



**Rajiv Gandhi University of Health Sciences, Karnataka**  
**4<sup>th</sup> 'T' Block Jayanagar, Bangalore – 560041**  
**Website: [www.rguhs.ac.in](http://www.rguhs.ac.in) Phone: 080-26761933**

### **INSPECTION PROFORMA FOR NURSING**

| Details of LIC Inspectors : | Chairman                                            | Academic Council Member                            | Subject Expert                         |
|-----------------------------|-----------------------------------------------------|----------------------------------------------------|----------------------------------------|
| Name                        | Dr. Sudharshan                                      | Dr. Poojya. R                                      | Dr. Prabhugarny                        |
| Designation                 | Professor                                           | Professor                                          | Principal                              |
| Address                     | KLES Institute of Dental Sciences & Research Centre | M.R. Ambedkar College of Dental Science, Bengaluru | Chinmaye College of Nursing, Bangalore |
| Mobile No                   | 9449104316                                          | 9886327125                                         | 9886217297                             |
| Email ID                    |                                                     |                                                    |                                        |

For the Academic Year : 2024-25

Date of Inspection: 19/11/2024

(Please Tick the Appropriate Boxes Below)

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

|                                     |                        |  |                             |  |
|-------------------------------------|------------------------|--|-----------------------------|--|
| Nursing Programme Under Inspection: | 1. Basic B.Sc. Nursing |  | 2. Post Basic B.Sc. Nursing |  |
|                                     | 3. M.Sc. Nursing       |  | 4. M.Sc. NPCC               |  |

|   |                                                          |                                                                                                                                                        |                                                                             |                       |      |
|---|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------|------|
| 1 | Name of the Institution with Full Address                | Kempegowda College of Nursing<br>K.R. Road, V.V. Puram<br>Bangalore - 560004                                                                           | 2                                                                           | Year of Establishment | 1990 |
| 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 | Rajya Vokkaligala Sangha<br>K.R. Road, V.V. Puram, Bangalore - 560004<br>(Enclose copy of Registration documents of Society/Trust) <b>Annexure - 1</b> |                                                                             |                       |      |
|   |                                                          | Email: Kcn_01@yahoo.co.in                                                                                                                              | Website: <a href="http://www.kimsnursing.edu.in">www.kimsnursing.edu.in</a> |                       |      |

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10/11/2024

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19/11/24

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A. L. Prabhugarny



|                                                                                                                      |                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b). Name of the Owner of Trust/Society                                                                              | President, Rajya Vokkaligara Sangha                                                                                                                                                                                           |                                |                                                                                                                                                                                                           |
| 4 Governing Council & Audit Report of Trust                                                                          | Total Number of Members in Governing Council : 35<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) <b>Annexure - 2</b>                                                                          |                                |                                                                                                                                                                                                           |
| 5 Details of Principal/Head of the institution                                                                       | Name: Dr. V. T. Lakshamma<br>Qualification: M.Sc(N), Ph.D<br>Experience: 32 years<br>Email: lakshminagarajmb61@gmail.com<br>Mobile No: 9448809024<br>Office No: 080-22422564<br>Fax No: —<br>Residential phone No: 9035860150 |                                |                                                                                                                                                                                                           |
| 6 Do you have any other nursing institution other than the current institution mentioned above under the same trust? | YES<br><input checked="" type="checkbox"/>                                                                                                                                                                                    | NO<br><input type="checkbox"/> | If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document.<br>(Verify & enclose a copy of the registered trust Documents)<br><b>Annexure - 3</b> |

7. Affiliation Fee Paid Details:

Enclosed

**Annexure - 4**

| Course Applied UG Courses             | Continuation / Fresh Affiliation   | Particulars of fees paid for                  |              |                        |                                                                              | Amount    |
|---------------------------------------|------------------------------------|-----------------------------------------------|--------------|------------------------|------------------------------------------------------------------------------|-----------|
|                                       |                                    | Annual Fees                                   | Renewal Fees | Administrative Charges | Helinet Inst Fee<br>a) only for UG or<br>b) for UG and PG courses<br>c) NPCC |           |
| B.Sc. Nursing                         |                                    |                                               |              |                        |                                                                              | 11,26,050 |
| Post Basic B.Sc. Nursing              |                                    |                                               |              |                        |                                                                              |           |
| <b>Total (A)</b>                      |                                    |                                               |              |                        |                                                                              |           |
| PG Course:-<br>(M.Sc. Nursing)        | P G Continuation/Fresh Affiliation | No of Seats X Prescribed fees of each faculty |              |                        |                                                                              |           |
|                                       | 1.                                 |                                               |              |                        |                                                                              |           |
|                                       | 2.                                 |                                               |              |                        |                                                                              |           |
|                                       | 3.                                 |                                               |              |                        |                                                                              |           |
|                                       | 4.                                 |                                               |              |                        |                                                                              |           |
|                                       | 5.                                 |                                               |              |                        |                                                                              |           |
|                                       |                                    |                                               |              | <b>Total (B)</b>       |                                                                              |           |
| NPCC                                  |                                    |                                               |              |                        |                                                                              |           |
|                                       |                                    |                                               |              | <b>Total (C)</b>       |                                                                              |           |
| <b>Grand Total (A+B+C)</b>            |                                    |                                               |              |                        |                                                                              |           |
| Online Transaction Number or Details: |                                    |                                               |              |                        |                                                                              |           |

Signature of Chairman

*[Signature]*  
19/11/24

Signature of Member (1)

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19/11/24

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Signature of Member (2)

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Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

[copy enclosed]

| Name of the Course                                                                                                                                                                                                                                        | Intake Approved and Admitted                  | GOK          | RGUHS        | KSNC         | INC          | Remarks |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------|--------------|--------------|--------------|---------|
| Basic B.Sc. Nursing                                                                                                                                                                                                                                       | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                                                                                           | Affiliation Sanctioned Intake                 |              |              |              |              |         |
|                                                                                                                                                                                                                                                           | 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 |              |              |              |              |         |
| <b>M.Sc. Nursing in</b><br>a. Community Health <input checked="" type="checkbox"/><br>b. Medical Surgical <input type="checkbox"/><br>c. OBG <input type="checkbox"/><br>d. Paediatric <input type="checkbox"/><br>e. Psychiatry <input type="checkbox"/> | 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

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19/11/24

Signature of Member (1)

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*[Signature]*  
Signature of Member (2)

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|  |                                                     |  |  |  |  |  |
|--|-----------------------------------------------------|--|--|--|--|--|
|  | Admissions Made<br>for the Current<br>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   | 45     | 31      | 14       | 27      |       |
|                         | Female | 55     | 61      | 86       | 73      |       |
| Post Basic B.Sc Nursing | Male   | 09     | 02      | -        | -       |       |
|                         | Female | -      | 18      | -        | -       |       |
| M.Sc Nursing            | Male   | 01     | -       | -        | -       |       |
|                         | Female | 12     | 05      | -        | -       |       |
| M.Sc NPCC               | Male   | -      | -       | -        | -       |       |
|                         | Female | -      | 03      | -        | -       |       |

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

Annexure - 9

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

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

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

Annexure -10

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

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

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19/11/24

Signature of Member (1)

4 *Pagis*  
19/11/24

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Signature of Member (2)

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Signature of Chairman

*John  
10/11/24*

Signature of Member (1)

5 *Pais* 19/11/24

*A.L. Redman*  
Signature of Member (2)



## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. No | Designation         | Required |           |               |           |           | Existing / Available |           |               |          |      | Deficit  |           |               |          |           |
|--------|---------------------|----------|-----------|---------------|-----------|-----------|----------------------|-----------|---------------|----------|------|----------|-----------|---------------|----------|-----------|
|        |                     | B.Sc (N) |           | P.B. B.Sc (N) | M.Sc (N)* | M.Sc NPCC | B.Sc (N)             |           | P.B. B.Sc (N) | M.Sc (N) | NPCC | B.Sc (N) |           | P.B. B.Sc (N) | M.Sc (N) | M.Sc NPCC |
|        |                     | 40 to 60 | 61 to 100 | 20 to 60      |           |           | 40 to 60             | 61 to 100 |               |          |      | 40 to 60 | 61 to 100 |               |          |           |
| 1      | Principal           | 1        | 1         |               |           |           | 01                   |           |               |          |      |          |           |               |          |           |
| 2      | Vice-Principal      | 1        | 1         |               |           |           | -                    |           |               |          |      |          |           |               |          |           |
| 3      | Professor           | 1        | 1-2       |               | 1*        |           | 03                   |           |               |          |      |          |           |               |          |           |
| 4      | Associate Professor | 2        | 2-4       |               | 1*        |           | 12                   |           |               |          |      |          |           |               |          |           |
| 5      | Assistant Professor | 3        | 3-8       | 2             | 3*        |           | 13                   |           |               |          |      |          |           |               |          |           |
| 6      | Tutor               | 8-16     | 16-24     | 2-10          | --        |           | 28                   |           |               |          |      |          |           |               |          |           |
|        | Total               | 16-24    | 24-40     | 4-12          |           |           | 57                   |           |               |          |      |          |           |               |          |           |

**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 :

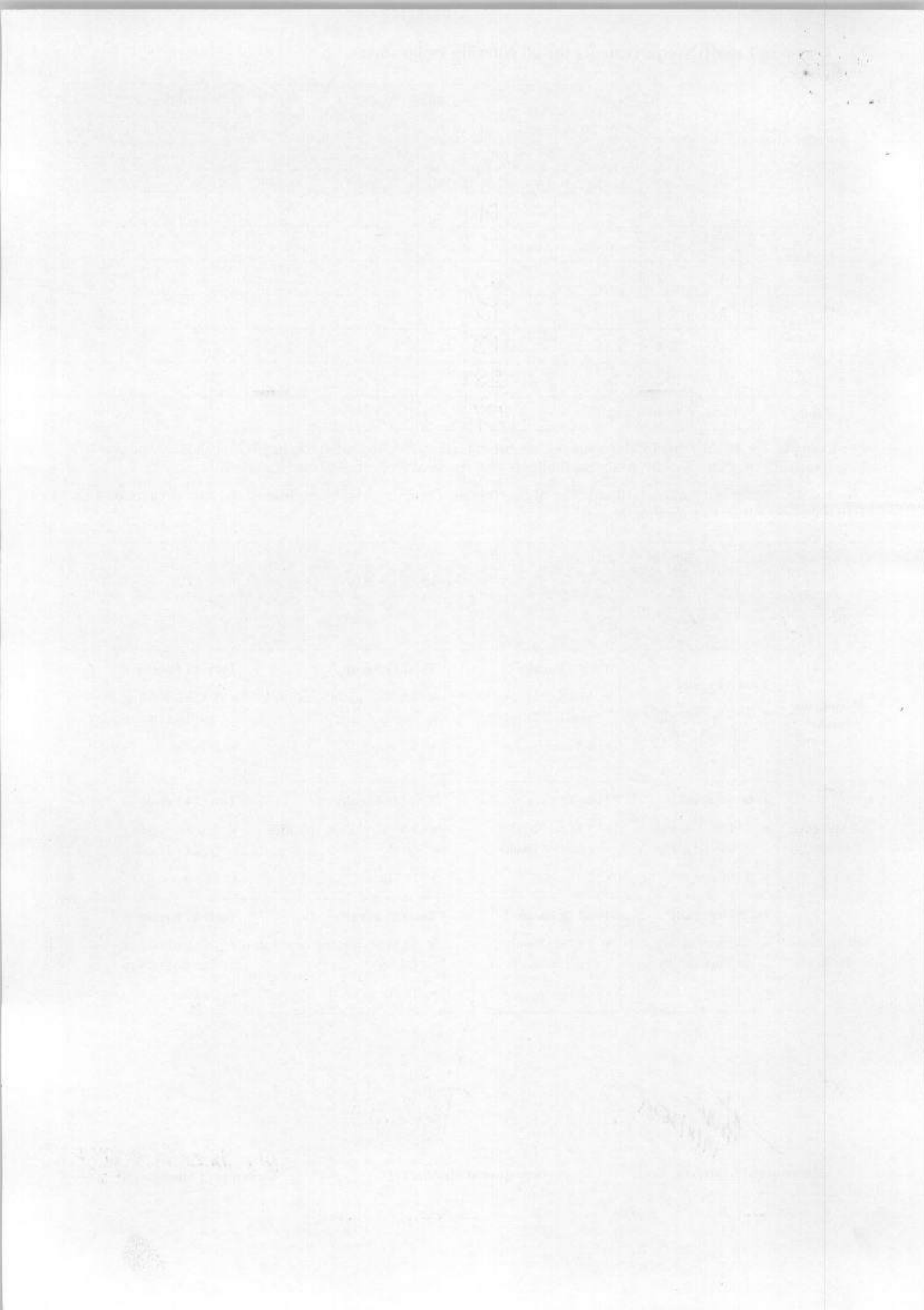
(Start the Program i.e, for 1<sup>st</sup> Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

| Intake                     | 1 <sup>st</sup> Year                                                                                                          | 2 <sup>nd</sup> Year                                                                                                           | 3 <sup>rd</sup> Year                                                                                                            | 4 <sup>th</sup> Year                                                                                                            |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>40 Students Intake</b>  | <b>Total 5 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>2 Tutors</li> </ul>  | <b>Total 8 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>   | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul>   | <b>Total 16 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>8 Tutors</li> </ul>   |
| <b>60 Students Intake</b>  | <b>Total 6 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>  | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>7 Tutors</li> </ul>  | <b>Total 18 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>11 Tutors</li> </ul>  | <b>Total 24 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>16 Tutors</li> </ul>  |
| <b>100 Students Intake</b> | <b>Total 10 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul> | <b>Total 20 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>12 Tutors</li> </ul> | <b>Total 30 Faculty</b> <ul style="list-style-type: none"> <li>12 M.Sc. Nursing qualified faculty</li> <li>18 Tutors</li> </ul> | <b>Total 40 Faculty</b> <ul style="list-style-type: none"> <li>16 M.Sc. Nursing qualified faculty</li> <li>24 Tutors</li> </ul> |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



Enclosed

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<br>After UG After PG | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|--------|------------------------------|-------------|------------------------------------|-----------------|------------------|------------------------------------------|-----------------|-----------------------------|----------------------|
| 1.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 2.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 3.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 4.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 5.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 6.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 7.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 8.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 9.     |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 10.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 11.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 12.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 13.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 14.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 15.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 16.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 17.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 18.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 19.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 20.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 21.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |
| 22.    |                              |             |                                    |                 |                  |                                          |                 |                             |                      |

Enclosed

Signature of Chairman  
19/11/24

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

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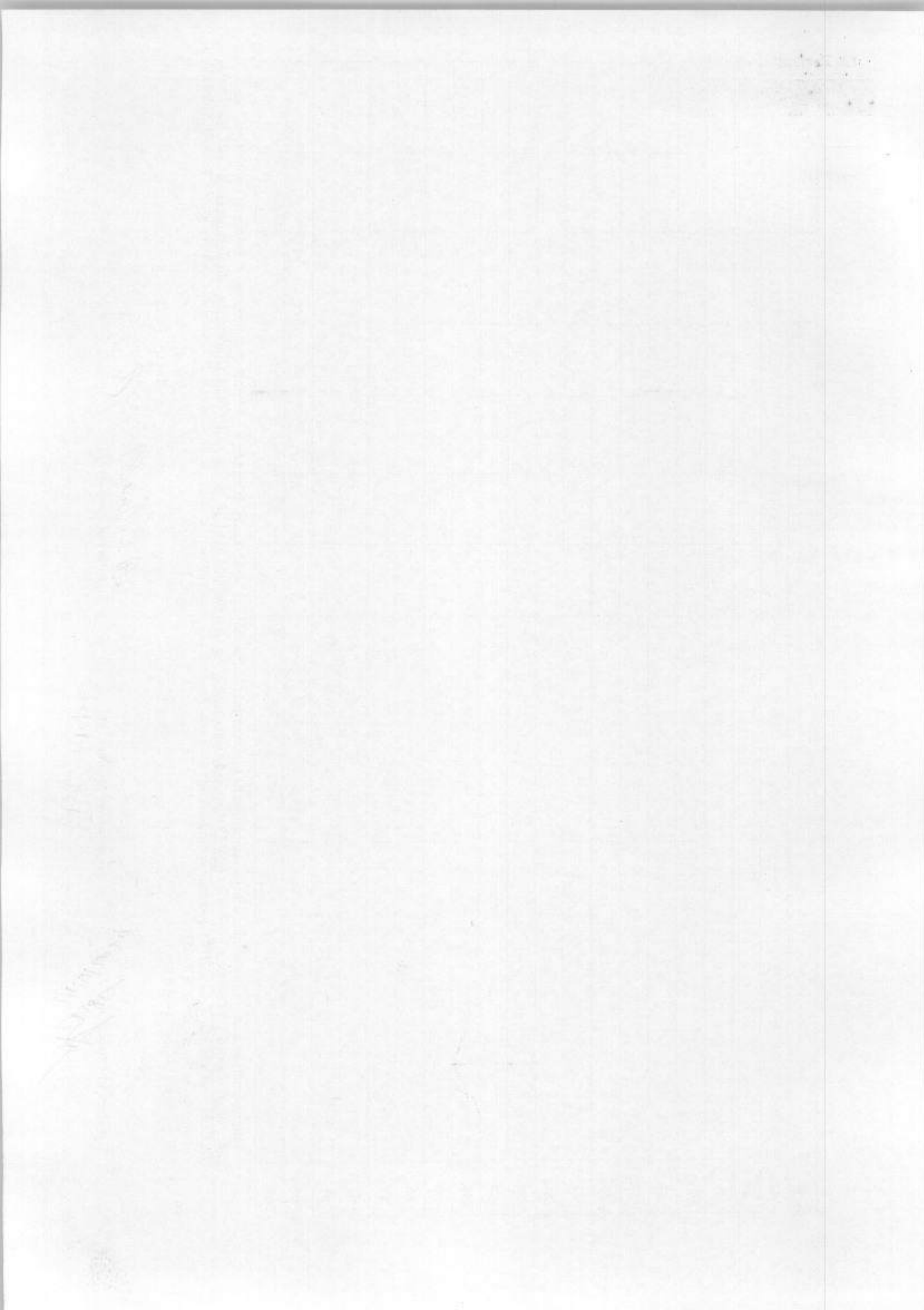
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Enclosed

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

| S. No | Details                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Required                                                                                                                             | Existing                                                                                                            | Remarks |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------|
| 1     | Built – up area of the building (in Sq. Ft)<br><b>Note:</b> 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                                                           | 23,200sq.ft                                                                                                                          | 38,195sq.ft                                                                                                         |         |
| 2     | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft<br>P.B.B.Sc (N) : 600 sq ft<br>M.Sc (N) : 600 sq ft<br>NPCC : 600sq ft                                                                                                                                                                                                                                                                                                 | 4 Class rooms<br>900sq ft Each<br>2 Class rooms<br>600sq ft Each<br>2 Class rooms<br>600sq ft Each<br>2 Class rooms<br>600sq ft Each | 2500x1<br>900x4<br>600x2<br>600x2<br>KIMS HOSPITAL                                                                  |         |
| 3     | <b>Administrative Facilities</b><br><b>Office</b><br>1. Principal's Chamber<br>2. Vice-Principal Chamber<br>3. HOD<br>4. Professor/Assoc. Prof<br>5. Lecturer/ Tutors<br><b>Institution office /Others</b><br>6. Office of Administrative, clerical staff and PA (s)<br>7. Accountants Office<br>8. Store Room<br>9. Record room<br>10. Room for maintenance staff<br>11. Xeroxing room<br>12. common room<br>13. Seminar hall<br>14. Toilets<br>15. A.V/Aids room | <br><br><br>300<br>200<br>5 x 200 = 1000<br>800+2400=3200<br><br><br><br><br><br>1000<br>3000<br>1000<br>600                         | <br><br><br>300<br>200<br>1000<br>3200<br><br>600<br>200<br>500<br>300<br>200<br>200<br>1000<br>3000<br>1000<br>600 |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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| S. No | Details                                                                  | Required   | Existing  | Remarks |
|-------|--------------------------------------------------------------------------|------------|-----------|---------|
| 4     | <b>LABORATORIES</b>                                                      |            |           |         |
|       | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | 1600+3000 |         |
|       | Nutrition & Community Health Nursing                                     | 1200sq.ft  | 1200      |         |
|       | Obstetrics and Gynecology Laboratory                                     | 900sq.ft   | 900       |         |
|       | Pediatrics Nursing Laboratory                                            | 900sq.ft   | 900       |         |
|       | Pre-Clinical Sciences Laboratory                                         | 900sq.ft   | 900       |         |
|       | Computer Lab<br>(1: 5 computer :student)                                 | 1500sq.ft  | 1500      |         |

**Note:**

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

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

**Building Documents:**

**Annexure – 12**

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

**It is mandatory to enclose all the documents mentioned above.**

**Note:**

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment **2021-22 onwards.**
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council (revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

**15. Vehicle Details :** Enclose a copy of RC Book / Insurance / Driving License

**Annexure – 13**

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book  | Insurance | Driving Licience |
|--------------------------|-----------------------------|------------------|----------|-----------|------------------|
| 01                       | KA-01, AH-4728              | 50               | Yes / No | Yes / No  | Yes / No         |
| 02                       | KA-05, AH-7547              | 50               |          |           |                  |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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16. Library facility :Enclose list of library books

Annexure - 14

| Library Facilities                      | Existing Size in Sq ft | Separate Library                                                    | Ventilation | Lighting | Remarks |
|-----------------------------------------|------------------------|---------------------------------------------------------------------|-------------|----------|---------|
| Required<br>2300 Sq.Ft                  | 2300                   | YES <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes         | Yes      |         |
| Total No. of Nursing Books available    | 3573                   | No. of Nursing Journals subscribed                                  |             |          | 18      |
| No. of Thesis/Research titles available | 350                    | Is internet facility available for Students?                        |             |          | Yes     |
| No of e-books                           | HELINET                | How many books were purchased in last financial year?               |             |          | 213     |

| S. No. | Name of the Librarian | Qualification    | Experience | Remarks |
|--------|-----------------------|------------------|------------|---------|
| 01     | Mohan Kumar. G.C      | BSc. Lib         | 10         |         |
| 02     | Ningarajamma          | Seventh Standard | 16         |         |
|        |                       |                  |            |         |

**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 will increase/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     | 22          |         |
| Conferences conducted | 03          |         |
| Conferences attended  | 10          |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

*[Signature]*  
14/11/24

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14/11/24

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14/11/24

THE UNIVERSITY OF CHICAGO

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## 18. Details of Clinical / Hospital Facilities :

Annexure - 16

|   |                                     |                                                            |                             |
|---|-------------------------------------|------------------------------------------------------------|-----------------------------|
| 1 | Do you have parent Medical College? | YES <input checked="" type="checkbox"/>                    | NO <input type="checkbox"/> |
| 2 | Do you have parent hospital?        | YES <input checked="" type="checkbox"/>                    | NO <input type="checkbox"/> |
|   | If Yes, Hospital Owned by           | i. Trust/Society/Missionary <input type="checkbox"/> Trust |                             |
|   |                                     | ii. Trust member with MOU <input type="checkbox"/>         |                             |

| 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<br>Kempagowda Institute of Medical Science & Research Centre | 1209                | Same Campus               | 80%                                          |         |
| NAME OF THE TRUST/ Person owning The Hospital<br>Rajya Vokkaliga Sangha                                 |                     |                           |                                              |         |
| Name Of The Owner Of The Trust of Hospital<br>President, Rajya Vokkaliga Sangha                         |                     |                           |                                              |         |
| Affiliated hospitals- Full Name & Address of the Parent Hospital                                        | 1 Spandana Hospital | 350                       | 6km                                          | 90%     |
|                                                                                                         | 2 NIMHANS           | 1080                      | 8km                                          | 80%     |
|                                                                                                         | 3. Kidwai           | 614                       | 5km                                          | 100%    |

(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 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

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} 5<sup>th</sup> 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} 5<sup>th</sup> 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} 5<sup>th</sup> 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:**

enclosed

Signature of Chairman

*[Signature]*  
19/11/24

Signature of Member (1)

14

*[Signature]*  
19/11/24

Signature of Member (2)

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### 18.1. Distribution of Beds

| Clinical Areas          | Parent      |               | Affiliated  |               |
|-------------------------|-------------|---------------|-------------|---------------|
|                         | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical                 | 240         | 136           |             |               |
| Surgery including OT    | 240         | 174           |             |               |
| Obstetrics & Gynecology | 150         | 116           |             |               |
| Pediatrics,             | 160         | 140           |             |               |
| Emergency Medicine      | 40          | 30            |             |               |
| Psychiatry              | 30          | 25            |             |               |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                 | Parent      |               | Affiliated  |               |
|----------------------------------------------------------------|-------------|---------------|-------------|---------------|
|                                                                | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT                                                       | 21          | 20            |             |               |
| Minor OT                                                       | 11          | 10            |             |               |
| Dental, Otorhinolaryngology, Ophthalmology                     | 60          | 30            |             |               |
| Burns and Plastic                                              | 05          | -             |             |               |
| Neonatology care unit                                          | 22          | 12            |             |               |
| Communicable disease/ Respiratory medicine/TB & chest diseases | 40          | 30            |             |               |
| Dermatology                                                    | 40          | 31            |             |               |
| Cardiology                                                     | 34          | 02            |             |               |
| Oncology                                                       | 10          | 04            |             |               |
| Neurology/Neuro-surgery                                        | -           | -             |             |               |
| Nephrology/Urology                                             | 34          | 28            |             |               |
| ICU/CCU                                                        | 30+6        | 29            |             |               |
| Geriatric Medicine                                             | 21          | 15            |             |               |

Signature of Chairman

*[Signature]*  
24/11/24

Signature of Member (1)

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19/11/24

Signature of Member (2)

*A. Elhabib*

|     |     |
|-----|-----|
| 321 | 310 |
| 471 | 042 |
| 201 | 021 |
| 041 | 010 |
| 02  | 04  |
| 22  | 02  |

|    |     |
|----|-----|
| 02 | 12  |
| 01 | 11  |
| 05 | 02  |
| 1  | 02  |
| 01 | 02  |
| 08 | 04  |
| 12 | 04  |
| 00 | 02  |
| 40 | 01  |
| 1  |     |
| 02 | 12  |
| 02 | 042 |
| 01 | 01  |

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|-----------|--|--|--|--|
| Any other |  |  |  |  |
|-----------|--|--|--|--|

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

|                                                                                                  |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>19 COMMUNITY HEALTH NURSING :Annexure - 17</b>                                                |                                                                                                                                 |
| <b>RURAL FILELD</b>                                                                              |                                                                                                                                 |
| <b>a. Name of CHC / PHC / SC</b>                                                                 |                                                                                                                                 |
| Adopted / Affiliated                                                                             | K. Gollahalli                                                                                                                   |
| Administrated by                                                                                 | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |
| Distance from the Nursing Institute                                                              | 22 kms                                                                                                                          |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                            | Yes                                                                                                                             |
| <b>URBAN FEILD :</b>                                                                             |                                                                                                                                 |
| <b>a. Name of CHC / PHC / SC</b>                                                                 | Pobbathi VFWC                                                                                                                   |
| Adopted / Affiliated                                                                             | Affiliated                                                                                                                      |
| Administrated by                                                                                 | State Govt. <input type="checkbox"/> Municipal Corporation <input checked="" type="checkbox"/> Private <input type="checkbox"/> |
| Distance from the Nursing Institute                                                              | 1/2 Km VFMC                                                                                                                     |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                            | Family welfare, OPD services, sub-center services, immunization, National Health Program, Covid-19 immunization                 |
| N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached. |                                                                                                                                 |

|                                                           |                          |                                         |                             |
|-----------------------------------------------------------|--------------------------|-----------------------------------------|-----------------------------|
| <b>20 Master Rotation Plan : Annexure - 18</b>            |                          |                                         |                             |
| a.                                                        | Basic B.Sc. Nursing      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b.                                                        | Post Basic B.Sc. Nursing | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c.                                                        | M.Sc. Nursing            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| <b>21 Time Table available for all Nursing Programmes</b> |                          |                                         |                             |
| a.                                                        | Basic B.Sc. Nursing      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b.                                                        | Post Basic B.Sc. Nursing | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c.                                                        | M.Sc. Nursing            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|                                                                                         |                                           |                                         |                             |
|-----------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------|
| <b>22 Records of Students : Are the following students records are maintained well?</b> |                                           |                                         |                             |
| a.                                                                                      | Admission record                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b.                                                                                      | Daily Attendance Registers                | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c.                                                                                      | Health Records                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| d.                                                                                      | Clinical and field experience record      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| e.                                                                                      | Practical record books - procedure record | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

K. Gellert

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|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| f. | Practical record books - Midwifery case book | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| g. | Leave record                                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| h. | Extracurricular activities of students       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| i. | Cumulative record of each                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j. | Course planning of each subject              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| k. | Rotation plans                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l. | Committee Meetings                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m. | Affiliation records                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| n. | Records of Stock                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| o. | Annual report of activities and achievements | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| p. | Staff development programmes                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| q. | Anti ragging committee                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| r. | Student welfare committee                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                                                     |                                         |                                        |
|----|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 23 | <b>Hostel Facilities :Annexure - 12</b>                             |                                         |                                        |
| a. | Whether the college is having a separate Hostel?                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Built-up area of the Hostel                                         | Sq.ft 38,195                            |                                        |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own <input checked="" type="checkbox"/> | Rented/Leased <input type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| e. | Total No. of students in the hostel                                 | Girls : 300                             | Boys :                                 |
| f. | Total No. of rooms                                                  | Girls : 48                              | Boys :                                 |
| g. | Water Supply                                                        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| h. | Electricity Supply                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| i. | Is Facilities available for outdoor games and indoor games?         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| j. | Is Sick room available?                                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| k. | Whether the hostel mess is available with                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| l. | Safe drinking water facilities                                      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

Signature of Chairman

*[Signature]*  
19/11/24

Signature of Member (1)

17 *[Signature]*  
19/11/24

*[Signature]*  
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 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                                                       |                       |    |

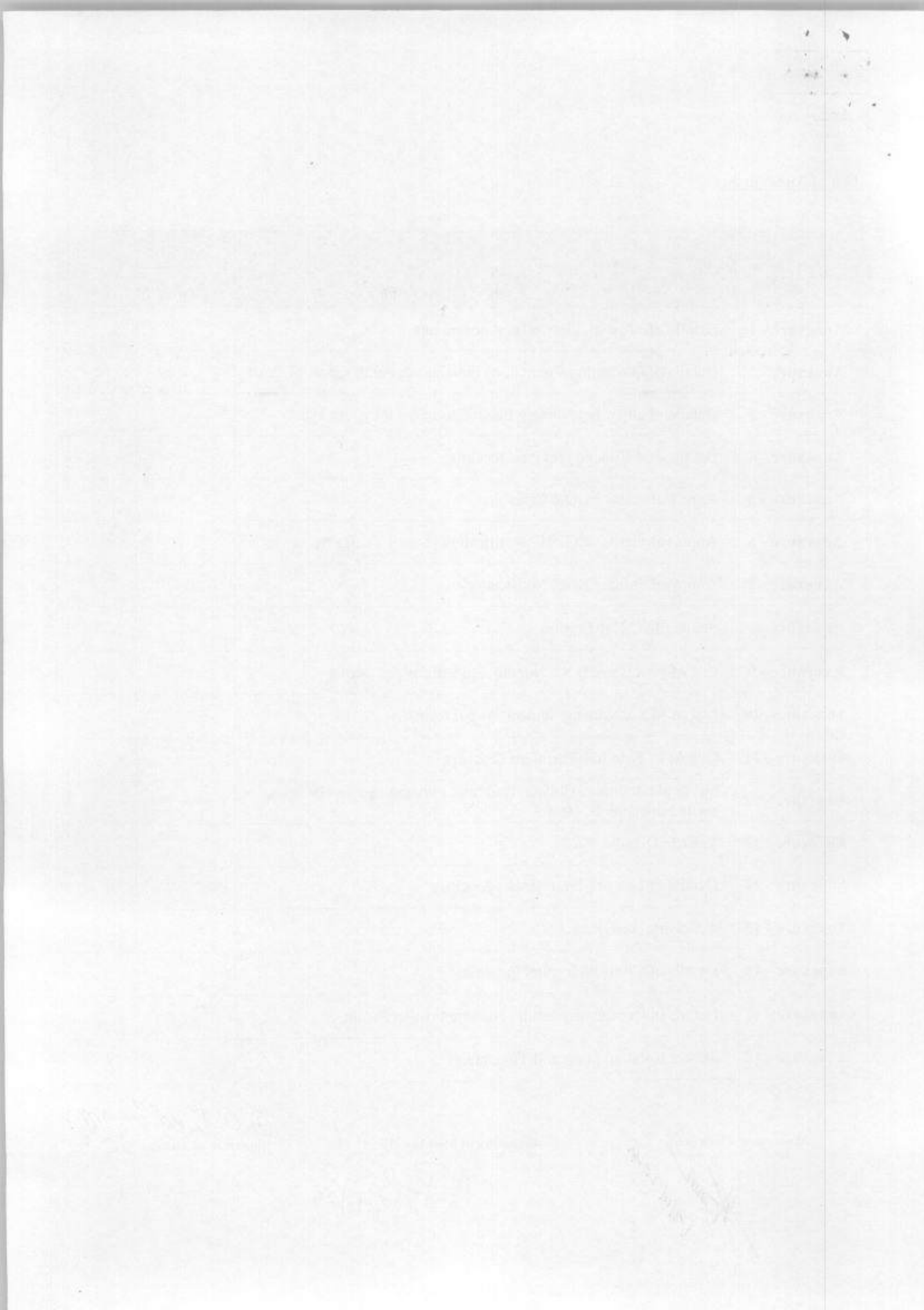
Signature of Chairman

*[Signature]*  
12/11/2024

Signature of Member (1)

18 *Pais*  
19/11/24

*A. L. Khabbany*  
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:

As a part of the LIC Inspection the team visited Karpagam

College of Nursing on 19/11/2024 and observations are as follow:

- Institution is managed by Kanya Vaidyaligara Sangha and functioning in own building.

Physical facilities: College is permitted with a intake of 100 seats annually for BSc Nursing program. Currently Institution is having

Class rooms among which one class room measures about 2500sqft.

Others measuring 1200sqft each. College has planned to come up with New Nursing College building adjacent to Existing building having all the necessary approvals and tender notice from the management in accommodating 250 Students. Presently has laboratories for Nursing Foundation, Community Health Nursing, Nutrition, OBG, Pediatrics. Each lab is having decorated, mannequins and equipments. with all advanced skill lab at Kims parent Hospital.

- Library: It has 3529 Books and purchase order is placed for 100 Books. Helinet is accessible to students.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Teaching faculty: There are 57 faculty appointed among them 37 were PG qualified (including PG Guide) and 20 staff are having BSc (N) Qualification: On the day of Inspection 5 staff were on leave one maternity leave and others were present for head count.

- Institution is having parent Hospital i.e. Kange Gowda Institute of medical Sciences and Research Centre: The college and hospital are in the same campus.

The total Number of beds in the hospital is 1207: whereas ISPMR Renewal is under process from 800 ~~and~~ to 1207 beds.

- Institution is owning 2 buses. each 50 seater for transportation of the students.

  
19/11/2014



# RAJYA VOKKALIGARA SANGHA

No.148, "Nadaprabhu Kempegowda Bhavana" Krishnarajendra Road, Visveswarapuram, Bangalore-560 004

Ph. : 26676818, 26507629, 26611029 Fax : 080-22423996

email : vokkaligarasangha-1906@hotmail.com GSTIN No. 29AAATV3662K1ZZ

## UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust  
Rajya Vokkaligara Sangha are  
 submitting the affidavit to University.

The trust Rajya Vokkaligara Sangha is  
 running/managing the colleges 1. Kempegowda College of Nursing  
 2. RVS Institute of Nursing Sciences  
 3. \_\_\_\_\_ since  
24th, 25th 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.

C. H. B.  
 President

President  
 Rajya Vokkaligara Sangha  
 Bengaluru



## UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at ISEMPESOWDA INSTITUTE OF NURSING which has applied for continuation of affiliation for the academic year 2024-25.

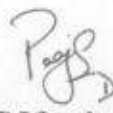
We have conducted LIC inspection of this college on 19/11/2024 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated 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)

19/11/2024

  
A C Member  
(Member)

DR. POOJA A. R  
19/11/2024

  
Subject Expert  
(Member)

19/11/2024

1912-1913

1912-1913

1912-1913

1912-1913

## UNDERTAKING

I/We, Dr. Samarth. M.G.

is/are the Owners/MD/CEO/Board Members of the

Kempegowda Institute of Medical Science hospital situated at  
K.R. Road V.V. Pura, Bangalore - 560004

This is to confirm that our hospital Kempegowda Institute of Medical Science  
is registered under KPMEA and PCB with 800 beds and the bonafide certificate has  
been attached.

This is to confirm that the hospital \_\_\_\_\_ is  
functioning as affiliated/parent/own hospital for Kempegowda College of Nursing  
college.

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

The information provided by us is true and correct.

1-1th  
19/11/2024  
Administrative Medical Officer  
KIMS Hospital & Research Centre  
K. R. Road. BANGALORE-4

1892-1893

1. 1892-1893

2. 1893-1894

3. 1894-1895

4. 1895-1896

5. 1896-1897

6. 1897-1898

Date: 19-11-2024

From,  
Dr.Sudharshan  
Chairman, LIC  
RGUHS

To,  
The Registrar (Evaluation),  
RGUHS ,  
4<sup>th</sup> T Block,  
Jayanagar,  
Bengaluru - 560 041

Sir,

**Sub:** Submission of LIC Document of Kempegowda College of Nursing- reg .

\* \* \*

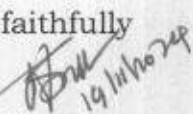
With reference to the above subject, I am herewith submitting the LIC report of  
Kempegowda College of Nursing, Bangalore.

This is for your kind information & needful action.

Thanking you,

Encl : LIC report

Yours faithfully

  
19/11/2024  
Dr.Sudharshan  
Chairman, LIC, RGUHS

10/10/10