Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Ismail J S	Dr. Saleemulla Khan	Suhasini Hirepatt
Designation	Professor	Principal	Asso. Prof
Address	IIAMR Bangalore	PA College of Pharmacy, Mangalore	Al-Qurtar College of Nursing - Kalburgi
Mobile No	9739309658	9916877900	9901691667
Email ID	dr.js29@rediffmail.com.	Saleemulla@pacp.co.in	dr.suhasinihirepatt@gmail.com

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 08.08.25

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	SUNFLOWER COLLEGE OF NURSING ARASINAKUNTE, NELAMANGALA TQ. BANGALORE RURAL-562123	2	Year of Establishment: 2021-22
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	BHAVANA EDUCATION TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Bhavanaeducationtrust@gmail.com		Website:
		Office No:		Mobile No: 9538055599

08.08.25
Signature of Chairman
Dr Ismail J S.

Signature of Member (1)
Dr. Saleemulla Khan
AC Member

8/8/25
Signature of Member (2)
Subject Expert

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. Bhavana . R 9591971799		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 5 . (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Prof. Deepak. B.V Qualification: MSc(N) Experience after MSc: 15 years Email: deepakbv160784@gmail.com	Mobile No: 9166217076 Office No: Fax No: Residential phone No: 9166344327	
	b) Drawing authority of the college	Secretary Dr. Bhavana . R	—	
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details: **Annexure - 4**

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation	1,30,000		1,050/-	25,000/-	1,56,050/-
Post Basic B.Sc. Nursing						
					Total (A)	1,56,050/-

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.	NIL	
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	

08.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details: BD0000000075585 97

Remarks: Fee paid 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	MED87MPS2021 Annexure - 5	RGU/AFF/NSG/COA/01/2025 Annexure - 6	1157 Annexure - 7	156566 Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	2024-25	2024-25	2024-25	2024-25	
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	

08.02.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	19	23	18	23	83
	Female	21	11	19	17	68
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

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--------

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) NA

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--------

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: Attendance registers are verified & enclosed.

08.08.25

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

12. Teaching Faculty Requirements for all Nursing Programs:

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

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

08.09.25

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

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

08.09.25

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. DEEPAK B.V	PRINCIPAL	MSC(N) PEDIATRIC	2012	11532	01 YRS	15 YRS	08/09/25	Yes	
2.	PROF. AMBINA PASHA	VICE PRINCIPAL	MSC (N) OBG (N)	2015	35046	09 YRS	10 YRS	01/03/25	NO	
3.	MR. AJAY KUMAR	ASSO PROFESSOR	MSC (N) MENTAL H	2016	58723	01 YRS	09 YRS	01/03/25	NO	
4.	MS. CHAYADEVI H R	ASSO PROFESSOR	MSC(N) OBG	2020	73880	3 YRS	4 YRS	10/09/24	NO	
5.	MR. NAGBHUSHAN	ASSO PROFESSOR	MSC(N) MSN	2018	104066	2 YRS	6 YRS	11/04/22	NO	LEAVE
6.	MR. SHIVA KUMAR S	ASST PROFESSOR	MSC(N) MSN	2020	123317	2 YRS	4 YRS	03/01/25	NO	
7.	MR. USAMA AHAD	LECTURER	MSC(N) CHN	2024	109455	1 YRS	7 months	2/1/25	NO	
8.	MR. MIR DANISH ALIAF	LECTURER	MSC(N) PEDIATRIC	2024	125043	1 YRS	7 months	3/2/25	NO	ZAMU
9.	MR. KARISIDDANAGOWDA PATIL	ASST. LECTURER	B.SC(N)	2009	10762	15 YRS		2/5/25	NO	
10.	MR. NAGENDRAPPA R	ASST. LECTURER	BSC(N)	2020	140730	04 YRS		2/3/22	NO	
11.	MS. PRAMODHINI	ASST. LECTURER	BSC(N)	2021	145787	3.6 YRS		12/3/25	NO	
12.	MS. SHENAZ TAJ	NURSING TUTOR	B.SC(N)	2025	181438	6 months		8/2/25	NO	
13.	MS. NISHA PARBEEN	NURSING TUTOR	B.SC(N)	2025	174851	6 months		8/2/25	NO	
14.	MS. RUCHITA BAIS	NURSING TUTOR	B.SC(N)	2024	177867	1 month		7/7/25	NO	
15.	MS. S HOBHA	NURSING TUTOR	B.SC(N)	2024	172169	1 month		7/7/25	NO	
16.	MS. PUJA	NURSING TUTOR	B.SC(N)	2025	170417	2 month		18/7/25.	NO	
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08.09.25

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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08.08.25

Signature of Chairman

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Signature of Chairman 12.08.25

Signature of Member (1)

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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.

08.08.25

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

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

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

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	23,200 Sq. ft	Verified.
	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	900 Sq. ft. x 4 = 3600 Sq. ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	–	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq. ft	Building plan approved by competent Authority is verified & enclosed
	2. Vice-Principal Chamber	200	200 Sq. ft	
	3. HOD	5 x 200 = 1000	1000 Sq. ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq. ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600 Sq. ft	
	7. Accountants Office	**100**	100 Sq. ft	
	8. Store Room	**100**	100 Sq. ft	
	9. Record room	**100**	100 Sq. ft	
	10. Room for maintenance staff	**100**	100 Sq. ft	
	11. Xeroxing room	**100**	100 Sq. ft	
	12. common room (Girls & Boys)	600+400= 1000	1000 Sq. ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sq. ft	
	14. Toilets	1000	1000 Sq. ft	

08.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	600 Sq.ft	✓

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

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Annexure – 12

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	Leased
2	**Is the college building own or leased ?**	Yes
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)**	Verified & enclosed
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

08.09.25

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA12A2732	40	✓ Yes / No	✓ Yes / No	✓ Yes / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2,000 Sq.ft	YES ☑ No ☐	✓	✓	✓

Total No. of Nursing Books available	2,499	No. of Nursing Journals subscribed	4
No. of Thesis/Research titles available	NA	Is internet facility available for Students?	✓
No of e-books	04	How many books were purchased in last financial year?	700

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs. Swathi. K.S	M.Lib	8 years	—

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

08.08.25

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	–	–
Conferences attended	–	–

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

Annexure - 16

18. Details of Clinical / Hospital Facilities :

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 SUNFLOWER HOSPITAL Vijayanagar, Banglore MOU(Registered parent hospital MOU)		100	18 Km	85%	Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Bhavana. R					
Name Of The Owner Of The Trust of Hospital					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1			LCA	
	2				
	3				

07.08.25

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

	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks: The college owner and parent hospital ie Sunflowers Hospital owner are the same. Dr Bhavana & Dr Girdhar both are the Trustees of Bharan Education Trust. The KSPME → Level 3 & PCB is 100 Bed Strength, Both the certificates are verified and found to be correct & enclosed. Clinical Fee paid receipts are verified and enclosed.

08.08.25

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	19		
Surgery including OT	20	17		
Obstetrics & Gynecology	10	10		
Pediatrics,	05	05		
Emergency Medicine	05	05		
Psychiatry	05	03		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	02		
Minor OT	01	01		
Dental, Otorhinolaryngology, Ophthalmology	02	02		
Burns and Plastic	02	01		
Neonatology care unit	04	03		
Communicable disease/Respiratory medicine/TB & chest diseases	01	01		
Dermatology	03	01		
Cardiology	02	01		
Oncology	03	02		
Neurology/Neuro-surgery	05	03		
Nephrology/Urology	02	01		
ICU/ICCU	05	03		

08.08.25

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

Geriatric Medicine	04	03		
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	THAMAGONDU
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	19 Km
b. Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :	
a. Name of CHC / PHC / SC	MAKLI
Adopted / Affiliated	
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	05 Km
b. Services Rendered by Health & Family Welfare Programmes	
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** ☑

08.08.25

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

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

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 25,000	
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 : 68	Boys : 80
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 ☐

08.08.24

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	—		

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

LIC Team Observations:

The LIC team had visited Sunflower college of nursing on 08.08.2025 for continuation of affiliation for the year 2025-26 for BSc nursing - for 40 intake. On the day of inspection, LIC team had made the following observations:

(1) General Information: The college is established in the year 2021-22. The college is affiliated with RGUHS, INC & INC

(2) Infrastructure: Trust Deed, Audit report for last 3 years, Tax paid receipts,

(Contd)

08.08.25
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Ismail
T.P.

(contd):

Lease agreement for 30 years which is registered in Sub registrar office, Building plan approved by competent authority & Dishonis app are verified and found to be correct & are enclosed.

3) college: The college building is around 23,200 Sq.ft. [G+4). Building plan approved by competent authority is verified & enclosed. The college is having 4 classrooms & 5 Labs with well equipped.

4) Faculty: on the day of inspection, Principal & 14 faculties are physically present with their required documents. 01 faculty was on Leave. Leave Letter is enclosed. Total = 15 faculties.

5) Hospital: The college is having parent hospital ie Sunflower hospital. Hospital owners Dr Bhavana & Dr Girdhar are the Trustee of the college Trust. ie Bhavana Educational Trust. The ISPME & PCB certificates are verified and found to be 100 Bed Strength, the same are enclosed

(contd)

08.08.25
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Ishwardas 59

(contd):

The clinical fee paid receipts are verified and enclosed.

(6) Library: The college Library is having 2499 books. Seating arrangements, Ventilation & Lighting arrangements are good. The Librarian present on the day of inspection.

(7) Hostel: The college is having Separate hostels for both Girls & Boys.

08.08.25

Signature of Chairman

Member 1

Member 2.

Dr Ismail JB

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SUNFLOWER 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 08/08/25 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.

08.08.25

Senate Member (Chairman)

Dr Ismail D

TJ.

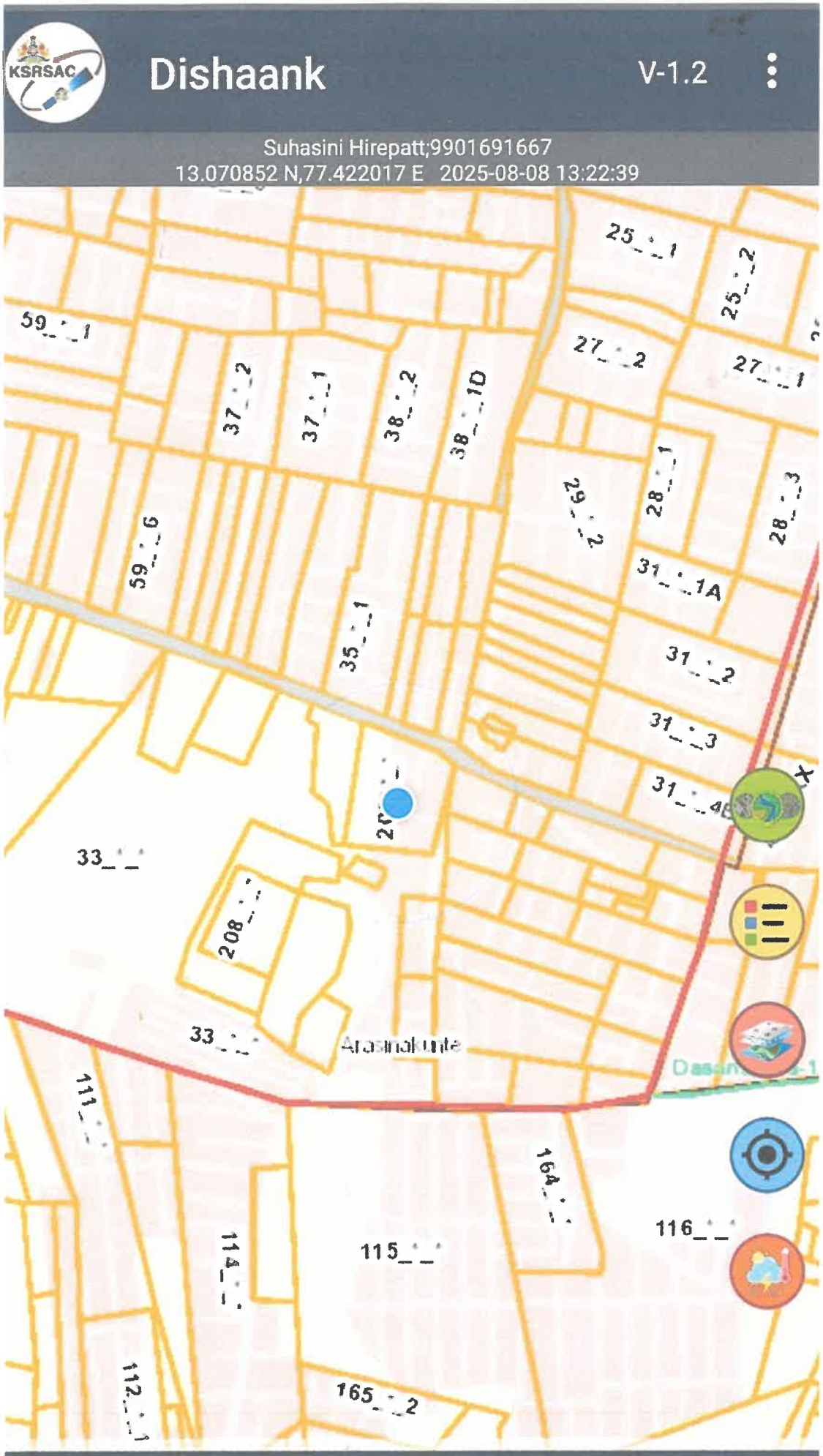
A C Member (Member)

Subject Expert (Member)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)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28_*_3
31_*_1A
35_*_1
31_*_2
31_*_3
33_*_*
208_*_*
33_*_*
Arasinakunte
111_*_*
164_*_*
116_*_*
115_*_*
114_*_*
112_*_1
165_*_2
Click on the map to know the details
Measurement Tools
Search Sy No

Village Map data

Survey No	:209
Village Name	:Arasinakunte
Hobli Name	:Kasaba
Taluk Name	:Nelamangala
District Name	:Bengaluru (Rural)
Adjacent Survey No. within 30mts	210,33

MORE DETAILS

Owners Details

Surnoc No. : *

Hissa No. : *

OWNERS RTC

Owner Name	:	ಜಿ.ವಿ.ಕುಮಾರ್ - ಬಿನ್ ಗಂಗಹನುಮಯ್ಯ
Extent	:	2 : 0 : 0
Is he main owner ?	:	YES
Land Type ?	:	PRV
Is land Govt. restricted ?	:	NO
Is there a court stay ?	:	NO
Is land Alienated ?	:	NO
Any Trnsc running ?	:	NO
Owner Name	:	ಕೆ.ಎಸ್.ಶಿವಶಂಕರ - ಬಿನ್ ಕೆ.ಸಿದ್ದಗಂಗಯ್ಯ
Extent	:	1 : 31 : 0
Is he main owner ?	:	YES
Land Type ?	:	PRV
Is land Govt. restricted ?	:	NO
Is there a court stay ?	:	NO
Is land Alienated ?	:	NO
Any Trnsc running ?	:	NO

For more details please visit : https://landrecords.karnataka.gov.in/service53/


BHAVANA EDUCATION TRUST (R)
ಸನ್‌ಫ್ಲವರ್ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್
SUNFLOWER COLLEGE OF NURSING
ಸನ್‌ಫ್ಲವರ್ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್
SUNFLOWER COLLEGE OF NURSING
Ph: 9538055599 / 9591971799
GPS Map Camera
Arasinakunte,Karnataka,India
Shivanapura Road, Nelamangala, Arasinakunte,
Karnataka 562123, India
Lat 13.070923, Long 77.422188
08/08/2025 12:52 PM GMT+05:30
Note : Captured by GPS Map Camera

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10951773079701X**
Certificate Issued Date	:	06-Aug-2025 02:13 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NELAMANGALA3/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKACRSFL0837383707860730X
Purchased by	:	BHAVANA EDUCATION TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BHAVANA EDUCATION TRUST
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	BHAVANA EDUCATION TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
Town Co-Op. Society (Ltd.)
B.H. Raod, Nelamangala

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

I/We the Secretary of the trust **DR. BHAVANA. R** submitting the affidavit to University. The trust **BHAVANA EDUCATION TRUST** is running/managing the **SUNFLOWER COLLEGE OF NURSING** since 4 years.

Bhavana.R
Secretary
Bhavana Education Trust
#181, 3rd Cross, 2nd Block,
3rd Stage, Basaveshwaranagar,
Bangalore - 560079

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.

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10950951993624X**
Certificate Issued Date	:	06-Aug-2025 02:13 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ NELAMANGALA3/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKACRSFL0837380673368691X
Purchased by	:	SUNFLOWER HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SUNFLOWER HOSPITAL
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	SUNFLOWER HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Authorised Signatory
Town Co-Op. Society (Ltd.)
B.H. Raod, Nelamangala

Please write or type below this line

UNDERTAKING

I/We, **DR. BHAVANA.R** is the Owner of the **SUNFLOWER HOSPITAL** situated at **VIJAYANAGAR, BANGALORE**. This is to confirm that our **SUNFLOWER HOSPITAL** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached.

Bhavana

SUNFLOWER HOSPITAL
No.72, 14th Cross, Vijayanagar,
Pipeline Road,Cholurpalya,
Bengaluru - 560 023.

This is to confirm that the **SUNFLOWER HOSPITAL** is functioning as parent for **SUNFLOWER COLLEGE OF NURSING**. We also confirm that our hospital is solely affiliated to **SUNFLOWER COLLEGE OF NURSING** and is not affiliated to any other nursing college. The information provided by us is true and correct.

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