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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Basavaraj. S. Savadi	Dr. T. Prakash	Mahesh Bhimappa T
Designation	Principal	Principal	Asst prof
Address	Sdoorthi Ayurveda Medical college vidya Nagar Gangavathi	Akshaya college of pharmacy Tumkur	Brahmavi Inst of Nursing Sciences Honnavar
Mobile No	9845646885	9892513414	7760708162
Email ID	drbssavadi123@ gmail.com	Prakashtigari@gmail.com	mahesh.b.139@gmail.com

For the Academic Year : 2025 - 2026 *Date of Inspection:* 13/05/2025

(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	Shri Allamaprabhu Foundations Samruddi college of Nursing 75/5 / B # T. Falls Road, Block No, 4 Ward No. 31, Gokak - 591307	2	Year of Establishment: 2019
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	Shri Allamaprabhu Foundations A|P: Kalloli, Tq - Gokak, Dis - Belagavi - 591224 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: principalsamruddicngkk@gmail.com Website: http://allamaprabhufoundation.co		

Signature of Chairman

Signature of Member (1) 13/05/2025

Signature of Member (2) 13/5/25

	(b). Name of the Owner of Trust/Society	Dr. Mahantesh. kadatti	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : Enclosed (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) Annexure - 2	
5	Details of Principal/Head of the institution	Name: Dr. channamallappa Hadaginal Qualification: PHD(N) MSc(N) psychiatry Experience: 14.4 years Email: channusweety@gmail.com	Mobile No: 8856994496 Office No: Fax No: Residential phone No:

6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☑	NO ☐	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing		Annexure -	(4)			60800/-
Post Basic B.Sc. Nursing						
					Total (A)	

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

Online Transaction Number or Details:

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

Remarks: Verified

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Verified
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	40	40	40	—	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	✓
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	✓
	Sanctioned Intake					
	Admissions Made for the Current Academic Year			NA		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	✓
	Sanctioned Intake			NA		

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

	Admissions Made for the Current Academic Year	Not Applicable				

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	13	08	16	23	60
	Female	27	13	23	14	77
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female			NA		
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----------

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----------

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: Verified

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

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				0	1								
3	Professor	1	1-2		1*		1			Appl. awaited						
4	Associate Professor	2	2-4		1*		1	NA								
5	Assistant Professor	3	3-8	2	3*		5	NA								
6	Tutor	8-16	16-24	2-10	--		16	1	Not							
	Total	**16-24**	**24-40**	**4-12**			24	1								

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)

– Enclosed –

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. Channamallappa. Hadagiral	Principal	PHD Nursing Psychiatry	2025	12681	1.6 years	18.6 years	01/01/2024	Yes	
2.	Mr. Shashikanth Reddy . P	Professor	M.Sc Nursing MSN	2016	21832	6 years	6 years	01/9/2019	No	
3.	Mr. Parameshwarappa. Koti	Asso. Professor	M.Sc Nursing Paediatrics	2016	21394	2.1 years	5 years	01/05/2025	No	
4.	Mr. Vijaykumar Malakannavar	Lecturer	M.Sc Nursing MSN	2019	29819	6 years	6 years	01/09/2019	NO.	
5.	Mr. Anand Sattigeri	Lecturer	M.Sc Nursing Community	2019	175369	4 years	1.8 years	10/10/2023	—	
6.	Mr. Sanjeev Arabhavi	Lecturer	M.Sc Nursing Community	2020	29949	11 months	1.10 years	03/05/25	NO	
7.	Mrs. Ningavva. Guntakal	Lecturer	M.Sc Nursing OBG	2023	92847	1 year	2 years	01/03/2023	NO	
8.	Mr. Naveen Jothi	Lecturer	M.Sc Nursing MSN	2021	92178	1 year	4 years	15/12/2021	NO	
9.	Ms. Bhagya. H.R	Tutor	B.Sc Nursing	2021	127403	3 years	—	07/05/22	NO	
10.	Ms. Jyoti Asalimatti	Tutor	B.Sc Nursing	2024	153104	1 year	—	10/1/24	NO	
11.	Ms. Deepa Malyagol	Tutor	B.Sc Nursing	2021	123120	3 years	—	04/04/24	NO	
12.	Ms. Sanjota Haddad	Tutor	B.Sc Nursing	2024	256074	1 year	—	20/4/24	NO	
13.	Mrs. Renuka Byakod	Tutor	B.Sc Nursing	2024	150261	1 year	—	20/4/24	NO.	
14.	Ms. Shruthi Dalavi	Tutor	B.Sc Nursing	2023	136130	2 years	—	01/06/23	No	
15.	Mr. Manjunath Sankri	Tutor	B.Sc Nursing	2024	164658	1 year	—	02/4/24	No.	
16.	Mr. Imran Sanadi	Tutor	B.Sc Nursing	2018	83938	2 years	-	01/6/23	No.	
17.	Mrs. Mamata Aloganjikeri	Tutor	B.Sc Nursing	2017	203511	2 years	-	01/6/23	NO	
18.	Ms. Pallavi Vaggaravar	Tutor	B.Sc nursing	2023	139738	2 years	-	01/02/23	NO	
19.	Ms. Pooja Handgardi	Tutor	B.Sc Nursing	2022	135067	2 years	-	01/01/25	No	
20.	Ms. Farheen Killedar	Tutor	B.Sc Nursing	2025	173718	1 month	-	21/04/25	No	
21.	Ms. Shama Shiddiki	Tutor	B.Sc Nursing	2025	172442		-	03/5/25	NO	
22.	Ms. Yogita Mestri	Tutor	B.Sc Nursing	2024	150042	1.4 years	-	6/1/24	No.	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mr. Mohamad Yaseen. Mulla	Tutor	BSc Nursing	2024	164175	7 month	-	16/10/24	NO	
24.	Ms. Tasleem Bagawan	Tutor	MSc Nursing NISN	2025	220867	9 month	3 month	04/02/25	NO	
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Signature of Chairman

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 **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
		Attached - (11)			

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	23,200 sq ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	3600 Sq Ft	Verified
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	—
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	—	—
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	—	—
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300 Sq Ft	Verified
	2. Vice-Principal Chamber	200	200 Sq Ft	Verified
	3. HOD	5 x 200 = 1000	1000 Sq Ft	Verified
	4. Professor/Assoc. Prof	800+2400=3200	3200 Sq Ft	Verified
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		Available	Verified
	7. Accountants Office		Available	Verified
	8. Store Room		Available	Verified
	9. Record room		Available	Verified
	10. Room for maintenance staff		Available	Verified
	11. Xeroxing room		Available	Verified
	12. common room	1000	1000 Sq ft	Verified
	13. Seminar hall	3000	3000 Sq Ft	Verified
	14. Toilets	1000	1000 Sq Ft	Verified
	15. A.V/Aids room	600	600 Sq Ft	Verified

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	1600 Sq Ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	1200 Sq Ft	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	900 Sq Ft	Verified
	Pediatrics Nursing Laboratory	900sq.ft	900 Sq Ft	Verified
	Pre-Clinical Sciences Laboratory	900sq.ft	900 Sq Ft	Verified
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq Ft	Verified

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

Attached - (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

Attached - (13)

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
1	KA 49 6583	42	Yes / ~~No~~	Yes / ~~No~~	Yes / ~~No~~

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

Attached - (14).

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	2300 Sq Ft	YES ☑ No ☐	Available	Available	Available

Total No. of Nursing Books available	3402	**No. of Nursing Journals subscribed**	04
No. of Thesis/Research titles available	NA	**Is internet facility available for Students?**	Available
No of e-books	NA	**How many books were purchased in last financial year?**	475

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	kareppa . K	M.Lib	4	—
2	Laxmi . S	B.Lib	6	—
	—	—	—	—

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		✓
Conferences conducted	Attached - (15)	
Conferences attended	✓	

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 Arogya Adhar multispeciality Hospital, Near Shakuntala Honda Showroom, Byalikala. Gokak		100	4 km	85%.	Verified
NAME OF THE TRUST/ Person owning The Hospital Shri. Allamaprabhu Foundation.		—	—	—	—
Name Of The Owner Of The Trust of Hospital Dr. Mahantesh Kadadi		—	—	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Atharv Hospital Near Jodatti layout Gokak. 591307	100	5 km	85%.	Verified
	2 Manasa Trust Manasa Nursing Home Shivanoora	100	312 km		Verified

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are:-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges **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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be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

1) Arogya Adhar Multi Speciality Hospital Holalk
2) Atharv ortho & trauma care Hospital Holalk
3) Manasa Nursing Home Shivamogga

Copies Enclosed

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

18.1. Distribution of Beds

Attached (16)

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	10	08	15	13
Surgery including OT	10	07	40	38
Obstetrics & Gynecology	25	24	00	00
Pediatrics,	25	25	00	00
Emergency Medicine	05	04	10	09
Psychiatry	00	00	00	00

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	02	—	—
Minor OT	05	04	05	04
Dental, Otorhinolaryngology, Ophthalmology	—	—	—	—
Burns and Plastic	—	—	—	—
Neonatology care unit	10	10	00	00
Communicable disease/ Respiratory medicine/TB & chest diseases	—	—	—	—
Dermatology	—	—	—	—
Cardiology	—	—	05	02
Oncology	—	—	—	—
Neurology/Neuro-surgery	—	—	05	03
Nephrology/Urology	—	—	—	—
ICU/ICCU	05	03	10	09
Geriatric Medicine	—	—	—	—
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**	primary Heath Canter Konsur
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	NA
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	NA
	Adopted / Affiliated	
	Administrate red by	**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	
b.	Services Rendered by Health & Family Welfare Programmes	NA
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** NA	**NO** ☑
c.	M.Sc. Nursing	**YES** NA	**NO** ☑
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** NA	**NO** ☑
c.	M.Sc. Nursing	**YES** NA	**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**	Attached - (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 : 41	Boys : 24
f.	Total No. of rooms	Girls : 14	Boys : 21
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	✓	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification		✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

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		✓

On the day of Inspection, Dated : 13/05/2025

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 team visited to Samrudhi college of Nursing. Gokarna Newly Constructed. Applied for continuation of Affiliation Increase in Intake 40 to 60 and Change of Address.
Committe Observed on the day of Inspection Samrudhi college of Nursing Gokak, College have more than 23,900 sq ft, including 4-Classrooms 5- Laboratories like, Nursing, Community, OBG, Pediatrics, fundamental pre-clinical, AV-aids and Auditorium, Common rooms for Boys & Girls with all equipments Instruments are observed on the day Inspection.

Library have 3402 books are available, in this year 150 books are purchaged. It is well Ventilated Sufficient Space for more 60 Students can accupied.

Full time principal, experience & including principals total 28-teaching Staffs, out of which 03-teaching staffs are approved leave. total 25-teaching staffs are present on day of Inspection.

Hospital: Arogya Adhar multispeciality hospital, Gokak, with 100 beds. Varified KPME, Pollution control Board, BMW, Fire Safety Certificate are available and varified.

Change of Address:: Old Address: plot No R-12, KSSIDR, behind Lakshmi temple, Near RSM circle Gokak-591307.

Existing Address: 75/5/B, # 7, Falls Road, Block No: 4, Ward No-31, Gokak - 591307 Affidavit is enclosed.

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

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Samruddi college of Nursing which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on 13/05/2025 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/2025-26, dated: 13/05/2025, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)
Signature of Chairman	Signature of Member (1)	Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

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

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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 Samruddi college of Nursing which has applied for continuation of affiliation for the academic year 2025-26.

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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)

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. Channamallappa Hadaginal	Principal	PHD Nursing Psychiatry	2025	12681	1.6 years	12.6 year	01/01/2024	Yes	
2.	Mr. Shashikanth Reddy .P	Professor	M.Sc Nursing MSN	2016	21832	6 years	6 years	01/9/2019	No	
3.	Mr. Parameshwarappa Koti	Asso. Professor	M.Sc Nursing Paediatria	2016	21394	2.1 years	5 years	01/05/2025		
4.	Mr. Vijaykumar Malakannavar	Lecturer	M.Sc Nursing MSN	2019	29819	6 years	6 years	01/09/2019	No.	
5.	Mr. Anand Sattigeri	Lecturer	M.Sc Nursing Community	2019	175369	4 years	1.8 years	10/10/2023	—	
6.	Mr. Sanjeev Arabhavi	Lecturer	M.Sc Nursing Community	2020	29949	11 months	1.10 years	03/05/25	NO	
7.	Mrs. Ningavva . Guntakal	Lecturer	M.Sc Nursing CBG	2023	92247	1 year	2 years	01/03/2023	NO	
8.	Mr. Naveen Jothi	Lecturer	M.Sc Nursing MSN	2021	92178	1 year	4 years	15/12/2021	NO	
9.	Ms. Bhagya. H.R	Tutor	B.Sc Nursing	2021	127403	3 years	—	07/05/22	NO	
10.	Ms. Jyoti Asalimatti	Tutor	B.Sc Nursing	2024	153104	1 year	—	10/1/24	NO	
11.	Ms. Deepa Malyagol	Tutor	B.Sc Nursing	2021	123120	3 years	—	04/04/24	NO	
12.	Ms. Sanjota Hadapad	Tutor	B.Sc Nursing	2024	256074	1 year	—	29/4/24	NO	
13.	Mrs. Renuka Byakod	Tutor	B.Sc Nursing	2024	150261	1 year	—	20/4/24	NO	
14.	Ms. Shruthi Dalavi	Tutor	B.Sc Nursing	2023	136130	2 years	—	01/06/23	No	
15.	Mr. Manjunath Sankri	Tutor	B.Sc Nursing	2024	164658	1 year	—	02/11/24	No.	
16.	Mr. Imran Sanadi	Tutor	B.Sc Nursing	2018	83938	2 years	—	01/6/23	No.	
17.	Mrs. Mamata Aboganjikeri	Tutor	B.Sc Nursing	2017	203511	2 years	—	01/6/23	NO	
18.	Ms. Pallavi Vaggaravar	Tutor	B.Sc Nursing	2023	139738	2 years	—	01/02/23	NO	
19.	Ms. Pooja Handgandi	Tutor	B.Sc Nursing	2022	135067	2 years	—	01/01/25	NO	
20.	Ms. Farheen Killedar	Tutor	B.Sc Nursing	2025	173718	1 month	—	29/04/25	No	
21.	Ms. Shama Shiddiki	Tutor	B.Sc Nursing	2025	172442		—	03/5/25	NO	
22.	Ms. Yogita Mestri	Tutor	B.Sc Nursing	2024	150042	1.4 years	-	6/1/24	No.	

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

23.	Mr. Mohamad Yaseen Mulla	Tutor	BSc Nursing	2024	164175	7 month	-	16/10/24	NO	
24.	Ms. Tasleem Bagawan	Tutor	MSc Nursing NISN	2025	220867	9 month	3 month	04/02/25	NO	
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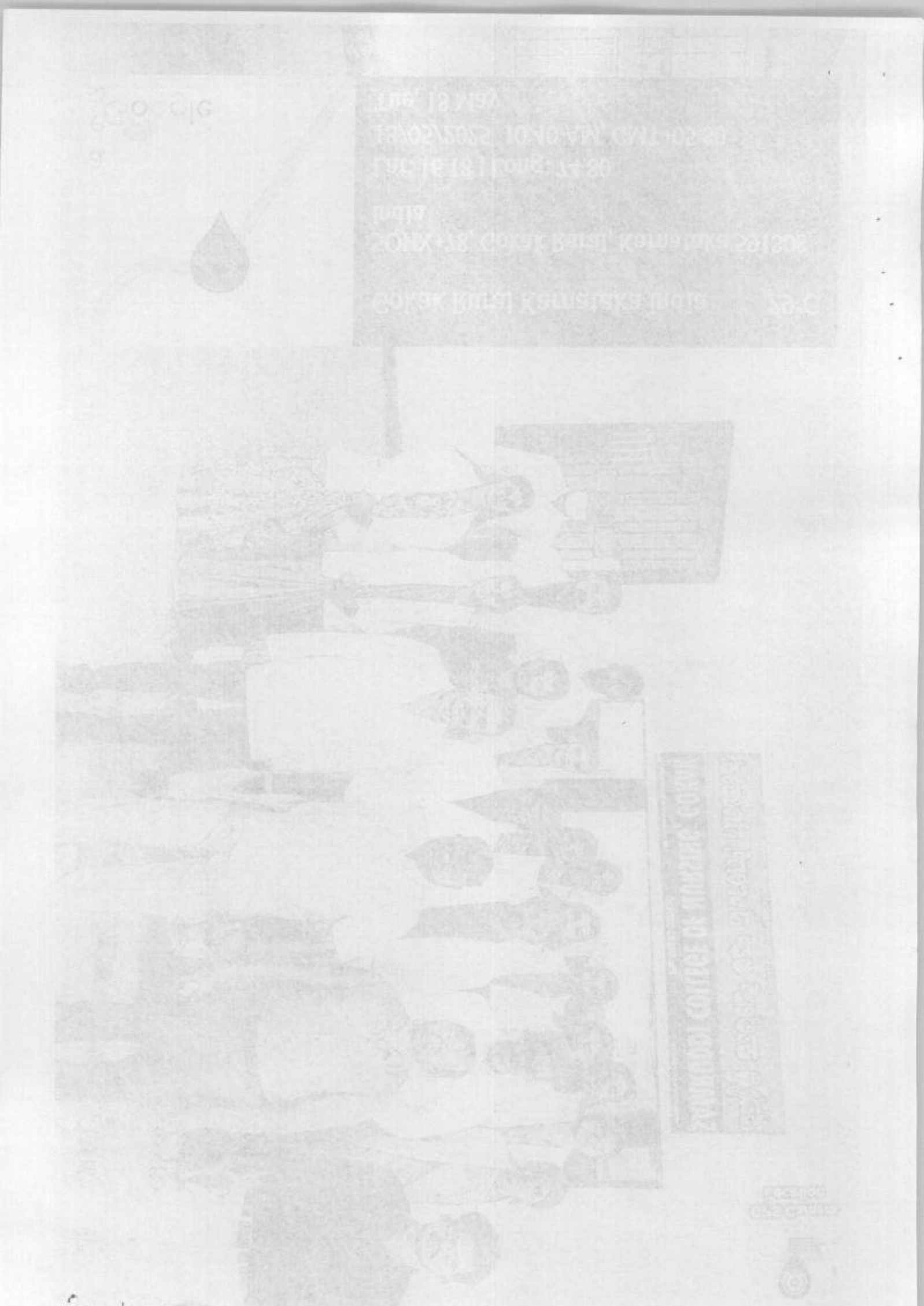
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

GPS Camera
Location
ಸಮೃದ್ಧಿ ಕಾಲೇಜ್ ಆಫ್ ನರ್ಸಿಂಗ್, ಗೋಕಾಕ.
SAMRUDDI COLLEGE OF NURSING, GOKAK
Ph: 08332-200126
Gokak Rural Karnataka India 29°C
5QHX+78, Gokak Rural, Karnataka 591308, India
Lat: 16.18 | Long: 74.80
13/05/2025 10:40 AM, GMT+05:30
Tue, 13 May
Google



Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority

Belagavi

CERTIFICATE OF REGISTRATION

This is to certify that Arogya Adhaar Multispeciality Hospital located at Near Shakuntala Honda Showroom, Main Road, Byalikata, Gokak owned by Dr. Mahantesh K Kadadi has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a Hospital (Level 3)(Non-Teaching with Super Specialty Services) under Allopathy system of medicine.

Signature valid

Digitally signed by
Date: 2023.03.28 13:04:00 +05:30

Reg No: **BLG01106ALHL3**

Date of Issue: 28 Mar 2023

Valid Till: 27 Mar 2028

Place: Belagavi

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

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 : Belagavi 1st Floor,Plot No. 1, Auto Nagar,Kanabargi Industrial Area,Belagavi-590015 Tele : 0831-2459121

Consent For Establishment (CFE) - (CfE-Fresh)

As per the provisions of

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

&

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

To

Arogya Adhaar Multispecility Hospital, Gurlapur – Gokak Main Road, Mudalagi Village, Taluk Mudalagi

for the Facility located at,

Arogya Adhaar Multispecility Hospital,Sy. No 512/14 ,Gurlapur – Gokak Main Road, Mudalagi Village, Taluk Mudalagi

Chikkodi

Consent Order No	PCBID	INW ID	Industry Colour/Scale	Date of Issue
CTE-341613	206892	216841	ORANGE/SMALL	22/01/2024

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

Validity : 22/01/2029

Combined Consent Order No: CTE-341613 **PCB ID:** 206892 **GSC No :** PB0XG0000206841 **Date:** 22/01/2024

To,

The Occupier,

Arogya Adhaar Multispecility Hospital

As Above

Sir,

Sub: Consent to Establish new activity under Water (Prevention & Control of Pollution) Act, 1974 & Air (Prevention & Control of Pollution) Act, 1981

Ref: 1. CFE application submitted by the industry/organization on 11/01/2024 at regional Office

2. Inspection of the project site by Regional Officer Belagavi (Chikkodi) on 17/01/2024

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

Location:

Name of the Industry:	Arogya Adhaar Multispecility Hospital
Address:	Sy. No 512/14, Gurlapur – Gokak Main Road, Mudalagi Village, Taluk Mudalagi
Industrial Area:	Not In I.A, Mudalagi Village,
Taluk:	gokak , District: Chikkodi

1. This consent for establishment is valid up to **22/01/2029** from the date of issue.
2. The applicant shall not undertake expansion/diversification without the prior consent of the Board.
3. The applicant shall obtain necessary license/clearance from other relevant statutory agencies as required under the law.
4. This consent is granted considering the following activities:

Sr	Product Name	Applied Qty	Unit
1	Health care establishment of 100 beds	100.0000	Number of Beds

I. WATER CONSUMPTION:

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

Particulars	Water consumption(KLD)
Domestic Purpose	36.5
Others	1.0

II. WATER POLLUTION CONTROL:

1. The industry shall treat the domestic wastewater from the factory in septic tank with soak pit. No overflow from the soak pit is allowed. The septic tank and soak pit shall be designed as per IS 2470 Part – I and Part – II.

2. The industry shall treat the domestic wastewater in the Sewage Treatment Plant (STP) as per the proposal submitted. It shall meet the standards specified in Annexure-I & shall be used on land for gardening/ greenbelt within the factory premises.

3. Domestic Sewage shall be discharged to Underground drainage System/ Sewers owned by Local body.

4. The trade effluent shall be treated in the Effluent treatment Plant (ETP) to the stipulated standards and the treated trade effluent shall be discharged to the Underground drainage System (UGD) owned by Local body.

STP & ETP details

SINo	ETP/STP NO	ETP Code	Category Name	Capacity (Meter Cubic)	Units	Remarks
1	STP1	BS-	Bar Screen	0.50	1	
2	STP1	COL	P-Collection Tank	8.00	1	Filter Feed Tank
3	STP1	COL	P-Collection Tank	20.00	1	Treated Water Tank
4	STP1	EQU	P-Equalization Tank	20.00	1	
5	STP1	HOL	P-HOLDING TANK	9.00	1	
6	STP1	AER	S-AERATION TANK	14.50	1	
7	STP1	SET	S-SETTLING TANK	10.00	1	
8	STP1	CFL	T-CARBON FILTER	1.00	1	
9	STP1	SFL	T-SAND FILTER	1.00	1	

Discharge of effluents under the Water Act:

Sl. No.	Description	Permitted Quantity of discharge in KLD	Mode/Place of disposal
2	Domestic Purpose	29.500	-
1	Others	1.000	Liquid Waste (Hospital)

III. AIR POLLUTION CONTROL:

1. The Source of emission, Stack height & Air Pollution Control (APC) measures shall be as specified in ANNEXURE-II.

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

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

IV. NOISE POLLUTION CONTROL:

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

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

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

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

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

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

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

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

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

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

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

1. The industry shall collect, treat and dispose off all solid waste generated from the process other than wastes covered under the Hazardous Wastes (Management& Transboundry Movement) Rules 2016, in such manner so as not to cause environmental pollution.

2. The details of solid waste generated from the proposed plant and mode of disposal shall be as below.

VI. HAZARDOUS AND OTHER WASTES (MANAGEMENT & TRANSBOUNDRY MOVEMENT) RULES 2016:

1. The industry shall apply and obtain authorization under Hazardous Wastes (Management & Transboundry Movement) Rules 2016, and comply with the conditions of the authorization. The applicant shall apply for authorization along with the consent for operation (CFO) application under the Rules in Form-I to obtain authorization and comply with conditions.

VII. GENERAL:

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

2. The industry shall transport and store the raw materials in a manner so as not to cause any damage to environment, life and property. The applicant shall be solely responsible for any damages to environment.

3. The industry shall not commission the proposed plant for trial or regular production unless necessary Water & air pollution control equipments are installed as specified in the Consent Order.

4. The industry shall ensure that the treatment plant and control equipments are completed and commissioned simultaneously along with construction of the factory and erection of machineries.

5. The industry shall not change or alter (a) raw materials or manufacturing process, (b) change the products or product mix (c) the quality, quantity or rate of discharge/emissions and (d) install/replace/alter the water or air pollution control equipments without the prior approval of the Board.

6. The industry shall immediately report to the Board of any accident or unforeseen act or event resulting in release of discharge of effluents or emissions or solid wastes etc. in excess of the standards stipulated. And the industry shall immediately take appropriate corrective and preventive actions under intimation to the Board.

7. The Board reserves the right to review, impose additional condition or conditions, revoke, change or alter the terms and conditions.

8. This CFE does not give any right to the Party/Project Authority/Industry to forego any other legal requirement, that is necessary for setting/operation of the plant.

9. The industry shall furnish pointwise compliance to the conditions given under this consent for establishment along with the application for Consent to operate.

10. The applicant is liable to reinstate or restore, damaged or destroyed elements of environment at his cost, failing which, the applicant/occupier as the case may be shall be liable to pay the entire cost of remediation or restoration and pay in advance an amount equal to the cost estimated by Competent Agency or Committee.

11. The Project authorities shall apply and obtain prior consent of the Board for any new air pollution sources in future

Please note that this is only consent for establishment issued to you to proceed with the formalities for establishment of the industry and does not give any right to proceed with trial/regular production. For this purpose, separate consents of the Board for discharge of liquid effluent and the emissions to the air shall have to be obtained by remitting prescribed consent fee. The application for consent has to be made 120 days in advance of commissioning for trial production of the plant.

The receipt of this letter may please be acknowledged.

FOR AND ON BEHALF OF
KARNATAKA STATE POLLUTION CONTROL BOARD

Consent Fee paid	: Rs. 60000

Note:

The following Conditions mentioned above are not applicable.

COPY TO:

1. The Environmental Officer, KSPCB, Regional Office, Belagavi(Chikkodi) for information and to inspect the industry during your next visit to the area.
2. Master copy (Dispatch).
3. Office copy.

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

ANNEXURE- II

Chim.No.	Chimney attached to	KVA Rating/ Capacity	Minimum chimney height to be provided above ground level (in Mtr)	Constituents to be controlled in the emission	Tolerance limits mg/NM3	Air pollution Control equipment to be installed,in addition to chimney height as per col.(4)	Date of which air pollution control equipments shall be provided to achieve the stipulated tolerance limits and chimney heights conforming to stipulated heights.
1	D.G. Sets	50 KVA DG set	3	PM,SO2,NOx,CO, NMHC	00,00,00,00,00	AEC,PRT	

Note:

AEC,PRT : Accoustic Enclosures

Additional Conditions:

1. The Health Care establishment shall comply with the conditions stipulated in Annexure-1 uploaded with this order.

2. The Condition no.5 in Annexure -1 shall be read as the Health Care establishment shall submit compliance report to the Regional Office KSPCB Chikkodi in place of Regional Office KSPCB Belagavi.

3. The Health Care Establishment shall construct and commission Sewage treatment plant consisting of the following units.

a. Bar Screen Chamber-0.5 CUM

b. Equalization Tank- 20 CUM

c. Aeration tank (MBBR) - 14.5 CUM

d. Settling Tank- 10 CUM

e. Filter Feed Tank- 8 CUM

f. Sludge Holding Tank-9 CUM

g.Treated water Tank-20 CUM

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

1. Location of Portholes and approach platform:

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

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

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

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

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GOVT. OF KARNATAKA
OFFICE OF THE CHIEF FIRE OFFICER HUBLI - 580025

Telephone : 0836-2225393 **FAX : 0836-2225393**
Email: *cfohubli@ksfes.gov.in*

CR.No.175/ADV/CFO/HUBLI/2022 Date : 04-02-2023

To,
Dr. Mahantesh Kallappa Kadadi
Gokak, Gokak Taluk
Belagavi District

Sir,

Sub: - Issue of Compliance Certificate for the Fire Fighting and fire precautionary measures at Arogya Adhaar Multispeciality Hospital, Near Shakuntala Honda Showroom, Main Road, Bylaikata, Gokak, Gokak Taluk, Belagavi District.

Ref:- 1. C.No.175/ADV/CFO/HUBLI/2022 Dated 13/12/2022
2. Request letter of Dr. Mahantesh Kallappa Kadadi, Gokak, Gokak Taluk, Belagavi District dated 18/01/2023.
3. C.No.47/DFO/Belagavi/2022-23 Dated 31/01/2023.

****

With the cited above subject this office issued an Advice/NOC for the Installation of Fire Fighting and fire precautionary measures at Arogya Adhaar Multispeciality Hospital building consisting Ground + 2 upper floors at Near Shakuntala Honda Showroom, Main Road, Bylaikata, Gokak, Gokak Taluk, Belagavi District vide ref. (1) cited above.

The District Fire Officer Belagavi inspected the premises on 19/01/2023 and submitted the report to this office that the Installation of the Fire Fighting System work carried out satisfactorily as per the Advice/NOC issued by this office on the request of Arogya Adhaar Multispeciality Hospital, Near Shakuntala Honda Showroom, Main Road, Bylaikata, Gokak, Gokak Taluk, Belagavi District to issue the Compliance for the Fire Fighting System installation.

--->2

As per the report submitted by the District Fire Officer Belagavi, The Installation of the Fire Fighting System at Arogya Adhaar Multispeciality Hospital, Near Shakuntala Honda Showroom, Main Road, Bylaikata, Gokak, Gokak Taluk, Belagavi District is satisfactory except training part.

Hence, the Compliance Certificate is issued for the Fire Fighting System installed at Arogya Adhaar Multispeciality Hospital, Near Shakuntala Honda Showroom, Main Road, Bylaikata, Gokak, Gokak Taluk, Belagavi District and the training part shall be complied within the period of 6 months from the date of occupancy i.e. at least 40% of your available staff/tenement/occupant shall be got trained in basic fire safety training at R.A.Mundkur Karnataka State Fire & Emergency Services Academy, Bannerughatta road, Bangalore & the maintenance of the fire fighting systems carried out periodically.

Note: This letter is issued from the fire prevention and fire fighting point of view. The dept. will not endorse the ownership of the premises and not responsible for any disputes which may arise in due course. If at any time any of the conditions are found not complied with or removal of fire fighting systems, this Certificate shall stand withdrawn/cancelled.

Yours faithfully

CHIEF FIRE OFFICER
Karnataka State Fire and
Emergency Services, Hubballi Zone
HUBBALLI-25.

Copy to the District Fire Officer Belagavi

GST : 29ABFPH7352G1ZK

M/S. BANASHANKARI ENVIRONMENTAL SERVICES

Sy No. 314A, Plot No. 211, Kanagala Industrial Area KANAGALA
Tq : Hukkeri Dist : Belagavi - 591225
Email : banashankari75@gmail.com Cell : 9844062061, 9901755274, 7892512408

MEMBERSHIP CERTIFICATE

FOR BIOMEDICAL WASTE MANAGEMENT AND TREATMENT

Membership No. 64

Date : 01/04/2025

Name: Dr. Mayuri Kadadi KMC Reg No: 101879

Hospital Name: Arogya Adhaar Mulli-Speciality Hospital

Cell No: 7760919550 Number of Beds: 100

Email ID: mayurikadadi@gmail.com Contact person No:

Registration From 01/04/2025 to 31/03/2026 Period of One Year.

MD

BANASHANKARI ENVIRONMENTAL SERVICES
KANAGALA
Proprietor

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 1

e-Stamp

Certificate No.	:	IN-KA88754412121830X
Certificate Issued Date	:	24-Mar-2025 01:29 PM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GOKAK3/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0805345960817549X
Purchased by	:	SAMRUDDI COLLEGE OF NURSING GOKAK
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SAMRUDDI COLLEGE OF NURSING GOKAK
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCEINCES
Stamp Duty Paid By	:	SAMRUDDI COLLEGE OF NURSING GOKAK
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY * R.S. Beerannavar Gokak Rev. Taluka District:Belagavi Regd. No.Law/ LCL/113/2020 Exp.16-11-2025 * GOVT. OF KARNATAKA

Sunadholi Mahila Cre. Sou. Sahakari Sangh Ltd. Br.GOKAK R.No.AR-10/RSR REG-612/SOU 2003-2004 Sunadholi

Please write or type below this line

AFFIDAVIT FOR CHANGE IN COLLEGE ADRESS

I, Dr. Mahantesh Kadadi, Age 44 Yrs, Residing at Near court circle, Gokak, President of Shri Allamaprabhu Foundation, herewith I am affidavit that there is no change in

No. 06 CORRECTIONS

the name of trust, president and trust members. The trust name and president name are as per the GOK and RGUHS Affiliation only. Only college address has changed from **old address** - Plot No. R-12 KSSIDC Behind Laxmi Temple, Near BSNL Exchange, Gokak - 591307 to **new adress** - 75/5/B,# T, Falls Road, Block no 4, Ward No 31, Gokak - 591307.

Place: Gokak

Date: 24/03/2025

I Mkadadi

NOTARY
R.S. Beerannavar
Gokak Rev. Taluka
Distict:Belagavi
Regd. No.:aw/
LCL/113/2020
Exp.16-11-2025
GOVT. OF KARNATAKA

No. of CORRECTIONS

Sworn to before me

R. S. BEERANNAVAR
B.Com., LL.B. (Spl.
ADVOCATE & NOTARY, GOKAK

24 MAR 2025

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA29084288506043X
Certificate Issued Date	:	13-May-2025 10:18 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GOKAK/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0881436550452670X
Purchased by	:	AROGYA ADHAAR MULTISPECIALITY HOSPITAL GOKAK
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AROGYA ADHAAR MULTISPECIALITY HOSPITAL GOKAK
Second Party	:	SAMRUDDI COLLEGE OF NURSING GOKAK
Stamp Duty Paid By	:	AROGYA ADHAAR MULTISPECIALITY HOSPITAL GOKAK
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY S.B. GOROSHI GOKAK TALUKA BELAGAVI KARNATAKA DIST.

SUED BY
Shree Vishwakarm Urban Credit
ouharda Sahakari Sangh Nyt., Gokak.
AUTHORISED SIGNATURE

Please write or type below this line

UNDERTAKING

I/We, **Dr. Mahantesh Kallappa Kadadi** is/are the Owners/MD/CEO/Board Members of the **Arogya Adhar Multispeciality Hospital, Gokak** hospital situated at **Gokak.**

Caution Alert:
1. 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.
In case of any discrepancy please inform the Competent Authority.

NO OF CORRECTION

This is to confirm that our hospital **Arogya Adhar Multispeciality Hospital, Gokak** is registered under KPMEA and PCB with **100** beds and the bonafide certificate has been attached

This is to confirm that the hospital **Arogya Adhar Multispeciality Hospital, Gokak** is functioning as affiliated/**parent**/own hospital for **Samruddi college of Nursing, Gokak college**.

We also confirm that our hospital is solely affiliated to **Samruddi college of Nursing, Gokak** college and is not affiliated to any other nursing college.

The information provided by us is true and correct

Gokak
Date- 13-05-2025

Deponent

NOTARY
S.B. GOROSHI
GOKAK TALUKA
BELAGAVI KARNATAKA
REG.No:13237/2017
EXPIRY DATE:
25-04-2027
GOVERNMENT OF INDIA

SWORN TO BEFORE ME
13 MAY 2025
S.B. GOROSHI B.A.,LL.B.(Spl.)
ADVOCATE & NOTARY,
GOKAK TALUKA

3 Times Only
NO OF CORRECTION

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA29083555987859X
Certificate Issued Date	:	13-May-2025 10:17 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ GOKAK/ KA-BL
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0881434398249971X
Purchased by	:	SHRI ALLAMAPRABHU FOUNDATIONS
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	SHRI ALLAMAPRABHU FOUNDATIONS
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	SHRI ALLAMAPRABHU FOUNDATIONS
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

ISSUED BY
Shree Vishwakarm Urban Credit Souharda Sahakari Sangh Nyt., Gokak.
AUTHORISED SIGNATURE

NOTARY * S.B. GOROSHI * GOKAK TALUKA DIST:BELAGAVI KARNATAKA INDIA

Please write or type below this line

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/**President**/Secretary/Member of the trust **Dr. Mahantesh Kallappa Kadadi** are Submitting the affidavit to university.

NO OF CORRECTION

The trust **Shri Allamaprabhu Foundation** is running/managing the colleges

1. **Samruddi College of Nursing, Gokak**
2. **Arogya College of Nursing, Mudalagi**

Since 6 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.

Gokak

Date 13-05-2025

Mkaddi

Dependent

NOTARY
S.B. GOROSHI
GOKAK TALUKA
DIST:BELAGAVI KARNATAKA
REG.No:13237/2017
EXPIRY DATE:
25-04-2027
GOVERNMENT OF INDIA

SWORN TO BEFORE ME 13 MAY 2025

S.B. GOROSHI B.A.,LL.B.(Spl.)
ADVOCATE & NOTARY,
GOKAK TALUKA

(2) Three Only
NO OF CORRECTION