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

F 08

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Srinivasan Velu	Dr. S.A. Nithin	Reshma.T
Designation	Senate Member	Principal	Asst. Professor.
Address	#790, 1st cross, 2nd main Koramangala 8th Block Bangalore. 560095	Rajeev Institute of Ayurvedic Medical Science BM Road, Hassan. 573201	Govt. college of Nursing MMCRI, Mysuru
Mobile No	9448060250.	9845293032.	8951023570
Email ID	drseena4333@yahoo.com	nithinashokkumar@gmail.com	reshmaarav2020@gmail.com

For the Academic Year : 2024-25 ***Date of Inspection:*** 01/09/2024

(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	✓ 100 seats	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	EKAM HEALTH CARE INSTITUTION. Sy. No. 105, Hinnakki Village, Jigani Hobli, Surya Nagar Phase 2, Anekal, Bengaluru urban. 562105.	2	**Year of Establishment** 2024
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**	Thimmarayaswamy child and women Development Education Society®, No.4, Sahyadri Nilaya, Groundfloor, 2nd cross, Jain Hanuman Road, Arekere, Bangalore south. 560076. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: ekamhealthcareinstitution@gmail.com	**Website:** www.ekaminstitutions.com.	

1/9/24
Signature of Chairman

1/9/24
Signature of Member (1)
Dr. S.A. Nithin.

Signature of Member (2)
1/9/24

	(b). Name of the Owner of Trust/Society	S. N. Vasu.		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:** KAVITHA.N. **Qualification:** BSc(N), MSc(N), PhD(N). **Experience:** 20 yrs. **Email:** ekamhealthcare institution@gmail.com.	**Mobile No:** 7904059613 **Office No:** 9900877180 **Fax No:** **Residential phone No:** 9880298805.	
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:

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	Fresh Affiliation	–	–	–	–	6,01,085/-
Post Basic B.Sc. Nursing	–	–	–	–	–	
					Total (A)	6,01,085/-

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)	

Not Applicable

Online Transaction Number or Details: Transaction ID : BD0000000571368 2, Payment Ref. No: 2HDF156402 7058 Dated - 27-11-2023. Amount Rs. 6,01,085/-

1/9/24	1/9/24	1/9/24
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	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable (NA)
	Affiliation Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable (NA)
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	Not Applicable (NA)
	Sanctioned Intake	NA	NA	NA	NA	
	Admissions Made for the Current Academic Year	NA	NA	NA	NA	
M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA. Annexure - 8	Not Applicable (NA)
	Sanctioned Intake	NA	NA	NA	NA	

1/9/24 — Signature of Chairman

7/9/24 — Signature of Member (1)

10/9/24 — Signature of Member (2)

	Admissions Made for the Current Academic Year	NA	NA	NA	NA.	

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**	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
Post Basic B.Sc Nursing	**Male**	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
M.Sc Nursing	**Male**	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	
M.Sc NPCC	**Male**	NA	NA	NA	NA	
	Female	NA	NA	NA	NA	

Applied for Upgradation.

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----------
	- Not Applicable -					

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----------
	- Not Applicable -					

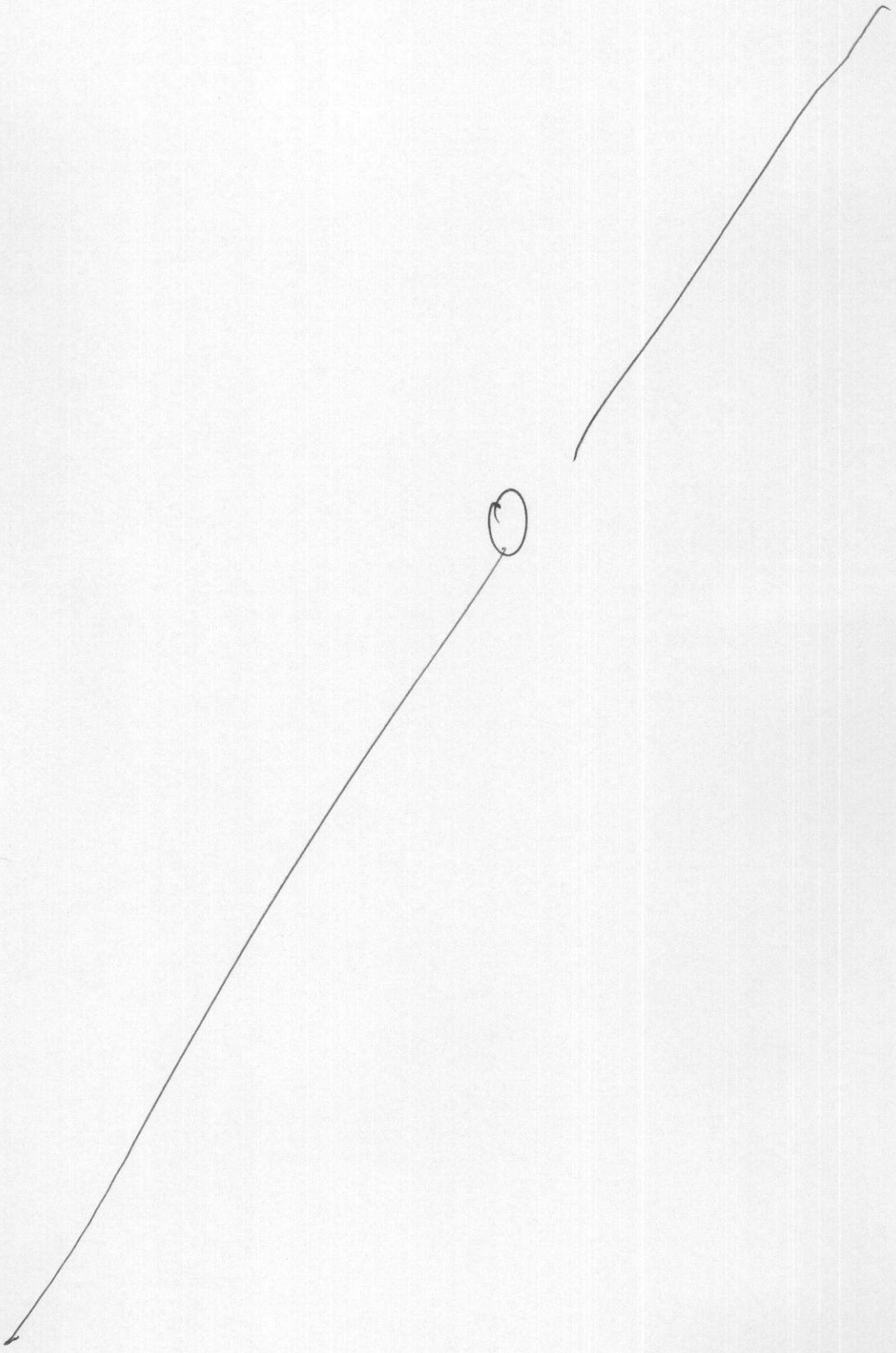
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

1/9/24
Signature of Chairman

1/9/24.
Signature of Member (1)

1/9/24
Signature of Member (2)



1/9/24
Signature of Chairman

1/9/24
Signature of Member (1)

1/9/24
Signature of Member (2)

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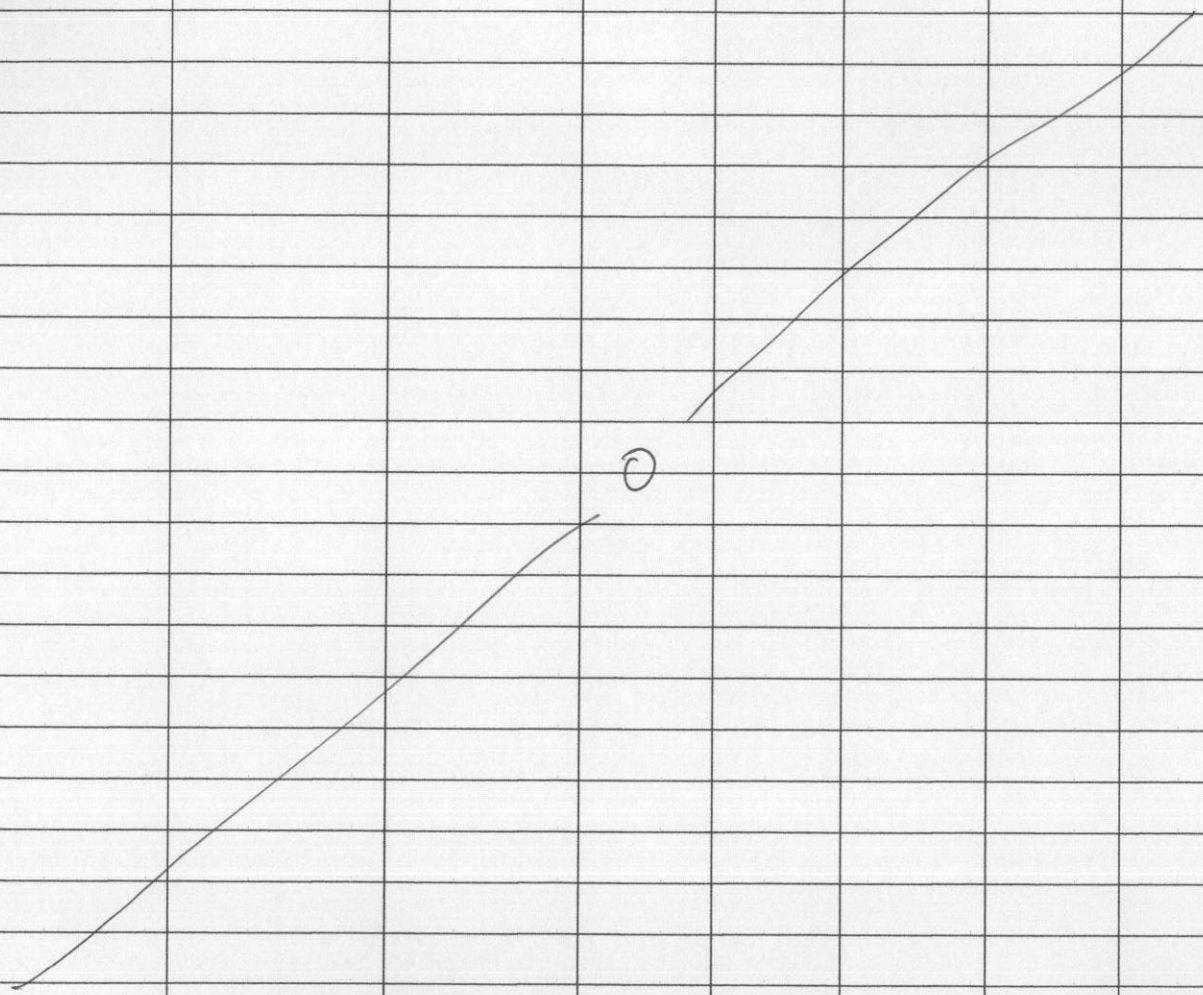

1/9/24
Signature of Chairman

1/9/24
Signature of Member (1)

1/9/24
Signature of Member (2)

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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.

11/9/24 — **Signature of Chairman**

11/9/24. — **Signature of Member (1)**

11/9/24 — **Signature of Member (2)**

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	30,098.41Sq.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	4 classrooms. 1150 X 4 Each.	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	Not Applicable	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	Not Applicable	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	Not Applicable.	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	500 Sq.ft.	
	2. Vice-Principal Chamber	200	300 Sq.ft.	
	3. HOD	5 x 200 = 1000	5X200=1000Sq.ft.	
	4. Professor/Assoc. Prof	800+2400=3200	3400 Sq.ft.	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		300 Sq.ft.	
	7. Accountants Office		300 Sq.ft	
	8. Store Room		300Sq.ft.	
	9. Record room		100 Sq.ft.	
	10. Room for maintenance staff		100 Sq.ft.	
	11. Xeroxing room		100 Sq.ft.	
	12. common room	1000	1050 Sq.ft.	
	13. Seminar hall	3000	3100Sq.ft.	
	14. Toilets	1000	1000 Sq.ft.	
	15. A.V/Aids room	600	600 Sq.ft.	

19/24 — Signature of Chairman

19/24. — Signature of Member (1)

19/24 — 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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1					01					00			
2	Vice-Principal	1	1					01					00			
3	Professor	1	1-2		1*			01					00			
4	Associate Professor	2	2-4		1*			02					00			
5	Assistant Professor	3	3-8	2	3*			03					00			
6	Tutor	8-16	16-24	2-10	--			10					00			
	Total	**16-24**	**24-40**	**4-12**				18					00			

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

1/9/24
Signature of Chairman

1/9/24.
Signature of Member (1)

1/9/24
Signature of Member (2)

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2200 Sq.ft.	
	Nutrition & Community Health Nursing	1200sq.ft	1200 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	1000 Sq.ft.	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1550 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?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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.

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
01	KA59 1035	54	✓Yes / ~~No~~	✓Yes / No	✓Yes / No

1/9/24 **Signature of Chairman**

1/9/24 **Signature of Member (1)**

1/9/24 **Signature of Member (2)**

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	2450 Sq.ft	YES ☑ No ☐	Ventilated	Natural light & Electrical supply.	

Total No. of Nursing Books available	3680	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	00	**Is internet facility available for Students?**	G-Net 100 mbps.
No of e-books	00	**How many books were purchased in last financial year?**	3680.

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Amar Shah	M.Lib.	11 yrs.	
02	Meena Kumari. E.	B.Lib.	15 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.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	Not Applicable	
Conferences conducted	Not Applicable	
Conferences attended	Not Applicable.	

1/9/24 — **Signature of Chairman**

1/9/24. — **Signature of Member (1)**

1/9/24 — **Signature of Member (2)**

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 Sakra world Hospital No, 52/2 & 52/3, Devarabeesanahalli, Varthur Hobli, Bangalore. 560103.		300 +30 ICU, Stepdown ICU.	28 KM.	78%	
NAME OF THE TRUST/ Person owning The Hospital A unit of Jakkasheshila Hospitals operating Private Limited, Bengaluru.					
Name Of The Owner Of The Trust of Hospital Represented by Mr. Manoj Kumar Singh.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 – Nil –				
	2 – Nil –				

(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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which 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

1/9/24 1/9/24. 1/9/24

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

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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

1/9/24
Signature of Chairman

1/9/24
Signature of Member (1)

1/9/24
Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	160	150		
Surgery including OT	14	14		
Obstetrics & Gynecology	13	07		
Pediatrics,	20	16		
Emergency Medicine	22	20		
Psychiatry	01	01		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	13	12		
Minor OT	01	01		
Dental, Otorhinolaryngology, Ophthalmology	01	01		
Burns and Plastic	04	03		
Neonatology care unit	08	06		
Communicable disease/ Respiratory medicine/TB & chest diseases	02	01		
Dermatology	02	01		
Cardiology	10	08		
Oncology	06	06		
Neurology/Neuro-surgery	30	25		
Nephrology/Urology	10	08		
ICU/ICCU	82	32		
Geriatric Medicine	01	01.		

1/9/24 — Signature of Chairman

1/9/24. — Signature of Member (1)

1/9/24. — Signature of Member (2)

Any other	00	00		

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		Not Applicable.
Adopted / Affiliated		Not Applicable
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		- NA -
b. Services Rendered by Health & Family Welfare Programmes		- NA -
URBAN FEILD :		
a. Name of CHC / PHC / SC		- NA -
Adopted / Affiliated		- NA -
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		- NA -
b. Services Rendered by Health & Family Welfare Programmes		NA -
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** ☑

Not Applicable.

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** ☑

Not Applicable.

1/9/24 — **Signature of Chairman**

1/9/24. — **Signature of Member (1)**

1/9/24 — **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 ☑

- Not Applicable -

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 30,000 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 : Not Applicable	Boys : Not Applicable.
f.	Total No. of rooms	Girls : 60	Boys : 40
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 ☐

11/9/24
Signature of Chairman

11/9/24.
Signature of Member (1)

11/9/24
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 : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of LibraryBooks & others	✓	
Annexure - 15	Academic Activities		✓
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities		✓
Annexure - 18	Master Rotation plans and Time tables		✓

1/9/24
Signature of Chairman

1/9/24.
Signature of Member (1)

1/9/24
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: LIC inspection of EKAM HEALTH CARE INSTITUTION for Nursing College on 1/9/2024. (Fresh affiliation BSc Nursing

Trust: Ekam healthcare institution managed by "Thimmrayaswamy child & women development Education Society®. Details of trust are enclosed. Norms of the trust are appropriate. Institution has own land in the name of trust member leased for 30 yrs has built up area of 30098 Sqft.

Infrastructure: Has established Principal room, Vice principal room, faculty room, HOD's room, 5 Labs including Preclinical lab, AV Aid room, Computer lab & Seminar hall. 4 class rooms are available.

Library: Library has 2450 Sqft ~~with~~ carpet with 3680 books.
Two librarians are appointed - enclosed documents.

Faculty: Principal is appointed with other 17 faculties as per norms. - (enclosed all documents)

Hospital: Parental Hospital with 330 beds (Sakara World Hospital) at a distance of 28 kms. Sakara world hospital is a unit of Tallahika Hospitals pvt Ltd. ~~represented by its~~ Represented by Mr Manoj kumar Singh All MOU's of hospital with trust is enclosed. KPME & PCB norms are mentioned for 330 beds

Hostel: Separate hostel for both male & female on rented building. - agreement enclosed.

Vehicle: MOU of Rent has been done for 50 seater bus (enclosed)

All facilities, ~~for~~ infrastructure are suitable for starting nursing College as per norms.

1/9/24
Signature of Chairman

1/9/24.
Signature of Member (1)
DR. S.A. Nithin.

1/9/24
Signature of Member (2)

UNDERTAKING

We the Chairman and members of local inspection committee appoin by RGUHS for conduct of LIC inspection EKAM HEALTH CARE INSTITUTION which has applied continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 1/9/24 and verif the infrastructure, Institutional facilities, Student Strength, Staff Post, St Biometrics, Students attendance and the original documents pertaining institution. As per the Latest Minimum Standard Requirements (MS stipulated by Apex body and notification issued by RGUHS vide ref RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited attached hospital and verified the bed strength and clinical facility at hospital.

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

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

1/9/24	1/9/24.	1/9/24
Senate Member	A C Member	Subject Expert
(Chairman)	(Member) DR-S.A.Dijhin.	(Member) Reshna.T

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