Rajiv Gandhi University of Health Sciences, Karnataka
4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Yashodha Dasha	Dr. R. Nandeesh.	Dr. Ananda -
Designation	Asst Professor	Professor & Head.	Asst. professor.
Address	#1490/102, 13th main Sudeal Layout.	Sree Siddaganga college of Pharmacy Tumkur	SDS TRC & RGUHS College of Bangalore-29
Mobile No	9483043552	9448658836	7019219193
Email ID	yash101@live.in	rnandeesh2005@gmail.com.	anandtalli024@gmail.com

For the Academic Year :	2025 - 2026		*Date of Inspection:*	10-5-2025
(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**	SUBASH COLLEGE OF NURSING #258/136/1/136/4, BIDADI TMC THIMMEGOWDANA DODDI, RAMANAGARA DIST 562109	2	**Year of Establishment** 2012 - 13
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**	SRI SRINIVASA EDUCATION TRUST (R) BM ROAD, BIDADI - 562109, RAMANAGARA. DIST. (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: scnbidadi@gmail.com	**Website:** www.subashinstitution.com	

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Signature of Chairman
Dr. Yashodha Dasha

Signature of Member (1)
10/05/25
Dr. R Nandeesh

Signature of Member (2)
10/5/2025
Dr. Ananda

	(b). Name of the Owner of Trust/Society	DR. SUBASH. K.	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 07 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)	Annexure - 2
5	Details of Principal/Head of the institution	Name: DR. ARPITHA Qualification: MSc(N). PhD(N) Experience: 15 YEARS Email: arpi.manju2010@gmail.com	Mobile No: 7204932923 Office No: 9620407335 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 addressVerify 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 UG or b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	CONTINUATION AFFILIATION	45,000	90,000	60,000	25,000	2,21,085.40
Post Basic B.Sc. Nursing						
					Total (A)	

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

Online Transaction Number or Details: REF. NO. ZSB146309 AUAF9

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 395/ NNC 2019, BENGALORE Dt: 09-10-2019 Annexure - 5	RGU/APP/ NSG/CoA/01/ 2024-25 Dated 20-09-2024 Annexure - 6	Annexure - 7	18-15/8524 Annexure - 8	Checked found Correct
	Affiliation Sanctioned Intake	60	60	60	50	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Checked
	Sanctioned Intake		N/A			
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	N/A Annexure - 6	Annexure - 7	Annexure - 8	NA
	Sanctioned Intake					

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

	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	15	14	21	23	73
	Female	44	46	37	34	161
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female		N/A			
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——
			N/A			

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——
			N/A			

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

Remarks:_____

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*		01									
4	Associate Professor	2	2-4		1*		02									
5	Assistant Professor	3	3-8	2	3*		03									
6	Tutor	8-16	16-24	2-10	--		16									
	Total	**16-24**	**24-40**	**4-12**			24									

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 Speciality 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)** | **Signature of Member (2)**

12.1. Teaching Faculty details :– Details should be written in format only

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	DR. ARPITHA	PRINCIPAL	M.Sc(N) Ph.D(N) MHN	2012	15016	1 YEARS 8 MONTH	13 YEARS	14/06/2018	YES	
2.	MRS. SOUMYA ANGADI	VICE-PRINCIPAL	M.Sc(N) OBG	2017	56163	1 YEARS	8 YEARS 8 MONTH	01/08/2023	YES	
3.	MRS. SHRUTHI H.J	ASSISTANT PROFESSOR	M.Sc(N) CHN	2020	22540	9 YEARS	4 YEARS 5 MONTH	01/12/2020	YES	
4.	MRS. SREESAILY S.S	LECTURER	M.Sc(N) MSN	2022	90463	4 YEARS	1 YEAR 4 MONTH	01/01/2024	YES	leave
5.	MR. ADARSH B.K	LECTURER	M.Sc(N) CHN	2023	91860	1 YEAR	2 YEARS	11/09/2023	YES	on leave
6.	MRS. ROJA.S	LECTURER	M.Sc(N) CHN	2023	90636	2 YEARS	2 YEARS	10/03/2023	YES	
7.	MRS. DEVIKA RANI N	LECTURER	M.Sc(N) CHN	2024	134576	4 YEARS	1 YEARS	14/02/2024	YES	
8.	MRS. KEERTHIKA.S	LECTURER	M.Sc(N) OBG	2025	90634	4 MONTHS	2 MONTHS	01/02/2025	YES	
9.	MR. MAHADEVA SWAMY	ASST LECTURER	B.Sc(N)	2009	21720	5 YEARS 3 MONTH	-	01/01/2020	YES	
10.	MR. HARSHA K.R	ASST LECTURER	B.Sc(N)	2021	120686	3 YEARS 5 MONTH	-	01/01/2023	YES	
11.	MRS. NIKITHA.S	ASST LECTURER	B.Sc(N)	2019	119759	3 YEARS 3 MONTH	-	01/01/2022	YES	leave
12.	MRS. ARIAL KRUPA	ASST LECTURER	PB. B.Sc(N)	2021	173936	3 YEARS 1 MONTH	-	05/03/2022	YES	
13.	MRS. SHASHIKALA A.R	ASST LECTURER	PB. B.Sc(N)	2019	130769	1 YEAR 7 MONTH	-	01/09/2023	YES	leave
14.	MR. CHETHAN P.K	ASST LECTURER	PB. B.Sc(N)	2022	233049	1 YEAR 7 MONTH	-	25/09/2023	YES	leave
15.	MRS. CHAYA N	ASST LECTURER	PB. B.Sc(N)	2023	133373	1 YEAR 3 MONTH	-	17/01/2024	YES	
16.	MR. SACHIN	ASST LECTURER	B.Sc(N)	2023	155509	1 YEAR 2 MONTH	-	12/02/2024	YES	
17.	MS. KAVYA K	ASST LECTURER	B.Sc(N)	2023	155117	1 YEAR 2 MONTH	-	20/02/2024	YES	
18.	MS. VINUSHA L.R	ASST LECTURER	B.Sc(N)	2023	155253	1 YEAR 2 MONTH	-	10/02/2024	YES	
19.	MR. DEBASHIS NAYEK	ASST. LECTURER	B.Sc(N)	2023	158491	1 YEAR	-	17/04/2024	YES	
20.	MRS. JISHA J	ASST. LECTURER	B.Sc(N)	2018	95386	9 MONTH	-	15/07/2024	YES	
21.	MR. ARUN KUMAR H.S	ASST LECTURER	B.Sc(N)	2024	162188	4 MONTH	-	01/01/2025	YES	
22.	MR. GUNA V	ASST LECTURER	B.Sc(N)	2023	159530	4 MONTH	-	01/01/2025	YES	

Signature of Chairman

Signature of Member (1)

CDR Nandeesh

Signature of Member (2)

23.	MR. BHUVANESH P	ASST LECTURER	B.Sc(N)	2024	162186	4 MONTH	-	01/01/2025	YES	
24.	MR. NAVEEN KUMAR. C	ASST LECTURER	B.Sc(N)	2023	158286	4 MONTH	-	10/01/2025	-	
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Signature of Chairman

Signature of Member (1)

Dr R Nandeeny

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		Verified

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	9	
	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	900 Sq. ft Each	900 Sq ft Each.
	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	N/A	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	/	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	400 Sq. ft	400 Sq ft
	2. Vice-Principal Chamber	200	200 Sq. ft	200 Sq ft
	3. HOD	5 x 200 = 1000	900 Sq. ft	4 x 200 = 800 Sq ft + 950 Sq ft 1 x 150 = 150 Sq ft
	4. Professor/Assoc. Prof	800+2400=3200	3000 Sq. ft	950 Sq ft → 1 Room 2500 Sq ft → 1 Room 3450 Sq ft
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		800 Sq. ft	900 Sq ft
	7. Accountants Office		300 Sq. ft	300 Sq ft
	8. Store Room		300 Sq. ft	300 Sq ft
	9. Record room		300 Sq. ft	300 Sq ft
	10. Room for maintenance staff		300 Sq. ft	300 Sq ft
	11. Xeroxing room		250 Sq. ft	250 Sq ft
	12. common room	1000	1000 Sq. ft	950 Sq ft
	13. Seminar hall	3000	2500 Sq. ft	3000 Sq ft
	14. Toilets	1000	1000 Sq. ft	1000 Sq ft
	15. A.V/Aids room	600	600 Sq. ft	600 Sq ft

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

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

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

Building Documents:

1. **Is the college building own or leased / rented?**
2. **Blue print of the building attested by competent authority.**
3. **Tax paid receipt (Latest / current year)**
4. **Occupancy certificate.**
5. **Sale deed / Lease deed of the building / Land.**

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 **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

Annexure – 13

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA42A4802 KA42B6539	42 54	Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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		YES ☑ No ☐	GOOD	GOOD	Available

Total No. of Nursing Books available	3150	**No. of Nursing Journals subscribed**	02
No. of Thesis/Research titles available	10	**Is internet facility available for Students?**	YES
No of e-books	-	**How many books were purchased in last financial year?**	250

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MR. CHIKKEGOWDA	B. LIB	14 YEARS	Available.

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		18 nos. of research Projects (UG Projects) were found during Inspection.
Conferences conducted	ENCLOSED	Two conferences conducted in each academic year.
Conferences attended		20 nos. of Conferences attended by the Staff in last 3 years.

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital SUBASH MEDICAL CENTRE #1678/852, B.M ROAD, BIDADI - 562109		50	6KM	86%	Parent hospital located 6KM from the college.
NAME OF THE TRUST/ Person owning The Hospital DR. SUBASH. K.					
Name Of The Owner Of The Trust of Hospital N/A					
Affiliated hospitals-Full Name & Address of the Parent Hospital	1 LEELAVATHI HOSPITAL CHAMARAJPET	50	20KM	85%	Checked & found correct
	2. B.J LINGEGOWDA HOSPITAL CHANNAPATNA	50	22KM	80%	
	3. PUNYA HOSPITAL CHANNAPATNA	50	22KM	85%	
	4 SAI KRUPA HOSPITAL KUMBALGUD	50	12KM	90%	Checked & found correct
	5. SUPRA HOSPITAL KENGERI	50	18KM	90%	
	6. ADITHIYA NURSING HOME KAMAKSHIPALYA	25	13KM	88%	

(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 **for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic 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

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Signature of Member (2)

be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Signature of Chairman

Signature of Member (1)

Dr R Nandeesh

Signature of Member (2)

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	80%.	80	85%.
Surgery including OT	10	78%.	40	80%.
Obstetrics & Gynecology	05	80%.	40	85%.
Pediatrics,	05	80%.	30	80%.
Emergency Medicine	05	90%.	50	90%.
Psychiatry	-	-	-	-

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	08	85%.	40	85%.
Minor OT	05	80%.	60	80%.
Dental, Otorhinolaryngology, Ophthalmology	-	-	-	
Burns and Plastic	02	90%.	10	90%.
Neonatology care unit	08	85%.	15	95%.
Communicable disease/ Respiratory medicine/TB & chest diseases	05	85%.	15	90%.
Dermatology	02	90%.	15	85%.
Cardiology	05	85%.	20	80%.
Oncology	-	-	-	-
Neurology/Neuro-surgery	05	85%.	25	85%.
Nephrology/Urology	05	80%.	20	90%.
ICU/ICCU	-	-	25	85%.
Geriatric Medicine	05	90%.	10	90%.
Any other	-	-		

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		BYRAMANGALA PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2 KM
b. Services Rendered by Health & Family Welfare Programmes		HEALTH EDUCATION, IMMUNIZATION
URBAN FEILD :		BIDADI CHC
a. Name of CHC / PHC / SC		
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		PRIMARY CARE, PREVENTIVE SCREENING
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	**Master Rotation Plan : Annexure - 18**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☐
c.	M.Sc. Nursing	**YES** ☐	**NO** ☐

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐
d.	Clinical and field experience record	**YES** ☑	**NO** ☐
e.	Practical record books - procedure record	**YES** ☑	**NO** ☐
f.	Practical record books - Midwifery case book	**YES** ☑	**NO** ☐
g.	Leave record	**YES** ☑	**NO** ☐

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

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

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	
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 : 180	Boys : 90
f.	Total No. of rooms	Girls : 16	Boys : 14
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	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	Yes	
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	Yes	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	NO
Annexure - 10	List of M.Sc. Nursing Students as per format	—	NO
Annexure - 11	Details of External /Part time Teachers	Yes	
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	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- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	Yes	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Yes	
Annexure - 18	Master Rotation plans and Time tables	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure – 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓	

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

Observations:

LIC inspection team conducted inspection at Subash college of Nursing, Bidadi on 10-5-2025 for continuation of affiliation and for change of addrss.

On the day of inspection we verified the origenal documents of the land, trust and building plans and documents of same is enclosed.

On the day of inspection 4 staffs were on leave out of 24 staffs. All the staffs are qualified and experienced.

The overall infrastructure of the college was inspected and photos for the same as documents is enclosed.

Sufficient books were available at library and list of the same enclosed.

The Parent hospital is 50 bedded and they have applied for another 50 bed increase and the document for the same is enclosed. KPME and PCB certificate verified and enclosed.

Signature of Chairman | Signature of Member (1) Dr R Nandeesh | Signature of Member (2)

The previous location where the 18 Nursing college was situated and the present college google photos enclosed.

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SUBASH COLLEGE OF NURSING which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 10-05-2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Dr. Yashodha. Darshan	(Dr R Nandeesh)	Dr. Ananda
10-5-2025		
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust Dr. SUBASH. K are submitting the affidavit toUniversity.

The trust SRI SRINIVASA EDUCATION TRUST is running/managing the colleges 1. SUBASH COLLEGE OF NURSING
2. _____
3. _____ since 13 years.

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

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

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

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

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

PRESIDENT
Sri Srinivasa Education Trust (R)
B.M. Road, Bidadi - 562109
Ramanagara Dist.
KARNATAKA. INDIA

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

I/We, Dr. SUBASH. K
is/are the Owners/MD/CEO/Board Members of the
SUBASH MEDICAL CENTRE hospital situated at
B M ROAD, BIDADI. RAMANAGARA. DIST 562109

This is to confirm that our hospital SUBASH MEDICAL CENTRE is registered under KPMEA and PCB with 50 beds and the bonafide certificate has been attached.

This is to confirm that the hospital SUBASH MEDICAL CENTRE is functioning as affiliated/parent/own hospital for SUBASH COLLEGE OF NURSING college.

We also confirm that our hospital is solely affiliated to SUBASH COLLEGE OF NURSING college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Dr. K. SUBASH. MBBS. FAGE
Managing Director
SUBASH MEDICAL CENTRE
No. 1678/852, B.M. Road,
BIDADI-562109. Ramanagara Dist
KARNATAKA, INDIA.
KMC NO : 31937

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SUBASH COLLEGE OF NURSING which has applied for continuation of affiliation for the academic year 2024-25. & change of address.

We have conducted LIC inspection of this college on 10/5/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

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

From,

Chethann P.k

SCON

Bidadi

To,

The Principal

SCON

Bidadi

Respected mam,

Sub: Leave Application for due to health issues

I am writting to request a leave of absence for 10 days from 07/05/2025 to 17/05/2025 due to health issues. My doctor has advised me to take complete rest during this period to recovery full. I hope your understanding and support in granting me this leave. Please let me know if there's any further information required

Thank you for considering my request

Yours Sincerely

Chethan

Place: Bidadi

Date: 10/05/25

PRINCIPAL
SUBASH COLLEGE OF NURSING
#258/136/1/136/4, Bidadi Municipal Area,
Thimmegowdanadoddi, Ramanagara Dist.
PIN 562109. Karnataka

From,

Nikitha.S

SCON

Bidadi

To,

The Principal

SCON

Bidadi.

Respected Mam,

Sub:- Leave Application for due to health issues.

I am writing to request a leave of absence for 10 days from 10/5/2025 to 15/05/2025 due to health issue. My doctor has advised to me take complete rest during this period to recovary fully. I hope your understanding and support in granting me this leave. Please let me know if there's any further information required.

Thank you for considering my request.

Yours obediently

Place : Bidadi.

Date :- 10/05/25

PRINCIPAL
SUBASH COLLEGE OF NURSING
#258/136/1/136/4, Bidadi Municipal Area;
Thimmegowdanadoddi, Ramanagara Dist.
PIN 562109. Karnataka

From;

sharhikala. A.R
SCON
Bidadi

To:

The principal
SCON
Bidadi

Respected Maam

Sub:- Requesting permission for leave due to Some personal Issue

With due respect I would like to Inform you that I Want permission to go for native due to Some personal Issues. So kindly grand me the permission to go

Thanking you.

Date :- 10/5/25
place : Bidadi

Your's faithfully
sharhikala.

Signature of principal Maam

PRINCIPAL
SUBASH COLLEGE OF NURS NG
#258/136/1/136/4, Bidadi Municipal Area,
Thimmegowdanadoddi Ramanagara D. t.
PIN 562109. Karnataka

From

Sree Saily . S.S

SCON

Bidadi

To,

The principal

SCON

Bidadi

Respected Na'am

Sub: Requesting permission to go to native for my personal requirment

Respected mam, with due respect I would like to inform you that I want permission to go to native for my personal requirement. So kindly grand me the permission to go.

Thanking You

Yours Sincerely

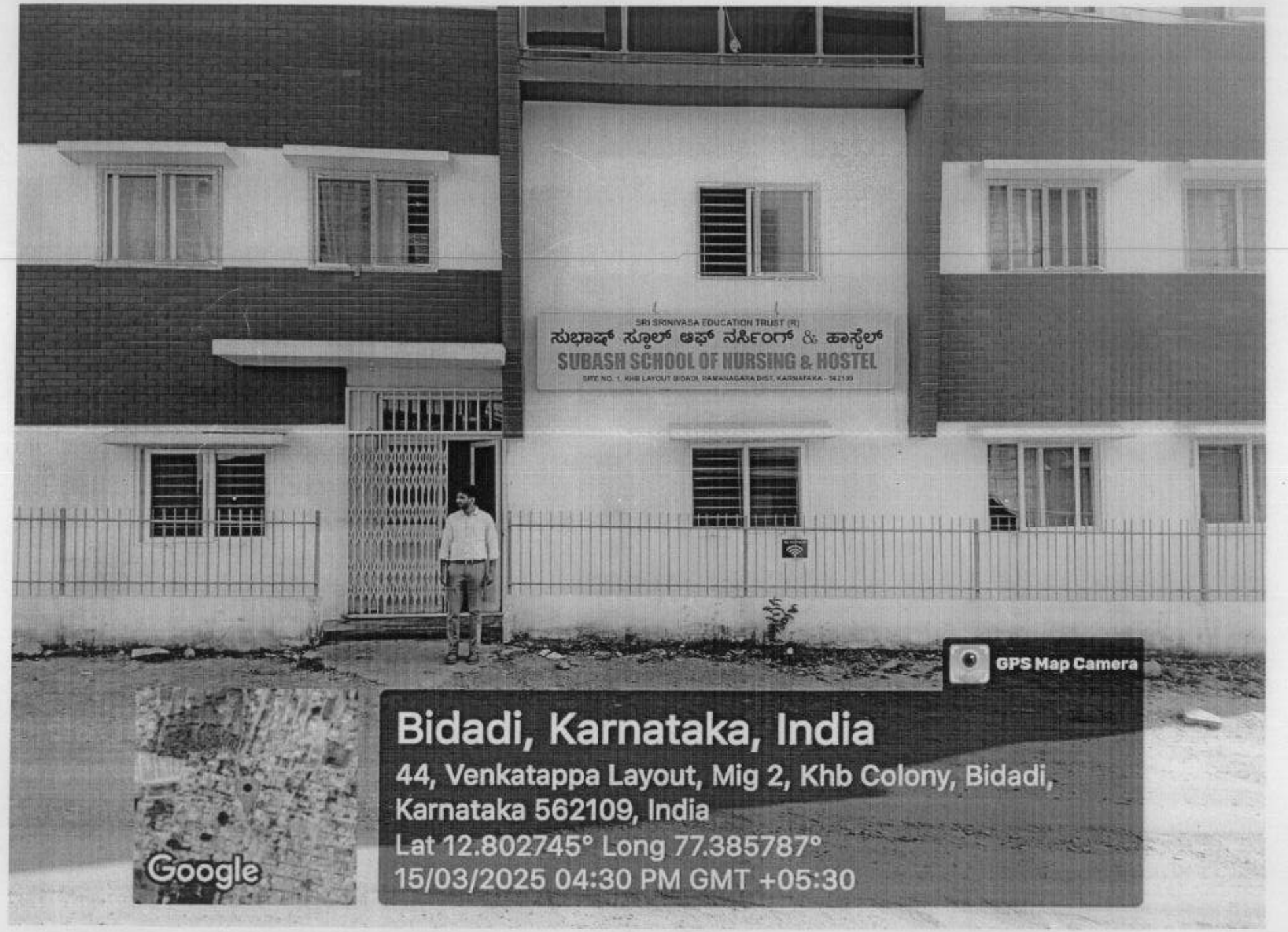
Sree Saily S.S

Place: Bidadi

Date: 10.05.2025

Signature of principal mam

PRINCIPAL
SUBASH COLLEGE OF NURSING
#258/136/1/136/4, Bidadi Municipal Area,
Thummegowdanadoddi Ramanagara Dist.
PIN 562109 . Karnataka


SRI SRINIVASA EDUCATION TRUST (R)
ಸುಭಾಷ್ ಸ್ಕೂಲ್ ಆಫ್ ನರ್ಸಿಂಗ್ & ಹಾಸ್ಟೆಲ್
SUBASH SCHOOL OF NURSING & HOSTEL
SITE NO. 1, KHB LAYOUT BIDADI, RAMANAGARA DIST, KARNATAKA - 562109
GPS Map Camera
Bidadi, Karnataka, India
44, Venkatappa Layout, Mig 2, Khb Colony, Bidadi, Karnataka 562109, India
Lat 12.802745° Long 77.385787°
15/03/2025 04:30 PM GMT +05:30
Google

Tel. : 9611080201
9620407335

Subash College Of Nursing

Approved by Govt. of Karnataka, Recognised by Indian Nursing Council, New Delhi,
Karnataka State Nursing Council, Bengaluru and Affiliated to Rajiv Gandhi University of Health Sciences, Bengaluru

Ref. :

10-05-2021 *Date :*

We have constructed ladies hostel building in our trust site No.1, KHB colony, Bidadi, Ramanagar Dist. we are using this building for the purpose of ladies hostel for both BSc (N) & GNM Students.

PRINCIPAL
SUBASH COLLEGE OF NURSING
No. 1790/860, B.M. Road,
BIDADI-562 109. Ramanagar Dist.
KARNATAKA, INDIA

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 : Ramanagar
No. 62/5, Vaderahalli, Bangalore – Mysore Road,Near
DC Office,Ramanagara-562159
Tele : 080-27275678

Consent For Establishment Expand(CFE-EXP)

As per the provisions of
The Water (Prevention & Control of Pollution) Act, 1974
&
The Air (Prevention & Control of Pollution) Act, 1981

To

Subash Medical Centre, No.1678/852,B.M.Road, Bidadi, Ramanagara Tq & Dist

for the Facility located at,

Subash Medical Centre,No.1678/852 ,No.1678/852,B.M.Road, Bidadi, Ramanagara Tq & Dist

Ramnagaram

Consent Order No	PCBID	INW ID	Industry Colour/Scale	Date of Issue
CTE-348481	34749	311843	ORANGE/SMALL	21/04/2025

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

Validity : 14/04/2030

PRINCIPAL
SUBASH COLLEGE OF NURSING
#258/136/1/136/4, Bidad. Municipal Area,
Thimmegowdanadoddi, Ramanagara Dist.
PIN 562109 . Karnataka

Combined Consent Order No: CTE-348481 **PCB ID:** 34749 **GSC No :** PB0XG0000301843 **Date:** 21/04/2025

To,

The Occupier,

Subash Medical Centre

No.1678/852,B.M.Road, Bidadi,
Ramanagara Tq & Dist

Sir,

Sub: Consent for Expansion of the unit in the Existing premises under Water (Prevention & Control of Pollution) Act,1974 & Air (Prevention & Control of Pollution) Act, 1981

Ref: 1.CFE expansion application submitted by the organization on 01/04/2025

2.Inspection of the project site by Regional Officer on 15/04/2025

With reference to the above, it is to be informed that, the Board hereby accords **Consent for Expansion** of the unit in the existing premises under Water (Prevention & Control of Pollution) Act, 1974 & Air (Prevention & Control of Pollution) Act, 1981 at the location indicated below subject to the following conditions.

Location:

Name of the Industry:	Subash Medical Centre		
Address:	No.1678/852, No.1678/852,B.M.Road, Bidadi, Ramanagara Tq & Dist		
Industrial Area:	Not In I.A,	Bidadi,	
Taluk:	Ramnagaram,	District: Ramnagaram	

1. The Consent for Expansion is granted considering the following activities:

Sr	Product Name	CFE Qty	CFO Qty	Applied Qty	Units	Existing/Proposed
1	health care establishment (hospital) for installation of additional 50 beds	50.0000	50.0000	50.0000	Number of Beds	Proposed

2. This consent for establishment is valid up to 14/04/2030 from the date of issue.
3. The applicant shall not undertake further expansion/diversification without the prior consent of the Board.
4. The applicant shall obtain necessary license/clearance from other relevant statutory agencies as required under the law.

I. **WATER CONSUMPTION:**

1. The source of water shall be from **Tankers** and total water consumption shall be as below.

Particulars	Water Consumption(KLD)	Water Discharge(KLD)	Water Source	Existing/Proposed
Domestic Purpose	15.00	12.00	Tankers	Existing
Domestic Purpose	6.00	5.00	Tankers	Proposed
Others	1.00	1.00	Tankers	Proposed
Others	1.00	1.00	Tankers	Proposed

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 : Ramanagar
No. 62/5, Vaderahalli, Bangalore – Mysore Road,Near DC Office,Ramanagara-562159
Tele : 080-27275678

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

As per the provisions of

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

&

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

To

Subash Medical Centre, No.1678/852,B.M.Road, Bidadi, Ramanagara Tq & Dist

for the Facility located at,

Subash Medical Centre,No.1678/852 ,No.1678/852,B.M.Road, Bidadi, Ramanagara Tq & Dist

Ramnagaram

Consent Order No	PCBID	INW ID	Industry Colour/Scale	Date of Issue
W-338352	34749	193304	ORANGE/SMALL	27/06/2023

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

Validity through : 21/06/2023 to 30/09/2032

PRINCIPAL
SUBASH COLLEGE OF NURSING
#258/136/1/136/4, Bidadi Municipal Area,
Thummegowdanadoddi, Ramanagara Dist.
PIN 562109, Karnataka

Form III -[Rule10]

Authorisation for Bio-Medical Waste Management Rules, 2016

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

Authorization type: HCF
Authorization No : 341676
Valid upto: 30-09-2028

(This document contains 1 pages excluding additional conditions)

PCB ID: 34749 INW ID: 218606 Date :31/01/2024

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

Ref:
1. Authorization application submitted by the HCF on 23-01-2024 at Regional Office.
2. Inspection of the project site/organization by Regional Officer, Ramanagar on 25-01-2024

1. Authorization number and date of issue 341676 and 31-01-2024
2. M/s. SUBASH K an occupier or operator of the hospital located at No.1678/852,B.M.Road, Bidadi, Ramanagara Tq & Dist is hereby granted an authorization for Activity : Generation, Storage, Disposal
3. M/s. Subash Medical Centre is hereby authorized for handling of biomedical waste as per the capacity given below
   i. Number of beds of HCF : 50

Category	Type of Waste	Quantity generated or collected, kg/day	Method of treatment & disposal
Yellow	Human Anatomical Waste	100.000	Disposed to CBMWTF
	Animal Anatomical Waste	0.000	Disposed to CBMWTF
	Soiled Waste	60.000	Disposed to CBMWTF
	Expired or Discarded Medicines	10.000	Disposed to CBMWTF
	Chemical Solid Waste	5.000	Disposed to CBMWTF
	Chemical Liquid Waste	5.000	To be Treated and Disposed as per BMW rules 2016
	Discarded linen, mattresses, beddings contaminated with blood or body fluid	5.000	To be Treated and Disposed as per BMW rules 2016
	Microbiology, Biotechnology & other clinical laboratory Waste	5.000	To be Treated and Disposed as per BMW rules 2016
Red	Contaminated Waste (Recyclable)	10.000	To be Disposed as per BMW rules 2016
White (Translucent)	Waste sharps including Metals	5.000	To be Disposed as per BMW rules 2016
Blue	Glassware	10.000	To be Disposed as per BMW rules 2016
	Metallic Body Implants	1.000	To be Disposed as per BMW rules 2016

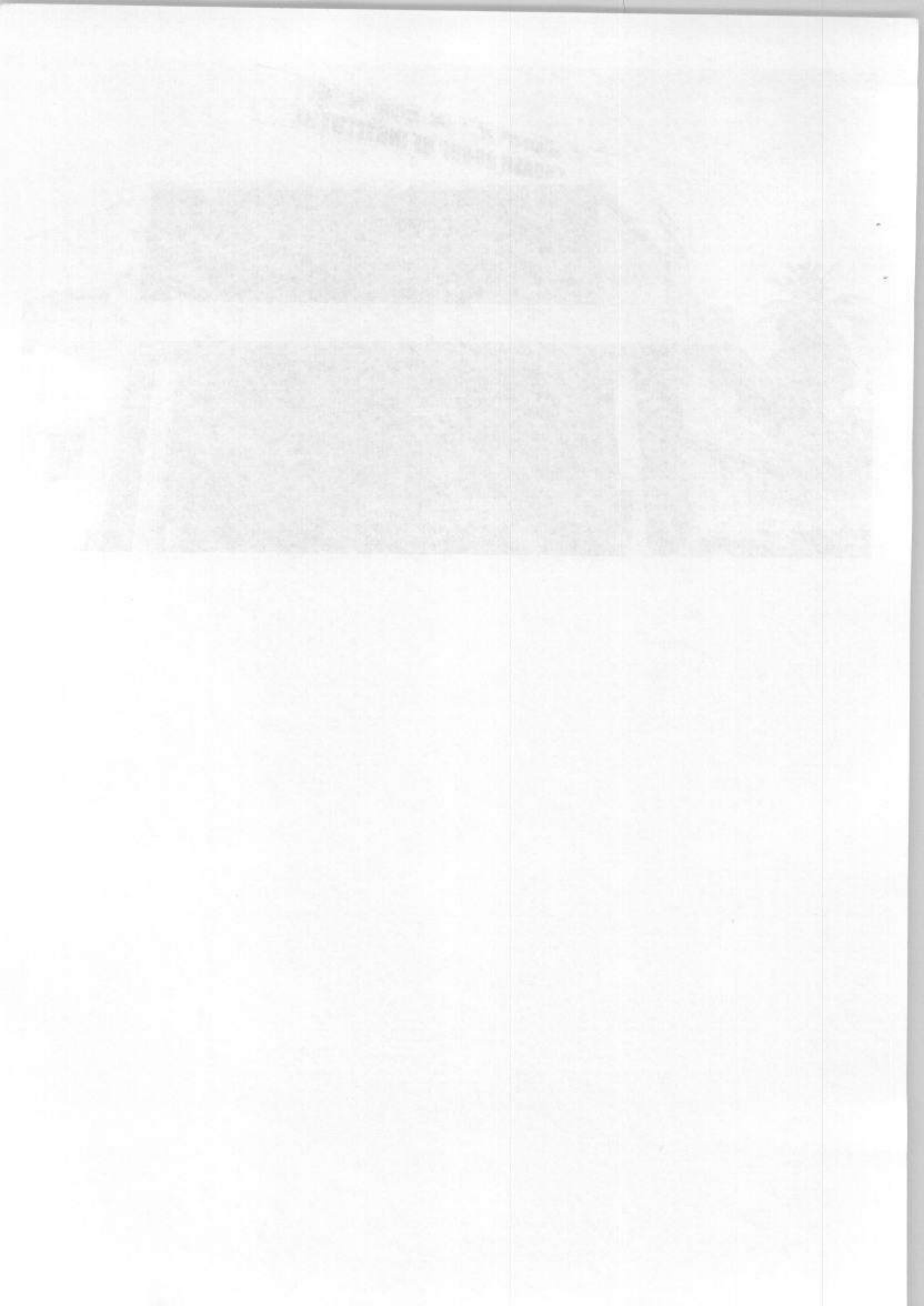
4. This authorisation shall be in force for a period upto 30-09-2028 from the date of issue.
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment(Protection)Act, 1986.

PRINCIPAL
SUBASH COLLEGE OF NURSING
#258/136/1/136/4, Bidadi Municipal Area,
Thimmegowdanadoddi, Ramanagara Dist.
PIN 562109, Karnataka


GPS Map Camera
Bidadi, Karnataka, India
R92v+cp7, Sh17, Bidadi, Karnataka 562109, India
Lat 12.800919° Long 77.394198°
15/03/2023 12:32 PM GMT +05:30
Google


GPS Map Camera
Bidadi Industrial
Area,Karnataka,India
Bidadi Main Road, Ramanagara, Bidadi Industrial
Area, Karnataka 562109, India
Lat 12.801111, Long 77.394225
05/10/2025 05:18 PM GMT+05:30
Note : Captured by GPS Map Camera


INSTITUTIO
GPS Map Camera
Lat 12.759541, Long 77.414493
05/10/2025 04:35 PM GMT+05:30
Note : Captured by GPS Map Camera



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore-560041

CONTINUATION AFFILIATION APPLICATION FOR 2025-26

Building Name : Admin Building

Latitude : 12.80083030

Longitude : 77.39431910

Building Name : Principal Room

Latitude : 12.80083030

Longitude : 77.39431910

Building Name : Library Room

Latitude : 12.80083030

Longitude : 77.39431910

Building Name : Laboratory Building

Latitude : 12.80083030

Longitude : 77.39431910

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

CONTINUATION AFFILIATION APPLICATION FOR 2025-26

Building Details

Building Type	Own
Building Owner Name	DR SUBASH K
Any court case pending against the property?	NO
Does all the applied courses are imparted in this building?	YES
Number of Classrooms	3
Number of Labs	6
Safe drinking water supply	Available
Auditorium	Available
Office Facilities	Available
Seating Capacity	Available
Blue Print and Completion Certificate Approved by Competent Authority certified from State Competenet Authority	Uploaded
Encumbrance Certificate (EC) (should be obtained after date of notification.)	Uploaded
Tax paid reciept/ Certificate by Authority	Uploaded
Supporting document for court case pending against the property	Not uploaded
Occupancy Certificate	Uploaded

Building Photographs

Type	BuildingPhotographs
Building Name : Main Entrance Latitude : 12.80083030 Longitude : 77.39431910