

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. Naveen S	Dr. Kiran Kumar Reddy	Dr. Frankley Campbell
Designation	Senate Member	Principal	Vice-principal
Address	Sri. Channur Deshwar Med. College, Chennayathur	Rajashreekumar Institute of Naturopathy & Yoga Science, Solur	New roohi college of 130002
Mobile No	9886634170	9880764634	9986114728
Email ID	nvin73@gmail.com	kkrreddy109@gmail.com	frankleycampbell@gmail.com

Inspection For the Academic Year : 2025-26

Date of Inspection: 14/08/2025

(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	G. J. Surya College of Nursing Bypas Road, Shimoga - 577203	2	Year of Establishment	2005
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	Vidya Educational and Charitable Trust Achutha Rao layout, 2 nd Cross, Shimoga - 577201 (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: netravathi.tg@gmail.com	Website: www.gjsuryacollegeofnursing.com		
		Office No:	Mobile No: 7259950293		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No		Mrs . Netravathi. T Mob No : 6362626942	
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 03 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. MANU. B Qualification: MSc(N.) Experience after MSc: 15 yrs Email: bmanusoru86@gmail.com	Mobile No: 8861347845 Office No: Fax No: Residential phone No:
	b) Drawing authority of the college		
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				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	2025-26	45,000/-	90,000/-	60,000/-	25,000/-	2,20,050/-
Post Basic B.Sc. Nursing	2025-26	30,000/-	60,000/-	40,000/-	25,000/-	1,55,050/-
Total (A)						3,75,100/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation			No of Seats X Prescribed fees of each faculty		
	1.					
	2.					
	3.					
	4.					NA
	5.					
				Total (B)		
NPCC						
				Total (C)		
Grand Total (A+B+C)						3,75,100/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details:

Remarks:

2S1B97X09PTPAL

2S1B2PX092N5S1

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA/75 APS 2005 03/06/2005 Annexure - 5	RGU/APP/ NSG/COA/01 2024-25 Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60		
	Admissions Made for the Current Academic Year	60	60	60		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA/96 APS 2009 08/12/2009 Annexure - 5	RGU/APP/ NSG/COA/01 2024-25 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					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake					
	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	05	27	02	12	46
	Female	55	31	20	48	154
Post Basic B.Sc Nursing	Male	02	07			09
	Female	28	22			50
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

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

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—
		XIA				

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/CIIR/01/2017-18 dtd 25.03.2017

Remarks:

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										
1	Principal	1	1									01					
2	Vice-Principal	1	1									01					
3	Professor	1	1-2					1*									
4	Associate Professor	2	2-4					1*									
5	Assistant Professor	3	3-8				2	3*				05					
6	Tutor	8-16	16-24				2-10	--				25					
	Total	16-24	24-40				4-12					32					

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	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

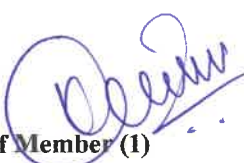
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

150 students intake				
200 students intake				
250 students				
* Aadhar based biometric attendance for students				


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

12.1.1. 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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

CLOSED

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	Verified by LIC team
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 (40 – 60 intake)	30827sq.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	4X930 = 3720 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	2X930 = 1860 sq.ft	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	NA	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	NA	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	400	
	2. Vice-Principal Chamber	200	350	
	3. HOD	5 x 200 = 1000	2X210 = 420	
	4. Professor/Assoc. Prof	800+2400=3200	900+2500=3400	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	700	
	7. Accountants Office	100	150	
	8. Store Room	100	110	
	9. Record room	100	150	
	10. Room for maintenance staff	100	100	
	11. Xeroxing room	100	NA	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	900	
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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	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1900 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	
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 Licence
01	KMH C3912	50	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	3500	YES ☒ No ☐	Yes	YES	
Total No. of Nursing Books available	3000	No. of Nursing Journals subscribed	4		
No. of Thesis/Research titles available	40	Is internet facility available for Students?	YES		
No of e-books	50	How many books were purchased in last financial year?	100		

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	BHAGYA JYOTHI KOTI	M.Lib	5 Years	-

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 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	05	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	-	
Conferences attended	02	

* 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 <i>Amrutha Lifeline Hospital Jayanagar, Shivamogga</i> MOU(Registered parent hospital MOU)	80	5.4 Km		
NAME OF THE TRUST/ Person owning The Hospital <i>Vidya Educational Charitable Trust</i> <i>Dr. Ramesh</i>				
Name Of The Owner Of The Trust of Hospital <i>Mrs. NETRAVATHI. T</i>				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 <i>Newbharath Brain Spine & Trauma Hospital Talanagar, Shivamogga</i>	50	5.8 Km	
	2 <i>Ashokasangeerth Hospital, BH Road Shivamogga</i>	70	3.6 Km	
	3			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)				
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(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 collegesfor**Bangalore 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.)

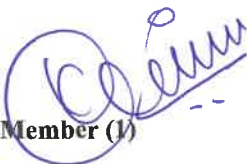
Note

- 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:


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	20	12	20	10
Surgery including OT	20	15	40	30
Obstetrics & Gynecology	15	10	10	08
Pediatrics,	15	10	10	08
Emergency Medicine	10	10	10	08
Psychiatry	0	0	80	25

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	08		
Minor OT	10	06		
Dental, Otorhinolaryngology, Ophthalmology	05	01		
Burns and Plastic	05	01		
Neonatology care unit	05	05		
Communicable disease/Respiratory medicine/TB & chest diseases	05	05		
Dermatology	05	01		
Cardiology	05	02		
Oncology	05	01		
Neurology/Neuro-surgery	05	01		
Nephrology/Urology	05	02		
ICU/CCU	10	08		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Geriatric Medicine	05	03		
Any other	05	04		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILED		
a. Name of CHC / PHC / SC	CHC AYANUR	
Adopted / Affiliated	Adopted	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	22 Km	
b. Services Rendered by Health & Family Welfare Programmes	Outpatient and Inpatient Care, MHC, FP, Immunization, Mgt of Comm d/s and common illness	
URBAN FILED :		
a. Name of CHC / PHC / SC	UHC, SEEGEHATTI	
Adopted / Affiliated	Adopted	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	3.2 Km.	
b. Services Rendered by Health & Family Welfare Programmes	Immunization, FP, MCH, disease prevention & control.	
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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

d.	Clinical and field experience record	YES ☒	NO ☐
e.	Practical record books - procedure record	YES ☒	NO ☐
f.	Practical record books - Midwifery case book	YES ☒	NO ☐
g.	Leave record	YES ☒	NO ☐

h.	Extracurricular activities of students	YES ☒	NO ☐
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐
k.	Rotation plans	YES ☒	NO ☐
l.	Committee Meetings	YES ☒	NO ☐
m.	Affiliation records	YES ☒	NO ☐
n.	Records of Stock	YES ☒	NO ☐
o.	Annual report of activities and achievements	YES ☒	NO ☐
p.	Staff development programmes	YES ☒	NO ☐
q.	Anti ragging committee	YES ☒	NO ☐
r.	Student welfare committee	YES ☒	NO ☐
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 8000 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 : 20	Boys : 07
f.	Total No. of rooms	Girls : 04	Boys : 04
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

j.	Is Sick room available?	YES	☒	NO	☐
k.	Whether the hostel mess is available with	YES	☒	NO	☐
l.	Safe drinking water facilities	YES	☒	NO	☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		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 : 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	☒	☐	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 14	Details of List of Library Books & 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 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:

- G. J Surya College of Nursing inspection LIC - CoA 2025-26 was conducted.
- Teaching faculty 32 members were present as per the norm.
- Infrastructure - Sufficient classrooms were there & well-ventilated & air.
- Sufficient 130 bed hospital MOU & its KPME were proper.
- College is recommended for CoA - 2025-26

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 _____ which has applied for continuation of affiliation for the academic year 2024-25.

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

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

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

As per Report.

Senate Member
(Chairman)

A C Member
(Member)

Subject Expert
(Member)

Signature of Chairman

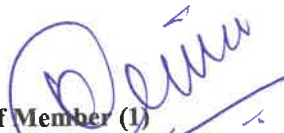
Signature of Member (1)

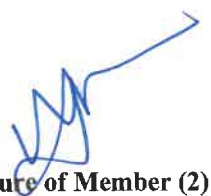
Signature of Member (2)

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: Dishank 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)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING by Trust Management

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

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**

Enclosed.


Signature of Chairman

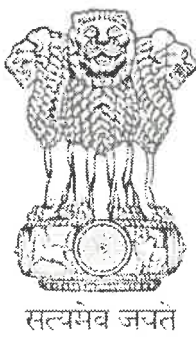

Signature of Member (1)


Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

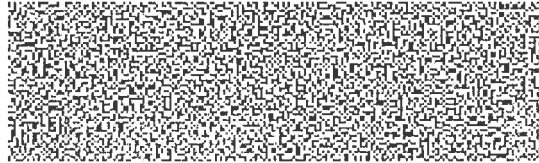
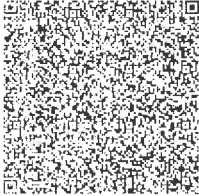


INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	: IN-KA17252215733047X
Certificate Issued Date	: 13-Aug-2025 06:28 PM
Account Reference	: NONACC (FI)/ kakscsa08/ SHIVAMOGGA8/ KA-SM
Unique Doc. Reference	: SUBIN-KAKAKSCSA0849348816729779X
Purchased by	: CHAIRMAN G J SURYA COLLEGE OF NURSING
Description of Document	: Article 4 Affidavit
Property Description	: AFFIDAVIT
Consideration Price (Rs.)	: 0 (Zero)
First Party	: CHAIRMAN G J SURYA COLLEGE OF NURSING
Second Party	: THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	: CHAIRMAN G J SURYA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



UNDERTAKING

I Mrs. Nethravathi.T, Chairman of the trust Vidya Educational Charitable Trust (R) hereby submitting the affidavit to University.

The trust Vidya Educational Charitable Trust is managing G J Surya College of Nursing since 2005.

Ministry Alert

1. The affidavit of the State Society should be verified at www.kakscsa.org using a Stamp "2.3.3" or at www.kakscsa.org and the details on the Certificate, and is available on the website / Mobile App under the name.
2. The user of covering the signature is as mentioned in the affidavit.
3. The user of any discrepancy please inform the Commission Authority.

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 faculties 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 declaration is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

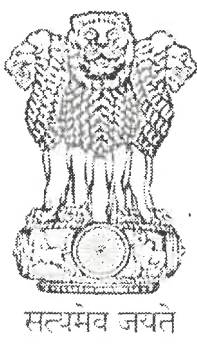
For GJ Surya College of Nursing, Shimoga

Chairman


Signature of Chairman


Signature of members 1


Signature of members 2

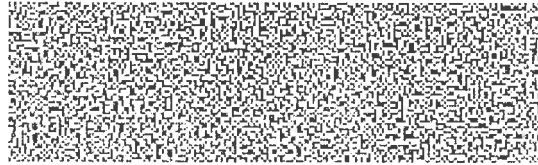
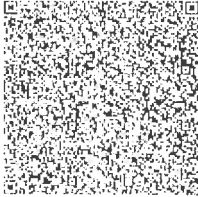


INDIA NON JUDICIAL

Government of Karnataka

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Purchased by : AMRUTHA LIFE LINE HOSPITAL
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
(Zero)
First Party : AMRUTHA LIFE LINE HOSPITAL
Second Party : THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By : AMRUTHA LIFE LINE HOSPITAL
Stamp Duty Amount(Rs.) : 100
(One Hundred only)



UNDERTAKING

I Dr. Ramesh N is the MD of Amrutha lifeline Hospital Situated Jayaanagar, Shimoga, Karnataka – 577201

Dr. Ramesh N

I, Dr. Ramesh N, MD of Amrutha lifeline Hospital, situated at Jayaanagar, Shimoga, Karnataka – 577201, do hereby undertake that the above mentioned property is the property of the said hospital and is not the property of any other person or entity.

This is to confirm that our hospital is registered under KPMEA and PCB with 80 beds and the bonafide certificate has been attached.

This is to confirm that Amrutha lifeline Hospital is functioning as parent hospital for G J Surya college of Nursing.

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

The information provided by us is true and correct.


 **Amrutha** *Life Line*
Beside Nehru Stadium,
Jayanagara Main Road,
Shivamogga.- 577201
Ph : 08182-226600, 4


Signature of Chairman


Signature of members 1


Signature of members 2