Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. SURESH. S. KANAKANNAVAR	Dr. LEELADHAR D.V	SANTOSH KUMAR
Designation	PROFESSOR, OBG, UNIT CHIEF	CHAIRMAN BOS AYURVEDA (UG)	ASSOS. PROFESSOR
Address	BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE. BENGALURU.	PRINCIPAL KVG AYURVEDIC MEDICAL COLLEGE & HOSPITAL. SULLIA.	GOVERNMENT COLLEGE OF NURSING BANGALORE.
Mobile No	9448033228	9449717171, 7353756060.	9164025333.
Email ID	KANAKANNAVAR@gmail.com	drleeladhar_dv@rediffmail.com	

Inspection For the Academic Year : 2025 - 2026 *Date of Inspection:* 14th August 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	KNN COLLEGE OF NURSING YELAHANKA. BANGALORE.	2	Year of Establishment: 2005
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	SUSHRUTHA MEDICAL TRUST (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: Knn_nursing@yahoo.co.in		Website: WWW.Knneducation.com
		Office No: 080-28564730.		Mobile No: 9845531084.

Signature of Chairman 14/8/25
Dr. SURESH. S. KANAKANNAVAR
LIC RGUHS.

Signature of Member (1)
Dr Leeladh. DV
14/8/25

Signature of Member (2)
(SANTHOSH KUMAR.B)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Dr. K. N. SATISH. phone no: 9379228045		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 03. (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2		
5	a) Details of Principal/Head of the institution (After MSc)	Name: PROF(MRS) JOBI JACOB Qualification: MSc. NURSING Experience after MSc: 20YEARS. Email: jacob.jobi@gmail.com	Mobile No: 9448032789 Office No: 080-28564730 Fax No: 28564730. Residential phone No: 080-23623043.	
	b) Drawing authority of the college	PRINCIPAL		
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☐	NO ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3 N/A

7. Affiliation Fee Paid Details: Copies enclosed 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	Continuation	20,000/-	50,000/-	55,000/-	57,500/-	
Post Basic B.Sc. Nursing	Continuation	20,000/-	50,000/-	55,000/-		ENCLOSED COPY.
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1. Community Health Nursing	5 × 2000 = 10,000	
	2. Medical Surgical Nursing	5 × 2000 = 10,000	
	3. Obstetrics & Gynaec Nursing.	5 × 2000 = 10,000	
	4. Paediatric Nursing	5 × 2000 = 10,000	
	5. Psychiatric Nursing	5 × 2000 = 10,000.	
		Total (B)	
NPCC	—		
		Total (C)	
		Grand Total (A+B+C)	500,650/-

Online Transaction Number or Details: BD000000007561777 ZBBCY28091ISNC date: 23/12/2024.

Signature of Chairman 10-8-25

Signature of Member (1)

Signature of Member (2)

Remarks: All the fees paid receipts were verified and the copies were enclosed

Verify &Enclose copy of Affiliation fee paid documents

CE = Copy enclosed

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	CE Annexure - 5	CE Annexure - 6	CE Annexure - 7	CE Annexure - 8	CE
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	CE Annexure - 5	CE Annexure - 6	CE Annexure - 7	CE Annexure - 8	CE
	Sanctioned Intake	50	50	50	50	
	Admissions Made for the Current Academic Year	50				
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	CE Annexure - 5	CE Annexure - 6	CE Annexure - 7	CE Annexure - 8	CE
	Sanctioned Intake	25	25	25	25	
	Admissions Made for the Current Academic Year	17				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake	NIL	–	–	–	

Signature of Chairman

14-8-25

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year	NIL	-	-	-	-

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	28	17	11	18	74
	Female	32	43	49	42	166
Post Basic B.Sc Nursing	Male	6	01			07
	Female	44	49			93
M.Sc Nursing	Male	03	02			05
	Female	14	07			21
M.Sc NPCC	Male	NIL	-	-	-	-
	Female	NIL	-	-	-	-

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----------
	COPY ←		ENCLOSED	→		

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

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

Annexure –10

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

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

Remarks: Separate list for each College is here with verified from the register and copies enclosed.

Signature of Chairman 14/8/25

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							01				Nil			
2	Vice-Principal	1	1							01				Nil			
3	Professor	1	1-2					1*		02				Nil			
4	Associate Professor	2	2-4					1*		03				Nil			
5	Assistant Professor	3	3-8				2	3*		04				Nil			
6	Tutor	8-16	16-24				2-10	--		23				Nil			
	Total	**16-24**	**24-40**				**4-12**			34 + 5 Fresh Tutors				Nil			

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

14.8.25

Signature of Member (1)

Signature of Member (2)

250 students	—	—	—	~
* Aadhar based biometric attendance for students				

NO Copies enclosed

NO copies enclosed.

Signature of Chairman

14/8/25

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			
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Signature of Chairman

14-8-25

Signature of Member (1)

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copy enclosed please refer

Signature of Chairman

14/8/25

Signature of Member (2)

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Signature of Chairman

14/8/25

Signature of Member

Signature of Member (2)

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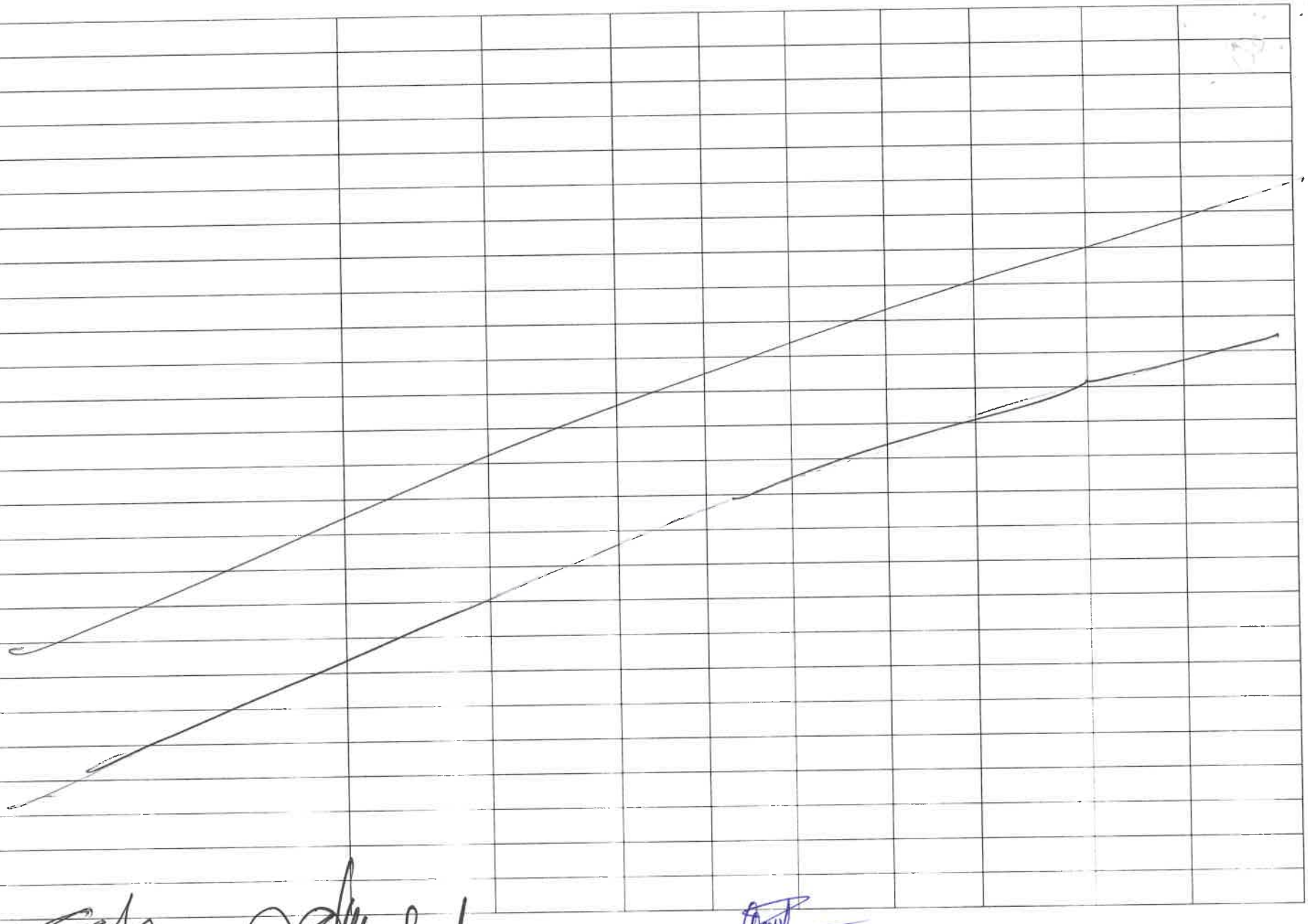

Signature of Chairman

14/8/25

Signature of Member (1)

Signature of Member (2)

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

14/8/25

Signature of Member (1)

Signature of Member (2)

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

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

14. Physical Facilities :

PE: Photo Enclosed CE = Copies enclosed

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)	40,500	Verified CE
	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	1200 Sq.ft × 4 classrooms.	Verified PE
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	1200 Sq.ft × 2 classrooms.	Verified PE
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	950 sq.ft × 2 classrooms.	Verified PE
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	NA
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	900 sq.ft.	Verified PE
	2. Vice-Principal Chamber	200	500 sq.ft	Verified PE
	3. HOD	5 x 200 = 1000	5×200=1000 Sq.ft.	Verified PE
	4. Professor/Assoc. Prof	800+2400=3200	300 sq ft × 2 rooms 1500 sq ft × 2 rooms = 3600 Sq.ft	Verified PE
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	300 sq.ft.	Verified PE
	7. Accountants Office	**100**	300 sq.ft.	Verified PE
	8. Store Room	**100**	450 sq ft.	Verified
	9. Record room	**100**	150 sq.ft.	Verified
	10. Room for maintenance staff	**100**	100 Sq.ft.	Verified
	11. Xeroxing room	**100**	office.	Verified PE
	12. common room (Girls & Boys)	600+400= 1000	Boys – 650 sq.ft. Girls – 650 sq.ft.	Verified PE
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000 sq.ft.	Verified PE
	14. Toilets	1000	1200 sq.ft.	Verified PE

Signature of Chairman

14/8/25

Signature of Member (1)

Signature of Member (2)

	15. A.V/Aids room	600	650 sq ft.

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**	✓	Verified
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2000 sq.ft	Verified PE
	Nutrition & Community Health Nursing	1200sq.ft	Nutrition - 800sq.ft Community 1000sq.ft.	Verified PE
	Obstetrics and Gynecology Laboratory	900sq.ft	1000 sq.ft.	Verified PE
	Pediatrics Nursing Laboratory	900sq.ft	1000 sq.ft.	Verified PE
	Pre-Clinical Sciences Laboratory	900sq.ft	1000 sq.ft.	Verified PE
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 sq.ft.	Verified PE

PE: Photo enclosed

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) Annexure – 12

Copy enclosed

Building Documents:

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	YES. Verified
2	**Is the college building own or leased ?**	OWN BUILDING Verified
3	**Blue print of the building plan approved and attested by competent authority.**	ENCLOSED. Verified
4	**Building construction license from competent authority**	ENCLOSED. Verified
5	**Tax paid receipt (Latest / current year)**	ENCLOSED (LAST 3 YRS) Verified
6	**Occupancy certificate.**	enclosed
7	**Sale deed / Lease deed of the building / Land.**	LAND DEED ENCLOSED.
8	**Land Conversion order from DC**	YES Verified
9	**Town planning/Authorities approval order**	YES. Verified

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 12/8/25

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 — copy enclosed — **Annexure – 13**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA 51 AF 7478 KA 50 A 9663	42 40	✓ Yes / No	✓ Yes / No	✓ Yes / No

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

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

Total No. of Nursing Books available	3736 ✓ Verified	No. of Nursing Journals subscribed	12
No. of Thesis/Research titles available	256 ✓ Verified	Is internet facility available for Students?	YES (YES)
No of e-books Helinet	~~3736~~	How many books were purchased in last financial year?	47 ✓ Verified

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Miss Devanayagi.	B. lib	4yrs.	Present (PG)
2.	Mr. Venkatesh	B. lib	6yrs.	Present (PG)

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 — copy enclosed — **Annexure - 15**

Academic activities	Particulars		Remarks
Research Projects	OBG - 08 MSN - 09 paed - 06	Mental H. Nsg - 08 Comm. H. Nsg - 06.	Ongoing

Signature of Chairman — 14/8/25

Signature of Member (1)

Signature of Member (2)

Conferences conducted	1. Workshop on Diabetes 2. SKill development in obstetrics. 3. CPR 4. New Born Care.	copies enclosed.
Conferences attended	1. SPSS 2. Research Methodology. 3. Simulation programme.	copies enclosed

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

18. Details of Clinical / Hospital Facilities : COPY enclosed **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)		50	Same building	78%	Verified
NAME OF THE TRUST/ Person owning The Hospital SUSHRUTHA MEDICAL TRUST		-u-	-u-	—	Verified application enclosed
Name Of The Owner Of The Trust of Hospital Dr. K. N. SATISH		-u-	-u-	—	Verified. copy enclosed
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 CHAITANYA MEDICAL CENTRE	50	2.5kms	84%.	Verified. (PE) Application enclosed
	2 RAINBOW HOSPITAL	30	8kms	80%.	Verified. (PE)
	3 MARIDAL HOSPITAL HEBBAL	140	5kms	92%.	

Signature of Chairman

14/8/25

Signature of Member (1)

Signature of Member (2)

	(MOU/Clinical permission letter)	—	—	—	—

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

NOTE:

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

institution is run by a trust. Has own parent hospital in the name of Vivo. Has MOU with Chaitanya Medical Centre, Yelahanka, Bangalore with 50 beds with KPMEA certificate. Both hospitals KPMEA certificates, pollution control board certificate attached. Has total 2 affiliated private hospitals attached.

Signature of Chairman

14/8/25

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	30 15	82%	30 15	82%
Surgery including OT	10	84%	10	80%
Obstetrics & Gynecology	8	88%	10	80%
Pediatrics,	8	90%	10	82%
Emergency Medicine	7	88%	10	90%
Psychiatry	4	10%	05	100%

ENCLOSED

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	2	80%	2	100%
Minor OT	3	82%	2	—
Dental, Otorhinolaryngology, Ophthalmology	2	85%	5	—
Burns and Plastic	1	90%	2	—
Neonatology care unit	5	90%	—	—
Communicable disease/Respiratory medicine/TB & chest diseases	2	75%	— 2 —	—
Dermatology	— 1 —	100%	— 2 —	—
Cardiology	— 2 —	100%	— 2 —	50%
Oncology	— 2 —	xxx	— 2 —	xxx
Neurology/Neuro-surgery	—	—	— 1 —	—
Nephrology/Urology	— 2 —	xxx	—	—
ICU/ICCU	— 2 —	— 100%	— 5 =	80%
Geriatric Medicine	—	—	— 5 —	—

ENCLOSED

Signature of Chairman

14/8/25

Signature of Member (1)

Signature of Member (2)

Any other				

Note : 1:3 student patient rationeeded. Verify and attach details of previous month. Copies for the last 3 months attached

19	COMMUNITY HEALTH NURSING :Annexure - 17	Copy attached
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	ABBIGERE PHC
	Adopted / Affiliated	AFFILIATED
	Administrate red by	State Govt. ☐ Municipal Corporation ☑ Private ☒
	Distance from the Nursing Institute	4 Kms.
b.	Services Rendered by Health & Family Welfare Programmes	Vaccination, Antenatal, Postnatal, Home Visit, OPD, Deliveries, OT etc.
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	ATTUR PHC
	Adopted / Affiliated	AFFILIATED
	Administrate red by	State Govt. ☐ Municipal Corporation ☑ Private ☐
	Distance from the Nursing Institute	1 Km.
b.	Services Rendered by Health & Family Welfare Programmes	Vaccination, Antenatal, Postnatal, Home Visit, OPD, Deliveries, OT etc.

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20	Master Rotation Plan : Annexure - 18	Copies attached	
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

14/8/25

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** copy attached. Photos attached		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 49000 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 : 279	Boys : 47
f.	Total No. of rooms	Girls : 38 flats.	Boys : 12 flats.
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

14/8/25

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	✓	NO	
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

14/8/25

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	✓	Copies Enclosed	✓
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 done for continuation & application on 14/04/2025 for BSc(N), PBBSc(N) & MSc(N). On the day of the inspection, all the documents pertaining to the college building, vehicle, and hostel (seperate for boys & girls) electricity generator, drinking water facility, laboratories, wash rooms (seperate for boys & girls) mannequins, charts, equipments, library books and librarian were physically verified. Photographs taken & enclosed. The teaching staff were verified and found to be as per the norms. Some tutors in colleges were found not to be having the necessary experience, were not included the list & teachers but their declaration forms were enclosed. The dean has stated and one affiliated hospital which were inspected. & were. All the above particulars were present on the day of inspection on 14/8/25. Parent/Affiliated hospital/ stations for 14/8/25 for the past 3 months enclosed.

Signature of Chairman

14/8/25

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 KNN College of Nursing, Yelahanka Bangalore which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/08/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman) 14/8/25

AC Member (Member)

Subject Expert (Member)

Signature of Chairman

14/8/25

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.

Affidavit enclosed

Signature of Chairman 14/8/25

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

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

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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

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

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

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

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

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

Affidavit attached

Signature of Chairman

14/8/25

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**

Affidavit attached

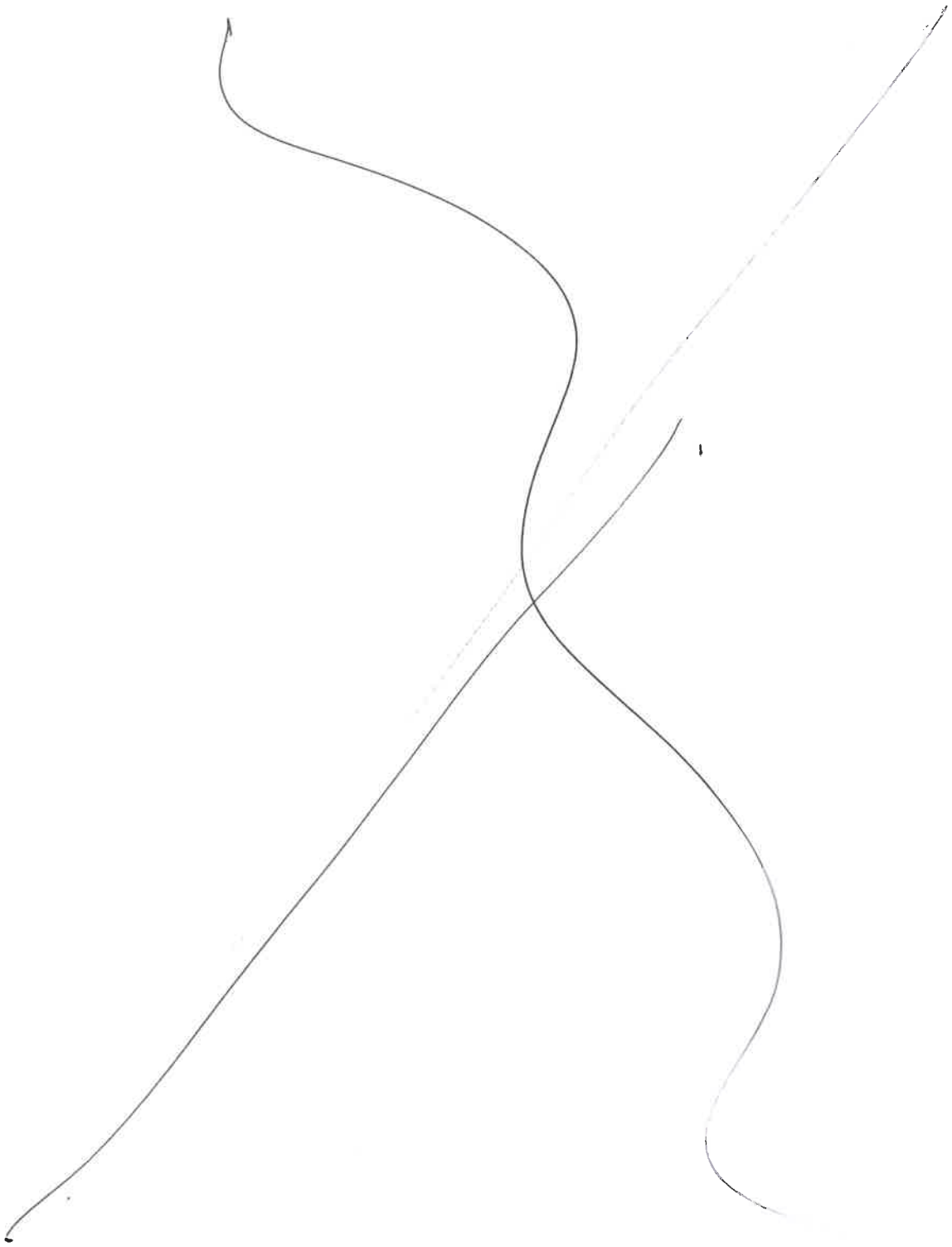
Signature of Chairman

14/8/25

Signature of Member (1)

Signature of Member (2)

SANTHOSH KUMAR B



Signature of Chairman

14/8/25

Signature of Member (1)

Signature of Member (2)

(SANTHOSHKUMAR.B)

P-1-Of-4.

KNN COLLEGE OF NURSING
TEACHING FACULTY DETAILS

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/ No)	Signature of Faculty
						After UG	After PG			
1.	PROF. MRS. JOBI JACOB	Principal &HOD in OBG Nsg	MSC Nursing Specialty-OBG NURSING	1998 2005	MSc[N] KNC: 39440	C-2 Yrs T-3 YRS	T-20 yrs	16/8/2010	YES	
2.	PROF..MRS. SHARDA RANI	Vice Principal & HOD in Community alth Nursing	MSC Nursing Specialty-Community Health Nursing	UG-2012 PG-2014	PG-14940	UG- 1 YR	PG-9 YRS 6month	08/2/2016	YES	
3.	PROF.MRS. ELIZABETH NIMMY SAM	PROFESSOR & HOD of Medical Surgical Nsg.	MSC NURSING Specialty-Medical Surgical Nursing	2009 2013	BSC(N) KNC:026660 MSC(N) KNC:005803	C-2 months	T-12 8 mnts	13/6/2013	NO	
4.	MRS. SHARAL GLADNA LOBO	PROFESSOR	MSC NURSING Specialty-OBG NURSING	UG-2005 PG-2010	MSC (N) 002082	BSC – 1 YR	T-2 ½ YRS	01/6/2010	NO	

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14/8/25 D. Suresh S. Kanakamala

14/8/25

(14/08/25)
Santhosh Kumar. BJ

5.	MRS. MUTHU ROSE ALEX	ASSO. PROFESSOR HOD of Psychiatric Nsg	BSC NURSING MSC NURSING Peadiatric Nsg	UG-2007 PG-2021	KNC-10821	BSC- 7 Yrs 6 mnts	T-3 YRS 3 mnts	01/12/2021	NO	
6.	MRS. SUNKARA MALLESWARAMMA	ASSO. PROFESSOR HOD of Peadiatric Nsg	BSC NURSING MSC NURSING Peadiatric Nsg.	UG-2011 PG-2019	KNC-4523	BSC- 1 YR	T-5 YR 7 mnts	16/1/2023	NO	
7.	MR VINCENT	ASSO. PROFESSOR	MSC NURSING **Specialty** Community Health Nsg.	UG-2010 PG-2016	PG KNC-33935	BSC-1 YR	T-09 yrs	20/07/16	NO	
8.	MS. SALAM REMIYA CHANU	ASST. PROFESSOR	BSC NURSING MSC NURSING Medical Surgical Nsg	UG- PG- 2018	UG & PG KNC 96539	CL-1 YR	3 YRS	17/6/2022	NO	
9.	MS. MEENAKSHI	ASST. PROFESSOR	BSC NURSING MSC NURSING Medical Surgical Nsg	UG-2015 PG- 2020	KNC-75375	VL- 3 Yrs	2 YRS	28/7/2023	NO	
10	MRS. CHAITAN MARY GEORGE	ASST. PROFESSOR	BSC NURSING MSC NURSING Peadiatric Nsg	UG-2010 PG- 2018	UG & PG KNC-37618	BSC-1 YR	6 YRS	05/9/2018	NO	

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14/8/23

11	MRS. SHYLAJA.S	ASST. PROFESSOR	BSCNURSING MSC NURSING OBG	UG-2013 PG-2020	PG-KNC 60845	CL-1 YR	1 YR	16/01/23	NO	
12	MS. MANEEM PADAMASHREE	TUTOR	BSC NURSING MSC NURSING Peadiatric Nsg	UG-2018 PG- 2022	KNC-92200	CL-1	1 YR	14/05/24	NO	
13	MS. LIJA KANGABAM	TUTOR	MSC NURSING Specialty-Psychiatric Nursing	UG-2021 PG-2025	KNC-127768	C- 1 YR	Fresher	26/3/2025	NO	
14	HUIDROM DEVIYANTI DEVI	TUTOR	PB.BSC NURISNG	UG-2024	KNC-19498	1 yr 6 mnts		01/02/2024	NO	
15	MR. NAVEEN KUMAR MG	TUTOR	PB.BSC NURSING	UG-2022	KNC 204948	2 YRS		14/7/2023	NO	
16	Ms.K RINGKU SINGH	TUTOR	BSC NURSING	UG-2023	KNC-161122	2 yrs		01/10/2023	NO	
17	MS. DIVYASHREE G V	TUTOR	PB.BSC NURSING	UG-2021	KNC-222303	3 YRS 5 MNTS		04/02/22	NO	
18	MRS. MERINA DEVI	TUTOR	BSC NURSING	UG-2023	KNC-146079	1 yr 10 mnts		11/10/23	NO	
19	MR. HAWAIBAM KISHAN	TUTOR	BSC NURSING	UG-2022	KNC-133984	3 YRS		01/10/22	NO	
20	ABHINANDAN MALLADAD	TUTOR	PB.BSCNURSING	UG-2021	KNC-182640	2 YRS 4 MNTS		04/04/23	NO	
21	MRS.MERAJUNNISA	TUTOR	PB.BSC NURSING	UG-2023	KNC-188318	1 YR		04/12/2023	NO	
22	MS. SEEMA	TUTOR	PB.BSC NURSING	UG-2023	KNC-224099	1 YR 4 MNTS		22/04/24	NO	
23	Ms. BHANDARI RACHITA RAGHU	TUTOR	BSC NURSING	UG-2023	KNC-155325	1 YR 9 MNTS		01/11/23	NO	

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14/5/24

P-4-Sy-4

24	MS.AROGYA MARY	TUTOR	PB.BSC NURSING	UG-2023	KNC-232237	2 YRS		17/04/2023	NO	
25	KM NISHA KUSHWAHA	TUTOR	BSC NURSING	UG-2024	KNC-162811	1 ½ YRS		01/04/2024	NO	
26	DIVYA M	TUTOR	BSC NURISNG	UG-2022	KNC-138197	1 YR 7 MNTS		16/12/2024	NO	
27	VISHALAKSHI MAKANAVAR	TUTOR	PB.BSC NURSING	UG-2024	KNC-182627	1 YR 7 MNT		01/01/2024	NO	
28	BASAVARAJ K NADUVINAMANI	TUTOR	BSC NURSING	UG-2020	KNC-108465	Fresher		20/6/2025	NO	
29	PRATEEK	TUTOR	BSC NURISNG	UG-2023	KNC-145230	2 YRS		01/7/2023	NO	
30	AKSHAY MANOJ P	TUTOR	BSC NURISNG	UG-2023	KNC-148339	1 YR 9 mnts		02/11/2023	NO	
31	Mr.SOUMEN MAJI	TUTOR	BSC NURISNG	UG-2024	KNC-162272	1 yr		03/7/2024	NO	
32	KESIYA MARIAM MATHEW	TUTOR	BSC NURISNG	UG-2022	KNC-134876	1 yr 5 mnts		17/3/2024	NO	
33	SIMRAN BENYA	TUTOR	BSC NURSING	UG-2021	KNC-145075	2 yrs		09/6/2023	NO	
34	NIKHITA KITTUR	TUTOR	PB.BSC NURSING	UG-2024	KNC-243121	2 yrs		01/08/2023	NO	

- **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.

P-11

14/8/25

14/8/25

5 Teachers were shown as Tutors, they did not have the necessary experience, hence their names were not added in the above 1st & 34 teachers but their declaration forms were enclosed in the large A3 size envelop (covers)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA11948514874063X
Certificate Issued Date	:	07-Aug-2025 01:03 PM
Account Reference	:	NONACC (FI)/ kagcsl087/ YELAHANKA24/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKAGCSL0839280264927297X
Purchased by	:	CHAIRMAN KNN COLLEGE OF NURSING
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN KNN COLLEGE OF NURSING
Second Party	:	R G U H S
Stamp Duty Paid By	:	CHAIRMAN KNN COLLEGE OF NURSING
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SEVA KENDRA YELAHANKA BRANCH Authorized Signatory

Please write or type below this line

UNDERTAKING by Trust Management

We the Chairman of **SUSHRUTHA MEDICAL TRUST** are submitting the affidavit to university.

6/8/25

The trust **SUSHRUTHA MEDICAL TRUST** is running/managing the colleges

1.KNN COLELGE OF NURSING, Since **2005**.

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.

Signature of Chairman

Chirman & Managing Trustee
SUSHRUTA MEDICAL TRUST (R)
CA./23/B, 'A' Sector, Satellite Town,
Yelahanka, Bangalore - 560 064

Signature of Member (1)

Chirman & Managing Trustee
SUSHRUTA MEDICAL TRUST (R)
CA./23/B, 'A' Sector, Satellite Town,
Yelahanka, Bangalore - 560 064

Signature of Member (2)

Chirman & Managing Trustee
SUSHRUTA MEDICAL TRUST (R)
CA./23/B, 'A' Sector, Satellite Town,
Yelahanka, Bangalore - 560 064

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	**IN-KA17433428806606X**
Certificate Issued Date	:	14-Aug-2025 11:06 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ YELAHANKA5/ KA-GN
Unique Doc. Reference	:	SUBIN-KAKACRSFL0849678477062028X
Purchased by	:	CHAITANYA MEDICAL CENTRE
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAITANYA MEDICAL CENTRE
Second Party	:	KNN COLLEGE OF NURSING
Stamp Duty Paid By	:	CHAITANYA MEDICAL CENTRE
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ANUVRUDDI CREDIT CO-OPERATIVE SOCIETY LTD. Reg No AR-44-RGN169 46230.1516 Yelahanka Bangalore - 64 PH 21342698 Sign

Please write or type below this line

NOTARY D. SARALAKUMARI Reg. No. 10192 BENGALURU KARNATAKA GOVT. OF INDIA

UNDERTAKING

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.

I, Dr. Vasanth Kumar, am the Director of Chaitanya Medical Centre Hospital situated at 23, 15th A Cross, Sector A, Yelahanka, Bangalore 560064.

This is to confirm that our hospital Chaitanya Medical Centre is a 50 bed hospital and is registered under the KPMEA and PCB and the bonafide certificate has been attached.

This is to confirm that the hospital Chaitanya Medical Centre is functioning as affiliated / parent hospital for KNN College of Nursing, which has been given Government sanction since 2004.

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

The information provided by us is true and correct.

SIGNATURE

CHAITANYA MEDICAL CENTRE
#971/24, K.H.B Colony, Satellite Town,
'A' Sector, Yelahanka New Town,
Bengaluru, Karnataka - 560064

NOTARY
D. SARALAKUMARI
Reg. No. 10192
BENGALURU
KARNATAKA
GOVT. OF INDIA

ATTESTED BY ME

D. SARALA KUMARI, B.A.,LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 301, EWS 14th 'E' Cross,
Yelahanka New Town,
BANGALORE - 560 064

BRUHAT BENGALURU MAHANAGARA PALIKE

Health Department, Yelahanka MOH

Trade License Renewal Certificate

Ward : Yelahanka Satellite town- 4

Licence No YE01004746154798748

Application Number: **R252614021282356**

Year : 2025-2026

This is to certify that M/s / Smt / Shri **Dr.VASANTH KUMAR**has been issued a renewal of trade license bearing no: **YE01004746154798748** dated **14/02/2025** to carry out **CHAITANYA MEDICAL CENTRE** trade at **971 16 th A main KHB COLONY** with **35.00** KVA sanctioned power and **62.00** KVA/HP Generator.

Major Trade Name	Minor Trade Name	Sub Trade name
PART-7(License to Use Power Driven Machinery for Industrial & Commercial Prurposes Using Elecricity/Generator)	HORSE POWER	51 and above (Per each H P)
PART-3(Trade Non Food Items-Medical)	NURSING HOMES AND HOSPITALS	Nursing Homes and Hospitals with less than 50 Beded other hospital

The license is renewed subject to the conditions specified in the bye-laws for the above said trade in the KMC act. Some of the important conditions are:

1. **This license is issued subject to the conditions specified in the bye-laws of KMC act.**
2. **The license certificate must be exhibited in a prominent place of the trade premises for public view.**
3. **To ensure that the hygiene and sanitation of trade premises is maintained to safeguard the health of the public.**
4. **To adhere to food safety measures as per FSSAI act.**
5. **All safety measures w.r.t public health like MSW rules / COTPA act / plastic handling and management rules / other safety norms stipulated by appropriate department / authority.**
6. **This issuance of license certificate shall not absolve the grantee from any obligations cast on him under any other law and hence is liable for suspension, revocation or cancellation at any point of time.**
7. **This license certificate holds good to run the trade for which it is granted only and the grantee shall inform atleast one month in advance if he intends to add any other trade/ commodities to his existing license.**
8. **The signage's, display boards to be displayed prominently in kannada language in the trade premises.**

TRUE COPY ATTESTED BY ME

D. SARALA KUMARI B.A.LL.B.
ADVOCATE & NOTARY PUBLIC
GOVT. OF INDIA
No. 391, EWS Phase, 8th Cross,
Yelahanka New Town,
BANGALORE - 560 064

Trade & Power license valid from 01-04-2025 to 31-03-2026 and received fees for Rs.**16400.00** with vide receipt No. **1185710** dated 14/02/2025.

Kindly renew the trade license before **28-02-2026** to avoid the penalty.

THIS IS COMPUTER GENERATED CERTIFICATE HENCE DOES NOT REQUIRE SIGNATURE. THE AUTHENTICITY OF THE CERTIFICATE, CAN BE CHECKED FROM ONLINE DATA.

NOTARY GOVT. OF INDIA
D. SARALAKUMARI
Reg. No. 10192
BENGALURU
KARNATAKA

133D7D64-021282356

Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority

Bengaluru Urban

DISTRICT REGISTRATION AUTHORITY

Dist. Health & F.W. Office, Bangalore Urban Dist. Bangalore-38

CERTIFICATE OF REGISTRATION

This is to certify that CHAITANYA MEDICAL CENTRE located at #971/24, KHB SATELLITE TOWN, A SECTOR, YELAHANKA, BANGALORE - 560064 owned by Dr Vasanth Kumar 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 2) under Allopathy system of medicine.

Reg No: BLU03468ALHL2

Date of Issue: 16 Jun 2022

Valid Till: 15 Jun 2027

Place: Bengaluru Urban

TRUE COPY ATTESTED BY ME

B. SARALA KUMARI B.A., LL.B. ADVOCATE & NOTARY PUBLIC

NOTARY GOVT. OF INDIA D. SARALAKUMARI Reg. No. 10192 BENGALURU KARNATAKA

Signature valid

Digitally signed by [illegible]

Date: 2022-[illegible] 16:07:24 +05:30

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