



**Rajiv Gandhi University of Health Sciences, Karnataka**  
**4<sup>th</sup> 'T' Block Jayanagar, Bangalore – 560041**  
**Website: [www.rguhs.ac.in](http://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. DILIP KUMAR N.R  | Prof Mohammad Suhail                       | Dr. Sudha.                             |
| Designation                 | SENATE MEMBER        | BOS-Chairman Physiology                    | PROFESSOR,                             |
| Address                     | SABVMCH<br>Bangalore | Principal<br>Kanchur College of Physiology | NOOR COLLEGE OF<br>NURSING, BANGALORE. |
| Mobile No                   | 9844288283           | 9663407439                                 | 9945549076                             |
| Email ID                    | DRDILIP57@GMAIL.COM  | MSUHAIL@KANACHUR.EDU.IN                    | budhasan@s@gmail.com                   |

For the Academic Year : 2025 - 2026

Date of Inspection: 11/05/25

(Please Tick the Appropriate Boxes Below)

|                     |                                           |     |                           |  |
|---------------------|-------------------------------------------|-----|---------------------------|--|
| Type of Inspection: | 1. Fresh Affiliation                      |     | 4. Re-Inspection          |  |
|                     | 2. Continuation of Affiliation            | YES | 5. Surprise Inspection    |  |
|                     | 3. Enhancement of Seats                   | YES | 6. Change of Name/Address |  |
|                     | 7. Additional Course (M.Sc Nursing) only. | YES |                           |  |

|                                     |                        |  |                             |  |
|-------------------------------------|------------------------|--|-----------------------------|--|
| 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                | SANJAY DANGE COLLEGE OF NURSING SCIENCE.<br>ASHWINI NAGARA 2 <sup>ND</sup> CROSS HAVERI //                                                                                                                             | 2 | Year of Establishment |
|   |                                                          |                                                                                                                                                                                                                        |   | 2020                  |
| 2 | Status of the course conducting body                     | SOCIETY                                                                                                                                                                                                                |   |                       |
| 3 | (a). Name of the Trust/Society & complete postal address | <p style="text-align: center;">DANGE EDUCATION SOCIETY<br/>ASHWINI NAGARA 2<sup>ND</sup> COSS HAVERI Annexure - 1</p> <p>Email: dr.sanjaydangeinstitutions@gmail.com      Website: sanjaydangecollegeofnursing.com</p> |   |                       |
|   | (b). Name of the Owner of Trust/Society                  | SANJAY KUMAR DANGE                                                                                                                                                                                                     |   |                       |

Signature of Chairman  
 Dr. DILIP KUMAR N.R  
 (Senate Member)

Signature of Member (1)  
 Mohd Suhail  
 Ac member

Signature of Member (2)  
 Mrs S Sudha



Rajiv Gandhi University of Health Sciences, Karnataka  
 4<sup>th</sup> F, Block Jaynagar, Bangalore - 560041  
 Website: [www.rghu.ac.in](http://www.rghu.ac.in) Phone: 080-26761933

## INSPECTION PROFORMA FOR NURSING 2022-23 AY

|                                   |                                   |           |           |          |
|-----------------------------------|-----------------------------------|-----------|-----------|----------|
| Institution Name                  | Address                           | City      | State     | Pin Code |
| SVKM'S VEDANTH COLLEGE OF NURSING | SVKM'S VEDANTH COLLEGE OF NURSING | BANGALORE | KARNATAKA | 560041   |
| Principal                         | Principal                         |           |           |          |
| Mobile No.                        | Mobile No.                        |           |           |          |
| Email ID                          | Email ID                          |           |           |          |

|                                           |                         |                              |                                  |
|-------------------------------------------|-------------------------|------------------------------|----------------------------------|
| For the Academic Year: 2022-23            |                         | Date of Inspection: 11/05/23 |                                  |
| (Please Tick the Appropriate Boxes Below) |                         |                              |                                  |
| Type of Inspection                        | 1. Fresh Admission      | 2. Continuation of Admission | 3. Re-inspection                 |
|                                           | YES                     | YES                          | YES                              |
|                                           | 4. Enhancement of seats | 5. Addition of new subjects  | 6. Change of Name of Institution |
|                                           | YES                     | YES                          | YES                              |
| Nursing Programme                         | 1. B.Sc. Nursing        | 2. Post Basic B.Sc. Nursing  |                                  |
|                                           | YES                     | YES                          |                                  |

|                                                          |                                   |  |
|----------------------------------------------------------|-----------------------------------|--|
| 1. Institution with Full Address                         | SVKM'S VEDANTH COLLEGE OF NURSING |  |
|                                                          | SVKM'S VEDANTH COLLEGE OF NURSING |  |
| 2. Status of the course conducting body                  | SOCIETY                           |  |
| 3. (a) Name of the Institution & complete postal address | SVKM'S VEDANTH COLLEGE OF NURSING |  |
| (b) Name of the Institution & complete postal address    | SVKM'S VEDANTH COLLEGE OF NURSING |  |
| (c) Name of the Institution & complete postal address    | SVKM'S VEDANTH COLLEGE OF NURSING |  |

Signature of Institution Head

SVKM'S VEDANTH COLLEGE OF NURSING

Signature of Member

SVKM'S VEDANTH COLLEGE OF NURSING

Signature of Chairman

SVKM'S VEDANTH COLLEGE OF NURSING

|   |                                                                                                                    |                                                                                                                                                    |                                                                                                                                                                                     |                     |
|---|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 4 | Governing Council & Audit Report of Trust                                                                          | <b>Total Number of Members in Governing Council :</b><br>7 ENCLOSED<br>(Enclose copy of Governing Council Members & Audit report of Society/Trust) |                                                                                                                                                                                     | <b>Annexure - 2</b> |
| 5 | Details of Principal/Head of the institution                                                                       | Name: SANJAY KUMAR DAGE (Chairman)<br>Qualification: MBBS DVD<br>Experience: 25<br>Email: SANJAYDANGE@GMAIL.COM                                    | Mobile No: 9448109960<br>Office No:<br>Fax No:<br>Residential phone No:                                                                                                             |                     |
| 6 | Do you have any other nursing institution other than the current institution mentioned above under the same trust? | PRINCIPAL - BHEENANA GOUDAPATI MScN<br>NO<br><input checked="" type="checkbox"/>                                                                   | If yes, Specify the full name of the nursing institution with full address. Verify with the original TRUST document.<br>(Verify & enclose a copy of the registered trust Documents) | <b>Annexure - 3</b> |

#### 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<br>a) only for UG or<br>b) for UG and PG courses<br>c) NPCC |        |
| B.Sc. Nursing                                                                   | Continuation of affiliation        | 60000                        | 40000                                         | 30000                  | 25000                                                                        | 156050 |
| Post Basic B.Sc. Nursing                                                        |                                    |                              |                                               |                        |                                                                              |        |
| <b>Total (A)</b>                                                                |                                    |                              |                                               |                        |                                                                              |        |
| PG Course:- (M.Sc. Nursing)                                                     | P G Continuation/Fresh Affiliation |                              | No of Seats X Prescribed fees of each faculty |                        |                                                                              |        |
|                                                                                 | 1. community health nursing        |                              | 5                                             |                        |                                                                              |        |
|                                                                                 | 2. child health nursing            |                              | 5                                             |                        |                                                                              |        |
|                                                                                 | 3. mental health nursing           |                              | 5                                             |                        |                                                                              |        |
|                                                                                 | 4. sociology                       |                              | 5                                             |                        |                                                                              |        |
|                                                                                 | 5. obg                             |                              | 5                                             |                        |                                                                              |        |
|                                                                                 |                                    |                              |                                               |                        | 25                                                                           |        |
| NPCC                                                                            |                                    |                              |                                               |                        | 0                                                                            |        |
| <b>Grand Total (A+B+C)</b>                                                      |                                    |                              |                                               |                        |                                                                              | 25     |
| <b>Online Transaction Number or Details:</b><br>ZSBIRYI0BHLQV9<br>RS : 2,75,050 |                                    |                              |                                               |                        |                                                                              |        |

Remarks:

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



## 8. Approval Status of the Institution &amp; Sanctioned Intake:

| Name of the Course                                                                                                                                                                    | Intake Approved and Admitted                  | GOK                       | RGUHS                      | KSNC         | INC          | Remarks |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|----------------------------|--------------|--------------|---------|
| Basic B.Sc. Nursing                                                                                                                                                                   | Approval Letter No. and Date                  | RGU/AFF/SD-HVR/FR/2020-21 | RGU/AFF/NSG/COA/01/2024/25 | 1157/2024/25 | Annexure - 8 |         |
|                                                                                                                                                                                       | Affiliation Sanctioned Intake                 | 40                        |                            |              |              |         |
|                                                                                                                                                                                       | Admissions Made for the Current Academic Year | 38                        |                            |              |              |         |
| 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 |                           |                            |              |              |         |
| M.Sc. Nursing in<br>a. Community Health<br>b. Medical Surgical<br>c. OBG <input type="checkbox"/><br>d. Paediatric <input type="checkbox"/><br>e. Psychiatry <input type="checkbox"/> | Approval Letter No. and Date                  | Annexure - 5              | Annexure - 6               | Annexure - 7 | Annexure - 8 |         |
|                                                                                                                                                                                       | Sanctioned Intake                             |                           |                            |              |              |         |
|                                                                                                                                                                                       | Admissions Made for the Current Academic Year |                           |                            |              |              |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



|            |                                               |              |              |              |              |
|------------|-----------------------------------------------|--------------|--------------|--------------|--------------|
| M.Sc. NPCC | Approval Letter No. and Date                  | Annexure - 5 | Annexure - 6 | Annexure - 7 | Annexure - 8 |
|            | Sanctioned Intake                             |              |              |              |              |
|            | 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   | 4      | 4       | 7        | 13      | 28    |
|                         | Female | 34     | 23      | 21       | 22      | 100   |
| Post Basic B.Sc Nursing | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |
| M.Sc Nursing            | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |
| M.Sc NPCC               | Male   |        |         |          |         |       |
|                         | Female |        |         |          |         |       |

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

**Annexure - 9**

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

**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----- |
|--------|---------------------|-------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
|        | Applied             | for fresh msc (n)                   |                   |                                                                                                           |                                                       |                                                 |

*[Signature]*  
Signature of Chairman

*[Signature]*  
Signature of Member (1)

*[Signature]*  
Signature of Member (2)

| Approval Letter No. and Date | Admission Made for the Current Academic Year | Answer-5 | Answer-6 | Answer-7 | Answer-8 |
|------------------------------|----------------------------------------------|----------|----------|----------|----------|
|                              |                                              |          |          |          |          |

9. Total No. of students under training in each of the Training Education Programmes:

| Programme               | I Year | II Year | III Year | IV Year | Total |
|-------------------------|--------|---------|----------|---------|-------|
| B.Sc Nursing            | 4      | 4       | 3        | 13      | 24    |
| Female                  | 4      | 3       | 2        | 11      | 20    |
| Male                    |        |         |          | 2       | 2     |
| Post Basic B.Sc Nursing |        |         |          |         |       |
| Female                  |        |         |          |         |       |
| Male                    |        |         |          |         |       |
| B.Sc Nursing            |        |         |          |         |       |
| Female                  |        |         |          |         |       |
| Male                    |        |         |          |         |       |
| B.Sc YPC                |        |         |          |         |       |
| Female                  |        |         |          |         |       |

10. If the college has PBI/2/7 following details of the admitted students to be enclosed (physical verification to be done with original documents)

| No. | Name of the student | Registration Number | Residence Address | Parent's Address (with telephone number) | Gender | Religion | Marital Status | Signature of Parent | Signature of Student |
|-----|---------------------|---------------------|-------------------|------------------------------------------|--------|----------|----------------|---------------------|----------------------|
|     |                     |                     |                   |                                          |        |          |                |                     |                      |

Note: Separate list to be enclosed and Biometric attendance to be verified and duly to be submitted

11. If the college has 7/5/2/7 following details of the admitted students to be enclosed (physical verification to be done with original documents)

| No. | Name of the student | Registration Number | Residence Address | Parent's Address (with telephone number) | Gender | Religion | Marital Status | Signature of Parent | Signature of Student |
|-----|---------------------|---------------------|-------------------|------------------------------------------|--------|----------|----------------|---------------------|----------------------|
|     |                     |                     |                   |                                          |        |          |                |                     |                      |

Approved: 200-10-2004 (14)

Signature of Chairman

Signature of Member

Signature of Member

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: Copy Enclosed.

## 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         |               |           |           |                      |           |               |          |      |          |           |               |          |           |
| 2      | Vice-Principal      | 1        | 1         |               |           |           |                      |           |               |          |      |          |           |               |          |           |
| 3      | Professor           | 1        | 1-2       |               | 1*        |           |                      |           |               |          |      |          |           |               |          |           |
| 4      | Associate Professor | 2        | 2-4       |               | 1*        |           |                      |           |               |          |      |          |           |               |          |           |
| 5      | Assistant Professor | 3        | 3-8       | 2             | 3*        |           |                      |           |               |          |      |          |           |               |          |           |
| 6      | Tutor               | 8-16     | 16-24     | 2-10          | --        |           |                      |           |               |          |      |          |           |               |          |           |
|        | Total               | 16-24    | 24-40     | 4-12          |           |           |                      |           |               |          |      |          |           |               |          |           |

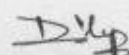
**For Example:** For 40 Students Intake minimum number of teachers required is 16 including Principal, i.e., Principal - 01, Vice Principal - 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors- 08

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

### Year Wise Distribution of Faculty for B.Sc Nursing :

(Start the Program i.e, for 1<sup>st</sup> Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

| Intake                    | 1 <sup>st</sup> Year                                                                                                         | 2 <sup>nd</sup> Year                                                                                                          | 3 <sup>rd</sup> Year                                                                                                           | 4 <sup>th</sup> Year                                                                                                           |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>40 Students Intake</b> | <b>Total 5 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>2 Tutors</li> </ul> | <b>Total 8 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul>  | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>5 Tutors</li> </ul>  | <b>Total 16 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>8 Tutors</li> </ul>  |
| <b>60 Students Intake</b> | <b>Total 6 Faculty</b> <ul style="list-style-type: none"> <li>3 M.Sc. Nursing qualified faculty</li> <li>3 Tutors</li> </ul> | <b>Total 12 Faculty</b> <ul style="list-style-type: none"> <li>5 M.Sc. Nursing qualified faculty</li> <li>7 Tutors</li> </ul> | <b>Total 18 Faculty</b> <ul style="list-style-type: none"> <li>7 M.Sc. Nursing qualified faculty</li> <li>11 Tutors</li> </ul> | <b>Total 24 Faculty</b> <ul style="list-style-type: none"> <li>8 M.Sc. Nursing qualified faculty</li> <li>16 Tutors</li> </ul> |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

Copy Attached

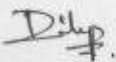
### 12. Teaching Faculty Requirements for all Nursing Programs:

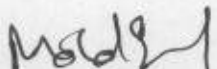
| No. | Designation         | Required  |           |         |       | Existing Available |           |         |       | Deficit   |           |         |       |
|-----|---------------------|-----------|-----------|---------|-------|--------------------|-----------|---------|-------|-----------|-----------|---------|-------|
|     |                     | Full Time | Part Time | Adjunct | Total | Full Time          | Part Time | Adjunct | Total | Full Time | Part Time | Adjunct | Total |
| 1   | Chairman            | 1         |           |         | 1     |                    |           |         |       |           |           |         |       |
| 2   | Dean                | 1         |           |         | 1     |                    |           |         |       |           |           |         |       |
| 3   | Professor           | 1         | 1         |         | 2     |                    |           |         |       |           |           |         |       |
| 4   | Assistant Professor | 2         | 2         |         | 4     |                    |           |         |       |           |           |         |       |
| 5   | Associate Professor | 1         | 2         |         | 3     |                    |           |         |       |           |           |         |       |
| 6   | Total               | 6         | 5         |         | 11    |                    |           |         |       |           |           |         |       |

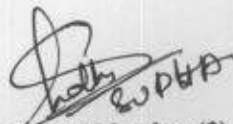
For a sample for 40 students, the minimum number of faculty required is 10 including Chairman (01),  
 Dean (01), Professor (01), Assistant Professor (02), Associate Professor (02) and 1 nurse (02).  
 (The Faculty and Student Ratio is 1:10 and for MSN Nursing, Faculty on speciality clinical and nurse faculty ratio is  
 1:10 in day and 1:20 evening programs)

| Total Faculty        |                      |                      |                      | Total Faculty        |                      |                      |                      | Total Faculty        |                      |                      |                      | Total Faculty        |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year | 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year | 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year | 1 <sup>st</sup> Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year |
| Total 4 Faculty      |                      |                      |                      | Total 4 Faculty      |                      |                      |                      | Total 4 Faculty      |                      |                      |                      | Total 4 Faculty      |                      |                      |                      |
| • 1 Full Time        |                      |                      |                      | • 1 Full Time        |                      |                      |                      | • 1 Full Time        |                      |                      |                      | • 1 Full Time        |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
| • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      | • 1 MSN Nursing      |                      |                      |                      |
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|                            |                                                                                                                                   |                                                                                                                                    |                                                                                                                                     |                                                                                                                                     |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>100 Students Intake</b> | <b>Total 10 Faculty</b> <ul style="list-style-type: none"> <li>• 5 M.Sc. Nursing qualified faculty</li> <li>• 5 Tutors</li> </ul> | <b>Total 20 Faculty</b> <ul style="list-style-type: none"> <li>• 8 M.Sc. Nursing qualified faculty</li> <li>• 12 Tutors</li> </ul> | <b>Total 30 Faculty</b> <ul style="list-style-type: none"> <li>• 12 M.Sc. Nursing qualified faculty</li> <li>• 18 Tutors</li> </ul> | <b>Total 40 Faculty</b> <ul style="list-style-type: none"> <li>• 16 M.Sc. Nursing qualified faculty</li> <li>• 24 Tutors</li> </ul> |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

  
 Signature of Chairman

  
 Signature of Member (1)

  
 Signature of Member (2)

|                   |                   |                   |                   |                   |
|-------------------|-------------------|-------------------|-------------------|-------------------|
| 100 Students      | Total 10 Faculty  | Total 20 Faculty  | Total 20 Faculty  | Total 40 Faculty  |
| • 5 of 20 Faculty | • 5 of 20 Faculty | • 5 of 20 Faculty | • 5 of 20 Faculty | • 5 of 20 Faculty |
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Signature of Member (1)

Signature of Member (1)

Signature of Chairman

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

Enclosed

| 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 |
|--------|------------------------------|-------------|------------------------------------|-----------------|------------------|---------------------|-----------------|-----------------------------|----------------------|
| 1.     |                              |             |                                    |                 |                  | After UG            |                 |                             |                      |
| 2.     |                              |             |                                    |                 |                  | After PG            |                 |                             |                      |
| 3.     |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 4.     |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 5.     |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 6.     |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 7.     |                              |             |                                    |                 |                  |                     |                 |                             |                      |
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| 11.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 12.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 13.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 14.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 15.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 16.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
| 17.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
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| 20.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |
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| 22.    |                              |             |                                    |                 |                  |                     |                 |                             |                      |

Enclosed

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Signature of Chairman

Signature of Member (1)

Signature of Member (2)



[illegible]

- **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 Member (1)

  
Signature of Member (2)



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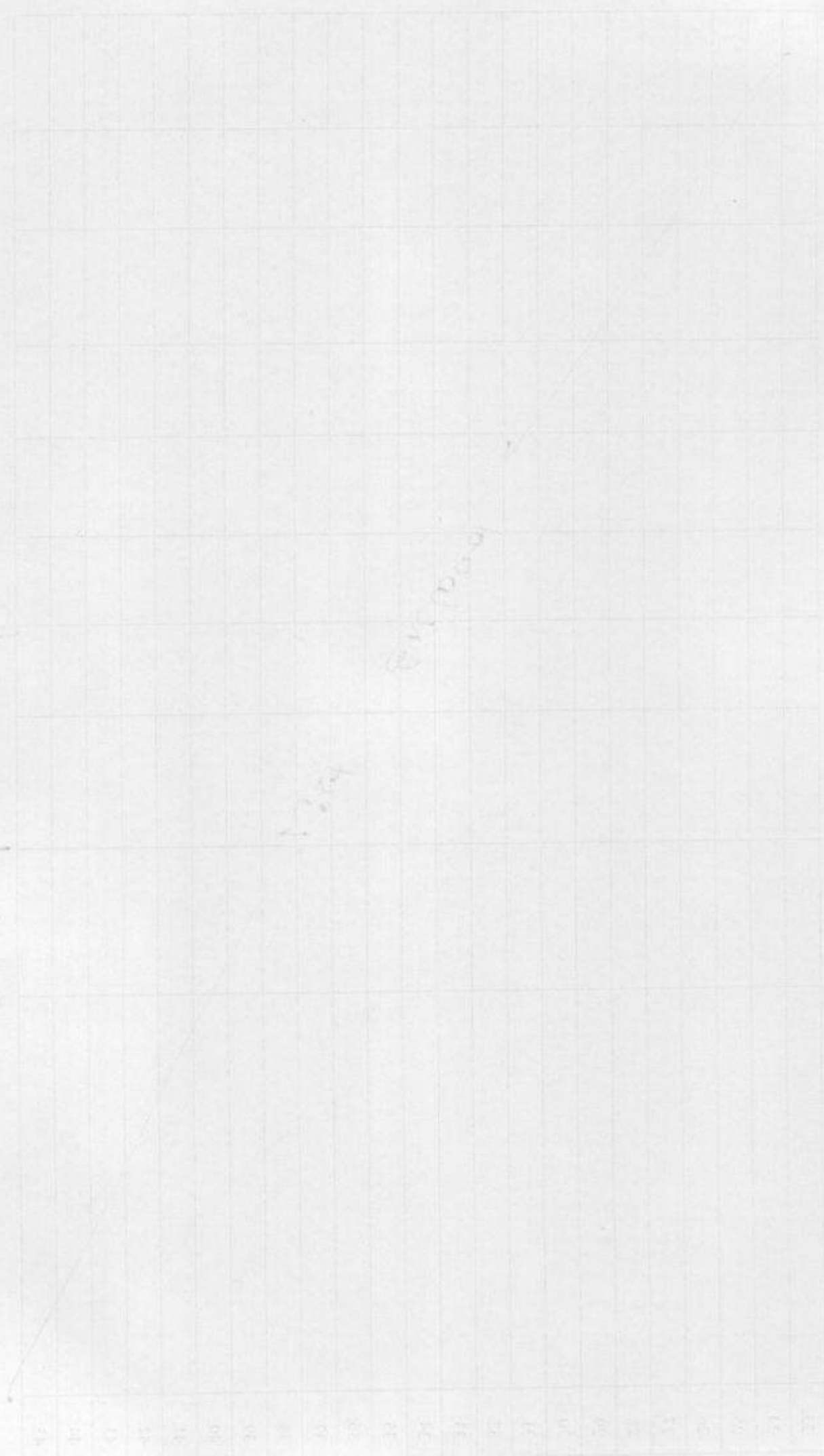
Signature of Member (I)

  
Signature of Member (2)

Signature of Applicant

Signature of Employer

Signature of Employer



**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 |
|--------|------|-----------------|---------|--------------------------|---------|
|        |      | list - 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                    | 24000    |          |
|       | <b>Note:</b> 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     | <b>CLASSROOMS</b><br>Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft                                                                                                                                                                                                                                                              | 4 Class rooms<br>900sq ft Each | 3600     | verified |
|       | P.B.B.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                 | 2 Class rooms<br>600sq ft Each |          |          |
|       | M.Sc (N) : 600 sq ft                                                                                                                                                                                                                                                                                                                                     | 2 Class rooms<br>600sq ft Each | 1400     |          |
|       | NPCC : 600sq ft                                                                                                                                                                                                                                                                                                                                          | 2 Class rooms<br>600sq ft Each |          |          |
|       | <b>Administrative Facilities</b>                                                                                                                                                                                                                                                                                                                         |                                |          |          |
|       | <b>Office</b>                                                                                                                                                                                                                                                                                                                                            |                                |          |          |
|       | 1. Principal's Chamber                                                                                                                                                                                                                                                                                                                                   | 300                            | 400      |          |
|       | 2. Vice-Principal Chamber                                                                                                                                                                                                                                                                                                                                | 200                            | 200      |          |
|       | 3. HOD                                                                                                                                                                                                                                                                                                                                                   | 5 x 200 = 1000                 | 1000     |          |
|       | 4. Professor/Assoc. Prof                                                                                                                                                                                                                                                                                                                                 | 800+2400=3200                  | 3500     |          |
|       | 5. Lecturer/ Tutors                                                                                                                                                                                                                                                                                                                                      |                                |          |          |
|       | <b>Institution office /Others</b>                                                                                                                                                                                                                                                                                                                        |                                |          |          |
|       | 6. Office of Administrative, clerical staff and PA (s)                                                                                                                                                                                                                                                                                                   |                                | 200      | verified |
| 3     | 7. Accountants Office                                                                                                                                                                                                                                                                                                                                    |                                | 500      |          |
|       | 8. Store Room                                                                                                                                                                                                                                                                                                                                            |                                | 500      |          |
|       | 9. Record room                                                                                                                                                                                                                                                                                                                                           |                                | 400      |          |
|       | 10. Room for maintenance staff                                                                                                                                                                                                                                                                                                                           |                                | 500      |          |
|       | 11. Xeroxing room                                                                                                                                                                                                                                                                                                                                        |                                | 300      |          |
|       | 12. common room                                                                                                                                                                                                                                                                                                                                          | 1000                           | 1000     |          |
|       | 13. Seminar hall                                                                                                                                                                                                                                                                                                                                         | 3000                           | 3000     |          |
|       | 14. Toilets                                                                                                                                                                                                                                                                                                                                              | 1000                           | 2000     |          |
|       | 15. A.V/Aids room                                                                                                                                                                                                                                                                                                                                        | 600                            | 800      |          |

*D. Up*  
Signature of Chairman

*M. B. R.*  
Signature of Member (1)

*Dr. S. D. H. A.*  
Signature of Member (2)

| Sl. No. | Name | Qualification | Subject | Number of hours per week | Remarks |
|---------|------|---------------|---------|--------------------------|---------|
|         |      |               |         |                          |         |

14. Physical Facilities:

14.1. College Building:

Annexure - 12

| S. No | Details                                                                                   | Required                      | Existing | Remarks |
|-------|-------------------------------------------------------------------------------------------|-------------------------------|----------|---------|
| 1     | Ground - up area of the building (in sq ft)                                               | 23,200 sq ft                  | 21000    |         |
| 2     | CLASSROOMS<br>Size of each classroom (sq ft) 40 to 60 square ft (12' x 30' to 16' x 30')  | 1 Class room 6000 sq ft each  | 3600     |         |
| 3     | LABORATORY<br>Size of each laboratory (sq ft) 40 to 60 square ft (12' x 30' to 16' x 30') | 2 Class rooms 6000 sq ft each | 1200     |         |
| 4     | LIBRARY<br>Size of each library (sq ft) 40 to 60 square ft (12' x 30' to 16' x 30')       | 1 Class room 6000 sq ft each  |          |         |
| 5     | Office                                                                                    | 300                           | 400      |         |
| 6     | Principal's Chamber                                                                       | 200                           | 200      |         |
| 7     | Head                                                                                      | 2 x 200 = 400                 | 400      |         |
| 8     | Professor/Assoc. Prof.                                                                    | 800 x 2400 = 2700             | 3500     |         |
| 9     | Lecturer/Tutor                                                                            |                               | 200      |         |
| 10    | Administration office/Officers                                                            |                               | 200      |         |
| 11    | Office of Administration                                                                  |                               | 200      |         |
| 12    | Classical hall and P.A.                                                                   |                               | 200      |         |
| 13    | Accountants Office                                                                        |                               | 200      |         |
| 14    | Store Room                                                                                |                               | 200      |         |
| 15    | Record room                                                                               |                               | 200      |         |
| 16    | Room for Administrative staff                                                             |                               | 200      |         |
| 17    | Restroom                                                                                  |                               | 200      |         |
| 18    | Common room                                                                               | 1000                          | 1000     |         |
| 19    | Seamstress hall                                                                           | 3000                          | 3000     |         |
| 20    | Latrine                                                                                   | 1000                          | 2000     |         |
| 21    | W.A. Wash room                                                                            | 600                           | 800      |         |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

**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**

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

**It is mandatory to enclose all the documents mentioned above.**

**Note:**

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. (F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that all nursing institution shall have its own building within two years of its establishment 2021-22 onwards.
- If one of the trustee/member/director of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.

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

**Annexure – 13**

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licience |
|--------------------------|-----------------------------|------------------|---------|-----------|------------------|
|                          | KA14/B2468                  | 41               | Yes     | Yes       | Yes              |

*D. J. P.*  
Signature of Chairman

*AGU L*  
Signature of Member (1)

*SUDHA*  
Signature of Member (2)



**16. Library facility :**Enclose list of library books

**Annexure - 14**

| Library Facilities                      | Existing Size in Sq ft | Separate Library | Ventilation                                           | Lighting | Remarks |
|-----------------------------------------|------------------------|------------------|-------------------------------------------------------|----------|---------|
| Required<br>2300 Sq.Ft                  | 2300                   | YES              | YES                                                   | YES      |         |
| Total No. of Nursing Books available    |                        | 2500             | No. of Nursing Journals subscribed                    |          | 5       |
| No. of Thesis/Research titles available |                        | 2                | Is internet facility available for Students?          |          | YES     |
| No of e-books                           |                        |                  | How many books were purchased in last financial year? |          | 1000    |

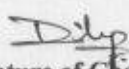
| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|--------|-----------------------|---------------|------------|---------|
| 1      | NAGARAJ               | BSC LIB       | 5          |         |
|        |                       |               |            |         |
|        |                       |               |            |         |

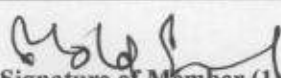
**Note :** A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals will increase/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     | ENCLOSED    |         |
| Conferences conducted | ENCLOSED    |         |
| Conferences attended  | ENCLOSED    |         |

  
Signature of Chairman

  
Signature of Member (1)

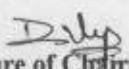
  
Signature of Member (2)

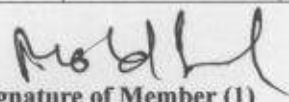


**18. Details of Clinical / Hospital Facilities :**
**Annexure - 16**

|   |                                     |                                         |                                        |
|---|-------------------------------------|-----------------------------------------|----------------------------------------|
| 1 | Do you have parent Medical College? |                                         | NO <input checked="" type="checkbox"/> |
| 2 | Do you have parent hospital?        | YES <input checked="" type="checkbox"/> |                                        |
|   | If Yes, Hospital Owned by           | i. Trust/Society/Missionary             | YES                                    |
|   |                                     | ii. Trust member with MOU               | YES                                    |

| 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<br>DANGE NURSING HOME<br>ASHWINI NAGARA 2 <sup>ND</sup> CROSS<br>HAVERI |                                                                         | 100            | 100METER                  | 85%                                          |         |
| NAME OF THE TRUST/ Person owning The Hospital<br>SANJAY KUMAR DANGE                                                |                                                                         |                |                           |                                              |         |
| Name Of The Owner Of The Trust of Hospital<br>SANJAY KUMAR DANGE                                                   |                                                                         |                |                           |                                              |         |
| Affiliated hospitals- Full Name & Address of the Parent Hospital                                                   | 1<br>HAVERI<br>MULTISPECILITY<br>HOSPITAL<br>HANGAL ROAD<br>HAVERI      | 30             | 500 METER                 | 100%                                         |         |
|                                                                                                                    | 2 DR LODAY HOSPITAL<br>HOSPITAL<br>ASHWINI NAGARA 1 <sup>ST</sup> CROSS | 30             | 300 METER                 | 100%                                         |         |
|                                                                                                                    | 3 HAVANUR<br>MULISPECIALITY<br>HOSPITAL                                 | 30             | 800 METER                 | 100%                                         |         |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

|   |                                     |                                         |
|---|-------------------------------------|-----------------------------------------|
| 1 | Do you have parent Medical College? | <input type="checkbox"/> NO             |
| 2 | Do you have parent Hospital?        | <input checked="" type="checkbox"/> YES |
|   | 1. Transferable Membership          | <input checked="" type="checkbox"/> YES |
|   | 2. Transferable with NCI            | <input checked="" type="checkbox"/> YES |

| Sl. No. | Name of the Hospital | Address of the Hospital | Distance from the college (km) | Distance from the city (km) | Distance from the town (km) |
|---------|----------------------|-------------------------|--------------------------------|-----------------------------|-----------------------------|
| 1       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 2       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 3       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 4       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 5       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 6       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 7       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 8       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 9       | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |
| 10      | SAVITA KIMAR DANCE   | SAVITA KIMAR DANCE      | 100                            | 100                         | 100                         |

Signature of the person in charge of the hospital

Signature of the member

Signature of the member

Signature of the member

|                                                                 |    |           |      |  |
|-----------------------------------------------------------------|----|-----------|------|--|
| HEGERI<br>MULTISPECILITY<br>HOSPITAL<br>SHIVAJINAGARA<br>HAVERI | 30 | 800 METER | 100% |  |
|-----------------------------------------------------------------|----|-----------|------|--|

(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} 5<sup>th</sup> 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} 5<sup>th</sup> July, 2021 F.NO. 11-1/2019-INC.)

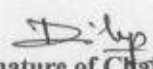
**Note**

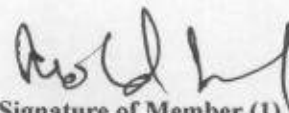
- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ 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:**

Dange Nursing Home 100 bedded Verified.  
Affiliated hospital Verified.

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

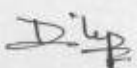


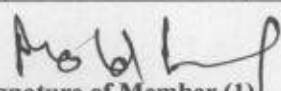
### 18.1. Distribution of Beds

| Clinical Areas          | Parent      |               | Affiliated  |               |
|-------------------------|-------------|---------------|-------------|---------------|
|                         | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical                 | 20          | 15            | 6           | 5             |
| Surgery including OT    | 20          | 16            | 5           | 4             |
| Obstetrics & Gynecology | 20          | 18            | 5           | 4             |
| Pediatrics,             | 20          | 18            | 5           | 4             |
| Emergency Medicine      | 10          | 05            | 3           | 2             |
| Psychiatry              | 10          | 04            | 1           | 0             |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas                                                 | Parent      |               | Affiliated  |               |
|----------------------------------------------------------------|-------------|---------------|-------------|---------------|
|                                                                | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT                                                       |             |               |             |               |
| Minor OT                                                       |             |               |             |               |
| Dental, Otorhinolaryngology, Ophthalmology                     |             |               |             |               |
| Burns and Plastic                                              |             |               |             |               |
| Neonatology care unit                                          |             |               |             |               |
| Communicable disease/ Respiratory medicine/TB & chest diseases |             |               |             |               |

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)

12.1. Distribution of Beds

| Clinical Area            | No. of Beds | % of Total | No. of Beds | % of Total | Allocation |
|--------------------------|-------------|------------|-------------|------------|------------|
| Medical                  | 20          | 15         | 8           | 6          |            |
| Paediatric Medicine      | 20          | 16         | 2           | 2          |            |
| Obstetrics & Gynaecology | 20          | 18         | 2           | 2          |            |
| Physiotherapy            | 20          | 18         | 2           | 2          |            |
| Emergency Medicine       | 10          | 8          | 2           | 2          |            |
| Intensive Care           | 0           | 0          | 1           | 1          |            |

Additional/Other Specialised Facilities for Clinical Experience

| Clinical Area              | No. of Beds | % of Total | No. of Beds | % of Total | Allocation |
|----------------------------|-------------|------------|-------------|------------|------------|
| Paediatric OT              |             |            |             |            |            |
| Minor OT                   |             |            |             |            |            |
| Special Outpatient Clinics |             |            |             |            |            |
| Outpatient Clinics         |             |            |             |            |            |
| Day and Night              |             |            |             |            |            |
| Neonatology Unit           |             |            |             |            |            |
| Cardiovascular Unit        |             |            |             |            |            |
| Respiratory Medicine Unit  |             |            |             |            |            |
| Other                      |             |            |             |            |            |

Signature of Director (1)

Signature of Director (1)

Signature of Director

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| Dermatology             |  |  |  |  |
| Cardiology              |  |  |  |  |
| Oncology                |  |  |  |  |
| Neurology/Neuro-surgery |  |  |  |  |
| Nephrology/Urology      |  |  |  |  |
| ICU/ICCU                |  |  |  |  |
| Geriatric Medicine      |  |  |  |  |
| Any other               |  |  |  |  |

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

|                                                                                                  |                                                |                                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| <b>19</b>                                                                                        | <b>COMMUNITY HEALTH NURSING :Annexure - 17</b> |                                                                                                                                 |  |
| <b>RURAL FILELD</b>                                                                              |                                                |                                                                                                                                 |  |
| <b>a. Name of CHC / PHC / SC</b>                                                                 |                                                | <b>KABBUR, KATENAHALLI,AGADI</b>                                                                                                |  |
| Adopted / Affiliated                                                                             |                                                | <del>ADOPTED</del> <i>Affiliated</i>                                                                                            |  |
| Administrated by                                                                                 |                                                | State Govt. <input checked="" type="checkbox"/>                                                                                 |  |
| Distance from the Nursing Institute                                                              |                                                | 15                                                                                                                              |  |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                            |                                                | <b>YES</b>                                                                                                                      |  |
| <b>URBAN FEILD :</b>                                                                             |                                                |                                                                                                                                 |  |
| <b>a. Name of CHC / PHC / SC</b>                                                                 |                                                | <b>NAGENDRAMATTI</b>                                                                                                            |  |
| Adopted / Affiliated                                                                             |                                                | <del>ADOPTED</del> <i>Affiliated</i>                                                                                            |  |
| Administrated by                                                                                 |                                                | State Govt. <input checked="" type="checkbox"/> Municipal Corporation <input type="checkbox"/> Private <input type="checkbox"/> |  |
| Distance from the Nursing Institute                                                              |                                                |                                                                                                                                 |  |
| <b>b. Services Rendered by Health &amp; Family Welfare Programmes</b>                            |                                                | <b>YES</b>                                                                                                                      |  |
| N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached. |                                                |                                                                                                                                 |  |

|           |                                                        |                                         |                             |  |
|-----------|--------------------------------------------------------|-----------------------------------------|-----------------------------|--|
| <b>20</b> | <b>Master Rotation Plan : Annexure - 18</b>            |                                         |                             |  |
| a.        | Basic B.Sc. Nursing                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| b.        | Post Basic B.Sc. Nursing                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| c.        | M.Sc. Nursing                                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |
| <b>21</b> | <b>Time Table available for all Nursing Programmes</b> |                                         |                             |  |
| a.        | Basic B.Sc. Nursing                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |  |

*Dup*  
Signature of Chairman

*Kold*  
Signature of Member (1)

*Sudha*  
Signature of Member (2)



|    |                          |                                         |                                        |
|----|--------------------------|-----------------------------------------|----------------------------------------|
| b. | Post Basic B.Sc. Nursing | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| c. | M.Sc. Nursing            | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> |

| 22 | Records of Students : Are the following students records are maintained well? |                                         |                             |
|----|-------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| a. | Admission record                                                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| b. | Daily Attendance Registers                                                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| c. | Health Records                                                                | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| d. | Clinical and field experience record                                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| e. | Practical record books - procedure record                                     | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| f. | Practical record books - Midwifery case book                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| g. | Leave record                                                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| h. | Extracurricular activities of students       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| i. | Cumulative record of each                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| j. | Course planning of each subject              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| k. | Rotation plans                               | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| l. | Committee Meetings                           | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| m. | Affiliation records                          | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| n. | Records of Stock                             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| o. | Annual report of activities and achievements | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| p. | Staff development programmes                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| q. | Anti ragging committee                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| r. | Student welfare committee                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

| 23 | Hostel Facilities :Annexure - 12                                    |                                         |                                        |
|----|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| a. | Whether the college is having a separate Hostel?                    | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| b. | Built-up area of the Hostel                                         | Sq.ft                                   |                                        |
| c. | Is the Hostel Owned or Rented/Leased?                               | Own <input checked="" type="checkbox"/> | Rented/Leased <input type="checkbox"/> |
| d. | Is there separate provision of Hostel for Male and Female Students? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| e. | Total No. of students in the hostel                                 | Girls : 70                              | Boys : 15                              |
| f. | Total No. of rooms                                                  | Girls :                                 | Boys :                                 |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|   |                           |                                         |                                        |
|---|---------------------------|-----------------------------------------|----------------------------------------|
| b | From 15 to 19.50 Training | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| c | 20.50 Training            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |

|    |                                                                           |                                         |                             |
|----|---------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| 22 | Records of students are the following manner records are maintained with: |                                         |                             |
| a  | Administrative                                                            | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b  | Daily Attendance Register                                                 | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| c  | Health Records                                                            | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| d  | Clinical and field experience record                                      | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e  | Practical record books - procedure record                                 | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| f  | Practical record books - Midwifery case book                              | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| g  | Leave record                                                              | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

|    |                                              |                                         |                             |
|----|----------------------------------------------|-----------------------------------------|-----------------------------|
| 23 | Extracurricular activities of students       | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| a  | Cumulative report of each                    | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| b  | Course planning of each subject              | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| c  | Rotation plan                                | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| d  | Curriculum Mapping                           | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| e  | Affiliation records                          | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| f  | Records of stock                             | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| g  | Annual report of activities and achievements | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| h  | Self development programmes                  | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| i  | Anti doping committee                        | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |
| j  | Student welfare committee                    | <input type="checkbox"/> YES            | <input type="checkbox"/> NO |

|    |                                                                      |                                         |                                        |
|----|----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 24 | Hostel Facilities: Answer - 12                                       |                                         |                                        |
| a  | Whether the college is having a separate hostel?                     | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| b  | Built up area of the hostel                                          | 50 ft                                   |                                        |
| c  | Is the Hostel owned or rented/leased?                                | Own                                     | <input type="checkbox"/> Rented/leased |
| d  | Is there separate provision of hostel for girls and female students? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| e  | Total No. of students in the hostel                                  | Girls: 10                               | Boys: 15                               |
| f  | Total No. of rooms                                                   | Girls:                                  | Boys:                                  |

Signature of Chairman

Signature of Member (i)

Signature of Member (ii)

|    |                                                             |     |                                     |    |                          |
|----|-------------------------------------------------------------|-----|-------------------------------------|----|--------------------------|
| g. | Water Supply                                                | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| h. | Electricity Supply                                          | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| i. | Is Facilities available for outdoor games and indoor games? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| j. | Is Sick room available?                                     | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| k. | Whether the hostel mess is available with                   | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| l. | Safe drinking water facilities                              | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |

**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 :<br>1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building | ✓                     |    |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

|    |                                                             |     |                          |    |                          |
|----|-------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| 1. | Safe drinking water facilities                              | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. | Whether the toilet mass is available with                   | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. | Is Sewerage available?                                      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. | Is facilities available for outdoor games and indoor games? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. | Electronic Supply                                           | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. | Water Supply                                                | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

# 1. List of Annexures:

| Annexure      | Details                                                                                                                                                                                 | Remarks |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Annexure - 1  | Details of 1st to 5th School related documents                                                                                                                                          | ✓       |
| Annexure - 2  | Details of Governing Council, its meeting & Audit report of Trust                                                                                                                       | ✓       |
| Annexure - 3  | Existence of any other Nursing Institution under the same Trust                                                                                                                         | ✓       |
| Annexure - 4  | Details of Affiliated fees paid receipts                                                                                                                                                | ✓       |
| Annexure - 5  | Approval Status - COK Order                                                                                                                                                             | ✓       |
| Annexure - 6  | Approval Status - RCUHS Notification (1st & 2nd Year) Approval                                                                                                                          | ✓       |
| Annexure - 7  | Approval Status - KMC Notification                                                                                                                                                      | ✓       |
| Annexure - 8  | Status - KMC 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 Excessed Part time Teachers                                                                                                                                                  | ✓       |
| Annexure - 12 | Planned Building<br>College Building - Over rent lease MOU documents, Sale deed current year and recent sanctioned building plan by competent authority, occupancy certificate building | ✓       |

Signature of (Trustee)

Signature of Chairman

Signature of Secretary

|               |                                                                                                                                                                                 |   |  |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
|               | accessibility-lift/ Rampin working condition,<br>2. Laboratories<br>3. Building related documents<br>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                                                                                                                                           | ✓ |  |
| Annexure - 19 | List of Teachers with their Declaration forms & necessary documents                                                                                                             | — |  |
| Annexure - 20 | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise                                                                                                   | — |  |

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

**Observations:**

On the day of inspection following observations were made,

— Sansay Dange college of nursing science is under the legalised society Dange education society, society renewal receipts enclosed.

— RGUHS fees paid receipts enclosed for continuation of affiliation, enhancement of seats BSc (N) 40-60; & MSc (N) 9 & specialities.

— Physical infrastructure - 4 classrooms for BSc (N) & 5+1 laboratories 2 classrooms for (MSc) (N) available as per norms.

*Dip*  
Signature of Chairman

*M. S. L.*  
Signature of Member (1)

*SUDHA*  
Signature of Member (2)

- Principal, eligible PG teachers available for  
staring of MSCAD Centre; Teaching faculty  
available as per norms.

- Library - 2400 sqft with 2500 books available

- No-Scater - 1 bus available, PL, insurance &

Re. Book enclosed.

- Dange nursing home - Parent (Parent hospital with  
100 beds as per KPME Verified.

- Community area rural & urban letters enclosed.



## UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Savitri Dange College of Nursing Science which has applied for continuation of affiliation for the academic year 2024-25.

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

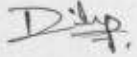
The information recorded by us in the LIC reports is true and correct.

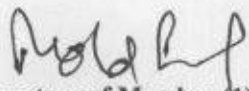
The LIC inspection report along with documents and soft copy is submitted to RGUHS.

  
Senate Member  
(Chairman)

A C Member  
(Member)

  
Subject Expert  
(Member)

  
Signature of Chairman

  
Signature of Member (1)

  
Signature of Member (2)



# TEACHING FACULTY DETAILS

| Sl No | Name of the teaching faculty | Designation         | Qualification along with speciality | Year of passing | KSNC Reg number      | Teaching experience<br>After UG<br>After PG | Date of joining | Form-16 submitted (yes) | Signature of faculty   |
|-------|------------------------------|---------------------|-------------------------------------|-----------------|----------------------|---------------------------------------------|-----------------|-------------------------|------------------------|
| 1     | SUNIL KUMAR K                | Principal           | MSC MEDICAL SURGICAL NURSING        | 2011            | 9064                 | 02<br>12                                    | 03/04/2023      |                         |                        |
| 2     | SHRUTHI'A                    | Professor           | CHILD HEALTH NURSING                | 20              |                      |                                             |                 |                         | <i>Aymade</i>          |
| 3     | AYESHA NADAF                 | Professor           | MEDICAL SURGICAL NURSING            | 2019            | 76033                | 00<br>05                                    | 04/03/2024      |                         | <i>SAB</i>             |
| 4     | PARVATH GOWDA                | Professor           | PARVATH GOWDA                       | 2017            | 36406                | 00<br>5                                     | 06/05/2024      |                         | <i>—</i>               |
| 5     | <i>—</i>                     | Associate professor | MSC MEDICAL SURGICAL NURSING        |                 |                      |                                             | 04/03/2024      |                         | <i>Qyloa</i>           |
| 6     | RAKSHITHA D                  | Assistant lecturer  | MSC CHILD HEALTH NURSING            | 2024            | 11448                |                                             |                 |                         | <i>—</i>               |
| 7     | SANGEETHA                    | Tutor               | BSC NURSING                         | 2022            | 131915               | 02                                          | 08/09/2024      |                         | <i>—</i>               |
| 8     | NANDITA                      | Tutor               | BSC NURSING                         | 2024            | <i>Not Available</i> |                                             | 20/02/2025      |                         | <i>—</i>               |
| 9     | VIDYA                        | Tutor               | BSC NURSING                         | 2024            | <i>Applied</i>       |                                             | 20/02/2025      |                         | <i>—</i>               |
| 10    | MEGHA                        | Tutor               | BSC NURSING                         | 2024            | <i>Applied</i>       |                                             | 20/02/2025      |                         | <i>—</i>               |
| 11    | MALATI                       | Tutor               | BSC NURSING                         | 2024            | <i>Not Available</i> |                                             | 20/02/2025      |                         | <i>—</i>               |
| 12    | PAVANKUMAR                   | Tutor               | BSC NURSING                         | 2024            | <i>Applied</i>       |                                             | 20/02/2025      |                         | <i>—</i>               |
| 13    | GULNAZ BANU                  | Tutor               | BSC NURSING                         | 2024            | <i>Applied</i>       |                                             | 20/02/2025      |                         | <i>G.M. Sharmalade</i> |



|    |              |       |             |      |               |  |            |  |
|----|--------------|-------|-------------|------|---------------|--|------------|--|
| 15 | YASHODA      | Tutor | BSC NURSING | 2024 | Not Available |  | 20/02/2025 |  |
| 16 | POOJA        | Tutor | BSC NURSING | 2024 | Not Available |  | 20/02/2025 |  |
| 17 | SHAMBHULINGA | Tutor | BSC NURSING | 2024 | Not Available |  | 20/02/2025 |  |
| 18 | VINAYAK      | Tutor | BSC NURSING | 2024 | Applied       |  | 20/02/2025 |  |
| 19 | SOURMYA      | Tutor | BSC NURSING | 2024 | Applied       |  | 20/02/2025 |  |
| 20 | RADHA        | Tutor | BSC NURSING | 2024 | Applied       |  | 20/02/2025 |  |
| 21 | MANTESH      | Tutor | BSC NURSING | 2024 | Applied       |  | 20/02/2025 |  |
| 22 | SIDDU        | Tutor | BSC NURSING | 2024 | Not Available |  | 20/02/2025 |  |
| 23 | RADHA        | Tutor | BSC NURSING | 2024 |               |  | 20/02/2025 |  |
| 24 |              | Tutor | BSC NURSING |      |               |  |            |  |
| 25 |              | Tutor |             |      |               |  |            |  |
| 26 |              | Tutor |             |      |               |  |            |  |
| 27 |              | Tutor |             |      |               |  |            |  |
| 28 |              | Tutor |             |      |               |  |            |  |
| 29 |              | Tutor |             |      |               |  |            |  |
| 30 |              | Tutor |             |      |               |  |            |  |

Model

Dup

Supra





**Dange Education Society (R)**  
**SANJAY DANGE COLLEGE OF NURSING SCIENCES**

P.B. Road, Aswini Nagar, 2<sup>nd</sup> Cross, Haveri - 581 110.

Mobile: 08375236777, 9448109960

Email: dr.sanjaydangeinstitutions@gmail.com

Ref. No. SDNC/23/2025-2026

Date: 11/05/26

We Sanjay Kumar Dange the chairman of the **Dange Education Socceity** are submiitin the affidavit

The trust Danjay Education Socceity is running /manging the college **Sanjay Dange College Of Nursing Sceince Haveri** since 4 years

We confirm that all the information provide by us to the lic team is true and correct to the best our knowledge

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

We also confirm that the college is solely managed by the trust and is leased/ sub leased to any other trust/agency to manage the college

We also confirm that the college is abiding to the corms of apex body /RGUHS as prescribed form time to time

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

Signature of chairman

signatureof member signature of member

**SANJAY DANGE COLLEGE OF NURSING SCIENCES  
(Dange Education Society (R))**

P.B. Road, Aswini Nagar, 2, Cross, Haveri - 581 110  
Mobile: 08375236777, 9448099880  
Email: dangeeducation@gmail.com



Ref. No. *Sanjay Dange*

Date: *11/05/23*

We Sanjay Kumar Dange the chairman of the Dange Education Society are submit the affidavit

The trust Sanjay Education Society is running /managing the college Sanjay Dange College Of Nursing Science Haveri since 4 years

We confirm that all the information provide by us to the lic team is true and correct to the best our knowledge

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

We also confirm that the college is solely managed by the trust and is 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 RGHS as prescribed form time to time

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

Signature of chairman      signature of member      signature of member