**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. Mahesh Salimath | Philip Sebastian |
| Designation | Principal. | Prof & HOD | Vice principal |
| Address | MVMCNYS Yelahanka, Bangalore | AMVGH Hubli | T. John College of Nsg Bangalore |
| Mobile No | 9980181331 | 9739106823 | 7022953442 |
| Email ID | drvinuthamvm@gmail.com | drmaheshsalimath@gmail.com | philipsebastian0@gmail.com |

| | | | | |
|---|---|---|---|---|
| *Inspection For the Academic Year : 2025-2026* | | | *Date of Inspection: 13/08/2025* | |
| *(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 | |

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|---|---|---|---|---|
| 1 | **Name of the Institution with Full Address** | **NOORIE COLLEGE OF NURSING ANDERSONPET K.G.F-563113 ., KOLAR DIST., KARANATAKA** | 2 | **Year of Establishment** |
| | | | | **2000-2001** |
| 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** | **MOTHER NOORIE EDUCATIONAL AND CHARITABLE TRUST ANDERSONPET K.G.F-563113., KOLAR DIST., KARNATAKA** (Enclose copy of Registration documents of Society/Trust) Annexure – 1 | | |
| | | **Email:** nooriecon@gmail.com | **Website: www.noorieeducational.org** | |
| | | **Office No:** | **Mobile No: 9449837137** | |

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

| | | | |
|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No | SHRI .L.S SHAHZADHA<br>MOTHER NOORIE EDUCATIONAL AND CHARITABLE TRUST<br>ANDERSONPET K.G.F-563113., KOLAR DIST., KARNATAKA<br>9449837137 | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council :<br>ENCLOSED<br>(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: Mrs. SUBHASHINI.X<br>Qualification: M.SC NURSING<br>Experience after MSc: 13 YEARS<br>Email: nooriecon@gmail.com | Mobile No:8892129859<br>Office No: 9449837137<br>Fax No:<br>Residential phone No: |
| | b) Drawing authority of the college | MANAGEMENT | |

| | | | | |
|---|---|---|---|---|
| 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.<br>(Verify& enclose a copy of the registered trust Documents)<br>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 UGor b) for UG and PG courses c) NPCC | Amount |
| B.Sc. Nursing | 2025-2026 | | Rs, 3,25,000 | | Rs,25,000/- | Rs, 3,50,000/- |
| Post Basic B.Sc. Nursing | 2025-2026 | | | | | |
| | | | | | 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 | 5 | Rs, 30,000/- | Rs, 30,000/- |
| | 2. COMMUNITY HEALTH NURSING | 5 | | |
| | 3. OBG | 5 | | |
| | 4. PSYCHIATRIC NURSING | 5 | Rs, 20,000/- | Rs, 20,000/- |
| | 5. PAEDIATRIC NURSING | 5 | | |
| | Helinet Inst Fee PG | | Rs,7,500/- | Rs,7,500/- |
| | APPLICATION FORM & COURSE IDENFICATION UG & PG | | Rs,3,100/- | Rs,3,100/- |
| | | | Total (B) | 60,600/- |
| | | | Total (A)+ Total (B) | 4,10,600/- |

Online Transaction Number or Details: ZSBIVMT095PZ05 DATED 24/12/2024

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 | 80 | 80 | 80 | 55 | |
| | Admissions Made for the Current Academic Year | 2025-2026 | 2025-2026 | 2025-2026 | 2025-2026 | |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | 45 | 45 | 45 | 30 | |
| | Admissions Made for the Current Academic Year | 2025-2026 | 2025-2026 | 2025-2026 | 2025-2026 | |
| M.Sc. Nursing in<br>a. Community Health ☑<br>b. Medical Surgical ☑<br>c. OBG ☑<br>d. Paediatric ☐<br>e. Psychiatry ☐ | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | 15 | 15 | 15 | 15 | |
| | Admissions Made for the Current Academic Year | 2025-2026 | 2025-2026 | 2025-2026 | 2025-2026 | |
| M.Sc. NPCC | Approval Letter No. and Date | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 | |
| | Sanctioned Intake | | | | | |
| | Admissions Made for the Current Academic Year | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

**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.Sc Nursing | Male | 30 | 29 | 36 | 42 | 137 |
| | Female | 50 | 51 | 37 | 38 | 176 |
| Post Basic B.Sc Nursing | Male | 06 | 02 | - | - | 08 |
| | Female | 39 | 43 | - | - | 82 |
| M.Sc Nursing | Male | 02 | 02 | - | - | 04 |
| | Female | 13 | 13 | - | - | 26 |
| M.Sc NPCC | Male | | | | | |
| | Female | | | | | |

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

**Annexure - 9**

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

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

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

**Annexure –10**

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

**Note:**Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

**Remarks:**_____

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

## 12. Teaching Faculty Requirements for all Nursing Programs:

| Sl. No | Designation | Required | | | | | | | | Existing / Available | | | | Deficit | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | B.Sc (N) | | | | | P.B. B.Sc (N) | M.Sc (N)* | M.Sc NPCC | B.Sc (N) | P.B. B.Sc (N) | M.Sc (N) | NPCC | B.Sc (N) | P.B. B.Sc (N) | M.Sc (N) | M.Sc NPCC |
| | | 40 to 60 | 61 to 100 | 101 to 150 | 151 to 200 | 201 to 250 | 20 to 60 | | | | | | | | | | |
| 1 | Principal | 1 | 1 | | | | | | | | | 1 | | | | | |
| 2 | Vice-Principal | 1 | 1 | | | | | | | | | 1 | | | | | |
| 3 | Professor | 1 | 1-2 | | | | | 1* | | | | 2 | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | | | | 1* | | | | 6 | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | | | 4 | | | | | |
| 6 | Tutor | 8-16 | 16-24 | | | | 2-10 | -- | | | | 26 | | | | | |
| | **Total** | **16-24** | **24-40** | | | | **4-12** | | | | | **40** | | | | | |

**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**<br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors | **Total 8 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 16 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors | **Total 18 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors | **Total 24 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 20 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | **Total 30 Faculty**<br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | **Total 40 Faculty**<br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 150 students intake | | | | |
| **200 students intake** | | | | |
| **250 students** | | | | |

* **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. | Mrs. SUBHASHINI. X | PRINCIPAL | M.Sc., (N) (Med.Sug) | UG -2008 PG -2014 | 11012 | 01Yrs | 12Yrs | 02.01.2024 | Yes | |
| 2. | Mrs. VANI .P | VICE PRINCIPAL | M.Sc.,(N) (Peadiatric) | UG-2009 PG-2020 | 9133 | 09 Yrs | 05Yrs | 01.01.2020 | No | |
| 3. | Mrs. SHALINI | ASSO PROF | M.Sc.,(N) (Peadiatric) | UG-2013 PG-2016 | 61204 | 01Yrs | 09Yrs | 01.03.2016 | " | |
| 4. | Mrs. JAYANDHI.V | ASSO PROF | M.Sc.,(N) (Med.Sug) | UG-2003 PG-2011 | 2007405 | 07Yrs | 16Yrs | 01.03.2017 | " | Leave. |
| 5. | Ms. JAYASHREE D.R | ASSO PROF | M.Sc.,(N) (OBG) | UG-2010 PG-2014 | 039874 | 01Yrs | 11 Yrs | 03.07.2017 | " | Leave. |
| 6. | Mrs. S. MANJULA VISHWINI | ASST PROF | M.Sc.,(N) (Med.Sug) | UG-2011 PG-2019 | 74982 | 06 Yrs | 06 Yrs | 06.10.2019 | " | |
| 7. | Mrs. ANITHA . A | ASST PROF | M.Sc.,(N) (Peadiatric) | UG-2006 PG-2020 | 5926 | 12 Yrs | 05 Yrs | 06.01.2021 | " | |
| 8. | Mr. RAVINDRA D.M | ASST PROF | M.Sc.,(N) ( MENTAL HEALTH ) | UG-2011 PG-2017 | 43661 | 01 Yrs | 07Yrs | 01.12.2024 | " | |
| 9. | Mrs. ASHA P | ASST PROF | M.Sc.,(N) (Med.Sug) | UG-2013 PG-2020 | 5704 | 04 Yrs | 05 Yrs | 01.01.2021 | " | |
| 10. | Ms. GUL AFSHAN | ASST PROF | M.Sc.,(N) (Med.Sug) | UG- 2014 PG-2019 | 78881 | 03 Yrs | 06 Yrs | 01.12.2024 | " | 13/08/25 |
| 11. | Mr. MOHAN | ASST PROF | M.Sc.,(N) (CHN) | PG-2023 | 19926 | 11 Yrs | 02 Yrs | 01.12.2024 | " | |
| 12. | Ms. E. CHINTHANA | ASST PROF | M.Sc.,(N) (OBG | PG -2023 | 100450 | 01 Yrs | 02 Yrs | 01.04.2023 | " | |
| 13. | Mrs. B.S R RAMYA | LECTURER | M.Sc.,(N) (COMMUNITY) | UG- 2007 PG-2023 | 10310 | 14 Yrs | 02 Yrs | 01.02.2008 | " | |
| 14. | Mrs. MAGDALIN SANGEERTHANI | LECTURER | M.Sc.,(N) (OBG) | UG- 2021 PG-2024 | 129267 | 01 Yrs | 01 Yrs | 01.01.2024 | " | |
| 15. | Mrs. SHANTHI R | LECTURER | P.B.B.SC (N) | UG-2010 | RR TMN 32012 3701 KAR | 14 YRS | - | 02.01.2011 | " | |
| 16. | Mr. JIROMY ARAVIND | LECTURER | B.Sc (N) | UG-2017 | KL0420 1801851 | 04 Yrs | - | 01.12.2024 | " | |

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

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|---|---|---|---|---|---|---|---|---|---|---|
| 17. | Ms. HARSHITHA H.S | TUTOR | B.Sc(N) | UG- 2021 | 120524 | 01 Yrs | - | 01.04.2023 | NO | Harsh |
| 18. | Ms. PREMA K.V | TUTOR | P.C BSC(N) | UG- 2021 | 170164 | 01 Yrs | - | 01.06.2023 | " | |
| 19. | Mrs. M PUGAZHANTHI | LECTURER | B.SC(N) | UG-2012 | 126592 | 09 Yrs | | 01.06.2023 | " | Leave, |
| 20. | Mr. GIRISH | TUTOR | BSC(N) | UG- 2021 | 108445 | 03 Yrs | | 01.12.2024 | " | HM |
| 21. | Ms. MALA SHREE | TUTOR | BSC(N) | UG- 2022 | 120081 | 03 Yrs | | 01.12.2024 | " | |
| 22. | Ms. POOJA | TUTOR | BSC(N) | UG- 2022 | 120071 | 02 Yrs | - | 01.12.2024 | " | |
| 23. | Mr. RAMESH | TUTOR | P.C BSC(N) | UG- 2021 | 131864 | 04 Yrs | | 01.12.2024 | " | |
| 24. | Mr. NARASIMHA MURTHY K.H | TUTOR | BSC(N) | UG- 2024 | 163760 | 01 Yrs | | 01.12.2024 | " | |
| 25. | Mrs. C.A BABY | LECTURER | P.C BSC(N) | UG- 2017 | 23485 | 08 Yrs | | 01.12.2024 | " | |
| 26. | Ms. NETHRAVATHI .M | LECTURER | P.C BSC(N) | UG- 2020 | 194625 | 05Yrs | | 01.12.2024 | " | |
| 27. | Ms. ARCHITHA B.R | TUTOR | BSC(N) | UG- 2022 | 134311 | 02 Yrs | | 01.12.2024 | " | Leave. |
| 28. | Ms. LATA BHAGOJI | TUTOR | BSC(N) | UG- 2021 | 121891 | 04 Yrs | - | 01.12.2024 | " | |
| 29. | Mr. NITHYANANDA CR | TUTOR | P.C BSC(N) | UG- 2025 | 175720 | 06 Mths | - | 01.12.2024 | " | |
| 30. | Ms. MANAS H.B | TUTOR | BSC(N) | UG- 2020 | 108149 | 02 Yrs | - | 01.06.2023 | " | Manas |
| 31. | Ms. VANITHA .D | TUTOR | BSC(N) | UG- 2020 | 117731 | 02 Yrs | - | 01.06.2023 | " | |
| 32. | Ms. JYOTHI .H | LECTURER | P.C BSC(N) | UG- 2020 | 196095 | 05Yrs | - | 01.06.2023 | " | Jyothi |
| 33. | Ms. RAMSHINA .S | TUTOR | BSC(N) | UG- 2020 | 115230 | 02 Yrs | - | 01.06.2023 | " | Leave. |
| 34. | Mr. PRAMODKUMAR N TALLUR | TUTOR | BSC(N) | UG- 2020 | 110006 | 02 Yrs | - | 01.12.2024 | " | Pallu |
| 35. | Mr. SIDDARUDA PUJAR | TUTOR | BSC(N) | UG- 2018 | 92512 | 07 Yrs | - | 01.12.2024 | " | Pujar |
| 36. | Ms. LAXMI KRISHNA NAIK | TUTOR | BSC(N) | UG- 2018 | 92596 | 07 Yrs | - | 01.12.2024 | " | |
| 37. | Mr. MAHESH GADAGALI | TUTOR | BSC(N) | UG- 2018 | 92514 | 07 Yrs | - | 01.12.2024 | " | |

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

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|---|---|---|---|---|---|---|---|---|---|---|
| 38. | Ms. TAMILELAKKIYA .S | TUTOR | BSC(N) | UG- 2021 | 207854 | 03 Yrs | - | 01.12.2024 | No | |
| 39. | Mr. AKHIL RAMESH | TUTOR | BSC(N) | UG- 2014 | - | 05Yrs | - | 01.12.2024 | " | |
| 40. | Mr. SONU | TUTOR | BSC(N) | UG- 2013 | - | 04 Yrs | - | 01.12.2024 | " | |
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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)**

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- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is

**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 ) | **62000 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 | **1000 Sq.Ft** | |
| | P.B.B.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | **900 Sq.Ft** | |
| | M.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | **900 Sq.Ft** | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | **400 Sq. Ft** | |
| | 2. Vice-Principal Chamber | 200 | **300 Sq. Ft** | |
| | 3. HOD | 5 x 200 = 1000 | **1000 Sq. Ft** | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | **3800 Sq. Ft** | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | **600** | **600 Sq.Ft** | |
| | 7. Accountants Office | **100** | **100 Sq.Ft** | |
| | 8. Store Room | **100** | **100 Sq.Ft** | |
| | 9. Record room | **100** | **100 Sq.Ft** | |
| | 10. Room for maintenance staff | **100** | **100 Sq.Ft** | |
| | 11. Xeroxing room | **100** | **100 Sq.Ft** | |
| | 12. common room ( Girls & Boys) | 600+400= 1000 | **2000 Sq. Ft** | |
| | 13. Multipurpose hall / Seminar hall/ examination hall | 3000 | **3200 Sq. Ft** | |
| | 14. Toilets | 1000 | **1100 Sq. Ft** | |
| | 15. A.V/Aids room | 600 | **1000 Sq. Ft** | |

Annexure - 12 enclosed

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

| 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 | **2700 Sq. Ft** | |
| | Nutrition & Community Health Nursing | 1200sq.ft | **2800 Sq. Ft** | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | **1200 Sq. Ft** | Enclosed |
| | Pediatrics Nursing Laboratory | 900sq.ft | **1200 Sq. Ft** | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | **1000 Sq. Ft** | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | **1700 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 ?** | Leased. |
| 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.** | — |
| 7 | **Sale deed / Lease deed of the building / Land.** | — |
| 8 | **Land Conversion order from DC** | — |
| 9 | **Town planning/Authorities approval order** | — |

**It is mandatory to enclose all the documents mentioned above.**

**Note:**

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

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

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

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licience |
|---|---|---|---|---|---|
| 01 | KA082949 | 42 | Yes / No | Yes / No | Yes / No |
| 02 | KA08A1679 | 59 | | | |

**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 | 2600Ft | ☑ YES No ☐ | | | |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | **5530** | **No. of Nursing Journals subscribed** | **32** |
| **No. of Thesis/Research titles available** | **120** | **Is internet facility available for Students?** | **YES** |
| **No of e-books** | **30** | **How many books were purchased in last financial year?** | **1220** |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01 | Mr. ANNA MALAI | MA. MLIB | 11 | NIL |
| 02 | Mrs. YOSHODHAMMA | B.LIB | 7 | NIL |

**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 | | |
| Conferences conducted | NA | |
| Conferences attended | | |

| | |
|---|---|
| * 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<br><br>MOU( Registered parent hospital MOU) | | | | | |
| NAME OF THE TRUST/ Person owning The Hospital | | | | | |
| Name Of The Owner Of The Trust of Hospital | | | | | |
| Affiliated hospitals- Full Name & Address of the Parent Hospital | **1 . MANNAN HOSPITAL DR BR AMBEDKAR ROAD KGF** | **30** | **02 KM** | | |
| | **2. GOVERNMENT GENERAL HOSPITAL KGF** | **330** | **02 KM** | | |
| | **3. ADARSH HOSPITAL KGF** | **50** | **02 KM** | | |
| | **4. CADABAMS GROPU OF PSYCHO SOCAIL REHABILITATION CENTERS BENGALURU** | **600** | **110 KM** | | |

(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).

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

- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

**Note**

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated _Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

**Remarks:**

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

**18.1. Distribution of Beds**

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical | | | 50 | 1200 Per Month |
| Surgery including OT | | | 20 | 480 Per Month |
| Obstetrics & Gynecology | | | 85 | 2100 Per Month |
| Pediatrics, | | | 85 | 1900 Per Month |
| Emergency Medicine | | | 16 | 420 Per Month |
| Psychiatry | | | 500 | 12,000 Per Month |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | | | 04 | 90 Per Month |
| Minor OT | | | 08 | 210 Per Month |
| Dental, Otorhinolaryngology, Ophthalmology | | | 30 | 750 Per Month |
| Burns and Plastic | | | 05 | 60 Per Month |
| Neonatology care unit | | | 12 | 270 Per Month |
| Communicable disease/Respiratory medicine/TB & chest diseases | | | 03 | 60 Per Month |
| Dermatology | | | 10 | 240 Per Month |
| Cardiology | | | 13 | 300 Per Month |
| Oncology | | | - | - |
| Neurology/Neuro-surgery | | | 110 | 2700 Per Month |
| Nephrology/Urology | | | 10 | 240 Per Month |
| ICU/ICCU | | | 09 | 210 Per Month |
| Geriatric Medicine | | | - | - |
| Any other | | | 10 | 240 Per Month |

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** | **PRIMARY HEALTH CENTRE ANDERSONPET K.GF** |
| Adopted / Affiliated | **AFFILIATED** |
| Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| Distance from the Nursing Institute | **01** |
| **b.** Services Rendered by Health & Family Welfare Programmes | **YES** |
| **URBAN FEILD :** | |
| **a. Name of CHC / PHC / SC** | **URBAN HEALTH CENTRE MARIKUPPAM** |
| Adopted / Affiliated | **AFFILIATED** |
| Administrate red by | **State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐ |
| Distance from the Nursing Institute | **02** |
| **b.** Services Rendered by Health & Family Welfare Programmes | **YES** |
| *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 | **Sq.ft 54000** | |
| 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 : 210** | **Boys : 200** |
| f. | Total No. of rooms | **Girls : 40** | **Boys : 50** |
| 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)**

| | | | |
|---|---|---|---|
| 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 54000** | |
| 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 : 210** | **Boys : 200** |
| f. | Total No. of rooms | **Girls : 40** | **Boys : 50** |
| 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 :<br>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,<br>2. Laboratories<br>3. Building related documents<br>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 | ✓ | | |
| 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 | ✓ | | |

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

**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 Noorie College of Nursing following observations were made.

Infrastructure :-

* Building documents were varified and found correct
* Trust documents were varified & found correct.
* Class room were spacious.

Academic

* Total 40 teaching staff out of that 35 were present
* Labs were well equipped
* Library has 5530 books.
* PG guideships were not available

Clinical

* ~~Parent~~ Affiliated hospital is KGF hospital and all necessary documents were enclosed.
* All necessary documents were enclosed for your persnal.

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 NOORIE COLLEGE OF NURSING ANDERSONPET K.G.F which has applied for continuation of affiliation for the academic year 2025-2026.

We have conducted LIC inspection of this college on 13/08/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

| Senate Member (Chairman) | A C Member (Member) | Subject Expert (Member) |
|---|---|---|

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

## 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)**

From

Ramshina .S
Lecturer
Noorie College of Nursing
Anderson pet
K.G.F

To

The Principal
Noorie College of Nursing
Anderson pet
K.G.F

Sub: Requesting for leave

Respected Madam

As I am suffering from Thyphoid fever, I'm unable to ~~atine~~ to duty. Kindly do the needfull and grant me leave for one week from 11/8/25 to 18/8/25

Thanking you

Your's sincerely
Ramshina

PRINCIPAL

NOORIE COLLEGE OF NURSING
Andersonpet, K.G.F.-563
Kolar Dist., Karnataka.

From

Kavyashree S
Lecturer
Moore College of Nursing
Andersonpet
K.G.F

To

The Principal
Moore College of Nursing
Andersonpet
K.G.F

Sub: Requesting for leave
Respected Madam

As I am suffering from
Typhoid fever, I'm unable to come to
duty. Kindly do the needful and grant
me leave for one week from 11/8/25
to 18/8/25

Thanking you

Yours sincerely

PRINCIPAL

MOORE COLLEGE OF NURSING
Andersonpet, K.G.F-563 ...
Kolar Dist., Karnataka.

Leave letter :-

K.G.F
10/8/25

From

Jayshree D.R
Noorie College of Nsg.
Andersonpet
K.G.F

To
The principal
Noorie College of Nsg
Andersonpet
K.G.F

Respected Sir/madam.

As I have an important family function which I am need to attend it. I am hear by requesting to you to permit leave for 4 days leave ie from 12/8/25 to 15/8/25 & do need full

Thanking you

Yours faithfully
Jayshree D.R

PRINCIPAL
NOORIE COLLEGE OF NURSING
Andersonpet, K.G.F.-563113,
Kolar Dist., Karnataka.

Leave letter :-

K.G.F

10/8/25

From

Sughanya D.R
Moodie college of NS
Andersonpet
K.G.F

To

The principal
Moodie college of NS
Andersonpet
K.G.F

Respected Sir/Madam,

I'm I have an important family function which I am need to attend it. So I am here by requesting you to permit leave for 4 days leave i.e from 12/8/25 to 15/8/25 I'm need full

Thanking you

Yours faithfully
Sughanya D.R

PRINCIPAL
MOORE COLLEGE OF NURSING
Andersonpet, K.G.F-563 113,
Kolar Dist., Karnataka.

Leave Letter 13/08/25

From;

Archita . B

Noorie College of Nursing

Andersonpet K.G.F

To,

The Principal

Noorie College of Nursing

Andersonpet. K.G.F.

Respected Sir/madam

As I have some Health issues so i am unable to attend the college today please kindly consider me one day leave on 13/8/25

Thanking you

Your's Sincerely

Archita, B.

PRINCIPAL

NOORIE COLLEGE OF NURSING
Andersonpet, K.G.F.-563113,
Kolar Di... Karnataka.

PRINCIPAL

NOORIE COLLEGE OF NURSING
Anderssonpet, K.G.F-563113,
Kolar Dist., Karnataka.

Date 10/8/25
Place K.G.F

From

Jayanthi .V
Professor
Noorie college of Nursing
Andersonpet
K.G.F

To

The Principal
Noorie college of Nursing
Anderson pet
K.G.F.

Sub: Requesting for leave

Respected Madam,

Due to the health issue (fracture), I am unable to come to college for a week, from 10/8/25 to 16/8/25, so I request your good self to grant me leave.

Thanking you

PRINCIPAL
NOORIE COLLEGE OF NURSING
Andersonpet, K.G.F.-563 1 3,
Kolar Dist., Karnataka.

Your's Sincerl
Jayanthi.V

Date 10/8/85
Place U.D.P

From

Jayanthi.V
Professor
Moore college of nursing
Andersonpet
U.D.P

To

The Principal
Moore college of nursing
Andersonpet
U.D.P

Sub: Requesting for leave

Respected Madam

Due to the health issue (headache), I am unable to come to college for a week from 10/8/85 to 16/8/85, so I request your good self to grant me leave.

Thanking you

Yours sincerely
Jayanthi.V

PRINCIPAL
MOORE COLLEGE OF NURSING
Andersonpet, U.D.P-576 ...
Kolar Dist., Karnataka.

# Leave Letter :

K.G.F
12/8/25

From,
Pugazhendhi
Noorie College of Nsg
Andersonpet.
K.G.F

To, The Principal
Noorie College of Nsg
Andersonpet.
K.G.F.

Respected Sir/Madam,

As I have got Emergency family problem, kindly grant me leave for 3 days. (12th, 13th, 14th August) I will be back to College on 15th Aug 25.

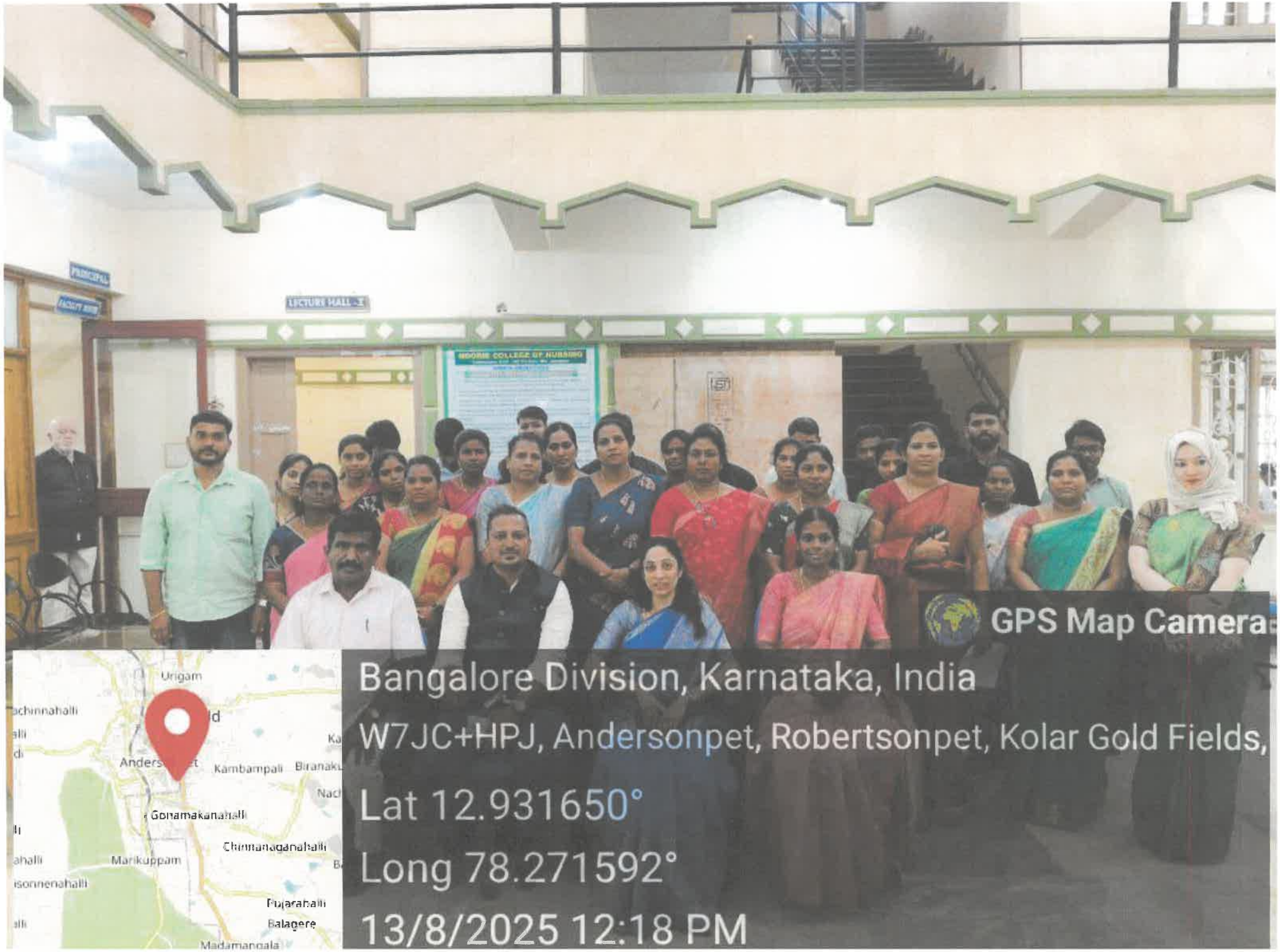
Thanking you.

Yours sincerely,
Pugazhendhi

PRINCIPAL
ATTESTED
NOORIE COLLEGE OF NURSING
Andersonpet, K.G.F.-563113,
Kolar Dist., Karnataka.

PRINCIPAL
ATTESTED

NOORIE COLLEGE OF NURSING
Andarsonpet, K.G.F-563 113,
Kolar Dist., Karnataka.


PRINCIPAL
FACULTY ROOM
LECTURE HALL - 2
GPS Map Camera
Urigam
Kambampali
Gonamakanahalli
Marikuppam
Balagere
Madamangala
Bangalore Division, Karnataka, India
W7JC+HPJ, Andersonpet, Robertsonpet, Kolar Gold Fields,
Lat 12.931650°
Long 78.271592°
13/8/2025 12:18 PM

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

Rs. 100

**e-Stamp**

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NOTARY THANGARAJ. S K.G.F. - 563117 Kolar Dist. Reg. No. 10152 GOVT. OF INDIA

HARRYS GIFT AND STATIONARIES CSC ID 513522670010 KGF

Please write or type below this line

## UNDERTAKING

I , **DR SURESH KUMAR** is the **DISTRICT SURGEON,** of the **GOVERNMENT GENERAL HOSPITAL,** situated at ROBERTSONPET K.G.F-563122 KOLAR DIST., KARNATAKA

**Cont ...2**

NO OF CORRECTION

**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 **GOVERNMENT GENERAL HOSPITAL** is registered under KPMEA and PCB with 300 beds and the bonafide certificate has been attached.

280

This is to confirm that the **GOVERNMENT GENERAL HOSPITAL** is functioning as affiliated hospital for **NOORIE SCHOOL AND COLLEGE OF NURSING ANDERSONPET K.G.F** .

The information provided by us is true and correct.

12/8/25

Dr. SURESH KUMAR H.M
MBBS, MS, (ORTHO)
DISTRICT SURGEON
GENERAL HOSPITAL, K.G.F.

NOTARY THANGARAJ. S K.G.F. - 563117 Kolar Dist. Reg. No. 10152 GOVT. OF INDIA

SWORN TO BEFORE ME

THANGARAJ. S
ADVOCATE & NOTARY
GOVT. OF INDIA
Reg.No. 10152
No. 76 'N' Block,
Champion Reefs Post
K.G.F, Kolar Dist

12/8/2025

NO OF CORRECTION

सत्यमेव जयते

**INDIA NON JUDICIAL**

**Government of Karnataka**

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| Unique Doc. Reference | : | SUBIN-KAKACSCEG0735616636696760X |
| Purchased by | : | SECRETARY NOORIE COLLEGE OF NURSING KGF |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | Affidavit |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | SECRETARY NOORIE COLLEGE OF NURSING KGF |
| Second Party | : | REGISTRAR RGUHS BENGALURU |
| Stamp Duty Paid By | : | SECRETARY NOORIE COLLEGE OF NURSING KGF |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

NOTARY THANGARAJ. S K.G.F. - 563117 Kolar Dist. Reg. No. 10152 GOVT. OF INDIA

HARRYS GIFT AND STATIONARIES CSC ID 513522670010 KGF

Please write or type below this line

## UNDERTAKING BY TRUST MANAGEMENT

We the President of the trust **MOTHER NOORIE EDUCATIONAL AND CHARITABLE TRUST** are submitting the affidavit to University.

The trust **MOTHER NOORIE EDUCATIONAL AND CHARITABLE TRUST** is running/managing the colleges.

**Cont ...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.

**NOORIE COLLEGE OF NURSING K.G.F** B.Sc Nursing since 2000-2001 years P.B.B.Sc Nursing since 2010-2011 Years , M.Sc Nursing since 2007-2008 Years.

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

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

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

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

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

**PRESIDENT**
NOORIE COLLEGE OF NURSING
Andersonpet, K.G.F.-563113,
Kolar Dist., Karnataka.

NOTARY THANGARAJ. S K.G.F.-563117 Kolar Dist. Reg. No. 10152 GOVT. OF INDIA

SWORN TO BEFORE ME
THANGARAJ. S
ADVOCATE & NOTARY
GOVT. OF INDIA
Reg.No. 10152
No. 76 'N' Block,
Champion Reefs Post
K.G.F, Kolar Dist
12/8/20