



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

F
19

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. MAHENDRA M	Prof. Cherishua D'SILVA	Dr. Sneha Praveen
Designation	Asst Prof	PRINCIPAL	Principal
Address	EAST POINT MEDICAL COLLEGE	FATHER MULLERS PHYSIOTHERAPY	SV College of Nursing Mallathahalli Bangalore - 560056
Mobile No	9980796290	9663558311	9986771753
Email ID	dmahigacoda@gmail.com		Snehapraveen1985@gmail.com

For the Academic Year : 2024-25

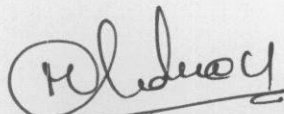
Date of Inspection: 11/9/24

(Please Tick the Appropriate Boxes Below)

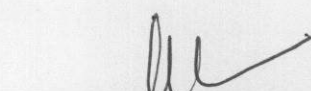
Type of Inspection:	1. Fresh Affiliation	☒	4. Re-Inspection	
	2. Continuation of Affiliation		5. Surprise Inspection	
	3. Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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	KATEEL ASHOK PAI MEMORIAL INSTITUTE OF NURSING, 60 FEET, KALAYAN NAGAR, SAGARA ROAD MALIGENAHALLI SHIMOGA - 577205	2	Year of Establishment	2024-25
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	MANASA TRUST (R) (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
	Email:	preethishanbhal979@gmail.com		Website:	



Signature of Chairman
Dr. Mahendra M
11/9/24



Signature of Member (1)
Prof. Cherishua D'Silva



Signature of Member (2)
Dr. Sneha Praveen
Subject Expert

	(b). Name of the Owner of Trust/Society	Mrs. RAJANIA PAI		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : ENCLOSED. (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: MR. SIDDESH Qualification: PHD Psychiatry Nsg Experience: 15 yrs Email:	Mobile No: 9538613311 Office No: Fax No: 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 address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

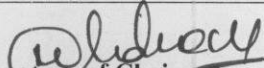
Annexure - 4

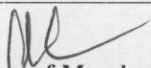
Course Applied UG Courses	Continuation- / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG b) for UG and PG courses c) NPCC	
B.Sc. Nursing	600050/-	1000/-	-		-	
Post Basic B.Sc. Nursing						
Total (A)						

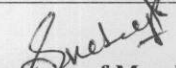
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		

Online Transaction Number or Details:

BDO00000005828626 ON 27th Dec. 2023


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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
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					
	Female					
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—
		— NA —				

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)

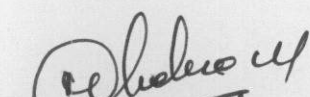
Annexure -10

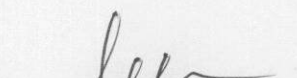
Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From— To—
		— NA —				

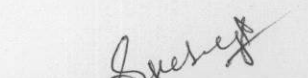
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: — NA —


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

[A large, curved line drawn across the page, possibly indicating a signature or a mark.]

[Handwritten signature]
Signature of Chairman

[Handwritten signature]
Signature of Member (1)

[Handwritten signature]
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				1									
2	Vice-Principal	1	1													
3	Professor	1	1-2		1*		1									
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	--		10									
	Total	16-24	24-40	4-12			20									

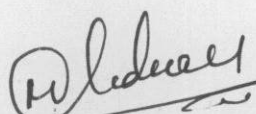
For Example: For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

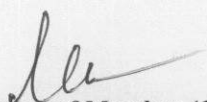
(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e., 1:10 if they offer B.Sc Nursing Programme)

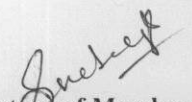
Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

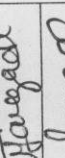
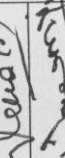
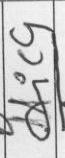
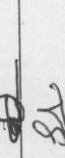
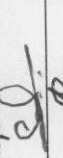
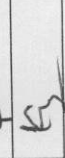
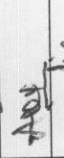
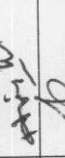
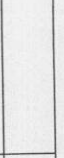
Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty 3 M.Sc. Nursing qualified faculty 2 Tutors	Total 8 Faculty 5 M.Sc. Nursing qualified faculty 3 Tutors	Total 12 Faculty 7 M.Sc. Nursing qualified faculty 5 Tutors	Total 16 Faculty 8 M.Sc. Nursing qualified faculty 8 Tutors
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

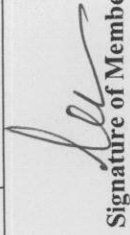

Signature of Member (1)

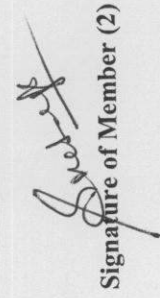

Signature of Member (2)

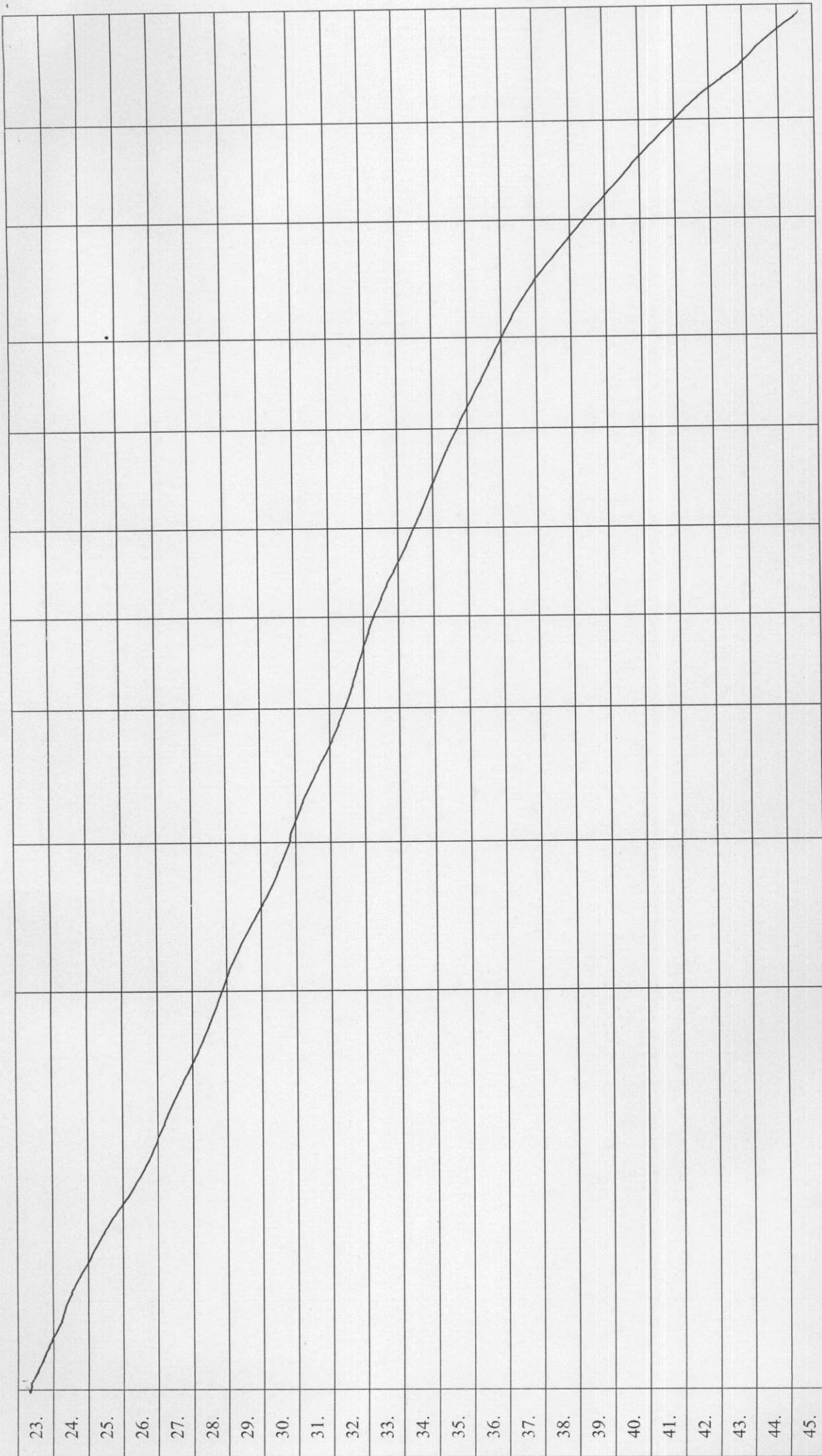
12.1. Teaching Faculty details :- Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG	Teaching experience After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	Dr Siddesh M	Principal	M.Sc(N) (N)	2012	14503	1 year	13 year	23/8/2024	Yes	
2.	Mrs Trupti Jangade	Professor	M.Sc(N)	2013	14504	1 year	12 year	17/8/2024	✓	
3.	Mrs Veena M	Asso. Professor	M.Sc(N)	2022	41293	3 year	3 year	17/8/2024	✓	
4.	Mrs Sowmya R.	Asst Professor	M.Sc(N)	2014	30650	1 year	10 year	01/9/2023	✓	
5.	Mrs Priyadarshini S.S.	Asst Professor	M.Sc(N)	2017	144901	1 year	6 year	17/8/2024	✓	
6.	Mrs Hamsaveni C.E.	Asso. Professor	M.Sc(N)	2017	104628	3 year	6 year	01/9/2023	✓	
7.	Mrs. Malleshappa Totad	Asso. Professor	M.Sc(N)	2017	68144	5 year	6 year	01/9/2023	✓	
8.	Mrs. Chaitra K.	Asst. Professor	M.Sc(N)	2021	170788	3 year	2 year	01/9/2023	✓	
9.	Mrs. Deepashree G.D.	Asst. Lecturer	B.Sc(N)	2019	158399	5 year	-	17/8/2024	✓	
10.	Mrs. Sunil Kumar J.C.	Asst. Lecturer	B.Sc(N)	2016	79936	7 years	-	17/8/2024	✓	
11.	Mr. Praveen Kumar V.	Nsg. Tutor	B.Sc(N)	2011	39550	12 years	-	19/2023	✓	
12.	Mr. Suresha R.	Nsg. Tutor	B.Sc(N)	2015	70002	8 years	-	17/8/2024	✓	
13.	Mr. Shalbal Mahapatra	Nsg. Tutor	B.Sc(N)	2024	Applied	-	-	17/8/2024	✓	
14.	Mr. Anjali D.K.	Nsg. Tutor	B.Sc(N)	2023	158396	1 year	-	17/8/2024	✓	
15.	Mr. Poptam Nailly	Nsg. Tutor	B.Sc(N)	2024	Applied	-	-	17/8/2024	✓	
16.	Mr. Kumar B.H.	Nsg. Tutor	B.Sc(N)	2016	79377	7 years	-	17/8/2024	✓	
17.	Mr. Avinash R	Nsg. Tutor	P.B.Sc(N)	2019	173686	5 years	-	01/09/2023	✓	
18.	Mr. Harish C.M.	Nsg. Tutor	P.B.B.Sc(N)	2010	70210	13 years	-	17/8/2024	✓	
19.	Mr. Kumara B.H.	Nsg Tutor	P.B.B.Sc(N)	2011	003090	13 years	-	01/09/2023	✓	
20.	Mr. Basavaraj H.	Nsg. Tutor	P.B.B.Sc(N)	2010	63080	13 years	-	01/9/2023	✓	
21.										
22.										


Signature of Chairman

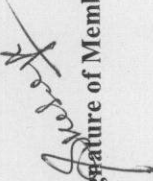

Signature of Member (1)


Signature of Member (2)



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 :

14.1. College Building:

Annexure - 12

4.1. College Building.

S. No	Details	Required	Existing	Remarks	
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	47,727 Sq.ft	Including AMU	
	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 Each 1200 sq.ft		
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	-		
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	-		
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	-		
3	Administrative Facilities				
	Office				
	1. Principal’s Chamber	300	524 sq.ft	Yes	
	2. Vice-Principal Chamber	200	250sq.ft		
	3. HOD	5 x 200 = 1000	-	Available	
	4. Professor/Assoc. Prof	800+2400=3200	4800 Sq.ft		
	5. Lecturer/ Tutors				
	Institution office /Others				
	6. Office of Administrative, clerical staff and PA (s)		200 sq.ft		
	7. Accountants Office		800 Sq.ft		
	8. Store Room		300 sq.ft		
	9. Record room		300 sq.ft		
	10. Room for maintenance staff				
	11. Xeroxing room		200 sq.ft		
	12. common room	1000	250sq.ft		
13. Seminar hall	3000	3000sq.ft			
14. Toilets	1000	800 sq.ft			
15. A.V/Aids room	600	600 sq.ft			

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	Available
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	600 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	600 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

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

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 Licence
--------------------------	-----------------------------	------------------	---------	-----------	-----------------

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

			Yes / No	Yes / No	Yes / No
--	--	--	----------	----------	----------

16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft		YES ☒ No ☐			
Total No. of Nursing Books available		No. of Nursing Journals subscribed			—
No. of Thesis/Research titles available	—	Is internet facility available for Students?			Yes
No of e-books	—	How many books were purchased in last financial year?			—

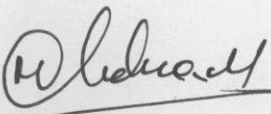
S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Ganesh	M.Lib.Sc	05 yrs	

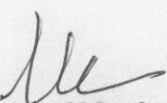
Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

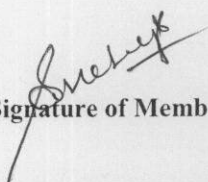
17. Academic activities :Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	—	
Conferences conducted	—	


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

Conferences attended	—	—
----------------------	---	---

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 Manasa Nursing Home J. P. N Road 1st Cross Shivanogga.	100	5 kms	80.0%	
NAME OF THE TRUST/ Person owning The Hospital Manasa Trust Dr. Rajan A Pai	—	—	—	
Name Of The Owner Of The Trust of Hospital Dr. Rajan A. Pai	—	—	—	
Affiliated hospitals- Full Name & Address of the Parent Hospital				
1 Mathru Vatsalya Hospital (child & Mother care) Shivanogga.	40	6 kms.	80.0%	
2 —	—	—	—	

(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

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

spécialties/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 colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which 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 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, 2021 F.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, 2021 F.NO. 11-1/2019-INC.)

Note

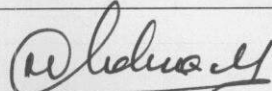
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU (undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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.

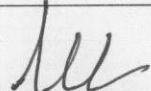
Verify & Attach Clinical permission letter, fee paid receipts.

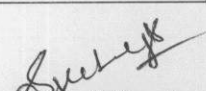
Remarks:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	20	—	—
Surgery including OT	15	10	—	—


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

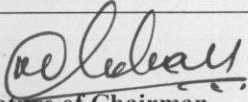
Obstetrics & Gynecology	—	—	30	20
Pediatrics,	10	5	10	8
Emergency Medicine	10	5	—	—
Psychiatry	40	40	—	—

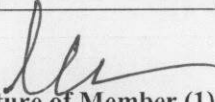
Additional/Other Specialties/Facilities for clinical experience:

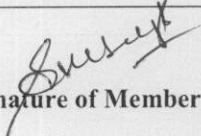
Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	5	20	5
Minor OT	10	2	10	4
Dental, Otorhinolaryngology, Ophthalmology	—	—	—	—
Burns and Plastic	—	—	—	—
Neonatology care unit	—	—	10	5
Communicable disease/Respiratory medicine/TB & chest diseases	10	5	3	2
Dermatology	—	—	—	—
Cardiology	5	3	—	—
Oncology	—	—	—	—
Neurology/Neuro-surgery	30	25	—	—
Nephrology/Urology	—	—	—	—
ICU/CCU	7	5	5	3
Geriatric Medicine	10	7	—	—
Any other	—	—	—	—

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

19 COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD	
a. Name of CHC / PHC / SC	—NA—
Adopted / Affiliated	
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	- NA -
URBAN FEILD :	
a. Name of CHC / PHC / SC	
Adopted / Affiliated	- NA -
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	
b. Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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

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

h.	Extracurricular activities of students	YES ☐	NO ☒
i.	Cumulative record of each	YES ☐	NO ☒
j.	Course planning of each subject	YES ☐	NO ☒

Signature of Chairman
(2)

Signature of Member (1)

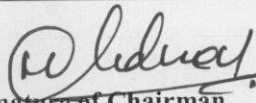
Signature of Member

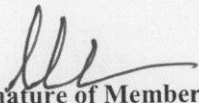
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☐	NO ☒
m.	Affiliation records	YES ☐	NO ☒
n.	Records of Stock	YES ☐	NO ☒
o.	Annual report of activities and achievements	YES ☐	NO ☒
p.	Staff development programmes	YES ☐	NO ☒
q.	Anti ragging committee	YES ☐	NO ☒
r.	Student welfare committee	YES ☐	NO ☒

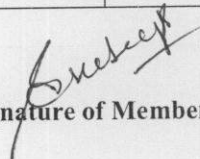
23	Hostel Facilities :Annexure - 12		
a.	Whether the college is having a separate Hostel?	YES ☒	NO ☐
b.	Built-up area of the Hostel	Sq.ft 9000 sq-ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☒	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☐	NO ☐
e.	Total No. of students in the hostel	Girls : -	Boys : -
f.	Total No. of rooms	Girls : -	Boys : -
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☐	NO ☒
l.	Safe drinking water facilities	YES ☒	NO ☐

List of Annexures:

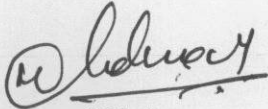
Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	☒	☐
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	☒	☐

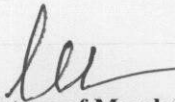

Signature of Chairman
(2)

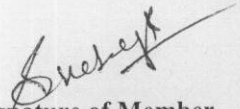

Signature of Member (1)


Signature of Member

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 Library Books & 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	✓	


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

- 19	List of Teachers with their Declaration forms & necessary documents		
Annexure -20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		

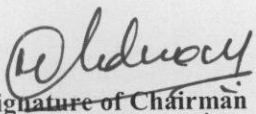
Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations:

The LIC team Conducted inspection on 11/9/24. The kateel Ashok pai Memorial Institute of Nursing is run by Manala Trust, detail of the trust Enclosed along c Audit report. The College building & hospital is owned by the trust and Managed by trustees.

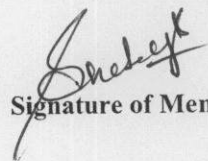
The College building which was Inspected total 47,727 sqft, the building has Msc & Mphil Allied sciences running in 2nd & 3rd floor, Ground & 1st floor along c lab & library are shown for nursing college. The college has acquired the Infrastructure & faculty. The details of floor plan & faculty list are Enclosed.

The fotos & videos are attached in Pen drive.


Signature of Chairman

(2) Dr. Mahendra M


Signature of Member (1)


Signature of Member

The hospital facilities are good.
Manasa hospital which is a parent hospital
it is 40 year old psychiatric hospital
with very good clinical material and.
The Affiliated hospital Matau Kartyla
Mother & child hospital are owned by
Manasa trust. The clinical data &
hospital infrastructure details are
Enclosed.

Dr. Mahendra

Dr. Mahendra

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at KATEEL ASHOK PAI MEMORIAL 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 1/9/24 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.

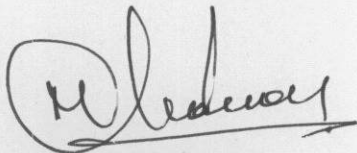
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Dr. Mahendra M.

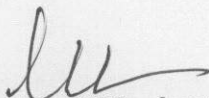
**Senate Member
(Chairman)**

**A C Member
(Member)**

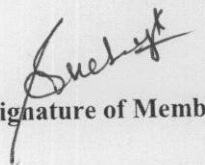
**Subject Expert
(Member)**



Signature of Chairman
(2)



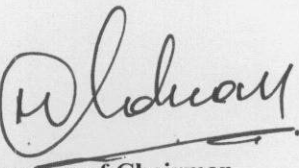
Signature of Member (1)

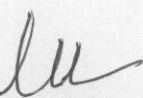


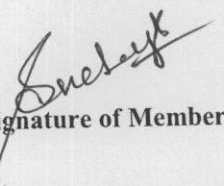
Signature of Member

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 the 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: Dishank 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
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING

I/We,

Dr. Rajani A. Pai

is/are the Owners/MD/CEO/Board Members of the
Manasa Nursing Home hospital situated
at

JPN Road, I Cross, Shivamogga-577201.

This is to confirm that our hospital
Manasa Nursing Home is registered under
KPMEA and PCB with 100 beds and the bonafide certificate has
been attached.

This is to confirm that the hospital
Manasa Nursing Home is functioning as
affiliated/parent/own Kateel Ashok Pai Institute of Nursing hospital
college.

We also confirm that our hospital is solely affiliated to
Kateel Ashok Pai Institute of Nursing college and is
not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. Rajani A. Pai

Rajani Pai.

Dr. Vaman M. S

Vaman M. Shankhag

Dr. Preeti M. Shankhag

Manasa Trust

Vinodini, Park Extension, Ward No. 5
Near Mallikarjuna Theatre, Durgigudi,
Shivamogga-577 201.

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the [✓]Chairman/President/Secretary/Member of the trust are

Dr. Rajani A. Pai submitting the affidavit to University.

The trust Manasa Trust is running/managing the colleges 1.

Dr. Rajani A. Pai

2. Dr. Preethi V Shanbhag

3. Dr. Vaman M Shanbhag since
26 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.

Dr. Rajani A. Pai

Manasa Trust

Vinodini, Park Extension, Ward No. 3
Near Mallikarjuna Theatre, Durgigudi,
Shivamogga-577 201.

Rajani Pai

Dr. Vaman M. S.
Vaman M. Shanbhag

Dr. Preethi V. Shanbhag

Signature of Chairman
(2)

Signature of Member (1)

Dr. Preethi V. Shanbhag
Signature of Member