NP UD scan 107

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 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr.K.C.Shashidhara.	Dr-Bharathi	Prof Chaitra . N
Designation	Professor.	Principal	Principal
Address	Dept. of Medicine. JSS Medical College Mysore.	Govt Dental college & Research Institute	SB College of Nursing Bangalore -64
Mobile No	9448064613	9844394595	8660806218
Email ID	KCShashidhara@gmail.com	bharathish.to@gmail.com	

Inspection For the Academic Year : 2025-2026. *Date of Inspection:* 20.08.25

(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	#DR. SYAMALA REDDY COLLEGE OF NURSING #111/1, SGR COLLEGE MAIN ROAD, MUNNEKOLALA, MARATHAHALLI (P.O) BENGALURU – 560037.	2	Year of Establishment: 2002
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 & Phone number	SGR TECHNICAL & EDUCATIONAL SOCIETY. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: sgrheadoffice.domtur@gmail.com	Website: www.sgrinstitution.org	
		Office No: 7619227782	Mobile No: 9168545222	

Signature of Chairman

Signature of Member (1) 20/08/25

Signature of Member (2) 20/8/25

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. SRINIVAS REDDY. 9845899404.		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Mrs. SUKANYA. **Qualification:** M.Sc(N), PHD(N) **Experience after MSc:** 10years. **Email:** SSUKU01@gmail.com.	**Mobile No:** 9168545222 **Office No:** 7619227782 **Fax No:** **Residential phone No:**	
	b) Drawing authority of the college	Dr. SRINIVAS REDDY.		
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	✓ Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing		315150	—	—	32500	410650
Post Basic B.Sc. Nursing		-do-	-	—	-do-	— do —
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. MEDICAL-SURGICAL NURSING		
	2. MENTAL-HEALTH NURSING		
	3. PAEDIATRIC NURSING		— do —
	4. OBG NURSING		
	5. COMMUNITY HEALTH NURSING		
		Total (B)	
NPCC	—		
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: ZINB3290930XDM

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

Remarks:

Enclosed Fee receipt.

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	40	
	Admissions Made for the Current Academic Year	60	60	60	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	30	30	30	—	
	Admissions Made for the Current Academic Year	30	30	30	—	
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	25	25	25		
	Admissions Made for the Current Academic Year	20	20	20	—	
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)

20/8/15

Signature of Member (2)

	Admissions Made for the Current Academic Year	–	–	–		

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	33	19	24	23	99
	Female	28	34	28	32	125
Post Basic B.Sc Nursing	Male	09	06	–	–	15
	Female	20	24	–	–	44
M.Sc Nursing	Male	09	Nil ~~09~~	–	–	09
	Female	11	09	–	–	20
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----------
	ENCLOSED ANNEXURE-9.					

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----------
	ENCLOSED ANNEXURE - 10.					

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: Enclosed admission approval copy.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60			40 to 60	30	25	—				
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*		1 ✓							
5	Assistant Professor	3	3-8				2	3*		6 ✓							
6	Tutor	8-16	16-24				2-10	--		24							
	Total	**16-24**	**24-40**				**4-12**			35							

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

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

250 students				

* **Aadhar based biometric attendance for students**

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

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

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Enclosed

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

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
		ENCLOSED	ANNEXURE-11		

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	33,000 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			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 Classrooms 4000 sqft.	✓
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 Classrooms 1200 sqft.	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	2 Classroom 1200 sqft.	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 sq ft	
	2. Vice-Principal Chamber	200	300 sq ft.	
	3. HOD	5 x 200 = 1000	5X200=1000sqft	
	4. Professor/Assoc. Prof	800+2400=3200	5000 Sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	500 sq ft.	Verified
	7. Accountants Office	**100**	300 sqft.	
	8. Store Room	**100**	150 sq ft.	
	9. Record room	**100**	150 sqft.	
	10. Room for maintenance staff	**100**	150 sqft.	
	11. Xeroxing room	**100**	100 sqft.	
	12. common room (Girls & Boys)	600+400= 1000	1200 sqft.	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000sqft	
	14. Toilets	1000	100x4 = 400sqft	

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

	15. A.V/Aids room	600	1200 Sq ft.	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2600 Sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	2000 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1500 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	1500 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1200 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**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	—
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC** NP	
9	**Town planning/Authorities approval order** .	—

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

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

- If one of the trustee/member/directors 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 registered in sub registrar office. [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.
- Registered lease document in sub registrar office to be submitted.

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
	ENCLOSED. ANNEXURE-13		Yes / No	Yes / No	Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2600Sqf	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	1010	**No. of Nursing Journals subscribed**	05
No. of Thesis/Research titles available	300	**Is internet facility available for Students?**	Yes.
No of e-books		**How many books were purchased in last financial year?**	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mr. RAMESH	M.LIB.	15yrs.	
02.	Ms. MAHESH.	M.LIB.	10 yrs.	

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

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	ENCLOSED – ANNEXURE – 15	

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

Conferences attended		

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

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%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital KAUVERY HOSPITAL 2371 3/3, Old HAL Airport Road Munnekollal Main Rd, Marathahalli MOU(Registered parent hospital MOU)	200	2 km.	70-80%	
NAME OF THE TRUST/ Person owning The Hospital SRI KAUVERY MEDICAL CARE INDIA LIMITED.				
Name Of The Owner Of The Trust of Hospital DR. VIJAYABASKARAN.				
Affiliated hospitals- Full Name & Address of the Parent Hospital 1 SAKRA WORLD HOSPITAL. 52/2 & 52/3 Devarabeesanahally Varthur Hobli, OPP. Intel outer Ring Road	(300)	3 km.	80 %,	
2 ASTER HOSPITAL. #3, 24, Sadaramangala Industrial Area Whitefield Main Road Karnataka-66	(550)	(5 km)	70%,	
3 KARUNASHRAYA 40, Varthur main Rd Kundalahalli, Marathahalli-37	(100)	(2 km)	85%.	

20/8/18

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

Kalyanidhara

	(MOU/Clinical permission letter)		(ENCLOSED)		

(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 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	40	30	60	40
Surgery including OT	30	20	30	22
Obstetrics & Gynecology	20	10	30	16
Pediatrics,	20	10	30	18
Emergency Medicine	20	18	30	25
Psychiatry	10	02	20	06

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	7	5	10	10
Minor OT	1	1	05	04
Dental, Otorhinolaryngology, Ophthalmology	2	1	05	03
Burns and Plastic	2	Nil	05	03
Neonatology care unit	5	4	10	08
Communicable disease/Respiratory medicine/TB & chest diseases	5	3	10	05
Dermatology	3	1	05	02
Cardiology	8	4	10	06
Oncology	5	2	10	03
Neurology/Neuro-surgery	5	1	8	04
Nephrology/Urology	5	2	8	03
ICU/ICCU	12	8	10	08
Geriatric Medicine	05	02	04	03

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		PHC – AVALAHALLI
Adopted / Affiliated		
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		11 Km,
b. Services Rendered by Health & Family Welfare Programmes		RCH,
URBAN FEILD :		
a. Name of CHC / PHC / SC		PHC – MARATHAHALLI
Adopted / Affiliated		
Administrate red by		State Govt. ☑ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute		2 km.
b. Services Rendered by Health & Family Welfare Programmes		RCH,
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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 ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment 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 12,000 Sqft	
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 : 46	Boys : 50
f.	Total No. of rooms	Girls : 16	Boys : 12
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	Verified as per originals documents		
		Yes	NO	Signature
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 : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from	✓		

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 2016/20

	affiliated hospitals.			
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
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.

LIC Team Observations:

LIC Inspection of Dr. Shyamala reddy College of nursing was carried out for Continuation of affiliation of Basic Bsc nursing, Msc Nursing and Post Bsc Nursing has done on 20/8/25

the College has got their own College building with Class rooms and Library and Lab facilities.

The have allotted hospital, Kamineni hospital, Old HAL airport road, Sakra world hospital, Aster hosp and Karunashraya hospital for Clinical teaching purpose. They have 33 staff out of which 10 have Msc and remaining are Bsc Nursing.

. the Lab facilities, Library also Inspected :"

. the transportation facilities for the Students were available. Hostel facility for Girls were available

. the ~~hospital~~ college belongs the Trust with the name Seth. Technical and Education Trust.

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 Dr. Shyamala reddy College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 20/8/25 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	Signature of Member (1)	Signature of Member (2)

20/8/25

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 he 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.

— enclosed —

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ 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.

***Note Undertaking should be given in affidavit**

Enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit.**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Mrs. Sukanya	Principal	MSC (N) OBG	2008	124426	5 years	10 years	29/5/2023	Yes	
2.	Mrs. S. Umadevi	Vice Principal	MSC(N) Pediatric	2000	3399	5 years	10 years	2/7/2024	Yes	
3.	Mrs. Veena J.V	Professor	MSC(N) CHN	2010	36199	3 year	10 years	15/7/2024	Yes	
4.	Mrs. Bhargavi. C	Associate Prof.	MSC(N) MSN	2019	9308	5 year	8 year	13/11/2023	Yes	
5.	Mrs. Romola	Professor	MSC (N) PSY	2014	20980	2 years	10 years	22/7/2024		
6.	Mrs. Sharon Marin	Lecturer	MSC (N) MSN	2018	93026	3 years	2 1/2 year	2/12/2024	Yes	
7.	Mr. Pandu Dyamamma	Lecturer	MSC(N) PSY	2019	10011	2 years	2 1/2 year	2/12/2024	Yes	
8.	Mr. Rupam debnath	Lecturer	MSC (N) CHN	2018	98096	3 years	1 year	22/7/2024	Yes	
9.	Ms. Swapnapriyadarshini	Lecturer	MSC (N) OBG	2018	29908	1 year	1 year	28/8/2024	NO	
10.	Mrs. Neelayathi	Lecturer	MSC(N) Pediatric	2016	179148	3 year	1 year	1/8/2024	Yes	
11.	Mrs. Roshan Sebastian	Lecturer	BSC(N)	2009	164219	15 years	–	3/7/2023	Yes	
12.	Mr. Souvik Mallra	Asst. Lecturer	BSC(N)	2023	160809	2 years	–	1/12/2024	Yes	
13.	Ms. Akshatha HC	Asst. Lecturer	BSC(N)	2023	152685	2 years	–	9/12/2024	Yes	
14.	Mr. Manas Jana	Asst. Lecturer	BSC (N)	2024	173815	1 year	2 month	06/03/2025	Yes	
15.	Mr. Vishal Murthy MK	Asst. Lecturer	BSC (N)	2022	141699	2 year 10 mon	–	1/8/2024	Yes	
16.	Ms. Susma PS.	Asst. Lecturer	BSC(N)	2022	141050	2 year 10 mon	–	1/8/2024	Yes	
17.	Mr. Mari Selvam	Asst. Lecturer	BSC(N)	2022	143946	3 years	–	10/10/2024	Yes	
18.	Ms. Gayathri. A	Asst. Lecturer	BSC (N)	2019	105179	6 year	–	4/11/2024	Yes	
19.	Ms. Shalini HV	Asst. Lecturer	BSC (N)	2023	148911	2 years	–	1/1/2025	Yes	
20.	Mr. Kubendran	Asst. Lecturer	BSC(N)	2020	113943	6 years	–	4/11/2024	Yes	
21.	Ms. Savitha	Asst. Lecturer	BSC (N)	2023	223642	2 years	–	10/10/2024	Yes	
22.	Mr. Shivaradra. J	Asst. Lecturer	BSC (N)	2024	250945	1 year	–	2/1/2025	Yes	

Signature of Chairman

Signature of Member (1) 20/08/25

Signature of Member (2) 20/8/25

23.	Ms. Chitra. K	Asst. Lecturer	BSc (N)	2022	143948	2 years 10 mon	—	10/10/2024	yes	
24.	Jyothiba Bheema Hanlur	Asst. Lecturer	BSc (N)	2020	108837	2 mon	—	16/6/2025	yes	
25.	Ms. Mary Priyanka	Asst. Lecturer	BSc (N)	2021	227272	1 years 5 mon	—	20/3/2024	yes	
26.	Mr. Siddharadh Wadekar	Asst. Lecturer	BSc (N)	2023	147479	1 year	—	20/8/2024	yes	
27.	Mr. Inba Kumar	Asst. Lecturer	BSc (N)	2021	271352	1 year	—	20/8/2024	-	
28.	Mr. Chandrayan Monalisa	Asst. Lecturer	BSc (N)	2022	227937	8 months		10/12/2024	—	
29.	Ms. Subhasis Middya	Asst. Lecturer	BSc (N)	2024	177544	1 month	—	1/8/2025	yes	
30.	Ms. Ankita Crisi Goswami	Asst. Lecturer	BSc (N)	2024	177542	1 month	—	1/8/2025	yes	
31.	Mr. Puneeth	Asst. Lecturer	BSc (N)	2022	140924	3 month	—	2/5/2025	yes	
32.	Mr. Basavaraj	Asst. Lecturer	BSc (N)	2022	144633	1 month	—	2/5/2025	yes	
33.	Mrs. Rajeswari. R	Asst. Lecturer	BSc (N)	2024	26087	—		01/08/2025	yes	
34.										
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Signature of Chairman

Signature of Member (1)

20/08/25

Signature of Member (2)