



KARNATAKA STATE NURSING COUNCIL

#71, Nightingale Towers, 'A' Street, 6th Cross, A.R. Extension, Near
Movieland Theater, Gandhinagar, Bengaluru, Karnataka 560009

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INSPECTION PROFORMA FOR SCHOOL / COLLEGE / INSTITUTE OF NURSING

(All parameters are to be verified in person by the designated Inspectors & Copies of necessary
verified documents attested by the Principal to be attached along with this report)

Date of Inspection:.....

Type of Inspection:

Nursing Programme	First Inspection	Re-Inspection	Re-start	Enhancement of seats	Surprise Inspection	Periodic /Yearly Inspection	Change of address
ANM							
GNM							
Basic B. Sc (N)							
Post Basic B. Sc (N)							
M. Sc (N)							
P.B. Diploma Programs specify.....							

1	Name of the Institution	
1.1	Full address of the Institution with Pin-code	
1.2	Telephone No. with STD Code	
1.3	Fax No. with STD code	
1.4	Email ID of the Institution	
1.5	Website of the Institution	
1.6	Name of Principal	

Signature of Inspector (1) : Signature of Inspector (2) :

2	Administrative control	1. Government <input type="checkbox"/>	2. Autonomous <input type="checkbox"/>
		3. Trust <input type="checkbox"/>	4. Society <input type="checkbox"/>
		5. Missionary <input type="checkbox"/>	6. Defence <input type="checkbox"/>
		7. University <input type="checkbox"/>	8. Others <input type="checkbox"/>
3	Name of the Trust / Society with its full address		

Enclose: Trust / Society Registration documents & the list of registered members - ANNEXURE No. :

4	Name & Address of the Examining Board / University.	For Diploma / P.B. Diploma Programs	For UG/ PG Nursing Programs
5	Government of Karnataka order Number & Date.		

Enclose: Copy of permission from Government of Karnataka - ANNEXURE No. :

6	Number of seats sanctioned by	State Government	Karnataka State Nursing Council	University	Proposed
	ANM				
	GNM				
	B.Sc Nursing				
	Post Basic B.Sc Nursing				
M.Sc Nursing	Medical Surgical Nursing				
	Community Health Nursing				
	Pediatric Nursing				
	Psychiatric Nursing				
	OBG				
	M.Phil Nursing				
	Ph.d Nursing				

Enclose: Copy of permission from KSNC & University - ANNEXURE No. :

Signature of Inspector (1) : **Signature of Inspector (2) :**