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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	PROF-VAISHALI SREEJITH	Dr. A.T.S. GIRI	Rajesh K.
Designation	VICE PRINCIPAL	Principal	Asst. Professor
Address	DR. M.U. SHETTY COLLEGE OF PHYSIOTHERAPY, KULOOR, MANGALORE	Govt. Ayurveda College of Nursing Belagavi	Govt. Ayurveda College of Nursing Belagavi
Mobile No	9845325069		9036653370
Email ID	vaishalisreejith9@gmail.com		raj.rosh1982@gmail.com

Inspection For the Academic Year : 2025-26			*Date of Inspection:* 20/8/25	
(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	Surya College of Nursing, No: 96 Bommenahalli (V), Mandur Post, Bangalore, Pin - 560049.	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	Sri Balaji Education Trust, No 96, Bommenahalli (V) Mandur Post, Bangalore – 560049. (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: suryacollege123@gmail.com	Website: www.sribalajiedu.com	
		Office No: 080-28470619	Mobile No: 9945177864	
	(b). Name of the president/Secretary/	Srimathi Krishnammal		

Signature of Chairman
20/8/25
PROF. VAISHALI SREEJITH

Signature of Member (1)
AFSCM,

Signature of Member (2)

Reciept verified & Enclosed

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	GOKNO: HFW 41 MME 2005 29.10.2005 Annexure - 5	RGU/Aff/ NUR/NB13 /2005 Annexure - 6	KSNC No: KNC/ 1157-V5:21-05 05.10.2005 Annexure - 7	File No: 18-15/ 4084 1560 83 Annexure - 8	Verified
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	-	-	-	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	GOKNO: HFW 141 MME 2012 01.03.2013 Annexure - 5	Annexure - 6	KSNC No KNC/ 490/2012-13 30.03.2013 Annexure - 7	Annexure - 8	
	Sanctioned Intake	45	45	45	45	Verified
	Admissions Made for the Current Academic Year	—	—	—	45	
a. b. M.Sc. Nursing in c. Community Health d. Medical Surg e. OBG Paediatric Psychiatry	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. NPCC	Approval Letter No. and Date	Annexure - 5	NA Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

							B.Sc (N)	(N)*	NPCC	Bsc(N)	Pb Bsc	M.Sc	NRCC	(N)	B.Sc (N)	c (N)	NPC C
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1	–			–	–		
2	Vice-Principal	1	1							1	–			–	–		
3	Professor	1	1-2					1*		1	–			–	–		
4	Associate Professor	2	2-4					1*		2	–			–	–	NA	NA
5	Assistant Professor	3	3-8				2	3*		3	2			–	–	NA	NA
6	Tutor	8-16	16-24				2-10	--		16	7			–	–		
	Total	**16-24**	**24-40**				**4-12**			24	9			–	–		

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)**

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.	Prof. Rani. V	Principal	Msc - OBG	2007	484	5	18	01.10.2021	Yes	
2.	Prof. Vidya Venugopal	Vice Principal	Msc - Paediatrics	2009	3916	3	16		Yes	
3.	Prof. Dileep. G	Professor	Msc – MHN	2013	005413	2	12	20.05.25	Yes	
4.	Mr. Samoonnen	Asso. Professor	Msc - MHN	2017	45150	1	8	1.3.24	Yes	CL
5.	Mrs. Parithra	Asso. Professor	Msc - MSN	2017	34801	5	8	2.6.25	Yes	
6.	Mrs. Niranjani. k	Asso. Professor	Msc Paediatrics	2019	46209	6	6	1.3.24	Yes	
7.	Mrs. Karishma. D	Asso. Professor	Msc - OBG	2019	4448	5	6	15.1.25	Yes	
8.	Mrs. P. Bindeya	Asst. Professor	Msc Paediatrics	2020	178863	1	5	3.1.24	Yes	
9.	Mr. Maha Devaraveney	Asst. Professor	Msc - CHN	2023	79977	4	2½	1.3.24	Yes	
10.	Mrs. Jincy Mathew	Asst. Professor	Msc - MSN	2023	95215	4	2	20.5.24	Yes	
11.	Mrs. Mareena Mathew	Sr. Nsg Tutor	Bsc Nsg	1987	3609	25	-	10.5.25	Yes	
12.	Mr. Amruthalag	Nsg Tutor	Bsc Nsg	2012	50559	13	-	6.1.25	No	
13.	Mrs. Ambily Jacob	Nsg Tutor	Bsc Nsg	2015	145830	10	-	6.1.25	No	Ambily
14.	Mrs. Sindhulekha. M	Nsg Tutor	Bsc Nsg	2016	83431	9	-	1.3.24	No	
15.	Mrs. Pushpa. K.R	Nsg Tutor	Bsc Nsg	2016	80378	9	-	20.5.24	No	Pushpa. K.R
16.	Mr. Ummanna	Nsg Tutor	Bsc Nsg	2018	189416	7	-	6.1.25	No	
17.	Mr. Dinesha. C	Nsg Tutor	PB Bsc Nsg	2019	140219	6	-	3.2.25	No	
18.	Ms. Abhishekha	Nsg Tutor	Bsc Nsg	2019	98742	6	-	1.3.24	No	
19.	Mr. Vijay Kumar	Nsg Tutor	PB Bsc Nsg	2019	148918	6	-	6.5.24	No	
20.	Mr. Ravikumar	Nsg Tutor	PB Bsc Nsg	2020	155239	5	-	18.5.24	No	
21.	Mr. Muthukumar	Nsg Tutor	Bsc Nsg	2020	118245	5	-	18.5.24	No	
22.	Ms. Dona Das	Nsg Tutor	Bsc Nsg	2020	113267	5	-	2.11.23	No	

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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- **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)**

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	1900 sqft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1800 sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sqft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sqft	

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** 10

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

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
- 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.

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

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

18. Details of Clinical / Hospital Facilities : **Annexure - 16** 14

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 New Narasa Hospital Marathahalli Bagalur Rd, BR Road, Near HDFC Bank, Devarabalii-562110 MOU(Registered parent hospital MOU)		100	33 Kms	89%	Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Narasa Reddy					Verified
Name Of The Owner Of The Trust of Hospital Dr. Narasa Reddy					Verified
Affiliated hospitals- Full Name & Address of the ~~Parent~~ Hospital	1 Hoskote Govt General Hospital Bangalore-562114	100	7 kms	90%	Verified
	2 Srinivasa multispeciality hospital, Hoskote Bangalore-562114	100	6 kms	89%	Verified
	3 Spandana Psychiatric Hospital, Tantarapalya Bengaluru-560039 (MOU/Clinical permission letter)	350	18 kms	93%	Verified

(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).

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

	No. of Beds	Bed Occupancy	No. of Beds 1+2+3 =4=	Bed Occupancy
Medical	35		20+10	
Surgery including OT	20		16+10	
Obstetrics & Gynecology	10		20+10	
Pediatrics,	10		10+6	
Emergency Medicine	10		5+3	
Psychiatry	02		250	

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02		01+01	
Minor OT	02		02+01	
Dental, Otorhinolaryngology, Ophthalmology	02		03+02	
Burns and Plastic	–		02	
Neonatology care unit	02			
Communicable disease/Respiratory medicine/TB & chest diseases	02		6	
Dermatology	–		02	
Cardiology	03		02+02	
Oncology	00			
Neurology/Neuro-surgery	02			
Nephrology/Urology	02		6+2	
ICU/ICCU	03	6	5+03	
Geriatric Medicine	02		03+2	
Any other	–			

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

19	COMMUNITY HEALTH NURSING :Annexure - 17 15	
RURAL FILELD ✓		
a. Name of CHC / PHC / SC		Mardaure Primary Health Center

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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 10**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 35,200 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 : 136	Boys : 86
f.	Total No. of rooms	Girls : 26	Boys : 20
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 ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature

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

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:

→ The LIC Team visited the college at the said address by KUHS

→ Trust Documents verified, registered & notarised

→ Infrastructure is sufficient

→ Labs are available with equipments as per norms

→ Library space sufficient. Books are available

→ Classrooms are available

→ Hospital & it available. It is a 100 Bedded ~~parent~~ hospital.

→ KPMEA & PCB Certificate verified

→ Hostel facility & Transport facility available

→ Staff Declaration forms verified. All documents available

→ Principal documents verified

→ Students attendance register verified

20/9/25

Signature of Chairman

Prof. VAISHALI SREEJITH

Signature of Member (1)

Signature of Member (2)

INDIA NON JUDICIAL

सत्यमेव जयते

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA22256937443239X
Certificate Issued Date	:	20-Aug-2025 12:50 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ HOSAKOTE/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0858890361867323X
Purchased by	:	SURYA COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SURYA COLLEGE OF NURSING
Second Party	:	REGISTRAR RGUHS
Stamp Duty Paid By	:	SURYA COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

KARNATAKA STATE CO-OP. SOCIETIES ASSOCIATIONS
HOSAKOTE BRANCH
Authorised Signatory

NOTARY
R. JYSHREE
B.A.LL.B.
BANGALORE RURAL DIST
Reg. No. 20340
Exp. 08-03-2030
GOVT. OF INDIA

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

Mr. MUNIRAJU B.M the Chairman of the SRI BALAJI EDUCATION TRUST is submitting the affidavit to University.

No. of Corrections...

B Munirajue


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SURYA COLLEGE OF NURSING
Bangalore-49
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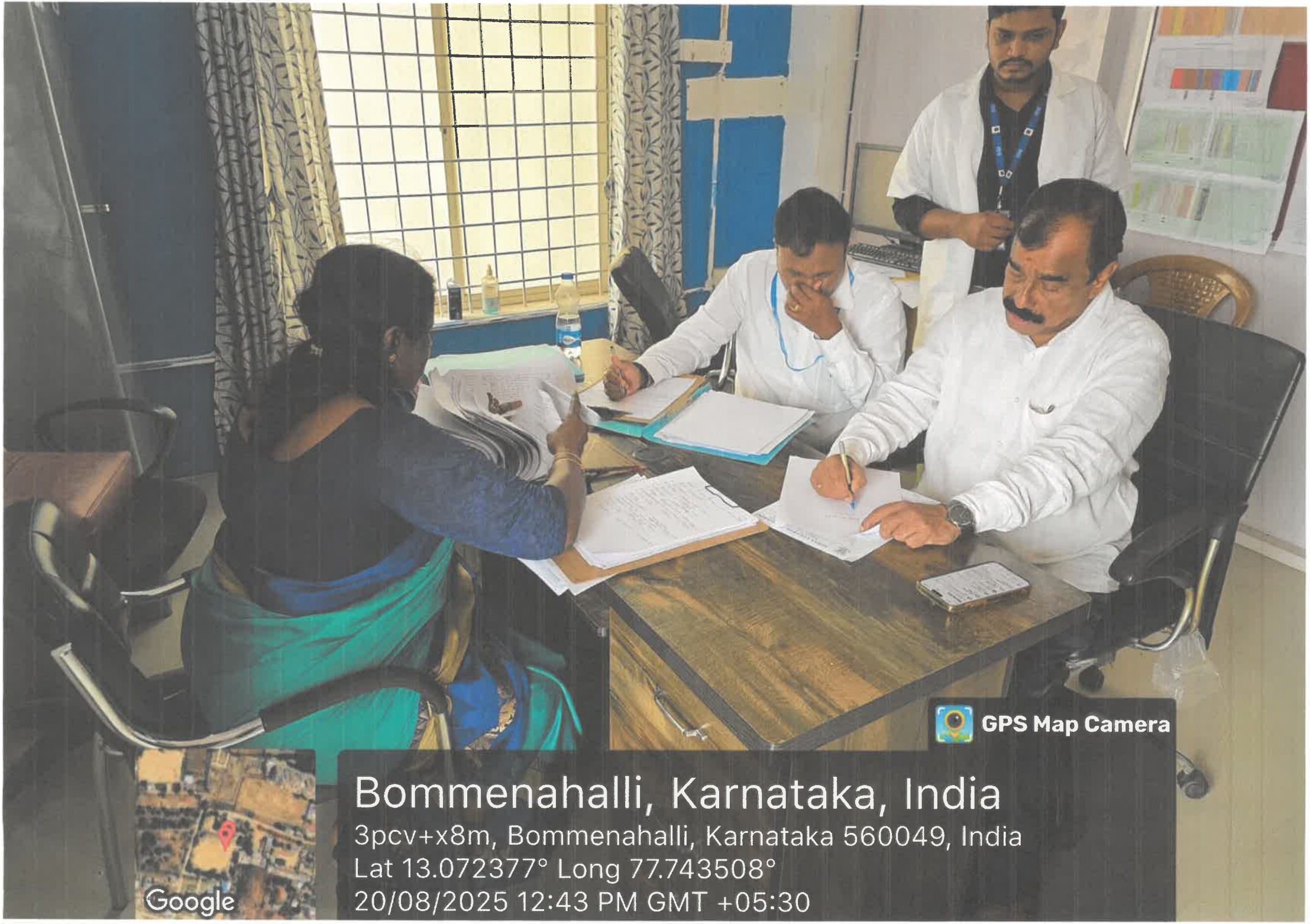
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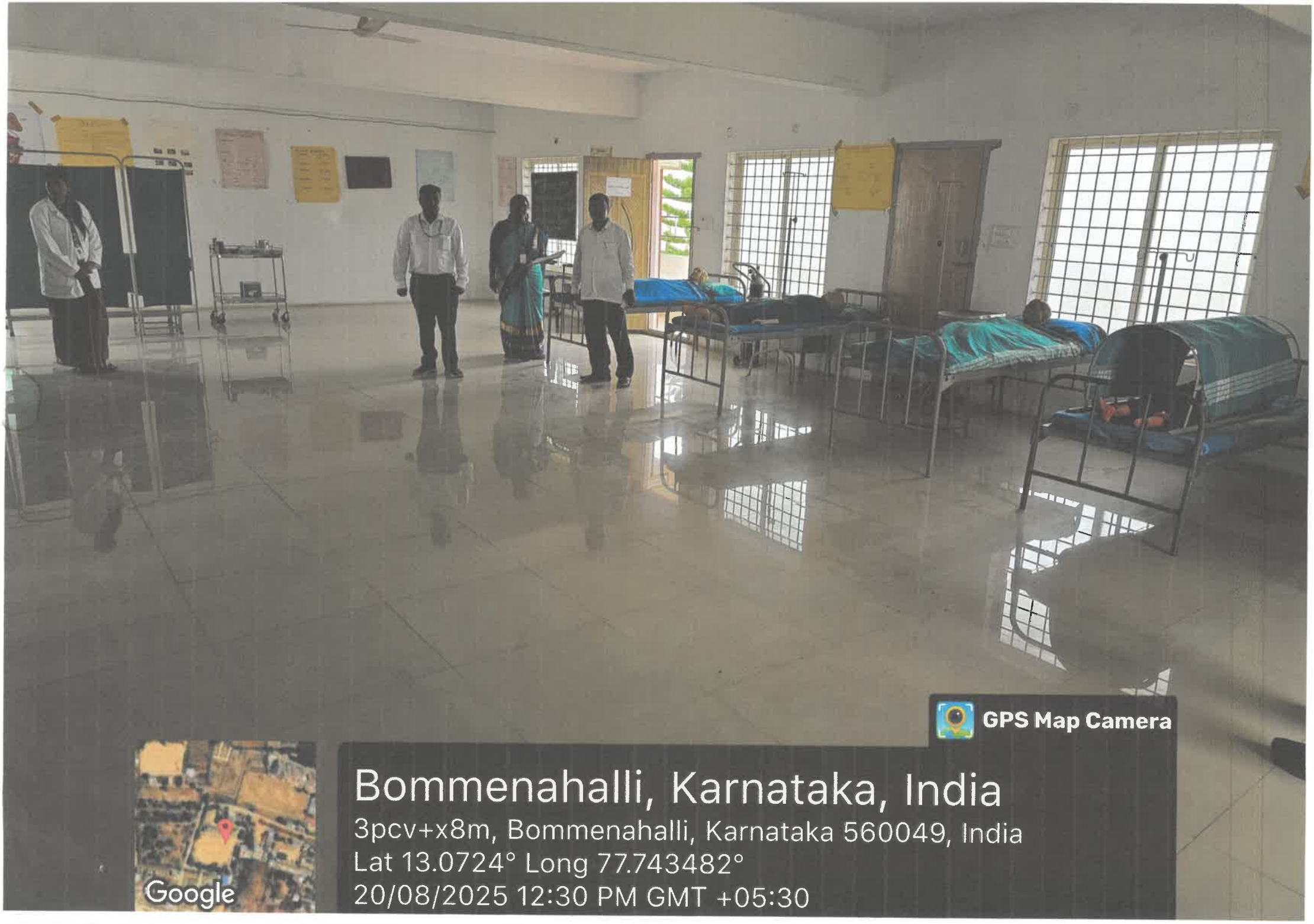
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