Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

F 24

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Shivu Shesan	Dr R Nandeesh	Dr. Darling B. Bibiana
Designation	Senate Member	A-CM	Principal
Address	PKV Bhandarkar's Complex Mangaluru Mangalore	Sri Siddaganga College of Pharmacy	Shree Devi College of Nursing, Mana Towers, Ballalbagh, Mangalore.
Mobile No	9448144399	9448658836	9886932378
Email ID	shivskusan@hotmail.com	rnandeesh2005@gmail.com	bibiana_vijay@yahoo.co.in

For the Academic Year : 2024-25. *Date of Inspection:* 30/8/24

(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	MANASWINI COLLEGE OF NURSING. ARKULA VILLAGE, FARANGIPETE, MANGALORE	2 Year of Establishment	2023
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	MANASWINI MENTAL HEALTH & CHARITABLE TRUST. 15-6-309, FIRST FLOOR, PREMVATHI BUILDING, BALMATTA MANGALORE-575001 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: mnhact@yahoo.com.	Website: www.drthungasmanaswini.com	

Signature of Chairman
Dr. Shivu Shesan
30/8/24

Signature of Member (1)
(Dr. R Nandeesh)

Signature of Member (2)
Dr. Darling B. Bibiana
30/8/24.

	(b). Name of the Owner of Trust/Society	DR. RAVISH AIRODY.	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 3 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)	Annexure - 2
5	Details of Principal/Head of the institution	Name: PRABHUDEVA Qualification: MSc Nursing. Experience: 12 years. Email: prabhudeva77@gmail.com	Mobile No: 9964049965 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 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						
Post Basic B.Sc. Nursing	Fresh affiliation	6,01,050/-				6,01,050/-
					Total (A)	

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

Online Transaction Number or Details:

Signature of Chairman

RN Dey (Dr R Nandedkar)
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	NA
		Not Applicable				
	Affiliation Sanctioned Intake	Not Applicable				
	Admissions Made for the Current Academic Year	Not Applicable				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Not Applicable				
	Sanctioned Intake	Not Applicable				
	Admissions Made for the Current Academic Year	Not Applicable				
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Not Applicable				
	Sanctioned Intake	Not Applicable				
	Admissions Made for the Current Academic Year	Not Applicable				
M.Sc. NPCC	Approval Letter No. and Date	Not Applicable				
	Sanctioned Intake	Not Applicable				
	Admissions Made for the Current Academic Year	Not Applicable				

Signature of Chairman

Signature of Member (1)

(Dr R Nandeem)

Signature of Member (2)

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	Not Applicable				
	Female	Not Applicable				
Post Basic B.Sc Nursing	Male	Not Applicable				
	Female	Not Applicable				
M.Sc Nursing	Male	Not Applicable				
	Female	Not Applicable				
M.Sc NPCC	Male	Not Applicable				
	Female	Not Applicable				

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

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						

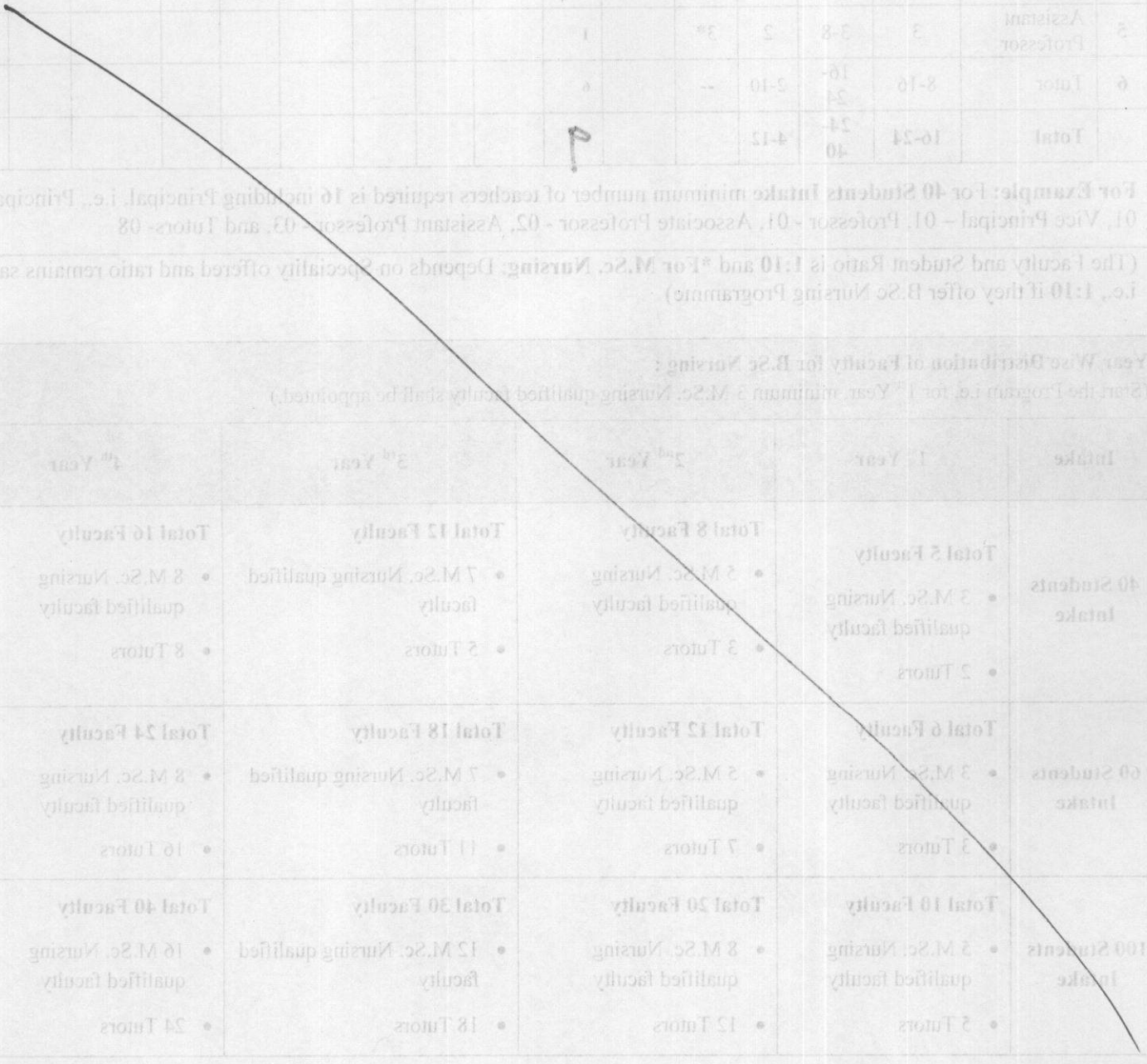
Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

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:_____

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



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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	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*											
4	Associate Professor	2	2-4		1*											
5	Assistant Professor	3	3-8	2	3*		1									
6	Tutor	8-16	16-24	2-10	--		6									
	Total	**16-24**	**24-40**	**4-12**			9									

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)**

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.	**Teaching Faculty Details attached as Annexure-VI**									

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
Particular of External Teachers (Part time) Attached as Annexure-VI					

14. Physical Facilities :

14.1. College Building:

Annexure-VIII

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	**24,000**	
	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	**1110X4=4440**	
	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	**NA**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**NA**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**350** sq.ft	
	2. Vice-Principal Chamber	200	**300** sq.ft	
	3. HOD	5 x 200 = 1000	**3320** sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200		
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**400** sq.ft	
	7. Accountants Office		**250** sq.ft	
	8. Store Room		**300** sq.ft	
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room		**150** sq.ft	
	12. common room	1000	**1000** sq.ft	
	13. Seminar hall	3000	**3000** sq.ft	
	14. Toilets	1000		
	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	**1710** 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	**1500** sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.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:

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.

Building Related Documents attached as Annexure-VIII

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.

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License Vehicle details attached as **Annexure - IX**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving license
2	KA19MJ9413	60/24	Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books

Annexure - X

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2400 Sq.Ft	YES	✓	✓	NA

Total No. of Nursing Books available	**700**	**No. of Nursing Journals subscribed**	**02**
No. of Thesis/Research titles available	**30**	**Is internet facility available for Students?**	**Yes**
No of e-books	**400**	**How many books were purchased in last financial year?**	**720**

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MRS. GEETHAKUMARI	M Lib	8 Years	
2	MS. SHREEJITHA	BA	1year	

Annexure - X

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.

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

Academic activities	Particulars	Remarks
Research Projects		
Conferences conducted		
Conferences attended		

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

7. **Details of Clinical / Hospital Facilities :** **Annexure- XI**

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

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 **Dr. Thunga's Manaswini Hospital, Arkula Village, Farangipete, Mangalore**	**250**		80%	
NAME OF THE TRUST/ Person owning The Hospital **Manaswini Mental Health & Charitable Trust, 15-6-309, First Floor, Premavathi Building, Balmatta, Mangalore-575001**				
Name Of The Owner Of The Trust of Hospital **Dr. Ravisha Thunga Airody**				
Affiliated hospitals- Full Name & Address of the Parent Hospital				

(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 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.)

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

- 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:

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	60	45		
Surgery including OT	60	45		
Obstetrics & Gynecology	08	06		
Pediatrics,	20	15		
Emergency Medicine	20	15		
Psychiatry	20	18		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	01	0		
Minor OT	01	0		
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				

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

Neonatology care unit				
Communicable disease/ Respiratory medicine/TB & chest diseases	01	01		
Dermatology				
Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU	05	05		
Geriatric Medicine	04	03		
Any other				

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

19	**COMMUNITY HEALTH NURSING :**	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

20	**Master Rotation Plan : Annexure - XII**		
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** ☐
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** ☐

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

23	Hostel Facilities :Annexure - XIII		
a.	Whether the college is having a separate Hostel?	YES ☐	NO ✓
b.	Built-up area of the Hostel	23418 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 : NIL	Boys : NIL
f.	Total No. of rooms	Girls : NIL	Boys : NIL
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	Aadhar and PAN of Trust	✓	
Annexure - 3	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts and Affidavit	✓	
Annexure – 5	Teaching Faculty details	✓	
Annexure – 6	Details of External /Part time Teachers	✓	
Annexure - 7	Physical Facilities : College Building, Laboratories and Building related documents,	✓	
Annexure - 8	Vehicle Details : Bus		
Annexure - 9	Details of List of LibraryBooks & others	✓	
Annexure - 10	Details of Clinical/Hospital Facilities (Parent hospital details)	✓	
Annexure - 11	Master Rotation plans and Time tables	NA	
Annexure - 12	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure - 20	RGUHS approved guideship letters of M.Sc Nursing faculty each	NA	

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

	speciality wise		

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

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

Observations:

= Munaswini College of Nursing is managed by Munaswini Mental health & Charitable Trust with Dr. Ravish Thyagu as the President, who also happens to be the Proprietor of Dr. Thyagu's Munaswini Hospital.

= The hospital is located in a 3.5 acres area and the hostel college is also situated there.

= 8 out of the 9 teaching staff were present at the time of inspection. Ms. Vilma Sunil Mews was absent.

= The hospital has consent from Karnataka State Pollution Board for 453 beds but has 200 beds as of now.

= A copy of the lab equipment that are ordered and receipt for the advance paid is sent as Annexures

= A Omni Van is being shown now. A copy of the College bus booked and the receipt of the advance paid is also attached.

Signature of Chairman

Dr. Shiva Shankar

30/8/24

Signature of Member (1)

(Dr. [illegible])

Signature of Member (2)

Dr. Sarling B. Bukiana

30/8/24.

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

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at MANASWINI COLLEGE OF NURSING, MLR which has applied for ~~continuation of~~ FRESH affiliation for the academic year 2024-25.

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/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr. Shiva Shankar	(Dr R Nandeesh)	

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

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:

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