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. Basavaraj S Savadi	Gurubasavaraj	Rajeswari
Designation	principal	professor	principal
Address	Sport Mi ... medical college & S.V. Savadi Ayurvedic Hospital, Gadag	Acharya & BM Reddy College of Pharmacy Bengaluru	Mallige college of nursing
Mobile No	9845646885	9886001140	8072574718
Email ID	drbssavadi1270@gmail.com	gurubasavaraj@acharya...	Rajeshwari87...@gmail.com

Inspection For the Academic Year : 2025-26			Date of Inspection: 18/08/2025
(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	VISWASAI COLLEGE OF NURSING, NO 66, 2nd MAIN, MUNEESWARA LAYOUT, KODICHIKKANAHALLI, BANGALORE – 560076	2	Year of Establishment: 2004
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society ✓ /Company		
3	(a). Name of the ~~Trust~~/Society & complete postal address & Phone number	SRI SAI VIDYA ACADEMY, NO 66, 2nd Main, Muneeshwara Layout, Kodichikkanahalli, Bangalore-76 (Enclose copy of Registration documents of Society/Trust)**Annexure – 1**		
		Email: principal_viswasai@yahoo.com	Website: www.viswasai.in	
		Office No: 080-49599516	Mobile No: 9341929393	

Signature of Chairman — Dr Savadi 18/8

Signature of Member (1)

Signature of Member (2)

	(b). Name of the ~~president/Secretary/~~ Chairman of Trust/Society & Phone No	Rtn IC. SREE RAMAMURTHY. 9341929393.		
4	Governing Council& Audit Report of Trust	**Total Number of Members in Governing Council :** 7 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	**Name:** SOFIARANI. R **Qualification:** M.Sc(N), Ph.D **Experience after MSc:** 16yrs. **Email:** shafiq.dson@gmail.com	**Mobile No:** 9035675678. **Office No:** 080-49599516 **Fax No:** – **Residential phone No:** 9972955211	
	b) Drawing authority of the college	DR. IC. KIRAN KUMAR, SECRETARY.		
6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☒	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	2025-26.	45,000	90,000	60,000	25,000	2,20,000/-
Post Basic B.Sc. Nursing	–	–	–	–	–	–
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
NPCC		Total (B)	
		Total (C)	
		Grand Total (A+B+C)	2,20,000/- (A)

Online Transaction Number or Details: 2AXC61B0912B72.

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

Remarks:

Verified

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	AAKUKS 308 MRS 2003. Annexure - 5	RGU/Aff/ NSG/C-OA/0 2024-25 Annexure - 6	1157/File No/ 2024-25 Annexure - 7	1/10/2024. Annexure - 8	verified
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	—
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	—
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. NPCC	Approval Letter No. and Date	— Annexure - 5	— Annexure - 6	— Annexure - 7	— Annexure - 8	—
	Sanctioned Intake	—	—	—	—	—

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male					
	Female	59	22	50	54	185
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
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----------
			NA			

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----------
			NA			

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: Meri RAJ

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*		1							
4	Associate Professor	2	2-4					1*		2							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		16							
	Total	**16-24**	**24-40**				**4-12**			25							

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

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

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

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

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

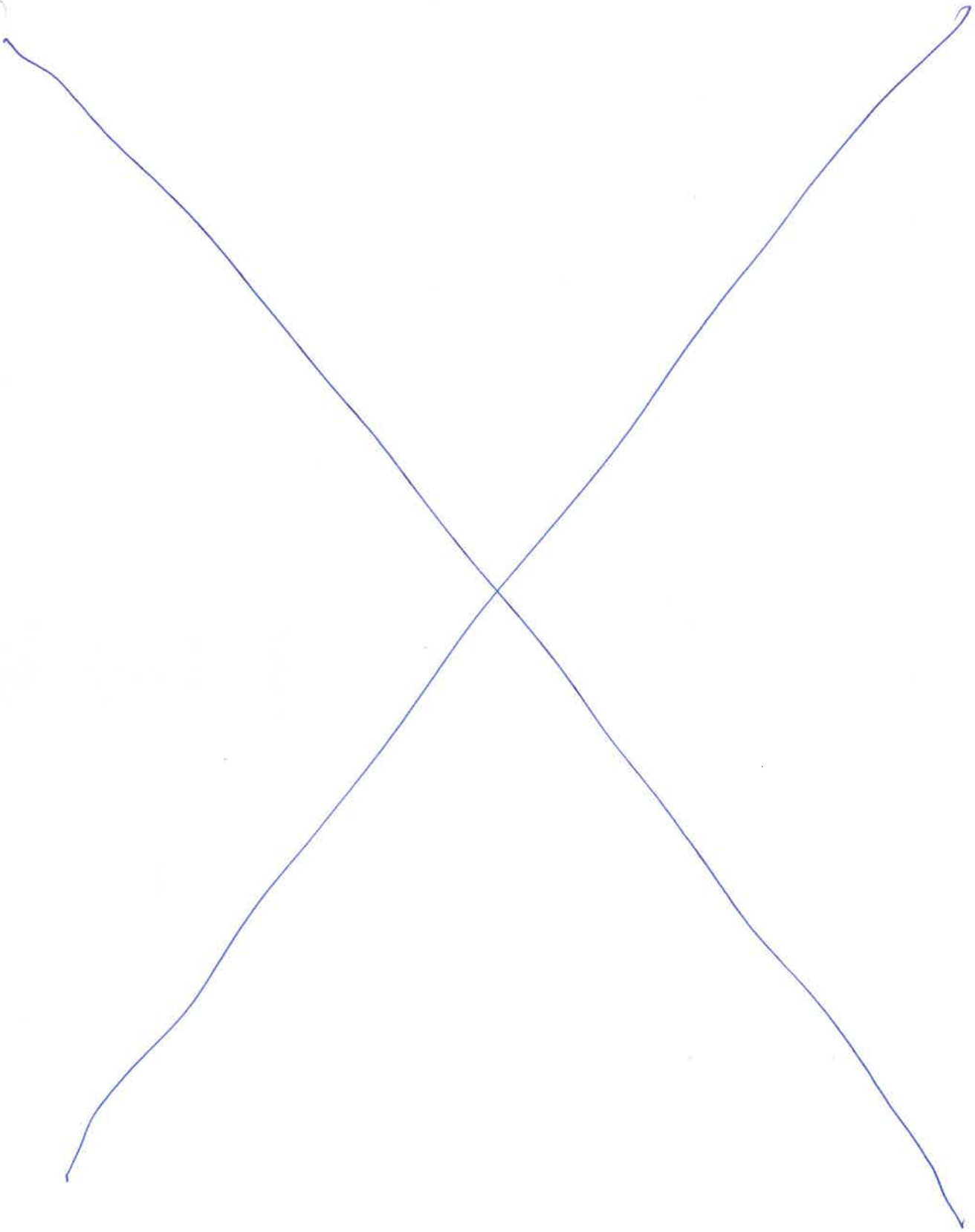
(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

Year Wise Distribution of Faculty for B.Sc Nursing :
(Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

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

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

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. SHOFIA RANI R	PRINCIPAL	MSc(N) CHN	MAY-10	KRTMN 2011 1936 KAR	5 YRS	16 YRS	03-07-2017		
2.	MRS. RAMYA. E	PROFESSOR	MSc(N) PAED	MAY-13	KRTMN 2009 1270 KAR	3 YRS	12 YRS	15-10-2018		
3.	MRS. SATHYAPRIYA K. P	ASSOC. PROF	MSc(N) OBG	MAY-14	KRTMN 2009 1000 KAR	10 YRS	8 YRS	01-02-2019		
4.	MRS. RAJESHWARI B.M	ASSOC. PROF	MSc(N) OBG	MAY-13	27731	1.3 YRS	8.6 YRS	05-05-2025		
5.	MRS. ASHA MARTINA I	ASSOC. PROF	MSc(N) PAED	SEP-14	RR1146 KAR	1. YRS	8.7 YRS	01-02-2025		
6.	MRS. CHINMAYEE MAHANTA	ASSOC. PROF	MSc(N) OBG	NOV-20	RR ODI 2018 7820 KAR	1 YRS	4.7 YRS	12-01-2021		
7.	MS. SAVITHA KV	LECTURER	MSc(N) MHN	MAY-22	RR 26434	1 YRS	3 YRS	01-08-2025		
8.	MRS. NEHA PURI	LECTURER	MSc(N) MSN	FEB-23	RR 205238		2 YRS	15-04-2025		
9.	MRS. NASEEBA	ASST. LECTURER	BSc(N)	OCT-13	RR KRL 2018 7786 KAR	9 YR 4 MON		05-11-2018		
10.	MRS. RINTU ELDHOSE	ASST. LECTURER	BSc(N)	MAY-13	56383	9 YRS		04-11-2019		
11.	MRS. APARNA .P	ASST. LECTURER	BSc(N)	SEP-15	108411 KAR	7 YRS		14-07-2025		
12.	MR. SATHISH KUMAR. S	ASST. LECTURER	BSc(N)	NOV-20	110963	4.5 YRS		15-03-2021	NO	
13.	MS. SUGANYA G	CLINICAL INSTRUCTUR	BSc(N)	NOV-20	118595	4.7 YRS		28-12-2021		
14.	MS. MAMATHA. R M	ASST. LECTURER	PB. BSc(N)	AUG-11	87278	5.4 YRS		03-05-2023		
15.	MR. CHRISTOPHER JACKSON PINTO	ASST. LECTURER	BSc(N)	SEP-14	128918	6 YRS		23-07-2022		
16.	MS. REVATHI .S	ASST. LECT	BSc(N)	NOV-21	128068	2.9 YRS		01-10-2022		
17.	MRS. DEVIKA N.D	ASST. LECT	BSc(N)	FEB-11	RR 40652	2 YRS		03-06-2024		
18.	MR. CHARAN KUMAR	CLINI INSTRUCTUR	PB. BSc(N)	SEP-16	175312	7.5 YRS		01-02-2024		
19.	MR. NARESH. N	ASST. LEC	PB. B.Sc(N)	SEP-17	187032	2.4 YR		05-03-2025		
20.	MS. ADRIZA MUKHERJEE	CLINICAL INSTRUC	BSc(N)	OCT-23	152576	1 YR 8 MONTH		05-12-2024		
21.	MS. TRISHNA PRATIHAR	CLINI INST	BSc(N)	OCT-23	151239	1 YR		07-01-2025		
22.	MS. MERIN J	CINI INS	BSc(N)	JAN-25	183693	5 months		05-03-2025		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Ms. ASWATHY JL	CLINICAL INS	BSC(N)	JAN-25	183955	4MONTHS		05-04-2025		
24.	Ms. SUNANDITA BHASKAR	CLINICAL INS	BSC(N)	JAN-25	173880	3MONTH		20-05-2025	NO	
25.	Ms. DEEPIKA MALIK	CLINI INS	BSC(N)	JAN-25	175381	3MONTH		20-05-2025		
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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 desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	—	← ENCLOSED →		—	— Verified

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)	24,000Sq	Verified
	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 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	4 x 900 = 3600 Sq ft	verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	-
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	-
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	-
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sqft	verified
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	3 x 1200 = 3600 Sqft	verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	300 Sqft	
	7. Accountants Office	**100**	100 "	
	8. Store Room	**100**	100 "	
	9. Record room	**100**	100 "	
	10. Room for maintenance staff	**100**	100 "	verified
	11. Xeroxing room	**100**	100 Sqft	
	12. common room (Girls & Boys)	600+400= 1000	500 Sq-ft	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 Sqft	
	14. Toilets	1000	1000 Sqft	

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	15. A.V/Aids room	600	600 sq.ft	verified.

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1500 sq.ft	verified.
	Nutrition & Community Health Nursing	1200sq.ft	900+900=1800	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	
	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**	verified.
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

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA 51 AK 7347	53	✓ Yes / No	✓ Yes / No	✓ Yes / No

16. Library facility : Enclose list of library books **Annexure - 14**

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2400 sqft	YES ☑ No ☐	✓	✓	verified

Total No. of Nursing Books available	3229	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	yes
No of e-books	50+ more	**How many books were purchased in last financial year?**	63

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr. Puttaraju. HE	M. Lib	13 yrs	verified
2.	Ms. Nisha	D. Lib	08 yrs.	verified.
	—	—	—	

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	— ENCLOSED —	verified.

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

Conferences conducted	4	Verified
Conferences attended	5	Verified.

* 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 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 Lexington. Healthcare Hospital.	100	5 Km	85%.	Verified
	2 C.V. Raman. Govt hospital. Bangalore	250	15 Km	85%.	Verified
	3 Victoria G.H	750	12 Km	85%.	Verified.

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

	(MOU/Clinical permission letter)	✓			verified

(Mention the number of beds, verify the original documents of proof regarding the ownership of hospital and the number of beds with KPMEA and Pollution control board certificate, also verify the details in online website of KSPCB & KPMEA notifying the same).

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [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:

1. C.V. Raman GH : 5,31,000/- 84770334 6/Ref no (+ ~~Enclosed~~) 24753513.
2. Manasa Trust : 3,50,000/-
3. Indira Gandhi : 1,25,1000/- 842678206/Ref No
4. Victoria Hospital : 99,000/- 84267854 8/Ref No.
5. Vani Villas : 2,43,000/- 8122350 33/Ref No. 85154266 9
6. community : 26,1000/- 843684137.

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	40	35	36	35
Surgery including OT	15	12	20	18
Obstetrics & Gynecology	–	–	70	73
Pediatrics,	–	–	28	25
Emergency Medicine	10	6	16	14
Psychiatry	–	–	2	2.

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	5	3	5	4
Minor OT	5	4	10	8
Dental, Otorhinolaryngology, Ophthalmology	–		10	7
Burns and Plastic	–		–	–
Neonatology care unit	–		5	4
Communicable disease/Respiratory medicine/TB & chest diseases	–		5	3
Dermatology	5	2	2	2
Cardiology / ENT	5	3	6	5
Oncology / ORTHO	–	–	10	14
Neurology/Neuro-surgery	–	–	–	
Nephrology/Urology	5	4	–	
ICU/ICCU	5	3	20	20
Geriatric Medicine	5	3	5	4

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Hebbagudi (Anekal Tq)
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		15 Km.
b. Services Rendered by Health & Family Welfare Programmes		Family planning, NCD, CD, TB, Survey, Epidemic etc.
URBAN FEILD :		
a. Name of CHC / PHC / SC		Urban PHC
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		21 Km
b. Services Rendered by Health & Family Welfare Programmes		Family planning, NCD, CD, Survey etc Enclosed.
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** ☐

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

f.	Practical record books - Midwifery case book	YES ☑	NO ☐
g.	Leave record	YES ☑	NO ☐

h.	Extracurricular activities of students	YES ☑	NO ☐
i.	Cumulative record of each	YES ☑	NO ☐
j.	Course planning of each subject	YES ☑	NO ☐
k.	Rotation plans	YES ☑	NO ☐
l.	Committee Meetings	YES ☑	NO ☐
m.	Affiliation records	YES ☑	NO ☐
n.	Records of Stock	YES ☑	NO ☐
o.	Annual report of activities and achievements	YES ☑	NO ☐
p.	Staff development programmes	YES ☑	NO ☐
q.	Anti ragging committee	YES ☑	NO ☐
r.	Student welfare committee	YES ☑	NO ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 30900 Sqft	
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 : 179	Boys : NIL
f.	Total No. of rooms	Girls : 72	Boys : NIL
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

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

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust		✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓	
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ 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	✓		

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

	affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise		✓	

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations: LIC Inspection Committee Conducted Inspection at Viswasi College of Nursing, Kodi-Chikkanahalli Banglore on 18/08/2025 for Continuation Affiliation for academic year 2025-26

(1) College: College was established in the year of 2004. The area of statement showing 24000 sqft including 4 class rooms; 5 Laboratories like Nursing Foundation, Free clinical, Nutrition & Community, OBG, Ped, AV AIDS Room with equipments, Instruments, Charts, Models & Computers. Observed on the day of Inspection.

(2) Teaching Staff: Full time principal was present on the day of Inspection including 1 Vice principal, 1 Profr, 2 Asso. Profnor, 3 Asst. Profs 16 tutors are shown in the statement out of which 05 on the leave

(3) Library: Library having 3229 books. Including Seating arrangement of 40 Students are observed on the day of Inspection.

(4) Hospital: Affiliating Hospital with name. Lexington Health Care. Pvt. Ltd with 100 bedded Hospital, now with Affiliating Hospitals are observed on the day of Inspection.

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 VISWA SAI 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 18/8/2025 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)**

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Sri Sai Vidya Academy are submitting the affidavit to University. The trust Sri Sai Vidya Academy is running/managing the colleges

1. Viswa Sai College of Nursing
2. Viswa Sai School Of Nursing since 21 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)**

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)** **Signature of Member (2)**

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA17430643958304X**
Certificate Issued Date	:	14-Aug-2025 11:04 AM
Account Reference	:	NONACC (FI)/ kakscsa08/ HONGASANDRA/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAKSCSA08496111448130 96X
Purchased by	:	Dr KIRAN Y S LEXINGTON HEALTH CARE PVT LTD
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	Dr KIRAN Y S LEXINGTON HEALTH CARE PVT LTD
Second Party	:	SRI SAI VIDYA ACADEMY
Stamp Duty Paid By	:	Dr KIRAN Y S LEXINGTON HEALTH CARE PVT LTD
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co operative ... BRANCH HONGASANDRA BANGALORE

Please write or type below this line

AFFIDAVIT

UNDERTAKING

I Dr. Kiran Y S is the Owner of the Lexington Health Care Pvt Ltd. hospital situated at #1510, 19th main Road, Sector 1, HSR layout, Bengalore 560102

This is to confirm that our hospital Lexington Health Care Pvt Ltd is registered under KPMEA and PCB with 100 beds and the bonafide certificate has been attached.

This is to confirm that the hospital Lexington Health Care Pvt Ltd is functioning as parent hospital for Viswa Sai College of Nursing ..

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

The information provided by us is true and correct.

For Lexington Health Care Pvt. Ltd.

Authorised Signatory

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.

GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA GOVERNMENT OF KARNATAKA

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA15396690044895X**
Certificate Issued Date	:	12-Aug-2025 12:40 PM
Account Reference	:	NONACC (FI)/ kakscsa08/ HONGASANDRA/ KA-BV
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0845823604201039X
Purchased by	:	VISWA SAI COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VISWA SAI COLLEGE OF NURSING
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	VISWA SAI COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Karnataka State Co operative Societies Association Ltd BRANCH HONGASANDRA BANGALORE

AFFIDAVIT

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust/ society Sri Sai Vidya Academy are submitting the affidavit to University. The trust/Society Sri Sai Vidya Academy is running/managing the colleges

1. Viswa Sai College of Nursing
2. Viswa Sai School Of Nursing since 21 years.

We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge. We confirm that the faculty in the college is employed for full time in the college.We also confirm that the college is solely managed by the trust/ society and is not leased/sub leased to any other trust/society 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 / society management can be held responsible and suitable action can be initiated by the University.

For Sri Sai Vidya Academy

Chairman/Secretary

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.

DISTRICT REGISTRATION AUTHORITY

Govt. Health & F.W. Services * Bangalore Urban Dist. Bangalore

Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority

Bengaluru Urban

CERTIFICATE OF REGISTRATION

This is to certify that Lexington Health Care Pvt Ltd located at 4th Floor, #1510, 19th Main, Sector 1, HSR Layout, owned by Dr. Kiran Y Saraff has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a Hospital (Level 1A) under Allopathy system of medicine.

Reg No:	BLU03173ALH1A
Date of Issue:	17 Mar 2022
Valid Till:	16 Mar 2027
Place:	Bengaluru Urban

Signature valid
Digitally signed
Date: 2022 19:00:48
+05:30

Member Secretary And District Health And Welfare Officer
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
Bengaluru Urban

Scanned with CamScanner

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

FORM - I

[See Rule 9(1)]
(To be submitted in triplicate)

301870 - CfO-Fresh

Application for consent for establishing / operation the industrial plant / plant under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981

Date : 27/03/2025
PCB-ID : 255767

From : **Lexington Health Care**

PLOT/PHASE No. 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,
1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102, Vanganahalli, - 560102
DIST : Bangalore Urban, TAL : BBMP- W- 174, SIDC : Not In I.A

To,
The Member Secretary,
Karnataka State Pollution Control Board
Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001

I/we hereby apply for consent / renewal of consent under Section 21 of the Air (Prevention & Control of Pollution) Act. 1981 to establish / operate / the industrial plant / plants owned by Lexington Health Care

to be located / located at **PLOT/PHASE No. 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,Vanganahalli, - 560102DIST : Bangalore Urban, TAL : BBMP- W- 174, SIDC : Not In I.A**

The relevant details are as under :

1. Full name of the applicant with designation and address and Telephone /Telex number / Fax No.	**: Dr Kiran Y S**
2. Names of full time directors / partners / owners with address and telephone nos.	**: As per Annexure 255767_dir**
3. Full address of the factory / industrial plant/s (Survey No. Village plot No. location premises etc.) with telephone / telex Nos/ Fax No.	**: Lexington Health Care, PLOT/PHASE No. 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102, 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102, Vanganahalli, - 560102 DIST : Bangalore Urban, TAL : BBMP- W- 174, GIDC : Not In I.A**
4. Date of commission of industrial plant/s or proposed date of commissioning	**: 01/01/2024**

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

5. Plant/ project cost (Rs. in lakhs) : **450**

5A.Specify whether small, medium or large scale. : **Orange - Small**

6. Total number of employees : **150**

7. List of Raw materials with monthly consumption rate (MT/month)

Sr	Raw Material Name	Capacity	Unit
1	100 Bedded Hospital	100.0000	Number

7A. List of Products with monthly production rate (MT/month)

Sr	Product Name	CFE Qty	CFO Qty	Unit	Applied Qty
1	100 Bedded Hospital	100.0000	100.0000	Number	100.0000

7B. Brief description of the manufacturing process together with a flow diagram and layout plan showing location of all vents, stacks and any other emission points. **As per the PDF attached**

8 & 9. Details of Boilers / Heaters / Furnaces / Generators installed in the plant.

Sr	Stack attached to	Mts	Remark	APCM	Fuel	Consp-Unit	SMF
1	D.G. Sets	5	125KVA DG Set	AEC	Diesel	5/h	N.A

Process emissions

Sr	Stack attached to	Mts	Remark	Details of APCM	Probable Pollutants.
1	D.G. Sets	5	125kva dg set	AEC	0,0,0,0,0

10. Details of air Pollution control equipment for the control of Pollution resulting from emission of pollutants from process plant and combustion equipment.

Accoustic Enclosures

Boilers=0 , DG Sets=1 , Borewells = 0 , Tubewells: 0 , Capacity of All = 10

12. I/We further declare that information furnished through this application is correct to the best of my / our knowledge.

13. Declaration

(i) I/We hereby submit that in case of any change relating to manufacturing process / product, fuel emission rate pollution control equipment, capacity of the plant etc. fresh application for consent shall be made and until such Consent is granted, no change will be implemented.

(ii) I/We undertake to furnish any other information within one month of such intimation received from the Board.

(iii) I/We enclose here with Bank Draft No. = & date : 26/03/2025 for Rs :224000 (In words : Two Hundred Twenty Four Thousand Rupees Only)

14. I/We hereby agree to submit to the Board, application for renewal of Consent atleast one month prior to the date of expiry of the present consent period.

Pay Remark :
In favour of the Karnataka State Pollution Control Board Parisara Bhavan, #49,4th & 5th Floor, Church Street, Bengaluru-560001 as fees payable under section 25 of the Act.

Inward Purpose :

Applied for the CFO Fresh BMW Authorization Fresh

Other Information :

Applied for the CFO Fresh BMW Authorization Fresh

(Please refer to Schedule 1 for the rate of consent fees.)

Details of Applicant :

Dr Kiran Y S

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

PLOT/PHASE No. 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,
1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,
Vanganahalli, - 560102
DIST : Bangalore Urban, TAL : BBMP- W- 174, SIDC : Not In I.A
9008547665

Accompaniments :

	I / We have Uploaded the following PDFs	Date	# Files	Size(kb)	#Page
1	ACC - Land/premises Details - Documents w.r.t Special Economical Zone (SEZ)(CFE/CFExp)	26/03/25	1	454	9
2	000 - Project report indicating location, extent of land, water source, raw materials, products and by-products, water consumption details, waste water generation & Air Pollution Sources, Estimated/Proposed investment on Project & Pollution Control Measures (CFE/CFExp)	26/03/25	1	118	7
3	DC3 - Document3	26/03/25	1	369	4
4	ACA - Audited Balance sheet along with schedule of fixed assets indicating Gross block of fixed assets.(CFO-1st/CFO Renewal)	26/03/25	1	1117	2
5	DC2 - Document2	26/03/25	1	1493	3
6	LPD - Land/premises Details - Rent agreement/Lease agreement in case the property is on rent/lease (CFE/CFExp)	26/03/25	1	3852	10
7	DC1 - Document1	26/03/25	1	197	1

FORM-XIII

[See Rule 20 and Rule 21]

301870 - CfO-Fresh

Application for consent to establish or take any step to establish any Industry, operation proccess or any treatment and disposal system for discharge, under section 25 or continutation or discharge under section 26 of the Water (Prevention and Control of Pollution) Act. 1974.

Date : 27/03/2025
PCB-ID : 255767

From : Lexington Health Care
PLOT/PHASE No. 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,
1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,
Vanganahalli, - 560102
DIST : Bangalore Urban, TAL : BBMP- W- 174, SIDC : Not In I.A

To,
The Member Secretary,

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

Karnataka State Pollution Control Board
Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001

I/We hereby apply for consent/renewal of consent under section 25 of the Water (Prevention and Control of Pollution) Act.1974 (6 of 1974) to establish or take any step to establish any Industry or operation or precess or a treatment and disposal system or any extension or addition to bring into use any new altered outlet for discharge of sewage/trade effluent* to continue to discharge sewage/trade effluent* from land/premises owned by Lexington Health Care

The other Relevant details are as below.

1. Full name of the applicant	**: Dr Kiran Y S**
2. Nationality of the applicant	**: INDIAN**
3. Constitution Type	**: No Data**
4. Names, Address and Telephone Nos of Applicant	**: Dr Kiran Y S (9008547665)**
5. Address of the industry.	**: Lexington Health Care, PLOT/PHASE No. 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102, 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102, Vanganahalli, - 560102 DIST : Bangalore Urban, TAL : BBMP- W- 174, GIDC : Not In I.A**
6. Details of Commissioning etc	**: 01/01/2024**
7. Total number of employee expected to be employed.	**: 150**
8. Details of license, if any obtained under the provisions of Industrial Developement Regulation Act., 1951	:
9. Name of the person authorised to sign this form (the original authorization except in the case of individual proprietor concern is to be enclosed.)	**: Dr Kiran Y S**

10.(a) List of Raw materials with monthly consumption rate (MT/month)

Sr	Raw Material Name	Capacity	Unit
1	100 Bedded Hospital	100.0000	Number

(b) List of Products with monthly production rate (MT/month)

Sr	Product Name	CFE Qty	CFO Qty	Unit	Applied Qty
1	100 Bedded Hospital	100.0000	100.0000	Number	100.0000

(c) Licence or Annual Capacity of the industry , operation or process etc.

11. State daily quantity of water in kilolitres utilized and its source (domestic / industrial process boiler Cooling others)

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

Sr	Water Code	WC(KLD)	WWG(KLD)	Remark
1	Domestic Purpose	34.000	27.000	Shall be treated to 30 KLD Sewage Treatment Plant. Discharge in to BWSSB Sever,.
2	Others	5.000	5.000	Liquid waste collected separately and disinfected with sodium hypochlorite solution and discharge in to BWSSB Sever,.

12.(a) State the daily maximum quantity of effluents , quantity and mode of disposal (sewer or drain or river of land or lake / pond / or estary / tidal waters / sea water / Off share) Also attach analysis report of the effluent.
Type of effluent,quantity in kiloliters, Mode of disposal.

(i) Domestic : Water Consumption : 34.000 Kls/Day , Waste Water Generation : 27.000 Kls/Day

(ii) Industrial : Water Consumption : 5.000 Kls/Day , Waste Water Generation : 5.000 Kls/Day

Mode of Disposal : Industrial : On Land for irrigation / gardening , Domestic : On Land for irrigation / gardening

Ultimate Receiving Body :

Waste Wtr Discharge Pt : Shall be treated in the 30 KLD STP

Source of water Supply & permission obtained/Applied for : Borewell /Tankers

(b) Quality of effluent Currently Discharged or expected to be discharged

(c) what monitoring arrangement is currently provided or Proposed.

13A.State whether you have any treatment plant for industrial , domestic or combined effluents.

Whether Industry is a member of CETP ? NOT

Boilers=0 , DG Sets=1 , Borewells = 0 , Tubewells: 0 , Capacity of All = 10

Sr	ETP Code	Category Name	Capacity	Units	Remark
1	BS-	Bar Screen	0.70	1	0.7 x 0.5 x 0.6 m
2	EQU	P-Equalization Tank	3.00	1	3.0 x 1.3 x 1.8 m
3	SHT	S-SLUDGE HOLDING TANK	3.00	1	
4	CFL	T-CARBON FILTER	400.00	1	400 mm Dia. x 1500mm
5	SFL	T-SAND FILTER	400.00	1	400 mm Dia. X 1500mm
			806.70		

13B. If yes, attach the description of the process of treatment in brief. Attach information on the quality of treated effluent vis-a vis the standards. State Details of solid wastes generated in the process or during waste treatment.

Sr	Source of Hazardous Waste	Catg	Qty/Year	HW Disposal Management
1	Used Spent Oil	I -5.1	0.010-KLT	DSI,STO
2	Wastes Residues Containing Oil	I -5.2	0.001-MTA	DSI,STO

14. State details of solid wastes. Generated From process and during waste treatment.

Sr	Solid Waste Description	Qty/Unit	Method of Disposal	Method of Collection
1	General Waste	0.2000-M.T	OTH	OTH

15. I/We further declare that the information furnished above is correct to the best or my / our knowledge.

16. I/We hereby submit that in case of change either of the point of discharge or the quantity of discharge or its quality, a fresh application for CONSENT shall be made and until such CONSENT is granted no change shall be brought into use.

17. I/We hereby agree to submit to the Pollution Control Board an application for renewal of consent one month in advance of the date of expiry of the consented period for outlet / discharge if, to be continued thereafter.

18. I/We undertake to furnish any other information within one month of its being called for by the Karnataka State Pollution Control Board

19. I/We, enclose herewith Cash Receipt No./Bank Draft No. =

& date : 26/03/2025 for Rs :224000 (In words : Two Hundred Twenty Four Thousand Rupees Only)

Pay Remark :
In favour of the Karnataka State Pollution Control Board Parisara Bhavan, #49,4th & 5th Floor, Church Street, Bengaluru-560001 as fees payable under section 25 of the Act.

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

Inward Purpose :
Applied for the CFO Fresh BMW Authorization Fresh

Other Information :
Applied for the CFO Fresh BMW Authorization Fresh

Karnataka State Pollution Control Board

Parisara Bhavan, #49,4th & 5th Floor,
Church Street, Bengaluru-560001
080-25589111

Form II

[Rule10]c

Application for Bio-Medical Waste Management Rules, 2016

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION
(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To,
The Member Secretary
Karnataka State Pollution Control Board
"Parisara Bhavana", No.49, Church Street,
Bengaluru-560001

Applied for : **HCF**

1. Particulars of Applicant
   i. Name of the Applicant: **DR KIRAN Y S**
   ii. Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): **Lexington Health Care**
   iii. Address for correspondence: 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be
   iv. Tele No., Fax No. 9008547665
   v. Email: lexington@gmail.com
   vi. Website Address:
2. Activity for which authorization is sought : Generation, Storage, Disposal

3. Application for BMW-FRESH
   i. Applied for CTO/CTE
   ii. In case of renewal previous authorization number and date
   iii. Status of Consents

4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment Facility (CBWTF):
   Address: 1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Bengaluru, Karnataka 560102,1510, 19th Main Rd, Vanganahalli, 1st Sector, HSR Layout, Be
   Industrial Area: Healthcare Establishments -Waste water generation< 100 KLD without Incinerator, Vanganahalli,
   Taluk: BBMP- W- 174, **District:** Bangalore Urban
   (ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment Facility (CBWTF) 12.12000 and 17.12350
5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)
   i. Number of beds of HCF 100
   ii. Number of patients treated per month by HCF 300
   iii. Number healthcare facilities covered by CBMWTF 100
   iv. No of beds covered by CBMWTF 300
   v. Installed treatment and disposal capacity of CBMWTF 5000.000 kg/day
   vi. Quantity of biomedical waste treated or disposed by CBMWTF 100.000 kg/day
   vii. Area or distance covered by CBMWTF 15.000
   (pl. attach map a map with GPS locations of CBMWTF and area of coverage)
   viii. Quantity of Biomedical waste handled, treated or disposed

Category		Quantity generated or collected, kg/day	Method of treatment & disposal
Yellow	Human Anatomical Waste	10.000	Disposed to CBMWTF
	Animal Anatomical Waste	0.000	Select
	Soiled Waste	30.000	Disposed to CBMWTF
	Expired or Discarded Medicines	20.000	Disposed to CBMWTF
	Chemical Solid Waste	20.000	Disposed to CBMWTF
	Chemical Liquid Waste	0.050	To be Treated and Disposed as per BMW rules 2016
	Discarded linen, mattresses, beddings contaminated with blood or body fluid	10.000	To be Treated and Disposed as per BMW rules 2016
	Microbiology, Biotechnology & other clinical laboratory Waste	10.000	To be Treated and Disposed as per BMW rules 2016
Red	Contaminated Waste (Recyclable)	10.000	To be Disposed as per BMW rules 2016
White (Translucent)	Waste sharps including Metals	5.000	To be Disposed as per BMW rules 2016
Blue	Glassware	5.000	To be Disposed as per BMW rules 2016
	Metallic Body Implants	2.000	To be Disposed as per BMW rules 2016

6. Brief description of arrangements for handling of biomedical waste (attach details)
   i. Mode of transportation (if any) of bio-medical waste.
   ii. Details of treatment equipment (please give details such as the number, type & capacity of each unit)

	Number of units	Capacity of each unit
Incinerators	0	0
Plasma Pyrolysis	0	0
Autoclaves	0	0
Microwave	0	0
Hydroclave	0	0
Shredder	0	0
Needle tip cutter or Destroyer	0	0
Sharps encapsulation or concrete pit	0	0
Deep burial pits	0	0
Chemical disinfection	0	0
Any other treatment equipment	0	0

7. Contingency plan of common bio-medical waste treatment facility (CBWTF) (attach documents)
8. Details of directions or notices or legal actions if any during the period of earlier authorisation
9. Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Authentic Signature

Signature Not Verified
Digitally signed by
Date: 2025.03.27 17:00:11
+05:30

Office of the Senior Environmental Officer
Karnataka State Pollution Control Board
Zonal Office, Bangalore City
"Nisarga Bhavana", 3rd Floor,
7th 'D' Main, Thimmaiah Road,
Shivanagar, Bangalore - 560 010
Phone : 080-23228864
Email : seoc@kspcb.gov.in

ಹಿರಿಯ ಪರಿಸರ ಅಧಿಕಾರಿಯವರ ಕಛೇರಿ
ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ
ವಿಭಾಗೀಯ ಕಛೇರಿ, ಬೆಂಗಳೂರು ನಗರ
"ನಿಸರ್ಗ ಭವನ", 3ನೇ ಮಹಡಿ,
7ನೇ 'ಡಿ' ಮುಖ್ಯ ರಸ್ತೆ, ತಿಮ್ಮಯ್ಯ ರಸ್ತೆ,
ಶಿವನಗರ, ಬೆಂಗಳೂರು – 560 010
ದೂರವಾಣಿ : 080-23228864
ಇ-ಮೇಲ್: seoc@kspcb.gov.in

towards a cleaner Karnataka

12.8 AUG 2022

//By RPAD//

(11) **Auth. No. KSPCB/RSEO/BNG-CITY/ BMW/Reg.No.188564/2022-23/ 169 Date:**

FORM –III (See rule 10)

(AUTHORIZATION FOR OPERATING A FACILITY FOR GENERATION, COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIO-MEDICAL WASTES)

Ref: 1. The applicant filed application Help Desk Reg No.188564, dated 12.07.2022.
2. RO, Bengaluru City East letter No.590, dated 10.08.2022.

******

1. **The Medical Director, M/s. Sir CV Raman General Hospital, 80 feet Road, Indiranagar, Bengaluru-560 038,** is hereby granted an authorization for the activity of **Generation, segregation, Collection, Storage, Packaging, Reception and Any other form of handling** of Bio Medical Wastes.

2. **M/s. Sir CV Raman General Hospital, 80 feet Road, Indiranagar, Bengaluru-560 038,** is hereby authorized for handling of Biomedical waste generating from **250 bedded** Health care facility.

3. **The Bio medical wastes categories- segregation, collection, quantity, handling, treatment and disposal shall be as follows as specified in Part- I of Schedule – I [See rules 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2).**

Category	Type of Wastes	Quantity permitted in Kg/day	Type of Bags or containers to be used	Treatment and disposal options
1	2	3	4	5
Yellow	a) Human Anatomical Waste:	—	Yellow Coloured non-chlorinated plastic bags	Shall be disposed to the operator of Common Bio Medical Wastes treatment facility (CBMWTF)
	(b)Animal Anatomical Waste :	Not applicable.		
	c) Soiled Waste:	361		
	d) Expired or Discarded Medicines:			
	e) Chemical Solid Waste:			

ಸ.ಆ. ಅಧಿಕಾರಿ	
ಕ್ಷೇ. ಅಧಿಕಾರಿಯವರು	

Senior Environmental Officer
Bengaluru City
Karnataka State Pollution Control Board
BENGALURU

Karnataka State Pollution Control Board

Zonal Office : Chitradurga ,
House No. C.A-2, 3rd Main,KHB Colony Behind Pragathi Gramin Bank, Near KHB Office, Sadik Nagar Rd ,Chitradurga-577501

Tele : 9845555555

Consent For Operation(CFO-Air,Water) - (CfO-Renewal)

As per the provisions of

The Water (Prevention & Control of Pollution) Act, 1974

&

The Air (Prevention & Control of Pollution) Act, 1981

To

Manasa Nursing Home, JPN Road

for the Facility located at,

Manasa Nursing Home,402/391/865, 406/395/861, 404/393/863 ,JPN Road

Shimoga

Consent Order No	PCBID	INW ID	Industry Colour/Scale	Date of Issue
AW-336585	42900	176423	ORANGE/MEDIUM	02/03/2023

This Consent is granted for the Products/ Activity/Service name indicated in the annexure along with the terms & conditions attached to this order

Validity through : 18/01/2023 to 30/09/2032

Form III -[Rule10]

Authorisation for Bio-Medical Waste Management Rules, 2016

Karnataka State Pollution Control Board
"Parisara Bhavana", No.49, Church Street,Bengaluru-560001
Tele : 080-25589112/3, 25581383
Fax:080-25586321
Email: ho@kspcb.gov.in

Authorization type: HCF
Authorization No : 336896
Valid upto: 30-09-2032

(This document contains 1 pages excluding additional conditions)

CB ID: 42900 INW ID: 189611 Date :14/03/2023

AUTHORIZATION FOR HEALTH CARE FACILITY FOR COLLECTION, GENERATION, TRANSPORTATION, TREATMENT OR PROCESSING OR CONVERSION, DISPOSAL OR DESTRUCTION USE OFFERING FOR SALE, TRANSFER OF BIOMEDICAL WASTES

Ref: 1. Authorization application submitted by the HCF on 16-02-2023 at Regional Office.
2. Inspection of the project site/organization by Regional Officer, Shivamoga on 03-03-2023

1. Authorization number and date of issue 336896 and 14-03-2023
2. M/s. Dr Rajani A Pai an occupier or operator of the hospital located at JPN Road is hereby granted an authorization for Activity : Generation, Storage, Reception, Disposal
3. M/s. Manasa Nursing Home is hereby authorized for handling of biomedical waste as per the capacity given below
   i. Number of beds of HCF : 100

Category	Type of Waste	Quantity generated or collected, kg/day	Method of treatment & disposal
Yellow	Human Anatomical Waste	0.100	Disposed to CBMWTF
	Animal Anatomical Waste	0.000	Disposed to CBMWTF
	Soiled Waste	0.900	Disposed to CBMWTF
	Expired or Discarded Medicines	0.000	Disposed to CBMWTF
	Chemical Solid Waste	0.000	Disposed to CBMWTF
	Chemical Liquid Waste	0.000	To be Treated and Disposed as per BMW rules 2016
	Discarded linen, mattresses, beddings contaminated with blood or body fluid	0.000	To be Treated and Disposed as per BMW rules 2016
	Microbiology, Biotechnology & other clinical laboratory Waste	0.000	To be Treated and Disposed as per BMW rules 2016
Red	Contaminated Waste (Recyclable)	7.100	To be Disposed as per BMW rules 2016
White (Translucent)	Waste sharps including Metals	0.000	To be Disposed as per BMW rules 2016
Blue	Glassware	2.400	To be Disposed as per BMW rules 2016
	Metallic Body Implants	0.000	To be Disposed as per BMW rules 2016

4. This authorisation shall be in force for a period upto 30-09-2032 from the date of issue.
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment(Protection)Act, 1986.

Terms and conditions of authorization *

Officer of the Senior Environmental Officer
Karnataka State Pollution Control Board
Bangalore - South
'NISARGA BHAVAN' 3rd Floor
Thimmaiah Road 7th 'D' Cross
Shivanagar, Bangalore - 560 010
Phone 23228862

towards a cleaner Karnataka

FORM –III
(See rule 10)
AUTHORISATION

(Authorization for operating a facility for generation, collection, reception, treatment, storage, transport and disposal of biomedical wastes)

1. No.PCB/SEO/BNG-SOUTH/HCE/REG.NO.176273/2020-21/319 DATED: 3 NOV 202

2. **M/s. Kauvery Hospital (Bengaluru) Pvt Ltd., (Earlier M/s. Ramakrishna Hospital Pvt. Ltd),** an health care facility located at Katha No. 1175/940, Sy.No. 92/1A, Konappana Agrahara Village, Begur Hobli, Electronics City Post, Bengaluru South Taluk, Bengaluru, is hereby granted an authorization for:

Activity	Please tick
Generation, segregation	✓
Collection,	✓
Storage	✓
Packaging	✓
Reception	✓
Transportation	----
Treatment or processing or conversion	----
Recycling	----
Disposal or destruction	----
Use offering for sale, transfer	----
Any other form of handling	----

3. M/s Fortis Health Management Ltd., is hereby authorized for handling of biomedical waste as per the capacity given below:
   (i) Number of beds of HCE : **180 Numbers**
   (ii) Quantity of Biomedical waste handled, treated or disposed as belows:

Zonal Senior Environmental Officer
Bengaluru - South

Category	Type of Waste Category	Quantity permitted for in Kg/Day	Treatment & disposal method
Yellow	a) Human Anatomical Waste:	35 kg	The Hospital shall hand over the Bio medical wastes to CBMWTF M/s. Maridi Bio Industries Pvt. Ltd. As per the agreement Dt:08.09.2020 & submit details to Regional office.
	b) Soiled Waste:		
	c) Chemical Solid Waste:		
	d) Chemical Liquid Waste :		
	e) Discarded linen, mattresses, beddings contaminated with blood or body fluid.		
	(h) Microbiology, Biotechnology and other clinical laboratory waste:		
Red	Contaminated Waste (Recyclable)	25 kg	
White(Transl ucent)	Waste sharps including Metals	15 kg	
Blue	a) Glassware	20 kg	
	b) Metallic Body Implants		

4. This authorization shall be in force for a period up **30.09.2029** from the date of issue. **(This authorization is valid only when the Consent for Operation is valid).**

5. This authorization is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986

Zonal Senior Environmental Officer
Bengaluru - South

To,

M/s. Kauvery Hospital (Bengaluru) Pvt Ltd.,
(Earlier M/s. Ramakrishna Hospital Pvt. Ltd),
Katha No. 1175/940, Sy.No. 92/1A,
Konappana Agrahara Village, Begur Hobli,
Electronics City Post, Bengaluru South Taluk, Bengaluru.

Office of the Senior Environmental Officer

[illegible]

[illegible]

[illegible] BHAVAN

[illegible] Road, [illegible] Main Road

[illegible] Bengaluru – [illegible]

[illegible]

//By RPAD//

Auth. No. KSPCB/RSEO/BNG-CITY/BMW/Reg. No. 125159/2017-18/ Date: [illegible]

FORM –III (See rule 10)

[AUTHORIZATION FOR OPERATING A FACILITY FOR GENERATION, COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIO-MEDICAL WASTES]

Ref: 1. Application submitted vide Consent Module Regn. No. 125159, Dt. [illegible]

******

1. The Director, Indira Gandhi Institute of Child Health, South Hospital Complex, DR College Post , Near Nimhans, Bengaluru-560 029, is hereby granted an authorization for the activity of Generation, segregation, Collection Storage, Packaging, Reception, transportation, Treatment and Any other form of handling of Bio Medical Wastes.
2. Indira Gandhi Institute of Child Health, , South Hospital Complex, DR College Post , Near Nimhans, Bengaluru-560 029, is hereby authorized for handling of Bio medical waste generating from 200 bedded Healthcare facility.
3. The Bio medical wastes categories: Generation, Segregation, Collection, Storage, Packaging, Reception, transportation, Treatment and Any other form of handling of shall be as follows as specified in Part-1 of Schedule – I [See rules 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2).

Category	Typical Wastes	Quantity permitted in Kg/Day	Type of Bag or containers to be used	Treatment and disposal options
1	2	3	4	5
Yellow	a) Human Anatomical Waste: b) Animal Anatomical Waste c) Soiled Waste d) Expired or Discarded Medicines e) Chemical Solid Waste	[illegible] Not applicable	Yellow coloured non chlorinated plastic bags	Shall be disposed to the operator of Common Bio Medical Waste treatment facility (CBMWTF)
	f) Chemical Liquid Waste	[illegible]	Separate collection system leading to effluent treatment system	After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other waste water. The combined discharge shall conform to the discharge norms given in Annexure [illegible]

	(c) Discarded linen, mattresses, beddings contaminated with blood or body fluid.		Non chlorinated plastic bags or puncture proof containers	Shall be disposed to operator of Common Bio Medical Waste treatment facility (CBMWTF)
	(e) Microbiology, Biotechnology and other clinical laboratory waste		Autoclave safe plastic bags or containers	Shall be disposed to operator of Common Bio Medical Waste treatment facility (CBMWTF)
Red	Contaminated Waste (Recyclable)	40	Red coloured non chlorinated plastic bags or containers	Shall be disposed to operator of Common Bio Medical Waste treatment facility (CBMWTF)
White (Translucent)	Waste sharps including Metals	10	Puncture proof, Leak proof, tamper proof containers	Shall be disposed to the operator of Common Bio Medical Waste treatment facility (CBMWTF)
Blue	(a) Glassware		Cardboard boxes with blue colored marking	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or shall be disposed to operator of CBMWTF
	(b) Metallic body implants	1		

4. The Bio-Medical Wastes generated above shall be disposed to operator of CBMWTF- M/s. Maridi Eco Industries Pvt. Ltd., as per MOU submitted with the application.
5. This authorization shall be in force upto 30.09.2020 with a condition to submit the renewal of MOU from time to time subject to cancellation/ suspension, impose/reimpose conditions, revoke and time to time review from the Board.
6. This authorization is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

For and on behalf of KSPCB

Senior Environmental Officer
Bengaluru City

Karnataka State Pollution Control Board
BANGALORE

To,

The Director,
Indira Gandhi Institute of Child Health,
South Hospital Complex, DR College Post,
Near Nimhans, Bengaluru 560 029.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA88979338267693X
Certificate Issued Date	:	24-Mar-2025 02:58 PM
Account Reference	:	NONACC (FI)/ kagcsl08/ JAYANAGAR/ KA-JY
Unique Doc. Reference	:	SUBIN-KAKAGCSL0805768593322003X
Purchased by	:	VISWA SAI SCHOOL AND COLLEGE OF NURSING
Description of Document	:	Article 5(J) Agreement (in any other cases)
Property Description	:	M O U
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	VISWA SAI SCHOOL AND COLLEGE OF NURSING
Second Party	:	LEXINGTON HEALTH CARE PVT LTD
Stamp Duty Paid By	:	VISWA SAI SCHOOL AND COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	500 (Five Hundred only)

Please write or type below this line

NOTARY ARAVIND PATIL B.C. Reg.No. BENGALURU CITY GOVT. OF KARNATAKA

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made and entered in to on 24-03-2025

Between

Viswa Sai College and School of Nursing sponsored by Sri Sai Vidya Academy , No 66, 2nd main , Muneswara Layout , Kodichikkanahalli, Bangalore – 560076 represented by Dr. K. Kiran Kumar Secretary Sri Sai Vidya Academy .

And

Lexington Health Care Pvt Ltd located at # 1510, 19th Main Road, Sector 1, HSR layout, Bengaluru, Karnataka, 560102. Which is represented by its owner Dr. Kiran Y.S, Lexington Health Care Pvt Ltd.

For Lexington Health Care Pvt. Ltd.

Authorised Signatory

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.

Hereinafter referred to as hospital unless repugnant with the context or meaning thereof shall include its successors affiliates and permitted assigns company and consultant would collectively be referred to as parties and individually as party .

The Parties hitherto agree as follows :

1. This memorandum of understanding is effective from 24.03.2025
2. I declares that Lexington Health Care Hospital, is a 100 bedded hospital
3. I agree, Lexington Health Care Hospital, will be a parent hospital for Viswa Sai College and School of Nursing, for the period of from 1/01/2025 to 1/01/2030.
4. The hospital will provide a comprehensive orientation programme for all student at the beginning of their training period .
5. I agrees to provide preceptors required to train the Nursing students.
6. I agrees that, Lexington Health Care Hospital will not enter into similar agreement with any other Nursing institution/s or department/s offering or intend to offer Nursing programs.
7. The prospective students will be allowed to undergo training all specialty departments.
8. I will be the medical director of Sri Sai Vidya Academy society.
9. I will provide the academic staff and necessary infrastructure for nursing course as per the INC norms and takes the overall responsibility for smooth conduct of the programs as a parent Hospital.
10. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Nursing institution till the present agreement/MOU is in effect. Its further agreed that, this MOU does not confer any rights in favor of either parties to seek for specific performances, obligations under this MOU through any proceedings.
11. Students shall maintain strict confidentiality regarding patient information and hospital procedures adhering to all relevant privacy laws and regulations.
12. The training will be monitored by the collage Nursing educator , she will take care of their discipline .
13. VISWASAI management and principal further advice and warn the students availing the clinical training facility at hospital protocol during their deployment for clinical training, it will ensure that all the students on the clinical training with Lexinton Hospital strictly follow the protocol and the guideline of the hospital.

NOTARY ARAVIND PATIL B.A. Reg.No.LAW/LCI/210-2020 BENGALURU CITY GOVT. OF KARNATAKA

For Sri Sai Vidya Academy

Chairman/Secretary

For Lexington Health Care Pvt. Ltd.

Authorised Signatory

14. VISWASAI management hereby undertakes and covenants that, neither "VISWASAI" nor its students on clinical treatment will retain in its/their possession any proprietary or confidential information whatsoever save in the course of its duty retain it and in compliance with all directions issued or approved by Lexinton Hospital with regards to the storage of such information and the return and disposal thereof.
15. Any dispute arising from this MOU shall first be addressed through amicable discussions between the parties if unresolved the matter may be referred to a mutually agreed upon mediator.
16. Student must adhere to all safety protocols and infection control measures as mandate by the Hospital.
17. Student must adhere to the hospitals code of conduct and professional ethics at all times during their training period .
18. All required documents and information must be provided by the hospital for inspection authority of the INC/ KSNC / KSDNEB/ RGUHS / GOK whenever required by college .
19. Any amendments to this MOU must be made in writing and agreed upon by both parties.
20. The memorandum of understanding (MOU) valid for 5 years.
21. No other college is entitles to utilize our hospital clinical facilities on for viswasai school and college of nursing.

The officials representing Lexington Health Care Hospital and Viswa Sai College and School of Nursing sponsored by Sri Sai Vidya Academy signing this MOU to achieve the beneficial objectives of hospital and Nursing programs.

Director

For Lexington Health Care Pvt. Ltd.

Lexington Health Care Hospital

Authorised Signatory

For Sri Sai Vidya Academy

Chairman/Secretary

Secretary

Sri Sai Vidya Academy

NOTARY ★ ARAVIND PATIL G.G. Reg.No.LAW LCL 213-2020 BENGALURU CITY ★ GOVT. OF KARNATAKA

Execution Admitted Before Me

ARAVIND PATIL, G.G. B.A.,LL.B.,
ADVOCATE & NOTARY
GOVT. OF KARNATAKA
28, 12th Main, Near Old, Sub Register Office,
4th Block, Jayanagar, Bengaluru-560 011

Memorandum of Understanding

This Memorandum of understanding (MOU) is made and executed on 8th February 2024 at Kauvery Hospital Bengaluru Private Limited with Viswa Sai College of Nursing and Viswa Sai School of Nursing 66# 2nd Main, Muneeshwara Layout, Kodichikkanahalli, Bengaluru Karnataka -560076.

By and Between:

1. Kauvery Hospital, Bengaluru, located at 92/1A & B, Konappana Agrahara, Electronic City, Bangalore South 560100 is represented by its authorized signatory.
2. Viswa Sai College of Nursing shall obtain prior written consent from Kauvery Hospital for the clinical posting of its students.
3. Viswa Sai College of Nursing students means students belonging to these courses — GNM, B.Sc(N).
4. Kauvery Hospital Undertakes to equip Viswa Sai College of Nursing with adequate nursing faculty and facilities to ensure students to receive optimal coaching and clinical exposure.
5. Viswa Sai College of Nursing agrees to make the best efforts in conjunction with Kauvery Hospital to upgrade the quality of nursing education and training provided to its students.
6. Kauvery Hospital shall not be responsible for the well-being of the students during their mentioned clinical posting.
7. Viswa Sai College of Nursing understands and acknowledges the risks and hazards involved with the health of the students due to the exposure during the observation ship program during their clinical posting.
8. Kauvery Hospital has the right to remove the contract without giving any reason.
9. Viswa Sai College of Nursing will ensure that all the students on clinical attachment with Kauvery Hospital, Bengaluru strictly follow the protocol and the guidelines of the hospital. There may be visits by the college authority to see that students adhere to the norms.
   Any specific COVID protocols must be strictly abided at all times, and the hospital shall not be liable for any instances of covid infection, during clinical posting.
10. A copy of the hospital norms/policies may be provided to the college authority for reference.
11. The validity of this agreement shall be two years (8th February 2024 to 7th February 2026) from the date of signing.
12. Mandatory to produce a compliance Certificate before posting the students.

In witness thereof, the parties involved here are to abide, and this agreement to be executed as of the date written below by their duly authorized representative.

Secretary /Director of	Principal	Vice President
Viswa Sai Education Trust	Viswa Sai collage of Nursing	Kauvery Hospital Bengaluru

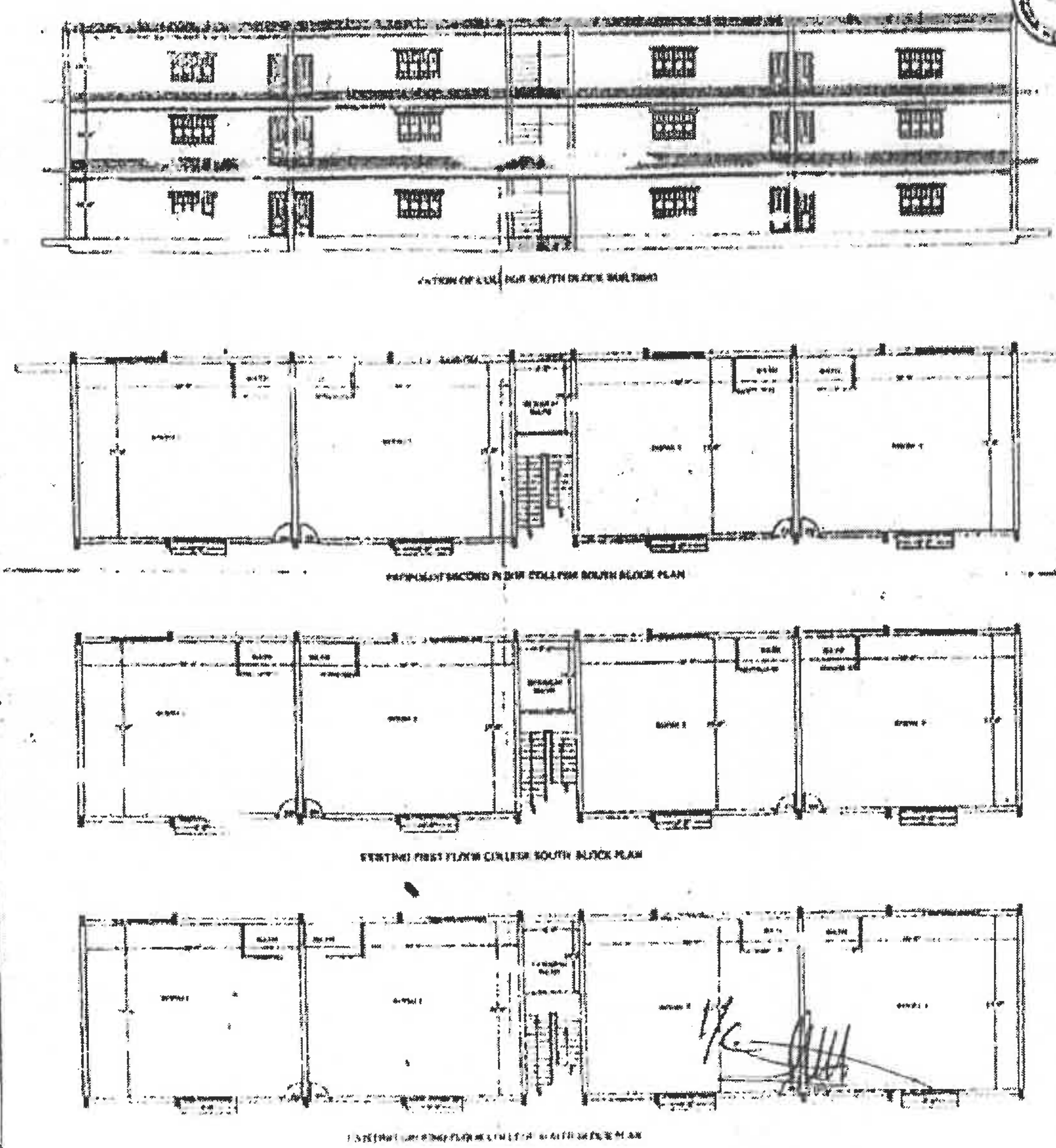
Viswa Sai College of Nursing * Bangalore-76

List of State Nursing Council Recognised Institutions offering Various Programmes Inspected Under Section 13 and 14 of INC Act Found Suitable for the Academic Year 2024-2025.

01 Oct 2024

Sl.No.	Institution Name & Address	Trust Name	District Name	Sector	Programme	Annual Intake
895	Vikram College Of Nursing, # 7 Paramahamsa Road Yadavagiri Mysore, Mysore, Distt.- Mysore, Pin Code- 570020	Vikram Educational Trust	Mysore	Private	P B B.Sc(N)	40 (Forty)
					B.Sc(N)	40 (Forty)
					GNM	40 (Forty)
896	Vimalalaya College Of Nursing, Huskur Gate, Electronic City Post, Bangalore, Distt.- Bangalore, Pin Code- 560100	Vimalalaya Hospital Trust	Bangalore	Private	B.Sc(N)	40 (Forty)
897	Viswa Sai School Of Nursing, No.66, 2Nd Main, Muneswara Layout, Kodichikkanahalli, Bangalore, Bangalore, Distt.- Bangalore, Pin Code- 560076	Sri Sai Vidya Academy	Bangalore	Private	B.Sc(N)	60 (Sixty)
					GNM	60 (Sixty)
898	Vivekananda School Of Nursing, Basappa Multi Speciality Hospital Campus, B.L.Gowda Layout, Turuyanuru Road, Vill.- Chitradurga, Tehsil- Chitradurga, Distt.- Chitradurga, Pin Code- 577501	Vivekananda Education Society	Chitradurga	Private	GNM	50 (Fifty)
899	Vydehi Institute Of Nursing Sciences & Reseaarch Centre, No. 82, Epip Area, Nallurahalli, Whitefield, Bengaluru, Distt.- Bangalore, Pin Code- 560066	Srinivasa Trust	Bangalore	Private	P B B.Sc(N)	40 (Forty)
					M. Sc (N)	25 (Twenty Five)

PRINCIPAL
VISWA SAI COLLEGE OF NURSING
BANGALORE - 76.



...ANCATION AUTHORITY

SCHEDULE OF OPENING

DOORS;
D1: 4'0"X7'0"
D1: 2'6"X 7'0'
W: 5'0" X 4'0"
V: 3'0"X2'0"
V1: 3'0"X2'0"

COLUMN SIZE
225 X 450 MM

BEAM SIZE
225 X 600 MM

AREA STATEMENT

PLINTH AREA :

GROUND FLOOR : 3600.00 SFT
CORRIDOOR: 825.00 SFT
FIRST FLOOR : 3600.00 SFT
CORRIDOOR: 825.00 SFT
SECOND FLOOR : 3600.00 SFT
CORRIDOOR: 825.00 SFT

PROJECT

PROPOSED CONSTRUCTION OF COLLEGE
NORTH BLOCK BUILDING
AT SY.NO.63, CHOKKANAHALLI
VILLAGE, YELAHANKA HOBLI, BANGALORE

SIGNATURE OF THE OWNER

MANAGING TRUSTEE
U.K EDUCATION TRUST REGD.

ENGINEERS SIGNATURE

R. CHANAKESHVA
B.C.C./BL.3.3.2/ 1725/1997-98
VIJAYNAGAR BANGALORE

R Chanakeshva

JOB NO: 175	DELT : INAYATH

ರೆಕಾರ್ಡ್ ಆಫ್ ರೈಟ್ಸ್, ಟೇಬಲ್ ಮತ್ತು ಬೆಳೆ ಪತ್ರಿಕೆ (R.T.C) ಫಾರಂ ನಂ. 0

ಗ್ರಾಮ ನಮೂನೆ 2 — Print Page No: 1/1 Village Account Form No. 2

Valid from 30/05/2025 To Till Date

ತಾಲ್ಲೂಕು ಹೋಬಳಿ : ಯಲಹಂಕ — ಹೋಬಳಿ : ಯಲಹಂಕ2 — ಗ್ರಾಮ : ಜೊಕ್ಕನಹಳ್ಳಿ — ಭೂಮಾಪನ ಸಂಖ್ಯೆ :

1. ಸರ್ವೆ ನಂಬರು	3. ಖಾತೆದಾರರು	ವಿಸ್ತೀರ್ಣ ಎಕರೆ ಗುಂಟೆ ಆ	4. ಕಂದಾಯ	ರೂ. ಪೈ.
63 *	ಒಟ್ಟು ವಿಸ್ತೀರ್ಣ	2.06.00.00	(ಅ) ಭೂ ಕಂದಾಯ	2.92
	ಪೂರ್ತ ಖರಾಬ್ (ಅ)		(ಬ) ಜೋಡಿ	0.00
	ಪೂರ್ತ ಖರಾಬ್ (ಬ)		(ಕ) ಸೆಸ್ಸುಗಳು	0.00
	ಉಳಿದದ್ದು	2.06.00.00	(ಡ) ನೀರಿನ ದರ	0.00
2. ಹಿಸ್ಸಾ 2			ಒಟ್ಟು	2.92

5. ಮಣ್ಣಿನ ಸಮೂಹ	7. ಮರಗಳ ಸಂಖ್ಯೆ		8. ಜೀತುನಾಡ ಪ್ರಕಾರ ನೀರಾವರಿಯ ವಿಸ್ತೀರ್ಣ				
	ಹೆಸರು	ಸಂಖ್ಯೆ	ಕ. ಪ.	ನೀರಾವರಿ ಮೂಲ	ಮುಂಗಾರು	ಹಿಂಗಾರು	ಬಾಗಾಯ್ತು	ಒಟ್ಟು
ಕೆಂಪು								
6. ಪಟ್ಟಾ								
ಸರ್ಕಾರಿ								

9. ಕಬ್ಜೆ ಅಥವಾ ಸ್ವಾಧೀನದಾರನ ಹೆಸರು ತಂದೆಯ ಹೆಸರು ಮತ್ತು ವಿಳಾಸ	ವಿಸ್ತೀರ್ಣ ಎ ಗುಂ	ಖಾತೆ ನಂ.	10. ಕಬ್ಜೆ ಅಥವಾ ಸ್ವಾಧೀನತೆಯ ರೀತಿ	11. ಇತರೆ ಹಕ್ಕುಗಳು ಮತ್ತು ಋಣಗಳು ಹಕ್ಕುಗಳು:	ಋಣಗಳು:
ಯು.ಕೆ.ಮೆಮೋರಿಯಲ್ ಅಂಡ್ ಎಜುಕೇಷನ್ ಟ್ರಸ್ಟ್ (ರಿ)	1.05.00.00	1	MR T33/2024-2025 30/05/2025 -		
A.K.ಇಸ್ಮಾಯಿಲ್ ಫರೀಫ್	0.01.00.00	20	MR 55/2010-2011 25/05/2011 ವಿಭಜನೆ		
ಮಹಮದ್ ಯಹಯ - ಬಿನ್ ಮಪಮದ್ ಉಸ್ಮನ್	0.00.00.00	1	MR 55/2010-2011 25/05/2011 ವಿಭಜನೆ		
ಬಿ ಬಿ ಎಂ ಪಿ ರಸ್ತೆ	0.10.00.00	63	MR T33/2024-2025 30/05/2025 -	ಮಾನ್ಯ ಉಪವಿಭಾಗಾಧಿಕಾರಿಗಳ ರವರ ಆದೇಶ ಸಂಖ್ಯೆ:RRT/YLK/CR/17 /2025-26 ದಿನಾಂಕ:07-05-2025 ರ ಆದೇಶದಂತೆ ದಾಖಲು	

For Viewing Only For Viewing Only For Viewing Only

12. ಸಾಗುವಳಿ ವಿವರಗಳು/ಬೆಳೆ ವಿವರ — 13. ಬೆಳೆಯ ಉಪಯೋಗ ಮತ್ತು ಬೆಳೆಗಳ ವಿವರ

ವರ್ಷ ಮತ್ತು ಕಾಲ 1	ವ್ಯವಸಾಯಗಾರನ ಹೆಸರು ಮತ್ತು ವಾಸ್ತವ್ಯ 2	ಸಾಗುವಳಿ ಪದ್ಧತಿ 3	ಗೇಣಿಯ ವಿವರ ವಿಸ್ತೀರ್ಣ ಎ ಗುಂ 4	ಗುತ್ತಿಗೆ 5	ಭೂಮಿಯ ಉಪಯೋಗ ವರ್ಗ 6	ವಿಸ್ತೀರ್ಣ ಎ ಗುಂ 7	ಖುಷ್ಕಿ, ತರಿ, ಬಾಗಾಯ್ತು 8	ಬೆಳೆಯ ಹೆಸರು 9	ಬೆಳೆಯ ವಿಸ್ತೀರ್ಣ ಆಮಿಶ್ರ 10	ಮಿಶ್ರ 11	ಒಟ್ಟು 12	ನೀರಾವರಿಯ ಮೂಲ 13	ಎಕರೆಗೆ ಉತ್ಪತ್ತಿ 14	ಮಿಶ್ರ ಬೆಳೆಗಳ ಒಟ್ಟು ಮಿಶ್ರಣದ ಹೆಸರು 15	ವಿಸ್ತೀರ್ಣ ಎ. ಗುಂ 16
2025-2026 ಮುಂಗಾರು	ಯು.ಕೆ.ಮೆಮೋರಿಯಲ್ ಅಂಡ್ ಎಜುಕೇಷನ್ ಟ್ರಸ್ಟ್ (ರಿ)	ಸ್ವಂತ					–		0.00.00.00	0.00.00.00	0.00.00.00		0.00		
	A.K.ಇಸ್ಮಾಯಿಲ್ ಫರೀಫ್	ಸ್ವಂತ					–		0.00.00.00	0.00.00.00	0.00.00.00		0.00		
	ಮಹಮದ್ ಯಹಯ - ಬಿನ್ ಮಪಮದ್ ಉಸ್ಮನ್	ಸ್ವಂತ					ಖುಷ್ಕಿ		0.00.00.00	0.00.00.00	0.00.00.00		0.00		
	ಮಹಮದ್ ಯಹಯ - ಬಿನ್ ಮಪಮದ್ ಉಸ್ಮನ್	ಸ್ವಂತ					–		0.00.00.00	0.00.00.00	0.00.00.00		0.00		
	ಬಿ ಬಿ ಎಂ ಪಿ ರಸ್ತೆ	ಸ್ವಂತ					–		0.00.00.00	0.00.00.00	0.00.00.00		0.00		

ದಿನಾಂಕ:17/08/2025 ಮೊತ್ತ: ರೂ. 0 **ಈ ದೃಢೀಕರಣ ಪತ್ರವು ವಿದ್ಯುನ್ಮಾನ ಸಹಿಯನ್ನು ಹೊಂದಿದ್ದು, ಕೈಬರಹದ ಸಹಿಯ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ**

ವಿಸ್ತೀರ್ಣ ಎಕರೆ ಮತ್ತು ಗುಂಟೆಗಳಲ್ಲಿ ***: ಬೆಳೆ ಸಮೀಕ್ಷೆ ಮಾಹಿತಿ ಸ್ವೀಕೃತವಾಗದ ಕಾರಣ, ಬೆಳೆ ಮಾಹಿತಿ ನಮೂದಿಸಿರುವುದಿಲ್ಲ** ಕರ್ನಾಟಕ ಭೂಕಂದಾಯ ನಿಯಮಾವಳಿ 1966 ರ ನಿಯಮ 40, 42, 58 ಮತ್ತು 70 **ಭೂ ಎಐ ಲ್ಯಾಂಡ್ ಐಡಿ: 8031 6200 0303**