Scan 149

Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bangalore – 560041

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

OB

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Mahendra-S.	Dr Sudhakara Manjeshwarappa	Prof Santosh Sonna
Designation		Associate Professor	Principal
Address	Krishnadevaraya College of dental sciences via Yelahanka Hunasamaranahalli Bengalore	Krishnadevaraya College of Dental Science and Hospital Bengalore	Govt Degree College Nagarapalicony Bidar
Mobile No	98455 63431	9845978858	9741147656
Email ID	Mahendrathe@gmail.com	Sudhakarmop@gmail.com	Santoshsonna1983@gmail.com

Inspection For the Academic Year : ***Date of Inspection:*** 18/08/2025

(Please Tick the Appropriate Boxes Below)

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

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	
	3. M.Sc. Nursing		4. M.Sc. NPCC	

1	**Name of the Institution with Full Address**	*Gurumma College of nursing Gadag Basaveshwar College of pharmacy Campus nandishwar nagar kalasapur road Gadag Near Dist Indoor Stadium	2	**Year of Establishmen** 2020
2	**Status of the course conducting body**	**Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company**		
3	**(a). Name of the Trust/Society & complete postal address & Phone number**	Jana-seva-samiti (R) (Enclose copy of Registration documents of Society/Trust)**Annexure –**		
		Email: janasevasamitigadag@gmail.com	**Website:**	
		Office No: 9108899828	**Mobile No:** 9663624904	

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

Online Transaction Number or Details:

Remarks:

Verify &Enclose copy of Affiliation fee paid document

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	✓	✓	✓	✓	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake		N/A			
	Admissions Made for the Current Academic Year					
M.Sc. Nursing in a. Community Health ☐ b. Medical Surgical ☐ c. OBG ☐ d. Paediatric ☐ e. Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year		N/A			
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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 end sem	~~II Year~~ IV sem	~~III Year~~ VI sem	IV Year	Total
B.ScNursing	Male	13	7	6	14	40
	Female	27	33	12	23	95
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

not applicable.

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)**

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

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

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

SL No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
1.	Dr Praveen Kulakarni	Principal	MSC	2006	2799		-	05-02-2025		
2.	Neha Mali	As-lecturer	Msc	2020	77734	1Yer-	4Y 8M	05-01-2021	NO	
3.	Mega Kolkar	Lecturer	MSC	2022	77609	2Yrs	2Yrs	05-08-2024	NO	
4.	Deepa .R.	Lecturer	Msc	2025	174478		-	01-06-2025	NO	
5.	Krishna Gaytar	clini-Inst	PB BSc	2019	202547		-	28-01-2024	NO	
6.	Radha Venkatesh-S	Tutor	BSc	2018	90817		-	05-08-2024	NO	
7.	Deepa Naik	clini-Inst	PB BSc	2024	221875	2Yrs	-	01-03-2024	NO	(on leave)
8.	Tahseen banu K	Tutor	BSc	2023	146806	1Yr 4M	-	01-07-2025	NO	
9.	Sangeeta B.M	clini-Inst	BSc	2025	175698	6Month	-	01-02-2025	NO	
10.	Shreedevi C.H	clini Inst	BSc	2025	175704	6Month	-	01-02-2025	NO	
11.	Shidlingesh Desaipati	clini-Inst	BSc	2011	87668	5Yrs	-	01-01-2024	NO	
12.	Pratibha Reddar	Tutor	BSc	2023	156977	8Month	-	08-01-2025	NO	
13.	Asha Ka	Tutor	PB BSc	2024	247618	1Yrs	-	05-01-2025	NO	
14.	Utkarsha P	Tutor	BSc	2023	145998	1Yr	Fresher	10-07-2025	NO	
15.	Kavita Naik	Tutor	PB BSc	2012	114176	5Yrs	-	11-06-2025	NO	
16.	Inayatulla.	Tutor	BSc	2009	114177	Fresher		12-06-2025	NO	
17.	Priya C.	Clinical inst	PB.BSc.	2025		Fresher		10-8-25	No	Absent
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

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

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

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

14. Physical Facilities :

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

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)		
	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	5 classrooms 5 x 900 sqft each	
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	———	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	———	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	———	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	320 sq. feet	
	2. Vice-Principal Chamber	200	250 sq feet	
	3. HOD	5 x 200 = 1000	1050 sq feet	
	4. Professor/Assoc. Prof	800+2400=3200	2800 sq feet	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	700sq feet	
	7. Accountants Office	**100**	120 sq feet	
	8. Store Room	**100**	95 Sq feet	
	9. Record room	**100**	110 sq feet	
	10. Room for maintenance staff	**100**	95 Sq feet	
	11. Xeroxing room	**100**	95 Sq fe	
	12. common room (Girls & Boys)	600+400= 1000	900 Sq feet	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	2800 Sq feet	
	14. Toilets	1000	1100 Sq feet	

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

- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursin program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations an curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

15. Vehicle Details : Enclose a copy of RC Book / Insurance / Driving License **Annexure – 1**

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
	KA26B5016	33	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	Verified by LIC team
Required 2300 Sq.Ft	25005q feet	YES ☑ No ☐	✓	✓	

Total No. of Nursing Books available	1825	**No. of Nursing Journals subscribed**	24
No. of Thesis/Research titles available	- —	**Is internet facility available for Students?**	✓
No of e-books	—	**How many books were purchased in last financial year?**	✓

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1	Vishala. M.	~~Master in Library~~ MLISc	5 years	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 300(books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health relatec 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	—	—

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

	(MOU/Clinical permission letter)	✓			

(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**forBangalore Urban and Mangalore city 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

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

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

Geriatric Medicine	15	9	120	97
Any other		—		

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		Nagavi PHC
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		8 Km
b. Services Rendered by Health & Family Welfare Programmes		All the Govt Health Programmes
URBAN FEILD :		
a. Name of CHC / PHC / SC		Betageri CHC
Adopted / Affiliated		Affiliated
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		3 Km
b. Services Rendered by Health & Family Welfare Programmes		All Govt Health programme

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** ☐

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

j.	Is Sick room available?	YES ☑	NO ☐
k.	Whether the hostel mess is available with	YES ☑	NO ☐
l.	Safe drinking water facilities	YES ☑	NO ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents			
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust			
Annexure - 3	Details of any other Nursing Institution under the same Trust			
Annexure - 4	Details of Affiliated fees paid receipts			
Annexure - 5	Approval Status : GOK Order			
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval			
Annexure - 7	Approval Status : KNC Notification			
Annexure - 8	Status : INC Notification			
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format			
Annexure - 10	List of M.Sc. Nursing Students as per format			
Annexure - 11	Details of External /Part time Teachers			
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel			
Annexure - 13	Vehicle Details : Bus			

Signature of Chairman **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 Gyrasma 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)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNDERTAKING by Trust Management

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

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.

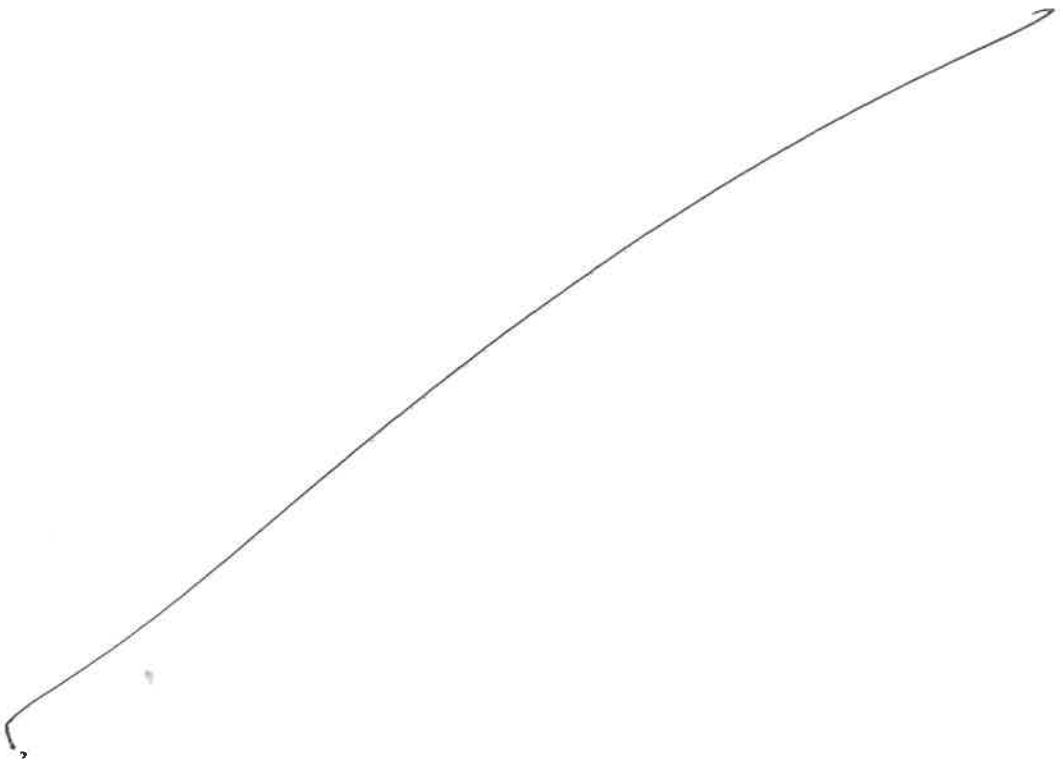
We confirm that the faculty in the college are employed for full time in the college.

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.

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



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

UNDERTAKING

I/We, _____ is/are the Owners/MD/CEO/Board Members of the _____ hospital situated at _____.

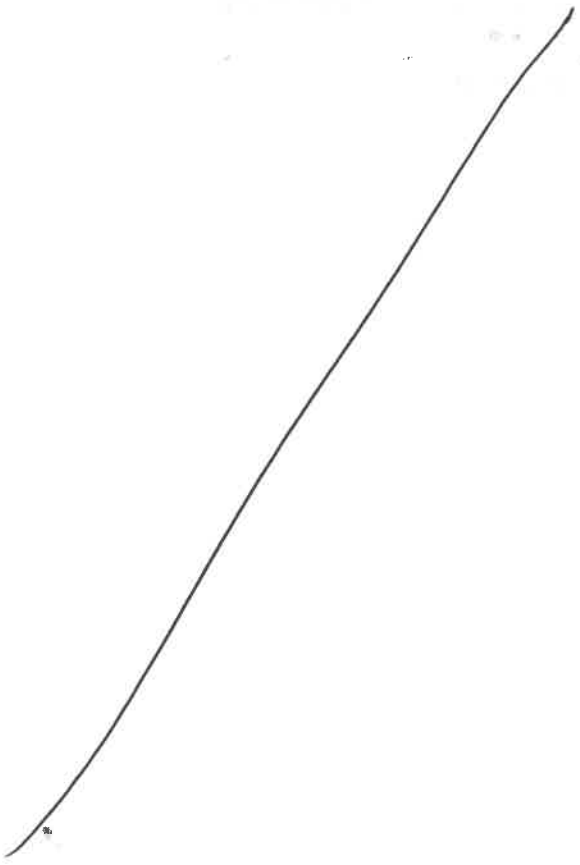
This is to confirm that our hospital _____ is registered under KPMEA and PCB with _____ beds and the bonafide certificate has been attached.

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.

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



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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA17677273390926X
Certificate Issued Date	:	14-Aug-2025 12:31 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ GADAG11/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0850154154334285X
Purchased by	:	JANA SEVA SAMITI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	JANA SEVA SAMITI
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	JANA SEVA SAMITI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

NOTARY V B HUBBALLI B.Com., LL.B.(Spl.) Gadag Taluka R.No. Law 46 ILCL/ 2006 GOVERNMENT OF KARNATAKA

SRIMADHI CREDIT CO-OP Society Ltd. Branch Hudco Colony, Gadag-582101

Please write or type below this line

UNDERTAKING by Trust Management

I, **V B Hubballi** the Chairman of the Trust **Jana Seva Samiti®** is submitting the Affidavit to University.

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

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Certificate No.	:	**IN-KA17678944638129X**
Certificate Issued Date	:	14-Aug-2025 12:32 PM
Account Reference	:	NONACC (FI)/ kacrsfl08/ GADAG11/ KA-GD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0850156856664128X
Purchased by	:	CHAIRMAN LEELA HOSPITAL MGM HOSPITAL
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	CHAIRMAN LEELA HOSPITAL MGM HOSPITAL
Second Party	:	RGUHS BANGALORE
Stamp Duty Paid By	:	CHAIRMAN LEELA HOSPITAL MGM HOSPITAL
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

SHRINIDHI CREDIT CO-OP Society Ltd. Branch Hudco Colony, Gadag-582101

V.B. HUBBALLI B.Com.,LL.B.(Spl.) Gadag Taluka R.No. Law 43 LCL/2006 GOVERNMENT OF KARNATAKA

Please write or type below this line

UNDERTAKING

I MAHESH MAGARI is the Owner of the Leela Hospital situated at CTS NO 3813/C Mundargi Road, Near, New Bus Stand, Gadag.

Office of the Regional Senior Environmental Officer
Karnataka State Pollution Control Board
Plot No. 4, Lakkamanahally Indl. Area,
Dharwad - 580 004. Karnataka.
Tel/Fax : 0836-2956262

ಪ್ರಾದೇಶಿಕ ಹಿರಿಯ ಪರಿಸರ ಅಧಿಕಾರಿಯ ಕಛೇರಿ
ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ
ಪ್ಲಾಟ್ ನಂ. 4, ಲಕ್ಕಮನಹಳ್ಳಿ ಕೈಗಾರಿಕಾ ಪ್ರದೇಶ
ಧಾರವಾಡ-4, ದೂ. ಸಂಖ್ಯೆ : 0836-2956262

towards a cleaner Karnataka

KSPCB/SEO(DWD)/Corrigendum/2024-25/ 95

Date: 18 FEB 2025

Corrigendum

Consent for operation issued under the Water (Prevention and control of Pollution) Act, 1974 and Emissions under the Air (Prevention and Control of Pollution) Act 1981.

Ref: 1.Consent order No. 299/577-578, dt: 04.02.2021.
2. Regional Office, KSPCB, Gadag letter No: 913, dated: 06.02.2025.

* * * * *

With reference to the above this office has issued Consent for operation under Water (P&CP) Act 1974 and Air (P&CP) Act 1981. **The hospital authority has submitted request letter as per ref(2) to change the hospital name from M/s. Mahatma Gandhi Multi Specialty Hospital to M/s. Leela Hospital.,** Bed capacity of 100 which is valid up to 30.09.2030.

Hence, **the following corrigendum is issued**

ORDER

The Consent order issued to change the firm name from **M/s. Mahatma Gandhi Multi Specialty Hospital to M/s. Leela Hospital** only.

All the other terms & conditions mentioned in the consent order vide reference (1) above remain same and unaltered.

For and on behalf of the
Karnataka State Pollution Control Board

Senior Environmental Officer
KSPCB, Dharwad

To,

M/s. Leela Hospital.,
Plot No.3813/C, Mundaragi Road,
Near New Bus Stand, Gadag.

SAMANVAYA HEALTHCARE PRIVATE LIMITED

CIN: U85110KA2011PTC057965;
Email ID: samcomgmgadag@gmail.com; Ph No: 083-72234599
Registered Office: 3813/C3, Near New Bus Stand Mundargi Road, Gadag-582101

CERTIFIED TRUE COPY OF RESOLUTION PASSED BY THE BOARD OF DIRECTORS OF SAMANVAYA HEALTHCARE PRIVATE LIMITED ON 18TH NOVEMBER, 2024

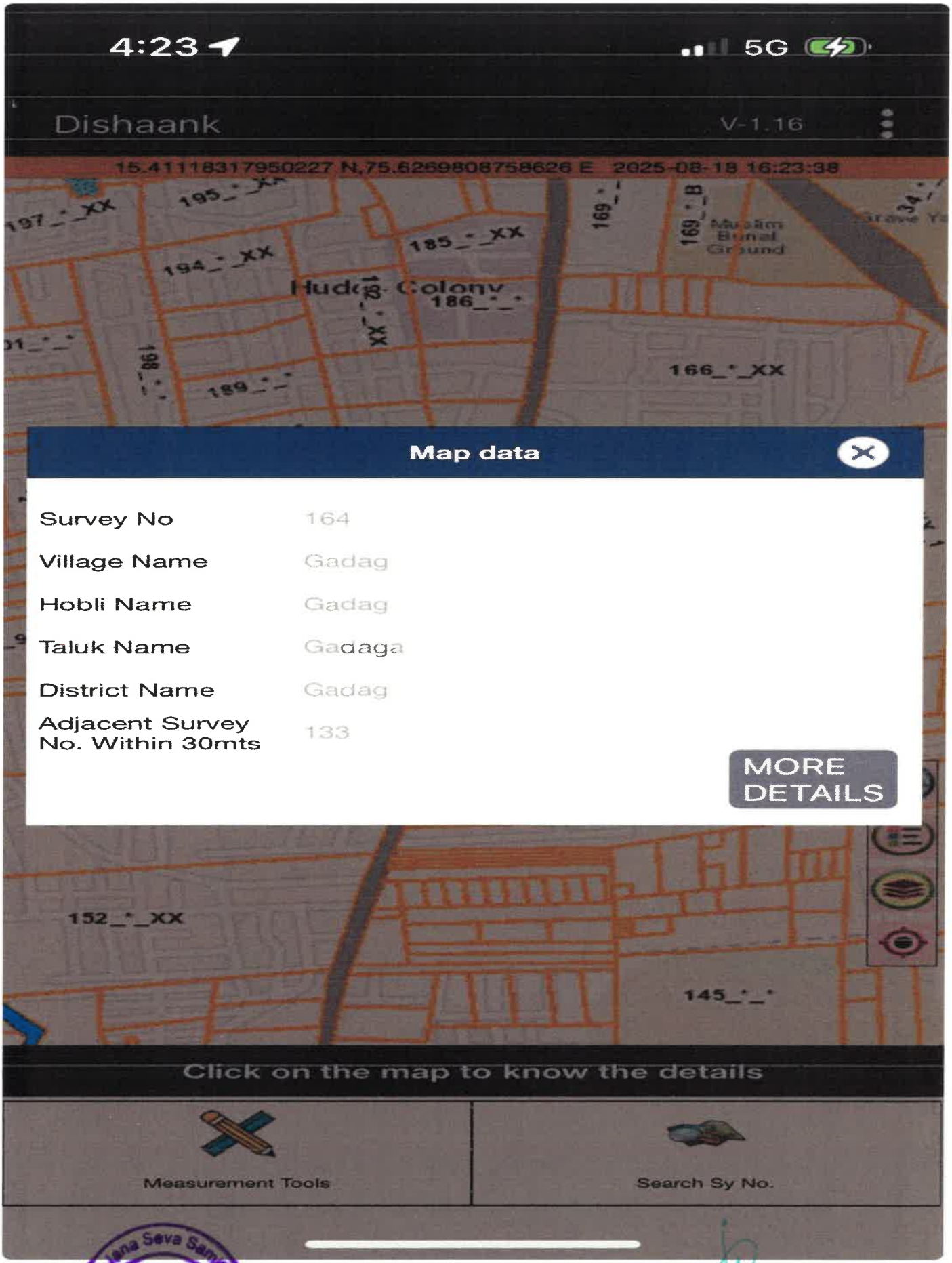
Change in name of the Hospital owned by the Company:

"RESOLVED THAT pursuant to the provisions of all applicable Laws, Rules made thereunder, Memorandum and Articles of Association of the Company and in super session of all other resolutions passed earlier by the Board of Directors with respect to the name of the Hospital owned by the Company situated at 3813/C3, Near New Bus Stand Mundargi Road, Gadag-582101, consent of the Board of Directors be and is hereby accorded to change the name of the Hospital from Mahatma Gandhi Multispeciality Hospital & Research Centre to Leela Hospital with immediate effect.

RESOLVED FURTHER THAT all the Directors of the Company be and are hereby severally authorized to do such acts and deeds as may be required in this regard."

Certified True Copy
For Samanvaya Healthcare Private Limited

Prakash Kalakappa Dharana
Director
DIN: 01991023
Address: Plot No. 10, 3rd Cross,
Siddalinga Nagar, Gadag-582103



Jana Seva Sangha GURAMMA COLLEGE OF NURSING GADAG

PRINCIPAL
GURAMMA COLLEGE OF NURSING

Establishments Details

Name of Establishment:

Leela Hospital. A Unit Of Magari Health Care

Establiment Address:

CTS NO 3813/C Mundaragi Road, Near New Bus Stand Gadag

Latitude:

15.4677

Longitude:

75.5376

Category of Establishment

System of Medicine :

Allopathy

Catagory Name:

Hospital (Level 2)

No of beds:

100

Specialties or Super Specialties:

Yes

Contact details of the Establishment

Email:

admin@leelahospitals.in

Phone:

9731353423

Infrastructure

Land Area(sq.ft):

14600

Buliding Area(sq.ft):

25000

Specialties or Super Specialties Details

Specialties	Type
MS OBG	Specialties
MS ENT	Specialties
MS Orthopaedics	Specialties

MS Ophthalmology	Specialties
MS General Surgery	Specialties
MD Paediatrics	Specialties
MD General Medicine	Specialties
MD Anaesthesia	Specialties
MD Pathology	Specialties
MD Dermatology	Specialties
MD Emergency Medicine	Specialties
Diploma in Orthopaedics	Specialties
Diploma in Anesthesia	Specialties
MD Surgery	Specialties
Diploma in Radio Diagnosis	Specialties
MS OBG	Specialties
MS ENT	Specialties
MS Orthopaedics	Specialties
MS Ophthalmology	Specialties
MS General Surgery	Specialties
MD Paediatrics	Specialties
MD General Medicine	Specialties
MD Anaesthesia	Specialties
MD Psychiatry	Specialties
MD Pathology	Specialties

Administrator or Manager

Name	Gender	Age	Mobile No	Email ID	Designation	Photo
Mahesh Magari	Male	25	9731353423	maheshmagari999@gmail.com	Administrator	

Attachment Name	Expiry Date	
Occupancy Certificate		View
Front View Photograph		View
PCB Certificate		View
Floor Plans		View
Fire Safety Certificate		View

Details of Staff

Professional Type	Registration No.	Name	Qualification	JobType	Mobile No.	Photo
Medical	120228	Dr Rachappa R B	MS Orthopaedics	FullTime	9060947176	
Medical	65659	Dr Anitha Nirak	D.N.B. - Obst.and Gynaec	FullTime	9448434855	
Medical	43676	Prakash K Dhara	MD General Medicine	FullTime	9738222248	
Para Medical	72046	Santosh A Gouri	D.Pharm (Diploma in Pharmacy)	FullTime	8088029623	

Internal Grievances

Description:

INTERNAL GRIEVANCE REDRESSAL MECHANISM Hospital Details: Hospital Name: Leela Hospital, A Unit of Magari Healthcare Address: Near New Bus Stand, Mundaragi Road, Gadag –

582101 Contact Number: 9008371817 Grievance Officer: Mahesh Magari Contact Number: 9731353423 Email: admin@leelahospitals.in 1. Objective: The purpose of this mechanism is to provide patients, attendants, and hospital staff with a structured and transparent process for addressing grievances related to hospital services, treat

Contact No:

9731353423

Contact Person:

MAHESH MAGARI

Surgery Fee

Sl No	Registration No	Name of the Madical Staff	Surgery Fees
1	120228	Dr Rachappa R B	10000.00
2	65659	Dr Anitha Nirak	10000.00

Consultation Fee

Sl No	Registration No.	Name of the Madical Professional	Consultation Fee (Rs.)
1	120228	Dr Rachappa R B	200.00
2	65659	Dr Anitha Nirak	200.00
3	43676	Prakash K Dhara	200.00

Treatment Charges

Sl No	Treatment Name	Treatment Code	Amount
1	GENERAL CONSULATION	-	200.00
2	MINOR SURGERY	-	5000.00
3	ICU CHARGE	-	3000.00

View Certificate

Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority

Gadag

CERTIFICATE OF REGISTRATION

This is to certify that Leela Hospital. A Unit Of Magari Health Care located at CTS NO 3813/C Mundaragi Road, Near New Bus Stand Gadag owned by Mahesh Magari has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a Hospital (Level 2) under Allopathy system of medicine.

Signature valid

Digitally signed by
Date: 2025.03.26 15:55:40 +05:30

Number of Beds : 100

Reg No: **GDG00491ALHL2**

Date of Issue: 26 Mar 2025

Valid Till: 25 Mar 2030

Place:

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

Jana Seva Samiti ® GURAMMA COLLEGE OF NURSING GADAG

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GURAMMA COLLEGE OF NURSING
GADAG

Owner Details

Surnoc No. : *

Hissa No. : 1

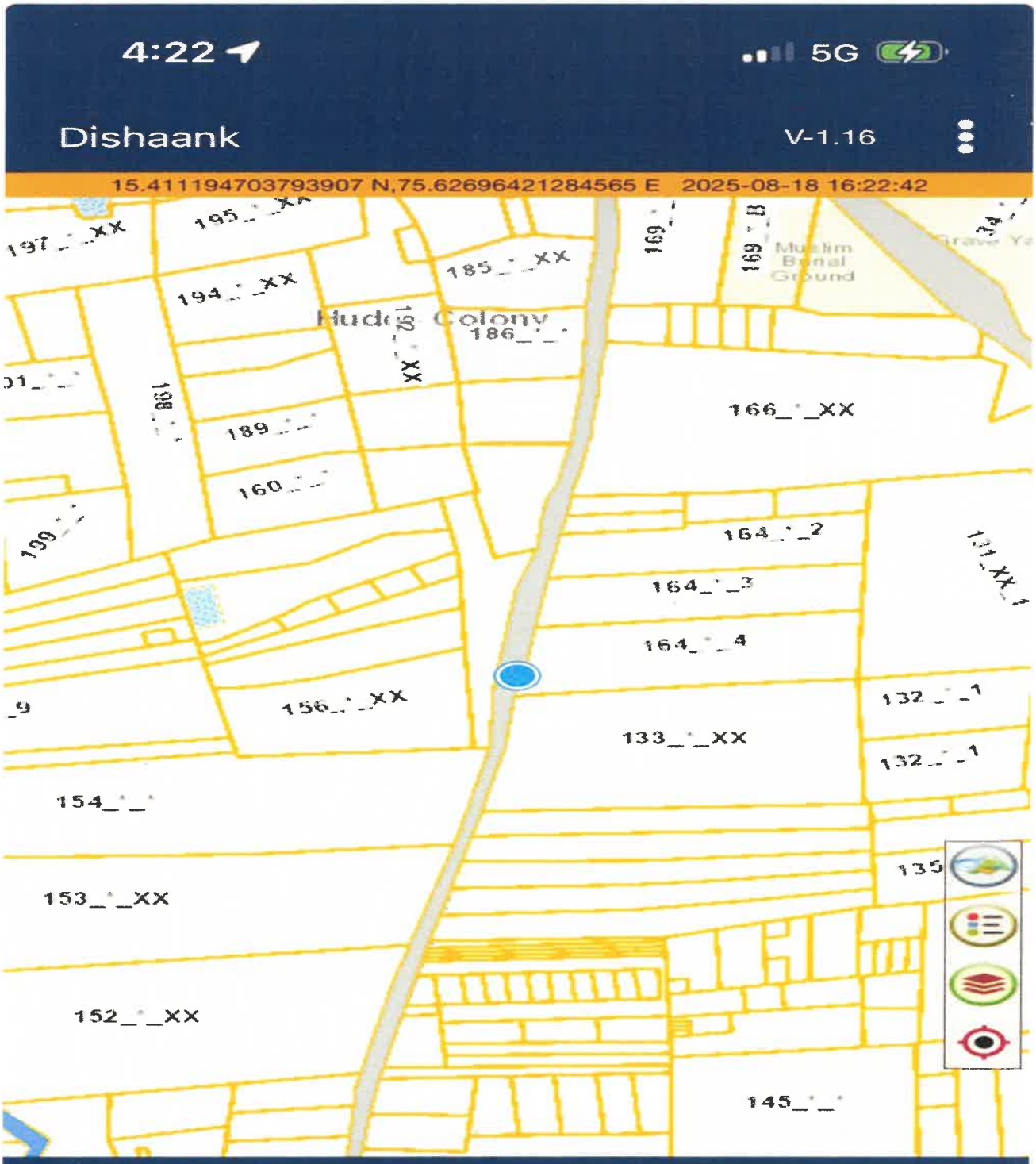
Owners | RTC

Owner Name	ನರಗುಂದಕರ ಸುಷ್ಮಾ ಕೋಂ ಶ್ರೀನಿವಾಸ
Extent	2 : 10 : 0
Is he main owner?	YES
Land Type?	PRV
Is land Govt. restricted?	NO
Is there a court stay?	NO
Is land alienated?	NO
Any Trnsc running?	NO

For more details please visit https://landrecords.karnataka.gov.in/

Jana Seva Samiti GADAG

PRINCIPAL
TURAHMA COLLEGE OF NURSING
GADAG



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