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. Sankanagoud Patil	Gurubasaraj	Mithunkumar B.P
Designation	Principal	professor	principal
Address	Ramesh Sohur	Acharya & BM Reddy college	RVS Institute of Nursing Science Mandya
Mobile No	9019587969	9886011140	9886622280
Email ID	eyersank@gmail.com	gurubasaraj@acharya.ac.in	Mithunbp2226@gmail.com

For the Academic Year : 2025-26 *Date of Inspection:* 14-8-2025

(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	

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	**SUNRISE COLLEGE OF NURSING** **Sy. No. 86 Chidri to Mailoor Ring Road, Near K.S. Function Hall, Bidar-585403**	2 Year of Establishment: **2018-19**
2	Status of the course conducting body	**Trust**	
3	Name of the Trust & complete postal address (if private)	**BRIGHT FUTURE FOUNDATION** H.No. 5-3-238 Kirmani Colony Maniyar Taleem, Bidar (Enclose copy of Registration documents of Society/Trust) **Annexure – 1** **Email: sunrisecollegenursing@gmail.com** **Website: www.sunrisegroupofinstitutions.com**	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council : Enclosed** (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**	

Signature of Chairman
(Dr. Sankanagoud Patil)

14/8/2025
Signature of Member (1)
Gurubasaraj Swamy

Signature of Member (2)
Mithunkumar. B.P
Subject Expert

5	**Details of Principal/Head of the institution**	**Name: AJAY S J** **Qualification: M.Sc. Nursing** **Experience: 15 Years** **Email: sunrisecollegenursing@gmail.com**		**Mobile No: 9980551669** **Office No: 08482-200258** **Fax No: 08482-200258** **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 addressVerify 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	2,02,500.00	--	1050.00	--	25,000.00	2,28,550.00
Post Basic B.Sc. Nursing	--	--	--	--	--	--
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Psychiatric Nursing	10,000.00	10,000.00
	2. Paediatric Nursing	10,000.00	10,000.00
	3. OBG Nursing	10,000.00	10,000.00
	4. Community Health Nursing	10,000.00	10,000.00
	5. Medical Surgical Nursing	10,000.00	10,000.00
		Total (B)	51,050.00
NPCC			
		Total (C)	
		Grand Total (A+B+C)	2,79,600.00

Online Transaction Number or Details: Transaction ID: BD00000007597706 Date: 31-12-2024
Transaction ID: BSBIWZ00GRMCM8 Date: 27-03-2025
Transaction ID: BD00000007597758 Date: 31-12-2024
Mode of Payment: Online,

Remarks: Verified & found correct

Verify &Enclose copy of Affiliation fee paid documents

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

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	MED 108 KVM 2019 Date: 06-09-2019 Annexure - 5	RGU/AFF/NSG/CoA/ 01/ 2024-25 Date: 20-09-2024 Annexure - 6	KNC/1157-2024-25 Date: 27-04-2024 Annexure - 7	N/A Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	N/A	
	Admissions Made for the Current Academic Year	60	60	60	N/A	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Deemed to be University
	Sanctioned Intake	--	--	--	--	
	Admissions Made for the Current Academic Year	--	--	--	--	
M.Sc. Nursing	Approval Letter No. and Date	MED 254 RGU 2024 Date: 10-12-2024 Annexure - 5	RGU/AFF/NSG./N 399/ 2024-25 Date: 26-12-2024 Annexure - 6	KNC/2346-2024-25 Date: 07-01-2025 Annexure - 7	N/A Annexure - 8	
	Sanctioned Intake	25	25	25	--	
	Admissions Made for the Current Academic Year	25	25	25	--	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	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)

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	36	21	18	11	86
	Female	24	32	27	16	99
Post Basic B.Sc Nursing	Male	--	--	--	--	--
	Female	--	--	--	--	--
M.Sc Nursing	Male	15	--	--	--	--
	Female	10	--	--	--	--
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----------
			N/A			

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			

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: Verified.

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

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	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

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. PRATHIMA	PRINCIPAL	M.Sc. NURSING (COMMUNITY HN)	MAY-2014	22527	1 YEARS	12 YEARS	05-11-2024	Yes	
2.	Mr. AJAY S J	HOD/Vice-Principal	M.Sc. NURSING (Psych. Nur)	MAY-2009	8548	--	13 YEARS	06-01-2022	Yes	
3.	Mr. MAHANTESH MIRJI	PROFESSOR	M.Sc. NURSING (MSN)	OCT-2014	32989	1 YEAR	11 YEARS	05-11-2024	Yes	
4.	Mrs. D KARISHMA	ASST. PROFESSOR	M.Sc. NURSING (OBG)	SEPT-2019	RR ANP 2021 9148 KAR	4 YEARS	5 YEARS	05-11-2024	Yes	
5.	Mr. MAHADEVAPPA R B	ASSOC. PROFESSOR	M.Sc. NURSING (PAEDIATRIC NURSING)	OCT-2017	30835	3 YEARS	7 YEARS	05-11-2024	Yes	
6.	Mr. DEVARAJA M K	ASSOC. PROFESSOR	M.Sc. NURSING (Psych. Nur)	APR-2017	121379	3 YEARS	7 YEARS	05-11-2024	Yes	
7.	Mrs. J L GLORY	ASST. PROFESSOR	M.Sc. NURSING (OBG)	NOV-2021	RR ANP 2009 2220 KAR	8 YEARS	3 YEARS	05-11-2024	Yes	
8.	Mrs. DENISHIA	LECTURER	M.Sc. NURSING (COMMUNITY HN)	DEC-2024	61642	7 YEARS	FRESHER	01-08-2025	Yes	
9.	Mr. SHAIK ASLAM SHAH	LECTURER	M.Sc. NURSING (MSN)	DEC-2024	118527	1 YEAR	FRESHER	08-06-2025	Yes	
10.	Ms. KOUSHIKA	ASST. PROFESSOR	M. Sc. NURISNG (MSN)	NOV-2021	78674	--	3 YEARS	01-03-2025	Yes	
11.	Mr. PRASAD K V	ASSOC. PROFESSOR	M. Sc. NURSING (PEAD. NUR)	APR-2015	44086	--	9 YEARS	15-03-2025	Yes	
12.	Mrs. PRABHAVATHI K	PROFESSOR	M. Sc. NURSING (CHN)	MAY-2010	50106	--	11 YEARS	05-06-2025	Yes	
13.	Mr. SANTOSH	PROFESSOR	M. Sc. NURSING (PSYC. NUR)	MAY-2011	51027	--	11 YEARS	08-06-2025	Yes	
14.	Mr. AWES QUADRI	TUTOR	B.Sc. NURSING	JUN-2023	166837	2 YEARS	--	01-08-2025	Yes	
15.	Ms. ASHA	TUTOR	B.Sc. NURSING	APR-2024	162325	1 YEAR	--	01-06-2024	Yes	
16.	Ms. BHOOMIKA BHAVANI	TUTOR	B.Sc. NURSING	APR-2024	162322	1 YEAR	--	10-06-2024	Yes	
17.	Mr. GIRAM SANDIP BABURAO	TUTOR	B.Sc. NURSING	APR-2024	166557	1 YEAR	--	01-07-2024	Yes	
18.	MR. MOHAMMED MUDASIR	TUTOR	B.Sc. NURSING	APR-2024	162514	1 YEAR	--	01-07-2024	Yes	
19.	Mr. SHAIK TAHA	TUTOR	B.Sc. NURSING	DEC-2024	179274	FRESHER	--	01-05-2025	Yes	

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

20.	MD ABDUL RAHMAN	TUTOR	B.Sc. NURSING	APR-2024	182931	FRESHER	--	01-05-2025	Yes	
21.	Mr. SHAIK MUNEER	TUTOR	B.Sc. NURSING	DEC-2024	182735	FRESHER	--	10-02-2025	Yes	
22.	Ms. SUMAIYA SADAF	TUTOR	B.Sc. NURSING	DEC-2024	176172	FRESHER	--	10-02-2025	Yes	
23.	Ms. MEHRAJ JABEEN	TUTOR	B.Sc. NURSING	DEC-2024	176177	FRESHER	--	20-02-2025	Yes	
24.	Ms. SABEENA	TUTOR	B.Sc. NURSING	DEC-2024	176201	FRESHER	--	10-01-2025	Yes	
25.	Mr. ABDUL VIQAR AHMED	TUTOR	B.Sc. NURSING	DEC-2024	179276	FRESHER	--	01-02-2025	Yes	
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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)**

Teaching Faculty details :– SUNRISE COLLEGE OF NURSING, BIDAR (PG GUIDE DETAILS FOR M. Sc. NURSING)

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Faculty Sign
						After UG	After PG		
1	Mr. DEVARAJA M K	GUIDE	M.Sc. NURSING (Psych. Nur)	APR-2017	121379	3 YEARS	7 YEARS	05-11-2024	
2	Mr. SANTOSH	CO-GUIDE	M. Sc. NURSING (PSYC. NUR)	MAY-2011	51027	--	11 YEARS	08-06-2025	
3	Mrs. PRATHIMA	GUIDE	M.Sc. NURSING (COMMUNITY HN)	MAY-2014	22527	1 YEARS	12 YEARS	05-11-2024	
4	Mrs. DENISHIA	CO-GUIDE	M.Sc. NURSING (COMMUNITY HN)	DEC-2024	61642	7 YEARS	FRESHER	01-08-2025	
5	Mr. MAHANTESH MIRJI	GUIDE	M.Sc. NURSING (MSN)	OCT-2014	32989	1 YEAR	11 YEARS	05-11-2024	
6	Ms. KOUSHIKA	CO-GUIDE	M. Sc. NURISNG (MSN)	NOV-2021	78674	--	3 YEARS	01-03-2025	
7	Mrs. D KARISHMA	GUIDE	M.Sc. NURSING (OBG)	SEPT-2019	RR ANP 2021 9148 KAR	4 YEARS	5 YEARS	05-11-2024	
8	Mrs. J L GLORY	CO- GUIDE	M.Sc. NURSING (OBG)	NOV-2021	RR ANP 2009 2220 KAR	8 YEARS	3 YEARS	05-11-2024	
9	Mr. MAHADEVAPPA R B	GUIDE	M.Sc. NURSING (PAEDIATRIC NURSING)	OCT-2017	30835	3 YEARS	7 YEARS	05-11-2024	
10	Mr. PRASAD K V	CO-GUIDE	M. Sc. NURSING (PEAD. NUR)	APR-2015	44086	--	9 YEARS	15-03-2025	
11	Mr. SHAIK ASLAM SHAH	LECTURER	M.Sc. NURSING (MSN)	DEC-2024	118527	1 YEAR	FRESHER	08-06-2025	
12	Mrs. PRABHAVATHI K	PROFESSOR	M. Sc. NURSING (CHN)	MAY-2010	50106	--	11 YEARS	05-06-2025	

PRINCIPAL
Sunrise College of Nursing
BIDAR-585403

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
	List 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)	23,200sq.ft	**34065sq.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	**6000sq.ft**	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**N/A**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2000sq. ft.**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	**N/A**	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**500**	
	2. Vice-Principal Chamber	200	**300**	
	3. HOD	5 x 200 = 1000	**1200**	
	4. Professor/Assoc. Prof	800+2400=3200	**4000**	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		**600**	
	7. Accountants Office		**600**	
	8. Store Room		**600**	
	9. Record room		**650**	
	10. Room for maintenance staff		**650**	
	11. Xeroxing room		**600**	
	12. common room	1000	**1100**	
	13. Seminar hall	3000	**4800**	
	14. Toilets	1000	**1200**	
	15. A.V/Aids room	600	**800**	

Verified & found available

Signature of Chairman **Signature of Member (1)** 14/8/25 **Signature of Member (2)** 14/8/25

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1600sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1000sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	1000sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1000sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	2000sq.ft	

Verified

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**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	√	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	√	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	√	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	√	NO	
5.	Whether Safe drinking water supply in available	YES	√	NO	

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 License
01	KA 38 A 2471	55	Yes	Yes	Yes

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	2400 Sq.Ft	YES [√] No [ ]	Available	Available	

Total No. of Nursing Books available	3036	**No. of Nursing Journals subscribed**	12
No. of Thesis/Research titles available	N/A	**Is internet facility available for Students?**	Yes
No of e-books	N/A	**How many books were purchased in last financial year?**	810

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Naaz Tarannum	M.Lib	6 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 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	N/A	—
Conferences conducted	N/A	—
Conferences attended	N/A	—

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 AAROGYA HOSPITAL, Near Bhagat Singh Circle, Opp. Ashoka Lodge, Bidar.		100	3 KM	81%	—
NAME OF THE TRUST/ Person owning The Hospital Bright Future Foundation					
Name Of The Owner Of The Trust Dr. Jyothi M Panshetty					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. Sunrise Hospital, Bidar	100	1KM	84%	—
	2				

(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).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore 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 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.)

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

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, 2021F.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:

Verified required documents & found correct

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	25	22	25	23
Surgery including OT	20	17	25	21
Obstetrics & Gynecology	20	20	20	19
Pediatrics,	20	20	15	13
Emergency Medicine	10	9	10	08
Psychiatry	05	0	05	00

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	15	12
Minor OT	10	08	10	09
Dental, Otorhinolaryngology, Ophthalmology	00	00	00	00
Burns and Plastic	10	07	10	09
Neonatology care unit	00	00	00	00
Communicable disease/ Respiratory medicine/TB & chest diseases	10	09	10	09
Dermatology	00	00	00	00
Cardiology	10	09	08	07
Oncology	10	08	08	06
Neurology/Neuro-surgery	10	08	08	07
Nephrology/Urology	10	09	08	07
ICU/ICCU	10	07	10	09
Geriatric Medicine	10	07	08	06
Any other	00	00	05	03

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	KAMTHANA PRIMARY HEALTH CENTER
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**10 KM**
b. Services Rendered by Health & Family Welfare Programmes	**Yes / No**
URBAN FEILD :	
a. Name of CHC / PHC / SC	BIDRI COLONY PRIMARY HEALTH CENTER
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	**2 KM**
b. Services Rendered by Health & Family Welfare Programmes	**Yes / No**
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** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐

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

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 26000sq. 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 : 23**
f.	Total No. of rooms	**Girls : 10**	**Boys : 10**
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	**Enclosed**	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	**Enclosed**	
Annexure - 3	Details of any other Nursing Institution under the same Trust		**N/A**
Annexure - 4	Details of Affiliated fees paid receipts	**Enclosed**	
Annexure - 5	Approval Status : GOK Order	**Enclosed**	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	**Enclosed**	
Annexure - 7	Approval Status : KNC Notification	**Enclosed**	
Annexure - 8	Status : INC Notification		**N/A**
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		**N/A**
Annexure - 10	List of M.Sc. Nursing Students as per format	**Enclosed**	
Annexure - 11	Details of External /Part time Teachers	**Enclosed**	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	**Enclosed**	
Annexure - 13	Vehicle Details : Bus	**Enclosed**	
Annexure - 14	Details of List of Library Books & others	**Enclosed**	
Annexure - 15	Academic Activities		**N/A**
Annexure - 16	Details of Clinical/Hospital Facilities	**Enclosed**	
Annexure - 17	Details of Community Health Nursing Posting Facilities	**Enclosed**	
Annexure - 18	Master Rotation plans and Time tables	**Enclosed**	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	**Enclosed**	

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.

Observations:

→ LIC team of RGUHS visited Sunrise College of Nursing as a part of continuation of affiliation.

→ The following observations were made:

(1.) Total of 24 teaching faculty including a full time principal were present on the day of inspection.

(2.) The built-up area of the college building infra is of 34,065 Sq. ft - which includes 10 classrooms, 1 common room 1 seminar hall. & 6 laboratories.

(3.) A total of 3036 books, 12 journals were present with a full time librarian.

(4.) Parent hospital and its KPME, fire safety & BMW management were verified & found to be correct. (Aarogya hospital ~ in 3 Km range ~ 100 beds.)

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 Sunrise college of Nursing Bidar which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 14th Aug-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 (2)

Signature of Member (1)

Signature of Member

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.

Signature of Chairman (2)

Signature of Member (1) 14/8/25

Signature of Member

UNDERTAKING

I/We, Dr. Jyothi M Panshetty
MD Aarogya Hospital Bidar
_ is/are the Owners/MD/CEO/Board Members of the Aarogya Hospital Bidar _ hospital situated at Near Bhagat Singh Circle opp. Ashoka lodge Bidar 585401

This is to confirm that our hospital Aarogya Hospital Bidar is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

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

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

The information provided by us is true and correct.

Jyothi
AAROGYA HOSPITAL
Bidar - 585 401

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Bright Future Foundation(R) BIDAR are submitting the affidavit to University.

The trust Bright Future Foundation(R) BIDAR is running/managing the colleges 1. Sunrise College of Nursing BIDAR

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.

CHAIRMAN
Bright Future Foundation(R)
5-3-239, Manlyar Taleem
BIDAR-585401

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA17496572832275X
Certificate Issued Date	:	14-Aug-2025 11:30 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ BIDAR12/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0849804445043844X
Purchased by	:	AAROGYA HOSPITAL BIDAR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AAROGYA HOSPITAL BIDAR
Second Party	:	REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	:	AAROGYA HOSPITAL BIDAR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I/we, **JYOTHI M PANSHETTY** is/are the **Owner/MD**/CEO/Board Members of the **AAROGYA HOSPITAL situated at NEAR BHAGAT SINGH CIRCLE, OPP. ASHOKA LODGE, BIDAR-585401.**

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that our hospital **AARAGYA HOSPITAL** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **AARAGYA HOSPITAL** is functioning as Affiliated/**Parent**/Own Hospital for **SUNRISE COLLEGE OF NURSING, BIDAR**.

We also confirm that our hospital is solely ~~affiliated~~ Parent to **SUNRISE COLLEGE OF NURSING, BIDAR** and is not affiliated to any other Nursing College.

The information provided by us is true and correct.

AAROGYA HOSPITAL
Bidar - 585 401