Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041
Website: www.rguhs.ac.in Phone: 080-26761933

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INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspector's :	Chairman	Academic Council Member	Subject Expert
Name	Dr. NAVEEN S	V.R. AYYAPPAN	PRADEEPA.M
Designation	Senate member	prof- chair BOS UG physiotherapy	Principal-S
Address	Medical Director Chamundeshwari med col	Sanjay Gandhi Institute of Trauma	Srinivas Institute of Nursing Sciences Mangalore
Mobile No	9886634170	9886291325	7406955266
Email ID	nvin73@gmail.com	ayyappan28@gmail.com	prommhills@gmail.com

Inspection For the Academic Year : 2025-26		*Date of Inspection:* 05/08/25	
(Please Tick the Appropriate Boxes Below)			

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	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	AKASH INSTITUTE OF NURSING PRASANNAHALLI ROAD, DEVANAHALLI BANGALORE 562110	2	Year of Establishment: 2019
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company (✓ Trust)		
3	(a). Name of the Trust/Society & complete postal address & Phone number	AKASH EDUCATION AND DEVELOPMENT TRUST WARD 22, PRASHANTHNAGAR, DEVANAHALLI BANGALORE 562110 (Enclose copy of Registration documents of Society/Trust) **Annexure – 1**		
		Email: ainsocnursing@gmail.com		Website: www.akashinstitutions.com
		Office No: 9591200400		Mobile No: 9591200400

Signature of Chairman 5/8/25 | Signature of Member (1) V.R.AYYAPPAN | Signature of Member (2) (pradeepa.m)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	Mrs. Pushpa. M.		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 04 (Enclose copy of Governing Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: Dr. Preetham. K.P Qualification: MSc(N). Ph.D Experience after MSc: 16 years Email: aimsocnursing@gmail.com	Mobile No: 9591200400 Office No: 08071115990 Fax No: Residential phone No: -	
	b) Drawing authority of the college			

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation of Affiliation	8,	12, 550		25,000	8,37,550
Post Basic B.Sc. Nursing						
					Total (A)	8,37,550

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

Online Transaction Number or Details: IPNBA6K092A01F Dated 23/12/2024

Signature of Chairman | **Signature of Member (1)** | **Signature of Member (2)** (Pradeepa. M)

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 780 MPS 2024 Date 10/12/24 Annexure - 5	RGUHS/ AFF/NSG/ NH14/2024-25 28/12/24 Annexure - 6	KSNC 2394 2024-25 25/4/25 Annexure - 7	Dated 31/12/24 Annexure - 8	
	Affiliation Sanctioned Intake	250	250	250	100	
	Admissions Made for the Current Academic Year	146	146	146	-	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		NA			
	Admissions Made for the Current Academic Year					
M.Sc. 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 NA	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6 NA	Annexure - 7	Annexure - 8	
	Sanctioned Intake					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

(Pradeepa.P)

	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.Sc Nursing	Male	92	40	44	42	218
	Female	54	60	56	58	228
Post Basic B.Sc Nursing	Male	N		A		
	Female					
M.Sc Nursing	Male	N		A		
	Female					
M.Sc NPCC	Male	N		A		
	Female					

10. If the college has P.B.B.Sc(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 dated 23.03.2022&RGU/ADM/CIR/01/2017-18 dated 25.03.2017

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)
Pradeepa M

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No.	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1	1	1	1				1							
2	Vice-Principal	1	1	1	1	1				1							
3	Professor	1	1-2	2-3	3-5	5-6		1*		3							
4	Associate Professor	2	2-4	4-7	7-10	10-12		1*		5							
5	Assistant Professor	3	3-8	8-12	12-15	15-20	2	3*		23							
6	Tutor	8-16	16-24	24-36	36-48	48-60	2-10	--		45							
	Total	16-24	24 -40	36-60	48-80	60-100	4-12			78							

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

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

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

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

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per INC letter: F.NO.1-6/LT/2023-INC dated: 06.03.2024

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

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

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing qualified faculty * 2 Tutors	**Total 8 Faculty** * 5 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 7 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 16 Faculty** * 8 M.Sc. Nursing qualified faculty * 8 Tutors
60 Students Intake	**Total 6 Faculty** * 3 M.Sc. Nursing qualified faculty * 3 Tutors	**Total 12 Faculty** * 5 M.Sc. Nursing qualified faculty * 7 Tutors	**Total 18 Faculty** * 7 M.Sc. Nursing qualified faculty * 11 Tutors	**Total 24 Faculty** * 8 M.Sc. Nursing qualified faculty * 16 Tutors
100 Students Intake	**Total 10 Faculty** * 5 M.Sc. Nursing qualified faculty * 5 Tutors	**Total 20 Faculty** * 8 M.Sc. Nursing qualified faculty * 12 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty * 18 Tutors	**Total 40 Faculty** * 16 M.Sc. Nursing qualified faculty * 24 Tutors
150 Students Intake	**Total 15 Faculty** * 7 M.Sc. Nursing qualified faculty * 8 Tutors	**Total 30 Faculty** * 12 M.Sc. Nursing qualified faculty *18 Tutors	**Total 45 Faculty** * 18 M.Sc. Nursing qualified faculty *27Tutors	**Total 60 Faculty** * 24 M.Sc. Nursing qualified faculty *36 Tutors

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

200 Students Intake	**Total 20 Faculty** * 10 M.Sc. Nursing qualified faculty * 10 Tutors	**Total 40 Faculty** * 17 M.Sc. Nursing qualified faculty *23Tutors	**Total 60 Faculty** * 25 M.Sc. Nursing qualified faculty *35 Tutors	**Total 80 Faculty** * 32 M.Sc. Nursing qualified faculty *48 Tutors
250 students	**Total 25 Faculty** * 12 M.Sc. Nursing qualified faculty * 13 Tutors	**Total 50 Faculty** * 20 M.Sc. Nursing qualified faculty *30 Tutors	**Total 75 Faculty** * 30 M.Sc. Nursing qualified faculty * 45Tutors	**Total 100 Faculty** * 40 M.Sc. Nursing qualified faculty *60Tutors
* **Aadhar based biometric attendance for students**				

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/ No)	Signature of Faculty
						After UG	After PG			
1.	DR.PREETHAM RP	PRINCIPAL	PHD	2009	3307	2YEAR	16 YEAR	15-09-2021		
2.	MR.VIKAS Y H	PROFESSOR	MSC	2012	9091	2.8MONTH	13.2 MONASTH	19-06-2025		
3.	MRS.MAITRA B M	PROFESSOR	MSC	2013	21621	1YAER	12YAR	02-05-2025		
4.	MRS.LAKSHMI K	ASSO PROFESSOR	MSC	2017	116584	3YEAR	9YEAR	01-02-2022		
5.	MS.HARSHITHA K M	ASSO PROFESSOR	MSC	2019	72944	1.5YEAR	5YEAR	01-10-2024		
6.	MRS.HEMALATHA	ASSO PROFESSOR	MSC	2018	115072	3YEAR	7YEAR	19-04-2025		
7.	MR.GAJENDRA SINGH S	ASSO PROFESSOR	MSC	2017	39458	2YRS	8YRS	17-06-2025		
8.	MRS.CAROLIN T JACOB	ASSO PROFESSOR	MSC	2019	64660	1 YEAR	6YEAR	20-06-2025		
9.	MS.MEENAKSHI BANSAL	ASST PROFESSOR	MSC	2021	98744	1YEAR	3YEAR	05-08-2024		
10.	MRS.MANASA M	ASST PROFESSOR	MSC	2022	76706	4 YEAR	3YEAR	18-06-2024		
11.	MRS.S BHARATHI	ASST PROFESSOR	MSC	2025	103266	1YEAR		18-06-2025		
12.	MS.NIVEDITA	ASST PROFESSOR	MSC	2024	109804	1 YAER	1YAER	18-06-2025		

(Pradeepa. H)

13.	MR.CHANDRAKANT KUMBAR	ASST PROFESSOR	MSC	2025	97342	1 YAER	_	18-06-2025		
14.	MS.AMRUTA KALAL	ASST PROFESSOR	MSC	2024	130345	1 YAER	1YAER	18-05-2025		
15.	MS.HUMANE KALYANI BHASKAR	ASST PROFESSOR	MSC	2023	111431	1 YAER	2YAER	18-05-2025		
16.	MS.MEGHA U	ASST PROFESSOR	MSC	2024	109759	1YEAR	1YEAR	24-09-2024		
17.	MS.NETRAVATI KADAKOL	ASST PROFESSOR	MSC	2024	119074	1 YAER	1YAER	18-05-2025		
18.	MR.AKASH SHINDHE	ASST PROFESSOR	MSC	2024	92187	1 YAER	_	18-05-2025		
19.	MS.VIJAYALAXMI MAHADEV KOTI	ASST PROFESSOR	MSC	2020	100520	1 YAER	2YAER	18-05-2025		
20.	MR.RAVIKUMAR T VASTAR	ASST PROFESSOR	MSC	2025	99763	1 YAER	3MONTS	18-06-2025		
21.	MS.CHAITRA CHALAWADI D S	ASST PROFESSOR	MSC	2024	108326	1 YAER	1YAER	18-06-2025		
22.	MR.SHANKAR NAGARE	ASST PROFESSOR	MSC	2024	108319	1 YAER	1YAER	18-05-2025		
23.	MRS.NIKITHA K	ASST PROFESSOR	MSC	2024	110928	1YEAR	1YEAR	15-04-2024		
24.	MR.AMOL KUMAR MAHATO	ASST PROFESSOR	MSC	2024	100452	2YEAR	1YEAR	10-05-2024		
25.	MRS.KABITA KUMARI RAM	ASST PROFESSOR	MSC	2024	117271	1 YAER	1YAER	10-05-2024		
26.	MR.ANIL MUDIGOUDRA	ASST PROFESSOR	MSC	2025	119951	1 YAER	3MONTS	18-06-2025		
27.	MR.DONGRISAB HULLIKERI	ASST PROFESSOR	MSC	2024	220955	1 YAER	1YAER	18-06-2025		
28.	MR.BOLI VINOD KUMAR	ASST PROFESSOR	MSC	2024	158552	1 YAER	1YAER	20-06-2025		
29.	MS.CHANDRA PRABHA	ASST PROFESSOR	MSC	2024	101972	2YEAR	1YEAR	08-04-2024		
30.	MS.ARUNA R	ASST	MSC	2024	165095	1 YAER	1YAE	19-06-2024		

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(Pradeepa. R)

		PROFESSOR					R			
31.	MRS.ASTAMI SHIL	ASST PROFESSOR	MSC	2024	114807	1YEAR	1YEA R	08-04-2025		
32.	MOHAMADASLAM INAMDAH	ASST PROFESSOR	MSC	2024	220079	1 YAER	1YAE R	01-07-2025		
33.	SHRIKANTA TULAHAPPA LAMANI	ASST PROFESSOR	MSC	2025	218654	1 YAER	1YAE R	01-07-2025		
34.	MS.SANNA BANOO BUTT	TUTOR	BSC	2023	11247	_	_	01-09-2023		
35.	MS.ALIYA FAROOQI	TUTOR	BSC	2023	11186	_	_	01-03-2024		
36.	MS.SUMAIYA PARVAZ	TUTOR	BSC	2023	1187	_	_	01-03-2024		
37.	MS.MAHEEN FARKHANDA	TUTOR	BDC	2023	11246	_	_	01-09-2023		
38.	MS.PALLABI MANNA	TUTOR	BSC	2023	160400	_	_	26-04-2024		
39.	MS.GOPIKA G	TUTOR	BSC	2023	146933	_	_	29-11-2023		
40.	MS.ARCHA S	TUTOR	BSC	2023	146796	_	_	23-09-2024		
41.	MS.RAKSHA B S	TUTOR	BSC	2023	154484	_	_	10-12-2024		
42.	MS.SHIPI MENA	TUTOR	BSC	2024	176272	_	_	11-04-2025		
43.	MS.WUHINA PULU	TUTOR	BSC	2024	176271	_	_	11-04-2025		
44.	MS.KARUNA GURUNG	TUTOR	BSC	2024	181411	_	_	11-04-2025		
45.	MR.PRATIK SAMNTA	TUTOR	BSC	2023	157996	_	_	20-06-2024		
46.	MS.MAHALAXMI DODAMANI	TUTOR	BSC	2023	160758	_	_	26-04-2024		
47.	MS.PRATHIMA K R	TUTOR	BSC	2023	133957	_	_	06-05-2025		
48.	MS.MOUNIKA V K	TUTOR	BSC	2022	139337	_	_	06-02-2023		
49.	MS.HANUMANTHI	TUTOR	BSC	2023	157256	_	_	03-11-2023		
50.	MS.HEMANTH KUMAR K B	TUTOR	BSC	2021	118504	_	_	18-03-2022		
51.	MR.BARATH G G	TUTOR	BSC	2023	145531	_	_	20-06-2024		
52.	MR.DARSHANA C M	TUTOR	BSC	2023	151355	_	_	03-05-2025		
53.	MS.FAHEEMA D	TUTOR	BSC	2022	141845	_	_	03-11-2023		
54.	MR.ANJAN PRAMNIK	TUTOR	BSC	2023	159535	_	_	22-04-2025		
55.	MR.SRINIVAS T D	TUTOR	BSC	2024	160596	_	_	13-05-2025		
56.	MS.BINISHA C	TUTOR	BSC	2020	114300	_	_	15-03-2021		
57.	MR.SANTU DAS	TUTOR	BSC	2024	165079	_	_	02-06-2025		
58.	MS.SUSHMA RUDRAPPA BANAKARI	TUTOR	BSC	2023	162107	_	_	14-05-2025		
59.	MR.SAYAN KARMAKAR	TUTOR	BSC	2023	157520	_	_	02-05-2025		
60.	MS.SUSHMA MB	TUTOR	BSC	2024	177012	_	_	03-05-2025		

61.	MR.ADARSH M R	TUTOR	BSC	2023	158433	_	_	21-01-2024		
62.	MS.MENAKA DEBARMA	TUTOR	BSC	2020	117174	_	_	23-02-2022		
63.	MRS.ASHA V	TUTOR	BSC	2024	84099	_	_	22-04-2025		
64.	MR.ABHILASH D B	TUTOR	BSC	2022	120670	_	_	03-11-2023		
65.	MS.MILINDA BINOY	TUTOR	BSC	2024	170800	_	_	03-05-2025		
66.	MS.SUSHMITHA M E	TUTOR	BSC	2022	136559	_	_	13-05-2025		
67.	MS.KAVYA T S	TUTOR	BSC	2022	135772	_	_	20-06-2024		
68.	MS.ALMAS KOUSAR T	TUTOR	BSC	2024	173757	_	_	02-06-2025		
69.	MS.JOMIYA JOJI	TUTOR	BSC	2024	164714	_	_	13-05-2025		
70.	ABIN S	TUTOR	BSC	2024	178325	_	_	02-05-2025		
71.	BIDRAJIT MARAK	TUTOR	BSC	2024	243655	_	_	22-04-2025		
72.	MANJUNATH R	TUTOR	BSC	2024	179630	_	_	02-06-2025		
73.	MS.RAJIL R	TUTOR	BSC	2020	129503	_	_	18-07-2022		
74.	MS.ASMATHBI B	TUTOR	BSC	2022	141862	_	_	03-11-2023		
75.	MR.NAVEENKUMAR M	TUTOR	BSC	2023	140509	_	_	06-05-2025		
76.	MR.GAGAN N K	TUTOR	BSC	2024	175181	_	_	02-06-2025		
77.	MR.VASANTHA KUMAR P	TUTOR	BSC	2024	179442	_	_	02-06-2025		
78.	MR.P S RAGHAVENDRA	TUTOR	BSC	2024	177285	_	_	22-04-2025		

- **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)

(Pradeepa.P)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	72,309Sq/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 intake B.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	12 classrooms × 1500 Sq/Ft each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	NA	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	NA	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	800	
	2. Vice-Principal Chamber	200	500	
	3. HOD	5 x 200 = 1000	6 × 224 = 1344	
	4. Professor/Assoc. Prof	800+2400=3200	4200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	800	
	7. Accountants Office	**100**	200	
	8. Store Room	**100**	200	
	9. Record room	**100**	200	
	10. Room for maintenance staff	**100**	200	
	11. Xeroxing room	**100**	600	
	12. common room (Girls & Boys)	600+400= 1000	1000+1100	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	2400	
	15. A.V/Aids room	600	600	

Signature of Chairman

Signature of Member (1)

V R. [illegible]

Signature of Member (2)

(Pradeepa M)

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	2×2400 Sq ft	Verified
	Nutrition & Community Health Nursing	1200sq.ft	2000 Sq ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	2000 Sq ft	
	Pediatrics Nursing Laboratory	900sq.ft	1200 Sq ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	1200 Sq ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500 Sq ft	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents:

Annexure – 12

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

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 dated 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

(Pradeepa. M.)

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
	ENCLOSED		Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	3500 Sq/ft	YES ☑ No ☐	GOOD	GOOD	

Total No. of Nursing Books available	3500	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	05	**Is internet facility available for Students?**	05
No of e-books	10	**How many books were purchased in last financial year?**	

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mr Dhanaraj Patange	B.Lisc. MLIS	08 years	
2.	Mrs. Sushma	M.Lisc	03 Years.	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	- 08 BSC(N)	2023-24 (Enclosed)
Conferences conducted	- —	—

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

Conferences attended	—	

* Colleges should declare & attest tobacco free/drugs free campus (self-declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Remarks**
Full Name & Address of the Parent Hospital Akash Hospital Prasannahalli Road Devanahalli MOU(Registered parent hospital MOU)		1050	100 mtrs within Campus	80%.	
NAME OF THE TRUST/ Person owning The Hospital Akash Education & Development Trust					
Name Of The Owner Of The Trust of Hospital Mrs. Pushpa. M.					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Cadabams Hospital Gutkunte Village Kanakpura Road	665	72kms	85%	
	2				
	3 (MOU/Clinical permission letter)				

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	150	80%		
Surgery including OT	150	80%		
Obstetrics & Gynecology	75	75%		
Pediatrics,	100	80%		
Emergency Medicine	50	85%		
Psychiatry.	50	40%	241	89%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	180 Surgeries.		
Minor OT	7	280 Surgeries.		
Dental, Otorhinolaryngology, Ophthalmology	80	80%.		
Burns and Plastic	02	40%.		
Neonatology care unit	10	92%.		
Communicable disease/Respiratory medicine/TB & chest diseases	30	80%		
Dermatology	30	80%		
Cardiology	45	82%		
Oncology	70	85%		
Neurology/Neuro-surgery	30	80%		
Nephrology/Urology	50	92%.		
ICU/ICCU	50	80%.		
Geriatric Medicine	25	80%	176	80%.
Any other	100	80%.		

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 FIELD		
a.	**Name of CHC / PHC / SC**	Avathi PHC
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	12kms.
b.	Services Rendered by Health & Family Welfare Programmes	MCH, National health Programme. Immunization, Family planning
URBAN FIELD:		
a.	**Name of CHC / PHC / SC**	Vijayapura
	Adopted / Affiliated	Adopted
	Administrate red by	**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
	Distance from the Nursing Institute	14kms
b.	Services Rendered by Health & Family Welfare Programmes	MCH. Referral Services, Provision of Medical Care, Training
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 ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 45,000 Sqft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☑	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☑	NO ☐
e.	Total No. of students in the hostel	Girls : 225	Boys : 125
f.	Total No. of rooms	Girls : 56	Boys : 35
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐
j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
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		✓	NA
Annexure - 10	List of M.Sc. Nursing Students as per format		✓	NA
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/ Ramp in working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryB ooks & 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	✓		

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

Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each Speciality wise		✓	NA

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

LIC Team Observations:

Akash Institute of Nursing Meets the requirement of Faculty, equipment, Infrastructure and clinical Material in the parent hospital for Continuation of affiliation for (250 admissions) for the year 2025-2026.

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 Akash Institute of Nursing which has applied for continuation of affiliation for the academic year 2024-25. 2025-2026.

We have conducted LIC inspection of this college on 5/8/25 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. As per report

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

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust AKASH EDUCATION AND DEVELOPMENT TRUST are submitting the affidavit to University.

The trust AKASH EDUCATION AND DEVELOPMENT TRUST is running/managing the colleges 1. AKASH INSTITUTE OF NURSING

2. _____

3. _____ since 6 Years years.

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

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

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

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

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

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

Enclosed.

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

UNDERTAKING

I/We, MRS PUSHPA . M is/are the Owners/MD/CEO/Board Members of the AKASH HOSPITAL hospital situated at PRASANNAHALLI ROAD, DEVANAHALLI, BANGALORE 562110
This is to confirm that our hospital AKASH HOSPITAL is registered under KPMEA and PCB with 1015 beds and the bonafide certificate has been attached.
This is to confirm that the hospital AKASH HOSPITAL is functioning as affiliated/parent/own hospital for AKASH INSTITUTE OF NSG college.
We also confirm that our hospital is solely affiliated to
AKASH INSTITUTE OF NURSING college and is not affiliated to any other nursing college.
The information provided by us is true and correct.

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

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

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	**IN-KA10340317145529X**
Certificate Issued Date	:	06-Aug-2025 09:51 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ DEVANHALLI2/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836208832794736X
Purchased by	:	AKASH EDUCATION AND DEVELOPMENT TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AKASH EDUCATION AND DEVELOPMENT TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	AKASH EDUCATION AND DEVELOPMENT TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY A.NARAYANASWAMY B.A.L., LL.B. Devanahalli Taluk Bangalore Rural Dist LAW-L.C./175/2021 Expiry Date 4-9-2021 to 4-9-2026 GOVT. OF KARNATAKA

VIDYA KENDRA DEVANAHALLI BRANCH Authorized Signatory

Please write or type below this line

UNDERTAKING by Trust Management

I, **Mrs Pushpa M,** am the Trustee & Chairperson of **AKASH EDUCATION & DEVELOPMENT TRUST,** having its registered office at **Ward No.22, Prashanth Nagar, Devanahalli, Bangalore 562110**, do hereby solemnly affirm, declare and state that:

For Akash Education & Development Trust 2

Chairman/Secretary

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

I, being the Chairperson of the Trust, am submitting this Affidavit/Underaking on behalf of the Trust to the University.

The trust **AKASH EDUCATION AND DEVELOPMENT TRUST** is running/managing the College - **AKASH INSTITUTE OF NURSING** since the last **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.

I, the above-named deponent does hereby verify that the facts mentioned in the Affidavit are true and correct to the best of my knowledge and belief and that I have not suppressed any material fact.

Verified on this Sixth Day of August Year Two Thousand Twenty-five (**06-08-2025**) at Bangalore.

For Akash Education & Development Trust

Chairman/Secretary

(M. PUSHPA)
Deponent

Place: Bengaluru
Date: 06-08-2025

NOTARY
A. NARAYANASWAMY
B.A.L., LL.B.
Devanahalli Taluk
Bangalore Rural Dist.
LAW-L.C.L/175/2021
Expiry Date
4-9-2021 to 4-9-2026
GOVT. OF KARNATAKA

ATTESTED BY ME
7-8-2025
A. NARAYANASWAMY, B.A.L., LL.B
ADVOCATE & NOTARY
Ward No. 12, Durgathayi Street,
Vijayapura Town, Devanahalli Taluk,
Bangalore Rural Dist-562 135.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No.	:	IN-KA10340764912786X
Certificate Issued Date	:	06-Aug-2025 09:52 AM
Account Reference	:	NONACC (FI)/ kagcsl08/ DEVANHALLI2/ KA-BR
Unique Doc. Reference	:	SUBIN-KAKAGCSL0836207762059012X
Purchased by	:	AKASH HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	AKASH HOSPITAL
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	AKASH HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY
L.NARAYANASWAMY
B.A.L., LL.B.
Devanahalli Taluk
Bangalore Rural Dist.
KW-L.C.L/175/2021
Expiry Date
2021 to 4-9-2026
GOVT. OF KARNATAKA

SEVA KENDRA DEVANAHALLI BRANCH Authorized Signatory

Please write or type below this line

UNDERTAKING

I, **Mrs Pushpa M,** am the Trustee & Chairperson of **AKASH HOSPITAL** (a unit of Akash Education & Development Trust) situated at **Prasannahalli Road, Devanahalli, Bangalore 562110**, do hereby solemnly affirm, declare and state that:

....2

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

This is to confirm that our hospital **AKASH HOSPITAL** is registered under KPMEA and PCB with **1015** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **AKASH HOSPITAL** is functioning as affiliated/parent/own hospital for **AKASH INSTITUTE OF NURSING** college.

We also confirm that **AKASH HOSPITAL** is solely affiliated to **AKASH INSTITUTE OF NURSING** college and is not affiliated to any other nursing college.

I, the above-named deponent does hereby verify that the facts mentioned in the Affidavit are true and correct to the best of my knowledge and belief and that I have not suppressed any material fact.

Verified on this Sixth Day of August Year Two Thousand Twenty-five (**06-08-2025**) at Bangalore.

For AKASH HOSPITAL

CHAIRPERSON (M. PUSHPA) SECRETARY

Deponent

Place: Bengaluru

Date: 06-08-2025

NOTARY
A.NARAYANASWAMY
B.A.L., LL.B.
Devanahalli Taluk
Bangalore Rural Dist.
LAW-L.C.I/175/2021
Expiry Date
4-9-2021 to 4-9-2026
GOVT. OF KARNATAKA

ATTESTED BY ME
7-8-2025
A. NARAYANASWAMY, B.A.L., LL.B
ADVOCATE & NOTARY
Ward No. 12, Durgathayi Street,
Vijayapura Town, Devanahalli Taluk,
Bangalore Rural Dist-562 135.