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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Yashodha. Darshan	V.R. AYYAPPAN	Prof Raichal. D. Abnes
Designation	Consultant Pathologist	PROFESSOR	Principal
Address	Lucid Diagnostics Bangalore	SANJAY GANDHI INSTITUTE OF TRAUMA & ORTHOPAEDICS JAYANAGAR, BANGALORE	Sait Shakuntala Institute of Nursing Education, #38, Javdhar Layout, Near Kalaki Apartment, Chetana Colony Hubli - 580021
Mobile No	9483043552	9886291325	9845215692
Email ID	yash101@live.in	Ayyappan98gmail.com	raichalalnes@rediffmail.com

For the Academic Year :			*Date of Inspection:*	
(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**	CSI Lombard Memorial College of Nursing, Udupi Mission Street, Post Box No. 5 Udupi Dist. PIN - 576101	2	**Year of Establishment** 2019
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company** (✓ Trust)		
3	**(a). Name of the Trust/Society & complete postal address**	CSI Trust Association, Regd Chennai 5, Whites Road Indira Garden Royapettah, Chennai - 600014 Tamil Nadu (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: sushiljathanna@hotmail.com	**Website:** http://www.lombardhospital.in	

Signature of Chairman Dr. Yashodha. Darshan 21-11-2024

Signature of Member (1) V.R. AYYAPPAN

Signature of Member (2) (Prof Raichal D. Abnes)

	(b). Name of the Owner of Trust/Society	CSI Trust Association, Chennai		
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council :** 10 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	**Details of Principal/Head of the institution**	**Name:** Dr Suja Karkada **Qualification:** M.Sc(N), M.Phil(N) PhD **Experience:** 30 years **Email:** suja.karkada625@gmail.com	**Mobile No:** 91-9448835274 **Office No:** 08204294478 **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		1000/–	55,000/–	50/–	–	Rs 56050/–
Post Basic B.Sc. Nursing						
					Total (A)	Rs 56,050/–
PG Course:- (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1.					
	2.					
	3.					
	4.					
	5.					
					Total (B)	
NPCC						
					Total (C)	
					Grand Total (A+B+C)	

Online Transaction Number or Details:

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	AKUKA 479 MPS2018 Dated 19|08|2019 Annexure - 5	RGU/AFF/Fr/N395/2019-20 dated 5|09|2019 RGU/AFF/NSG/COA/ON/2024-25 Annexure - 6	Ref: KSNC/No. KNC: 1420: 2019-20 dated 14|10|2019 Annexure - 7	File No: 18-683/2000-INC/9389 INC-2024-25 dated 14|10|2024 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	04	07	07	12	30
	Female	36	33	31	28	128
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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

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

Annexure –10

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

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

Remarks: _____

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

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*		1									
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		4									
6	Tutor	8-16	16-24	2-10	--		21									
	Total	**16-24**	**24-40**	**4-12**			29									

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.	Dr. Suja Kakkada	Prof & Principal	PhD community	2010 PhD 1998 MSc	13160	4 yr	26 yr	17.9.2019	Yes	
2.	Mrs. Malathi	Prof. & V.P	MSc OBG	1994 BSc 2008 MSc	15299	12 yr	16 yr	11-01-2022	Yes	
3.	Mrs. Lamel Smitha Kanikada	Professor	MSc Med-Surg.	2002 BSc 2007 MSc	26306	2 years	16 years	9-10-2019	Yes	
4.	Mrs Celastin Susan	Ass. Prof.	MSc community	2016 MSc	26652	1½ yrs	10 yr.	16.08.2018	No	
5.	Mrs. Prema Cada.	Asst. Prof	MSc Med-Surg	2015 MSc	42595	—	4.5 yr	06-01-2022	No	
6.	Mrs. Veena Sophya Menezes	Asst. Prof.	MSc Paediatrics	2021 MSc	22193	11 yr	4 yrs	07.02.2021	Yes	
7.	Mrs. Reena Veneciya Dsouza	Lecturer	MSc OBG	2011 BSc 2023 MSc	43276	1 yr	1 yr	10.10.2023	No	
8.	Mrs. Poornima	Lecturer	MSc Psychiatry	2021 MSc.	13664	8 yrs.	3 yr	01/08-2023	No	
9.	Mrs. Orjaya.	Asst. Lecturer	PC BSc(N)	2012	21101	11 yr.	—	01/09/2013	No	
10.	Mrs. Genevieve	Asst. Lecturer	PC BSc(N)	2012	23977	10 yr	—	02/07/2024	No	
11.	Mrs. Rosemol	Asst Lecturer	PC BSc(N)	2014	10689	1 yr 4 months	—	01/06/2023	No	
12.	Mrs. Rahul Soans	Asst. Lecturer	B Sc(N)	2010	36321	2 yr	—	01/09/2021	No	
13.	Mrs. Sonali Poojary	Asst. Lecturer	B. Sc (N)	2009	24528	7 yrs 10 months		3/01/2020	No	
14.	Mrs. Priya Sosha	Asst. Lecturer	BSc (N)	2013	62548	3 yr	—	04-10-2021	No	
15.	Mrs. Abigail Quadros	Asst. Lecturer	BSc(N)	2013	58230	1 yr	—	31-10-2023	No	
16.	Ms. Sahana Joylin	Asst. Lecturer	BSc (N)	2014	66983	4 yr	—	01-07-2020	No	
17.	Mr Anjaneya.	Asst lecturer	PC BSc(N)	2022	205502	3 yr	—	01-09-2021	No	
18.	Mrs Renita Simran	Asst Lecturer	BSc(N)	2019	98751	1 yr	—	04-09-23	No	
19.	Mrs. Reshal	Asst. Lecturer	B.Sc(N)	2020	107483	7 months	—	01.04.2024	No	
20.	Mr. Keerthesh	Asst. Lecturer	BSc(N)	2022	136478	9 months	—	03-01-2024	No	
21.	Ms. Bhoomika	Asst. Lecturer	BSc(N)	2022	186996	1 yr 1 month	-	30-11-2022	No.	
22.	Ms. Meghana Sanjeeva Poojary	Asst. Lecturer	PC BSc(N)	2020	194816	1 yr	-	01-09-2023	No	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	MS. Jane Lolita Pais	Asst. lecturer	PCB-Sc(N)	2022	193440	1yr	—	04-01-2024	NO	Lolita Pais
24.	Ms. Novita.	Asst. lecturer	Bsc. (N)	2022	137030	1yr	—	24-04-2023	NO	Novita
25.	Mr Steryl George Amamna	Asst Lecturer	B.Sc(N)	2023	145001	1yr	—	04-08-2023	No	Amamna
26.	Ms. Shreelatha	Asst. lecturer	BSc (N)	2022	136470	5Months	—	20-05-2024	NO	Shreelatha
27.	Mrs. Hemalatha Bangera	Asst. Lecturer	PC.BSc. (N)	2015	33456	8Yr	-	04-01-2016	NO	Bangera
28.	Ms. Shalvi Shaji	Asst. Lecturer	B.Sc (N)	2023	153646	4months	—	12.06.2024	NO	Shalvi
29.	Ms. Mareena P.G.	Asst. Lecturer.	BSc (N)	2023	153663	11month	—	12-06-2024	NO.	Leave
30.	Ms Latha	Ast lecturer	B.Sc. (N)	2013	58384	1month	—	24.09.2024	No	Latha
31.	ms Saviya	Ast lectur	Pc. Bs.c(N)	2024	232158	1 month	—	25-10-24	NO	Saviya
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Signature of Chairman **Signature of Member (1)** **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.

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

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		
	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	3934.50 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	348.60 sq ft	
	2. Vice-Principal Chamber	200	300.00 sq ft	
	3. HOD	5 x 200 = 1000	1000.00 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	1200 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1000 sq ft	
	7. Accountants Office		400 sq ft	
	8. Store Room		200 sq ft	
	9. Record room		-	
	10. Room for maintenance staff		-	
	11. Xeroxing room		-	
	12. common room	1000	1100 sq ft	
	13. Seminar hall	3000	3000 sq ft	
	14. Toilets	1000	1011.28 sq ft	
	15. A.V/Aids room	600	900 sq ft	

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1551.68 sq ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200.00 sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1189.00 sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1189.00 sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900.00 sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	794.41 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)

Annexure – 12

Building Documents:

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

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
3			Yes / No	Yes / No	Yes / No

Signature of Chairman **Signature of Member (1)** **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	1800sq.ft	YES ☑ No ☐	Good	Good	

Total No. of Nursing Books available	2602	**No. of Nursing Journals subscribed**	15
No. of Thesis/Research titles available	33	**Is internet facility available for Students?**	yes
No of e-books		**How many books were purchased in last financial year?**	524

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms Rajini R.S.	MLISC	10 years	

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	Attached in Annexure 15	
Conferences conducted	Attached in Annexure 15	
Conferences attended	Attached in Annexure 15	

Signature of Chairman **Signature of Member (1)** **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		150	same Campus	80-90%.	
NAME OF THE TRUST/ Person owning The Hospital CSI Trust Association, Regd. Chennai 5. Whites Road Indira Gardes Royapettah Chennai Tamil Nadu – 600014					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 A.V. Baliga Hospital Doddanguddi Udupi Dist	100	5kms.	80-85%.	
	2. Govt District Hospital, Ajjarkadu Udupi	124	1Km	100%.	
	3. Father Muller Medical College Hospital, Mangalore	200	55kms.	70-80%.	

(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

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:

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	40	35	05	02
Surgery including OT	30	27	05	02
Obstetrics & Gynecology	33	21	05	02
Pediatrics,	16	10	05	03
Emergency Medicine	10	05	0	0
Psychiatry	0	0	80	75

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	03	03	Nil	Nil
Minor OT	01	01	Nil	Nil
Dental, Otorhinolaryngology, Ophthalmology	05	04	Nil	Nil
Burns and Plastic	Nil	Nil	Nil	Nil
Neonatology care unit	04	04	Nil	Nil
Communicable disease/ Respiratory medicine/TB & chest diseases	06	02	Nil	Nil
Dermatology	02	02	Nil	Nil
Cardiology	Nil	Nil	Nil	Nil
Oncology	Nil	Nil	Nil	Nil
Neurology/Neuro-surgery	Nil	Nil	Nil	Nil
Nephrology/Urology	Nil	Nil	Nil	Nil
ICU/ICCU	Nil	Nil	Nil	Nil
Geriatric Medicine	Nil	Nil	Nil	Nil

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

Any other	Nil	Nil	Nil	Nil

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**	PHC Manipura
	Adopted / Affiliated	Affihated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	5km
b.	Services Rendered by Health & Family Welfare Programmes	All health Car services, ANC, PNC, School Health Progamme & all National Health progra
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Family Planning Association Of Indi
	Adopted / Affiliated	Affihated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	2km
b.	Services Rendered by Health & Family Welfare Programmes	All the Government program -

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

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

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

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

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐

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 11,200.75	
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 : 85	Boys : 12
f.	Total No. of rooms	Girls : 28	Boys : 05
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification	✓	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	
Annexure - 10	List of M.Sc. Nursing Students as per format	—	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 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	✓	

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

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

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

Observations:

- LIC inspection conducted at CSI Lombard memorial college of nursing, udupi on 21-11-2024 for increase in intake of seats from 40-60.
- On the day of inspection we checked and verified relevant original documents of trust, land and buildings
- 38 staff were physically present, 3 staff were on leave, in that 1 staff was on maternity leave and 2 were on sick leave.
- Staff declaration forms enclosed. Sufficient books at library as per norms. Equipments at laboratories as per norms. Built up area and class rooms are all as per norms.
- The overall infrastructures and facilities are as per norms
- The Hospital is 150 bedded and is NABH accredited.
- The PCB and KPME certificates verified and documents for the same enclosed.

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 CSI Lombard Memorial College of Nursing Udupi which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 21/11/2024 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. Yashodha Darshan 21-11-2024	V.R	(Prof Rachel D. Abnes)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)
Dr. Yashodha Darshan 21-11-2024	V R	

C. S. I. LOMBARD MEMORIAL HOSPITAL

P.B. No. 5, Mission Street, UDUPI - 576101. KARNATAKA

TEL.: (0820) 2520334, 4294283, 4294284

E mail : info@lombardhospital.in * Web: www.lombardhospital.in

Ref. No. 178

Date : 20/11/24

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs./(Kum) MARLEENA P.G.

Aged 22 Years

Working in / Resident of L.M.CON - ASSISTANT LECTURER

was admitted / under treatment in / from this Hospital as an in (outpatient) from on 20/11/24

For Acute Gastroenteritis & Dehydration

So he / (she) is physically unfit to resume duty now. Therefore we recommended 5 days bed rest.

He (She) is expected to be fit to resume duty by 25/11/2024

Medical Officer
C.S.I. Lombard Memorial Hospital, Udupi

IP / OP No. :

MR No. 37

CHURCH OF SOUTH INDIA

(Serving Humanity Since 1923)

KARNATAKA SOUTHERN DIOCESE

C. S. I. LOMBARD MEMORIAL HOSPITAL

Mission Street, UDUPI - 576101. KARNATAKA

E-mail : csi.lmh@gmail.com info@lombardhospital.in Webset : www.lombardhospital.in

Ph. No. : 0820 2520334
4294283, 4294284

LEAVE CARD

Employee Name : MAREENA P. G Designation : Assistant Lecturer D.O.J. : 12-06-2024

Date of Application	Reason	Date		Balance							Compensatory Off		Approval		
		From	To	CL	SL	CML	PL	DL	LOP	A	C/off Against	C/off Availed	Sign. of Emp.	Sign. of Reporting Head	Sign. of HRD
				7		3									
17/8/24	Personal	26/8	27/8	5.											
31/8/24	Emergency	30/8		4.											
25/10/24	Personal.	25/10		3.											
20/11/24	Personal-Sick	21/11	22/11			1									
	Sick-Rest	23/11		2.											

MR No. 50

C. S. I. LOMBARD MEMORIAL HOSPITAL

P.B. No. 5, Mission Street, UDUPI - 576101. KARNATAKA

TEL.: (0820) 2520334, 4294283, 4294284

E mail : info@lombardhospital.in * Web: www.lombardhospital.in

Ref. No. 177

Date : 20/11/24

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs./Kum. BHOOMIKA

Aged 23yrs

Working in / Resident of K.M.H (LMCOH) – ASSISTANT LECTURER

was admitted / under treatment in / from this Hospital as an in / outpatient from 20/11/24

For Acute febrile illness – ? Viral (c Acute Laryngitis)

So he / she is physically unfit to resume duty now. Therefore we recommended 3 days bed rest.

He / She is expected to be fit to resume duty by 23/11/24

Dr. H. DHANANJAY BHAT
Medical Officer
MBBS, MD, Medicine
Reg. No.95986
C.S.I. Lombard Memorial Hospital, Udupi

IP / OP No. :

MR No. 37

CHURCH OF SOUTH INDIA

KARNATAKA SOUTHERN DIOCESE

C. S. I. LOMBARD MEMORIAL HOSPITAL

Mission Street, UDUPI - 576101. KARNATAKA

E-mail : csi.lmh@gmail.com info@lombardhospital.in Webset : www.lombardhospital.in

Ph. No. : 0820 2520334
4294283, 4294284

LEAVE CARD

Employee Name : BHOOMIKA

Designation : ASSISTANT LECTURER (LMSON) D.O.J. :

Date of Application	Reason	Date		Balance							Compensatory Off		Approval		
		From	To	CL	SL	CML	PL	DL	LOP	A	C/off Against	C/off Availed	Sign. of Emp.	Sign. of Reporting Head	Sign. of HRD
				12		5	29								
19/1/24	Personal	22/1/24		11											
31/1/24	Personal	30/1/24				4									
23/2/24	Personal	24/2/24		10											
5/3/24	Personal	6/3/24		9											
4/04/24	Personal	18/4/24	20/4/24				26								
4/4/24	Personal	23/4/24	25/4/24				23								
20/4/24	Personal	6/5/24	8/5/24				20								
30/5/24	Personal	31/5/24		8											

MR No. 50

Date of Application	Reason	Date		Balance							Compensatory Off		Approval		
		From	To	CL	SL	CML	PL	DL	LOP	A	C/off Against	C/off Availed	Sign. of Emp.	Sign. of Reporting Head	Sign. of HRD
6/6/24	Emergency (afternoon)	6/6/24		7½		24									
4/7/24	Personal	4/7/24		6½											
	Personal	20/9/24				3.									
	Personal	12/10/24				2.									
	Sick	20/11/24	22/11/24	3½											

KASTURBA HOSPITAL
MANIPAL

(An associate hospital of the Manipal University, Manipal)
Post Box No.7, Manipal - 576 104, Karnataka, India
Phone : (91 0820) 2571201 - 2571210 (10 lines)
Fax : (91 0820) 2571934 E-mail: office.kh@manipal.edu

No. 13207

Dept: OBG Date: 10/10/24

MEDICAL CERTIFICATE

This is to certify that Mrs. PADMA

(Address) ASHA PRATHIMA Villa, behind Corp Bank, Kurkal village, Shankarpura

has been an in/out patient in this hospital from/on 3/10/24

to 10/10/24

He/She is/was suffering from induced vaginal delivery term on 5/10/24 at 5:37pm ivo G2P1L1 at 38w2d c previous NVD c hypothyroidism

He/she is physically fit/unfit to resume duty now. Therefore he/she is recommended As per rules days rest.

He/She expected to be fit to resume duty by ....

Hospital No.: 24922661

Prathiksha

Signature

Name in full: Dr. PRATHIKSHA K.

Designation: ASSISTANT PROFESSOR
DEPT. OF OBG
KMC, MANIPAL
REG. No: 109847

MR - 082

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA72780275076858W
Certificate Issued Date	:	21-Nov-2024 09:53 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ UDUPI1/ KA-UD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0887136854533828W
Purchased by	:	RT REV HEMACHANDRA KUMAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	RT REV HEMACHANDRA KUMAR
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	RT REV HEMACHANDRA KUMAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

BADAGABETTU CO-OPERATIVE SOCIETY * UDUPI

Please write or type below this line

UNDERTAKING by Trust Management

We the **Chairman**/President/Secretary/Member of the trust are submitting the affidavit to University.

The trust – CSI Trust Association in Karnataka Southern Diocese is running/managing the colleges.

Contd...

CSI Trust Association
Karnataka Southern Diocese
Bunmatta, Mangalore - 575 002

1. CSI Lombard Memorial College of Nursing, Udupi
2. CSI Redfern School of Nursing, Hassan
3. CSI Holdsworth College of Nursing, Mysore

since over **50** 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.

Rt Rev Hemachandra Kumar

Bishop.

CSI Trust Association
Karnataka Southern Diocese
Balmatta, Mangalore - 575 002

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA72531758425820W
Certificate Issued Date	:	20-Nov-2024 04:25 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ UDUPI1/ KA-UD
Unique Doc. Reference	:	SUBIN-KAKACRSFL08866717667641 29W
Purchased by	:	DR SUSHIL DEVAPRASAD JATHANNA
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SUSHIL DEVAPRASAD JATHANNA
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCE
Stamp Duty Paid By	:	DR SUSHIL DEVAPRASAD JATHANNA
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

BADAGABETTU CO-OPERATIVE SOCIETY. UDUPI

Please write or type below this line

UNDERTAKING

I, Dr. Sushil Devaprasad Jathanna is the Director of the CSI Lombard Memorial (Mission) Hospital, situated at Mission Street, Udupi Pin 576101.

Dr. Sushil Jathanna
MBBS, MSC, MRCP, MFPHM, FFPHM, DGM, DMS
Director
C.S.I. Lombard Memorial Hospital, Udupi

Contd…2

This is to confirm that our hospital CSI Lombard Memorial (Mission) Hospital is registered under KPMEA and PCB with 150 beds and the bonafide certificate has been attached.

This is to confirm that the hospital CSI Lombard Memorial (Mission) Hospital is functioning as parent hospital for CSI Lombard Memorial College of Nursing.

We also confirm that our hospital is solely affiliated to CSI Lombard Memorial College of Nursing and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr.Sushil Devaprasad Jathanna

Director.

Dr. Sushil Jathanna
MBBS, MSC, MRCP, MFPHM, FFPHM, DGM, DMS
Director
C.S.I. Lombard Memorial Hospital, Udupi