	Built-up area of the Hostel	**Sq.ft** 120000 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 :** 158	**Boys :** 46
f.	Total No. of rooms	**Girls :** 35	**Boys :** 10
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	Submitted (Tick Mark)	
		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 affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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

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.

Observations:

It has been observed on LIC Inspection of continuation of Affiliation. 2025-26 AY.

Sulekha Nursing College - Mangalore 575001.

Est in 2006. under Yenepoya Institute of Medical Sciences & Research Pvt Ltd. Mangalore.

Having Building = 45346.38 Sq ft

4 class Room = 1080×4 = 4320 Sq ft

2 class Room = 1400 Sq ft

Have A-V aids, Nursing Fundamental lab, OBG. Paediatric lab, computer & Library

All staffs were present at the time of Inspection (28)

(12 MSc, 16 BSc) - Staffs

attached to Yenepoya Multispeciality Hospital

Adequate

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

By Dr. Chitra

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at _____ which has applied for continuation of affiliation for the academic year 2025-26.

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/2025-26, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

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.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. R. Chellia R

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18651291401991X**
Certificate Issued Date	:	16-Aug-2025 11:02 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MANGALORE/ KA-DK
Unique Doc. Reference	:	SUBIN-KAKACRSFL0852004623027415X
Purchased by	:	MD CEO YSH AND YNH MANGALURU
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	MD CEO YSH AND YNH MANGALURU
Second Party	:	THE REGISTRAR RAJIV GANDHI UNIVERSITY BENGALURU
Stamp Duty Paid By	:	MD CEO YSH AND YNH MANGALURU
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, Dr. Muhammad Thahir, is the Medical Director of the Yenepoya Specialty Hospital, Kodialbail & Yenepoya Nursing Home situated at Kankanady, Mangaluru.

This is to confirm that our Yenepoya Specialty Hospital & Yenepoya Nursing Home is registered under KPMEA and PCB with 234 & 50 beds and the bonafide certificate has been attached.

Contd...2

YENEPOYA SPECIALITY HOSPITAL
KODIALBAIL, MANGALORE

Director-Medical

This is to confirm that the Yenepoya Specialty Hospital & Yenepoya Nursing Home is functioning as own parent hospital for Zulekha Nursing College.

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

The information provided by me is true and correct.

YENEPOYA SPECIALITY HOSPITAL
KODIALBAIL, MANGALORE

Director-Medical

Date: 18/08/2025
Place: Mangaluru

Medical Director
(Dr. Muhammad Thahir)

सत्यमेव जयते

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Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA18652714396362X**
Certificate Issued Date	:	16-Aug-2025 11:02 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ MANGALORE/ KA-DK
Unique Doc. Reference	:	SUBIN-KAKACRSFL0852008985381714X
Purchased by	:	CHAIRMAN YIMSR MANGALURU
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN YIMSR MANGALURU
Second Party	:	THE REGISTRAR RAJIV GANDHI UNIVERSITY BENGALURU
Stamp Duty Paid By	:	CHAIRMAN YIMSR MANGALURU
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ADISHAKTHI MULTIPURPOSE CO-OP SOCIETY LTD. Authorised Signatory BRANCH NEAR D.C OFFICE MANGALORE D.K.

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I, Mr. Yenepoya Abdulla Kunhi Chairman of Yenepoya Institute of Medical Sciences & Research Pvt. Ltd, is submitting the affidavit to the University.

The Yenepoya Institute of Medical Sciences & Research Pvt. Ltd, Is running / managing the Zulekha Nursing College since 19 years.

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

Contd..2

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

I 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.

I 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.

Mr. Yenepoya Abdulla Kunhi
Chairman

Date: 18/08/2025
Place: Mangaluru