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

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Balaraj Saradi	Dr. Bharathi S.H	Dr Nataraja G.S
Designation	Principal.	Principal	Principal
Address	Sri Sri Ayurveda Medical College & DC.SV Saradi, Ayurveda Hospital, Bangalore	Govt Dental College & Research Institute, Bellary	Canara college of Nursing
Mobile No	9845646885.	9844394595	9844157222
Email ID	drbsaradi123@gmail.com	bharathish70@gmail.com	Raj.V222@gmail.com

For the Academic Year : 2025-2026 ***Date of Inspection:*** 19/8/25

(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	

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**	NRR HOSPITAL COLLEGE OF NURSING, HESARAGATTA MAIN ROAD, CHIKKABANAVARA, BANGALORE - 560090	2	**Year of Establishment** 2004
2	**Status of the course conducting body**	University		
3	**Name of the Trust & complete postal address (if private)**	NAVODAYA CHARITABLE TRUST #3 AND 3A, CHIKKASANDRA, HESARAGATTA MAIN ROAD, BANGALORE - 560090 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: principalnrr@gmail.com	**Website:** www.rrinstitutions.com	
4	**Governing Council& Audit Report of Trust**	**Total Number of Members in Governing Council: 05** Enclosed (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2)

5	**Details of Principal/Head of the institution**	**Name:** Dr. Sukanya **Qualification:** MSc (N) PhD. **Experience:** 21 Years **Email:** principalnrr@gmail.com		**Mobile No:** 99805 22399 **Office No:** **Fax No:** **Residential phone No:**
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	1,000	30,000	60,050	40,000	25,000	1,56,050/-
Post Basic B.Sc. Nursing	-	-	-	-	-	-
					Total (A)	**1,56,050/-**
PG Course: - (M.Sc. Nursing)	**P G Continuation/Fresh Affiliation**			**No of Seats X Prescribed fees of each faculty**		
	1. NA					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
					Grand Total (A+B+C)	1,56,050/-

Online Transaction Number or Details: 23-12-2024 16:50:43
BD00000007563231
ZBBCQR6092UHTB

Remarks:

Document are ENCLOSED — Verified

Verify &Enclose copy of Affiliation fee paid documents

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

19/08/25

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	MED 650 MMC 2022 Annexure - 5	RGU/AFF/NSG/CoA /01/2024-25 Annexure - 6	11572169/2024-25 Annexure - 7	FILE NO 18-15/INSP Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	—	NA	—	—	
	Sanctioned Intake	—	—	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake	—	NA	—	—	
	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	—	NA	—	—	
	Admissions Made for the Current Academic Year	—	—	—	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19/08/25

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	31	-	07	01	39
	Female	09	40	25	39	113
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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 25.03.2017

Remarks: NA

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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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
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*		3									
6	Tutor	8-16	16-24	2-10	--		9									
	Total	**16-24**	**24-40**	**4-12**			16									

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

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

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

Signature of Chairman

Signature of Member (1) 19/08/25

Signature of Member (2)

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	Signature of Faculty
						After UG	After PG			
1	Dr. SUKANYA	PRINCIPAL	MSC IN OBG NURSING, PH D	2006	6377	3	17	04/08/2023		
2	MRS APARNA R	VICE PRINCIPAL	MSC IN OBG NURSING	2013	14173	1	12	14/07/2021		
3	MRS DEEPTHI RANI C P	ASST. PROFESSOR	MSC IN OBG NURSING	2020	25761		5	21/07/2025		
4	MS ALLISHA SHERPA	LECTURER	MSC IN MSN NURSING	2024	103932	1	1	05/03/2024		
5	MS POOJA R	LECTURER	MSC IN PSYCHIATRIC NURSING	2025	110148	1	6 months	10/02/2025		
6	LINTA M J	LECTURER	MSC IN PEDIATRIC NURSING	2025				21/07/2025		
7	MS ROSEMARY CHYRMANG	LECTURER	MSC IN OBG NURSING	2025	216070	1.6	2 Months	02/10/2025	NO	
8	MR RAVIKISHORE	ASST LECTURER		2009	25268	15		11/06/2022		
9	MS GEETHANJALI	ASST LECTURER		2020	118441	3.2		15/03/2024		
10	MS RASHMI	NSG TUTOR		2023	144068	2 YEAR 6MONTHS		15/12/2022		
11	MR ANIRJIT ADDHYA	CLINICAL INSTRUCTOR		2022	134497	2		13/03/2024		
12	MS MENIYAR	CLINICAL INSTRUCTOR		2023	159863	1.5		11/02/2023	NO	
13	MS PALLAVI M S	NSG TUTOR		2022	132239	2.5		11/05/2022		
14	MR BASAVARAJ GUTTI	CLINICAL INSTRUCTOR		2022	135292	2.5		12/02/2022		
15	MR SHRINATH	CLINICAL INSTRUCTOR		2023	136193	2		21/4/2023		
16	MS LEELAVATHI K B	CLINICAL INSTRUCTOR		2022	132245	2 YEARS, 10 MONTHS		15/4/2022		

Signature of Chairman

Signature of Member (1)

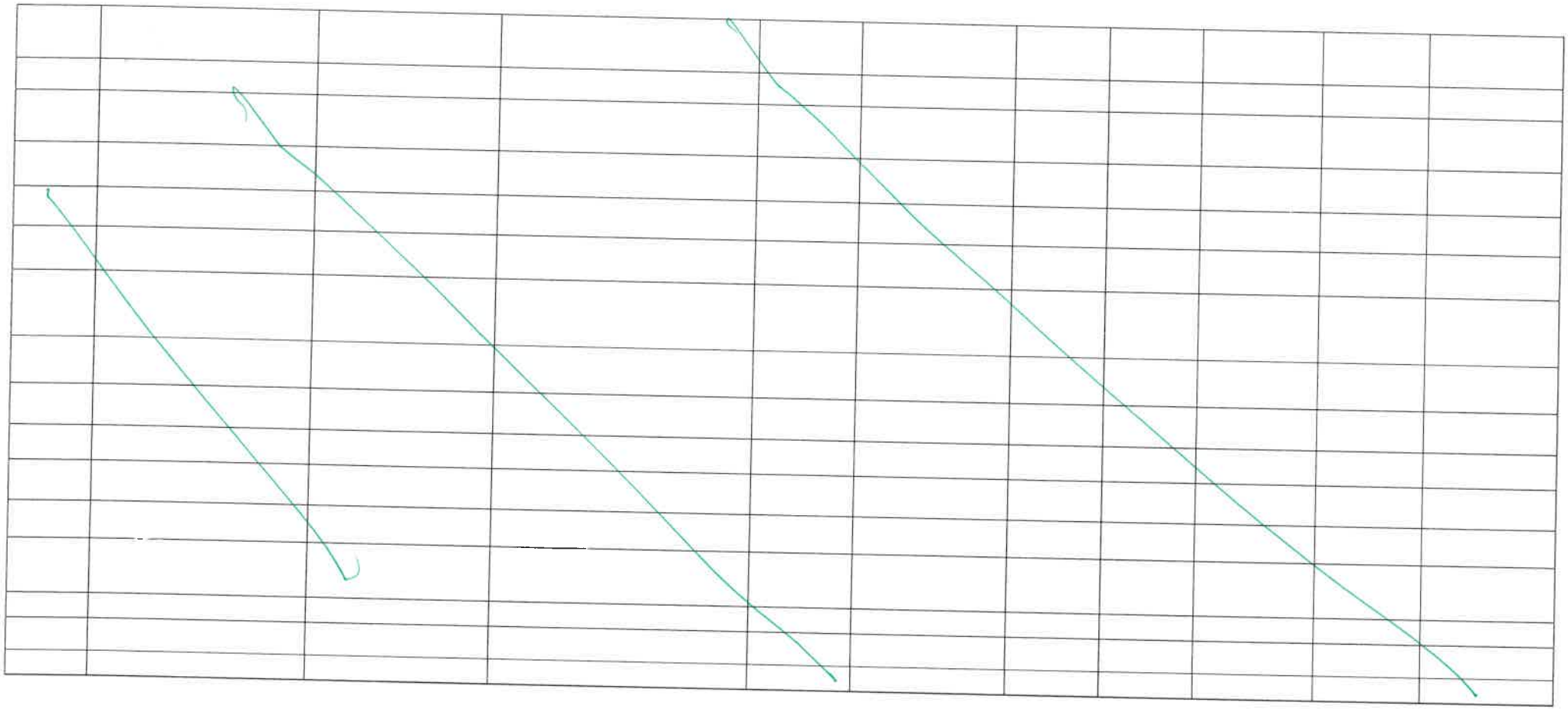
19/08/25

Signature of Member (2)

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	Signature of Faculty
						After UG	After PG			
1	Dr. SUKANYA	PRINCIPAL	MSC IN OBG NURSING, PH D	2006	6377	3	17	04/08/2023		
2	MRS APARNA R	VICE PRINCIPAL	MSC IN OBG NURSING	2013	14173	1	12	14/07/2021		On leave
3	MRS DEEPTHI RANI C P	ASST. PROFESSOR	MSC IN OBG NURSING	2020	25761		5	21/07/2025		19/8/25
4	MS ALLISHA SHERPA	LECTURER	MSC IN MSN NURSING	2024	103932	1	1	05/03/2024		19/8/25
5	MS POOJA R	LECTURER	MSC IN PSYCHIATRIC NURSING	2025	110148	1	6 months	10/02/2025		19/8/25
6	LINTA M J	LECTURER	MSC IN PEDIATRIC NURSING	2025				21/07/2025		On leave
7	MS ROSEMARY CHYRMANG	LECTURER	MSC IN OBG NURSING	2025	216070	1.6	2 Months	02/10/2025		On leave
8	MR RAVIKISHORE	ASST LECTURER		2009	25268	15		11/06/2022		
9	MS GEETHANJALI	ASST LECTURER		2020	118441	3.2		15/03/2024		
10	MS RASHMI	NSG TUTOR		2023	144068	2 YEAR 6MONTHS		15/12/2022		
11	MR ANIRJIT ADDHYA	CLINICAL INSTRUCTOR		2022	134497	2		13/03/2024		A Addhya
12	MS MENIYAR	CLINICAL INSTRUCTOR		2023	159863	1.5		11/02/2023		
13	MS PALLAVI M S	NSG TUTOR		2022	132239	2.5		11/05/2022		CL
14	MR BASAVARAJ GUTTI	CLINICAL INSTRUCTOR		2022	135292	2.5		12/02/2022		CL
15	MR SHRINATH	CLINICAL INSTRUCTOR		2023	136193	2		21/4/2023		CL
16	MS LEELAVATHI K B	CLINICAL INSTRUCTOR		2022	132245	2 YEARS, 10 MONTHS		15/4/2022		CL

19/08/25

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



Signature of Chairman

Signature of Member (1)

19/08/24

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

19/08/23

Signature of Member (2)

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

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

14. Physical Facilities:

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	31061.20Sqft	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	950SqftX4=3800	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	—
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	—
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	—
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	500Sqft	
	2. Vice-Principal Chamber	200	300Sqft	
	3. HOD	5 x 200 = 1000	1000Sqft	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3200Sqft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		350Sqft	
	7. Accountants Office		350Sqft	Verified
	8. Store Room		950Sqft	
	9. Record room		950Sqft	
	10. Room for maintenance staff		350Sqft	
	11. Xeroxing room		600Sqft	
	12. common room	1000	1100Sqft	Verified
	13. Seminar hall	3000	3000Sqft	
	14. Toilets	1000	1000Sqft	
	15. A.V/Aids room	600	750Sqft	

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S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600Sqft	
	Nutrition & Community Health Nursing	1200sq.ft	1300Sqft	
	Obstetrics and Gynecology Laboratory	900sq.ft	950Sqft	
	Pediatrics Nursing Laboratory	900sq.ft	950Sqft	
	Pre-Clinical Sciences Laboratory	900sq.ft	950Sqft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500Sqft	

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**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned		Rent /Lease	✓
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES		NO	✓
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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 **2021-22 onwards.**
- If one of the trustee/member/director 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. [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.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving License
1	KA 06 1514	53	Yes	Yes	Yes

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

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16. Library facility: Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2500Sqft	YES ☑ No ☐	Adequate	Adequate	

Total No. of Nursing Books available	2390	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	0	**Is internet facility available for Students?**	YES
No of e-books	15	**How many books were purchased in last financial year?**	100

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	MS. MANASA	M.LIB	8	PERMANENT
2	MRS. PANKAJA	10TH STD	1	PART TIME

Note : A minimum of 500 of 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	10	
Conferences conducted	02	
Conferences attended	20	

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

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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%)**	**Remarks**
Full Name & Address of the Parent Hospital NRR Hospital, Hesaraghatta main road, Bangalore		100	2 KM	95%	Verified
NAME OF THE TRUST/ Person owning The Hospital SHREE KIRAN H R.		—	—	—	—
Name of The Owner of the Trust DR. SUJITH.		—	—	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 .RAILWAY PRAKRIYA HOSPITAL		10 KM 4KM	94% 95%	Verified
	2. VANI VILAS DIMHANS	495	12KM 430KM	100% 96%	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).

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 2021, Nursing colleges should have 100 bedded Unitary/Single allopathic parent/own hospital**except for Bangalore Urban and Mangalore city which 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

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19/08/23

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 ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

Parent Hospital - NRR - Hospital
Prakriya - Hospital

Affiliated
- Vani Vilas
- DIMHANS
- Boring Hospital.
- Railway Hospital

Signature of Chairman 19/8

Signature of Member (1)

13 19/08/25

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	33	90%	76	92%
Surgery including OT	30	93%	80	90%
Obstetrics & Gynecology	20	95%	83	96%
Pediatrics,	30	98%	42	95%
Emergency Medicine	12	95%	177	96%
Psychiatry	0		260	80%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	100%	10	96%
Minor OT	01	100%	08	99%
Dental, Otorhinolaryngology, Ophthalmology	03	98%	50	96%
Burns and Plastic	06	95%	40	90%
Neonatology care unit	03	90%	50	93%
Communicable disease/ Respiratory medicine/TB & chest diseases	02	90%	25	80%
Dermatology	-	-	30	80%
Cardiology	20	80%	60	80%
Oncology	-	-	40	86%
Neurology/Neuro-surgery	10	80%	60	80%
Nephrology/Urology	06	90%	80	90%
ICU/ICCU	15	91%	68	93%
Geriatric Medicine	-	-	25	94%
Any other	10			

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

Signature of Chairman 19/08/25

Signature of Member (1)

Signature of Member (2)

19/08/25

19	COMMUNITY HEALTH NURSING :Annexure – 17
RURAL FILELD	
a. Name of CHC / PHC / SC	Hesaraghatta PHC
Adopted / Affiliated	Affiliated, Hesaraghatta
Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	07 Km
b. Services Rendered by Health & Family Welfare Programmes	RCH, MCH, FP, NHP, OPD, IPD.
URBAN FEILD :	
a. Name of CHC / PHC / SC	Abbigere PHC
Adopted / Affiliated	Affiliated
Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute	5 Km
b. Services Rendered by Health & Family Welfare Programmes	RCH, MCH, FP, NHP, OPD, IPD.
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** ☐

Signature of Chairman 19/8

Signature of Member (1)

Signature of Member (2)

 19/08/25

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

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 30,270 Sq.ft**	
c.	Is the Hostel Owned or Rented/Leased?	Own	Rented/Leased ✓
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✓	NO
e.	Total No. of students in the hostel	**Girls : 110**	**Boys : 50**
f.	Total No. of rooms	**Girls : 32**	**Boys : 25**
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)

19/08/25

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	Yes	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Yes	
Annexure - 3	Details of any other Nursing Institution under the same Trust	NA	
Annexure - 4	Details of Affiliated fees paid receipts	Yes	
Annexure - 5	Approval Status : GOK Order	Yes	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Yes	
Annexure - 7	Approval Status : KNC Notification	Yes	
Annexure - 8	Status : INC Notification		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	Yes	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	Yes	
Annexure - 13	Vehicle Details : Bus	Yes	
Annexure - 14	Details of List of Library Books & others	Yes	
Annexure - 15	Academic Activities	Yes	
Annexure - 16	Details of Clinical/Hospital Facilities	Yes	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes	
Annexure - 18	Master Rotation plans and Time tables	Yes	
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19/08/22

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.

Observations: LIC Inspection Comittee Conducted Inspection at NRR Hospital Colly of Nursing, Nagatta, Banglore. for Continuation Affiliation academic year-2025-26 on 19/8/2025

① College: the College was established in the year 2004. The area statement showing 31061 Sqft. including 4 class rooms, 1 Laboratory, Lilca Nursing Foundation, Free Clinical, Nurtalk 4 Community, OBG 4 Ped, AV aids room with equipments, Instruments models, charts. Computer observed on the day of inspection.

② Teaching Staff: Full time principal present in the day of Inspection including 1 vice principal, 1 Profnor, 1 Asso. Profnor, 3 Asst. Profnor, 09 tutor's. Total 16 staffs are shown in the statement out of which of Teacher are leave on the days of Inspection.

③ Library: Library having 2390 books with Seating Capacity of 40 students observed on the day of Inspection.

④ Hospital: Parent Hospital with Name NRR Hospital with 100 beds with all Clinical facility and KPME, PCB, BMW, Certificate are observed on the day of Visitation

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19/08/25

Karnataka State Pollution Control Board

HEAD OFFICE : "Parisara Bhavan",
No.49, Church Street, Bengaluru-560001
Tel No: 080-25589112/113, 080-25581383/388,
Website: https://kspcb.karnataka.gov.in

ZONAL OFFICE : Bengaluru North
Urban Eco Park, 3rd Floor, 100 Feet Road, 3rd Phase,
Peenya Industrial Area,Bengaluru-560058
Tele : 080-28378716

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

As per the provisions of

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

&

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

To

N R R Hospital, Hesarghatta Main Road, Chikkasandra Next to Janapriya Apartm

for the Facility located at,

N R R Hospital,No: 3 & 3A ,Hesarghatta Main Road, Chikkasandra Next to Janapriya Apartm

Bangalore Urban

Consent Order No	PCBID	INW ID	Industry Colour/Scale	Date of Issue
AW-348138	251716	286700	ORANGE/LARGE	20/03/2025

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 : 24/02/2025 to 30/09/2035

PRINCIPAL
V R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090

(This document contains 8 pages including annexure & excluding additional conditions)

Combined Consent Order No: AW-348138 **PCB ID:** 251716 **GSC No :** PB0XG0000276700 **Date:** 20/03/2025

Combined consent for discharge of effluents under the Water (Prevention and Control of Pollution) Act , 1974 and emission under Air (Prevention and Control of Pollution)Act , 1981

Ref: 1. Application filed by the industry / organization on 18/02/2025

2.Inspection of the Industry/organization/by RO, on 14/03/2025

Consent is hereby granted under Section 25(4) of the Water (Prevention & Control of Pollution) Act, 1974 (herein referred to as the Water Act) & Section 21 of Air (Prevention & Control of Pollution) Act, 1981, (here in referred to as the Air Act) and the Rules and Orders made there under and subject to the terms and conditions as detailed in the Schedule Annexed to this order.

The Occupier is authorized to operate /carryout industry/activity & to make discharge of the effluents & emissions confirming to the stipulated standards from the premises mentioned below:

Location:

Name of the Industry: N R R Hospital

Address: No: 3 & 3A, Hesarghatta Main Road, Chikkasandra Next to Janapriya Apartm

Industrial Area: Not In I.A, Hesarghatta Main Road, ,

Taluk: BBMP- W- 12, District: Bangalore Urban

Discharge of effluents under the Water Act:

Sr	Water Code	WC(KLD)	WWG(KLD)	Remark
1	Domestic Purpose	43.000	36.000	shall be treated in STP - 40 KLD, used for toilet flush/on land for gardening & excess to BWS&SB sewer
2	Others	1.000	1.000	shall be disinfection separately & treated in STP - 40 KLD, used for toilet flush/on land for gardening & excess to BWS&SB sewer

Discharge of Air emissions under the Air Act from the following stacks etc.

Sl. No. **Description of chimney/outlet** **Limits specified refer schedule**

The details of Sources, control equipments and its specification, type of fuel, rate of emissions, constituents to be controlled in emissions etc. are detailed in Annexure-I.

The consent for operation is granted considering the following activities/Products;

Sr	Product Name	Applied Qty	Unit
1	Hospital	100.0000	Number of Beds

This consent is valid for the period from 24/02/2025 **to** 30/09/2035

To,

N R R Hospital

Hesarghatta Main Road, Chikkasandra
Next to Janapriya Apartments, Ward No:
12, Near Chikkabanavara Railway Station

NOTE:

The following Conditions mentioned above are not applicable.

COPY TO:

1. The Regional Officer, **Bengaluru Dasarahalli** for information and necessary action.
2. Master Register.
3. Case file.

Consent Fee paid	: Rs. 186600

PRINCIPAL
N R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090.

Additional Conditions:

1. The applicant shall comply with the additional conditions stipulated in Annexure-III.

SCHEDULE

TERMS AND CONDITIONS

A. TREATMENT AND DISPOSAL OF EFFLUENTS UNDER THE WATER ACT.

1. The discharge from the premises of the occupier shall pass through the terminal manhole/manholes where from the Board shall be free to collect samples in accordance with the provisions of the Act/Rules made there under.

2(a). The sewage/domestic effluent shall be treated in septic tank and with soak pit. No overflow from the soak pit is allowed. The septic tank and soak pit shall be as per IS 2470 Part-I & Part-II.

2(b).The treated sewage effluent discharged shall conform to the standards specified in Annexure-I.

3(a). The trade effluent generated in the industry shall be treated in the ETP and treated effluent shall confirm to the standards stipulated by the Board in Annexure-1

3(b).The trade effluent shall be handed over to CETP and maintain logbook of effluent generated & sent every day.

4. The occupier shall install flow measuring/recording devices to record the discharge quantity and maintain the record.

5. The occupier shall not change or alter either the quality or the quantity or the place of discharge or temperature or the point of discharge without the previous consent/ permission of the Board.

6. The Occupier shall not allow the discharge from the other premises to mix with the discharge from his premises Storm water shall not be allowed to mix with the effluents on the upstream of the terminal manhole where the flow measuring devices are installed.

B. EMISSIONS:

1. The discharge of emissions from the premises of the applicant shall pass through the air pollution control equipment and discharged through stacks/chimneys mentioned in **Annexure-II** where from the Board shall be free to collect the samples at any time in accordance with the provisions of the Act and Rules made there under.

2. The occupier shall provide port holes for sampling of emission, access platforms for carrying out stack sampling, electrical points and all other necessary arrangements including ladder as indicated in Annexure-II.

3. The Occupier shall upgrade/modify/replace the control equipment with prior permission of the Board.

C.MONITORING & REPORTING:

1. The occupier shall get the samples of effluents & emissions collected and get them analyzed once a month for the parameters.

D. SOLID WASTE (OTHER THAN HAZARDOUS WASTE) DISPOSAL:

1. The Occupier shall segregate solid waste from Hazardous Waste, Municipal Solid Waste and store it properly till treatment/disposal without causing pollution to the surrounding Environment.

2. The solid waste generated shall be handled & disposed by scientific method without causing eye sore to the general public and to the surrounding environment.

E. NOISE POLLUTION CONTROL:

The applicant shall ensure that the ambient noise levels within its premises during construction and during operational period shall not exceed w.r.t Area/Zone as per Noise Pollution (Regulation and Control) Rules, 2000 as mentioned below:-

a) In Industrial Area 75 dB(A) Leq during day time and 70 dB(A) Leq during night time.

b) In Commercial Area 65 dB(A) Leq during day time and 55 dB(A) Leq during night time.

c) In Residential Area 55 dB(A) Leq during day time and 45 dB(A) Leq during night time.

d) In Silence Zone 50 dB(A) Leq during day time and 40 dB(A) Leq during night time.

Note: - * Day time shall mean 6 am to 10 pm and Night time shall mean 10 pm to 6 am.

* dB(A) Leq denotes the time weighted average of the level of sound in decibels on scale A which is relatable to human hearing.

* A "decibel" is a unit in which noise is measured.

* "A", in dB(A) Leq, denotes the frequency weighting in the measurement of noise and corresponds to frequency response characteristics of the human ear.

* Leq: It is an energy mean of the noise level over a specified period.

F. GENERAL CONDITIONS:

1. The applicant shall obtain prior permission from the competent authority for drawing of water from Surface/Ground water source and submit a copy of the same to the Board.

2. The Board reserves the right to review, impose additional conditions, revoke, change or alter terms and conditions of this consent.

3. The Occupier shall forthwith keep the Board informed of any accidental discharge of emissions/effluents into the atmosphere in excess of the standards laid down by the Board. The applicant shall also take corrective steps to mitigate the impact.

4. The Occupier shall provide alternative power supply sufficient to operate all Pollution control equipments.

5. The entire premises shall always be kept clean. The effluent holding area, inspection chambers, outlets, flow measuring points should made easily approachable.

6. The Occupier shall display the consent granted in a prominent place for perusal of the inspecting officers of the Board.

7. The Occupier his heirs, legal representatives or assigns shall have no claims what so ever to the continuation or renewal of this consent after expiry of the validity of consent.

8. The Occupier shall make an application for consent at least 120 days before expiry of this consent.

9. The occupier shall maintain register recording the ambient air quality and stack monitoring. The register shall be open for inspection by the Board Officers at all time.

Note: All efforts should be made to remove colour and unpleasant odour as far as practicable.

Annexure-II

Chim. No.	Chimney attached to	KVA Rating/ Capacity	Minimum chimney height to be provided above ground level (in Mtr)	Constituents to be controlled in the emission	Tolerance limits mg/NM3	Air pollution Control equipment to be installed,in addition to chimney height as per col.(4)	Date on which a pollution contro equipments sha be provided to achieve the stipulated tolerance limits and chimney heights conforming to stipulated heights.
1	D.G. Sets	100 KVA	3	PM,SO2,NOx	150,150,100,100,100	AEC	---
2	D.G. Sets	35 KVA	3	PM,SO2,NOx	150,150,100,100,100	AEC	---

Note:

AEC : Accoustic Enclosures

Note:

1. The DG set shall be provided with acoustic measures as per Sl.No.94 in Schedule-I of Environment (Protection)Rules.

2. There shall be no smell or odour nuisance from the industry.

PRINCIPAL
N R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road
Bengaluru - 560 090.

LOCATION OF SAMPLING PORTHOLES, THE PLATFORMS, THE ELECTRICAL OUTLET.

1. Location of Portholes and approach platform:

Portholes shall be provided for all chimneys, stacks and other sources of emission. These shall serve as the sampling points. The sampling point should be located at a distance equal to atleast eight times the stack or duct diameters downstream and two diameters upstream from source of low disturbance such as a Bend, Expansion, Construction Valve, Fitting or Visible Flame for rectangular stacks, the equivalent diameter can be calculated from the following equation.

$$\text{Equivalent Diameter} = \frac{2\,(\text{Length} \times \text{Width})}{(\text{Length} + \text{Width})}$$

2. The diameter of the sampling port should not be less than 3". Arrangements should be made so that the porthole is closed firmly during the period when it is not used for sampling.

3. An easily accessible platform to accommodate 3 to 4 persons to conveniently monitor the stack emission from the portholes shall be provided. Arrangements for an Electric Outlet Point off 230 V 15 A with suitable switch control and 3 Pin Point shall be provided at the Porthole location.

For and on behalf of the
Karnataka State Pollution Control Board

Signature Not Verified
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Date: 2025.03.20 17:55:39
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Annexure-IX

TRUST DEED

This Deed of Trust executed on 5th day of June two thousand seven (05.06.2007) at Bangalore.

by

1. Sri Y.Raja Reddy son of late Sri. H.Yellappa Reddy aged about 56 years,
2. Smt. M. Nagalakshmi wife of Sri.Y.Raja Reddy aged about 51years,
3. Sri H.R. Kiran son of Sri Y.Raja Reddy aged about 28 years,
4. Smt. Archana Kiran wife of Sri H.R.Kiran aged about 24 years,
   All residing at No.19/1, A.T.Street, Yeshwanthpur, Bangalore-22.
5. Dr.J.Sujith son of Sri Janardhan Reddy aged about 31 years, residing at No.9/12, 1st Main Road, Nanjappa Redddy Colony, Yeshwanthpur, Bangalore-22

Hereinafter called the ***"FOUNDER TRUSTEES."*** The term Founder Trustees wherever is found in this Deed of Trust shall mean and Include them their legal representatives, administrators, executives and assigns of the respective parties as parties themselves.

WHEREAS the Founders of the Trust belong to families whose membe
well educated and who have attained a high level of Social and Cultural
are by the grace of God endowed with resources, and WHEREAS the Fou
of the Trust believe what they have achieved is due to the wisdom, know
and enlightment of their ancestors who held acquisition of knowledge as
of life in high esteem and WHEREAS Sri Y.Raja Reddy has form Hosp
name *"N.R.R.AROGYA DHAMA"* on
Hesaraghatta Main Road, Near Janapriya Apartments, Chikkas
Bangalore-90 and the Trustees have subscribed a nominal fund of Rs. 5001 ea

WHEREAS the Founders firmly believe that they are bound to utilize a p
the resources however small in pursuit of the noble cause, to carr
Charitable services and establishment of Hospitals more fully desc
hereunder without making any discrimination of ground of caste, creed, re
or a place which they belong.

WHEREAS the Founder Trustees herein have mutually discussed, negot
and agreed among them to establish a hospital with aims and ob
hereinafter mentioned in detail.

NOW THIS DEED OF TRUST WITNESSETH AS FOLLOWS;

1. **NAME OF THE TRUST;** The name of the Trust shall be "N.R.R.AROGYA DHAMA HOSPITAL TRUST"

2. **THE REGISTERED OFFICE;** The Registered office of the Trust shall be located at 3 & 3A, Hesaraghatta Main Road, Near Janapriya Apartments, Chikkasandra,Bangalore-90 and any other place as agreed upon from time to time.

3. **THE OBJECTS OF THE TRUIST:**

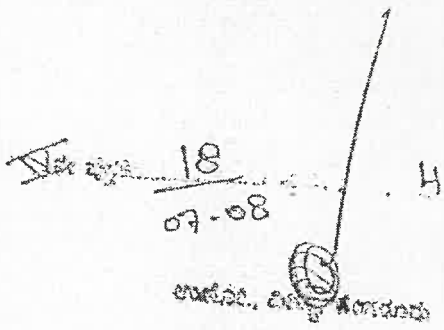
   a) To establish and manage a hospital or institutions for the benefit of the people irrespective of caste, creed and religion.

   b) To purchase furniture, equipments and any such other requirements necessary for the hospital or institutions under the control of the Trust

   c) To construct and establish shops and canteen and the income derived therein shall be used for the furtherance of the objectives of the Trust.

   d) To assist or help other institutions having same or similar objects in such manner as may be deemed fit by the Board of Trustees.

   e) To conduct Conferences, Workshops, Seminars of National and International levels.



f) To arrange Blood donation camps, Health camps and I
etc.

g) To render Medical services to ill-affected domestic areas.

h) To do all other objects and things incidental or ancillary t
subjects calculated to promote generally all or any of the

4. TRUSTEES; a) The administration of Trust shall be vested
time being called the Board of Trustees as

4.1.	Sri Y.Raja Reddy	Chairmán
4.2	Dr.J.Sujith	Managing
4.3	Sri H.R.Kiran	Secretary
4.4	Smt. M.Nagalakshmi	Trustee
4.5	Smt.Archana Kiran	Trustee

b) The above Trustees shall hold these office for life. Every dec
board shall be arrived at by consensus in the absence of whi
majority in the Board of Trustees shall be taken into account. Hov
event of an equality of the member of votes for and against any p
Chairman shall have a casting vote.

18
30.08

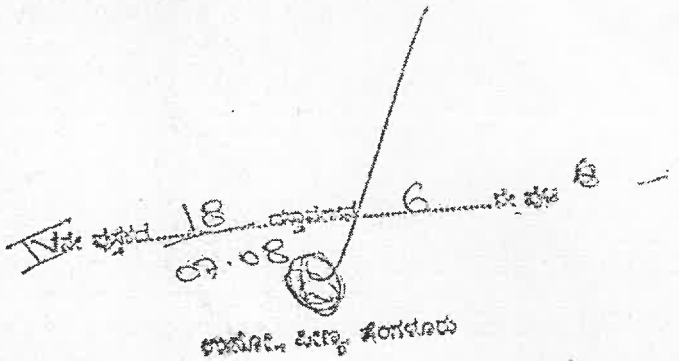
c) If any vacancy exist or arises in the office of Trustees by death, insolvency or resignation of Trustees the remaining trustees shall elect a person competent to fill up the vacancy. However in the case of vacancy in the office of Chairman for reasons, the remaining Trustees shall elect amongst them as a Chairman.

d) The Management, Custody of the property and affairs of Trust shall vest in the Board of Trustees, with full powers and the authority to hold any land, any funds or any other properties or investments at any time. The Chairman is responsible to execute the decision of the Board.

5. DUTIES OF OFFICE BEARERS;

Subject to superintendence control and direction of the Board of Trustees, the Managing Director shall be in charge of the administration of Trust, its affairs and properties. He shall function as its Chief Executive and implement all decisions of the Board from time to time.

Without prejudice to the powers of Management conferred on him aforesaid he shall have powers to appoint, remove suspend or take any disciplinary action against the employees of the Trust.



6. PROCEEDINGS OF THE TRUST;

a) The Trustees shall meet as often as necessary for th conduct of the business of the Trust.

b) Meeting of the Board of the Trustees shall be presided o Chairman and in the absence of inability of the Chai Managing Director shall be elected to preside.

c) All decision of the board may be taken by simple majo Trustees.

7. DUTIES AND POWERS;

7.1 The Trustees shall posses all such powers and privileges as a in the Trustees under the laws in force and carry out their dut view to achieve the objects and the purpose of the Trust.

7.2 Without prejudice to the generally of the foregoing provision, of Trustees herein shall exercise the following incidental powe

a) The Board shall have the absolute management and control of its properties and affairs.

b) The Board shall exercise the powers to utilize the funds for th objects of the Trust.

c) To receive gifts, grants, endowments and donations in cash movable or immovable properties.

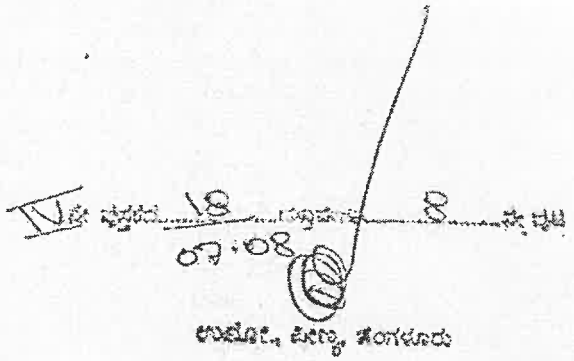
d) To invest the Funds of the Trust in the manner specified under the provisions of section 13(1) D read with section 11(5) of the Income Tax Act, 1961 as amended from time to time.

e) To incur all necessary expenses connected with the Trust its institutions and projects

f) The Board of Trustees shall be empowered to borrow loans from any scheduled banks by mortgaging the Trust properties or against a collateral guarantee of the properties of any one or more Trustees, and any other person for the purpose of raising loan. For this purpose the Chairman shall be authorized to correspond with such institutions which lend funds or in kind.

8. ACCOUNTS AND ACCOUNTING YEARS;

The Board of Trustees shall maintain a true and correct of all transactions, assets, receipts and expenditure of the Trust. The Accounts of the Trust shall be closed every year at the end of March. The calendar of the year shall be 1st April to 31st March of the preceding year. The accounts of the Trust shall be audited by a Chartered Accountant at the end of every year.



9. BANK ACCOUNTS;

The Trust may open Bank account / bank accounts in such bank the Trustees may decide and provide for bank operation thereof time, until otherwise resolved by the Board of Trustees. The Cha Trust shall have powers to open and operate all the banks acc Trust.

10. AMENDMENTS CLAUSES;

Provided that no amendment of the rules and regulations set Deed shall be made which may prove to be repugnant to the section 2(15), 11, 12 and 80G of the Income Tax Act 1961 as a time to time.

11. INDEMNITY

The Trust shall be kept fully indemnified and harmless against demand or liability arising against it for any thing done by it pursuant to the powers and authority vested in it by these prese

Government of Karnataka

Registration and Stamps Department

Document Sheet

This sheet can be used for any document

Date of execution

Total stamp duty paid Rs.

IN WITNESSES WHEREOF the parties hereto have here unto subscribed their respective hands this day, month and year first written at Bangalore.

1. Sri Y.Raja Reddy	Chairman	
2. Dr.J.Sujith	Managing Director	
3. Sri H.R.Kiran	Secretary	
4. Smt. M.Nagalakshmi	Trustee	
5. Smt.Archana Kiran and	Trustee	

WITHNESS:

1.

2.

19/1, A.T. Street

Yeshwanthpur.

Drafted by me

DWL 16/06.02

B'lore North Taluk

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ನೋಂದಣಿ ಹಾಗೂ ಮುದ್ರಾಂಕ ಇಲಾಖೆ

Department of Stamps and Registration

Certificate

Certificate under Section 41 of the Karnataka Stamp Act, 1957 for the purpose of Section 3

Stamp Act, 1957

Certified that a sum of Rs. 500 being the deficit / proper stamp duty has been remittted as fo

Type	Amount (Rs.)	Description
ನಗದು ಮುಖ	500.00	Paid in Cash
Total	500.00	

by Mr. Y Raja Reddy , residing at No. 19/1 A T Street, Yeshwanthapura, Bangalore 560 022

Signature of Deputy Commissioner and

ಕೆ.ಸಿ. ವಿಶ್ವನಾಥ
ಉಪನಿಯ ಉಪನೋಂದಣಾಧಿ
ಪೀಣ್ಯ, ಬೆಂಗಳೂರು.

Place : Peenya

Date : 07-06-2007

Designed and Developed by C-DAC, ACTS,Pune

Print Date & Time : 07-06-2007 12:42:37 PM .

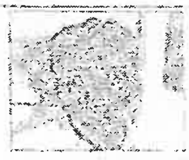
ದಸ್ತಾವೇಜು ಸಂಖ್ಯೆ : 18

ಸಬ್ ರಜಿಸ್ಟ್ರಾರ್ ಪೀಣ್ಯಾ ರವರ ಕಚೇರಿಯಲ್ಲಿ ದಿನಾಂಕ 07-06-2007 ರಂದು 12:33:47 PM ಗಂಟೆಗೆ ಈ ಕೆಳಗೆ ವಿವರಿಸಿದ ಫೀಸಿನೊಂದಿಗೆ

ಕ್ರಮ ಸಂಖ್ಯೆ	ವಿವರ	ರೂ. ಪೈ
1	ನೋಂದಣಿ ಶುಲ್ಕ	260.00
2	ಸ್ಕ್ಯಾನಿಂಗ್ ಫೀ	390.00
	ಒಟ್ಟು :	650.00

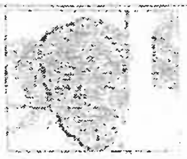
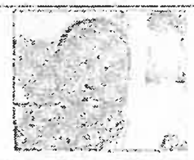
IV ನೇ ಪುಸ್ತಕದ 18 ದಸ್ತಾವೇಜು 11ನೇ ಪುಟ
07-08

ಶ್ರೀ Y Raja Reddy . . ಇವರಿಂದ ಹಾಜರ ಮಾಡಲ್ಪಟ್ಟಿದೆ

ಹೆಸರು	ಫೋಟೋ	ಹೆಬ್ಬೆಟ್ಟಿನ ಗುರುತು	ಸಹಿ
ಶ್ರೀ Y Raja Reddy			Y. Raja Reddy

ಸಬ್ ರಜಿಸ್ಟ್ರಾರ್

ಬರೆದುಕೊಟ್ಟವರು ಒಪ್ಪಿರುತ್ತಾರೆ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಹೆಸರು	ಫೋಟೋ	ಹೆಬ್ಬೆಟ್ಟಿನ ಗುರುತು	ಸಹಿ
1	Y Raja Reddy (ಬರೆದುಕೊಡುವವರು)			Y. Raja Reddy
2	Smt. M. Nagalakshmi (ಬರೆಸಿಕೊಳ್ಳುವವರು)			Nagalakshmi.

2/6/09

ಕೆ.ಸಿ. ವಿಶ್ವನಾಥ
ಹಿರಿಯ ಉಪನೋಂದಣಾಧಿಕಾರಿ
ಪೀಣ್ಯ, ಬೆಂಗಳೂರು.

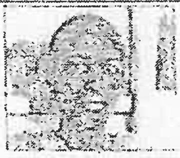
	ಹೆಸರು ಮತ್ತು ವಿಳಾಸ	
	C.B Shankaregowda Havnoor Extn, Bangalore 560 073	
2	Arun No 19/1, A.T Street, Yeshwanthapura, Bangalore 560 022	

Name of The Trust : "N.R.R Arogya Dhama Hospital Trust"

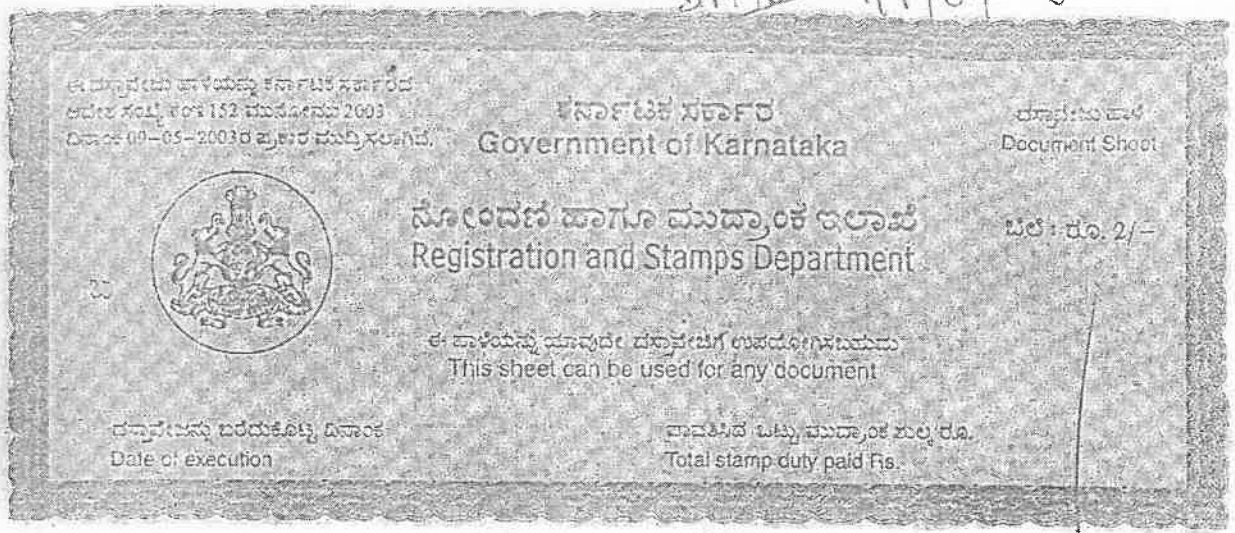
4 ನೇ ಪ್ರತಿಯ ದೃಢೀಕರಣ
ಕಂಡಾಯ PNY-4 00018-2007-08 ರಂದು
ಸಿ.ಡಿ. ಕಂಡಾಯ PNYD403 ಕೆ ಭಾಗ2
ದಿನಾಂಕ 07-06-2007 ರಂದು ಹೊರಡಿಸಲಾಗಿದೆ

Designed and Developed by C-DAC, ACTS, Pune

ಸಹಾಯಕ ನಿರ್ದೇಶಕರು
ಸಂಯೋಜಿತ ಸಾಫ್ಟ್‌ವೇರ್ ಅಭಿವೃದ್ಧಿ
ಪುಣೆ, ಮಹಾರಾಷ್ಟ್ರ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಹೆಸರು	ಫೋಟೋ	ಹೆಬ್ಬೆಟ್ಟಿನ ಗುರುತು	ಸಹಿ
3	H.R Kiron . . (ಬರೆಸಿಕೊಂಡವರು)			
4	Smt. Archena Kiron . (ಬರೆಸಿಕೊಂಡವರು)			
5	Dr.J. Sujith . . (ಬರೆಸಿಕೊಂಡವರು)			

BKD 47/07-08



ಈ ದಸ್ತಾವೇಜು ಸ್ಕ್ಯಾನ್ ಮಾಡಲಾಗಿದೆ

ಪುಟ ಸಂಖ್ಯೆ 4-7 ದಸ್ತಾವೇಜಿನ ಭಾಗ

Amendments of Trust Deed

ಆರ್.ಎಸ್., ಪೀಣ್ಯ, ಬೆಂಗಳೂರು

These amendments to Trust Deed of N.R.R. Arogya Dhama Hospital Trust is executed on the 15th of October 2007 (15.10.2007) by the Trustees of Trust to ratify certain decisions taken by the Board of Trustees in its meeting held from time to time in exercise of powers of the Trustees have amended clause No. 1 under "Name of the Trust" and clause 4 under "Trustees" of the original Trust Deed executed on 7th June 2007, in the Office of Senior Sub-Registrar, Peenya, Bangalore vide Registration No. PNY-4-00018-2007-08 - Book No.4-Page No. 01 to 13-C.D.No. PNYD403 which are more fully explained hereunder along with its amendments.

Clause No.	Existing bylaw	Amendments
01	Name of the Trust The name of the Trust Shall be N.R.R.Arogya Dhama Hospital Trust	The name of the Trust shall be *"N.R.R. Hospital Trust"*

ನೋಂದಣಿ ಹಾಗೂ ಮುದ್ರಾಂಕ ಇಲಾಖೆ

Department of Stamps and Registration

ಬೆಂಗಳೂರು

Certificate

Certificate under Section 41 of the Karnataka Stamp Act, 1957 for the purpose of Section 34,39 Act, 1957

Certified that a sum of Rs. 500 being the deficit / proper stamp duty has been remittted as follov

Type	Amount (Rs.)	Description
ಪೇಪರ್ ಮೇಲೆ	500.00	Paid in Cash
Total	500.00	

by Mr. Y Raja Reddy , residing at

Signature of Deputy Commissioner

ಕೆ.ಪಿ. ವಿಶ್ವನಾಥ
ಉಪವಿಭಾಗಾಧಿಕಾರಿ
ಪೀಣ್ಯ, ಬೆಂಗಳೂರು

Place : Peenya

Date : 16-10-2007

Designed and Developed by C-DAC, ACTS,Pune

ಈ ದಸ್ತಾವೇಜು ಹಾಳೆಯನ್ನು ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ 152 ಮುದ್ರಾಂಕ 2003 ದಿನಾಂಕ 09-05-2003ರ ಪ್ರಕಾರ ಮುದ್ರಿಸಲಾಗಿದೆ.

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka

ದಸ್ತಾವೇಜು ಹಾಳೆ
Document Sheet

ನೋಂದಣಿ ಹಾಗೂ ಮುದ್ರಾಂಕ ಇಲಾಖೆ
Registration and Stamps Department

ಬೆಲೆ: ರೂ. 2/-

ಈ ಹಾಳೆಯನ್ನು ಯಾವುದೇ ದಸ್ತಾವೇಜಿಗೆ ಉಪಯೋಗಿಸಬಹುದು
This sheet can be used for any document

ದಸ್ತಾವೇಜನ್ನು ಬರೆದುಕೊಟ್ಟ ದಿನಾಂಕ
Date of execution

ಪಾವತಿಸಿದ ಒಟ್ಟು ಮುದ್ರಾಂಕ ಶುಲ್ಕ ರೂ.
Total stamp duty paid Rs.

In WITHNESS whereof the Trustees hereto have hereunto subscribed their respective hands this day, month and year first above written at Bangalore.

Trustees

1. Shri Y.Raja Reddy
2. Dr.J.Sujith
3. Shri H.R.Kiran
4. Smt. M.Nagalakshmi
5. Smt. Archana Kiran
6. Shri H.R.Arun

WITHNESS;

01. BDA layout, Bannerghatta Road Jayanagar - 41

02.

Drafted by

ಕ್ರಮ ಸಂಖ್ಯೆ	ಹೆಸರು	ಫೋಟೋ	ಹೆಬ್ಬೆಟ್ಟಿನ ಗುರುತು	ಸಹಿ
3	H.R Kiran (ಬರೆಸಿಕೊಂಡವರು)			
4	Smt. M. Nagalakshmi (ಬರೆಸಿಕೊಂಡವರು)			Nagalak
5	Smt. Archana Kiran (ಬರೆಸಿಕೊಂಡವರು)			Archana
6	H.R Arun (ಬರೆಸಿಕೊಂಡವರು)			Arun H.R

ಈ ಪುಸ್ತಕ ಪುಸ್ತಕ 4/ನೇ ... ಪುಟ 6 ನೇ ಪುಟ
07-ರಲ್ಲಿ

ಉಪನೋಂದಣಾಧಿಕಾರಿ, ಜಿಲ್ಲೆ, ಬೆಂಗಳೂರು

ಕೆ.ಎ. [illegible]
ಹಿರಿಯ ಉಪನೋಂದಣಾಧಿಕಾರಿ
ಜಿಲ್ಲೆ, ಬೆಂಗಳೂರು

04 **Trustees**

The Administration of the Trust shall be vested for the time being called the Board of Trustees as under

4.1	Shri Y.Raja Reddy	Chairman
4.2	Dr.J.Sujith	Managing Director
4.3	Shri H.R.Kiran	Secretary
4.4	Smt.M.Nagalakshmi	Trustee
4.5	Smt. Archana Kiran	Trustee

The Administration of the Trust shall be vested for the time being called the Board of Trustees as under

4.1 Shri Y.Raja Reddy Chairman
4.2 Dr.J.Sujith Managing Director
4.3 Shri H.R.Kiran Secreatry
4.4 Smt. M.Nagalakshmi Trustee
4.5 Smt. Archana Kiran Trustee
4.6 Shri H.R.Arun Trustee

The Trustees at Sl No.01 & 03 to 06 are residing at No.19/2, A.T. Street, Yeswanthpur, Bangalore-560022 & Sl No. 02 residing at No.9/12, 1st Main Road, Najappa Reddy Colony, Yeswanthpur, Bangalore-560022.

All other bylaws of the Original Trust Deed executed on 5th June 2007 remains the same without any change.

Print Date & Time : 16-10-2007 12:53.25 PM

ದಸ್ತಾವೇಜು ಸಂಖ್ಯೆ : 47

ಸಬ್ ರಿಜಿಸ್ಟ್ರಾರ್ ಪೀಣ್ಯ ರವರ ಕಛೇರಿಯಲ್ಲಿ ದಿನಾಂಕ 16-10-2007 ರಂದು 12:42:49 PM ಗಂಟೆಗೆ ಈ ಕೆಳಗೆ ವಿವರಿಸಿದ ಶುಲ್ಕದೊಂದಿಗೆ

ಕ್ರಮ ಸಂಖ್ಯೆ	ವಿವರ	ರೂ. ಪೈ
1	ನೋಂದಣಿ ಶುಲ್ಕ	100.00
2	ಸ್ಕ್ಯಾನಿಂಗ್ ಫೀ	210.00
	ಒಟ್ಟು :	310.00

1ನೇ ಪುಸ್ತಕದ 47 ದಸ್ತಾವೇಜು

ಉ.ನೋಂ., ಪೀಣ್ಯ, ಬೆಂಗ

ಶ್ರೀ Y Raja Reddy ಇವರಿಂದ ಹಾಜರು ಮಾಡಲ್ಪಟ್ಟಿದೆ

ಹೆಸರು	ಫೋಟೋ	ಹೆಬ್ಬೆಟ್ಟಿನ ಗುರುತು	
ಶ್ರೀ Y Raja Reddy			

ಬರೆದುಕೊಟ್ಟಿದ್ದಾಗಿ ಒಪ್ಪಿರುತ್ತಾರೆ

ಕ್ರಮ ಸಂಖ್ಯೆ	ಹೆಸರು	ಫೋಟೋ	ಹೆಬ್ಬೆಟ್ಟಿನ ಗುರುತು	
1	Y Raja Reddy (ಬರೆದುಕೊಡುವವರು)			
2	Dr. J. Sujith (ಬರೆಸಿಕೊಂಡವರು)			

ಹಿರಿಯ ಉಪನೋಂದಣಾಧಿಕಾರಿ
ಪೀಣ್ಯ, ಬೆಂಗಳೂರು.

ಕಿರಿಯ ಉಪನೋಂದಣಾಧಿಕಾರಿ
ಪೀಣ್ಯ ಬೆಂಗಳೂರು

ಕ್ರಮ ಸಂಖ್ಯೆ	ಹೆಸರು ಮತ್ತು ವಿಳಾಸ	ಸಹಿ
1	C. Vijaya Reddy B.D.A Layout, Bannerughatta Road, Jayanagar, Bangalore 560 041	
2	C.B Shankare Gowda 141h Cross, Peenya 2nd Stage, Bangalore 560 091	

I hereby certify that on production of the original document, I have satisfied myself that the stamp duty of Re.500/- has been paid thereon Old Document No 18/2007-08 Dated 07/06/2007, Book no 4,stored in C.D No PNYD403,Now Registered

ಕಿರಿಯ ಉಪನೋಂದಣಾಧಿಕಾರಿ
ಪೀಣ್ಯ ಬೆಂಗಳೂರು

4 ಪೇಜ್ ಪ್ರಮಾಣೀಕರಣ
ದೇವರ PNY-4-00047-2007-08 ರಲ್ಲಿ
ಸಿ.ಡಿ ದೇವರ PNYD407 ಪೇಜ್ ಪ್ರತಿಯಲ್ಲಿ
ದಿನಾಂಕ 16-10-2007 ರಂದು ಸೇರಿಸಲಾಗಿರುವುದಾಗಿದೆ

ಸಹಾಯಕ ಕಂದಾಯ ಅಧಿಕಾರಿ (ಪೀಣ್ಯ)
ಕಿರಿಯ ಉಪನೋಂದಣಾಧಿಕಾರಿ
ಪೀಣ್ಯ ಬೆಂಗಳೂರು

Designed and Developed by C-DAC ACTS Pune

PHYICAL FACILITES 04

Registration and Stamps

LEASE AGREEMENT

This Lease Agreement ("Agreement") is made and entered into on this 10th March 2021, by and between PKM Educational Trust®, Represented by their Managing Trustee with its principal place of business located at No 67 , Raja Reddy Layout, Hesarghatta Main Road , Chikkabanavara, Bangalore hereinafter referred to as the "Lessor," and Navodaya Charitable Trust® Represented by its Trustree, with its principal place of business located at No1, Guniagrahara, Lakshmipura Cross, Shivakote post, Hesarghatta Hobli, Bangalore North hereinafter referred to as the "Lessee."

WHEREAS, the Lessor is the owner of the property located at Sy No 39 , 42 and 43 (the "Property") in Chikkasandra Hobli, Chikkabanavara, Bangalore - 560090, Karnataka, and desires to lease the Property to the Lessee for the purpose of running an educational institution; and

WHEREAS, the Lessee is a trust registered under the relevant laws of Karnataka and wishes to lease the Property from the Lessor for a period of 30 years;

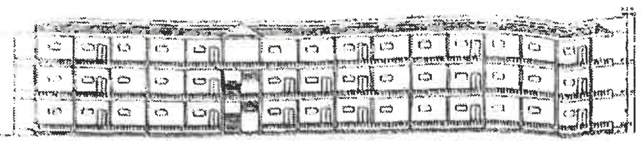
NOW THEREFORE, in consideration of the premises and the mutual covenants contained herein, the parties hereto agree as follows:

1. Lease Term: The Lessor hereby leases the Property to the Lessee for a period of 30 years (the "Lease Term"), commencing on 10.03.2021 and ending on 09.03.2050.

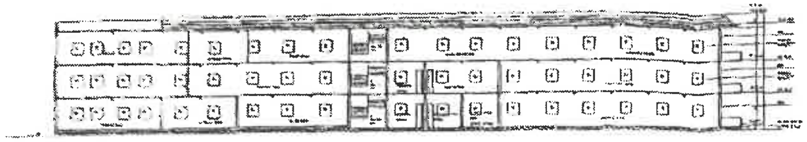
Managing Trustee
PKM Educational Trust (R)
Chikkabanavara, Bangalore - 560 090

NAVODAYA CHARITABLE TRUST (R)
No. 1, Guniagrahara, Lakshmi... Cross,
Shivakote Post, Hesarghatta...
Bangalore North

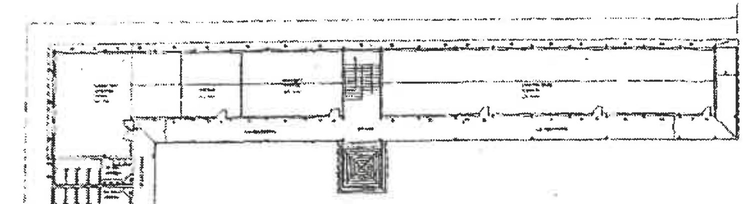
PRINCIPAL
M R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090.



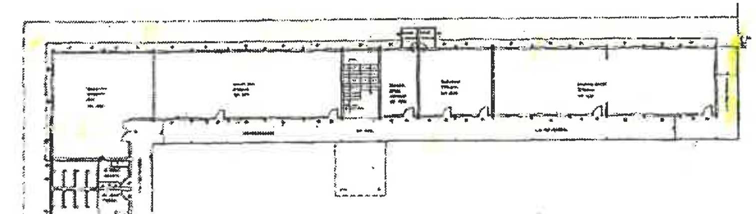
FRONT SIDE ELEVATION



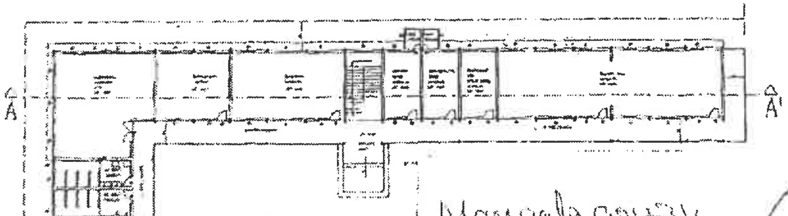
SECTIONAL ELEVATION AT AA'



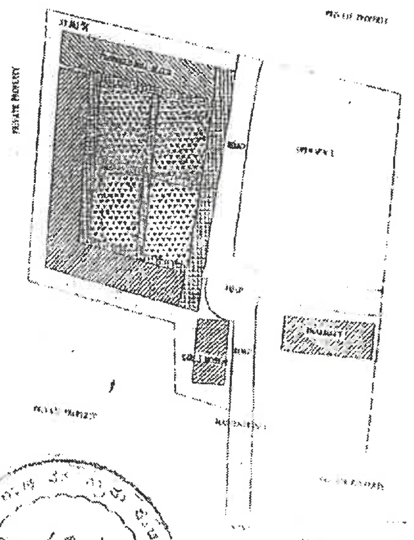
SECOND FLOOR PLAN



FIRST FLOOR PLAN



GROUND FLOOR PLAN



KEY PLAN

NOTE
ALL DIMENSIONS ARE IN METERS AND CENTIMETERS

SCHEDULE OF OPENINGS

SL NO	TYPE	SIZE
DOORS		
01	D	1.20MX2.1M
02	D1	1.20MX2.1M
03	D2	0.75MX2.1M
WINDOWS		
04	W1	1.70MX1.2M
05	W2	1.10MX1.2M
VENTILATOR		
	V1	1.20MX0.6M
	V2	0.90MX0.6M

AREA STATEMENT:

SITE AREA 4065.75 SQ MTS
TOTAL BUILT UP AREA 2811 SQ MTS

OWNER'S SIGNATURE:

ENGINEER'S SIGNATURE:

PROPOSED BUILDING FOR

(P.K.M EDUCATIONAL TRUST (R))
AT NO 47 SY NO 39/1
AND SY NO 39/4
CHIKKASANDRA VILLAGE
CHIKKABANAVARA
BANGALORE 90

PRINCIPAL
N R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090.

ಅಬ್ಬಿಗೆರೆ ಗ್ರಾಮ ಪಂಚಾಯ್ತಿ ಕಾರ್ಯಾಲಯ

ಯಶವಂತಪುರ ಹೋಬಳಿ, ಬೆಂಗಳೂರು ಉತ್ತರ ತಾಲ್ಲೂಕು

ಕ್ರಮ ಸಂಖ್ಯೆ :

ದಿನಾಂಕ: 27.02.2007

BUILDING COMPLETION CERTIFICATE

This is to certify that the college building premises constructed by **NAVODAYA CHARITABLE TRUST®**, #03/3A Chikkasandra, Bangalore - 90 for running a Nursing institute in the name of **"YASHAS COLLEGE AND SCHOOL OF NURSING"** situated at **03/3A Chikkasandra, Hesarghatta Road Bangalore** is completed as per the sanctioned Drawing. The details are as follows:

STATEMENT AS PER SANCTION PLAN

Floor	NET In Sq.Ft
GROUND FLOOR	8912.00
FIRST FLOOR	10733.35
SECOND FLOOR	10733.35
THIRD FLOOR	10733.35
TERRACE FLOOR	00.00
TOTAL FLOOR AREA IN Sq Mts	**41112.25**

The constructed building is ready to occupy for the use of proposed Institution.

Thanking You
Yours Faithfully

ಅಧ್ಯಕ್ಷರು
ಅಬ್ಬಿಗೆರೆ ಗ್ರಾಮ ಪಂಚಾಯಿತಿ
ಬೆಂಗಳೂರು ಉತ್ತರ ತಾಲ್ಲೂಕು

SIGNATURE OF THE ENGINEER
JAGAN MOHAN REDDY G.
Registered Civil Engineer
Reg. No. BCC/BL-3.2.3/E-2503/2003-04
No. 15, AECS Layout, 2nd Main,
Old Exn. Stage II, Bangalore-560054.

PRINCIPAL
N R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090

Name of the Engineer	**JAGAN MOHAN REDDY G**
Registration No	**BCC/BL-3.2.3/E-2503/2003-04**
Date:	**27.02.2007**
Place:	**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 N R R HOSPITAL located at No 3and 3a Hesaraghatta Main road Chikkasandra Near Chikkabanavara Railway Station Bangalore-90 owned by Dr Sujith J 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 3)(Non-Teaching with Super Specialty Services) under Allopathy system of medicine.

Reg No:	**BLU04332ALHL3**
Date of Issue:	06 Mar 2023
Valid Till:	05 Mar 2028
Place:	Bengaluru Urban

Signature Not Verified
Digitally signed by
Date: 2023.03.06 18:26:52 +05:30

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

2. Purpose: The Lessee shall use the Property solely for the operation of an educational institution under or in accordance with the applicable laws and regulations of Karnataka.

3. Security Deposit: The Lessee shall provide a security deposit of Rs.30,00,000 (in words: [Rupees Thirty Lakhs only]) to the Lessor upon the execution of this Agreement. The security deposit shall be held by the Lessor as security for the Lessee's faithful performance of the terms and conditions of this Agreement.

4. Maintenance and Repairs: The Lessee shall be responsible for the routine maintenance and repairs of the Property during the Lease Term. However, any major structural repairs or replacements shall be the responsibility of the Lessor, unless such repairs or replacements are necessitated by the Lessee's negligence or intentional acts.

5. Termination: Either party may terminate this Agreement by giving [e.g., 90 days'] written notice to the other party. Upon termination, the Lessee shall vacate the Property and return it to the Lessor in the same condition as received, subject to reasonable wear and tear. The Lessee shall be entitled to the refund of the security deposit, subject to any deductions for damages or unpaid rent.

6. Governing Law: This Agreement shall be governed by and construed in accordance with the laws of [State/Country].

Managing Trustee
PEM Educational Trust (R)
Chikkabanavara, Bangalore-560 090

PRINCIPAL
N R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090.

7 Entire Agreement: This Agreement contains the entire understanding between the parties hereto and supersedes any prior or contemporaneous agreements, understandings, or representations, whether oral or written relating to the subject matter herein.

IN WITNESS WHEREOF, the parties hereto have executed this Lease Agreement as of the day and year first above written.

[PKM Educational Trust]
Lessor

By: _____

[Authorized Signatory]
[Y Raja Reddy]
[Managing Trustee]

Managing Trustee
PKM Educational Trust (R)
Chikkabanavara, Bangalore - 560 090

[Navodaya Charitable Trust]
Lessee

By: _____

[Authorized Signatory]
[Kiran H R]
[Trustee]

NAVODAYA CHARITABLE TRUST (R)
No. 1, Gantagrahara, Lakshmipura,
Shivakote Post, Hesaraghatta Hobli,
Bangalore North

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Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090.

NRR HOSPITAL COLLEGE OF NURSING

Governing Council

Sl No	Name of the Member & Status	Designation
01	Shri H.R.Kiran Chairman, NCT	Secretary
02	Shri Arun Trustee, NCT	Member
03	Dr. Ramu Dean, RGUHS	Member
04	Dr. Sukanya S Principal	Ex. Officio Member secretary

Sd/-

(Shri H R KIRAN)
Chairman

PRINCIPAL
N R R HOSPITAL COLLEGE OF NURSING
Chikkabanavara, Hesarghatta Main Road,
Bengaluru - 560 090.

NAVODAYA CHARITABLE TRUST
NO.3 AND 3/A, CHIKKASANDRA , HESERAGATTA ROAD BANGALORE - 560090

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDING 31.03.2025

RECEIPT	AMOUNT	PAYMENT	AMOUNT
By Opening Balance of Cash & Bank		To Bank Charges	2,850.16
Cash in Hand	15,54,252.79	" Books & Periodicals	10,02,274.44
	-	" College Expense	7,19,358.00
		" College Function Expense	4,84,717.33
" Fees Receipts	1,10,11,304.87	" Conveyance Charges	1,36,343.37
	-	" Lab Maintenance	7,26,112.81
	-	" Office Expenses	1,66,888.85
	-	" Printing & Stationary	1,91,546.93
		" Staff Salary	59,16,000.00
		" Repair & Maintenance	10,12,386.99
		" Building Maintenance	3,92,269.98
		" Accounting & Audit Fees	5,000.00
		To Closing Balance of Cash & Bank	
		Cash in Hand & Bank	18,09,808.79
TOTAL	1,25,65,557.66	TOTAL	1,25,65,557.66

NAVODAYA CHARITABLE TRUST
NO.3 AND 3/A, CHIKKASANDRA , HESERAGATTA ROAD BANGALORE - 560090

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31.03.2025

EXPENDITURE	AMOUNT	INCOME	AMOUNT
To Bank Charges	2,850.16	**By Fees Receipts**	1,10,11,304.87
" Books & Periodicals	10,02,274.44		
" College Expense	7,19,358.00		
" College Function Expense	4,84,717.33		
" Conveyance Charges	1,36,343.37		
" Lab Maintenance	7,26,112.81		
" Office Expenses	1,66,888.85		
" Printing & Stationary	1,91,546.93		
" Staff Salary	59,16,000.00		
" Repair & Maintenance	10,12,386.99		
" Building Maintenance	3,92,269.98		
" Accounting & Audit Fees	5,000.00		
" Depreciation	1,31,186.80		
" **Excess of Income Over Expenditure**	**1,24,369.20**		
TOTAL	**1,10,11,304.87**	**TOTAL**	**1,10,11,304.87**

NAVODAYA CHARITABLE TRUST

NO.3 AND 3/A, CHIKKASANDRA , HESERAGATTA ROAD BANGALORE - 560090

BALANCE SHEET AS ON 31.03.2025

LIABILITIES	AMOUNT	AMOUNT	ASSETS	AMOUNT	AMOUNT
General Fund :- Opening Balance	28,05,732.31		**Fixed Assets**		
Add:- Excess of Income Over Expenditure	1,24,369.20	29,30,101.51	**Building**	11,59,816.84	
			Less:- Depreciation	1,15,981.68	10,43,835.15
Current Liabilities					
Audit Fees	10,000.00	10,000.00	**Computer**	16,796.16	
			Less:- Depreciation	6,718.46	10,077.70
			Furniture & Fixtures	84,866.54	
			Less:- Depreciation	8,486.65	76,379.88
			CURRENT ASSETS		
			Cash in Hand & Bank Balance		18,09,808.79
TOTAL		**29,40,101.51**	**TOTAL**		**29,40,101.51**

NAVODAYA CHARITABLE TRUST

NO.3 AND 3/A, CHIKKASANDRA , HESERAGATTA ROAD BANGALORE - 560090

SCHEDULE # 1 TO THE FIXED ASSETS

SL.No	Particulars	W.D.V. as on 01/04/2024	Additions during the year		Total	Rate%	Depreciation	W.D.V as on 31/03/2025
			More than 180 days	Less than 180 Days				
	Assets							
1	Building	11,59,816.84	-	-	11,59,816.84	10%	1,15,981.68	10,43,835.15
2	Computer	16,796.16	-	-	16,796.16	40%	6,718.46	10,077.70
3	Furniture & Fixtures	84,866.54	-	-	84,866.54	10%	8,486.65	76,379.88
	TOTAL	12,61,479.53	-	-	12,61,479.53	-	1,31,186.80	11,30,292.73

ಬೃಹತ್ ಬೆಂಗಳೂರು ಮಹಾನಗರ ಪಾಲಿಕೆ - ಕಂದಾಯ ಇಲಾಖೆ

BRUHAT BENGALURU MAHANAGARA PALIKE - REVENUE DEPARTMENT

ಎಸ್.ಎ.ಎಸ್. ಮೂಲ ಅರ್ಜಿ ಸಂಖ್ಯೆ SAS Base Application No:	2856566
DiGi7	415JAC0

2024-2025	ಅರ್ಜಿ ಸಂಖ್ಯೆ Application No :	1600440812	ಆಯ್ಕೆ ಮಾಡಿದ ವಾರ್ಡ್ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು Ward No & Name as declared	12- SHETTY HALLI	ಪಾವತಿಸಿದ ಸ್ಥಳ : Payment Location :	HDFC

ಆಸ್ತಿ ತೆರಿಗೆ ರಸೀತಿ PROPERTY TAX RECEIPT (ಎಂ.ಎ.ಆರ್. 31ಎ ನಿಯಮ73 M.A.R. 31A Rule 73)

ರಸೀತಿ ಸಂಖ್ಯೆ Receipt No.	24253074577	ದಿನಾಂಕ: Date:	26-07-2024	ವಸತಿ ವಲಯ ವರ್ಗೀಕರಣ Residential zone classification declared by tax payer		ವಸತಿಯೇತರ ವಲಯ ವರ್ಗೀಕರಣ Non Residential zone classification declared by tax payer	E

ಮಾಲೀಕರ ಹೆಸರು : Owner's Name :	P K M EDUCATIONAL TRUST	ಸ್ವತ್ತಿನ ವಿಳಾಸ : Property Address :	39/1 Chikkasandra, ,	Old PID No / Khatha / Survey No :	39/1

Mode of payment Online / Cheque / DD / PO / Cash	113392375105	ಪಾವತಿ ವಿವರ Payment Details:	Full Payment	ಪಾವತಿ ವ್ಯವಹಾರ ಸಂಖ್ಯೆ Payment Transaction Number :	269221201224

1	2	3	4	5	6	7	8	9	10	11	12
ತೆರಿಗೆ ಪಾವತಿ ವರ್ಷ Tax Paid Year :	ಆಸ್ತಿ ತೆರಿಗೆ Property Tax	ಉಪಕರಗಳು Cesses	ಒಟ್ಟು ತೆರಿಗೆ Total Tax	ಪಡೆದಿರುವ ರಿಯಾಯಿತಿ Rebate Availed	ದಂಡ Penalty	ಬಡ್ಡಿ Interest	ಘನ ತ್ಯಾಜ್ಯ ಉಪಕರ ಮತ್ತು ಬಳಕೆದಾರ ಶುಲ್ಕ SWM Cess & User Fee	ಪಾವತಿಸಬೇಕಾದ ನಿವ್ವಳ ತೆರಿಗೆ ಮೊತ್ತ Net Tax to be Paid	ಮುಂಗಡ ತೆರಿಗೆ Advance Tax	ಪಾವತಿಸಲಾದ ಬಾಕಿ ತೆರಿಗೆ ಮೊತ್ತ Balance Tax Paid	ಹೊಂದಾಣಿಕೆ ಮಾಡಬೇಕಾದ ಮೊತ್ತ Excess amount to be adjusted
2024-2025	330023.44	85806.09	415829.53	20791.48	0.00	0.00	2400.00	**397438.00**	0.00	397438.00	0.00

Amount in Words : **Rupees Three Lakhs Ninety Seven Thousand Four Hundred And Thirty Eight only**

Please Note : This payment is accepted subject to verification of accounts. If payment instrument is dishonored, then action as per Negotiable Instruments Act will be initiated. Further this payment is accepted subject to verification of the property by the BBMP. If the above declaration made under SAS is found to be false action as per BBMP Act 2020 will be initiated. If the tax-reassessed is more than 5 % than the tax remitted under self-declaration, the evaded tax shall be payable together with a penalty equal to the tax payable along with interest for the difference amount payable calculated @ 9% p.a. (Note: interest @ 9% p.a. shall be applicable from the AY 2021-22 on wards).
Terms and conditions : This computation of property tax caping the increase to 20%-25% is subject to verfication of property and verification of previous property tax returns filed.The tax payer is liable to pay the balance property tax as per rules in all cases of discrepancies.

This is a computer generated receipt and does not require a seal and signature.

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