



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Santosh Indu	Dr. R. MANJUNATHASHAMY	Syed FAZILATH KHANUM - A
Designation	Asst. Prof	PROF. OF PAEDIATRICS	ASSO. PROF. OF PSYCHIATRIC NURSING
Address	BLD'S College of Nursing, Tikeoti	SUBBIAH INST. OF MED. SCIENCES, SHIVAMOGGA	SMT. PADMA G MADEGOWDA COLLEGE OF NURSING, BHARATHINAGARA, MANDYA
Mobile No	8123374800	9845504280	9738606688
Email ID	ms.santoshindul16@gmail.com	domagudhimanjan@gmail.com	syedfazilath786@gmail.com

Inspection For the Academic Year : 2025-2026

Date of Inspection: 14/08/2025

(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	KEMPEGOWDA COLLEGE OF NURSING. K.R.ROAD, VV PURAM, BANGALORE - 560004	2	Year of Establishment	1990
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	RAJYA VOKKALIGARA SANGHA K.R. ROAD, V.V. PURAM, BANGALORE- 560004 (Enclose copy of Registration documents of Society/Trust)Annexure - 1			
		Email: KCN_01@yahoo.co.in	Website: www.kimsnursing.edu.in		
		Office No: 080 22422564	Mobile No: 9448809024		
	(b). Name of the president/Secretary/	SHRI. B. KENCHAPPA GOWDA.			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Chairman of Trust/Society & Page No	SRI . B . HANUMANTHAIAH		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 14 (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: Dr. V.T. LAKSHMANMA Qualification: MSc(N), PhD(N) Experience after MSc: 22 years Email: lakshmi.nagarajmb61@gmail.com		Mobile No: 9448809024 Office No: 080-22422564 Fax No: 26607193 Residential phone No: 9035860150
	b) Drawing authority of the college	PRINCIPAL		
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) Enclosed Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	4,37,500		3,75,000	Application. 1000	25000 + 50	
Post Basic B.Sc. Nursing	1,95,050			Apphiation charges 1,000	—	
Total (A)						
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
	1. M.Sc/NPCC				54,000	
	2. Affiliation Processing Fees				50	
	3. Helinet fees				7500	
	4. Application fees/charges				1000	
	5.					
		Total (B)				
NPCC						
		Total (C)				
Grand Total (A+B+C)						

Online Transaction Number or Details: BCNB72TOGEJDRX, ZCNB0HX0966ZMK, ZCNBWA20966KEN, ZCNB1CK0965H7C, ZCNBZTW09659X4 (Enclosed)

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	ENCLOSED				
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	250	250			
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	ENCLOSED				
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	60	60	60	50	
	Admissions Made for the Current Academic Year					
a. ☒ M.Sc. Nursing in b. ☒ Commu Health c. ☒ Medical Surg d. ☒ OBG e. ☒ Paediatric Psychiatry	Approval Letter No. and Date	ENCLOSED				
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	22	22	22	22	
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	ENCLOSED				
		Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	5	5	5	5	
	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	52	45	58	14	169
	Female	48	55	32	87	222
Post Basic B.Sc Nursing	Male	01	—	—	—	01
	Female	09	08	—	—	17
M.Sc Nursing	Male	—	01	—	—	01
	Female	11	12	—	—	23
M.Sc NPCC	Male	02	—	—	—	02
	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)

ENCLOSED

Annexure - 9

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

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

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

ENCLOSED

Annexure -10

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

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

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required				Existing / Available				Deficit			
		B.Sc (N)	P.B.	M.Sc	M.Sc	B.Sc (N)	P.B.	M.S	NPC	B.Sc	P.B.	M.S	M.Sc

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

							B.Sc (N)	(N)*	NPCC		B.S c (N)	c (N)	C	(N)	B.S c (N)	c (N)	NPC C
		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*			1						
4	Associate Professor	2	2-4					1*			1						
5	Assistant Professor	3	3-8				2	3*			15						
6	Tutor	8-16	16-24				2-10	--			26						
	Total	16-24	24-40				4-12				47						

For Example: For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

Note: 1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is 1:10 and *For M.Sc. Nursing: Depends on Speciality offered and ratio remains same i.e., 1:5 if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students Intake	Total 5 Faculty * 3 M.Sc. Nursing qualified faculty * 2 Tutors	Total 8 Faculty * 5 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 7 M.Sc. Nursing qualified faculty * 5 Tutors	Total 16 Faculty * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	Total 6 Faculty * 3 M.Sc. Nursing qualified faculty * 3 Tutors	Total 12 Faculty * 5 M.Sc. Nursing qualified faculty * 7 Tutors	Total 18 Faculty * 7 M.Sc. Nursing qualified faculty * 11 Tutors	Total 24 Faculty * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	Total 10 Faculty * 5 M.Sc. Nursing qualified faculty * 5 Tutors	Total 20 Faculty * 8 M.Sc. Nursing qualified faculty * 12 Tutors	Total 30 Faculty * 12 M.Sc. Nursing qualified faculty * 18 Tutors	Total 40 Faculty * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 students intake				
200 students intake				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

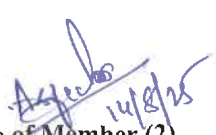
250 students				
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* Aadhar based biometric attendance for students

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Signature of Chairman


Signature of Member (1)
14/08/25


Signature of Member (2)
14/8/25

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)	Sign. of Faculty
						After UG	After PG			
1.	Dr. V.T. Lakshmanamma.	Principal	MSc(N) Ph.D	Oct-2003	9884	34	22	9/9/1991	Yes	
2.	Dr. Kamala J.	Professor	MSc(N) Ph.D	Apr-2014	157	3	19.5	4/5/2001	Yes	
3.	Dr. Kethegudi. N.B.	Associate Professor	MSc(N) Ph.D	Nov-2017	578	5.10	18	7/11/2007	Yes	
4.	Mrs. Pauline Thangayathi. T.	Asst. Professor	Ph.D	Nov-2012	13475	9.8	12.9	3/3/2003	Yes	
5.	Mrs. Shanthi. A.	Asst. Lectur.	BSc(N)	June-1999	1034	22.6	-	15/6/2004	Yes	
6.	Mrs. Monali Mathad. D.	Asst. Lectur.	BSc(N)	Oct-2006	4213	19.8	-	17/10/2007	Yes	
7.	Mrs. Shalini. P.	Asst. Lectur.	MSc(N)	Feb-2023	3775	16	2.5	2/11/2007	Yes	
8.	Mrs. Preethi. M.	Asst. Professor	MSc(N)	Apr-2015	2732	08	10.4	2/11/2007	Yes	
9.	Dr. Jyothi. L.	Asst. Professor	MSc(N) Ph.D	May-2012	9002	2.06	13.3	29/12/2008	Yes	
10.	Dr. Parvati. V.R.	Asst. Professor	MSc(N) Ph.D	June-2012	9004	2.06	12.9	29/12/2008	Yes	
11.	Dr. Veena. V.	Asst. Professor	MSc(N) Ph.D	Feb-2022	5024	2.06	13.3	29/12/2008	Yes	
12.	Mrs. Sushma. J.B.	Asst. Lectur.	MSc(N)	May-2023	7090	13	2.5	5/1/2009	Yes	
13.	Mrs. Prathiba. N.J.	Asst. Professor	MSc(N)	May-2013	9086	3.5	12.2	28/01/2009	Yes	
14.	Mrs. Vinodhya. Y.H.	Asst. Professor	MSc(N)	May-2013	9801	2.10	12.3	9/12/2009	Yes	
15.	Mrs. Shwetha. B.L.	Asst. Professor	MSc(N)	Oct-2015	8825	4.2	9.10	1/6/2009	Yes	
16.	Mrs. Anu Babu	Asst. Professor	MSc(N)	Nov-2013	6253	2.0	11.7	9/12/2009	Yes	
17.	Mrs. Kavya Gowda	Asst. Lectur.	MSc(N)	Feb-2023	21281	11	2.5	8/7/2010	Yes	
18.	Mrs. Parvathi. C.	Asst. Professor	MSc(N)	May-2012	16664	16	13.3	7/5/2016	Yes	
19.	Mrs. Veeravathi	Asst. Professor	MSc(N)	Nov-2014	9005	1.11	10.10	7/5/2016	Yes	
20.	Mrs. Rashmi D.N.	Asst. Professor	MSc(N)	April-2015	39211	14.2	10.4	16/5/2016	Yes	
21.	Mrs. Arpitha. P.	Asst. Professor	MSc(N)	Nov-2012	22029	14.2	12.9	9/6/2016	Yes	
22.	Mrs. Nandini S.B.	Asst. Professor	MSc(N)	Nov-2012	6209	14.2	11.7	1/6/2016	Yes	

Signature of Chairman

Signature of Member (1)

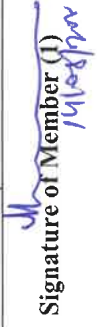
Signature of Member (2)

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23.	Mrs. Sushmitha J.A	Neg Inter	BSc(N)	Oct-2013	58949	9 yrs	-	5/6/2021	Yes	Subi
24.	Mrs. Asha Devi. V.R.	Neg Inter	BSc(N)	2016	80883	2.6 yrs	-	7/6/2021	Yes	7/6/2021
25.	Mrs. Hema. V.S.	Neg Inter	MSc NPCC	May-2022	52199	6.7 yrs	3 yrs.	10/12/2018	Yes	10/12/2018
26.	Mrs. Bhanya K.K.	Neg Inter	MSc(N)	Dec-2021	99683	6.7 yrs	3 yrs	10/12/2018	Yes	10/12/2018
27.	Mrs. Shalpa K.G.	Neg Inter	PB BSc(N)	Apr-2017	121050	6.7 yrs	-	10/12/2018	Yes	10/12/2018
28.	Mrs. Reeba	Neg Inter	PB BSc(N)	Apr-2018	90096	6.7 yrs	-	10/12/2018	Yes	10/12/2018
29.	Mrs. Manotha. Y.S.	Neg Inter	PB BSc(N)	Dec-2024	140649	8 months	-	01/01/2025	Yes	Manotha
30.	Mrs. Chanthawari. R.	Neg Inter	PB BSc(N)	Nov-2021	183411	4.8 yrs	-	01/12/2021	Yes	Chanthawari
31.	Mrs. Indira	Neg Inter	PB BSc(N)	Dec-2024	89934	8 months	-	01/01/2025	Yes	Indira
32.	Mrs. Subhashini. V.K.	Neg Inter	PB BSc(N)	Dec-2024	59321	8 months	-	01/01/2025	Yes	Subhashini
33.	Mrs. Archana. V.S.	Neg Inter	PB BSc(N)	Aug-2012	99663	13 yrs	-	02/09/2018	Yes	Archana
34.	Mrs. Manotha. T.M	Neg Inter	PB BSc(N)	Dec-2024	04023	8 months	-	01/01/2025	Yes	Manotha
35.	Mrs. Pushpa - O.P.	Neg Inter	PB BSc(N)	Dec-2024	57979	8 months	-	01/01/2025	Yes	Pushpa
36.	Mrs. Usha Rani. C.	Neg Inter	PB BSc(N)	Jan-2024	84885	1.7 months	-	01/02/2024	Yes	Usha Rani
37.	Mrs. Thejasvi. K.N	Neg Inter	PB BSc(N)	Oct-2024	121717	0.9 months	-	01/11/2024	Yes	Thejasvi
38.	Mrs. Arjuni. D.	Neg Inter	PB BSc(N)	Dec-2024	121715	8 months	-	01/01/2025	Yes	Arjuni
39.	Mrs. Pimpal.	Neg Inter	PB BSc(N)	Aug-2012	87009	13 yrs	-	02/9/2012	Yes	Pimpal
40.	Mrs. Sumathi K.	Neg Inter	PB BSc(N)	Jan-2024	37015	1.7 yrs	-	01/02/2024	Yes	Sumathi
41.	Mrs. Poornima - B.B.	Neg Inter	PB BSc(N)	Jan-2024	152529	1.7 yrs	-	01/02/2024	Yes	Poornima
42.	Mrs. Paravallakshmi. A.K	Neg Inter	PB BSc(N)	Feb-2023	102258	2.6 yrs	-	01/03/2023	Yes	Paravallakshmi
43.	Mrs. Poornima. M.I	Neg Inter	PB BSc(N)	Jan-2024	88234	1.7 yrs	-	01/02/2024	Yes	Poornima
44.	Mrs. Revathi. J.	Neg Inter	PB BSc(N)	Jan-2024	79283	1.7 yrs	-	01/02/2024	Yes	Revathi
45.										

46.	Signature of Chairman	Signature of Member (1)	Signature of Member (2)
			



KEMPEGOWDA COLLEGE OF NURSING

Krishnarajendra Road, Visveswarapuram, Bangalore-560 004

Email. : kcn_01@yahoo.co.in Website : www.kimsnursing.edu.in

Ref. : KCN / 403/2025-26

Date: 14-08-2025

To,
The Registrar,
RGUHS ,
4th T Block,
Jayanagar,
Bengaluru – 560 041.

Sir,

Sub: Appointment of Nursing Tutors - reg .

* * *

With reference to the above subject, I would like to bring to your kind notice that recruitment for the Post of Nursing Tutors is under process, notification was issued on 28-05-2025 and conducted interview on 16-06-2025, orders are awaited from our management Rajya Vokkaligara Sangha for 36 posts.

Kindly do the needful.

Thanking You,

Yours faithfully,

PRINCIPAL

Principal
Kempegowda College of Nursing
K.R. Road, V.V. Puram,
Bangalore - 560 004

13. Particular of External Teachers (Part time) -Attach a separate sheet with this proforma. Annexure - 11

Sl.No	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft) 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	23,200sq.ft (40 – 60 intake)	38195 sq.ft	✓
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	2500 X 1 900 X 4	✓
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	600 X 2	✓
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	600 X 2	✓
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	KIMS HOSPITAL	
3	Administrative Facilities			
	Office			
	1. Principal's Chamber	300	300	✓
	2. Vice-Principal Chamber	200	200	✓
	3. HOD	5 x 200 = 1000	1000	✓
	4. Professor/Assoc. Prof	800+2400=3200	3200	✓
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)	600	600	✓
	7. Accountants Office	100	200	✓
	8. Store Room	100	500	✓
	9. Record room	100	300	✓
	10. Room for maintenance staff	100	200	✓
	11. Xeroxing room	100	200	✓
	12. common room (Girls & Boys)	600+400= 1000	1000	✓
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	✓
	14. Toilets	1000	1000	✓
	15. A.V/Aids room	600	600	✓

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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S. N	Details	Required	Existing	Verified by LIC team
4	LABORATORIES	(40-60 intake)		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 + 3000	✓
	Nutrition & Community Health Nursing	1200sq.ft	1200	✓
	Obstetrics and Gynecology Laboratory	900sq.ft	900	✓
	Pediatrics Nursing Laboratory	900sq.ft	900	✓
	Pre-Clinical Sciences Laboratory	900sq.ft	900	✓
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	✓

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	✓
2	Is the college building own or leased ?	✓
3	Blue print of the building plan approved and attested by competent authority.	✓
4	Building construction license from competent authority	✓
5	Tax paid receipt (Latest / current year)	✓
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.

Signature of Chairman

Signature of Member (1) 14/10/2021

Signature of Member (2) 14/10/2021

- Registered lease document in sub registrar office to be submitted.

ENCLOSED

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
02	KA-01, AH-4728	50	Yes / No	Yes / No	Yes / No
	KA-05, AH-7547	50	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	2300	YES ☒ No ☐	YES	YES	

Total No. of Nursing Books available	3573	No. of Nursing Journals subscribed	18
No. of Thesis/Research titles available	5237 ⁸⁷³ 350	Is internet facility available for Students?	YES
No of e-books	Helinet	How many books were purchased in last financial year?	298 (PROCESS)

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MOTIAN KUMAR.G.C	M. Li Sc	11 years	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	28 X 3	
Conferences conducted	06 X 3	
Conferences attended	25 X 3	

Signature of Chairman

Signature of Member (1) 14/08/25

Signature of Member (2) 14/08/25

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

1	Do you have parent Medical College?	YES ☒	NO ☐
2	Do you have parent hospital?	YES ☒	NO ☐
	If Yes, Hospital Owned by	i. Trust/Society/Missionary ☒	
		ii. Trust member with MOU ☐	

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Verified by LIC team
Full Name & Address of the Parent Hospital KEMPEGOWDA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE		1264	Same campus	80%	✓
MOU(Registered parent hospital MOU)					
NAME OF THE TRUST/ Person owning The Hospital RAIYA NOKKALIGARA SANGHA					
Name Of The Owner Of The Trust of Hospital PRESIDENT, RAIYA NOKKALIGARA SANGHA					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 SPANDANA HOSPITAL	350	6km	90%	✓
	2 NIMHANS	1080	5 Km	90%.	✓
	3 KIDNAB	614	5km	100%.	✓
	(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).

Signature of Chairman

Signature of Member (1) 14/8/25

Signature of Member (2) 14/8/25

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-NC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are; -OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for **Bangalore Urban and Mangalore city** should have **200 bedded Unitary/Singleallopathic parent/own hospital**. This hospital should continue to function as parent hospital 'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify & Attach Clinical permission letter, fee paid receipts.

Remarks:**18.1. Distribution of Beds**

Clinical Areas	Parent	Affiliated
Signature of Chairman	Signature of Member (1) 14/08/20	Signature of Member (2) 14/08/20



	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	240	201		
Surgery including OT	240	192		
Obstetrics & Gynecology	150	124		
Pediatrics,	160	123		
Emergency Medicine	40	32		
Psychiatry	30	24		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	22	18		
Minor OT	6	5		
Dental, Otorhinolaryngology, Ophthalmology	96	79		
Burns and Plastic	5	3		
Neonatology care unit	26	16		
Communicable disease/Respiratory medicine/TB & chest diseases	40	37		
Dermatology	40	27		
Cardiology	35	21		
Oncology	5	2		
Neurology/Neuro-surgery	10	9		
Nephrology/Urology	10	8		
ICU/ICCU	30	27		
Geriatric Medicine	0	0		
Any other <i>Specialists</i>	79	63		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Tavarekere PHC, Bangalore South Taluk
Signature of Chairman	Signature of Member (1) 14/8/25	Signature of Member (2) 14/8/25

Adopted / Affiliated	<i>Affiliated</i>
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	<i>26 kms</i>
b. Services Rendered by Health & Family Welfare Programmes	<i>OPD services, PP, MCH, RCH, Immunization, disease prevention & control, HE, AHP, outreach activities, surveillance & monitoring, Mental health services etc.</i>
URBAN FIELD :	
a. Name of CHC / PHC / SC	<i>Herohalli UPHC.</i>
Adopted / Affiliated	<i>Affiliated</i>
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	<i>18 kms.</i>
b. Services Rendered by Health & Family Welfare Programmes	<i>OPD services, MCH, PP, RCH, Immunization, disease prevention & control, HE, AHP etc.</i>
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 ☐

h.	Extracurricular activities of students	YES	☒	NO ☐
i.	Cumulative record of each	YES	☒	NO ☐

Signature of *Chairman*

Signature of Member (1) *Tyler*

Signature of Member (2) *Asper*

	Course planning of each subject	YES	☒	NO	☐
	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	38,195	
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 :	350	Boys :
f.	Total No. of rooms	Girls :	48	Boys :
g.	Water Supply	YES	☒	NO ☐
h.	Electricity Supply	YES	☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES	☒	NO ☐
j.	Is Sick room available?	YES	☒	NO ☐
k.	Whether the hostel mess is available with	YES	☒	NO ☐
l.	Safe drinking water facilities	YES	☒	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	✓		
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 this Institution is meeting the following requirements.

→ Physical Infrastructure:- This Institution established in 1990, total 38,195 sqft. buildup infrastructure is. there including classroom, labs, library & offices. with well furnished.

→ Clinical facilities

→ This institution having the parent Hospital. (Kempegouda Institute of medical sciences & Research Centre) total 1264 bedded hospital within the campus. K.P.M.B.A & PCB Certificate verified & found correct. This Institution also affiliated with other hospitals. (1) Spandana Hospital 350 beds. (2) NIMHANS 1000 beds. (3) KIDWAI 614 beds within 6 km.

→ Teaching facilities:-

on the day of inspection. Principal, teaching & non teaching faculties. were present, all the documents were verified & found correct,

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

We have conducted LIC inspection of this college on 14/8/25 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)**


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

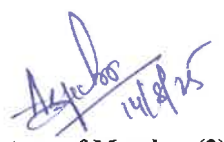
Instructions for reporting of Local inspections by RGUHS

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 the 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)
14/08/25


Signature of Member (2)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU

4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust are submitting the affidavit

to University.

The trust is running/managing

the colleges 1.

2.

3. since

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.

***Note Undertaking should be given in affidavit**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

1754

1755



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, _____ is/are the
Owners/MD/CEO/Board Members of the _____ hospital
situated at _____.

This is to confirm that our hospital _____ is registered under
KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

This is to confirm that the hospital _____ is functioning as
affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to
_____ college and is not affiliated to any other
nursing college.

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Signature of Chairman

Signature of Member (1)
14/08/25

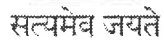
Signature of Member (2)
14/08/25

7

Signature of Chairman

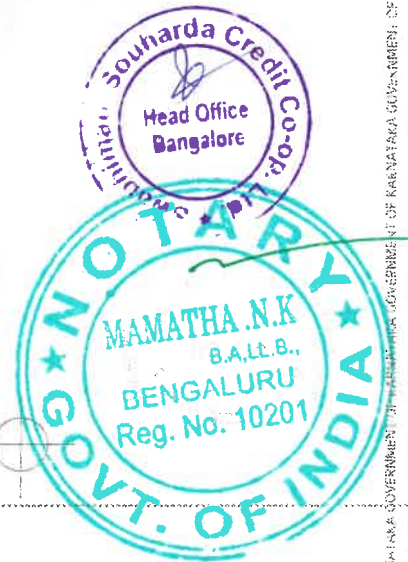
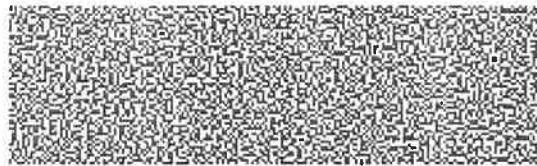
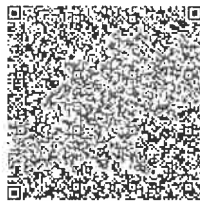

Signature of Member (1)
14/08/2016


Signature of Member (2)
14/08/2016



Government of Karnataka

Certificate No.	: IN-KA16488671001606X
Certificate Issued Date	: 13-Aug-2025 12:29 PM
Account Reference	: NONACC (FI)/ kaksfcl08/ VVPURAM/ KA-BV
Unique Doc. Reference	: SUBIN-KAKAKSFCL0847902321062019X
Purchased by	: THE PRESIDENT RAJYA VOKKALINGARA SANGA BANGALORE
Description of Document	: Article 4 Affidavit
Property Description	: LIC INSPECTION
Consideration Price (Rs.)	: 0 (Zero)
First Party	: THE PRESIDENT RAJYA VOKKALINGARA SANGA BANGALORE
Second Party	: THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By	: THE PRESIDENT RAJYA VOKKALINGARA SANGA BANGALORE
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



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

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

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.


Deponent 13/8/25



SWORN TO BEFORE ME

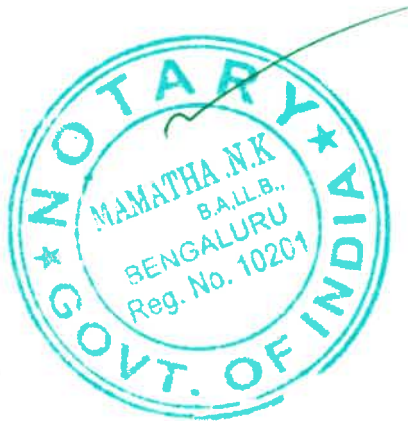
MAMATHA N.K., B.A.L.L.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
#10, 1st Cross Road, Kadrenahalli Circle,
Pooj. Mahana Nagar, Bengaluru-560 076
Mob . 99453 14286

14 AUG 2025

We also confirm that our hospital is solely affiliated to Kempegowda College of Nursing College and is not affiliated to any other nursing college.
The information provided by us is true and correct.

Deponent

13/8/25



SWORN TO BEFORE ME
Mamatha
MAMATHA N.K., B.A.L.L.B.,
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
131, Channarayana Road, Kadrenahalli Circle,
Pauhanahalli Nagar, Bengaluru-560 070
Mob : 99453 14286

14 AUG 2025

KEMPEGOWDA COLLEGE OF NURSING

K.R.Road, V V Puram, Bangalore-56 004

Teaching Faculty for B.Sc(N) , PB.B.Sc(N) & M.Sc(N) Programmes

Sl No	Name of the Faculty	Designation	Qualification with specialty	Year of Passing	R.N & RM, KNC No.		Total Teaching Experience		Date of Joining	Form 16 Submitted (Yes/No)	Signature of Faculty
							UG	PG			
1	Dr. V.T.Lakshamma	Principal	B.Sc(N) M.Sc(N) Community Health Nsg Ph.D	Jun-89 Oct-03 Feb-19	B.Sc(N)- 9487 M.Sc(N)-157		34	22	9/9/1991	Yes	<i>V.T.Lakshamma</i>
2	Dr. Kamala J	Associate Professor	B.Sc(N) M.Sc(N)-OBG Ph.D (N)	Sep-00 Apr-06 Aug-17	B.Sc(N)-35832 M.Sc(N)-578		3	19.5	11/5/2001	Yes	<i>Kamala J</i> 14/8/2025
3	Dr. Kathyayini.N.B	Associate Professor	B.Sc(N) M.Sc(N)-Community Health Nsg Ph.D (N)	Oct-99 Sep-07 Jan-25	B.Sc(N)-29557 M.Sc(N)-29557		5.10	18	7/11/2007	Yes	<i>Kathyayini.N.B</i> 14/08/2025
4	Mrs. Pauline Thyavathi T	Asst Professor	PC.B.Sc(N) M.Sc(N)- Paediatric Nursing	Jan-00 Nov-12	36571 13475		9.8	12.9	3/3/2003	Yes	<i>Pauline Thyavathi T</i>
5	Mrs. Santhi A	Nursing Tutor	B.Sc(N)	Jun-99	1034		22.6		17/06/2004	Yes	<i>Santhi A</i> 14/08/25
6	Mrs. Monali Mathad.D	Nursing Tutor	B.Sc(N)	Oct-06	4213		19.8		17/10/2007	Yes	<i>Monali Mathad.D</i> 14/8/25
7	Mrs. Shalini P	Nursing Tutor	B.Sc(N) M.Sc(N) <i>Paediatric Nsg</i>	Apr-06 Feb-23	3775		16	2.5	2/11/2007	Yes	<i>Shalini P</i> 14/8/25
8	Mrs. Preethi M	Asst Professor	B.Sc(N) M.Sc(N) <i>Community Health Nsg</i>	Sep-05 Apr-15	2732		8	10.4	2/11/2007	Yes	<i>Preethi M</i> 14/08/2025

[Signature]

Signature of Member (1)

[Signature]

Signature of Member (2)

[Signature]

Signature of Chairman

9	Dr. Jyothi L	Asst Professor	B.Sc(N)	Oct-07	9002	2.06	13.3	29-12-2008	Yes	<i>[Signature]</i>
			M.Sc(N) Paediatric(N)	May-12	5028					
10	Dr. Pavana V R	Asst Professor	B.Sc(N)	Oct-07	9164	2.06	12.9	29-12-2008	Yes	<i>[Signature]</i>
			M.Sc(N) Paediatric(N)	Nov-12	5385					
11	Dr. Veena V	Asst Professor	B.Sc(N)	Oct-07	9004	2.06	13.3	29-12-2008	Yes	<i>[Signature]</i>
			M.Sc(N) OBG(N)	May-12	5027					
12	Mrs. Sushma J B	Nursing Tutor	B.Sc(N)	Oct-07	7090	13	2.5	5/1/2009	Yes	<i>[Signature]</i>
			M.Sc(N) Psychically	Mar-23						
13	Mrs. Prathiba N J	Asst Professor	B.Sc(N)	Oct-07	7086	3.5	12.2	28-01-2009	Yes	<i>[Signature]</i>
			M.Sc(N) OBG(N)	May-13						
14	Mrs. Vindhiya Y H	Asst Professor	B.Sc(N)	Oct-07	9801	2.10	12.3	9/2/2009	Yes	<i>[Signature]</i>
			M.Sc(N) Psychically	May-13						
15	Mrs. Shwetha B L	Asst Professor	B.Sc(N)	Oct-07	8925	4.2	9.10	1/6/2009	Yes	<i>[Signature]</i>
			M.Sc(N) H&S(N)	Oct-15						
16	Mr. Arun Babu	Asst Professor	B.Sc(N)	Mar-09	18921	2	11.7	7/12/2009	Yes	<i>[Signature]</i>
			M.Sc(N) Comm & H. N	Nov-13	6253					
17	Mrs. Kavya Gowda	Nursing Tutor	B.Sc(N)	Aug-09	21281	11	2.5	8/7/2010	Yes	<i>[Signature]</i>
			M.Sc(N) Psychiatric N	Feb-23						
18	Mrs. Pavithra C	Asst Professor	B.Sc(N)	Nov-08	16664	1.6	13.3	7/5/2016	Yes	<i>[Signature]</i>
			M.Sc(N) H&S N	May-12	4743					
19	Mrs. Veenadevi M.V	Asst Professor	B.Sc(N)	Oct-07	9005	1.11	10.10	7/5/2015	Yes	<i>[Signature]</i>
			M.Sc(N) OBG(N)	Nov-14						
20	Mrs. Rashmi D.N	Asst Professor	B.Sc(N)	Feb-11	39211	1	10	16-05-2016	Yes	<i>[Signature]</i>
			M.Sc(N) Paediatric N	Apr-15						

[Signature]
Signature of Member (2)

[Signature]
Signature of Member (1)

[Signature]
Signature of Chairman

21	Mr. Arpith P	Asst Professor	B.Sc(N)	Oct-09	22209	1	12.9	9/6/2016	Yes	
22	Mrs. Nandini S B	Asst Professor	M.Sc(N) <i>Community Hlth Nsg</i>	Nov-12	31360	1	11.7	1/6/2016	Yes	
23	Mrs. Sushmitha J A	Nursing Tutor	B.Sc(N)	Mar-10	6209	9	---	5/6/2021	Yes	
24	Mrs. Asha Rani V R	Nursing Tutor	M.Sc(N) Community Health Nsg	Nov-13	58949	8.6	---	7/6/2021	Yes	
25	Mrs. Hema V S	Nursing Tutor	B.Sc(N)	2016	80383	6.7	3	10/12/2018	Yes	
26	Mrs. Bhavya K K	Nursing Tutor	PBBSc(N)	Sep-18	52199	6.7	3	10/12/2018	Yes	
27	Mrs. Shilpa K G	Nursing Tutor	NPCC	May-22	99683	6.7	---	10/12/2018	Yes	
28	Mrs. Roopa	Nursing Tutor	M.Sc(N) <i>Psychiatric Nsg</i>	Dec-21	121070	6.7	---	10/12/2018	Yes	
29	Mrs. Mantha Y S	Nursing Tutor	PBBSc(N)	Apr-17	90096	6.7	---	10/12/2018	Yes	
30	Mrs. Chinthamani R	Nursing Tutor	PBBSc(N)	Sep-18	140649	8 MONTHS	---	01/12/2018	yes	
31	Mrs. Indira	Nursing Tutor	PBBSc(N)	Dec-24	183411	4.8	---	01/12/2018	yes	
32	Mrs. Subhashini V K	Nursing Tutor	PBBSc(N)	Nov-21	85934	8 MONTHS	---	01/01/2018	yes	
			PBBSc(N)	Dec-24	59321	8 MONTHS	---	01/01/2018	yes	

Signature of Chairman

Signature of Member (1) 14/08

Signature of Member (2)

33	Mrs. Archana V.S	Nursing Tutor	PBBS(N)	Aug-12	99663	13	✓	02/09/2012	Yes	Archana
34	Mrs. Mamatha T.M	Nursing Tutor	PBBS(N)	Dec-24	04023	8 MONTHS	✓	01/01/2015	Yes	monothorin
35	Mrs. Pushpa O.D	Nursing Tutor	PBBS(N)	Dec-24	57979	8 MONTHS	✓	01/01/2015	Yes	fustpao
36	Mrs. Usha Rani C	Nursing Tutor	PBBS(N)	Jan-24	84885	1.7	✓	01/01/2014	Yes	veshaRani C
37	Mrs. Thejasvi K.N	Nursing Tutor	PBBS(N)	Oct-24	121717	09 months	✓	01/11/2014	Yes	reg
38	Mrs. Aswini D	Nursing Tutor	PBBS(N)	Dec-24	121715	8 MONTHS	✓	01/01/2015	Yes	Ashe
39	Mrs. Dimpal	Nursing Tutor	PBBS(N)	Aug-12	87009	13	✓	02/09/2012	Yes	Dimpal
40	Mrs. Sumathi K	Nursing Tutor	PBBS(N)	Jan-24	37015	1.7	✓	01/02/2014	Yes	Sumathi K
41	Mrs. Poornima B B	Nursing Tutor	PBBS(N)	Jan-24	152729	1.7	✓	01/02/2014	Yes	Poornima B B
42	Mrs. Pavanalakshmi A L	Nursing Tutor	PBBS(N)	Feb-23	102258	2.6	✓	01/03/2013	Yes	AL pavanalakshmi
43	Mrs. Poornima M I	Nursing Tutor	PBBS(N)	Jan-24	88234	1.7	✓	01/02/2014	Yes	M. I. Poornima
44	Mrs. Revathi J	Nursing Tutor	PBBS(N)	Jan-24	79288	1.7	✓	01/02/2014	Yes	Revathi J


Signature of Chairman


Signature of Member (1) 14/08/2014


Signature of Member (2) 14/08/2014

