



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

OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Vinutha Rao	Dr. Anu Thomas	Mrs. Sunitha P S
Designation	Principal		Asst. Professor
Address	MVM College of Naturopathy & Yogic Science Yelahanka	Academic Council member RGUHS	JSS College of Nursing Mysore
Mobile No	9980181331		8105238050
Email ID	drvinuthamvm@gmail.com		

Inspection For the Academic Year : 2025-26

Date of Inspection: 15-08-2025

(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	St. John's College of Nursing St. John's National Academy of Health Science Sarjapur Road Bangalore - 560034	2	Year of Establishment	1989
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	(Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: principal.sjen@stjohns.in	Website: www.stjohns.in		
		Office No: 08026274051	Mobile No: 9886731355		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Vinutha Rao

DR. ANU THOMAS

Dr. Sunitha P.S.

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Fr. Jesudoss Rajamanickam CBEI Society for Medical Education 9591990301		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: <u>Dr. Bindhu Mathew</u> Qualification: <u>M.Sc(N) Med. Surg. PhD</u> Experience after MSc: <u>21 yrs</u> Email: <u>principal.sjcn@stjohns.in</u>	Mobile No: <u>9886731355</u> Office No: <u>08026274051</u> Fax No: 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

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 UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	✓					5,13,550/-
Post Basic B.Sc. Nursing	✓					2,21,050/-
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1. Medical Surgical Nursing		10 X 2000		20,000	
	2. child Health Nursing		6 X 2000		12,000	
	3. OBG Nursing		6 X 2000		12,000	
	4. Community Health Nursing		6 X 2000		12,000	
	5. Mental Health Nursing		5 X 2000		10,000	
			Total (B)			
NPCC			5 X 2000		10,000	
			Total (C)			
Grand Total (A+B+C)					76,000	
Online Transaction Number or Details: ZCNBM7T08XE0L2, ZCNBIVQ08XF18M, ZCNBT08XFCL1						

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	06	01	-	-	
	Female	92	98	100	98	
Post Basic B.Sc Nursing	Male	-	-			
	Female	43	32			
M.Sc Nursing	Male	-	01			
	Female	22	20			
M.Sc NPCC	Male	01	02			
	Female	04	03			

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-----

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-----

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)

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	150	150	150	150	
	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	60	60	60	40	
	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	33	33	33	35	
	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		5	5	20	

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	1	1	1				
2	Vice-Principal	1	1							1	1	1	1				
3	Professor	1	1-2					1*		3	1	2					
4	Associate Professor	2	2-4					1*		4	1	1					
5	Assistant Professor	3	3-8				2	3*		8	2	3					
6	Tutor	8-16	16-24				2-10	--		43	10		5				
	Total	16-24	24-40				4-12			85							

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	1 st Year	2 nd Year	3 rd Year	4 th 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				
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* Aadhar based biometric attendance for students

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Signature of Chairman

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Signature of Member (1)

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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.	Mrs. Sara Oommen	CNS	M.Sc. Neg M.S.N. Neg	2000	RR TMN 2006113	Nil	28 yrs.	15/06/2021	Yes	
2.	Dr. Bindhu Mathew	Principal	M.Sc. Neg M.S.N. Neg	2004	29119	28 yrs	20 yrs.	05/02/2005	Yes	
3.	Mrs. Sugandhi D'souza	Asso. Prof.	M.Sc. Neg M.S.N. Neg	2012	14418	12 yrs	12 yrs	04/01/1993	Yes	
4.	Mrs. Eugén P. Alexander	Tutor	M.Sc. Neg M.S.N. Neg	2008	RR TMN 2008 924	2 yrs	6 yrs	05/03/2021	Yes	
5.	Lall K I (Sai. Victorie)	Asso. Prof.	M.Sc. Neg M.S.N. Neg	2014	RR KRL 20171204	Nil	10.5 yrs	06/03/2021	Yes	
6.	Mrs. Susan Kumar	Vice Principal	M.Sc. Neg M.S.N. Neg	2001	20262	25.10 yrs	23 yrs	12/01/2001	Yes	
7.	Mrs. Shiny Mathew	Professor	M.Sc. Neg M.S.N. Neg	2007	15196	29 yrs	15 yrs	01/02/1996	Yes	
8.	Dr. Gayathri N	Professor	M.Sc. Neg M.S.N. Neg	2009	RR TMN 200633	21 yrs	16 yrs	15/09/2009	Yes	
9.	Mrs. Nisha C.K.	Professor	M.Sc. Neg M.S.N. Neg	2009	RR KRL 2011 2026	16 yrs	15 yrs	11/01/2011	Yes	
10.	Mrs. Deepa Nair	Professor	M.Sc. Neg M.S.N. Neg	2009	24176	25 yrs	16 yrs	22/02/2016	Yes	
11.	Dr. A Rajsellal Devakumbhar	Professor	M.Sc. Neg M.S.N. Neg	2009	RR WEB 2019 1530	16.9 yrs	19.3 yrs	01/02/2021	Yes	
12.	Mrs. Shewin Susan Thomas	Asso. Prof.	M.Sc. Neg M.S.N. Neg	2013	18862	Nil	12 yrs	01/07/2013	Yes	
13.	Mrs. Jyothi Quadras	Asso. Prof.	M.Sc. Neg M.S.N. Neg	2012	24395	2.7 yrs	13 yrs	11/05/2012	Yes	
14.	Mrs. Divya Varghese	Asso. Prof.	M.Sc. Neg M.S.N. Neg	2015	RR KRL 012 2437	Nil	10 yrs	16/11/2015	Yes	
15.	Mrs. Aparna Paul	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2013	22602	Nil	9 yrs	1/08/2016	Yes	
16.	Mrs. Binny George	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2017	RR KRL 2014 5914	Nil	7 yrs	04/02/2018	Yes	
17.	Mrs. Mary V.J.	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2017	28161	1 yrs	7 yrs	04/02/2018	Yes	
18.	Mrs. Neetha Paul	Asso. Prof.	M.Sc. Neg M.S.N. Neg	2013	26221	1 yrs	11 yrs	15/01/2018	On leave	
19.	Mrs. Sudipta Debnath	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2017	RR TMN 202310232	1 yrs	7 yrs	02/11/2019	Yes	
20.	Mrs. Blessy Susan Biji	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2017	59133	Nil	6 yrs	16/8/2018	On leave	
21.	Mrs. Bindu Kumari	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2018	28435	11.5 yrs	5.5 yrs	21/11/2008	Yes	
22.	Sri. Leelja Thomas	Asst. Prof.	M.Sc. Neg M.S.N. Neg	2015	RR KRL 2008 991	16.7 yrs	7 yrs	04/05/2021	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mrs. Ngawang	Asst. Prof	M.Sc. Nsg Paed. Nsg	2018	59208	1 yrs	5 yrs	17/01/2021	Yes	
24.	Mrs. Jeevitha.P ✓	Asst. Prof	M.Sc. Nsg MEN Nsg	2017	847MN902 310255	Nil	7 yrs	16/08/2022	Yes	
25.	Mrs. Binoy Benrabas	Tutor	M.Sc. Nsg PSY Nsg	2021	11146	Nil	4 yrs	15/07/2009	Yes	
26.	Sri. Mini ✓	Tutor	M.Sc. Nsg Paed. Nsg	2021	16912	3 yrs	3.3 yrs	01/03/2022	Yes	
27.	Sri. Packia sheeli chinnaiani	Asst. Prof	M.Sc. Nsg CHN. Nsg	2018	9627	3 yrs	3 yrs	15/03/2022	Yes	
28.	Mrs. Jiffy.N.saji ✓	Tutor	M.Sc. Nsg Paed. Nsg	2020	7657	Nil	4 yrs	04/04/2022	Yes	
29.	Mrs. Vineetha Jose	Tutor	M.Sc. Nsg MSN Nsg	2013	82915	Nil	2.4 yrs	01/02/23	Yes	
30.	Mrs. Saly Steins	Asst. Prof	M.Sc. Nsg Paed. Nsg	2013	82915	Nil	5 yrs	01/02/23	Yes	
31.	Mrs. Joyce Meriba J	Tutor	M.Sc. Nsg PSY Nsg	2021	215372	Nil	2.8 yrs	21/01/2023	Yes	
32.	Mrs. Jitty Thomas	Lecturer	M.Sc. Nsg Paed. Nsg	2024	RRCTG 202310344	2.1 yrs	0.8 yrs	03/01/2023	Yes	
33.	Mrs. Sherin Augustine.	Tutor	M.Sc. Nsg Paed. Nsg	2009	10NC 53905	13.5 yrs	NA	20/06/2012	Yes	
34.	Mrs. Pavomita Mondal	Tutor	M.Sc. Nsg Paed. Nsg	2028	RRCTG 202310500	Nil	1.10 yrs	06/01/2023	Yes	
35.	Mrs. Sonal singh	Tutor	M.Sc. Nsg Paed. Nsg	2023	RNRM 182379	Nil	1.10 yrs	15/06/2023	Yes	
36.	Mrs. Madipelli Madhavi	Tutor	M.Sc. Nsg Paed. Nsg	2021	4395	1 yrs	1 yrs	10/03/2023	Yes	
37.	Mrs. Kaviarasi K.	Lecturer	M.Sc. Nsg Paed. Nsg	2023	TNNMC 175160	Nil	1.5 yrs	11/02/2023	Yes	
38.	Mrs. Chinchu Maria Francis	Asst. Prof	M.Sc. Nsg CHN Nsg	2012	RRRL 20155030	1.7 yrs	11.8 yrs	01/12/2024	Yes	
39.	Mrs. Alijunga	Tutor	Bsc Nursing	2019	ARRM 2613	Nil	1.11 yrs	01/02/25	NA	
40.	Mrs. Davi Ghosh	Tutor	M.Sc. Nsg Paed. Nsg	2024	94052	Nil	12 months	15/04/24	Yes	
41.	Mrs. Kastury Chakraborty	Lecturer	M.Sc. Nsg MEN Nsg	2024	RRDI 2020590	Nil	0.10 yrs	16/05/24	Leave	
42.	Mrs. Parthiva.P	Tutor	M.Sc. Nsg MSN Nsg	2024	RRDI 2020590	Nil	0.10 yrs	16/05/24	NA	
43.	Mrs. Vinodhini	Tutor	M.Sc. Nsg PSY Nsg	2024	TNNMC 228119	Nil	0.11 yrs	9/2/24	Yes	
44.	Mrs. Keerthana	Tutor	M.Sc. Nsg Paed. Nsg	2024	217652	2 yrs	0.11 yrs	9/2/2024	Yes	
45.	Mrs. Sindhu.P	Tutor	M.Sc. Nsg Paed. Nsg	2024	TNNMC 217315	Nil	0.11 yrs	9/2/2024	NA	

Signature of Chairman

Signature of Member (2)

46.	Ms. Immaculate Celin Kuriga.B	Lectures	Msc.Nsg MEN Nsg	2024	PN46593	Nil	0.7yrs	9/2/24	Yes	<i>Sumit</i>
47.	Ms. Kamatchi	Lectures	M.sc.Nsg OBG Nsg	2019	RR.TMN 2019.8254	Nil	1.6yrs	9/2/24	Yes	<i>Kittu</i>
48.	Ms. Prabhakara.S - Thorpathy	Lectures	M.sc.Nsg CHW Nsg	2024	DDJ 2025 114771	1yrs	0.6yrs	15/10/24	—	<i>Leanne</i>
49.	Ms. Dishani Hathi	Tutor	M.sc.Nsg MEN Nsg	2024	DDJ 2025 114771	1.6yrs	0.5yrs	11/04/24	—	<i>Shah</i>
50.	Ms. Deva Thamizha. Sasi	Tutor	PBBsc.Nsg	2007	20102633	12yrs	Nil	07/11/2013	yes	<i>Devi</i>
51.	Ms. Chandulca P.M.	Tutor	PBBsc.Nsg	2007	PRKRL 5916	12yrs	Nil	07/10/2013	yes	<i>Ches</i>
52.	Ms. Anu Manuel	Asst. Relg	M.sc.Nsg Pred Nsg	2009	RR.TMN 2011	5yrs	15yrs	03/02/2025	yes	<i>Shamitha</i>
53.	Ms. Roshni Sinha	Tutor	M.sc.Nsg OBG Nsg	2023	RNEM 102041	Nil	1yrs	02/03/2025	yes	<i>Praveen</i>
54.	Ms. Ishama P Perajapathi	Tutor	M.sc.Nsg MSN	2023	A-111H-11 1732	1yrs	Nil	02/03/2025	NA	<i>Praveen</i>
55.	Ms. Anusree P K	Tutor	M.sc.Nsg Msc.Nsg	2024	20271002	0.7yrs	0.6yrs	02/03/25	NA	<i>Praveen</i>
56.	Ms. Prameela	Tutor	B.Sc.Nursing	2016	74159	2-6yrs	Nil	15/01/25	NA	<i>Praveen</i>
57.	Ms. Madamma	Nurse Preceptor	M.sc.in Npc	2023	84032- 88586	Nil	2yrs	04/11/23	Yes	<i>Praveen</i>
58.	Ms. Papavi Gogoi	Nurse Preceptor	M.sc.in Npc	2023	22291	1yrs	2yrs	04/11/23	Yes	<i>Praveen</i>
59.	Ms. Nancy Rabha	Nurse Preceptor	M.sc.in Npc	2024	RNEM 20621376	Nil	1yrs	03/01/24	Yes	<i>Praveen</i>
60.	Ms. Jacintha Mary	Nurse Preceptor	M.sc.in Npc	2023	163832	1yrs	2yrs	04/11/23	Yes	<i>Praveen</i>
61.	Ms. Malsawmklimi	Nurse Preceptor	M.sc.in Npc	2023	5519	1yrs	2yrs	04/11/23	Yes	<i>Praveen</i>
62.	Ms. Roshni Vadakkedath	Lectures	M.sc.Nsg MEN Nsg	2025	RR.MBH 2022.9822	Nil	Nil	03/03/2025	NA	<i>Praveen</i>
63.	Ms. Kathing Lankula	Lectures	M.sc.Nsg OBG Nsg	2025	103676	Nil	0.1yrs	03/3/25	Nil	<i>Praveen</i>
64.	Ms. Prathitha Tigga	Lectures	M.sc.Nsg MEN Nsg	2025	JBN262	1.1yrs	Nil	03/03/25	Yes	<i>Praveen</i>
65.	Ms. Ragni Rebecca Lal	Lectures	M.sc.Nsg MEN Nsg	2025	115035	Nil	0.1yrs	03/03/25	NA	<i>Praveen</i>
66.	Ms. Lavitha Sessao	Lectures	M.sc.Nsg MEN Nsg	2025	219744	1.1yrs	0.1yrs	03/3/25	NA	<i>Praveen</i>
67.	Ms. K. Rachippeni Clara	Lectures	M.sc.Nsg MEN Nsg	2023	RR.MBH 2024.1012	Nil	1.5yrs	03/3/25	Yes	<i>Praveen</i>
68.	Sr. Sinciya Sebastian	Tutor	M.sc.Nsg OBG Nsg	2023	RR.MBH 2025.1189	Nil	1yrs	16/12/24	NA	<i>Praveen</i>
69.	Ms. Benedict Megila.J.	Tutor	Bsc.Nsg	1999	RR.TMN 3016.1705	1yrs	Nil	30/9/24	yes	<i>Praveen</i>

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

70.	Swan.K. Mathew	Tutor	PBBsc Nsg	2018	RRPJB 2019 15/6/8	Nil	0.6yr	10/1/24	Yes	Swan
71.	Divya YL	Tutor	PBBsc Nsg	2018	46608	0.6yr	Nil	01/10/24	Yes	Divya
72.	Vanila.P	Tutor	PBBsc Nsg	2019	135221	Nil	0.6yr	1/10/24	Yes	Quint
73.	Sunu Padmanaban	Tutor	PBBsc Nsg	2020	15134	0.6yr	Nil	10/1/24	Yes	Sunu
74.	Varalakshmi.R	Tutor	PBBsc Nsg	2019	75442	Nil	0.6yr	11/10/24	Yes	Varalakshmi
75.	Maula Nisha J	Tutor	MSc Nsg MSc Nsg	2024	68768 2029	0.6yr	Nil	01/10/24	Yes	Maula
76.	Margaret V	Tutor	MSc Nsg MSc Nsg	2023	13527 2029	1yr	Nil	01/02/2024	Yes	Margaret
77.	Sangeetha sheela	Tutor	PBBsc Nsg	2019	RRPJB 2017/12/8	0.6yr	Nil	10/1/24	Yes	Sangeetha
78.	Sing.S	Tutor	PBBsc Nsg	2018	ERTMN 2020/18/305	0.6yr	Nil	10/1/24	Yes	Sing
79.	Larina mendonca	Tutor	PBBsc Nsg	2014	4108	0.6yr	Nil	10/1/24	Yes	Larina
80.	Suchita chermako	Lecture	M.sc Nsg	2024	JEN 932 SEP	2yr	Nil	01/9/25	NA	Suchita
81.	Shimmi Lawrence	Tutor	M.sc Nsg MSc Nsg	2023	122239	1yr	1yr	18/12/23		Shimmi
82.	Hunthaymach Huani Sallo	Lecture	MSc Nsg CHN	2024	6343	Nil	Nil	01/4/25	Yes	Hunthaymach
83.	Lalwattelli	Lecture	M.sc Nsg CHN	2024	6343	Nil	Nil	01/4/25	NA	Lalwattelli
84.	clerita Joylen Lobo	Lecturer	M.sc Nsg OEG	2024	50038	6yr	Nil	01/4/25	NA	clerita
85.	Mrs. Abisha.E	Lecturer	M.sc Nsg Paed Nsg	2024	RRTMN 2025 11359	0	0.3	02/6/25	Yes	Abisha
86.										
87.										
88.										
89.										
90.										
91.										
92.										
93.										
94.										
95.										

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

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)		
	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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	3000 sq.ft	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	667 sq.ft Each	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	612 sq.ft - 2 630 sq.ft - 2	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	600 sq.ft - 2	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	976. sq.ft	
	2. Vice-Principal Chamber	200	121 sq.ft	
	3. HOD	5 x 200 = 1000	121 sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	1532 sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	546 sq.ft	
	7. Accountants Office	100	986 sq.ft	
	8. Store Room	100	200 sq.ft	
	9. Record room	100	450 sq.ft	
	10. Room for maintenance staff	100	289 sq.ft	
	11. Xeroxing room	100	187 sq.ft	
	12. common room (Girls & Boys)	600+400= 1000	493 sq.ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	1937 sq.ft	
	14. Toilets	1000	40 Toilets.	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	700 sq.ft.	
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S. No	Details	Required	Existing	Verified by LIC team
	LABORATORIES	(40-60 intake)		
4	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1736 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1015 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1028 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1015 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	725 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)

Building Documents:

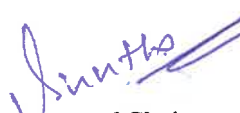
Annexure – 12

SL NO	Particulars	Verified by the LIC team
1	Registered documents in sub registrar office	Yes.
2	Is the college building own or leased ?	OWN
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)	Yes.
6	Occupancy certificate.	Yes.
7	Sale deed / Lease deed of the building / Land.	Yes
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, 2021 F.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 Licence
			✓ 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	4978 Sq.ft	YES ☒ No ☐	Good	Good	

Total No. of Nursing Books available	5273	No. of Nursing Journals subscribed	16
No. of Thesis/Research titles available	379	Is internet facility available for Students?	Yes
No of e-books	577	How many books were purchased in last financial year?	80

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Moi. Dasharath	B.A. MLIS [Master of Library Inform Science]	25 yrs.	
2.	Mr. Gerald I	B.Sc., MLIS	App. Trainee	

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 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		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Entered

Verification Report

NPCC - 05

Courses - B.Sc - 150

M.Sc - 33

PBBSc - 60

Name of college	St. John's College of Nsg.		
College address	St. John's National Academy of Health Science, Sarjapur Road Bangalore - 560034.		
Date of establishment	1989.		
Purpose of Inspection	Continuation of Affiliation		
Affiliation fees paid	Rs. 513,550 ^{B.Sc} , Rs. 221,050 ^{PBBSc} , Rs. 77,050 ^{M.Sc}		
Trust details	C B C I Society for Medical Education		
Trust existing since	2009.		
Date of inspection	15/08/2025.		
Ownership	Own.		
Details of inspectors	Chairman: Dr. Vinutha Rao	AC member: Dr. Anu Thomas	Subject Expert: Mrs. Sunitha PS.
Particulars	As per inspection report	Observation done as per documents	Remark
Total build-up area	Ambiguity		
Class rooms with area	12 Classrooms.		
	4 classrooms - Total 3000 sq ft.		
	2 classrooms - 667 sq ft each,	02 - 612 sq ft	
Lab details	06.	02 - 630 sq ft	
NF	1736		
Nutrition and com	1015		→ Occupancy Certificate
OBG	1028		
PEDIATRIC	900		→ Blue print
PRECLINICAL	1015		→ Tax receipt
COMP	725		
AV AIDS	700		
Library with area and number of books	4978 sq ft. Books - 5273.		
Hostel: area, separate for boys and girls and ownership	Own.		
Details of principal	Dr. Bindhu Mathew.		
Name	M.Sc (N)		
Qualification	21 yrs.		
Experience			

MOBILE NUMBER EMAILID KNC Form 16	- 9886731355 - principal.sjcn@stjohns.in		
Experience of teachers, KNC renewal and form 16	Total - 85. UG - 14 PG - 71		
PG teacher details (Guideship letter)	OBG - 03 Corom - 3 MEN - 07 Psy - 02 Ped - 07 + 1 = 8		
Parent hospital details Weather the owner of hospital member of trust/society? KPMEA KSPCB Number of beds Distance from hospital IPD statistics OPD statistics	St. John's Medical College & Hospital (Declared beds - 1720 beds) Distance - within the campus.		
Affiliated hospitals with bed strength, distance, permission, fees paid receipt	Nil		
Community details: distance, permission, fees paid receipt Rural: Urban:	Permission letter not found in annexures.		
Transportation details Vehicle number Owner name Registration certificate Seating capacity Insurance Driver licence	02 Buses with 51 & 63 seats.		

Signature:

Name:

Date:

Conferences conducted		
Conferences attended		

* 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 st. John's Medical College & Hospital.	1720	within the Campus	88%.	
MOU(Registered parent hospital MOU)				
NAME OF THE TRUST/ Person owning The Hospital CBCI Society for Medical Education		}		
Name Of The Owner Of The Trust of Hospital CBCI Society for Medical Education				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 NIMHANS	1100	5 kms	80.4%
	2			
	3			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(MOU/Clinical permission letter)					
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(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 for **Bangalore 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, 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)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	150	81%.		
Surgery including OT	150	63%.		
Obstetrics & Gynecology	100	83%.		
Pediatrics,	90	70%.		
Emergency Medicine	36	100%.		
Psychiatry	40	52%.	400 ^(NIMHAs)	85%.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	23	100%.		
Minor OT	14	100%.		
Dental, Otorhinolaryngology, Ophthalmology	62	55%.		
Burns and Plastic	30	54%.		
Neonatology care unit	30	63%.		
Communicable disease/Respiratory medicine/TB & chest diseases	20	60%.		
Dermatology	30	83%.		
Cardiology	20	70%.		
Oncology	120	50%.		
Neurology/Neuro-surgery	81	50%.		
Nephrology/Urology	40	70%.		
ICU/CCU	60	83%.		
Geriatric Medicine	15	80%.		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				
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Note : 1:3 student patient ration needed. Verify and attach details of previous month.

19	COMMUNITY HEALTH NURSING : Annexure - 17		
RURAL FILED			
a. Name of CHC / PHC / SC			
Adopted / Affiliated			
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute			
b. Services Rendered by Health & Family Welfare Programmes			
URBAN FILED :			
a. Name of CHC / PHC / SC			
Adopted / Affiliated			
Administrated by		State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute			
b. Services Rendered by Health & Family Welfare Programmes			
<i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i>			

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)

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	
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 :	Boys :
f.	Total No. of rooms	Girls :	Boys :
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		Signature
		Yes	NO	
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/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of Library Books & 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)

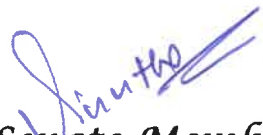
UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at St John's 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 _____ 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)


Dr. Vinutha Rao.


Signature of Chairman


A C Member
(Member)

Dr. B. N. U. Thomas


Signature of Member (1)


Subject Expert
(Member)

Dr. Sumitha P S


Signature of Member (2)

	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 at St John's College of Nursing following observations were made.

Infrastructure

- ① Building documents were verified & found correct
- ① classrooms were spacious & well ventilated

Academic

- ① Total 85 teaching staffs & details are enclosed
- ① Labs were well equipped i.e. all required materials

Clinical

- ① Hospital details were enclosed for your perusal.
- ① PU guideship letters were enclosed for your perusal.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



सत्यमेव जयते

INDIA NON JUDICIAL

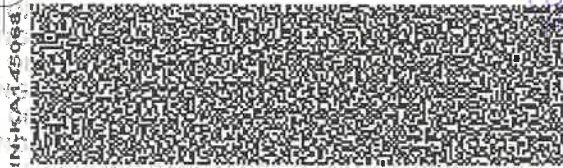
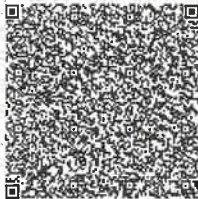
Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA14506885019064X
 Certificate Issued Date : 11-Aug-2025 02:49 PM
 Account Reference : NONACC (FI)/kacrsf108/ KORAMANGALA1/ KA-JY
 Unique Doc. Reference : SUBIN KAKACRSF10844133503836264X
 Purchased by : ST JOHNS COLLEGE OF NURSING BANGALORE 560034
 Description of Document : Article 2(B) Administration Bond - In any other case
 Property Description : UNDERTAKING
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : ST JOHNS COLLEGE OF NURSING BANGALORE 560034
 Second Party : RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
 Stamp Duty Paid By : ST JOHNS COLLEGE OF NURSING BANGALORE 560034
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

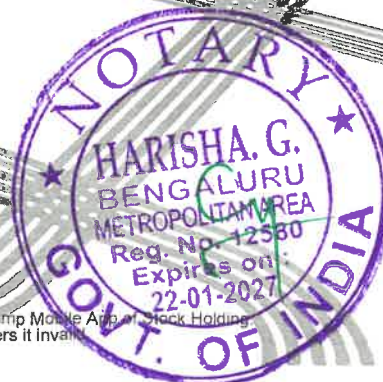
सत्यमेव जयते



Please write or type below this line

UNDERTAKING by Trust Management

I, the Secretary of the trust Fr. Jesudoss Rajamanickam is submitting the affidavit to University. The trust C. B. C. I Society for Medical Education is running the college



Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at 'www.shclstamp.com' or using e-Stamp Mobile App of Stock Holding
2. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
3. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

1. St. John's College of Nursing, St. John's National Academy of Health Sciences, Sarjapur Road, Bangalore – 560034. since 35 years. I confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge. I confirm that the faculty in the college are employed for full time in the college. I also confirm that the college is solely managed by the trust and is not leased to any other trust/agency to manage the college. I 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

Place :

Date : 13 AUG 2025


Deponent

DIRECTOR
ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES
SARJAPURA ROAD, BENGALURU - 560 034



ATTESTED BY ME


HARISHA.G. B.A.L.L.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
37, 3 rd Floor, 2nd Cross, Raghava Nagar
N.T.Y. Layout, Mysore Road, Bangalore - 28

13 AUG 2025



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA14507712866726X
Certificate Issued Date : 14-Aug-2025 02:49 PM
Account Reference : NONACC (E)/ kacrsf08/ KORAMANGALA1/ KA-JY
Unique Doc. Reference : SUBIN-KAKACRSF0844131165550761X
Purchased by : ST JOHNS COLLEGE OF NURSING BANGALORE 560034
Description of Document : Article 2(B) Administration Bond - In any other case
Property Description : UNDERTAKING
Consideration Price (Rs.) : 0
 (Zero)
First Party : ST JOHNS COLLEGE OF NURSING BANGALORE 560034
Second Party : RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By : ST JOHNS COLLEGE OF NURSING BANGALORE 560034
Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते



Please write or type below this line

UNDERTAKING

I, Fr. Jesudoss Rajamanickam is the Secretary of the C.B.C.I Society for Medical Education situated at St. John's College of Nursing, St. John's National Academy of Health Sciences, Sarjapur Road, Bangalore - 560034.

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding Corporation of India Ltd. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.



This is to confirm that our hospital “ST.JOHN’S MEDICAL COLLEGE HOSPITAL” is registered under KPMEA and PCB with 1720 beds and the bonafide certificate has been attached. This is to confirm that the hospital “ST.JOHN’S MEDICAL COLLEGE HOSPITAL” is functioning as parent hospital for St. John’s College of Nursing. We also confirm that our hospital is solely affiliated to St. John’s College of Nursing 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

Place :

Date : **13 AUG 2025**



Deponent

DIRECTOR
ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES
SARJAPURA ROAD, BENGALURU - 560 034

ATTESTED BY ME

HARISHA.G. B.A.L.L.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA

37, 3rd Floor, 2nd Cross, Raghava Nagar
N.T.Y. Layout, Mysore Road, Bangalore - 20

13 AUG 2025

LEAVE APPLICATION

Submitted to : THE HRD

Forwarded through: THE PRINCIPAL

St. John's Medical College Hospital
Sarjapur Road, Bengaluru - 560 034

H-2020-0690

Name (in block letters) MRS. BLESSY SUSAN Biju				Date 6/8/25	
DESIGNATION Asst. Prof.				Department College of Nursing	
REQUEST FOR LEAVE				FOR OFFICE USE ONLY	
Type of leave	From	To	Number of days	Leave at credit	Remarks
1. Casual					
2. Earned	11/8/25	16/8/25	6		
3. Commuted Sick					
4. Maternity					
5. Without Pay					
6. RH Comp. off	8/8/25 9/8/25				
If combined with	prefix date	suffix date	Recommendation of In-charge Shiny		
- weekly off					
- extra off					
Date of Rejoining duty 18/8/25			Recommendation of Head of Department Budhimalatha		
Reason for Leave Request FAMILY FUNCTION			Received by Establishment Section		
Person responsible for your work in your absence Sh. MINI			Dt. Initial		
Signature Blessy			Entered in Service Record		
Outstation address, if leaving Bangalore Mr. Biji Mammen, Valliattu House, Chennakole P.O. Mavelikara, Alapuzha Kerala			Dt. Initial		
			Sanctioning Authority Aganthy		
			Type of Leave : 1 / 2		
			- Sanctioned/Not Sanctioned		

Please Note : Earned leave must be applied for as early as possible, latest 15 days in advance. All leave must be applied for and sanctioned before it is availed.

LEAVEAP001 /R00



St. John's College, Washington, D.C.
 1000 14th St. N.W.

THE UNIVERSITY OF THE SOUTH ALABAMA
 800 THE HARD
 MOBILE, ALA. 36688

6/8/82
 1000 14th St. N.W.
 800 THE HARD
 MOBILE, ALA. 36688

College of Nursing
 1000 14th St. N.W.

11/8/82 12/8/82

Handwritten signature or initials.

Handwritten signature or initials.

12/8/82

Family Question

con. 10/8/82

Handwritten signature or initials.

Mr. Bill Thomas, 1000 14th St. N.W.
 Room 1000, University of the South Alabama
 Mobile, ALA. 36688

Handwritten signature or initials.

10/8/82

LEAVE APPLICATION

Submitted to : HR Dept

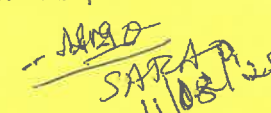
Forwarded through: CNS



St. John's Medical College Hospital
Sarjapur Road, Bengaluru - 560 034



H-2020-0690

Name (in block letters) (LALITHA K. I) SR. VICERINE				Date 09.08.2025	
				Empt Ref No. S 6943	
DESIGNATION NS			Department Nursing Service		
REQUEST FOR LEAVE				FOR OFFICE USE ONLY	
Type of leave	From	To	Number of days	Leave at credit	Remarks
1. Casual	13.8.25	14.8.25	2 day		
2. Earned					
3. Commuted Sick					
4. Maternity					
5. Without Pay					
6. Holiday	15.8.25		1		
If combined with	prefix date	suffix date	Recommendation of In-charge		
- weekly off		17.8.25	 SARA 11/08/25		
- extra off comp off	16.8.25				
Date of Rejoining duty 18.8.25			Recommendation of Head of Department		
Reason for Leave Request Province Assembly			Received by Establishment Section		
Person responsible for your work in your absence Ms. Sugandhi D'Souza			Dt. Initial		
Signature Sr. Vicrine			Entered in Service Record		
Outstation address, if leaving Bangalore Holy Cross Convent Kottiyam Kolam			Dt. Initial		
			Sanctioning Authority		
			- Type of Leave : 1 / 2 / 3 / 4 / 5 / 6		
			- Sanctioned/Not Sanctioned		

Please Note : Earned leave must be applied for as early as possible, latest 15 days in advance. All leave must be applied for and sanctioned before it is availed.

LEAVEAP001 /R00



St. John's Medical Centre
Singapore Police Force

COAST-APPLICATION
Completed by: HR Dept
Reviewed through: CHS

Where in last letter

(APPL K-1) SR-VICTIM

08-02-2022

2 6443

Nursing Service

REGISTRATION

REQUEST FOR LEAVE

FROM OFFICE USE ONLY

From: 18-8-22 To: 18-8-22
Number of days: 2 days

Reason: Annual Leave

Comments: OK

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

Signature: [Signature]

Date: 18-8-22

LEAVE APPLICATION

Submitted to: HR

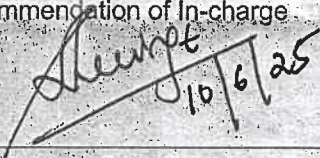
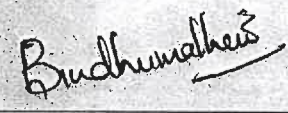
Forwarded through: PRINCIPAL



St. John's Medical College Hospital
Sarjapur Road, Bengaluru - 560 034



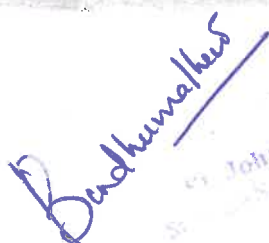
H-2020-0690

Name (in block letters) KASTURY CHAKRABORTY				Date 10/6/25	
DESIGNATION LECTURER				Department MEDICAL SURGICAL NURSING	
REQUEST FOR LEAVE				FOR OFFICE USE ONLY	
Type of leave	From	To	Number of days	Leave at credit	Remarks
1. Casual					
2. Earned					
3. Commuted Sick					
4. Maternity					
5. Without Pay					
6. ML	11/6/25	10/6/25	180		
If combined with	prefix date	suffix date	Recommendation of In-charge		
- weekly off			 10/6/25		
- extra off					
Date of Rejoining duty 11/12/25			Recommendation of Head of Department		
Reason for Leave Request Maternity Leave					
Person responsible for your work in your absence Jeevitha P Bhutha					
Signature 			Received by Establishment Section		
Outstation address, if leaving Bangalore			Dt. Initial		
			Entered in Service Record		
			Dt. Initial		
			Sanctioning Authority		
			- Type of Leave : 1 /2 /3 /4 /5 /6		
			- Sanctioned/Not Sanctioned		

NIC
In Services
College Host
560 034

Please Note : Earned leave must be applied for as early as possible, latest 15 days in advance. All leave must be applied for and sanctioned before it is availed.

LEAVEAP001 /R00



Principal
St. John's College of Nursing,
National Academy of Health Sciences
Bengaluru - 560 034.

ST. JOHN'S MEDICAL COLLEGE HOSPITAL

SARJAPUR ROAD, BENGALURU - 560 034

MEDICAL SICKNESS CERTIFICATE

(Out Patient/In Patient)



Date 10/6/25

This is to certify that Sri / Smt Karthy Chakraborty

Hospital No./I.P. No. 4621662 whose Signature / Thumb impression is taken below

was seen as an out-patient/in patient in the hospital from to

for Primi E 39 week of gestation
(Disease)

*He/She is advised rest from 11/6/25 to 10/12/25 He/She is fit to attend

duty from 11/12/25

Signature/Thumb impression of patient

Hosp. Cert. No. 18

Date 10-06-25

Seal: ST. JOHN'S MEDICAL COLLEGE HOSPITAL BENGALURU - 560 034

Name:

Qualification

Dept.

Regn. No.

Designation

Unit

DR. ANCHANA S. MEBS MD
Occupational Health Services
St. John's Medical College Hospital
Bengaluru - 560 034

STAFF CLINIC
Occupational Health Services
St. John's Medical College Hospital
Bengaluru - 560 034

*Strike out what is not applicable

Note: This Certificate is not valid unless it bears the Hospital certificate number & seal of the Hospital

CERTIFI017/R00

Subject: Request for Leave

From Neethu Paul <neethu.p@stjohns.in>

Date Thu 2025-08-14 16:14

To SJCN <principal.sjc@stjohns.in>

Respected Madam,

I am writing to inform you that my mother-in-law was in critical stage and has passed away on 11/8/25. Due to this bereavement, I will not be able to attend college from [9/8/25] to [15/8/25].

Kindly grant me leave for the mentioned period.

Thank you for your understanding.

Sincerely,
Neethu Paul
Associate Professor
St. John's college of Nursing

Sent from Outlook for Android

B. Indhira

PRINCIPAL
St. John's College of Nursing
St. John's National Academy of Health Sciences
BANGALORE - 560 034

LEAVE APPLICATION

Submitted to: HR

Forwarded through: THE PRINCIPAL



St. John's Medical College Hospital
Sarjapur Road, Bengaluru - 560 034



H-2020-0690

Name (in block letters)

B. IMMACULATE CELIN PRIMA

Date 6/8/25

Empt Ref No. N13925

DESIGNATION LEUVREN

Department

CON

REQUEST FOR LEAVE

FOR OFFICE USE ONLY

Type of leave	From	To	Number of days	Leave at credit	Remarks
1. Casual					
2. Earned	11/8/25	14/8/25	4		
3. Commuted Sick					
4. Maternity					
5. Without Pay					
6.					

If combined with

prefix date

suffix date

Recommendation of In-charge

- weekly off

10/8/25

15/8/25

- extra off

Recommendation of Head of Department

Date of Rejoining duty

16/8/25

Reason for Leave Request

Personal

Person responsible for your work in your absence

(Prameela) Prammul

Signature

JingR

Outstation address, leaving Bangalore

Received by Establishment Section

Dt.

Initial

Entered in Service Record

Dt.

Initial

Sanctioning Authority

- Type of Leave : 1

- Sanctioned/Not Sanctioned

Please Note : Earned leave must be applied for as early as possible, latest 15 days in advance. All leave must be applied for and sanctioned before it is availed.

LEAVEAP001 /R00

PRINCIPAL

St. John's College of Nursing
St. John's National Academy of Health Sciences
BANGALORE - 560 034

LEAVE APPLICATION

Submitted to : THE HRD

Forwarded through: THE PRINCIPAL



St. John's Medical College Hospital
Sarjapur Road, Bengaluru - 560 034



H-2020-0690

Name (in block letters)	Date
MRS. BLESSY SUSAN BJS	6/8/25
	Empt Ref No. N1026 D

DESIGNATION	Department
Asst. Prof.	College of Nursing

REQUEST FOR LEAVE	FOR OFFICE USE ONLY
-------------------	---------------------

Type of leave	From	To	Number of days	Leave at credit	Remarks
Casual					
Earned	11/8/25	16/8/25	6		
Commutated Sick					
Maternity					
Without Pay					
RH Comp. off	8/8/25	9/8/25			
combined with	prefix date	suffix date			
- weekly off					
- extra off					

Rate of Rejoining duty	Recommendation of In-charge
18/8/25	<i>[Signature]</i>

Reason for Leave Request	Recommendation of Head of Department
FAMILY FUNCTION	<i>[Signature]</i>

Person responsible for your work in your absence	Received by Establishment Section
Dr. MINI	

Signature	Dt.	Initial
<i>[Signature]</i>		

Entered in Service Record

Dt.	Initial

Sanctioning Authority

Type of Leave : 1/2/3

- Sanctioned/Not Sanctioned

Base Note : Earned leave must be applied for as early as possible, latest 15 days in advance. All leave must be applied for and sanctioned before it is availed.

LEAVEAP001 /R00

PRINCIPAL
St. John's College of Nursing
St. John's National Academy of Health Sciences
BANGALORE - 560 034

[Signature]



Small handwritten text or signature at the bottom center.

St. JOHN'S COLLEGE OF NURSING AUDITORIUM



Bengaluru, Karnataka, India

Auditorium, John Nagar, Koramangala, Bengaluru, Karnataka

560034, India

Lat 12.931082° Long 77.620477°

14/08/2025 04:48 PM GMT +05:30



ST. JOHN'S MEDICAL COLLEGE HOSPITAL

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 001 - Con

1 000N1541 Mrs.shinymathew

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0838		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0839		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0832		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0814		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0827		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0828		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0842		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0822		TP	1.00	Early	1 000:22
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

		Weeklyoff : 0		Holiday : 0	
14 T		Day	Leave	Late	Day Tot Hrs
0802		TP	1.00	Early	
		TA	0.00	Ex Wk	
		Ded	0.0	Upstate	
		TPa	1.00		

LEGENDS >> X : Day before DOJ or Day after DOL | W : Weekly Off | H : Holiday | TP : Total Present Days | TPa : Total Payable Days | TA : Total Absent Days | EX W : Extra W Hr | FT : Tour | HT : Half Day, Tour | . : Exception | Total Present Days (TP) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (TPa) = Month Days - Absent - Unpaid Leaves - Ded

Performance Card Report From Date 14/08/2025 To 14/08/2025

10	000S6736	Sr Mini Joseph
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LEGENDS >>> X: Days before DOL or Day after DOL | W: Weekly Off | H: Holiday | TP: Total Present Days | TPA: Total Payable Days | TA: Total Absent Days | Ex W: Extra W Hr | FT: Tour HT: Half Day Tour | *: Exception | Total Present Days (Tp) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (TPa) = Month Days - Absent - Unpaid Leaves - Ded

Performance Card Report From Date 14/08/2025 To 14/08/2025

19 00N12523 Ms Joyce Meriba. J

Page: 3

LEGENDS >> X: Days before DOJ or Day after DOJ | W: Weekly Off | H: Holiday | TP: Total Present Days | TPa: Total Payable Days | TA: Total Absent Days | EX.W: Extra W Hr | FT: Tour HT: Half day Tour | *: Exception | Total Present Days (TP) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (TPa) = Month Days - Absent - Unpaid Leaves - Ded

ST. JOHN'S MEDICAL COLLEGE HOSPITAL

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 001 - Con

28		00N13715	Ms Kastury Chakraborty	Weeklyoff : 0	Holiday : 0
14 T				TP 0.00	Leave
				TA 1.00	
				Ded 0.0	
A				TPa 0.00	
29		00N13917	Ms Pavithra P	Weeklyoff : 0	Holiday : 0
14 T				TP 1.00	Leave
0731				TA 0.00	
				Ded 0.0	
				TPa 1.00	
30		00N13922	Ms Kamatchi K	Weeklyoff : 0	Holiday : 0
14 T				TP 1.00	Leave
0828				TA 0.00	
				Ded 0.0	
				TPa 1.00	
31		00N13923	Ms Keerthana H	Weeklyoff : 0	Holiday : 0
14 T				TP 1.00	Leave
0837				TA 0.00	
				Ded 0.0	
				TPa 1.00	
32		00N13924	Ms Sindhu P	Weeklyoff : 0	Holiday : 0
14 T				TP 1.00	Leave
0834				TA 0.00	
				Ded 0.0	
				TPa 1.00	
33		00N13925	Ms B Immaculate Celin Priya	Weeklyoff : 0	Holiday : 0
14 T				TP 0.00	Leave
				TA 1.00	
				Ded 0.0	
A				TPa 0.00	
34		00N13926	Ms Vinohini B	Weeklyoff : 0	Holiday : 0
14 T				TP 1.00	Leave
0835				TA 0.00	
				Ded 0.0	
				TPa 1.00	
35		00N14118	Ms Pratiksha S Tripathy	Weeklyoff : 0	Holiday : 0
14 T				TP 0.00	Leave
				TA 1.00	
				Ded 0.0	
A				TPa 0.00	
36		00N14127	Ms Dishani Harh	Weeklyoff : 0	Holiday : 0
14 T				TP 1.00	Leave
0809				TA 0.00	
				Ded 0.0	
				TPa 1.00	

LEGENDS:>> X : Days before DOJ or Day after DOL | W : Weekly Off | H : Holiday | TP : Total Present Days | TPa : Total Payable Days | TA : Total Absent Days | Ex W : Extra W Hr | FT : Tour | HT : Half Day Tour | * : Exception | Total Present Days (Tp) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (Tpa) = Month Days - Absent - Unpaid Leaves - Ded

Performance Card Report From Date 14/08/2025 To 14/08/2025

37 00N14160 Ms Chinchu Maria Francis

Weeklyoff : 0 Holiday : 0Weekly off : 0 Holiday : 0Weeklyoff: 0 Holiday: 0

Weeklyoff: 0	Holiday: 0
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Weeklyoff : 0 Holiday : 0Weeklyoff : 0 Holiday : 0

Weeklyoff: 0	Holiday: 0
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Weeklyoff : 0	Holiday : 0
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Page:

ST. JOHN'S MEDICAL COLLEGE HOSPITAL

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 001 - Con

														Weeklyoff : 0										Holiday : 0									
46		00N14230										Ms Roshna Vadakkedath												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late		1		000.18					
0818																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
47		00N14231										Ms Ragni Rebecca												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0815																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
48		00N14232										Ms K Rachipeni Clara												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0821																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
49		00N14233										Ms Pratistha Tigga												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late		1		005.22					
1322																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
50		00N14251										Ms Huntharmachuanani Sailo												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0819																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
51		00N14252										Ms Suchita Chermako												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0813																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
52		00N14253										Mrs Clerita Joylen Lobo												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0816																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
53		00N14254										Ms Lalruatfeili												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0813																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									
														Weeklyoff : 0										Holiday : 0									
54		00N14392										Ms Abisha												Day		Leave				Day		Tot Hrs	
14 T																		TP		1.00				Late									
0859																		TA		0.00				Early									
																		Ded		0.0				Ex Wk									
																		TPa		1.00				Uptime									

LEGENDS -> X : Days before DOJ or Day after DOL | W : Weekly Off | H : Holiday | TP : Total Present Days | TPa : Total Payable Days | TA : Total Absent Days | Ex W : Extra W Hr | FT : Tour | HT : Half day Tour | * : Exception | Total Present Days (Tp) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (Tpa) = Month Days - Absent - Unpaid Leaves - Ded

ST. JOHN'S MEDICAL COLLEGE HOSPITAL

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 001 - Con

55 00NA9778 Mrs. Neethu Paul

Weeklyoff : 0 Holiday : 0

14 T															TP	Day	Leave		Late	Day	Tot Hrs
															TA	Ded			Empty		
A															0.00	1.00					
															0.0				ES WH		
															TPa	0.00			Update		

LEGENDS,>> X : Days before DOJ or Day after DOL | W : Weekly Off | H : Holiday | TP : Total Present Days | TPa : Total Payable Days | TA : Total Absent Days | Ex W : Extra W Hr | FT : Tour | HT : Half day Tour | * : Exception | Total Present Days (Tp) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (TPa) = Month Days - Absent - Unpaid Leaves - Ded



Performance Card Report From Date 14/08/2025 To 14/08/2025

1	000N2352	Mary V J
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[illegible]

Page: 1

ST. JOHN'S MEDICAL COLLEGE HOSPITAL
Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 14 - COLLEGE OF NURSING

1														000A5721														Mrs Chandrika P M														Weeklyoff : 0														Holiday : 0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
14 T		07/44																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															

LEGENDS >> X : Days before DOJ or Day after DOJ | W : Weekly Off | H : Holiday | TP : Total Present Days | TPa : Total Payable Days | TA : Total Absent Days | Ex W : Extra W Hr | FT : Tour | HT : Half day Tour | * : Exception | Total Present Days (TP) = Present + Tour | Ded = Late/Early Deduction | Total Payble Days (Tpa) = Month Days - Absent - Unpaid Leaves - Ded

ST. JOHN'S MEDICAL COLLEGE HOSPITAL

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 14 - COLLEGE OF NURSING

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LEGENDS >> X : Days before DOJ or Day after DOJ | W : Weekly Off | H : Holiday | TP : Total Present Days | TPa : Total Payable Days | TA : Total Absent Days | Ex W : Extra W Hr | FT : Tour | HT : Half day Tour | * : Exception | Total Present Days (TP) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (TPa) = Month Days - Absent - Unpaid Leaves - Ded

ST. JOHN'S MEDICAL COLLEGE HOSPITAL

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 14 - COLLEGE OF NURSING

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LEGENDS >> X : Days before DOJ or Day after DOL | W : Weekly Off | H : Holiday | TP : Total Present Days | TPA : Total Payable Days | TA : Total Absent Days | Ex W : Extra W Hr | FT : Tour | HT : Half Day Tour | * : Exception | Total Present Days (TP) = Present + Tour | Ded = Late/Early Deduction | Total Payable Days (Tpa) = Month Days - Absent - Unpaid Leaves - Ded

Performance Card Report From Date 14/08/2025 To 14/08/2025

Department: 14 - COLLEGE OF NURSING

28	00N12784	Ms Papari Gogoi
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Weeklyoff : 0

Holiday : 0

														Day	Total Hrs		
Leave														Leave			
14 T														TP	1.00	1	001:55
1025														TA	0.00	1	003:21
1339														DB	0.0		
0314														TPA	1.00		
														Uptime			

29	00N13569	Ms Nancy Rabha
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Weeklyoff : 0

Holiday : 0

[illegible]

LEGENDS >>> X: Days before DOL or Day after DOL | W: Weekly Off | H: Holiday | TP: Total Present Days | TPA: Total Payable Days | TA: Total Absent Days | Ex W: Extra W Hr | FT: Tour
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