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. Subhash Indi	Ms. Sudeena Vijaykumar	Mr. Gurulingappa S.
Designation	Senate Membu RGUHS Asst. Professor.	Proff. Principal	Professor.
Address	BLDEA college of Nursing Neo arts college, 3H12, Bangalore-560130	G. Ramakrishna college of Nursing.	HKES college of Nursing, Kalburgi
Mobile No	8123374800	9740262494	9886009917
Email ID		sudeenavijaykumar@gmail.com	

Inspection For the Academic Year : 2025-26 *Date of Inspection:* 10/08/2025

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	Sulaiman college of Nursing, Bidar. Noor colony, Near Horticulture centre, Halabdkeri (K), Hyd Road, Bidar	2	Year of Establishment: 2003
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	Noor Educational Trust, Noor colony, Near Horticulture centre, Hyd Road, Bidar. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: sulaimancollegeofnursing@gmail.com	Website: noureducationaltrust.co.in	
		Office No:	Mobile No:	

Signature of Chairman
Dr. Subhash Indi
(Senate Member)

Signature of Member (1)
10/8/25
[DR. Sudeena. V]
Academic Council Member.

Signature of Member (2)
10/8/25
Gurulingappa. S.
(Subject Expert)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Md. Ayaz Khan.	
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**	
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** Christina Praveen **Qualification:** Principal **Experience after MSc:** 17 **Email:**sulemancollegeofnursing@gmail.com	**Mobile No:**9341175267 **Office No:** 08482-221997 **Fax No:** 08482-223696 **Residential phone No:**
	b) Drawing authority of the college		

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing		1,92,575/-			32500/-	2,25,075/-
Post Basic B.Sc. Nursing		192575/-				192,575/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.	5 X 2000	10000/-
	2.	5X2000	10000/-
	3.	5X2000	10000/-
	4.	5X2000	10000/-
	5.	5 X 2000	10000/-
		Total (B)	50000/-
NPCC			8000/-
		Total (C)	
		Grand Total (A+B+C)	4,75,650/-

Online Transaction Number or Details: ZSBI46H09N4K35, dated - 30/12/2024

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

10/8/25

Gurulingappa.S.m

Remarks:

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	89/CGM/2005 d- 15-09-2005 Annexure - 5	RGU/AFF/NUR/ NF153/2022-23 Annexure - 6	1152-V-III : 2003-04 Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	167/MPS2010 d- 22-04-2010 Annexure - 5	RGU/AFF/NUR/ NF153/2022-23 Annexure - 6	KNC: 285: 2010 -11 Annexure - 7	Annexure - 8	
	Sanctioned Intake	50	50	50	50	
	Admissions Made for the Current Academic Year	50	50	50	50	
M.Sc. Nursing in a. Community Health ✓ b. Medical Surgical ✓ c. OBG ✓ d. Paediatric ✓ e. Psychiatry ✓	Approval Letter No. and Date	MED:82:MSF 2021-22 d-01-03-2021 Annexure - 5	RGU/AFF/NUR/ NF153/2022-23 Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	-	-	
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)

10/8/25

	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	32	28	30	31	121
	Female	28	32	30	29	119
Post Basic B.Sc Nursing	Male	26	26	-	-	52
	Female	24	24	-	-	48
M.Sc Nursing	Male	14	03	-	-	17
	Female	11	8	-	-	19
M.Sc NPCC	Male	-		-	-	-
	Female	-	-	-	-	-

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

Annexure - 9

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Annexure –10

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

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

10/8/25

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*		2	1						
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		3	2	3					
6	Tutor	8-16	16-24				2-10	--		30							
	Total	**16-24**	**24-40**				**4-12**			45	3	3					

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

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

250 students				
* **Aadhar based biometric attendance for students**				

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

10/8/15

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. CHRISTINA	Principal	MSc. Nursing	2006	30027	07	18	06-11-12		
2.	MD. YOUSUF KHAN	VICE-Principal	MSc (N)	2015	008642	04	09	25-10-15		
3.	SHAHIDA PRAVEEN	Asst prof	MSc (N)	2015	008273	03	09	26-2015	Yes	S. parveen
4.	MD. IRFAN KHAN	Asst. prof	MSc (N)	2016	008946	04	08	20-08-16	Yes	Irfan
5.	Mrs. RUQAIYYA FATIMA	Asso. prof	MSc(N)	2016	009006	08	08	31-08-16	Yes	Ruq
6.	Mr. HAMENDAR KUMAR	Asso. prof	MSc(N)	2010	002334	03	15	5-7-18	Yes	Ham
7.	Mrs. GEETA KUMARI	Prof	MSc (N)	2011	003463	03	14	21-7-12	Yes	Geeta
8.	MR. MATHEW P JOY	Prof	MSc (N)	2012	005001	01	13	25-02-19	Yes	Mathew
9.	MR. MOHD MOSIN KHAN	Asso. prof	MSc(N)	2012	004591	02	13	2-01-19	Yes	
10.	Mrs. CHEEDI VITORIA DAS	Prof	MSc (N)	2012	005195	04	13	23-03-13	Yes	
11.	Mrs. SUNITA DEVI GULLIPALLI	Prof	MSc (N)	2012	003414	05	13	11-07-11	Yes	Sunita
12.	Mrs. BUSI ELIZABETHRANI	Reader	MSc(N)	2010	002455	06	15	20-7-10	Yes	Eliza
13.	Mr. RAMKUMAR GARGI	Reader	MSc(N)	2010	002012	05	15	5-7-10	Yes	Ramkumar
14.	Miss. KHUSHBU SHARMA	TUTOR	BSc (N)	2013	058871	09		18-08-16	Yes	Sharma
15.	Miss. JINCY K.J	Clinical Instr	BSc(N)	2013	057423	09		8-7-16	No	Jincy
16.	Mr. SUNANDKUMAR S	TUTOR	PBBSc(N)	2020	106186	02		01-04-23	No	Sunand
17.	Mr. MOHD ISMAIL	TUTOR	PBBSc(N)	2021	134862	02		01-04-23	No	Ismail
18.	Mrs. RENU RAJENDRA	LECTURER	BSc(N)	2007	4304	16		04-11-09	No	Renu
19.	AMAR	TUTOR	BSC(N)	2024	161615	01		07-09-24	No	Amar
20.	RABIKA	TUTOR	BSC(N)	2024	162549	01		04-10-24	No	Rabika
21.	Mr. SYEDMUNAWAR	TUTOR	BSC(N)	2023	139086	02		15-12-22	No	Munawar
22.	VISHAL	TUTOR	BSC(N)	2021	121822	03		3-02-22	No.	Vishal

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

23.	Mr. DHANAJI SAGAR	Lecturer	PBBSc(N)	2019	188775	02		01-07-23	No	Dhanaji
24.	Mr. DEEPAK BHASKARAN	Lecturer	BSc(N)	2008	6841	18		14-02-07	No	Deepakbha
25.	Ms. SUREHA E	Lecturer	BSc (N)	2009	021518	15		10-08-10	No	Sureha
26.	Ms. SUNITA M.S	Lecturer	BSc(N)	2009	021364	15		1-3-10	No	
27.	Ms. SHERIN CHACKO	Lecturer	BSc(N)	2009	021361	15		08-08-10	Yes	Sharin
28.	Mr. ALSAJ .S	Lecturer	BSc(N)	2009	021362	15		1-07-10	Yes	Alsaj
29.	Ms. ASEENA .N	Senior Tutor	BSc(N)	2009	021353	15		05-08-10	Yes	Aseena.N
30.	Mr. ABDUL MAZHAR	TUTOR	PBBSc(N)	2013	007796	09		18-08-16	No	Mazhar
31.	Ms. NEETHU M.S	clinical Instr.	BSc(N)	2013	057815	09		12-07-16	No	Sunitha
32.	Ms. SHWETH	TUTOR	BSc(N)	2022	130303	02		01-07-23	No	Shweta
33.	Ms. SUNITA	TUTOR	BSc(N)	2022	130363	02		01-07-23	No	Sunitha
34.	Mr. LINGANAND	TUTOR	BSc(N)	2023	144545	01		09-01-25	No	Linganand
35.	Ms. VANISHREE	TUTOR	BSc(N)	2023	137858	01		11-01-25	No	Vanis
36.	Ms. SHRIDEVI	TUTOR	BSc(N)	2022	129715	02		15-01-25	No	Srideevi
37.	Mr. OMPRAKASH	TUTOR	BSc(N)	2023	142152	01		17-1-25	No	omprakash
38.	Mr. SHASHIKANT	TUTOR	BSc(N)	2024	162754	01		28-01-25	Yes	Shashikant
39.	Mr. MD ABDUL REHMAN	TUTOR	BSc(N)	2021	119190	03		10-01-25	No	Abdulla
40.	Mr. SHAIK MEHEBOOB	TUTOR	BSc(N)	2022	146546	01		04-01-25	No	S.Mehboob
41.	Mr. MD TOUSEEF ALI	TUTOR	BSc(N)	2015	64179	10		04-01-25	No	Touseef
42.	Mr. SYED IBRAHIM	TUTOR	BSc(N)	2022	137547	02		4-02-25	No	Ibrahim
43.	BABITA	TUTOR	BSc(N)	2024	163706	01		22-02-25	No	Babita
44.	Mr. MOHD IMRAN KHAN	TUTOR	BSc(N)	2024	167326	01		27-05-24	No	Imran
45.	Mr. SYED FARAZ	TUTOR	BSc(N)	2023	144552	02		04-01-25	No	Faraz

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)** 10/8/25

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

1-18-25

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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)**

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	60,000 Sqft	✓
	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	1250 x 5 = 6250 sqft	✓
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1250 x 3 = 3750 sqft	✓
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1250 x 3 = 3750 sqft	✓
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	550 sqft	✓
	2. Vice-Principal Chamber	200	450 sqft	✓
	3. HOD	5 x 200 = 1000	1200 sqft	✓
	4. Professor/Assoc. Prof	800+2400=3200	3500 sqft	✓
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	2550 sqft	✓
	7. Accountants Office	**100**	900 sqft	✓
	8. Store Room	**100**	2550 sqft	✓
	9. Record room	**100**	1000 sqft	✓
	10. Room for maintenance staff	**100**	2550 sqft	✓
	11. Xeroxing room	**100**	900 sqft	✓
	12. common room (Girls & Boys)	600+400= 1000	2000 sqft	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3500 sqft	✓
	14. Toilets	1000	2000 sqft	✓

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

	15. A.V/Aids room	600	900 sqft.	✓

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	1800 sqft	✓
	Nutrition & Community Health Nursing	1200sq.ft	1260 sq ft	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	1260 sqft	✓
	Pediatrics Nursing Laboratory	900sq.ft	1260 Sqft	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	1250 sqft	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	1800 Sqft	✓

Note:

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

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

Building Documents: **Annexure – 12**

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

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment

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

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

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
3	KA 38 4533 KA 38 4951 KA 38 5285	33, 26, 17	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	2580 sqft	YES ☑ No ☐	— Enclosed —		

Total No. of Nursing Books available	3600	**No. of Nursing Journals subscribed**	25
No. of Thesis/Research titles available	650	**Is internet facility available for Students?**	Yes
No of e-books	45	**How many books were purchased in last financial year?**	225

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	Mrs. Vani Sarah	M. Lib	14 yrs.	
02.	Mrs. Savita	M. Lib	10 yrs.	
03	Mr. Rafeeq Ahmed	D.Lsc	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	— NIL —	

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

Conferences conducted		
Conferences attended	NA	

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

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

1	**Do you have parent Medical College?**	**YES** ☐	**NO** ☑
2	**Do you have parent hospital?**	**YES** ☑	**NO** ☐
	If Yes, Hospital Owned by	**i. Trust/Society/Missionary** ☑	
		ii.Trust member with MOU ☑	

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)		100	1km	80%	✓
NAME OF THE TRUST/ Person owning The Hospital Noor Educational Trust					✓
Name Of The Owner Of The Trust of Hospital Dr. Md Ayaz Khan					✓
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Govt. Hospital	750	4 km	72%.	✓
	2 Prayari Hospital	150	3 km	76%.	✓
	3 Gurunanak	100	6 km.	75%	✓

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 10/8/15

	(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:

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	30	92-1.	395	95-1.
Surgery including OT	25	80-1.	380	85-1.
Obstetrics & Gynecology	10	80-1.	105	90-1.
Pediatrics,	10	70-1.	95	82-1.
Emergency Medicine	20	90-1.	290	85-1.
Psychiatry	05	60-1.	50	75-1.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	80-1.	22	77-1.
Minor OT	06	75-1.	75	94-1.
Dental, Otorhinolaryngology, Ophthalmology	-	-	25	80-1.
Burns and Plastic	07	72-1.	70	85-1.
Neonatology care unit	05	60-1.	50	82-1.
Communicable disease/Respiratory medicine/TB & chest diseases	10	90-1.	25	92-1.
Dermatology	05	60-1.	20	80-1.
Cardiology	05	80-1.	30	89-1.
Oncology	-	-	10	60-1.
Neurology/Neuro-surgery	-	-	20	92-1.
Nephrology/Urology	-	-	20	80-1.
ICU/ICCU	02	50-1.	80	90-1.
Geriatric Medicine	03	100-1.	50	85-1.

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

Any other	05	60%.	80	80%.

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**	MCH & FW Jarwada PHC Centre
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	12 km
b.	Services Rendered by Health & Family Welfare Programmes	Yes
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Bidri colony PHC Maloor Ring Road
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	05 km
b.	Services Rendered by Health & Family Welfare Programmes	Enclosed
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** ☐

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

10/8/25

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 31000 (for Boys) 25500 sqft (Girls)	
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 : 65	Boys : 45
f.	Total No. of rooms	Girls : 25	Boys : 30
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	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	✓		
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	✓		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

10/8/24

	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:

On the day of inspection this institution having the facility as follows.

→ physical infrastructure :- This institution having the infrastructure like classroom, labs, library, staff room, all the documents verified & found correct.

→ Clinical facility :- This institution established in 2003. this institution affiliated with Govt. hospital, & this institution having the parent hospital 100 beded. K.P.M.E.R & PCB certificate verified & found correct, & this institution affiliated with private hospital like, Prayasi, Gurunanak, Arogya Shree, Sparsh, Vakmegna, Bhakti hospitals,

→ Teaching facility :- On the day of inspection. Principal, teaching & non teaching staff were present all the original documents verified & found correct

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

10/8/17

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

10/8/25

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Sulaiman 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 10/8/2025 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	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

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

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

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

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

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

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

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

***Note Undertaking should be given in affidavit**

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

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA13721684310630X
Certificate Issued Date	:	10-Aug-2025 01:28 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ BIDAR17/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842627653222491X
Purchased by	:	TRUSTEE NOOR HIGHWAY HOSPITAL AND RESEARCH CENTRE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	TRUSTEE NOOR HIGHWAY HOSPITAL AND RESEARCH CENTRE
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	TRUSTEE NOOR HIGHWAY HOSPITAL AND RESEARCH CENTRE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY
MOHD.IDRIS
ADVOCATE & NOTARY
DIST.BIDAR
REGD. No.8795
GOVT. OF INDIA

UNDERTAKING

I/We, **MOHD AYAZ KHAN S/O M KHURSHEED KHAN** is/are the Owners/MD/CEO/Board Members of the NOOR HIGHWAY HOSPITAL situated at Halladkeri(K), Hyderabad Road Bidar.

This is to confirm that our hospital NOOR HIGHWAY 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 is functioning as affiliated/parent/own hospital for SULEMAN COLLEGE OF NURSING BIDAR.

We also confirm that our hospital is solely affiliated to SULEMAN COLLEGE OF NURSING BIDAR and is not affiliated to any other nursing college.
The information provided by us is true and correct.

TRUSTEE
Noor Highway Hospital &
Research Centre Bidar

ATTESTED BY ME

10 AUG 2025

MOHD IDRIS B.A.,LL.B(Spl)
ADVOCATE & NOTARY, GOVT. OF INDIA
H.No.4-1-44, Noor Khan Taleem,
BIDAR-585401 (K.S.)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA13721597120814X
Certificate Issued Date	:	10-Aug-2025 01:27 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ BIDAR17/ KA-BD
Unique Doc. Reference	:	SUBIN-KAKAGCSL0842627775674742X
Purchased by	:	CHAIRMAN SULEMAN COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SULEMAN COLLEGE OF NURSING
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN SULEMAN COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY MOHD.IDRIS ADVOCATE & NOTARY DIST:BIDAR REGD No:8795

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust **NOOR EDUCATIONAL TRUST(R) BIDAR** are submitting the affidavit toUniversity.

The trust **NOOR EDUCATIONAL TRUST(R) BIDAR** is running/managing the colleges

1. **SULEMAN COLLEGE OF NURSING** since **2003.**

NOTARY
MOHD.IDRIS
ADVOCATE & NOTARY
DIST.BIDAR
REGD.No.8795
GOVT. OF INDIA

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
NOOR EDUCATIONAL TRUST (R)
BIDAR - 585401 (KARNATAKA STATE)

TRUSTEE
Noor Highway Hospital &
Research Centre Bidar

ATTESTED BY ME

10 AUG 2025

MOHD IDRIS B.A.,LL.B(Spl)
ADVOCATE & NOTARY, GOVT. OF INDIA
4-1-44, Noor Khan Taleem
BIDAR-585401 (K.S.)