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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 2025-26AY

Details of LIC Inspectors:	Chairman	Academic Council Member	Subject Expert
Name	Dr. Mahendra M	Dr. Hemanth M	Dr. Shivamaran
Designation	Assistant Professor,	Principal,	Principal
Address	Department of Neuro Surgery, East Point Medical College, Bangalore	Dayananda Sagar College of Dental Sciences, Bangalore	BMS Hospital & College of Nursing, Bangalore
Mobile No	9980796290	9845459666	9886504818
Email ID	drmahigowda@gmail.com	drhemanth@yahoo.com	

For the Academic Year:

Date of Inspection:

(Please Tick the Appropriate Boxes Below)

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

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	YES	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing	YES	4. M.Sc. NPCC	

1	Name of the Institution with Full Address	Suyog College of Nursing # P/2, Dakshineshwara Road, E & F Block, Ramakrishna Nagar, Mysore - 570023	2	Year of Establishment	2020
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	Suyog Trust # P/2, Dakshineshwara Road, E & F Block, Ramakrishna Nagar, Mysore - 570023 (Enclose copy of Registration documents of Society/Trust) Annexure-1			
		Email: sconmys2020@gmail.com	Website: www.suyoggroupofinstitutions.com		

Signature of Chairman
18/6/25

Signature of Member (1)
13/6/28

Signature of Member (2)
13/6/28

Question 1: Do you have any other savings? (Please specify the amount and the interest rate)		YES ☐ NO ☒	Question 2: How much money do you have in your savings account? (Please specify the amount)
Question 3: How much money do you have in your checking account? (Please specify the amount)		Question 4: How much money do you have in your credit card? (Please specify the amount)	

Account Type	Account Name	Balance	Interest Rate	Monthly Payment
Checking	ABC Bank	\$1,200.00	0.5%	\$100.00
Savings	XYZ Bank	\$2,500.00	1.0%	\$200.00
Credit Card	DEF Bank	\$500.00	15.0%	\$50.00

Account Type	Account Name	Balance	Interest Rate	Monthly Payment
Checking	ABC Bank	\$1,200.00	0.5%	\$100.00
Savings	XYZ Bank	\$2,500.00	1.0%	\$200.00
Credit Card	DEF Bank	\$500.00	15.0%	\$50.00
Other	GHI Bank	\$1,000.00	2.0%	\$100.00
Total		\$5,200.00		\$450.00

Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

Approval Status of the Institution & Sanctioned Intake:

Enclosed

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	40 Annexure-5	40 Annexure-6	40 Annexure-7	40 Annexure-8	
	Affiliation Sanctioned Intake					
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure-5	Annexure-6	Annexure-7	Annexure-8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure-5	Annexure-6	Annexure-7	Annexure-8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure-5	Annexure-6	Annexure-7	Annexure-8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member(1)

Signature of Member(2)

Activity	Frequency	Responsible	Due Date	Status
1. Initial Assessment	1	1	1	Completed
2. Policy Development	1	1	1	In Progress
3. Objective Setting	1	1	1	Not Started
4. Implementation Planning	1	1	1	Not Started
5. Training and Awareness	1	1	1	Not Started
6. Monitoring and Reporting	1	1	1	Not Started
7. Review and Improvement	1	1	1	Not Started

The following table provides a detailed overview of the implementation plan for the Environmental Management System (EMS). The plan is structured into seven key activities, each with a defined frequency, responsible party, due date, and current status. The activities are: 1. Initial Assessment, 2. Policy Development, 3. Objective Setting, 4. Implementation Planning, 5. Training and Awareness, 6. Monitoring and Reporting, and 7. Review and Improvement. The plan is currently in the early stages of implementation, with only the initial assessment completed.

Activity	Frequency	Responsible	Due Date	Status
1. Initial Assessment	1	1	1	Completed
2. Policy Development	1	1	1	In Progress
3. Objective Setting	1	1	1	Not Started
4. Implementation Planning	1	1	1	Not Started
5. Training and Awareness	1	1	1	Not Started
6. Monitoring and Reporting	1	1	1	Not Started
7. Review and Improvement	1	1	1	Not Started

[Signature]
 Environmental Manager

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 Environmental Manager

[Signature]
 Environmental Manager

Teaching Faculty details:—Details should be written informatively

Sl.No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSN C Reg. Number	Teaching experience		Date of joining	Form-16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	NAGAMANI T	PRINCIPAL	M.Sc NURSING - Community Health Nursing	RR ANP 2007 457 KAR	15-09- 2020	03-02- 2022	26711402 4775			
2.	RANJINI K	ASSOCIATE PROFESSOR	M.Sc NURSING MENTAL HEALTH NURSING	113920	22-06- 2020	15-12- 2024	90050561 8289			
3.	SWAPNA ANGADI	ASSOCIATE PROFESSOR	M.Sc NURSING Paediatric Nursing	50490	22-10- 2021	13-05- 2025	96859885 0577			
4.	ARCHANA D K	ASSOCIATE PROFESSOR	M.Sc NURSING - Medical Surgical Nursing	138600	22-06- 2020	05-04- 2023	42104388 7081			
5.	SWETHA I V	ASSOCIATE PROFESSOR	M.Sc NURSING - Medical Surgical Nursing	68443	28-05- 2015	04-07- 2024	45010498 0074			
6.	ACSAH REGULAS	ASST. PROFESSOR	M.Sc NURSING - Paediatric Nursing	94683	24-01- 2019	03-03- 2022	38562114 3025			


Signature of Chairman

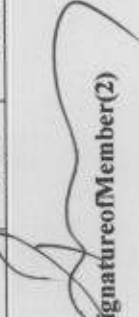

Signature of Member(1)


Signature of Member(2)

7.	DHANYA S	ASST. PROFESSOR	M.Sc NURSING - Obstetrics & Gynaecology	99288	03-06-2022	23-05-2022	59400784 5369		
8.	SANGEETHA B M	LECTURER	M.Sc NURSING - PSYCHIATRIC NURSING	044431	06-05-2024	26-02-2024	31121122 8080		
9.	SHASHIDHARA M	LECTURER	M.Sc NURSING - Paediatric Nursing	121882	17-01-2022	01-03-2025	49674496 8532		
10.	SRUSHTI C K	LECTURER	M.Sc NURSING - Community Health Nursing	121049	12-01-2022	19-02-2025	32262885 8982		
11.	ABHISHEKA K	ASST. LECTURER / TUTOR	B.Sc NURSING	174357	07-03-2023	14-10-2020	70435941 7996		
12.	NEELESH C	ASST. LECTURER / TUTOR	B.Sc NURSING	95051	07-03-2023	14-10-2020	75025301 3560		
13.	AMARAVATHI R	ASST. LECTURER / TUTOR	B.Sc NURSING	128874	04-05-2022	04-10-2021	30041881 6549		
14.	THANUJA C	ASST. LECTURER / TUTOR	B.Sc NURSING	124444	27-01-2022	06-03-2022	87021058 0155		
15.	POOJA M M	ASST. LECTURER / TUTOR	B.Sc NURSING	124435	27-01-2022	06-03-2022	51575320 1509		
16.	ANJIMA E TOMY	ASST. LECTURER /	B.Sc NURSING	153279	29-01-2024	02-01-2024	62331135 4685		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

DATE	DESCRIPTION	AMOUNT	CHECK NO.	DEPOSITED	BALANCE
10/1/77	10/1/77	100.00			100.00
10/2/77	10/2/77	100.00			200.00
10/3/77	10/3/77	100.00			300.00
10/4/77	10/4/77	100.00			400.00
10/5/77	10/5/77	100.00			500.00
10/6/77	10/6/77	100.00			600.00
10/7/77	10/7/77	100.00			700.00
10/8/77	10/8/77	100.00			800.00
10/9/77	10/9/77	100.00			900.00
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10/31/77	10/31/77	100.00			3100.00
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11/2/77	11/2/77	100.00			3300.00
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11/28/77	11/28/77	100.00			5900.00
11/29/77	11/29/77	100.00			6000.00
11/30/77	11/30/77	100.00			6100.00
12/1/77	12/1/77	100.00			6200.00
12/2/77	12/2/77	100.00			6300.00
12/3/77	12/3/77	100.00			6400.00
12/4/77	12/4/77	100.00			6500.00
12/5/77	12/5/77	100.00			6600.00
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12/22/77	12/22/77	100.00			8300.00
12/23/77	12/23/77	100.00			8400.00
12/24/77	12/24/77	100.00			8500.00
12/25/77	12/25/77	100.00			8600.00
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12/28/77	12/28/77	100.00			8900.00
12/29/77	12/29/77	100.00			9000.00
12/30/77	12/30/77	100.00			9100.00
12/31/77	12/31/77	100.00			9200.00

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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 M.Sc 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)



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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
			Enclosed		

14. Physical Facilities:

College Building:

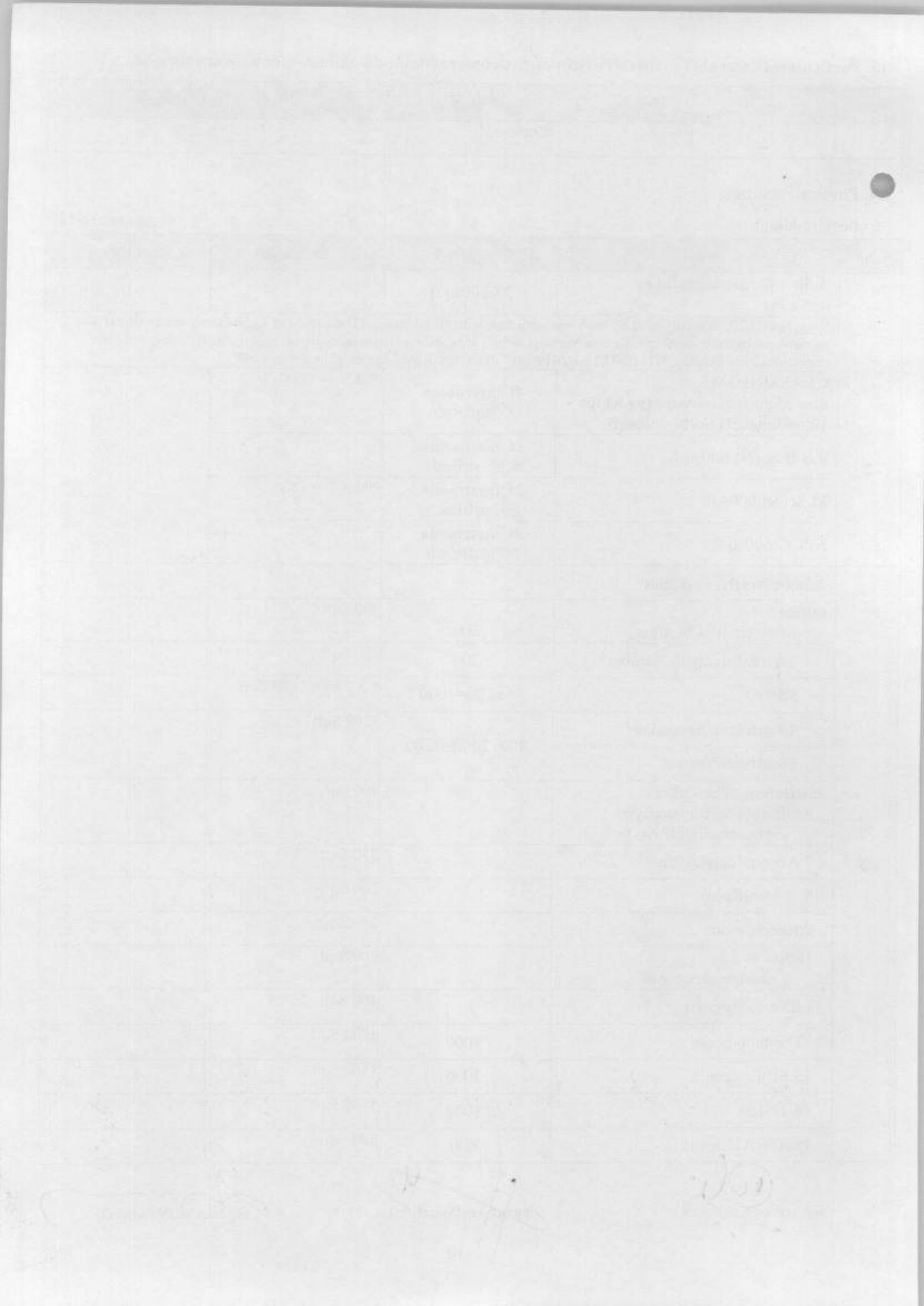
Annexure-12

S.No	Details	Required	Existing	Remarks
1	Built-up area of the building (in Sq. Ft)	23,200 sq. ft		
	Note: The 23,200 sq. 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 intake B.Sc(N): 900 sq ft	4 Classrooms 900 sq ft Each	900 X 4 = 3600	
	P.B.B.Sc(N): 600 sq ft	2 Classrooms 600 sq ft Each	-	
	M.Sc(N): 600 sq ft	2 Classrooms 600 sq ft Each	900 X 2 = 1800	
	NPCC: 600 sq ft	2 Classrooms 600 sq ft Each	-	
3	Administrative Facilities			
	Office		300 Sqft	
	1. Principal's Chamber	300		
	2. Vice-Principal Chamber	200	200 Sqft	
	3. HOD	5 x 200 = 1000	5 X 200 = 1000 Sqft	
	4. Professor/Assoc. Prof	800 + 2400 = 3200	3200 Sqft	
	5. Lecturer/Tutors			
	Institution office/Others		400 Sqft	
	6. Office of Administrative, clerical staff and PA(s)			
	7. Accountants Office		350 Sqft	
	8. Store Room		200 Sqft	
	9. Record room		250 Sqft	
	10. Room for Maintenance staff		200 Sqft	
	11. Xeroxing room		400 Sqft	
	12. common room	1000	1000 Sqft	
	13. Seminar hall	3000	1500 Sqft	
	14. Toilets	1000	1500 Sqft	
	15. A.V/Aids room	600	600 Sqft	

Signature of Chairman

Signature of Member(1)

Signature of Member(2)



S.No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600sq.ft	1600 Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	900 Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900 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 advanced 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 program 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: Own Building

Annexure-12

1. Is the college building own or leased/ rented?
2. Blueprint of the building attested by competent authority.
3. Tax paid receipt (Latest/current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

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 institutions** 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, 2021 F.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 Licence
	KA09AA8455	52	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 Sqft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq. Ft	2300 Sqft/	YES ☒ ☐	Adequate ✓	Adequate ✓	Complete Central
Total No. of Nursing Books available	3200	No. of Nursing Journals subscribed	09		
No. of Thesis/Research titles available	09	Is internet facility available for Students?	Yes		
No of e-books	150	How many books were repurchased in last financial year?	250		

S.No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs. Shilpa	M.Lib	6 Years	
2	Mrs. Pushpa	M Lib	14 Years	

Note: A minimum of 500 of different subject titled nursing books (all new editions), in the multiple 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 B.Sc Nursing Projects	Completed 4 studies 8 Projects under the study	
Conferences conducted Workshops	1. Safe Delivery & essential new born care 2. Essential first aid & BLS	
Conferences attended	Forensic Nursing at GG college of Nursing	

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 ☐	

ParentHospital.		TotalNo. Beds	Distancefrom the college	Occupancyonthe day of inspection (min 75%)	Remarks
FullName&AddressoftheParent Hospital Dr. S P Yoganna Suyog Hospital		300	05 KM	260	
NAMEOFTHETRUST/Personowning The Hospital Dr. S P Yoganna					
NameOfTheOwnerOfTheTrust of Hospital Dr. S P. Yoganna					
Affiliated hospitals- FullName&Address ofthe ParentHospital	1SMT Hospital	100	6 KM	65	
	2 Vivek Hospital	50	16 KM	38	
	3. Prerana Hospital	50	2 KM	35	

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013-14) parent hospital rule is not applicable (F.NO.1-5/2014- INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are: -OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/CCU. (Reference: F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have 200 bedded **Unitary/Single allopathic 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)

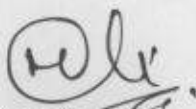
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised 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)



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18.1.DistributionofBeds Enclosed

Clinical Areas	Parent		Affiliated	
	No.ofBeds	BedOccupancy	No.ofBeds	BedOccupancy
Medical	50	25		
SurgeryincludingOT	35	20		
Obstetrics&Gynecology	20	10	50	
Pediatrics,	20	10	50	
EmergencyMedicine	15	10		
Psychiatry	5	5	50	

Enclosed,

Additional/OtherSpecialties/Facilitiesforclinicalexperience: Enclosed

Clinical Areas	Parent		Affiliated	
	No.ofBeds	BedOccupancy	No.ofBeds	BedOccupancy
MajorOT	7	5		
MinorOT	5	4		
Dental,Otorhinolaryngology, Ophthalmology	5	4		
Burnsand Plastic	5	3		
Neonatologycareunit	15	8		
Communicabledisease/ Respiratorymedicine/TB& chest diseases	15	7		
Dermatology	10	8		
Cardiology	20	10		
Oncology	5	5		
Neurology/Neuro-surgery	15	12		
Nephrology/Urology	15	12		
ICU/CCU	20	12		
GeriatricMedicine	8	6		
Anyother				

Enclosed

Note: 1:3 studentpatientrationneeded.Verifyand attachdetailsofpreviousmonth.


SignatureofChairman


SignatureofMember(1)


SignatureofMember(2)

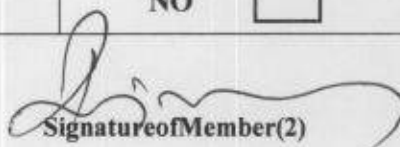
19	COMMUNITY HEALTH NURSING: Annexure-17	
RURAL FILED		
a. Name of CHC/PHC/SC	Beerihundi & Salundi	
Adopted/Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	13 KM	
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FILED:		PHC, Saraswathipuram
a. Name of CHC/PHC/SC		
Adopted/Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	5 KM	
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Center 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 ☐
g.	Leave record	YES	☒	NO ☐


Signature of Chairman


Signature of Member (1)

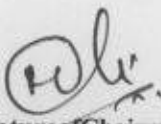

Signature of Member (2)

1. Name of the person: _____
 2. Address: _____
 3. City: _____
 4. State: _____
 5. Zip: _____
 6. Date of birth: _____
 7. Sex: _____
 8. Marital status: _____
 9. Education: _____
 10. Occupation: _____
 11. Income: _____
 12. Assets: _____
 13. Liabilities: _____
 14. Other information: _____

☐	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	1221	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h.	Extracurricularactivitiesofstudents	YES	☒	NO	☐
i.	Cumulativerecordofeach	YES	☒	NO	☐
j.	Courseplanningofeachsubject	YES	☒	NO	☐
k.	Rotationplans	YES	☒	NO	☐
l.	CommitteeMeetings	YES	☒	NO	☐
m.	Affiliationrecords	YES	☒	NO	☐
n.	RecordsofStock	YES	☒	NO	☐
o.	Annualreportofactivitiesand achievements	YES	☒	NO	☐
p.	Staffdevelopmentprogrammes	YES	☒	NO	☐
q.	Antiraggingcommittee	YES	☒	NO	☐
r.	Studentwelfarecommittee	YES	☒	NO	☐

23	HostelFacilities:Annexure-12				
a.	Whetherthecollegeishavingaseparate Hostel?	YES	☒	NO	☐
b.	Built-upareaoftheHostel	24,000Sq.ft			
c.	IstheHostelOwnedorRented/Leased?	Own	☐	Rented/Leased	☒ Land
d.	IsthereseparateprovisionofHostelfor MaleandFemaleStudents?	YES	☒	NO	☐
e.	TotalNo.ofstudentsinthehostel	Girls : 75		Boys: 19	
f.	TotalNo.ofrooms	Girls : 17		Boys: 6	
g.	WaterSupply	YES	☒	NO	☐
h.	ElectricitySupply	YES	☒	NO	☐
i.	IsFacilitiesavailableforoutdoorgames and indoor games?	YES	☒	NO	☐
j.	IsSickroomavailable?	YES	☒	NO	☐
k.	Whetherthehostelmessisavailablewith	YES	☒	NO	☐
l.	Safedrinkingwaterfacilities	YES	☒	NO	☐


SignatureofChairman


SignatureofMember(1)
17


SignatureofMember(2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure-1	DetailsofTrust/Societyrelateddocuments	✓	
Annexure-2	DetailsofGoverningCouncil,itsmeetings&AuditreportofTrust	✓	
Annexure-3	DetailsofanyotherNursingInstitutionunderthesameTrust	✓	
Annexure-4	DetailsofAffiliatedfeespaidreceipts	✓	
Annexure-5	ApprovalStatus:GOKOrder	✓	
Annexure-6	ApprovalStatus:RGUHSNotification(Last3Years)Approval	✓	
Annexure-7	ApprovalStatus:KNCNotification	✓	
Annexure-8	Status:INCNotification	✓	
Annexure-9	ListofPostBasicB.Sc.NursingStudentsasperformat	✓	
Annexure-10	ListofM.Sc.NursingStudentsasperformat	✓	
Annexure-11	DetailsofExternal/ParttimeTeachers	✓	
Annexure-12	PhysicalFacilities: 1. College Building- Own /rent /lease MOU documents, Sale deed, currentyeartaxpaidreceipt,sanctionedbuildingplanby competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Buildingrelateddocuments 4. Hostel	✓	
Annexure-13	VehicleDetails: Bus	✓	
Annexure-14	DetailsofListofLibrary Books&others	✓	
Annexure-15	AcademicActivities	✓	
Annexure-16	Details of Clinical/Hospital Facilities- registeredHospital MOU, latestKSPCB&KPMecertificate,currentacademicyearclinical feespaidreceiptsfromaffiliatedhospitals.	✓	
Annexure-17	DetailsofCommunityHealthNursingPostingFacilities	✓	
Annexure-18	MasterRotationplansandTimetables	✓	

Signature of Chairman

Signature of Member(1)

Signature of Member(2)

Annexure-19	List of Teachers with their Declaration forms & necessary documents		
Annexure-20	RGUHS approved guide ship letters of M.Sc Nursing faculty each speciality wise		

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recording of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

Observations:

LIC Inspection conducted on 13/6/25
noted the following

Infrastructure - College building is shown on 3rd & 4th floor of hospital as Nursing college. Presently having 40 seats
Total 6 class rooms 4 for BSc & 2 for MSc, library (central), labs are available, AHS is in the same building over lap for common areas are noted.

Hospital - 300 bedded Super specialty
the hospital is good clinical material.

Signature of Chairman
13/6/25

Signature of Member(1)

Signature of Member(2)

Faculty : Total 24 are shown
1 principal, 4 Assoc, 2 Asst are
shown on the day of inspection.
1 Assoc is on Maternity leave (enclosed).

5 faculty are eligible for guidance
for all applied specialty:

Infrastructure/faculty see as per Regular/ops
body norms.

Whidray
13/6/25

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11/6/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by
RGUHS for conduct of LIC inspection at
Sreyog 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 13/6/25 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)

AC Member
(Member)

Subject Expert
(Member)


Signature of Chairman
13/6/25


Signature of Member (1)
20


Signature of Member (2)

UNIVERSITY

Survey College of Nursing
1968

1968
The following information was obtained from the records of the Survey College of Nursing for the year 1968. The information was obtained from the records of the Survey College of Nursing for the year 1968. The information was obtained from the records of the Survey College of Nursing for the year 1968.

The following information was obtained from the records of the Survey College of Nursing for the year 1968. The information was obtained from the records of the Survey College of Nursing for the year 1968. The information was obtained from the records of the Survey College of Nursing for the year 1968.

1968
The following information was obtained from the records of the Survey College of Nursing for the year 1968. The information was obtained from the records of the Survey College of Nursing for the year 1968. The information was obtained from the records of the Survey College of Nursing for the year 1968.

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 checklist 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 classrooms/number of teaching faculty/number of classrooms/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
Dr. S.P. Yoganand are
submitting the affidavit to University.

The trust Suyog Trust is
running/managing the colleges 1. Suyog College of Nursing
2. _____
3. _____ since
5 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
Suyog Group of Institutions
Suyog Trust (Regd.)
Mysuru



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

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.



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

I/We, Dr. R. RAJENDRA PRASAD
is/are the Owners/MD/CEO/Board Members of the
SUYOG HOSPITAL hospitals situated at
RAMAKRISHNA NAGAR, MYSORE

This is to confirm that our hospital SUYOG HOSPITAL
is registered under KPMEA and PCB with 300 beds and the bonafide certificate has
been attached.

This is to confirm that the hospital SUYOG HOSPITAL is
functioning as affiliated/parent/own hospital for SUYOG COLLEGE
OF NURSING colleg
e.

We also confirm that our hospital is solely affiliated to RRUHS
SUYOG COLLEGE OF NURSING college and is not
affiliated to any other nursing college.

The information provided by us is true and correct.


Suyog Group of Institutions
Suyog Trust (Regd.)
Mysuru

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

MEMORANDUM

TO : THE CHAIRMAN, DEPARTMENT OF CHEMISTRY
FROM : J. E. KRAVITZ
SUBJECT: A study of the effect of temperature on the rate of reaction of the following system:
$$2\text{H}_2\text{O}_2 \rightarrow 2\text{H}_2\text{O} + \text{O}_2$$

The reaction was studied at various temperatures and the rate of reaction was determined by measuring the volume of oxygen gas evolved over a period of time. The results are shown in the table below.

TABLE I
Rate of reaction of $2\text{H}_2\text{O}_2 \rightarrow 2\text{H}_2\text{O} + \text{O}_2$ at various temperatures

Temperature (°C)	Rate of reaction (ml O ₂ /min)
25	0.12
30	0.15
35	0.18
40	0.22
45	0.28

Very truly yours,
J. E. KRAVITZ
Chairman, Department of Chemistry



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

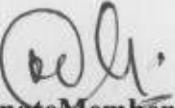
UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sreeog 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 13/6/25 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)

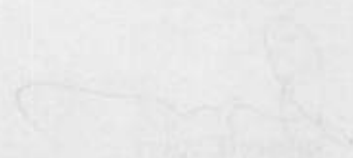

AC Member
(Member)


Subject Expert
(Member)

UNIVERSITY OF CALIFORNIA

Received of the University of California

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SUYOG COLLEGE OF NURSING
FACULTY DETAILS 2025

SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
1	NAGAMANI T	PRINCIPAL	M.Sc NURSING - Community Health Nursing	RR ANP 2007 457 KAR	15-09-2020	03-02-2022	267114024775	
2	RANJINI K	ASSOCIATE PROFESSOR	M.Sc NURSING MENTAL HEALTH NURSING	113920	22-06-2020	15-12-2024	900505618289	
3	SWAPNA ANGADI	ASSOCIATE PROFESSOR	M.Sc NURSING Paediatric Nursing	50490	22-10-2021	13-05-2025	968598850577	

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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
4	ARCHANA D K	ASSOCIATE PROFESSOR	M.Sc NURSING - Medical Surgical Nursing	138600	22-06-2020	05-04-2023	421043887081	
5	SWETHA I V	ASSOCIATE PROFESSOR	M.Sc NURSING - Medical Surgical Nursing	68443	28-05-2015	04-07-2024	450104980074 <i>Maternity leave</i>	
6	ACSAH REGULAS	ASST. PROFESSOR	M.Sc NURSING - Paediatric Nursing	94683	24-01-2019	03-03-2022	385621143025	

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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
7	DHANYA S	ASST. PROFESSOR	M.Sc NURSING - Obstetrics & Gynaecology	99288	03-06-2022	23-05-2022	594007845369	
8	SANGEETHA B M	LECTURER	M.Sc NURSING - PSYCHIATRIC NURSING	044431	06-05-2024	26-02-2024	311211228080	
9	SHASHIDHARA M	LECTURER	M.Sc NURSING - Paediatric Nursing	121882	17-01-2022	01-03-2025	496744968532	

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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
10	SRUSHTI C K	LECTURER	M.Sc NURSING - Community Health Nursing	121049	12-01-2022	19-02-2025	322628858982 <i>[Signature]</i> 13/6/25	
11	ABHISHEKA K	ASST. LECTURER / TUTOR	B.Sc NURSING	174357	07-03-2023	14-10-2020	704359417996 <i>[Signature]</i> 13/6/25	
12	NEELESH C	ASST. LECTURER / TUTOR	B.Sc NURSING	95051	07-03-2023	14-10-2020	750253013560 <i>[Signature]</i> 13/6/25	

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Page 2

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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
13	AMARAVATHI R	ASST. LECTURER / TUTOR	B.Sc NURSING	128874	04-05-2022	04-10-2021	300418816549	
14	THANUJA C	ASST. LECTURER / TUTOR	B.Sc NURSING	124444	27-01-2022	06-03-2022	870210580155	
15	POOJA M M	ASST. LECTURER / TUTOR	B.Sc NURSING	124435	27-01-2022	06-03-2022	515753201509	

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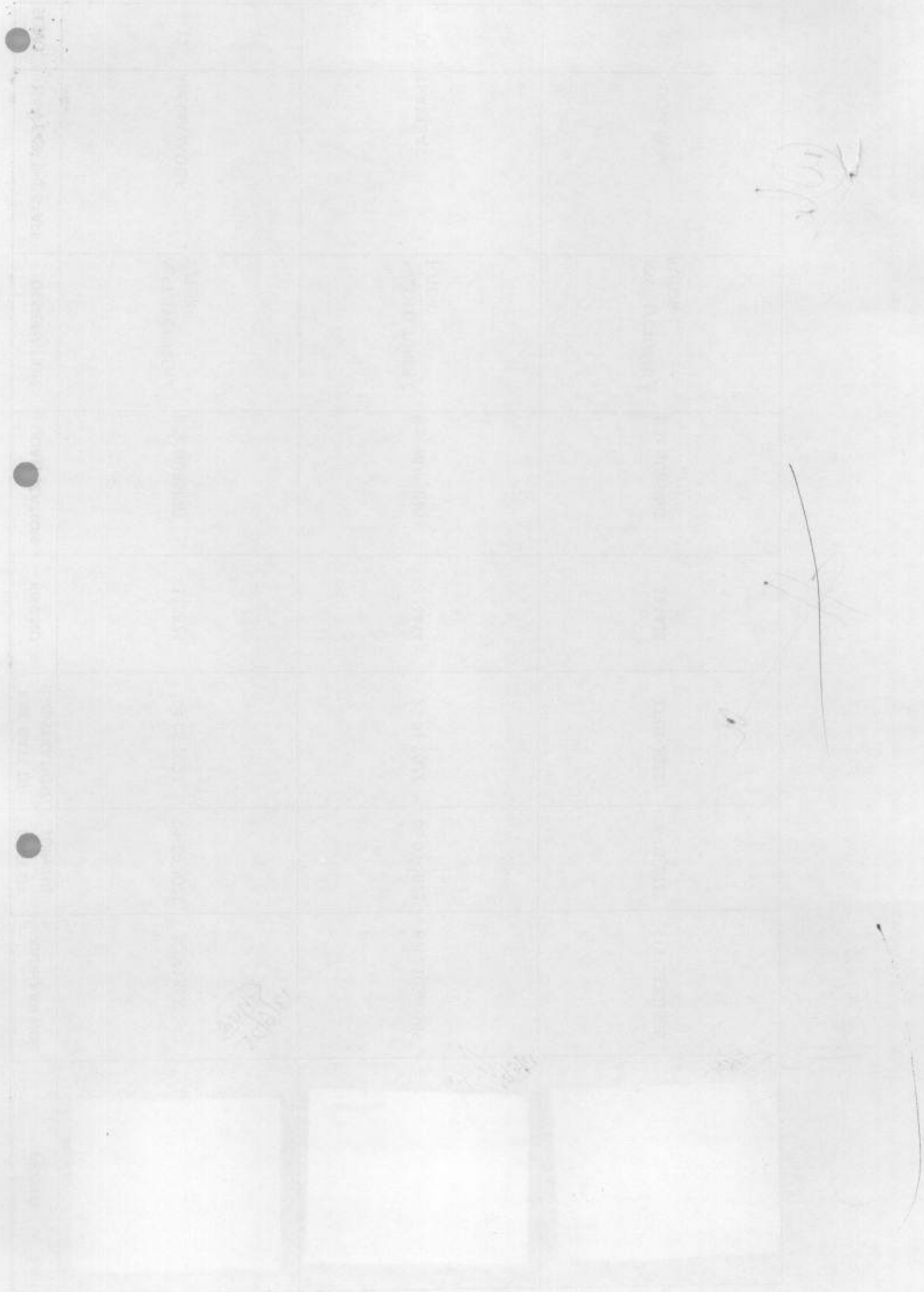
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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
16	ANJIMA E TOMY	ASST. LECTURER / TUTOR	B.Sc NURSING	153279	29-01-2024	02-01-2024	623311354685 <i>[Signature]</i> 13/01/24	
17	ARADHANA	ASST. LECTURER / TUTOR	B.Sc NURSING	157877	28-02-2024	03-01-2024	762607916543 <i>[Signature]</i> 13/01/24	
18	HEPHZY ROY	ASST. LECTURER / TUTOR	B.Sc NURSING	156104	15-02-2024	03-01-2024	387780964987 <i>[Signature]</i> 13/01/24	

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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
19	HARSHITHA L	ASST. LECTURER / TUTOR	B.Sc NURSING	147745	08-12-2023	03-01-2024	848531995157 <i>Harshitha</i> 13/06/2025	
20	MOHAMMED NIHAL	ASST. LECTURER / TUTOR	B.Sc NURSING	161573	28-08-2024	01-01-2025	324680055799 <i>Nihal</i> 13/06/25	
21	SREELAKSHMI K S	ASST. LECTURER / TUTOR	B.Sc NURSING	178208	05-06-2025	24-04-2025	<i>Sreelakshmi</i> 13/6/25 540907508487	

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SL.NO.	NAME OF THE STAFF	DESIGNATION	QUALIFICATION	KNC NO.	KNC DATE OF REGISTRATION	DATE OF JOINING	AADHAAR NO	PHOTO
22	PRIYA K P	ASST. LECTURER / TUTOR	B.Sc NURSING	58667	20-03-2014	11-01-2025	318661543060	 15/06/25
23	C SAHANA	ASST. LECTURER / TUTOR	B.Sc NURSING	124443	27-01-2022	06-03-2022	750442727129	 15/06/25
24	RAJANI C P	ASST. LECTURER / TUTOR	B.Sc NURSING	100253	03-01-2020	05-12-2021	996961617566	 15/06/25


13/6/25



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