



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. NANDEESH. T	DR. PRASHANTH B. KULKARNI	MR. A VINASH. N
Designation	PRINCIPAL	PROFESSOR.	PROFESSOR.
Address	AISHWARYA INSTITUTE OF NURSING SCIENCES	BYVS SARJALASH-REE INSTITUTE OF NSG SCIENCE	SAPTHA HIRI COLLEGE OF NURSING
Mobile No	9845471377	9591085461	9632758060
Email ID		prashantbrames@gmail.com	avinash281@gmail.com

For the Academic Year : 2024 - 25

Date of Inspection: 26/11/24

(Please Tick the Appropriate Boxes Below)

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

Nursing Programme Under Inspection:	☒ Basic B.Sc. Nursing		2. Post Basic B.Sc. Nursing	
	☒ M.Sc. Nursing		4. M.Sc. NPCC	

1	Name of the Institution with Full Address	KRUPANIDHI COLLEGE OF NURSING #12/1 CHIKKABELLANDUR. CARMELARAM C.P.O., VARTHUR HOBLI BANGALORE - 560035	2	Year of Establishment
				2003
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	KRUPANIDHI EDUCATIONAL TRUST NO. 5, SARJAPURA MAIN ROAD, KORAMANGALA BANGALORE - 34 (Enclose copy of Registration documents of Society/Trust) Annexure - 1		
		Email: krupandhi nursing@yahoo.com	Website: krupandhi.edu.in	

Signature of Chairman

(Nandeesh. T)

Signature of Member (1)

26/11/24
B. Kulkarni

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	Dr. Prof. SURESH NAAPAL		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr. DEVIS Qualification: PHD NURSING Experience: 21 YEARS Email: devisa2007@gmail.com	Mobile No: 9980417833 Office No: 9900079542 Fax No: Residential phone No:	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☒	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	CONTINUATION 2024-25	20,000	50,000	55,000	25,000	155050
Post Basic B.Sc. Nursing	APPLICATION 50/-					
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1. APPLICATION 50 /		2000X20 = 40,000		40,000	
	2.		HELINET		7500	
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						47550

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	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	20	20	20	10	
	Admissions Made for the Current Academic Year		YET TO BE ADMITTED.			
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					
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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.Sc Nursing	Male	30	28	23	14	90
	Female	30	36	33	44	143
Post Basic B.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc Nursing	Male	—				
	Female	3				
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-----
1.	BHAYYA	127385	ATTIBELE	BUVANESHWAR	RGHS	2 YRS
2.	ISMIRTHI	138398	SIKKIM	RAJUR DALYA	RGHS	2 YRS
3.	MONICA GAMM	10735	ARUNACHAL-PRADESH	SARJAPUR	SANKARA DEVA UNIVERSITY OF HEALTH SCIENCES	2 YRS

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)

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Signature of Chairman

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Signature of Member (1)

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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*		2									
4	Associate Professor	2	2-4		1*		3									
5	Assistant Professor	3	3-8	2	3*		12									
6	Tutor	8-16	16-24	2-10	--		7									
	Total	16-24	24-40	4-12			26									

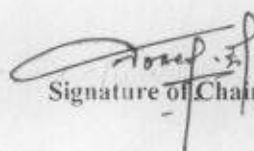
For Example: For 40 Students Intake minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

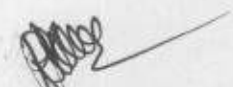
(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing:** Depends on Speciality offered and ratio remains same i.e., **1:10** if they offer B.Sc Nursing Programme)

Year Wise Distribution of Faculty for B.Sc Nursing :

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

Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty 3 M.Sc. Nursing qualified faculty 2 Tutors	Total 8 Faculty 5 M.Sc. Nursing qualified faculty 3 Tutors	Total 12 Faculty 7 M.Sc. Nursing qualified faculty 5 Tutors	Total 16 Faculty 8 M.Sc. Nursing qualified faculty 8 Tutors
60 Students Intake	Total 6 Faculty 3 M.Sc. Nursing qualified faculty 3 Tutors	Total 12 Faculty 5 M.Sc. Nursing qualified faculty 7 Tutors	Total 18 Faculty 7 M.Sc. Nursing qualified faculty 11 Tutors	Total 24 Faculty 8 M.Sc. Nursing qualified faculty 16 Tutors
100 Students Intake	Total 10 Faculty 5 M.Sc. Nursing qualified faculty 5 Tutors	Total 20 Faculty 8 M.Sc. Nursing qualified faculty 12 Tutors	Total 30 Faculty 12 M.Sc. Nursing qualified faculty 18 Tutors	Total 40 Faculty 16 M.Sc. Nursing qualified faculty 24 Tutors


Signature of Chairperson


Signature of Member (1)

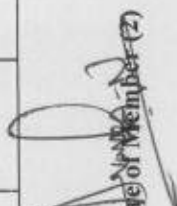

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG 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.									


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

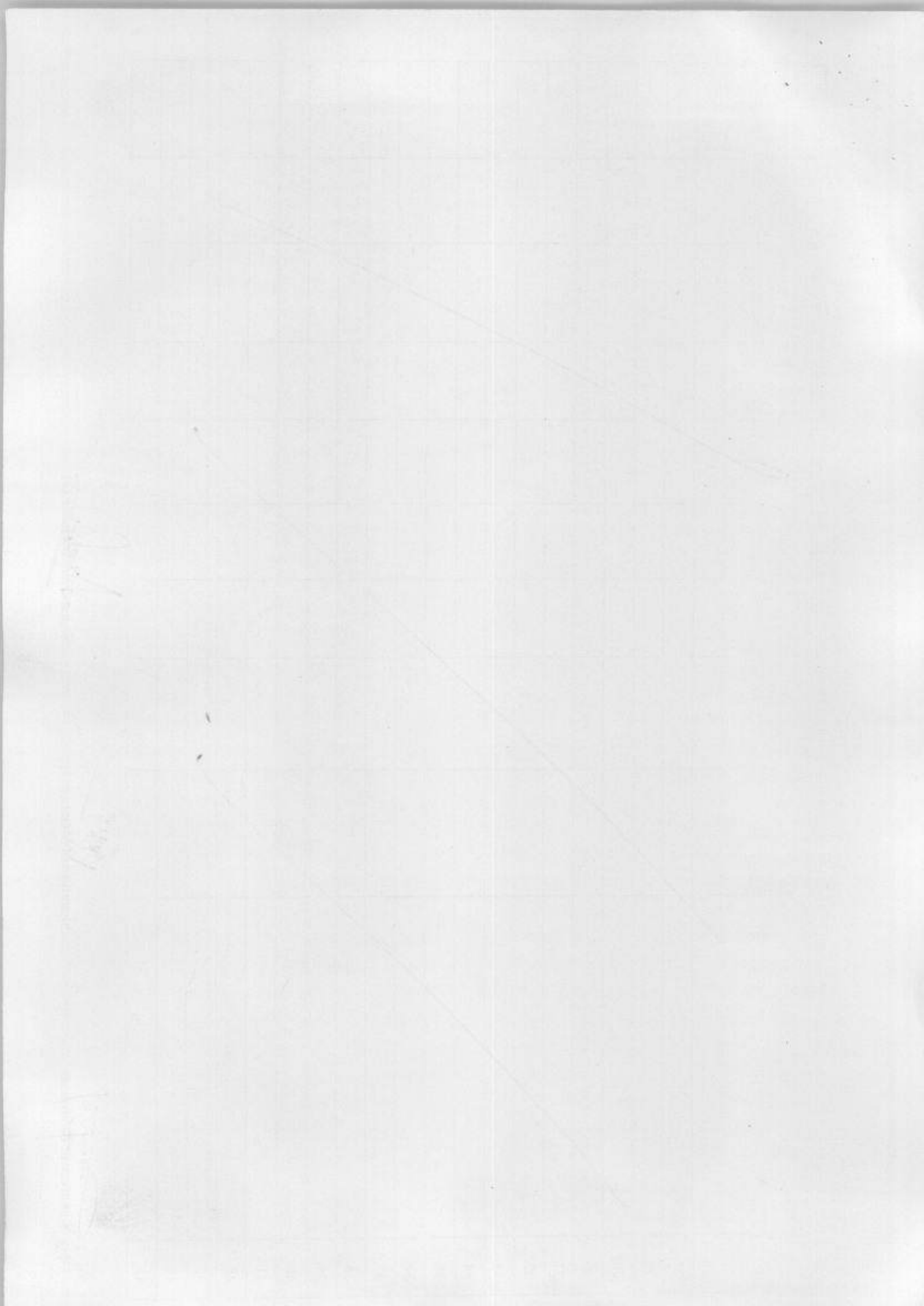
12.1. Teaching Faculty details :- Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience After UG After PG	Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
1.	Dr. DEVI S	PRINCIPAL	PhD MSc(N) MSN	2017					
2.	Dr. Prabhakali THOMAS	VICE-PRINCIPAL	PhD MSc(N) MSN	2021					
3.	Prof. Uma PARVATHI	PROFESSOR	MSc(N) OBG	2007					
4.	Prof. ABILASHINI	PROFESSOR	MSc(N) PEDIATRIC	2006					
5.	Mrs. LITIKRISHNAN	ASSO. PROF	MSc(N) PSYCHIATRIC	2013					
6.	Mrs. RAJI	ASSO. PROF	MSc(N) MSN	2012					
7.	Mrs. SHASHIKALA	ASSO. PROF	MSc(N) MSN	2013					
8.	Mrs. PRITHA SAMA	ASSI. PROF	MSc(N) PEDIATRIC	2019					
9.	Mrs. VINCYMOL K. GEORGE	ASSI. PROF	MSc(N) MSN	2012					
10.	Mrs. SHERLINA F	ASSI. PROF	MSc(N) OBG	2017					
11.	Mrs. SWEETHA	ASSI. PROF	MSc(N) MSN	2019					
12.	Mrs. SARANYA	ASSI. PROF	MSc(N) MSN	2021					
13.	Mrs. TANUJ KUMARI	ASSI. PROF	MSc(N) PSYCHIATRIC	2021					
14.	Mrs. CHINTU JOSE	ASSI. PROF	MSc(N) OBG	2015					
15.	Mrs. CHANDU RANA	ASSI. PROF	MSc(N) OBG	2022					
16.	Mrs. SANGEETHA T.U	ASSI. PROF	MSc(N) OBG	2023					
17.	Mrs. STEFFY RANGLONG	ASSI. PROF	MSc(N) MSN	2024					
18.	Mrs. SHRUTHI K.L	ASSI. PROF	MSc(N) MSN	2023					
19.	Mrs. RATARAJESHWARI	ASSI. PROF	MSc(N) PEDIATRIC	2022					
20.	Mrs. JOSINI GRACE	TUTOR	BSc(N)	1995					
21.	Ms NIKITA GURUNG	TUTOR	BSc(N)	2022					
22.	Ms ABISHA SANTHOSH	TUTOR	BSc(N)	2023					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1500 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	936 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	936 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	936 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.ft	

Note:

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

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

Building Documents:

Annexure – 12

- Is the college building own or leased / rented? **OWN BUILDING**
- Blue print of the building attested by competent authority. **BLUE PRINT ATTACHED**
- Tax paid receipt (Latest / current year) **TAX PAID RECEIPT ATTACHED**
- Occupancy certificate. **ATTACHED**
- Sale deed / Lease deed of the building / Land. **ATTACHED**

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
2			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		YES ☒ No ☐	✓	✓	
Total No. of Nursing Books available	3402	No. of Nursing Journals subscribed	9		
No. of Thesis/Research titles available	271	Is internet facility available for Students?	yes		
No of e-books	500	How many books were purchased in last financial year?	150		

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	YAS. SHEEBA	MLIS	8 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 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	A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TRAINING PROGRAM ON LOW BACK PAIN AND FUNCTIONAL DISABILITY AMONG HOUSE KEEPING EMPLOYEES, BANGALORE.	
Conferences conducted	A STUDY TO ASSESS THE EFFECTIVENESS IN REDUCING TEST ANXIETY AMONG NURSING STUDENTS AT SEERPNH COLLEGE, BANGALORE.	
Conferences attended	REVOLUTIONIZING NURSING : INTEGRATING CUTTING EDGE TECHNOLOGY FOR FUTURE NURSING PRACTICES	
	503	

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
		ENCLOSED			

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft) 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	23,200sq.ft	57806 sq.ft	
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	1080x4 CLASS ROOM	
	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	600 sq.ft	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	—	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	500 sq.ft	
	2. Vice-Principal Chamber	200	300 sq.ft	
	3. HOD	5 x 200 = 1000	1000 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000	1000 sq.ft	
	13. Seminar hall	3000	3000 sq.ft	
	14. Toilets	1000	1000 sq.ft	
	15. A.V/Aids room	600	600 sq.ft	

Signature of Chairman

Signature of Member (I)

Signature of

18. Details of Clinical / Hospital Facilities :

Annexure - 16

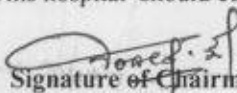
1	Do you have parent Medical College?	YES ☐	NO ☒
2	Do you have parent hospital?	YES ☐	NO ☒
If Yes, Hospital Owned by		i. Trust/Society/Missionary ☐	
		ii. Trust member with MOU ☐	

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		- NA -		
NAME OF THE TRUST/ Person owning The Hospital				
Name Of The Owner Of The Trust of Hospital				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 HAL HOSPITAL	210	9KM	190 80%
	2 INDIRA GANDHI	250	10KM	230
	3. KIDWAI	1000	9KM	850
	4. TRINITY	100	10KM	80
	5. VICTORIA, YANIVILUS	1000	10KM	850

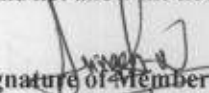
(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

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/CCU. (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 for Bangalore 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, 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/clinics / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

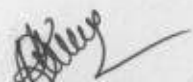
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated 'Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:

- No parent hospital available.
- Affiliated to HAL Hospital, Bangalore.


Signature of Chairman


Signature of Member (1)

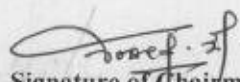

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical			200	198
Surgery including OT			150	110
Obstetrics & Gynecology	NA		1000	900
Pediatrics,			300	250
Emergency Medicine			80	70
Psychiatry			200	180

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT			7	05
Minor OT			3	03
Dental, Otorhinolaryngology, Ophthalmology			26	20
Burns and Plastic			16	10
Neonatology care unit	NA		05	05
Communicable disease/ Respiratory medicine/TB & chest diseases			13	10
Dermatology			02	02
Cardiology			98	95
Oncology			1000	750
Neurology/Neuro-surgery			68	45
Nephrology/Urology			33	30
ICU/CCU			40	30
Geriatric Medicine			11	10


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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

19	COMMUNITY HEALTH NURSING :Annexure - 17		
RURAL FILELD			
a. Name of CHC / PHC / SC		DOMMASANDRA	
Adopted / Affiliated			
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		3KMS	
b. Services Rendered by Health & Family Welfare Programmes		YES, OPD, ANTENATAL, PULSE POLIO DOTS, CHILD CARE, IMMUNIZATION 24X7 DELIVERY SERVICE	
URBAN FEILD :			
a. Name of CHC / PHC / SC			
Adopted / Affiliated		VARTHUR	
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		3KMS	
b. Services Rendered by Health & Family Welfare Programmes		OPD, ANTENATAL, IMMUNIZATION CHILD CARE, POSTNATAL CARE	
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 (I)

Signature

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 70,000 Sq.ft.	
c.	Is the Hostel Owned or Rented/Leased?	Own ☒	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls :	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

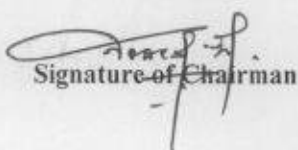
Signature of Chairman

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	✓	Not Applicable
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 of Member (I)


Signature of Member (II)

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:

- College is functioning in its own building with adequate infrastructure for B.Sc (N) programme.
- Nursing college is functioning along with Physiotherapy College in the same building.
- No parent hospital is available, but affiliated to HAL Hospital Bangalore. No undertaking Certificate is available from hospital authorities.
- There are 22 faculty members were present on the day of inspection. and 04 were absent.
- Laboratories are equipped with adequate articles.
- Library has recent editions and Journals.
- One change of Address may be considered.


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 KRUPANIDHI COLLEGE OF NURSING ~~CHANGE OF ADDRESS~~ which has applied for continuation of affiliation for the academic year 2024-25.

26th Nov 2024

We have conducted LIC inspection of this college on _____ and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

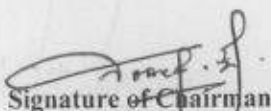
The information recorded by us in the LIC reports is true and correct.

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

Senate Member
(Chairman)

A C Member
(Member)

Subject Expert
(Member)


Signature of Chairman

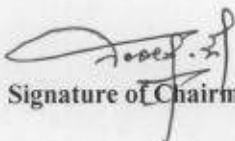
(Nandeesha J.)


Signature of Member (1)


Signature

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Subscription prices: Five dollars per annum in advance. Single copies, fifteen cents. Payment in advance. All communications should be addressed to the Editor, The Journal of the American Medical Association, 535 North Dearborn Street, Chicago, Ill.

Entered as second-class matter, May 2, 1917, under post office number 384, at Chicago, Ill., under special agreement of post office and postmaster. Accepted for mailing at special rate of postage provided for in Act of October 3, 1917, authorized on July 1, 1918.

Postpaid. This journal is published weekly, except on Sundays and public holidays. It is sent by mail to subscribers at the rate of five dollars per annum in advance. It is also sent by mail to subscribers at the rate of five dollars per annum in advance.

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Krupanidhi College of Nursing

Recognized by the Govt. of Karnataka | Approved by Karnataka Nursing Council(1157-V-111) |
Indian Nursing Council (18-15/11668) | Affiliated to Rajiv Gandhi University of Health Sciences |
(An ISO 9001 : 2015 Certified Institution)

Ref. No.:

Date:

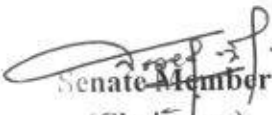
UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Krupanidhi college of nursing which has applied for change of address for the academic year 2024-25.

We have conducted LIC inspection of this college on 26/11/24 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

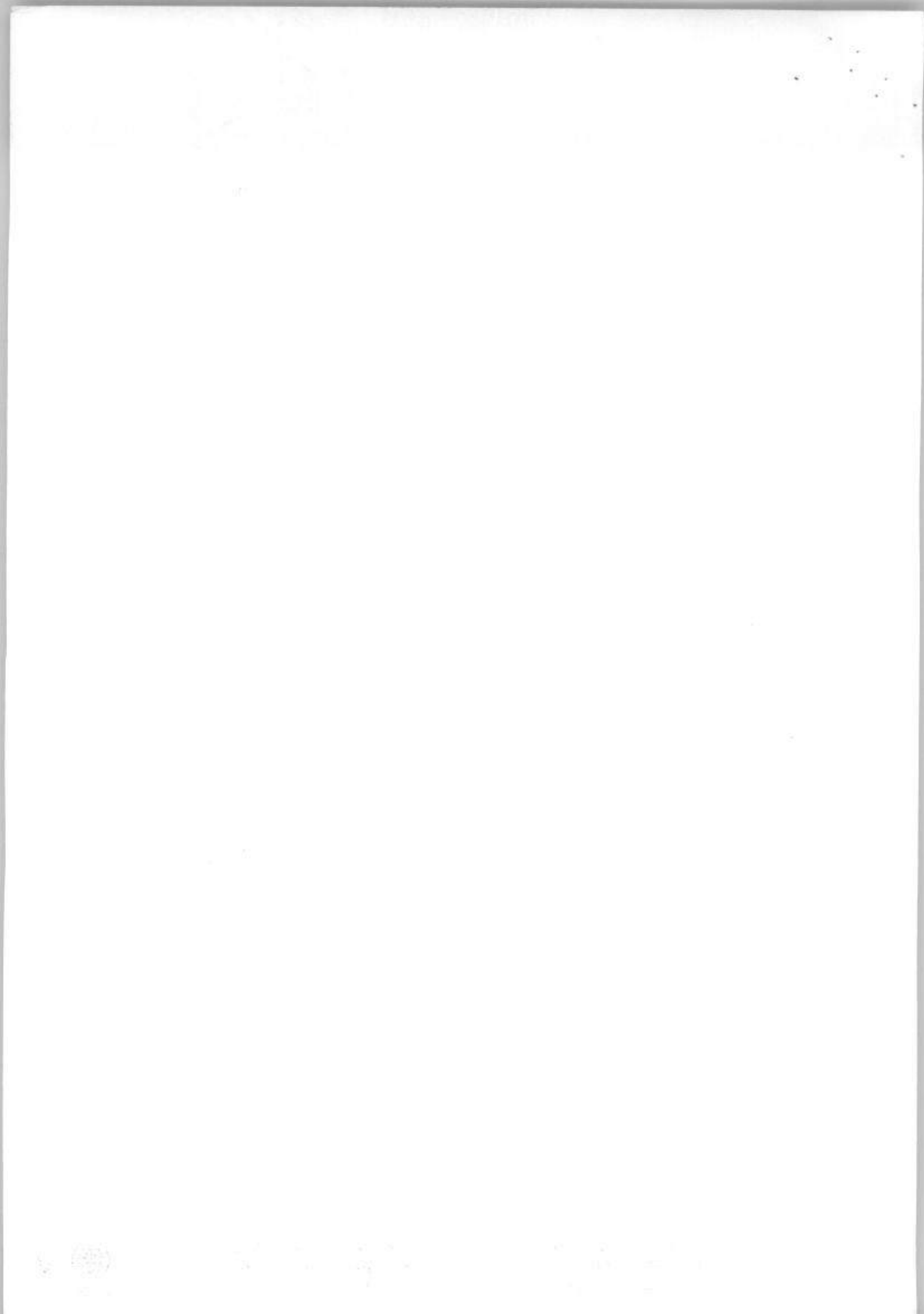
The information recorded by us in the LIC reports is true and correct.

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


Senate Member
(Chairman)
(Nandeesha J)


A C Member
(Member)


Subject Expert
(Member)





Krupanidhi Educational Trust

(An ISO 9001 : 2015 Certified Institution)

Ref. No.:

Date:

Undertaking by Trust Management

We the Chairman/President/Secretary/Member of the trust Dr.Prof.Suresh Nagpal is submitting the affidavit to University.

The trust Krupanidhi Educational Trust is running Krupanidhi College of Nursing, Bangalore for 21 years since 2003.

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.

Director

DIRECTOR

KRUPANIDHI GROUP OF INSTITUTIONS
12/1, Chikka Bellandur, Carmelaram Post,
Varthur Hobli, Off Sarjapur Road,
Bangalore - 560035

