



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

4th T Block, Jayanagar, Bangalore – 560 041

Dr.K.B.Lingegowda
Registrar (Evaluation)

Ph: 080-26961944, 26961946, Fax: 26961931
Email: registrareva@yahoo.co.in

RGUHS/R(E)/UG/Nursing/2020

Date:29.07.2020

CIRCULAR

To,
The Principals
All Nursing Colleges affiliated to RGUHS

Sir/Madam,

Sub: Updating the examination panel of B. Sc. Nursing & PB B. Sc.
Nursing -2020-21.

In continuation of the letter mentioned in reference above, this is to inform you that the university is completely revamping the existing panel of examiners list, hence, you are hereby informed to submit the list of all eligible teaching faculty members (Who have minimum 3 years teaching experience at collegiate level [B. Sc. Nursing &/ PB B. Sc. Nursing] after getting results of their M. Sc. Nursing) of your Institution as per the proforma enclosed along with relevant self attested supportive documents.

Please note the above details should reach to the University in Hard form (along with relevant documents) by speed post / registered post without fail by **18thAugust, 2020**.

Note:

1. The Principal will be responsible for any false or incorrect information. In such instances disciplinary action will be taken as per RGUHS Norms.
2. All relevant documents with self attested copy should be enclosed.
3. Teachers email id is mandatory.
4. The Teachers Details should be submitted in the enclosed prescribed format only.
5. Updation of teachers database after the due date will not be entertained.

KINDLY TREAT THIS AS MOST URGENT

Thanking you,

By Order,

Registrar (Evaluation)

Rajiv Gandhi University of Health Sciences, Karnataka

List of UG Nursing Teachers for inclusion of their names in the Panel of Examiners for the year 2020-21

Name & Address of the College.....

College Code.....

Course offered:

Department.....

SL No	Name of Faculty with Designation,	TIN No	Date of Birth and age	Qualification with specialization	Date, Month & Year of Passing (Result)			KNC Registration No. & Date of Renewal	Date of Joining present institution	Teaching experience at Collegiate level after passing (results) M. Sc. Nursing		PAN No., E-Mail ID and Mobile No.
					UG Nursing	PG Nursing	Others (Specify)			UG Course	PG course	

Declaration by the teacher:

- I declare that the information furnished above are true to the best of my knowledge and I commit myself to take up the any assignment given by university in the above Regard. If I am not able to take any assignment, I will justify/ support it with relevant document for example : Medical Certificate in case of sickness.
- I also take the responsibility to inform the Registrar (Evaluation), RGUHS, Bangalore, by speed post/registered post, if I leave this institution, within two days of getting relieved from the institution along with copy of the relieving letter.
- I am fully aware that failure to comply with above conditions will lead to deletion of / non inclusion of the my name in the panel.

Signature of the Teacher

Certification by the Principal:

- Certified that the information furnished above are true to the best of my knowledge and are according to the records maintained in our college.
- Certified that that only the faculty members (Old & new entrants) who have 3 years and more teaching experience at collegiate level after results of M. Sc. Nursing are included.
- Certified that that the self attested copies of Degree (UG & PG), KNC registration, all experience certificates, form no.16 & copy of PAN card and appointment order, joining report, relieving letter from previous institution (if applicable)of all the above teaching faculty are attached herewith.
- I also take the responsibility to inform the Registrar (Evaluation), RGUHS, Bangalore, by speed post/registered post, if the above teacher leave this institution, within two days of his/her getting relieved from the institution along with copy of the relieving letter.
- I hereby declare that I am fully aware that if I don't send the teachers name from my institution within the last date that is 18th August-2020 , thereafter none of the teachers name will be included in the panel of examiner list belonging to this institution till August-2020.

Signature & Seal of the Principal



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Dr.K.B.Lingegowda
Registrar (Evaluation)

Ph: 080-26961944, 26961946, Fax: 26961931
Email: registrareva@yahoo.co.in

Reg (E)/M.S(N) Panel/2020

Date:29.07.2020

CIRCULAR

To,
The Principals
All Nursing (M.Sc Nursing)
Colleges affiliated to RGUHS

Subject: Updating the examination panel of M.Sc Nursing –2020-21.

Sir/Madam,

With reference to above mentioned subject, the university is completely revamping the existing panel of examiners. Hence you are hereby informed to submit the list of all eligible teaching faculty members of your institution. (Who have minimum 5 years teaching experience and recognized guide from University)

The Principal should fill teachers data as per prescribed format, in your college letter head and it should be signed by the Principal and forward to Registrar (Evaluation).

Please note the above details should reach to the University in Hard form (along with relevant documents) by speed post / registered post without fail by **18th August, 2020.**

Note:

1. The Principal will be responsible for any false or incorrect information. In such instances disciplinary action will be taken as per RGUHS Norms
2. All relevant documents with self attested copy should be enclosed
3. Teachers email id is mandatory.
4. The Teachers Details should be submitted in the enclosed prescribed format only.
5. Updation of teachers database after the due date will not be entertained.

KINDLY TREAT THIS AS MOST URGENT

Thanking you,

By Order,

Registrar (Evaluation)

Rajiv Gandhi University of Health Sciences, Karnataka

List of M.Sc Nursing Teachers for inclusion of their names in the Panel of Examiners for the year 2020-21

Name & Address of the College:

College Code:

Course offered :

Department:

SL No	Name of Faculty with Designation,	TIN No	Date of Birth and age	Qualification with specialization	Date, Month & Year of Passing (Result)			KNC Registration No. & Date of Renewal	Date of Joining present institution	Teaching experience at Collegiate level after passing (results) M. Sc. Nursing		PAN No., E- Mail ID and Mobile No.
					UG Nursing	PG Nursing	Others (Specify)			UG Course	PG course	

Declaration by the Teacher:

1. I declare that the information furnished above is true to the best of my knowledge and I commit myself to take up the any assignment given by university in the above regard. If I am not able to take any assignment, I will justify/ support it with relevant document for example : Medical Certificate in case of sickness
2. I also take the responsibility to inform the Registrar (Evaluation), RGUHS, Bangalore, by speed post/registered post, if I leave this institution, within two days of getting relieved from the institution along with copy of the relieving letter.
3. I am fully aware that failure to comply with above conditions will lead to deletion of / non inclusion of the name in the panel.

Signature of the Teacher

Certification by the Principal:

1. Certified that the information furnished above are true to the best of my knowledge and are according to the records maintained in our college.
2. Certified that only the faculty members (Old & new entrants) who have 5 years and more teaching experience at collegiate level after results of M. Sc. Nursing and should be recognized guide from RGUHS.
3. Certified that that the self attested copies of Degree Certificate & Final Year Marks Cards of UG & PG, KNC registration, all experience certificates, form no.16 & copy of PAN card and appointment order, joining report, relieving letter from previous institution (if applicable)of all the above teaching faculty are attached herewith.
4. I also take the responsibility to inform the Registrar (Evaluation), RGUHS, Bangalore, by speed post/registered post, if the above teacher leave this institution, within two days of his/her getting relieved from the institution along with copy of the relieving letter.
5. I hereby declare that I don't send any of the teachers name from my institution to enter in the panel of examiners for M.Sc Nursing.

Signature & Seal of the Principal