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. Vinutha Rao	Dr. Nethra S.S	Mrs. Febi Mary
Designation	Principal	Professor & HOD Anesthesiology	Principal
Address	MVM College of Naturopathy and Yogic Sciences, Bangalore	Bangalore Medical College & Research Institute Bangalore	AJ College of Nursing, Bangalore
Mobile No	9980181331	9448171403	9945176547
Email ID	drvinuthamvm@gmail.com	nethra.surhonne@gmail.com	febibiju@gmail.com

Inspection For the Academic Year :2025-26			*Date of Inspection:11-08-2025*	
(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	SHRIDEVI COLLEGE OF NURSING SIRA ROAD, TUMKUR – 572106	2	Year of Establishment 1992
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	SRI SHRIDEVI CHARITABLE TRUST ® Shivadeepthi, 3rd Cross, S S Puram, Tumkur - 572102 (Enclose copy of Registration documents of Society/Trust)Annexure – 1		
		Email:info@shridevieducation.org	Website:www. shridevieducation.org	
		Office No:0816-2211768	Mobile No:-	
	(b). Name of the president/Secretary/ Chairman of Trust/Society &	Dr. M R Hulinaykar 9448082844		

Signature of Chairman — Dr. Vinutha Rao.

Signature of Member (1) — A.C. Chairman RGUHS 11/8/25

Signature of Member (2) — FEBI MARY SUBJECT EXPERT.

	Phone No		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 11 (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: Prof. R K Muniswamy Qualification: M.Sc. (N), DPN Experience after MSc: 22 Years Email: shridevinursing@gmail.com	Mobile No: 9844016414 Office No: 0816-2211066 Fax No: 0816-2211066 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				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation	1,87,500-00	3,75,000-00	2,50,000-00	25,000-00	8,37,500-00
Post Basic B.Sc. Nursing	Continuation Affiliation	45,000-00	90,000-00	60,000-00		1,95,000-00
					Total (A)	10,32,500-00
PG Course:- (M.Sc. Nursing)	P G Continuation/~~Fresh~~ Affiliation			No of Seats X Prescribed fees of each faculty		
	1. M.Sc. (N) Community Health			05		57,500-00
	2. M.Sc. (N) Medical Surgical			05		
	3. M.Sc. (N) OBG			05		
	4. M.Sc. (N) Paediatric			05		
	5. M.Sc. (N) Psychiatry			05		
					Total (B)	57,500-00
NPCC	Not Applicable					
					Total (C)	
					Grand Total (A+B+C)	10,90,000-00

Online Transaction Number or Details: Enclosed

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

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

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 598 MMC 2024 Date 10-12-2024 Annexure - 5	RGUHS/AFF/NSG /N025/2024-25 Dated 26-12-2024 Annexure - 6	KSNC/2338:2 024-25 Dated:31-12-2024 Annexure - 7	File No: 18-704/2000-INC Dated: 30-06-2025 Annexure - 8	Yes Verified
	Affiliation Sanctioned Intake	250	250	250	Proposed 240 Inspection Date not confirmed.	
	Admissions Made for the Current Academic Year	250	250	250	250	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	AKUKA 212 MPS 2010 Dated 27-05-2010 Annexure - 5	RGU/AFF/NSG/C oA/01/2024-25 Dated 20-09-2024 Annexure - 6	No:117 Dated 2024-25 Annexure - 7	Sl.No. 970 Dated 14-10-2024 Annexure - 8	Yes Verified
	Sanctioned Intake	60	60	60	50	
	Admissions Made for the Current Academic Year	60	60	60	50	
M.Sc. Nursing in a. Community Health ✓ b. Medical Surgical ✓ c. OBG ✓ d. Paediatric ✓ e. Psychiatry ✓	Approval Letter No. and Date	AKUKA 227 MPS 2005 Dated 23-08-2005 Annexure - 5	RGU/AFF/NSG/C oA/01/2024-25 Dated 20-09-2024 Annexure - 6	No:117 Dated 2024-25 Annexure - 7	Sl.No. 970 Dated 14-10-2024 Annexure - 8	Yes Verified
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	25	25	25	25	
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Not Applicable
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	30	46	28	68	172
	Female	101	54	72	32	259
Post Basic B.Sc Nursing	Male	03	01			04
	Female	04	02			06
M.Sc Nursing	Male	-	-			00
	Female	04	04			08
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:_____

12. Teaching Faculty Requirements for all Nursing Programs:

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

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							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		05							
4	Associate Professor	2	2-4					1*		04							
5	Assistant Professor	3	3-8				2	3*		11							
6	Tutor	8-16	16-24				2-10	--		64							
	Total	**16-24**	**24-40**				**4-12**			86							

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				
250 Students Intake				

* **Aadhar based biometric attendance for students**

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

12.1. Teaching Faculty details: – Details should be written in format only.

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Prof.R K MUNISWAMY	Principal/Dir ector	M.Sc. NURSING	2003	4865	-	22	17-07-2017	YES	
2.	Prof.NARAYANASWAMY M	VicePricipal	M.Sc. NURSING	2010	21870	-	15	30-08-2023	YES	
3.	Dr.BHEEMARAJ U T S	Professor	M.Sc. NURSING	1989	6571	-	20	11-01-2022	YES	
4.	Dr.CHIKKAHANUMANTHAIAH	Professor	M.Sc. NURSING	2012	11109	3	14	02-05-2024	YES	
5.	Dr.VIDYASHRI R	Professor	M.Sc. NURSING	2011	7085	2	14	19-02-2018	YES	
6.	Prof.SUMA L	Professor	M.Sc. NURSING	2015	19713	2	10	02-05-2015	YES	
7.	Prof.AMARESHWARA	Professor	M.Sc. NURSING	2013	19554	2	11	05-04-2024	YES	
8.	Mr.AJAYKUMAR R	Associate Professor	M.Sc. NURSING	2016	58723	2	8	07-05-2024	YES	
9.	Mr.BHIMANAGOUDA PASODI	Associate Professor	M.Sc. NURSING	2015	29977	-	9	13-04-2017	NO	
10.	Ms.AMRINA PASHA	Associate Professor	M.Sc. NURSING	2015	35046	-	9	06-03-2017	NO	
11.	Ms.HARSHITA K	Associate Professor	M.Sc. NURSING	2015	44332	-	10	06-06-2024	YES	
12.	Prof.T V REVANNA	Assistant Professor	M.Sc. NURSING	2006	9883	5	7	01-02-2021	YES	
13.	Mrs.NAGAVENI R	Assistant Professor	M.Sc. NURSING	2019	39552	6	5	01-01-2024	YES	
14.	Mrs.CHAYADEVI H R	Assistant Professor	M.Sc. NURSING	2020	73880	2	5	12-02-2024	YES	
15.	Mrs.RANJINI K	Assistant Professor	M.Sc. NURSING	2019	113920	6	5	03-02-2024	YES	
16.	Mrs.S SINDHU	Assistant Professor	M.Sc. NURSING	2021	87070	5	4	01-04-2024	YES	
17.	Mrs.SHREYA VAZ	Assistant Professor	M.Sc. NURSING	2021	92186	1	4	18-03-2025	YES	
18.	Mr.SHAZAD AHAMED	Assistant Professor	M.Sc. NURSING	2020	87321	1	4	01-04-2025	NO	
19.	Mrs.SUMITHRA R	Assistant Professor	M.Sc. NURSING	2020	139098	1	4	25-01-2024	YES	
20.	Mr. MADHU M P	Assistant Professor	M.Sc. NURSING	2019	135433	-	5	15-01-2020	YES	
21.	Ms.KRISHNAVENI H	Assistant Professor	M.Sc. NURSING	2020	175569	-	5	30-03-2021	NO	
22.	Mrs. SUDHA R	Assistant Professor	M.Sc. NURSING	2018	132768	-	6	01-05-2023	NO	

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

23.	Mr.NAGARAJA B	Tutor	M.Sc. NURSING	2022	94366	8	3	08-03-2024	YES	
24.	Mrs.SHILPA H M	Tutor	M.Sc. NURSING	2023	101527	1	2	06-04-2023	YES	
25.	Ms.LAKSHMI M	Tutor	M.Sc. NURSING	2024	109124	1	1	15-04-2024	YES	
26.	Mrs.BENZY B	Tutor	M.Sc. NURSING	2023	58934	8	2	03-02-2025	YES	
27.	Mr.KARIBASAPPA H S	Tutor	M.Sc. NURSING	2023	132929	5	-	28-02-2024	NO	
28.	Mr.PRASHANTH PANDIT SIRAHATTI	Tutor	M.Sc. NURSING	2025	201257	-	-	10-04-2025	NO	
29.	Mr.SHIVALINGAPPA IKKALAKI	Tutor	M.Sc. NURSING	2024	124938	1	-	06-02-2025	NO	
30.	Mr.NAGESH	Tutor	M.Sc. NURSING	2024	124406	1	-	06-02-2025	NO	
31.	Ms.RADHIKA N	Tutor	M.Sc. NURSING	2024	121780	1	-	06-02-2025	NO	
32.	Mr.ARUNKUMAR K	Tutor	P.B.B.Sc NURSING	2013	136870	9	0	08-04-2024	NO	
33.	Mr.CHANDRASHEKHARA H N	Tutor	P.B.B.Sc NURSING	2019	136183	3	-	05-02-2024	NO	
34.	Ms.LAVANYA C K	Tutor	B.Sc. NURSING	2022	132712	1	-	15-02-2024	NO	
35.	Mrs.KAVITHA G B	Tutor	B.Sc. NURSING	2021	228686	3	-	23-02-2024	NO	
36.	Mr.YASHWANTH B G	Tutor	B.Sc. NURSING	2020	115719	3	-	15-02-2021	NO	
37.	Mr.MANJUNATH G N	Tutor	B.Sc. NURSING	2021	122580	2	-	05-02-2024	NO	
38.	Mrs.DIVYA G	Tutor	B.Sc. NURSING	2019	104805	3	-	20-02-2020	NO	
39.	Mr.MAHENDRA HATTUR	Tutor	P.B.B.Sc NURSING	2019	203887	1	-	01-10-2024	NO	
40.	Mr.JAYACHANDRA N	Tutor	B.Sc. NURSING	2015	145789	2	-	01-10-2024	NO	
41.	Mr.MITHU GHOSH	Tutor	B.Sc. NURSING	2020	116493	3	-	05-12-2020	NO	
42.	Mr.MAHENDRA N	Tutor	B.Sc. NURSING	2021	122548	2	-	02-02-2024	NO	
43.	Mr.SRIHARSHA K M	Tutor	B.Sc. NURSING	2021	118686	2	-	03-03-2022	NO	
44.	Mr.PUNEETH S N	Tutor	B.Sc. NURSING	2012	47031	13	-	20-04-2015	NO	
45.	Mr.ABHILASH JOSEPH	Tutor	B.Sc. NURSING	2014	65664	9	-	24-04-2015	NO	

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

46.	Mr.BHANUPRAKASH M	Tutor	B.Sc. NURSING	2016	78072	4	-	01-10-2024	NO	
47.	Mr.MADHU B S	Tutor	B.Sc. NURSING	2018	98198	6	-	02-03-2024	NO	
48.	Ms.MANISHKA MOG	Tutor	B.Sc. NURSING	2023	154657	1	-	03-04-2024	NO	
49.	Mr.MAHESH M	Tutor	B.Sc. NURSING	2022	132707	2	-	07-03-2024	NO	
50.	Mr.MARUTHI DUGGAVATI	Tutor	P.B.B.Sc NURSING	2021	212770	3	-	20-12-2022	NO	
51.	Mr.RAVIKUMAR G K	Tutor	P.B.B.Sc NURSING	2020	155233	4	-	08-01-2024	NO	
52.	Mr.VEDAMURTHY E	Tutor	B.Sc. NURSING	2011	42428	8	-	23-03-2022	NO	
53.	Mr.RAGHU E	Tutor	P.B.B.Sc NURSING	2020	197368	3	-	10-02-2024	NO	
54.	Mr.RAMESH G L	Tutor	P.B.B.Sc NURSING	2020	107237	3	-	05-04-2024	NO	
55.	Mrs.RASHMI M N	Tutor	B.Sc. NURSING	2007	9520	4	-	06-01-2025	YES	
56.	Ms.TEJASHWINI G S	Tutor	B.Sc. NURSING	2025	176403	1	-	19-02-2025	YES	
57.	Mrs.BHARATHI E	Tutor	P.B.B.Sc NURSING	2021	209425	2	-	02-05-2022	NO	
58.	Mrs.RAMYA	Tutor	P.B.B.Sc NURSING	2019	180479	4	-	04-01-2020	NO	
59.	Mrs.PAVITHRA B	Tutor	P.B.B.Sc NURSING	2022	133190	2	-	04-03-2023	NO	
60.	Mr.AJJAIAH C V	Tutor	P.B.B.Sc NURSING	2017	154278	7	-	05-03-2018	NO	
61.	Ms.VASUDHA CHALAWADI	Tutor	B.Sc. NURSING	2021	120358	3	-	30-12-2022	NO	
62.	Mr.MANJUNATH D P	Tutor	P.B.B.Sc NURSING	2017	158170	7	-	08-02-2018	NO	
63.	Ms. KAVYA SARVADE	Tutor	B.Sc. NURSING	2021	120350	3	-	10-01-2022	NO	
64.	Ms.VINITASHREE J	Tutor	B.Sc. NURSING	2021	120352	3	-	14-02-2022	NO	
65.	Mr.PUNEETHA B G	Tutor	B.Sc. NURSING	2020	138487	4	-	10-05-2021	NO	
66.	Mr.NAGENDRAPPA R	Tutor	P.B.B.Sc NURSING	2020	149730	4	-	20-04-2021	NO	

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

67.	Ms.SOUMYA VISHWANATH JOGALEKAR	Tutor	B.Sc. NURSING	2021	120322	3	-	14-03-2022	NO	
68.	Ms.MALLAMMA R PUJAR	Tutor	B.Sc. NURSING	2021	120648	3	-	31-03-2022	NO	
69.	Mrs.KAVITHA CHALAVADI	Tutor	B.Sc. NURSING	2020	110139	4	-	30-03-2021	NO	
70.	Mr.ASHOKA B E	Tutor	P.B.B.Sc NURSING	2016	124890	8	-	13-04-2017	NO	
71.	Mr.SANTHOSH KUMAR S K	Tutor	B.Sc. NURSING	2015	85353	9	-	21-12-2016	NO	
72.	Mrs.SUSHMA HULIKERE	Tutor	B.Sc. NURSING	2021	120171	3	-	01-06-2022	NO	
73.	Mrs.UMADEVI P B	Tutor	P.B.B.Sc NURSING	2015	128221	8	-	06-03-2017	NO	
74.	Mrs.JNANESHWARI R	Tutor	P.B.B.Sc NURSING	2020	160678	4	-	17-03-2021	NO	
75.	Ms.MEGHANA S D	Tutor	P.B.B.Sc NURSING	2020	204937	4	-	30-03-2021	NO	
76.	Ms.PUSHPA K R	Tutor	B.Sc. NURSING	2016	80378	8	-	28-04-2017	NO	
77.	Ms.KAVYASHREE D	Tutor	B.Sc. NURSING	2022	132350	2	-	05-04-2023	NO	
78.	Ms.JYOTI KALAPPANAVAR	Tutor	B.Sc. NURSING	2021	121423	3	-	03-12-2022	NO	
79.	Ms.DIVYA SHREEKANTGOUD HALEMANI	Tutor	B.Sc. NURSING	2021	120357	3	-	10-03-2022	NO	
80.	Mr.PANCHAKSHARI K H	Tutor	P.B.B.Sc NURSING	2020	161053	4	-	12-07-2021	NO	
81.	Ms.CHANDANA K	Tutor	P.B.B.Sc NURSING	2023	221412	1	-	05-02-2024	NO	
82.	Ms.KAVITHA S	Tutor	P.B.B.Sc NURSING	2024	215924	1	-	03-02-2025	NO	
83.	Ms.ARATHI H R	Tutor	P.B.B.Sc NURSING	2020	88886	4	-	16-06-2021	NO	
84.	Ms.DIVYA S	Tutor	P.B.B.Sc NURSING	2013	60674	12	-	12-04-2015	NO	
85.	Mr.RAVI NAIK P	Tutor	P.B.B.Sc NURSING	2019	146227	5	-	15-01-2020	NO	
86.	Ms.KAVYA S R	Tutor	B.Sc. NURSING	2020	205025	4	-	16-06-2021	NO	
87.	Mrs.KAVITHA CHALAVADI	Tutor	B.Sc. NURSING	2020	110139	4	-	30-03-2021	NO	
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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)**

116.										

- **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)	**74,800 Sq Ft**	
	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	**2x2800=5600 2x1800=3600 4x900=3200**	**Yes Verified**
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2x900=1800**	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	**2x600=1200**	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each		
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	**1x300=300**	**Yes Verified**
	2. Vice-Principal Chamber	200	**1x300=300**	**Yes Verified**
	3. HOD	5 x 200 = 1000	**5x500=2500**	**Yes Verified**
	4. Professor/Assoc. Prof	800+2400=3200	**3x1200=3600**	**Yes Verified**
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	**2x300=600**	**Yes Verified**
	7. Accountants Office	**100**	**1x300=300**	**Yes Verified**
	8. Store Room	**100**	**1x200=200**	**Yes Verified**
	9. Record room	**100**	**1x200=200**	**Yes Verified**
	10. Room for maintenance staff	**100**	**1x200=200**	**Yes Verified**
	11. Xeroxing room	**100**	**1x100=100**	**Yes Verified**
	12. common room (Girls & Boys)	600+400= 1000	**1x1000=1000**	**Yes Verified**
	13. Multipurpose hall / Seminar hall/ examination hall	3000	**1x3500=3500**	**Yes Verified**
	14. Toilets	1000	**5x200=1000**	**Yes Verified**

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

	15. A.V/Aids room	600	**1x800=800**	**Yes Verified**

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	**10,000 Sq. Ft.**	**Yes Verified**
	Nutrition & Community Health Nursing	1200sq.ft	**1x1100=1100** **1x900=900**	**Yes Verified**
	Obstetrics and Gynecology Laboratory	900sq.ft	**1x900=900**	**Yes Verified**
	Pediatrics Nursing Laboratory	900sq.ft	**1x1100=1100**	**Yes Verified**
	Pre-Clinical Sciences Laboratory	900sq.ft	**1x3500=3500** **1x3800=3800** **1x3500=3500**	**Yes Verified**
	Computer Lab (1: 5 computer :student)	1500sq.ft	**1x3800=3800** **1x3400=3400** **1x900=900**	**Yes Verified**

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 Verified**
2	**Is the college building own?**	**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**	**Yes**
9	**Town planning/Authorities approval order**	**Yes**

It is mandatory to enclose all the documents mentioned above.

Note:

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

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 Lenience
02 Bus	KA06C2030 & KA06C2031	41	Yes	Yes	Yes
01 Ambulance	KA06AB0037	11	Yes	Yes	Yes

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	2550 Sq.Ft.	YES ✓ No ☐	Good	Good	Yes Verified

Total No. of Nursing Books available	4486	**No. of Nursing Journals subscribed**	18
No. of Thesis/Research titles available	702	**Is internet facility available for Students?**	Yes
No of e-books	30	**How many books were purchased in last financial year?**	250

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mr. Basaveshwara I M	M.Sc.(Lib)	18 Years	Present
2	Mrs. Mani S H	M.Sc.(Lib)	03 Years	Present
3	Mr. Ramesh T R	M.S.W	05 Years	Present

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	**483 Completed** **12 Ongoing**	
Conferences conducted	**Nil**	
Conferences attended	**25 & 2 State Level Work Shop, 1 National Works Shop in the year 2024-25**	

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

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

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 **Shridevi Institute of Medical Sciences & Research Hospital, Sira Road, Tumkur** MOU(Registered parent hospital MOU)		**970**	500 Mtr	80%	**Yes Verified**
NAME OF THE TRUST/ Person owning The Hospital Sri Shridevi Charitable Trust ®					
Name Of The Owner Of The Trust of Hospital **Managing Trustee Dr. M R Hulinaykar**					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1				
	2				
	3 (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,

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

- [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	225	83.30%	N/A	N/A
Surgery including OT	200	82.50%	N/A	N/A
Obstetrics & Gynecology	125	82%	N/A	N/A
Pediatrics,	125	81%	N/A	N/A
Emergency Medicine	40	82.50%	N/A	N/A
Psychiatry	25	84%	N/A	N/A

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	14	-	N/A	N/A
Minor OT	-	-	N/A	N/A
Post OP	28		N/A	N/A
Pre OP	14		N/A	N/A
Dental, Otorhinolaryngology, Ophthalmology	0+30+30	81.7%	N/A	N/A
Burns and Plastic	10	80%	N/A	N/A
Neonatology care unit	10 Beds	82.4%	N/A	N/A
Communicable disease/Respiratory medicine/TB & chest diseases	40	83.1%	N/A	N/A
Dermatology	30	80%	N/A	N/A
Cardiology	25	82%	N/A	N/A
Oncology	10	81%	N/A	N/A
Neurology/Neuro-surgery	10+10	81.7%	N/A	N/A
Nephrology/Urology	10+10	80.8%	N/A	N/A
ICU/ICCU	10+10	80%	N/A	N/A
Geriatric Medicine	10	82.2%	N/A	N/A
Any other	-	-	N/A	N/A

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

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	**RHTC, Bellavi, Tumkur Dist**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ✓
Distance from the Nursing Institute	**20 Kms**
b. Services Rendered by Health & Family Welfare Programmes	**School Health Sciences, Immunization, Survey, ANC, PNC Clinics, Minor Ailments, General Check up.**
URBAN FEILD :	
a. Name of CHC / PHC / SC	**UHTC, Amarajyothi Nagara, Tumkur**
Adopted / Affiliated	**Affiliated**
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ✓
Distance from the Nursing Institute	**7 Kms**
b. Services Rendered by Health & Family Welfare Programmes	**School Health Sciences, Immunization, Survey, ANC, PNC Clinics, Minor Ailments, General Check up.**
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** ☐
f.	Practical record books - Midwifery case book	**YES** ✓	**NO** ☐
g.	Leave record	**YES** ✓	**NO** ☐

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

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	**49818 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 : 338**	**Boys : 407**
f.	Total No. of rooms	**Girls : 120**	**Boys : 180**
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 Annexure:

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/ 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 affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		

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

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 Shridevi Institute of Nursing following observations were made.

Infrastructure

* Building documents were varified & found correct
* Class rooms were spacious & well ventilated

Academics

* Total 87 staffs were present on the day of inspection.
* Labs were well equipped with well ventilated
* Library has 4486 books.

Clinical

* College has a parent hospital Shridevi Institute of Medical Science & RPME & PCB Certificates.
* All necessary documents were enclosed for your personal.

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 Shrideevi College of Nursing, Tumkur which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 11/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr. Vinutha Rao	DR. MEETHRA. S.S	FEBI MARY.
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

11/8/25

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)**

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA10566748431191X
Certificate Issued Date	:	06-Aug-2025 11:57 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ TUMKUR/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0836645534728424X
Purchased by	:	THE MEDICAL DIRECTOR SIMS AND RH TUMKUR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	THE MEDICAL DIRECTOR SIMS AND RH TUMKUR
Second Party	:	THE REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	THE MEDICAL DIRECTOR SIMS AND RH TUMKUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY P.T. THIPPANNA TUMKUR Reg. No. 10506 Exp. On 04-11-2028 GOVT. OF INDIA

Please write or type below this line

UNDERTAKING

I/We, **Dr. Raman Hulinaykar** is/are the **Managing Director** of the **Shridevi Institute of Medical Sciences and Research Hospital,** is situated at Sira Road , Tumkur-572106.

Raman Hulinaykar

NO OF CORRECTIONS

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. 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 Shridevi Institute of Medical Sciences and Research Hospital Is registered under KPMEA and PCB with **970** beds and the bonafide certificate has been attached.

This is to confirm that the hospital Shridevi Institute of Medical Sciences and Research Hospital is Functioning as affiliated/parent/own hospital for Shridevi College of Nursing college.

We also confirm that our hospital is solely affiliated to **Sri Shridevi College of Nursing** and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Date: 08-08-2025

Place: Tumkur

Medical Director

NOTARY
P.T. THIPPANNA
TUMKUR
Reg. No. 10506
Exp. On: 22-11-2028
GOVT. OF INDIA

NO OF CORRECTIONS NIL

P.T. THIPPANNA M.A., LL.B.
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Kim Hospital,
Sira N.H.-4 Road, Lingapura,
TUMKUR-572106, Karnataka

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA10565025128221X**
Certificate Issued Date	:	06-Aug-2025 11:56 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ TUMKUR/ KA-TU
Unique Doc. Reference	:	SUBIN-KAKAKSFCL08366389687912 78X
Purchased by	:	CHAIRMAN SHRIDEVI CHARITABLE TRUST TUMKUR
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN SHRIDEVI CHARITABLE TRUST TUMKUR
Second Party	:	THE REGISTRAR R G U H S BANGALORE
Stamp Duty Paid By	:	CHAIRMAN SHRIDEVI CHARITABLE TRUST TUMKUR
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

NOTARY GOVT. OF INDIA

UNDERTAKING by Trust Management

I, **Dr. M R Hulinaykar**, the Chairman of the Sri Shridevi Charitable Trust ® Tumkur, are submitting the affidavit to University.

NO OF CORRECTIONS 2

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. 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.

The Sri Shridevi Charitable Trust ® is running/managing the college **Shridevi College of Nursing** since **33** 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 is 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.

Date:08-08-2025

Place: Tmkur

Chairman
Sri Shridevi Charitable Trust ®
Tumkur.

NOTARY
P.T. THIPPANNA
TUMKUR
Reg.No. 11500
Exp. On: 04-11-2028
GOVT. OF INDIA

NO OF CORRECTIONS Nil

08/08/25

P.T. THIPPANNA
ADVOCATE & NOTARY
GOVT. OF INDIA
Opp. Rim Hospital
Sira N.H-4 Road, Dingapura,
TUMKUR-572106. Karnataka