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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Suresh S Kanakannavar	Dr.K Joshi Hanumathachar	Mrs Rathnamma
Designation	(Retd)Professor of Obstertrics & Gynecology,Unit Chief	Principal	Principal
Address	Bangalore Medical College & Research Institute:Bengaluru	Sharada Vilas College of Pharmacy,Mysore	Government College of Nursing ,Hassan
Mobile No	9448033228	9663373701	9449822043
Email ID	kanakannavar@gmail.com	mysoresvcp@gmail.com	ctrathna70@gmail.com

For the Academic Year : 2025-2026 *Date of Inspection:*09/05/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation		5.Surprise Inspection	
	3.Enhancement of Seats	✓	6. Change of Name/Address	

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	SANJO COLLEGE OF NURSING,SANJO HOSPITAL,SRINIVASAPURA,MANDYA-571404	2	Year of Establishment: 07/12/2020
2	Status of the course conducting body	Government / University ✓ / Autonomous / Municipal Corporation / Missionary /Trust /Society /Company		
3	Name of the Trust & complete postal address (if private) Name of the Owner Trust Society	SANJOE HOSPITAL TRUST, SANJO HOSPITAL,SRINIVASAPURA,KASABA HOBLI,MANDYA-571404 ELIZABETH JOSEPH (Enclose copy of Registration documents of Society/Trust) Annexure – 1 copy enclosed		
		Email:sanjocon2020@gmail.com	Website: sanjonursing.com/wp-admin	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 5 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2 copy enclosed		

Signature of Chairman 9/5/25
Dr. SURESH. S.

Signature of Member (1) 9/5/25
Dr. H. Joshi
Academic Council member

Signature of Member (2) 9/5/25
C.T. RATHNAMMA
Subject Expert.

5	Details of Principal/Head of the institution	Name: DR ANITHA VICTORIA NORONHA Qualification:PhD Experience: 22 years 6 months Email:avinanithatony@gmail.com		Mobile No:9886083273 Office No:9538770425 Fax No: -08232-297056 Residential phone No: 08232-297055
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ✔	NO ☐	SANJO SCHOOL OF NURSING,SANJO HOSPITAL,SRINIVASAPURA,MANDYA-571404 If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) copy enclosed Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation Increase Intake	1,55,050 1,51,092.48		copy enclosed		1,56,050 1,51,092.48
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4. NA	NA	
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	1,56,050 1,51,092.48 3,07,142.48

Online Transaction Number or Details:

BD00000007555130 21/12/2024 , ZSIBUG008XFJT5 21/12/2024 , BD00000007565635 ZSIBCON095K0ZT 24/12/2024 , BD00000008142415 25/04/2025 & BSIBCAH0J6KIH2 25/04/2025

Remarks:

Signature of Chairman 9/5/25 **Signature of Member (1)** **Signature of Member (2)** 9/5/25

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	Annexure 5,6,7 & 10 are enclosed
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			NA		
	Admissions Made for the Current Academic Year					
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year			NA		
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		NA			

Signature of Chairman 9/5/25 Signature of Member (1) Signature of Member (2) 9/5/25

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	1	0	4 Physically	9
	Female	36	38	40	36 verified	150
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)

NA

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)

NA

Annexure –10

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

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

Remarks: Annexure 5/6/7/8 verified Sr. Copies verified. Attendance register verified

Signature of Chairman 7/5/25 **Signature of Member (1)** **Signature of Member (2)** 7/5/25

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		1									
6	Tutor	8-16	16-24	2-10	--		20									
	Total	**16-24**	**24-40**	**4-12**			25									

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

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

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

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

LIC 9/5/25

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 9/5/25

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Ms. Shibi George	Associate Professor	MSc in OBG	09/2015	35883	-	08Y	15-09-2022	Free Service Letter	
2.	Ms. Josmy Thomas	Associate Professor	MSc in CHN	01/2012	6204	02Y	06Y	26-07-2022	Free Service Letter	
3.	Ms. Soumya Mamachan	Associate Professor	MSc in MSN	09/2017	7767	-	06Y	02-12-2019	Free Service Letter	
4.	Dr. Anitha Victoria N	Principal/Director	MSc in MSN, PHD	04/2006	18193	02Y	17Y	23-08-2024	Form-16	
5.	Mrs. Anushree K	Tutor	PBBSC (N)	11/2021	214277	09M	-	05-08-2024	Bank Statement	
6.	Ms. Arya Joseph	Tutor	BSC (N)	07/2023	146629	01Y	-	04-01-2024	Bank Statement	
7.	Ms. Mariya Rose Paul	Tutor	BSC (N)	02/2024	157059	3M	-	04-01-2024	Form-16	
8.	Ms. Mary Joseph	Tutor	PBBSC (N)	10/2011	3934	-	12Y	18-07-2024	Free Service Letter	
9.	Mrs. Nandini R	Tutor	PBBSC (N)	07/2023	185350	02Y	-	01-06-2023	Form-16	
10.	Ms. Poornima B C	Tutor	PBBSC (N)	02/2024	246289	01Y	-	04-03-2024	Bank Statement	
11.	Mrs. Prameela K	Tutor	BSC (N)	04/2018	91700	03Y	-	02-02-2022	Form-16	
12.	Ms. Sigi M D	Tutor	PBBSC (N)	09/2013	-	04Y	-	26-07-2022	Free Service Letter	
13.	Ms. Soji Jose	Tutor	PBBSC (N)	11/2021	13508	02Y	-	01-03-2022	Free Service Letter	
14.	Ms. Josy Joseph	Lecturer	MSc in MHN	06/2023	135806	05Y	01Y	01-06-2023	Free Service Letter	
15.	Mrs. Thushara G S	Lecturer	MSc in Pediatric	05/2014	66289	-	07M	28-11-2024	Free Service Letter	

Signature of Chairman 9/5/25

Signature of Member (1)

Signature of Member (2) 9/5/2025

16.	Ms. Joppy Joseph	Vice Principal	MSc in Pediatric	05/2010	972	08Y	2.5Y	01-01-2021	Free Service Letter	
17.	Mrs. Jindu Paul P	Lecturer	MSc in MSN	12/2024	158762	05Y	03M	05-02-2025	Bank Statement	
18.	Ms. Asmitha Josna Monis	Tutor	BSC (N)	11/2021	124170	04M	-	01-01-2025	Bank Statement	
19.	Mrs. Salomi Reena Das	Lecturer	MSc in CHN	12/2024	107285	-	03M	02-02-2025	Bank Statement	
20.	Mrs. Sindhu B N	Tutor	BSC (N)	09/2018	94904	06Y	-	03-02-2025	Bank Statement	
21.	Mrs. Anusha N C	Lecturer	MSc in CHN	12/2024	129145	-	03M	01-02-2025	Bank Statement	
22.	Ms. Sharmila H C	Lecturer	MSc in MHN	12/2024	121957	01Y	02M	10-03-2025	Bank Statement	
23.	Ms. Kavya R	Lecturer	MSc in MSN	12/2024	125203	11M	11M	01-02-2025	Bank Statement	
24.	Ms. Aishwarya K J	Tutor	PBBSC (N)	12/2024	262192	03M	03M	08-02-2025	Bank Statement	
25.	Ms. Alice Paulose	Tutor	PBBSC (N)	12/2024	262184	03M	03M	08-02-2025	Bank Statement	

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

Signature of Chairman 9/5/25 **Signature of Member (1)** **Signature of Member (2)** 9/5/25

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
-	Enclosed				none

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	23,200Sq.ft	Annexure copy attached
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	9 1500X4=10105 Sq.ft	Photo enclosed PE
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	PE
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	PE
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	PE
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	443 Sq.ft	PE Physically verified
	2. Vice-Principal Chamber	200	300 Sq.ft	PE
	3. HOD	5 x 200 = 1000	5 x 802 Sq.ft	PE
	4. Professor/Assoc. Prof	800+2400=3200	3539 Sq.ft	PE Photo enclosed
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1139 Sq.ft	PE
	7. Accountants Office		640Sq.ft	PE
	8. Store Room		640Sq.ft	PE
	9. Record room		640Sq.ft	PE
	10. Room for maintenance staff		640Sq.ft	PE
	11. Xeroxing room		Inside office	PE
	12. common room	1000	1426 x 4 Sq.ft	PE
	13. Seminar hall	3000	3000 Sq.ft	PE
	14. Toilets	1000	1426 Sq.ft	PE
	15. A.V/Aids room	600	640 Sq.ft	PE

Signature of Chairman 9/5/25 Signature of Member (1) Signature of Member (2) 9/5/25

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			Photo enclosed
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	PE
	Nutrition & Community Health Nursing	1200sq.ft	1703sq.ft	PE
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	PE
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	PE
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	PE
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	PE

Note:

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

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

Annexure - 12

Building Documents:

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✔	Rent /Lease	-
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✔	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✔	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✔	NO	-
5.	Whether Safe drinking water supply in available	YES	✔	NO	-

copy attached

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
01	KA-11-A-3227	40	Yes ✔ / No	Yes ✔ / No	Yes ✔ / No

9/5/25

Signature of Chairman | Signature of Member (1) | Signature of Member (2) 9/5/25

02	KA-11-C-9324	52	Yes / No ✔	Yes ✔ / No	Yes ✔ / No
03	KA-11-C-5840	51	Yes ✔ / No	Yes ✔ / No	Yes ✔ / No

16. Library facility : Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2475 Sq.Ft	YES ✔ No ☐	✔	Physically ✔	PE Photo enclosed

Total No. of Nursing Books available	3304	**No. of Nursing Journals subscribed**	7
No. of Thesis/Research titles available	13	**Is internet facility available for Students?**	YES Available
No of e-books	Helinet 30	**How many books were purchased in last financial year?**	Unified

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs.Geetha Ananthnag	M.Sc in Librarian	5 Years	Physically PE
2	Ms Pavithra N P	BCom	1 Year	Unified PE

PE Photo enclosed

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

17. Academic activities : Enclose the details of past 3 years

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	Enclosed	
Conferences conducted	Enclosed	Copies enclosed
Conferences attended	Enclosed	

Signature of Chairman 9/5/25

Signature of Member (1)

Signature of Member (2) 9/5/25

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

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital SANJO COLLEGE OF NURSING,SANJO HOSPITAL,SRINIVASAPURA,MANDYA-571404		150	280mtrs	75%	
NAME OF THE TRUST/ Person owning The Hospital SANJOE HOSPITAL TRUST SANJOHOSPITAL,SRINIVASAPURA,MANDYA-571404		-	-	-	
Name Of The Owner Of The Trust ADMINISTRATOR TRUST OF THE SANJOE HOSPITAL, ELIZABETH JOSEPH		-	-	-	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. SANJO HOSPITAL SRINIVASAPURA MANDYA-571404	150	280 MTRS	75%	
	2 BHARATH HOSPITAL & INSTITUTE OF ONCOLOGY,MYSORE-570017	100	52Kms	100%	
	3. SRI JAYDEEVA INSTITUTE OF CARDIOVASCULAR SCIENCESAND RESEARCH CENTRE,MYSORE-570017	990	50.3Kms	100%	
	4. VIVEKA HOSPITAL,MYSORE	50	57.2Kms	75%	
	5. RAMKRISHNA NURSING HOME VIDYA NAGAR MANDYA	100	5.9Kms	96%	

(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).

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).

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

9/5/25

- 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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital.** This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.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:

- All necessary MOUs for clinical permission letters and fee paid receipts are enclosed
- KPMEA form / documents enclosed
- No of Beds 150 in the parent hospital verified
- Bio waste management MOU enclosed
- MOUs for CHC & PHC enclosed.

9/5/25

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	45	96%	70	100%
Surgery including OT	20	90-95%	90	100%
Obstetrics & Gynecology	20	80 -85%	29	100%
Pediatrics	20	90-95%		
Emergency Medicine	10	90-95%	20	100%
Psychiatry			50	75%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	4	100%	07	100%
Minor OT	2	100%	06	100%
Dental, Otorhinolaryngology, Ophthalmology	3	50%		
Burns and Plastic	-	-		
Neonatology care unit	4	100%		
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-		
Dermatology	2	50%		
Cardiology	-		990	100%
Oncology	-		100	100%
Neurology/Neuro-surgery	3	50%		
Nephrology/Urology	6	100%		
ICU/ICCU	12	95-100%		
Geriatric Medicine	-	-		
Any other	-	-		

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		HALEBUDANOR PHC,MANDYA CHC KILARA
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ✔ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		4Kms,39Kms
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

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

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✔	NO
b.	Built-up area of the Hostel	25,778 Sq.ft	
c.	Is the Hostel Owned ~~or Rented/Leased?~~	Own ✔	Rented/Leased
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✔	NO
e.	Total No. of students in the hostel	**Girls :** 126	**Boys :** -
f.	Total No. of rooms	**Girls :** 20	**Boys :** -
g.	Water Supply	YES ✔	NO
h.	Electricity Supply	YES ✔	NO
i.	Is Facilities available for outdoor games and indoor games?	YES ✔	NO
j.	Is Sick room available?	YES ✔	NO
k.	Whether the hostel mess is available with	YES ✔	NO
l.	Safe drinking water facilities	YES ✔	NO

Signature of Chairman 9/5/25 Signature of Member (1) Signature of Member (2) 9/5/25

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	NA	✔ NA
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	✔ NA
Annexure - 11	Details of External /Part time Teachers	✔	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✔	
Annexure - 13	Vehicle Details : Bus	✔	
Annexure - 14	Details of List of LibraryBooks & others	✔	
Annexure - 15	Academic Activities	✔	
Annexure - 16	Details of Clinical/Hospital Facilities	✔	
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		✔

Signature of Chairman 7/5/25

Signature of Member (1)

Signature of Member (2) 7/5/25

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

Observations: LIC inspection carried out on 9/5/2025. and on the said date the following observations were noted as follows in the proforma. The college class rooms, Laboratories, charts, specimens, hostel facilities, school bus, Library were physically verified, photos enclosed and were conforming to the norms as specified by RGUHS. Parent hospital with 150 beds were verified. and bed occupancy noted. The IPT at 10am and OPD: at 2pm on 9/5/25 enclosed and records from MRD for the last 2 months enclosed. Teaching staffs, 5 are on leave, 4 of the Nurse had gone for spiritual Retreat and one has is getting married on 10/9/25. Invitation card enclosed. Leave letters enclosed. One of the Professors has been offered appointment. & she has given consent to join the institute. at the earliest

Signature of Chairman

9/5/25
Dr. SURESH. S
KANAKAPURA

Signature of Member (1)

Dr. H. T. D. R

Signature of Member (2)

9/5/25
(C. T. Rathnamma)

SANJOE HOSPITAL TRUST

SRIVINASAPURA, Kasaba Hobali, MANDYA Taluk - 571 404.

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/**Members** of the trust **Ms Soumya Mamachan(Sr.Greeshma MSJ) & Sr.Saumia MSJ** submitting the affidavit to University. The trust **San Joe Hospital Trust** is running/managing

1. Sanjo School of Nursing,Mandya since 17 Years
2. Sanjo College of Nursing,Mandya since 05 Years

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

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

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

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

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

9/5/25

Signature of chairman

Sr. Saumia

Signature of Member (1)

soumya

Signature of Member(2)

For SANJOE HOSPITAL TRUST
MANDYA

SANJOE HOSPITAL

SRINIVASAPURA, KASABA HOBLI, MANDYA TALUK

UNDERTAKING

I **Sr.Doyal MSJ** is the Administrator of the **Sanjo Hospital** situated at Srinivasapura,Mandya-571404. This is to confirm that our hospital is registered under KPMEA and PCB **19826** with **150** beds and the bonafide certificate has been attached. This is to confirm that the hospital is functioning as own hospital for **Sanjo School & College of Nursing**. We also confirm that our hospital is solely affiliated to **Sanjo School & College of Nursing** and is not affiliated to any other nursing college. The information provided by us is true and correct.

Sr. Doyal
Administrator

Administrator
SANJO HOSPITAL
M.C.Road, Srinivasapura
MANDYA - 571 404

9/5/25
Signature of Chairman

So. Saumya
Signature of Member (1)

soumya
Signature of Member(2)

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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 (2)	Signature of Member (1)	Signature of Member

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Suresh S Kanakannavar	Dr.K Joshi Hanumathachar	Mrs Rathnamma
Designation	(Retd)Professor of Obstertrics & Gynecology,Unit Chief	Principal	Principal
Address	Bangalore Medical College & Research Institute:Bengaluru	Sharada Vilas College of Pharmacy,Mysore	Government College of Nursing ,Hassan
Mobile No	9448033228	9663373701	9449822043
Email ID	kanakannavar@gmail.com	mysoresvcp@gmail.com	ctrathna70@gmail.com

For the Academic Year : **2025-2026** *Date of Inspection:*09/05/2025

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✔	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	

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	SANJO COLLEGE OF NURSING,SANJO HOSPITAL,SRINIVASAPURA,MANDYA-571404	2	Year of Establishment: 07/12/2020
2	Status of the course conducting body	Government / University ✔ / Autonomous / Municipal Corporation / Missionary /Trust /Society /Company		
3	Name of the Trust & complete postal address (if private) Name of the Owner Trust Society	SANJOE HOSPITAL TRUST, SANJO HOSPITAL,SRINIVASAPURA,KASABA HOBLI,MANDYA-571404 ELIZABETH JOSEPH (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:sanjocon2020@gmail.com	Website: sanjonursing.com/wp-admin	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 5 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

C.T. RATHNAMMA
Subject Expert.

5	Details of Principal/Head of the institution	Name: DR ANITHA VICTORIA NORONHA Qualification:PhD Experience: 22 years 6 months Email:avinanithatony@gmail.com		Mobile No:9886083273 Office No:9538770425 Fax No: -08232-297056 Residential phone No: 08232-297055
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☑	NO ☐	SANJO SCHOOL OF NURSING,SANJO HOSPITAL,SRINIVASAPURA,MANDYA-571404 If yes, Specify the full name of the nursing institution with full addressVerify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) Annexure – 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation Affiliation Increase Intake	1,55,050 1,51,092.48		-		1,56,050 1,51,092.48
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	
NPCC			
		Total (C)	
		Grand Total (A+B+C)	1,56,050 1,51,092.48 3,07,142.48

Online Transaction Number or Details:

BD00000007555130 21/12/2024 , ZSIBUG008XFJT5 21/12/2024 , BD00000007565635 ZSIBCON095K0ZT 24/12/2024 , BD00000008142415 25/04/2025 & BSIBCAH0J6KIH2 25/04/2025

Remarks:

Signature of Chairman 9/5/25 Signature of Member (1) Signature of Member (2) 9/5/25

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40	40	40	40	
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.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. NPCC	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) 9/5/25

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	1	0	4	9
	Female	36	38	40	36	150
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----------

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

Remarks:_____

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 29/5/25

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		-									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		1									
6	Tutor	8-16	16-24	2-10	--		20									
	Total	**16-24**	**24-40**	**4-12**			25									

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

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

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

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

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

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Ms. Shibi George	Associate Professor	MSc in OBG	09/2015	35883	-	08Y	15-09-2022	Free Service Letter	
2.	Ms. Josmy Thomas	Associate Professor	MSc in CHN	01/2012	6204	02Y	06Y	26-07-2022	Free Service Letter	
3.	Ms. Soumya Mamachan	Associate Professor	MSc in MSN	09/2017	7767	-	06Y	02-12-2019	Free Service Letter	
4.	Dr. Anitha Victoria N	Principal/Director	MSc in MSN, PHD	04/2006	18193	02Y	17Y	23-08-2024	Form-16	
5.	Mrs. Anushree K	Tutor	PBBSC (N)	11/2021	214277	09M	-	05-08-2024	Bank Statement	
6.	Ms. Arya Joseph	Tutor	BSC (N)	07/2023	146629	01Y	-	04-01-2024	Bank Statement	
7.	Ms. Mariya Rose Paul	Tutor	BSC (N)	02/2024	157059	3M	-	04-01-2024	Form-16	
8.	Ms. Mary Joseph	Tutor	PBBSC (N)	10/2011	3934	-	12Y	18-07-2024	Free Service Letter	
9.	Mrs. Nandini R	Tutor	PBBSC (N)	07/2023	185350	02Y	-	01-06-2023	Form-16	
10.	Ms. Poornima B C	Tutor	PBBSC (N)	02/2024	246289	01Y	-	04-03-2024	Bank Statement	
11.	Mrs. Prameela K	Tutor	BSC (N)	04/2018	91700	03Y	-	02-02-2022	Form-16	
12.	Ms. Sigi M D	Tutor	PBBSC (N)	09/2013	-	04Y	-	26-07-2022	Free Service Letter	
13.	Ms. Soji Jose	Tutor	PBBSC (N)	11/2021	13508	02Y	-	01-03-2022	Free Service Letter	
14.	Ms. Josy Joseph	Lecturer	MSc in MHN	06/2023	135806	05Y	01Y	01-06-2023	Free Service Letter	
15.	Mrs. Thushara G S	Lecturer	MSc in Pediatric	05/2014	66289	-	07M	28-11-2024	Free Service Letter	

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 29/5/25.

16.	Ms. Joppy Joseph	Vice Principal	MSc in Pediatric	05/2010	972	08Y	2.5Y	01-01-2021	Free Service Letter	
17.	Mrs. Jindu Paul P	Lecturer	MSc in MSN	12/2024	158762	05Y	03M	05-02-2025	Bank Statement	
18.	Ms. Asmitha Josna Monis	Tutor	BSC (N)	11/2021	124170	04M	-	01-01-2025	Bank Statement	
19.	Mrs. Salomi Reena Das	Lecturer	MSc in CHN	12/2024	107285	-	03M	02-02-2025	Bank Statement	
20.	Mrs. Sindhu B N	Tutor	BSC (N)	09/2018	94904	06Y	-	03-02-2025	Bank Statement	
21.	Mrs. Anusha N C	Lecturer	MSc in CHN	12/2024	129145	-	03M	01-02-2025	Bank Statement	
22.	Ms. Sharmila H C	Lecturer	MSc in MHN	12/2024	121957	01Y	02M	10-03-2025	Bank Statement	
23.	Ms. Kavya R	Lecturer	MSc in MSN	12/2024	125203	11M	11M	01-02-2025	Bank Statement	
24.	Ms. Aishwarya K J	Tutor	PBBSC (N)	12/2024	262192	03M	03M	08-02-2025	Bank Statement	
25.	Ms. Alice Paulose	Tutor	PBBSC (N)	12/2024	262184	03M	03M	08-02-2025	Bank Statement	

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

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

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
	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	23,200Sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	9 1500X4=10105 Sq.ft	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	-	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	-	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	443 Sq.ft	
	2. Vice-Principal Chamber	200	300 Sq.ft	
	3. HOD	5 x 200 = 1000	5 x 802 Sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3539 Sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)		1139 Sq.ft	
	7. Accountants Office		640Sq.ft	
	8. Store Room		640Sq.ft	
	9. Record room		640Sq.ft	
	10. Room for maintenance staff		640Sq.ft	
	11. Xeroxing room		Inside office	
	12. common room	1000	1426 x 4 Sq.ft	
	13. Seminar hall	3000	3000 Sq.ft	
	14. Toilets	1000	1426 Sq.ft	
	15. A.V/Aids room	600	640 Sq.ft	

Signature of Chairman Signature of Member (1) Signature of Member (2) 9/5/25

S. No	Details	Required	Existing	Remarks
4	**LABORATORIES**			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600 sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1703sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	

Note:

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

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

Building Documents: **Annexure - 12**

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✔	Rent /Lease	-
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✔	Not Produced & Not Enclosed	-
3.	Land deed to be attached	Produced & Enclosed	✔	Not Produced & Not Enclosed	-
4.	Does all the courses are imparted in this building	YES	✔	NO	-
5.	Whether Safe drinking water supply in available	YES	✔	NO	-

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
01	KA-11-A-3227	40	Yes ✔ / No	Yes ✔ / No	Yes ✔ / No

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

02	KA-11-C-9324	52	Yes / No ✔	Yes ✔ / No	Yes ✔ / No
03	KA-11-C-5840	51	Yes ✔ / No	Yes ✔ / No	Yes ✔ / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2475 Sq.Ft	YES ✔ No ☐	✔	✔	

Total No. of Nursing Books available	3304	**No. of Nursing Journals subscribed**	7
No. of Thesis/Research titles available	13	**Is internet facility available for Students?**	YES
No of e-books	Helinet 30	**How many books were purchased in last financial year?**	-

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Mrs.Geetha Ananthnag	M.Sc in Librarian	5 Years	
2	Ms Pavithra N P	BCom	1 Year	

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

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

Academic activities	Particulars	Remarks
Research Projects	Enclosed	
Conferences conducted	Enclosed	
Conferences attended	Enclosed	

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)** 9/5/25

9/5/25

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital SANJO COLLEGE OF NURSING,SANJO HOSPITAL,SRINIVASAPURA,MANDYA-571404		150	280mtrs	75%	
NAME OF THE TRUST/ Person owning The Hospital SANJOE HOSPITAL TRUST SANJOHOSPITAL,SRINIVASAPURA,MANDYA-571404		-	-	-	
Name Of The Owner Of The Trust ADMINISTRATOR TRUST OF THE SANJOE HOSPITAL, ELIZABETH JOSEPH		-	-	-	
Affiliated hospitals- Full Name & Address of the Parent Hospital	1. SANJO HOSPITAL SRINIVASAPURA MANDYA-571404	150	280 MTRS	75%	
	2 BHARATH HOSPITAL & INSTITUTE OF ONCOLOGY,MYSORE-570017	100	52Kms	100%	
	3. SRI JAYDEEVA INSTITUTE OF CARDIOVASCULAR SCIENCESAND RESEARCH CENTRE,MYSORE-570017	990	50.3Kms	100%	
	4. VIVEKA HOSPITAL,MYSORE	50	57.2Kms	75%	
	5. RAMKRISHNA NURSING HOME VIDYA NAGAR MANDYA	100	5.9Kms	96%	

(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).

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).

Signature of Chairman 9/5/25 **Signature of Member (1)** **Signature of Member (2)** 9/5/25

- 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 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital**except forBangalore Urban and Mangalore city which should have 200 bedded Unitary/Singleallopathic parent/own hospital.** This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust. (Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- Maximum of 60 seats will be sanctioned for the institution with parent hospital having less than 300 beds on the basis of teaching and physical facilities for B.Sc. (Nursing) program.
- Maximum of 100 seats will be sanctioned for the B.Sc. (Nursing) program for which institute must have parent Medical College or parent hospital having 300 beds or above. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Signature of Chairman 9/5/25 **Signature of Member (1)** **Signature of Member (2)** 7/5/25

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	45	96%	70	100%
Surgery including OT	20	90-95%	90	100%
Obstetrics & Gynecology	20	80 -85%	29	100%
Pediatrics	20	90-95%		
Emergency Medicine	10	90-95%	20	100%
Psychiatry			50	75%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	4	100%	07	100%
Minor OT	2	100%	06	100%
Dental, Otorhinolaryngology, Ophthalmology	3	50%		
Burns and Plastic	-	-		
Neonatology care unit	4	100%		
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-		
Dermatology	2	50%		
Cardiology	-		990	100%
Oncology	-		100	100%
Neurology/Neuro-surgery	3	50%		
Nephrology/Urology	6	100%		
ICU/ICCU	12	95-100%		
Geriatric Medicine	-	-		
Any other	-	-		

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

Signature of Chairman 9/5/25 Signature of Member (1) Signature of Member (2) 9/5/25

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		HALEBUDANOR PHC,MANDYA CHC KILARA
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ✔ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		4Kms,39Kms
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrate red by		**State Govt.** ☐ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

Signature of Chairman 21/5/25 **Signature of Member (1)** **Signature of Member (2)** 9/5/25

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

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ✔	NO ☐
b.	Built-up area of the Hostel	25,778 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ✔	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ✔	NO ☐
e.	Total No. of students in the hostel	**Girls :** 126	**Boys :** -
f.	Total No. of rooms	**Girls :** 20	**Boys :** -
g.	Water Supply	YES ✔	NO ☐
h.	Electricity Supply	YES ✔	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ✔	NO ☐
j.	Is Sick room available?	YES ✔	NO ☐
k.	Whether the hostel mess is available with	YES ✔	NO ☐
l.	Safe drinking water facilities	YES ✔	NO ☐

Signature of Chairman 21/5/25 **Signature of Member (1)** **Signature of Member (2)** 21/5/25

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 : College Building, Laboratories and Building related documents, Hostel	✔	
Annexure - 13	Vehicle Details : Bus	✔	
Annexure - 14	Details of List of LibraryBooks & others	✔	
Annexure - 15	Academic Activities	✔	
Annexure - 16	Details of Clinical/Hospital Facilities	✔	
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		✔

Signature of Chairman 9/5/25 **Signature of Member (1)** **Signature of Member (2)** 9/5/25

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

Observations:

LIC Inspection for Continuation of B.Sc. Nursing programme (Noseeds) at Sajo College of Nursing was Conducted on 09.05.2025 on the said day following observation were noted and as filled in the proforma. College has Class rooms, laboratories, Charts, Specimens, hostel facilities, School Vehicle and library facilities were physically Verified, photos enclosed and were found Conforming to the norms as Specified by the TNRUHS. Parent hospital with 150 beds Verified and the bed occupancy noted. IPT at 10:00 A.M. and OPD at 2.00 P.M. on 9/5/2025 is enclosed. Records from MRD for the last 3 months Enclosed. Teaching Staff, 5 are on leave, 4 of the nurses have gone for Spiritual retreat, and one faculty is getting married on 10/5/2025, invitation card is enclosed. Leave letter of all five faculties are enclosed. One of the professor has been offered appointment and She has given Consent to join at College.

9/5/25

Signature of Chairman

Signature of Member (1)

DR. H. Josie

9/5/25

Signature of Member (2)

(C. T. Rathnamma)

Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING

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

We have conducted LIC inspection of this college on _____ 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)** 9/5/25.

Signature of Chairman (2) 9/5/25 | **Signature of Member (1)** | **Signature of Member** 9/5/25

UNDERTAKING

I/We,

_____

_ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at

_____

_____.

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

This is to confirm that the hospital _____ is functioning as affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to _____ college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

Signature of Chairman (2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

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

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

2._____

3._____ since _____ years.

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

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

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

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

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

Signature of Chairman (2) 9/5/25

Signature of Member (1) DR. H. [illegible]

Signature of Member 9/5/25

SANJOE HOSPITAL

SRINIVASAPURA, KASABA HOBLI, MANDYA TALUK

UNDERTAKING

I **Sr.Doyal MSJ** is the Administrator of the **Sanjo Hospital** situated at Srinivasapura,Mandya-571404. This is to confirm that our hospital is registered under KPMEA and PCB **19826** with **150** beds and the bonafide certificate has been attached. This is to confirm that the hospital is functioning as own hospital for **Sanjo School & College of Nursing**. We also confirm that our hospital is solely affiliated to **Sanjo School & College of Nursing** and is not affiliated to any other nursing college. The information provided by us is true and correct.

Sr. Doyal

Administrator

Administrator
SANJO HOSPITAL
M.C.Road, Srinivasapura
MANDYA - 571 404

Signature of Chairman

Sr. Saumya

Signature of Member (1)

saumya

Signature of Member(2)

SANJOE HOSPITAL TRUST

SRIVINASAPURA, Kasaba Hobali, MANDYA Taluk - 571 404.

UNDERTAKING BY TRUST MANAGEMENT

We the Chairman/President/Secretary/**Members** of the trust **Ms Soumya Mamachan(Sr.Greeshma MSJ) & Sr.Saumia MSJ** submitting the affidavit to University. The trust **San Joe Hospital Trust** is running/managing

1. Sanjo School of Nursing,Mandya since 17 Years
2. Sanjo College of Nursing,Mandya since 05 Years

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

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

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

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

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

Signature of chairman | Sr. Saumia | Signature of Member (1) | soumya | Signature of Member(2)

For SANJOE HOSPITAL TRUST
MANDYA