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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Mr. Srinivasan Velu	Dr. Mohan. KA	Prof. Mahadeva Prasad
Designation	Senato Member	Prof - Emergency Medicine	Principal
Address	790, 1st Cross, 2nd Main Koramangala 8th Block Bangalore - 95	Kodagan Medical College	Charkot College of Nursing, Mysore - 30
Mobile No	9448060250	9845471569	9600364956
Email ID	discen94333@yahoo.com	coorgnaunder@gmail.com	principal@coorgnaunder.com

For the Academic Year : 2025 - 26

Date of Inspection: 7/5/25

(Please Tick the Appropriate Boxes Below)

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

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

1	Name of the Institution with Full Address	VIDHYASHEKHAR COLLEGE OF NURSING NH4, NELAMANAGALA, BANGALORE		2	Year of Establishment
					2022 - 23
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	VIDHYASHEKHAR EDUCATION TRUST 63/2, HEGANAHALLI VILLAGE, YESHWANTHPURA (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
	Email:	VIDHYASHEKHARCOLLEGE OF NURSING @gmail.com.		Website:	

Signature of Chairman
Mr. Srinivasan Velu
Senato member

Signature of Member (1)

Signature of Member (2)



Rajiv Gandhi University of Health Sciences, Karnataka
 4th Floor, Block 13, Bangalore - 560041
 Website: www.rghu.ac.in Phone: 080-26761933

INSPECTION PROGRAM FOR NURSING 2025-26 AY

Name	Prof. Dr. [Name]	Institution / School / Hospital	Subject / Topic
Registration No.	123456789	ABC Hospital, Bangalore	Nursing - General
Address	123 Main Road, Bangalore		
Mobile No.	9876543210		
Email ID	abc@xyz.com		

Date of Inspection: 01/12/2025

(Please Tick the appropriate boxes below)

1. Fresh Admission	☐	2. Subsequent Admission	☒	3. Subsequent Discharge	☒
4. Fresh Admission	☐	5. Subsequent Admission	☒	6. Subsequent Discharge	☒
7. Fresh Admission	☐	8. Subsequent Admission	☐	9. Subsequent Discharge	☐
10. Fresh Admission	☐	11. Subsequent Admission	☐	12. Subsequent Discharge	☐

1. Name of the Institution with Full Address	ABC Hospital, Bangalore
2. Status of the course conducting body	Government / Autonomous / Private / Other
3. Name of the Institution with Full Address	XYZ Hospital, Bangalore
4. Status of the course conducting body	Government / Autonomous / Private / Other
5. Name of the Institution with Full Address	DEF Hospital, Bangalore
6. Status of the course conducting body	Government / Autonomous / Private / Other

Signature of Inspector

Signature of Institution

Signature of Chairman

	(b). Name of the Owner of Trust/Society	DR. KALLAHALLI CHANDRASHEKHARA		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy of Governing Council Members & Audit report of Society/Trust) ☒ Annexure - 2		
5	Details of Principal/Head of the institution	Name: RAJANI GOWDA Qualification: MSc NURSING Experience: 15 years. Email:		Mobile No: Office No: Fax No: Residential phone No:
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?	YES ☒ CNM	NO ☐	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify & enclose a copy of the registered trust Documents) Annexure - 3

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG b) for UG and PG courses c) NPCC	
B.Sc. Nursing	2025-26	30,000	60,000	40,000	25000	1,55,050
Post-Basic B.Sc. Nursing	ENHANCEMENT OF SEATS 40-60 seats					1,50,035
Total (A)						3,05,085
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
PG	1. MSc Community Health Nursing - Fresh				50000	
	2. MSc Medical Surgical Nursing - Fresh				50000	
	3. MSc ORG Nursing - Fresh				50000	
	4. MSc Psychiatric Nursing - Fresh				50000	
	5. MSc Perinatal Nursing - Fresh				50000	
			Total (B)		250000	
NPCC			Lab fee + Insp + Paper		26050	
			Total (C)		276050	
Grand Total - 581135					Grand Total (A+B+C)	276050
Online Transaction Number or Details: CONTINUATION 2025-26 :- ZSB147709037XL (31/12/24)						
ENHANCEMENT :- ZSB197B09011LE (31/12/24)						

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Name of the
Owner of
Institution

1. Existing Councils
1. State Report of
Trust

2. Details of
Institution
Name: *Pragathi (Private)*
Qualification: *12th*
Address: *12, 13th*
Registered phone No:

3. Do you have any other existing
Institution other than the current
Institution mentioned above under the
same trust?
☒ YES
☐ NO

4. Affiliation for Paid Details

Course	Applied	Admission	Amount Paid	Amount Received	Balance
B.A.	2002-2003	125000	100000	25000	125000
B.Com.	2002-2003	125000	100000	25000	125000
B.Sc.	2002-2003	125000	100000	25000	125000
B.Tech.	2002-2003	125000	100000	25000	125000
B.E.	2002-2003	125000	100000	25000	125000
B.Arch.	2002-2003	125000	100000	25000	125000

5. Details of each branch
No. of students & fees received
Name of each branch

Branch	No. of students	Fees received
B.A.	10	125000
B.Com.	10	125000
B.Sc.	10	125000
B.Tech.	10	125000
B.E.	10	125000
B.Arch.	10	125000

6. Total
Total fees received
Total amount

7. Grand Total (A+B+C) = 375000

8. Online Transaction Number or Details
Continuation from page 10 - 2002-2003
2002-2003

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

3
Dr. No. 1111/25
7/4/25

8. Approval Status of the Institution & Sanctioned Intake

Name of the Course	Intake Approved and Admitted	GOK	RCRHS	RSC	TMC	Remarks
	Approval Letter No. and Date	Sanctioned Intake	Admissions Slides for the Current Academic Year	Approval Letter No. and Date	Sanctioned Intake	Admissions Slides for the Current Academic Year
B.Sc. Nursing	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
Post Basic B.Sc. Nursing	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
B.Sc. Nursing in a Community Health	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
B.Sc. Nursing in a Medical Surgical	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
B.Sc. Nursing in a Paramedic	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
B.Sc. Nursing in a Pharmacy	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3
	Annexure - 3	NO	NO	Annexure - 3	NO	Annexure - 3

Signature of Member (A)

Signature of Chairman

	Admissions Made for the Current Academic Year					
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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	9	22	12		43
	Female	31	18	28		77.
Post Basic B.Sc Nursing	Male					
	Female	NA				
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male	NA				
	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—
			NA			

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—
			NA			

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)

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*		0									
4	Associate Professor	2	2-4		1*		1									
5	Assistant Professor	3	3-8	2	3*		4									
6	Tutor	8-16	16-24	2-10	--		13									
	Total	16-24	24-40	4-12			20									

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	1 st Year	2 nd Year	3 rd Year	4 th 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)

1. Teaching Faculty Requirements for all Nursing Programs:

Faculty	Teaching Faculty			Teaching Faculty			Teaching Faculty		
	Ph.D.	M.S.	B.S.	Ph.D.	M.S.	B.S.	Ph.D.	M.S.	B.S.
1. Director	1	1		1	1		1	1	
2. Assistant Director	1	1		1	1		1	1	
3. Professor	1	1		1	1		1	1	
4. Associate Professor	1	1		1	1		1	1	
5. Assistant Professor	1	1		1	1		1	1	
6. Tutor	1	1		1	1		1	1	
Total	6	6		6	6		6	6	

The Faculty and Student Ratio is 1:10 and For M.S. Nursing Programs on specialty oriented and non specialty oriented is 1:10 (they offer B.S. Nursing Program)

For Example: For 40 Students intake requiring number of teachers required is 10 (including Director, Asst. Director, Prof., Assoc. Prof., and Tutor) and 10 (for M.S. Nursing - 01, Assistant Professor - 01, and Tutor - 08)

For the purpose of this document, the following faculty staffing requirements are:

Faculty	1 st Year	2 nd Year	3 rd Year	4 th Year
40 Students	Total 5 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 5 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 5 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 5 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor
60 Students	Total 8 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 8 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 8 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 8 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor
100 Students	Total 10 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 10 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 10 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor	Total 10 Faculty • 1 M.S. Nursing • 1 Assistant Professor • 1 Tutor

Signature of Member (2)

Signature of Member (1)

Signature of Chairman

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.	RAJANI GOWDA HV	Principal	Msc. (N)	2009	22538	2 yr	24/03/2025		
2.	ANEESH KN	Vice Principal	Msc (N)	2011	008480	2 yr	18/08/2022		
3.	DEVARAJA MK	Asst professor	Msc (N)	2012	121379	8 yrs	01/07/2024		
4.	SAVITHA BP	Lecturer	Msc (N)	2011	44433	10 yr	26/09/2023		
5.	PUTTARAJA	Asst. Lecturer	Bsc. (N)	2010	31627	—	05.05.2025		
6.	WILSON P	Nursing tutor	Bsc. (N)	2018	95780	—	25.03.2025		
7.	NITHILANDROS C	Nursing tutor	Bsc. (N)	2018	87932	—	25.03.2025		
8.	SUMITHRA R	Asst. Professor	Bsc (N)	2020	139098	—	05.05.2025		
9.	MANGALA GN	Associate Prof.	Msc (N)	2017	150515	1 yr	03-03-25		
10.	JYOTHISH P	Nursing tutor	Bsc (N)	2021	119536	—	03.03.25		
11.	USAMA AHAD	Lecturer	Msc (N)	2025	537840	—	16-06-22		
12.	PUNAM BASUMATARY	Nursing tutor	Bsc (N)	2020	119265	4 yrs	22-02-22		
13.	SHUBHA BP	Nursing tutor	Bsc (N)	2022	131079	—	6-5-24		
14.	ABU RAIHAN KHAN	Nursing tutor	B.sc (N)	2023	157197	—	1-07-24		
15.	DIVYA B	Nursing tutor	Bsc (N)	2022	135915	—	01-1-24		
16.	RAKIB HOSSAIN	Nursing tutor	B.sc (H)	2022	135311	2 yrs	18/05/23		
17.	NAJIA ISHRAT JAMALIA	Nursing tutor	B.sc (N)	2023	157185	1 yr	06/05/24		
18.	DORESWAMY M	Nursing tutor	PB Bsc	2023	168420	—	05/05/25		
19.	ALEENA BABU	Nursing tutor	Bsc (N)	2021	119537	—	03/01/25		
20.	ANKITA BISWAS	Nursing Tutor	BSc (N)	2024	11318	6 months	22/10/24		
21.									
22.									

Signature of Chairman

Signature of Member (1)
Dr. M. K. S. S.

Signature of Member (2)
Dr. K. S. S.

EXTERNAL FACULTY DETAILS

SL NO	NAME OF THE FACULTY	QUALIFICATION WITH SPECIALITY	DESIGNATION	SUBJECTS	Number of Hours per year	Date of Joining
1	SHAHIDUL ISLAM	BSC IN IMAGINE TECHNOLOGY	EXTERNAL FACULTY	MICROBIOLOGY & PATHOLOGY	40+40=80	06/01/2024
2	ASLAM PARVEJ	BE(CSE)	COMPUTER TEACHER	COMPUTER	NA	14/09/2022
3	MEGHANA B	CBCS	EXTERNAL FACULTY	BIOCHEMISTRY	20	30/08/2022
4	DR POORNIMA	MBBS,MD	EXTERNAL FACULTY	ANATOMY,PHYSIOLOGY	100	02/09/2022
5	GOUTHAM D M	MA IN ECONOMICS	EXTERNAL FACULTY	LANGUAGE TEACHER	30	05/09/2022









Principal

VIDHYA SHEKHAR COLLEGE OF NURSING
NH 4, Tumkur Main Road, Nelamangala,
Bangalore Rural Dist - 562 123.

«Важнейшим, без которого невозможно, а ни

YONGYI SHEKIN COLLEGE OF BUSINESS

Background

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

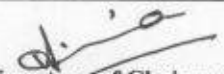
SLNo.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1	S. S. S. S.		ENCLOSED		

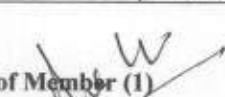
14. Physical Facilities :

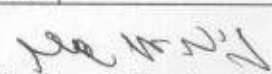
14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft) 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	23,200sq.ft	30000 sq ft	verified
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	8 classrooms 900 sqft each	verified
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 5. Lecturer/ Tutors Institution office /Others 6. Office of Administrative, clerical staff and PA (s) 7. Accountants Office 8. Store Room 9. Record room 10. Room for maintenance staff 11. Xeroxing room 12. common room 13. Seminar hall 14. Toilets 15. A.V/Aids room	300 200 5 x 200 = 1000 800+2400=3200 600	300 sq ft 200 sq ft 1000 sq ft 3200 sq ft Available Available Available Available 1000 sq ft 3000 sq ft 1000 sq ft 600 sq ft	verified available


Signature of Chairman


Signature of Member (1)
9/4/21


Signature of Member (2)

13. Particulars of External Teachers (Part time) - Attach a separate sheet with this particular signature - H

Sl. No.	Name	Qualification	Subject	Number of Hours per Year	Remarks
1	Self		English	1	

14. Physical Facilities :

14.1 College Building:

Sl. No.	Details	Allocated	Existing	Remarks
1	Plot - up area of the building (sq. ft.)	12,500 sq. ft.	3000 sq. ft.	verified
2	CLASSROOMS Size of each classroom (sq. ft.) for 40 to 60 students (N) 900 sq. ft.	4 Class rooms 6000 sq. ft. each	8 classrooms 10000 sq. ft.	verified
3	LABORATORY (N) 600 sq. ft.	2 Class rooms 6000 sq. ft. each		
	LIBRARY (N) 600 sq. ft.	2 Class rooms 6000 sq. ft. each		
	W.C. : 600 sq. ft.	2 Class rooms 6000 sq. ft. each		
Administrative Facilities				
	Office			
1	Principal's Chamber	300	300 sq. ft.	
2	Vice-Principal's Chamber	300	300 sq. ft.	
3	HOB	3,100 - 4000	1000 sq. ft.	
4	Professor/Associate Prof.	200 - 300 - 350	3000 sq. ft.	
5	Library, Library			
6	Institution office - Others			
7	Office of Administrative staff and P.T.O.			
8	Store Room			
9	Record room			
10	Room for communication with			
11	Workshop			
12	Common room	1000	1000 sq. ft.	
13	Assembly hall	3000	3000 sq. ft.	
14	Tablet	1000	1000 sq. ft.	
15	A.V. Room	600	600 sq. ft.	

Signature of Chairman

Signature of Member (B)

Signature of Member (C)

S. No	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 sq.ft	verified
	Nutrition & Community Health Nursing	1200sq.ft	1200 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	900 sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900 sq.ft	Available
	Pre-Clinical Sciences Laboratory	900sq.ft	900 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1800 sq.ft	

Note:

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

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

Building Documents:

Annexure – 12

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

It is mandatory to enclose all the documents mentioned above.

Note:

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

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

Annexure – 13

← COPY ENCLOSED →

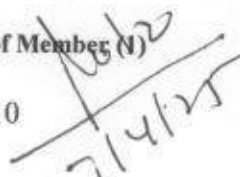
Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
2	KA04AD5700 KA04AD5699	53	Yes / No	Yes / No	Yes / No

Signature of Chairman



Signature of Member (1)

10



Signature of Member (2)



16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2300 Sq.ft	YES ☒ No ☐	Yes	Yes.	Verified available
Total No. of Nursing Books available	3107	No. of Nursing Journals subscribed	15		
No. of Thesis/Research titles available	10	Is internet facility available for Students?	Yes		
No of e-books	50	How many books were purchased in last financial year?	800		

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	SWAPNA . MP	MLISC	10 year.	Verified available.

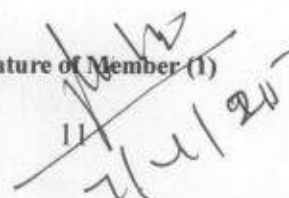
Note : A minimum of 500 of different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available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

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	✓	- Nil -
Conferences conducted	- Nil -	- Nil -
Conferences attended	✓	- Nil -

Signature of Chairman

Signature of Member (1)

Signature of Member (2)


Library facility	Existing	Separate library	Construction	Lighting	Remarks
Library facility	YES ☒ NO ☐	YES ☒ NO ☐	YES ☒ NO ☐	YES ☒ NO ☐	Library facility
Total no. of Nursing books available	3107				
No. of books/Research notes available	10				
No. of e-books	20				
How many books were purchased in last financial year?					

Sl. No.	Name of the Institute	Qualification	Ex. No.	Remarks
1.	Swarnam P.P.	M.L.T.C	10	Library facility

Note: A minimum of 30% of different subjects related nursing books (all new editions) in the subject of education, total of nursing books for all patients, 2 books of nursing journals, 2 books of magazines, 2 books of newspapers and other books of nursing should be available in the library for 40-50 minutes proportionately number of beds of books and journals. Minimum of 20% of books should be available in the library for 40-50 minutes proportionately number of beds of books and journals.

Academic activities	Particulars	Remarks
Research projects		
Conferences/seminars		
Conferences/seminars		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.		Total No. Beds	Distance from the college	Occupancy on the day of inspection (min 75%)	Remarks
Full Name & Address of the Parent Hospital SILVER AURA HOSPITAL 762, BAGALKUNDE, BANGALORE		100	14 kms.	80%.	Verified. Hospital letter attached for memo
NAME OF THE TRUST/ Person owning The Hospital VIDHYASHEKHAR EDUCATION TRUST.					Verified. Documents Enclosed
Name Of The Owner Of The Trust of Hospital ANANDA NAGESH KOLI					Verified Documents Enclosed
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 GOVERNMENT HOSPITAL, NELAMANJALA	60	2 kms	90%.	verified. Enclosed letter
	2				

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

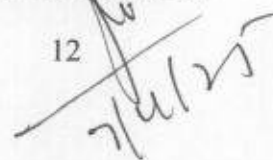
NOTE:

- If the college established, i.e., 2012-13 and before (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since 2013-14 shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges for Bangalore Urban and Mangalore city should have 200 bedded Unitary/Single allopathic parent/own hospital. This hospital should continue to function as parent hospital till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital to any other nursing institution and will

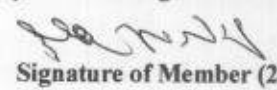
Signature of Chairman



Signature of Member (1)



Signature of Member (2)



1	Do you have a parent Medical College?	☐ YES	☒ NO
2	Do you have parent hospital?	☒ YES	☐ NO
	If Yes, Hospital Owned by	a. Trust/ Society/ Municipality	☒ YES
		b. Trust member with MOU	☒ YES

Particulars	Name of the Hospital	Total No. Beds	Distance from the college	Ownership in the form of a trust (Yes/No)	Remarks
Government hospitals	1. Government General Hospital, Bhubaneswar	100	14 kms.	80%	Verified & included in the list of hospitals
	2. Government General Hospital, Cuttack	100	14 kms.	80%	Verified & included in the list of hospitals
	3. Government General Hospital, Bhubaneswar	100	14 kms.	80%	Verified & included in the list of hospitals
Private hospitals	4. Private Hospital, Bhubaneswar	100	14 kms.	80%	Verified & included in the list of hospitals
	5. Private Hospital, Cuttack	100	14 kms.	80%	Verified & included in the list of hospitals
	6. Private Hospital, Bhubaneswar	100	14 kms.	80%	Verified & included in the list of hospitals

(a) Verify the number of beds, verify the original documents of trust regarding the ownership of hospital and the number of beds with KPMV-A and KPMV-B and confirm the same. Also verify the data on online website of KPMV-B.

NOTE:

- 1. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 2. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 3. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 4. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 5. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 6. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 7. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 8. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 9. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.
- 10. The college is situated in 2012-13 and before (before 2012-13) private hospital which are included in 2012-13.

Signature of Member (1)

Signature of Member (2)

Signature of Member (3)

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, 2021 F.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:

LIC Report for Continuation of Affiliation & Franchised of seat
Free PC Copy of all 5 subject -
Trust: Vidyashree Education Trust, Chairman - Mr. Kalahalli Chandracheta. 40 to 60.
Hospital owner is trustee of trust Mr. Anand Nagah Koli
College building: is on sub lease from Basavarajendra R.P in turn
he has taken lease from Belimath Mahasamithana for 30 yr. documents enclosed
Infrastructure: Total built up area - 30000 sqft & enclosed documents.
Classrooms - Available, Lab - 5 lab & Computer Lab available
Multipurpose hall - available. Library available - 3107 Books, Library available.
Hostel - Available separate for both male & female separate opp to college (enclosed)
Clinical facilities: Parent Hospital is Silver Ameer Hospital at a dist of
14 Km with 100 beds as per PCB, KPME have been applied.
PCB shows silverline hospital which was old name now changed to
Silver Ameer.
Affiliation Hospital - Nelamangala Govt hospital with 60 beds.
Letter enclosed. CTC/PHC - Thyegondulu / enclosed
~~Bees Global is also attached~~ Nophenel
Faculty: Total - 20, 1-Principal, 1-Viceprincipal, 1-House Staff, 4-Hot Staff.
Tutor - 13. (MSc-5) ~~2022~~
Vehicle: Bus with 53 seat available - documents enclosed.
Faculty for PG 5 courses available for 1st year.
Total faculty of 20: subject wise faculty available
OBG-1, Medical Surgeon-1, Radiologist-1, Community-2
Psychiatry-2.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18.1. Distribution of Beds

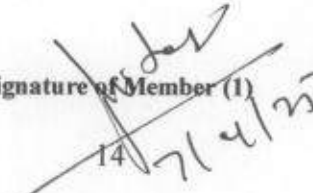
Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	15	90%.	5	95%.
Surgery including OT	10	90%.	2	95%.
Obstetrics & Gynecology	10	70%.	15	95%.
Pediatrics,	15	70%.	2	75%.
Emergency Medicine	10	80%.	5	80%.
Psychiatry	5	60%.	5	75%.

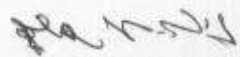
Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	3	90%.	4	80%.
Minor OT	3	90%.	4	80%.
Dental, Otorhinolaryngology, Ophthalmology	2	70%.	0	—
Burns and Plastic	0	—	2	70%.
Neonatology care unit	3	70%.	2	70%.
Communicable disease/ Respiratory medicine/TB & chest diseases	0	—	5	70%.
Dermatology	0	—	0	—
Cardiology	5	60%.	2	85%.
Oncology	0	—	0	—
Neurology/Neuro-surgery	5	75%.	2	80%.
Nephrology/Urology	0	—	0	—
ICU/CCU	10	95%.	3	80%.
Geriatric Medicine	2	80%.	0	80%.
Any other	2	80%.	4	80%.

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


Signature of Chairman


Signature of Member (1)
14/7/25


Signature of Member (2)

Clinical Area	Percent		Allocated	
	No. of beds	Bed Occupancy	No. of beds	Bed Occupancy
Medical	12	70%	2	95%
Surgery (including OT)	10	50%	2	95%
Obstetrics & Gynaecology	10	70%	12	95%
Pediatrics	12	70%	2	95%
Emergency Medicine	10	80%	2	95%
Psychiatry	2	60%	2	95%

Additional/Other Specialized facilities for clinical expansion

Clinical Area	Percent		Allocated	
	No. of beds	Bed Occupancy	No. of beds	Bed Occupancy
Neurology	2	70%	4	95%
Neuro OT	2	90%	4	95%
Dental, Otorhinolaryngology, Ophthalmology	2	70%	0	-
Thrombosis and Haematology	2	-	2	90%
Neurology - care unit	2	70%	2	90%
Emergency Medicine, Infectious Diseases, Respiratory Medicine, TB & Chest Diseases	2	-	2	90%
Dermatology	2	-	0	-
Endocrinology	2	60%	2	95%
Oncology	2	-	0	-
Neurology - research	2	95%	2	90%
Nephrology/Dialysis	2	-	0	-
ENT	10	75%	2	95%
Geriatric Medicine	2	80%	0	90%
For other	2	80%	4	90%

Note: 1-2 percent per unit needs for staff and other needs of patients' welfare

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILED		
a. Name of CHC / PHC / SC	THYMA GONDLU	
Adopted / Affiliated		
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
URBAN FILED :		
a. Name of CHC / PHC / SC	DABASPETE	
Adopted / Affiliated		
Administrated 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 ☐	NA
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 ☐	NA

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 ☐	

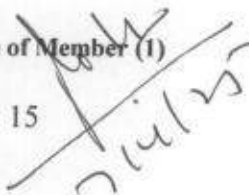
Signature of Chairman



Signature of Member (1)

15

Signature of Member (2)



URBAN FIELD

a. Name of CHC / PHC / SC	THANJAVUR
Address / Village	
Administrative role by	State Govt ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	
b. Services rendered by Health & Family Welfare Programme	

20. A copy of the report for submission in the coming week should be sent to the Institute.

20. Master Questionnaire - 10			
a. Basic HSE Nursing	YES ☒	NO ☐	
b. Post Basic HSE Nursing	YES ☐	NO ☐	
c. HSE Nursing	YES ☐	NO ☐	
d. This Centre available for all Nursing Programmes			
e. Basic HSE Nursing	YES ☒	NO ☐	
f. Post Basic HSE Nursing	YES ☐	NO ☐	
g. HSE Nursing	YES ☐	NO ☐	

21. Records of students 1 year and below nursing students are maintained well?			
a. Admission record	YES ☒	NO ☐	
b. Daily Attendance Register	YES ☒	NO ☐	
c. Health Record	YES ☒	NO ☐	
d. Clinical and field experience record	YES ☒	NO ☐	
e. Physical record books - procedure record	YES ☒	NO ☐	
f. Physical record books - Minor surgery	YES ☒	NO ☐	
g. Leave record	YES ☒	NO ☐	

Signature of Student (1)

Signature of Student (2)

Signature of Chairman

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	Sq.ft 30000 sq ft - 10	
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 : 80	Boys : 40
f.	Total No. of rooms	Girls : 35	Boys : 20
g.	Water Supply	YES ☒	NO ☐
h.	Electricity Supply	YES ☒	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☒	NO ☐
j.	Is Sick room available?	YES ☒	NO ☐
k.	Whether the hostel mess is available with	YES ☒	NO ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

1	Student welfare committee	YES	☒	NO	☐
2	Anti-racism committee	YES	☒	NO	☐
3	Staff development programme	YES	☒	NO	☐
4	Annual report of activities and achievements	YES	☒	NO	☐
5	Records of Staff	YES	☒	NO	☐
6	Attendance records	YES	☒	NO	☐
7	Committee Meetings	YES	☒	NO	☐
8	Known risks	YES	☒	NO	☐
9	Course planning of each subject	YES	☒	NO	☐
10	Comprehensive record of each	YES	☒	NO	☐
11	Examination results of students	YES	☒	NO	☐

12	Hostel facilities (Annexure - 12)				
13	Whether the college is having a separate Hostel?	YES	☒	NO	☐
14	Built up area of the Hostel	Bph. 50000 Sq. ft. 4*			
15	Is the Hostel owned or Rented? (each)	Own	☐	Rented	☐
16	Is there separate provision of Hostel for Male and Female students?	YES	☒	NO	☐
17	Total No. of students in the hostel	Girls: 40		Boys: 200	
18	Total No. of rooms	Girls: 35		Boys: 175	
19	Water supply	YES	☒	NO	☐
20	Electricity supply	YES	☐	NO	☐
21	Is facilities available for outdoor games and indoor games?	YES	☒	NO	☐
22	Is Sick room available?	YES	☒	NO	☐
23	Whether the hostel mess is available with	YES	☒	NO	☐
24	State of drinking water facilities	YES	☒	NO	☐

Signature of Chairman

Signature of Member (I)

Signature of Member (II)

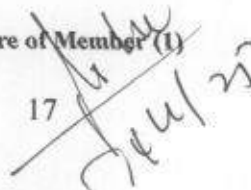
List of Annexures:

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	GNM Cover	
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification		✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	— NA —	—
Annexure - 10	List of M.Sc. Nursing Students as per format	— NA —	—
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

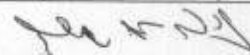
Signature of Chairman



Signature of Member (1)



Signature of Member (2)



List of Annexures:

Annexure	Details	Year	Remarks
Annexure - 1	Details of Joint Society (Joint documents)	✓	
Annexure - 2	Details of Governing Council members & Auditor report of Joint	✓	
Annexure - 3	Details of any other running institution under the same Trust	Joint Trust	
Annexure - 4	Details of Affidavit (as per receipts)	✓	
Annexure - 5	Approval Status - (OK/Not OK)	✓	
Annexure - 6	Approval Status - (KCHHS Notification (as per Year) Approval)	✓	
Annexure - 7	Approval Status - KMC Notification	✓	
Annexure - 8	Status - KMC Notification	✓	
Annexure - 9	List of Post Grad B.Sc. Nursing students as per format	✓	
Annexure - 10	List of M.Sc. Nursing students as per format	✓	
Annexure - 11	Details of patient, Part time Teachers	✓	
Annexure - 12	Physical Facilities: 1. College Building - Own from lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility - lift Ramp for wheelchair 2. Laboratories 3. Building related documents 4. Hostel	✓	
Annexure - 13	Vehicle Details - Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical Hospital Facilities - regional hospital (MHI), Joint KSPC & KTHRE certificate, current academic year clinical fees paid receipts from affiliated hospital	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and time tables	✓	

Signature of Chairman

Signature of Member (i)

Signature of Member (ii)

Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓	
Annexure - 20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓	✓

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

Observations:

(Same Report of Page - 13.)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Attachment - 19	list of teachers with their Declaration forms & necessary documents	☒
Attachment - 20	UGC/HS approved guidelines form 4.1.2.2. Focusing faculty each specialty 1/12	☒

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

Observations:

(None report of 4/12 - 13)

Signature of Member (1)

Signature of Member (2)

Signature of Chairman

UNDERTAKING

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

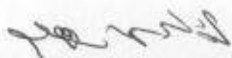
We have conducted LIC inspection of this college on 7/5/2025 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/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)

UNDERSTANDING

The Chairman and members of local inspection committee appointed by REGIS for conduct of LIC inspection of St. Joseph's College, Mysore which was applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 27/07/2024 and verified the infrastructure, institutional facilities, student strength, staff, staff, student's attendance and the original documents pertaining to institution as per the latest minimum standard requirements (MSR) stipulated by apex body and notification issued by REGIS vide no. REGIS/MSR/COA/2024-25 dated 11/12/2024. 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 report is true and correct. The LIC inspection report along with documents and soft copy is submitted to REGIS.


Senate Member
(Chairman)


A.C. Member
(Member)


Subject Expert
(Member)

Signature of Chairman

Signature of Member (A.C.)

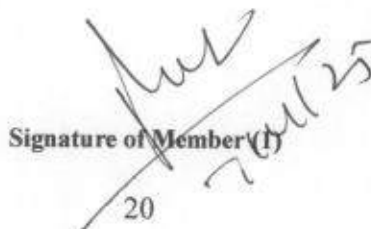
Signature of Member (S)

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 the 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: Dishank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.



Signature of Chairman



Signature of Member (1)



Signature of Member (2)

Instructions for reporting of local inspections by RGHHS

1. The team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGHHS norms.
2. Team shall submit the report and a hard copy within 48 hours of the inspection falling within:
 - a. Team shall comparatively visit the assigned hospital and physically verify the bed strength and facilities provided along with the KPIs & PCR Certificates.
 - b. Team shall obtain an undertaking/affidavit from the 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/within the where the specific information is sought such as Area of the land, Documents in 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. Diyanak app may be used to verify the owner's details of the particular institution.
9. For any misreading / wrong information the whole LIC team shall be made responsible.

Signature of Member (2)

Signature of Member (1)

Signature of Chairman



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

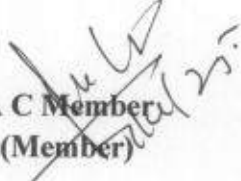
We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Vidhya Shekhar College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

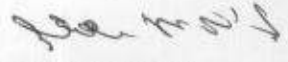
We have conducted LIC inspection of this college on 7/12/2023 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated 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)

UNDERTAKING

We the Chairman and members of local inspection committee appointed by RCHHS for
conduct of the inspection at Wahga Village, District which has
applied for recognition of affiliation for the academic year 2024-25.

We have conducted LJC inspection of this college on 25/05/2024 and verified the
institutional facilities, student strength, staff, student, student
attendance and the original documents pertaining to institution. As per the Latest Minimum Standard
Requirements (MSR) required by apex body and notification issued by RCHHS vide ref no
RCHHS/MSR/COA/2024-25 dated 17/12/2023, we have also visited the attached hospital and
verified the bed strength and clinical facilities in the hospital.

The information recorded by us in the LJC report is true and correct.

The LJC inspection report along with documents and soft copy is submitted to RCHHS.


Subject Expert
(Member)


A.C. Member
(Member)


Chairman
(Chairman)

Silver Aura Hospital

762, Sidedahalli Main Rd, MEI Layout, Vigneshwara Layout, Bagalakunte,
Bengaluru, Karnataka - 560 073.

Ref. :

Date :

Date : 07/05/2025

UNDERTAKING

I, ANANDA NĀGESH KOLI is the Owner of the Silver Aura hospital situated at 762, Sidedahalli main road, MEL Layout, Bagalkunte, Bangalore-560073. This is to confirm that our hospital – SILVER AURA HOSPITAL is registered under KPMEA and PCB with 100 beds and the Bonafide certificate has been attached. This is to confirm that the hospital- SILVER AURA HOSPITAL is functioning as parent hospital for Vidhya Shekhar School and College of Nursing. We also confirm that our hospital is solely affiliated to Vidhya Shekhar School and College of Nursing and is not affiliated to any other nursing college. The information provided by us is true and correct.

Ananda Nagesh Koli
Silver Aura Hospital
62, Sidedahalli Main Rd, MEI Layout,
Vigneshwara Layout, Bagalakunte,
Bengaluru, Karnataka-560073

REPORT

On the 1st day of the month of January 1900, the undersigned, being duly sworn, depose and say that the following is a true and correct copy of the report of the Board of Directors of the [Name of Corporation] for the year ending December 31, 1900, as the same appears from the books and records of said corporation, and that the same is a true and correct copy of the report of the Board of Directors of said corporation for the year ending December 31, 1900, as the same appears from the books and records of said corporation.

Subscribed and sworn to before me this 1st day of January 1900.

Notary Public for the State of [State]

Witness my hand and seal this 1st day of January 1900.

[Signature]

[Seal]



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust
VIDHYA SHEKHAR EDUCATION TRUST (R)
submitting the affidavit to University.

The trust Vidhya Shekhar Education Trust (R) is
running/managing the colleges 1. Vidhya Shekhar College of Nursing
2. Vidhya Shekhar School of Nursing
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.

VIDHYA SHEKHAR EDUCATION TRUST (R)


CHAIRMAN



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Applicant Details

Application Number	20250513034001
Applicant Name	ANEESH KN
College Name	VIDHYA SHEKHAR COLLEGE OF NURSING, NELAMANGALA.
Trust Name	VIDHYASHEKAR EDUCATIONAL TRUST
Mobile Number	7204300003
Email Id	VIDHYASHEKHARCOLLEGEONURSING@GMAIL.COM
Application Date	13-05-2025

Applied Course Details

Sl. No	Course Name
1	M.SC IN COMMUNITY HEALTH NURSING
2	M.SC IN MEDICAL SURGICAL NURSING
3	M.SC IN OBSTETRIC & GYNECOLOGICAL NURSING
4	M.SC IN PSYCHIATRIC NURSING
5	M.SC IN PAEDIATRIC NURSING

Institution Details

Type of Institution	Private/Management
Name of the Institution	VIDHYA SHEKHAR COLLEGE OF NURSING NELAMANGALA
Address of the Institution	NH-4,NELAMANGALA,BANGALORE-562123
Village/Town/City	NELAMANGALA
District	BENGALURU RURAL
Taluk	NELAMANGALA
PinCode	562123
STD Code	29608333
Land Line/Mobile number	
Fax	
Institution Email-Id	CHANDRU10KDL@GMAIL.COM
Academic year in which college has started	24-11-2022
Survey No./PID No.	
Is Rural Institute?	YES
Is Minority Institute?	NO
Type of Minority	
Type Of Organization	Private
GOK order for existing Courses	Uploaded
How many batches has passed out in BSC Nursing	1



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Admission and Passing Percentage for Last 3 Years

Sl. No	Year	Admission	Percentage	Upload Supporting document
1	2022	40	85.00	
2	2023	40	81.00	
3	2024	40	80.00	

Other course located in the same building recognized by RGUHS

Sl. No	Course Name	File Number	File Document
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No Records Found

Building Details

Land in Acres	10.00
Building Total Area	30000
Building Type	Leased for 30 years
Building Owner Name	SRI CHARAMURTHY SHIV
Any court case pending against the property?	NO
Does all the applied courses are imparted in this building?	YES
Number of Classrooms	8
Number of Labs	7
Safe drinking water supply	Available
Auditorium	Available
Office Facilities	Available
Seating Capacity	Available
Electricity	Available
RR Number of latest electricity bill	NL161666
Survey Number	204/1
Approval copy of lease document (should be registered in sub register office.)	Uploaded
Encumbrance Certificate (EC) (should be obtained after date of notification.)	Uploaded
Tax paid receipt/ Certificate by Authority	Uploaded
RTC of Land	Uploaded
Land deed certificate	Uploaded



ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2023-24

Admission and Learning Performance for Last 3 Years

Sl. No.	Year	Admission	Performance	Final/Supervising/Documentation
1	2021	40	85%	
2	2022	40	85%	
3	2023	40	85%	

Other courses located in the same building recognized by RCUHS

Sl. No.	Course Name	File Number	File Location
1	Postgraduate Diploma in Health Management	1000/2021	1000/2021
2	Postgraduate Diploma in Health Management	1000/2022	1000/2022
3	Postgraduate Diploma in Health Management	1000/2023	1000/2023
4	Postgraduate Diploma in Health Management	1000/2024	1000/2024
5	Postgraduate Diploma in Health Management	1000/2025	1000/2025
6	Postgraduate Diploma in Health Management	1000/2026	1000/2026
7	Postgraduate Diploma in Health Management	1000/2027	1000/2027
8	Postgraduate Diploma in Health Management	1000/2028	1000/2028
9	Postgraduate Diploma in Health Management	1000/2029	1000/2029
10	Postgraduate Diploma in Health Management	1000/2030	1000/2030
11	Postgraduate Diploma in Health Management	1000/2031	1000/2031
12	Postgraduate Diploma in Health Management	1000/2032	1000/2032
13	Postgraduate Diploma in Health Management	1000/2033	1000/2033
14	Postgraduate Diploma in Health Management	1000/2034	1000/2034
15	Postgraduate Diploma in Health Management	1000/2035	1000/2035
16	Postgraduate Diploma in Health Management	1000/2036	1000/2036
17	Postgraduate Diploma in Health Management	1000/2037	1000/2037
18	Postgraduate Diploma in Health Management	1000/2038	1000/2038
19	Postgraduate Diploma in Health Management	1000/2039	1000/2039
20	Postgraduate Diploma in Health Management	1000/2040	1000/2040



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Building Photographs

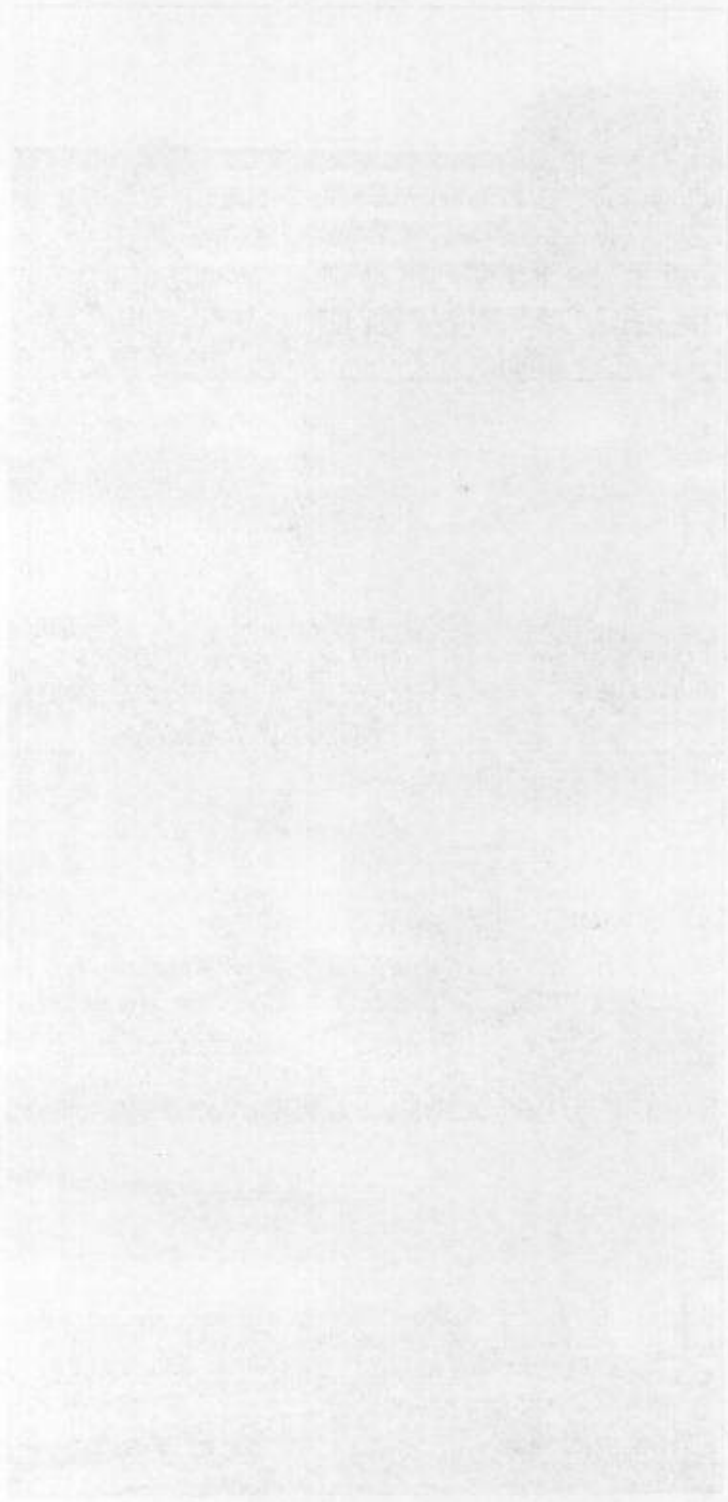
Type	BuildingPhotographs
Building Name : Main Entrance Latitude : 13.09454870 Longitude : 77.39146670	
Building Name : Admin Building Latitude : 13.09454870 Longitude : 77.39146670	
Building Name : Principal Room Latitude : 13.09454870 Longitude : 77.39146670	
Building Name : Library Room Latitude : 13.09454870 Longitude : 77.39146670	



ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Self-declared Photographs

Self-declared Photographs



Type	Institution Name	Institution Address	Institution Phone	Institution Email



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Building Name : Laboratory Building

Latitude : 13.09454870

Longitude : 77.39146670



Building Name : Canteen

Latitude : 13.09454870

Longitude : 77.39146670



Classroom Details

Course Name	Size of Each Classrooms(sq. ft) for 40-60 intake as per norms	No. of Classroom	Size in Sq.ft Available
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No Records Found

Laboratory Details

Laboratories	Size in sq.ft as per norms	Size in Sq.ft Available	No of Mannequin/ simulator available
Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1800 sq.ft	6
Nutrition & Community Health Nursing	1200 sq.ft	1400 sq.ft	2
Obstetrics and Gynecology Laboratory	900 sq.ft	1000 sq.ft	3
Paediatrics Nursing Laboratory	900 sq.ft	1000 sq.ft	3
Pre-Clinical Sciences Laboratory	900 sq.ft	1000 sq.ft	1
Computer Lab (1: 5 computer :student)	1500 sq.ft	1600 sq.ft	75

Equipment/Instrumental Details

Sl.No.	Name of the Equipment/Instrument	Make	Model
1	BRAIN	SINGHLA SCIENTIFIC	MADE OF FIBRE GLASS



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Library Details

Total No. of Nursing books available	2607
No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	10
Internet Facility Available for students	YES
No. of e-books available	50
Books purchased in last financial year	800

Library Staff Details

Sl.No	Librarian Name	Qualification	Experience in years	Remarks
1	SWAPANA M P	MLISC	9	

Vehicle Details

Sl.No.	Vehicle Reg. No.	Vehicle For	Seating Capacity	RC Book	Insurance	Driving Licence	Validity Date (Valid till)
1	KA04AD5700	For Students	53	Available	Available	Available	22-01-2029

Administrative Facilities Details

Sl.No.	Facilities	No. of rooms	Size in Sq ft Available
1	A.V Aids Room	1	800 Sq.ft
2	Common Room (Male & Female)	2	2000 Sq.ft
3	Computer Lab (1: 5 computer :student)	1	1600 Sq.ft
4	Faculty Room	2	5000 Sq.ft
5	Lecturer Hall	2	1800 Sq.ft
6	Library	2	4800 Sq.ft
7	Multipurpose Hall	1	3300 Sq.ft
8	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1	1800 Sq.ft
9	Nutrition & Community Health Nursing	1	1400 Sq.ft
10	Obstetrics and Gynecology Laboratory	1	1000 Sq.ft
11	One room for each Head of Departments	5	1000 Sq.ft
12	Paediatrics Nursing Laboratory	1	1000 Sq.ft
13	Pre-Clinical Sciences Laboratory	1	1000 Sq.ft
14	Principal Room	1	400 Sq.ft
15	Provision for toilets	30	1800 Sq.ft
16	Staff Room	2	1600 Sq.ft
17	Vice Principal Room	1	300 Sq.ft



ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2022-23

Library Details

6007

Library Name: Kalyan Gandhi University Library

Address: 1st Stage, 1st Main Road, 560041

Phone: 080-26123456

Email: library@kalyan-gandhi.edu.in

Website: www.kalyan-gandhi.edu.in

Library Type: General Library

Library Staff Details

Sl. No.	Library Name	Qualification	Experience in years	Remarks
1	Mr. A. B. C.	M.Lib.	10	

Library Details

Sl. No.	Library Name	Address	Phone	Email	Website
1	Kalyan Gandhi University Library	1st Stage, 1st Main Road, 560041	080-26123456	library@kalyan-gandhi.edu.in	www.kalyan-gandhi.edu.in

Administrative Details

Sl. No.	Library Name	No. of copies	Sl. No. in 2021
1	General Library	1	1001
2	Medical Library	1	1002
3	Law Library	1	1003
4	Engineering Library	1	1004
5	Business Library	1	1005
6	Library	1	1006
7	Library	1	1007
8	Library	1	1008
9	Library	1	1009
10	Library	1	1010
11	Library	1	1011
12	Library	1	1012
13	Library	1	1013
14	Library	1	1014
15	Library	1	1015
16	Library	1	1016
17	Library	1	1017
18	Library	1	1018
19	Library	1	1019
20	Library	1	1020



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Hostel Details

Hostel Type	Leased / Rented
Built up area of hostel in sq ft	10000
Whether the college is having a seperate hostel	YES
Is there seperate provision of hostel for male and female students?	YES
Total number of female student in hostel	0
Total number of rooms for female student	20
Total number of male student in hostel	0
Total number of rooms for male student	20
Attach proof of rental agreement copy of hostel to be collected (minimum 5 years)	Uploaded

Hostel Facility Details

Sl.No	Facilities	IsAvailable
1	Single Room for students	Not Available
2	Double Room for students	Available
3	Sanitary (One Latrine & one bath Room for 5 students)	Available
4	Visitors Room	Available
5	Reading room	Available
6	Store	Available
7	Recreation Room	Available
8	Dining Hall	Available
9	Kitchen & Store	Available
10	Warden's room	Available

Hospital Details

Do you have parent medical college?	YES
Do you have parent hospital?	OWN
Name of the Hospital	SILVER AURA HOSPITAL
Name of the Hospital Owner	ANANDA NAGESH KOLI
Hospital District	BENGALURU RURAL
hospital Taluk	NELAMANGALA
Hospital Place	Bengaluru Urban
Total No of Beds Available	100
OPD per day	155
IPD per day	20
Whether the hospital shown as any other parent hospital for other affiliated hospital?	NO
Distance between College And Hospital	14



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Affiliated Hospital Details

Sl. No	Affiliated Hospital Name	Total No. of Beds	Clinical permission letter
1	BGS GLOBAL INSTITUTE OF MEDICAL SCIENCES AND HOSPITAL	600	Uploaded

Hospital Document Details

Sl. No	Document Name	Document Status
1	Clinical Fees Paid Reciept- fees paid by the college for clinical permission for students	Uploaded
2	Permission / Certificate from the Hospital with respect to nursing institutions already permitted/utilizing for clinical experience in the same hospital.	Uploaded
3	Proof of the number of beds as allopathic single unitary hospital.	Uploaded
4	KPMEA certificate of the Hospital- Mandatorily,the hospital name and no. of beds (100/200) should display in the official website of KPMEA every year. if no. of beds is less then (100/200) beds in any academic year, affiliation will be withdrawn.	Uploaded
5	Registered MOU	Uploaded
6	Pollution control board certificate of the hospital - Mandatorily, the hospital name and no. of beds (100/200) should display in the official website of KSPCB every year. if no. of beds is less then (100/200) beds in any academic year, affiliation will be withdrawn.	Uploaded
7	Google map screenshot for Distance between College And Hospital	Uploaded
8	Submission of undertaking of Own/Parent Hospital	Uploaded
9	Annual OPD Statistics declared by hospital	Uploaded
10	Annual IPD Statistics declared by hospital	Uploaded



ADDITIONAL COURSE APPLICATION FOR 2022-23

Eligible Hospital Details

Sl. No.	Eligible Hospital Name	Total No. of Beds	Address of Hospital
1	Sri Chandra Hospital & Medical Centre and Hospital	100	Bangalore
Hospital Document Details			
Sl. No.	Document Name	Document No.	Document Date
1	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
2	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
3	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
4	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
5	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
6	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
7	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
8	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
9	Certificate of Registration - Issued by the Registrar of Medical Practitioners		
10	Certificate of Registration - Issued by the Registrar of Medical Practitioners		



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Teaching Faculty Details								
Sl.No	Name of teaching faculty	DOB	Designation	Qualification	Department	Name of the Inst/Univ. UG	Name of the Inst/Univ. PG	Date of Joining
1	SUMITHRA R	02-05-1985	Associate Professor	MSC NURSING	PGPDN	RGUHS	SREE SIDDHARTHA COLL	28-04-2025
2	MANGALAN	29-10-1990	Associate Professor	MSC NURSING	PGCHN	RGUHS	RAJEEV COLLEGE OF NU	28-04-2025
3	SAVITHA B P	01-07-1989	Professor	MSC NURSING	PGMSN	RGUHS	DR SHYAMALA REDDY CO	14-06-2022
4	RAJANI GOWDA V	02-10-1987	Principal/Director	MSC NURSING	PGOGN	RGUHS	CAUVERY COLLEGE OF N	28-04-2025
5	ANEESH K N	11-02-1989	Vice Pricipal	MSC NURSING	PGPCN	RGUHS	SHANTIDHAMMA COLLEGE	08-02-2022

Teaching Experience Details

Sl.No	Name of teaching faculty	Aadhaar Number	PAN Number	Year of passing UG	Year of passing PG	Teaching Experience after UG	Teaching Experience after PG
1	SUMITHRA R	694108422806	EAIPS5084J	2017	2020	8	4
2	MANGALA N	399974422129	BBNPR4305Q	2016	2020	4	4
3	SAVITHA B P	989345269601	BBNPR4305Q	2011	2023	14	1
4	RAJANI GOWDA V	970024847429	BBNPR4305Q	2009	2011	2	14
5	ANEESH K N	683214005155	BVCPA8222N	2012	2014	2	11

Teaching Faculty Document

Sl. No	Name of teaching faculty	Aadhaar Document	PAN Document	R.N & R.M.No. (renewed)	Form-16 document	Appointment Doc	Recognized PG Guide	Guidship Doc
1	SUMITHRA R	Uploaded	Uploaded	Uploaded	Uploaded	Uploaded	NO	Not Uploade
2	MANGALA N	Uploaded	Uploaded	Uploaded	Uploaded	Uploaded	NO	Not Uploade
3	SAVITHA B P	Uploaded	Uploaded	Uploaded	Uploaded	Uploaded	NO	Not Uploade
4	RAJANI GOWDA V	Uploaded	Uploaded	Uploaded	Uploaded	Uploaded	NO	Not Uploade
5	ANEESH K N	Uploaded	Uploaded	Uploaded	Uploaded	Uploaded	NO	Not Uploade



ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2022-23

Teaching Faculty Details

Sl. No.	Name of the Faculty	Designation	Qualification	Experience	Remarks
1	Dr. Suresh Babu	Professor	B.Sc., M.Sc., Ph.D.	10 Years	
2	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
3	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
4	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	
5	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
6	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
7	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	
8	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
9	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
10	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	

Teaching Faculty with Details

Sl. No.	Name of the Faculty	Designation	Qualification	Experience	Remarks
1	Dr. Suresh Babu	Professor	B.Sc., M.Sc., Ph.D.	10 Years	
2	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
3	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
4	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	
5	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
6	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
7	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	
8	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
9	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
10	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	

Teaching Faculty Document

Sl. No.	Name of the Faculty	Designation	Qualification	Experience	Remarks
1	Dr. Suresh Babu	Professor	B.Sc., M.Sc., Ph.D.	10 Years	
2	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
3	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
4	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	
5	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
6	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
7	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	
8	Dr. Anand Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
9	Dr. Ravi Kumar	Associate Professor	B.Sc., M.Sc.	5 Years	
10	Dr. Suresh Babu	Associate Professor	B.Sc., M.Sc.	5 Years	



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Non-Teaching Faculty Details

Sl.No	Name of Non-teaching faculty	Designation	Qualification	Total Experience	Remarks
1	MEGHANA B	EXTERNAL FACULTY	CBCS	2	
2	DR POORNIMA	EXTERNAL FACULTY	MBBS MD	6	
3	ASLAM PARVEJ	COMPUTER TEACHER	BE CSE	5	

External(Part-Time) Teaching Faculty Details

Sl. No	Name of External(Part-Time) Faculty	Designation	Qualification	Subject	Working Hours per year	Remark
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No Records Found

Academic Activities

Research projects Particulars	AVAILABLE
Research projects Remarks	GOOD
Conference conducted Particulars	AVAILABLE
Conference conducted Remarks	GOOD
Conference Attended Particulars	AVAILABLE
Conference Attended Remarks	GOOD
Is Available Master plan for Theory Classes and Practical for nursing programmes?	Available
Is Available Time Table for nursing programmes?	Available

ADDITIONAL COURSE APPLICATION INFORMATION FOR 2022-23

Non-Teaching Faculty Details

Faculty	Department	Position Title	Qualifications	Experience
1	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
2	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
3	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years

External Part-Time Teaching Faculty Details

Faculty	Department	Position Title	Qualifications	Experience
4	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years

Faculty of Health Sciences

Academic Activities

1	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
2	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
3	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
4	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
5	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
6	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
7	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
8	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
9	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years
10	Health Sciences	Assistant Professor	PhD, MSc, BSc	10 years



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Academic Facilities

Sl. No	Facilities	Is Available
1	Admission record	Available
2	Daily attendance registers	Available
3	Health record	Available
4	Clinical and field experience record	Available
5	Practical record books-procedure record-midwifery case book	Available
6	Leave records	Available
7	Extra-curricular activities of students	Available
8	cumulative record of each	Available
9	Course planning of each subject	Available
10	Rotation plans	Available
11	Committee Meetings	Available
12	Affiliation records	Available
13	Records of Stock	Available
14	Annual report of activities and achievements	Available
15	Staff development programmes	Available
16	Anti ragging committee	Available
17	student welfare committee	Available

Fees Details

Sl.No.	Fees Type	Amount in rupee
Course:		
1	Late Fee	25000.00
2	Processing Fee	50.00
3	Application Fee	1000.00
4	Affiliation Fee	50000.00
5	Affiliation Fee	50000.00
6	Affiliation Fee	50000.00
7	Affiliation Fee	50000.00
8	Affiliation Fee	50000.00
Total		276050.00

Payment Details

Sl.No	Payment Reference Number	Amount	Payment Date	Payment Receipt
1	BSBIMOW0KPGDW5	276050.00	13-05-2025	Uploaded



ADDITIONAL COURSE APPLICATION FOR 2025-26

Academic Facilities

Sl. No.	Facilities	Sl. No.	Facilities
1	Library	11	Hostel
2	Computer Laboratory	12	Medical Store
3	Workshop	13	First Aid Room
4	Dissection Hall	14	Autopsy Room
5	Model Room	15	Pharmacy
6	Simulation Room	16	Reception
7	Conference Room	17	Security Guard
8	Staff Room	18	Waste Disposal
9	Common Room	19	First Aid Kit
10	First Aid Kit	20	First Aid Kit
11	First Aid Kit	21	First Aid Kit
12	First Aid Kit	22	First Aid Kit
13	First Aid Kit	23	First Aid Kit
14	First Aid Kit	24	First Aid Kit
15	First Aid Kit	25	First Aid Kit
16	First Aid Kit	26	First Aid Kit
17	First Aid Kit	27	First Aid Kit
18	First Aid Kit	28	First Aid Kit
19	First Aid Kit	29	First Aid Kit
20	First Aid Kit	30	First Aid Kit

Fee Details

Sl. No.	Fee Type	Amount in Rupees
1	Application Fee	1000
2	Registration Fee	2000
3	Library Fee	500
4	Workshop Fee	1000
5	Dissection Fee	1500
6	Model Fee	1000
7	Simulation Fee	1500
8	Conference Fee	1000
9	Staff Fee	1000
10	Common Fee	1000
11	First Aid Fee	1000
12	First Aid Fee	1000
13	First Aid Fee	1000
14	First Aid Fee	1000
15	First Aid Fee	1000
16	First Aid Fee	1000
17	First Aid Fee	1000
18	First Aid Fee	1000
19	First Aid Fee	1000
20	First Aid Fee	1000

Payment Details

Sl. No.	Payment Details	Amount	Payment Date
1	Application Fee	1000	2025-01-01
2	Registration Fee	2000	2025-01-01
3	Library Fee	500	2025-01-01
4	Workshop Fee	1000	2025-01-01
5	Dissection Fee	1500	2025-01-01
6	Model Fee	1000	2025-01-01
7	Simulation Fee	1500	2025-01-01
8	Conference Fee	1000	2025-01-01
9	Staff Fee	1000	2025-01-01
10	Common Fee	1000	2025-01-01
11	First Aid Fee	1000	2025-01-01
12	First Aid Fee	1000	2025-01-01
13	First Aid Fee	1000	2025-01-01
14	First Aid Fee	1000	2025-01-01
15	First Aid Fee	1000	2025-01-01
16	First Aid Fee	1000	2025-01-01
17	First Aid Fee	1000	2025-01-01
18	First Aid Fee	1000	2025-01-01
19	First Aid Fee	1000	2025-01-01
20	First Aid Fee	1000	2025-01-01



Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block Jayanagar, Bengaluru-560041.

ADDITIONAL COURSE AFFILIATION APPLICATION FOR 2025-26

Trust Account Details

Sl.No.	Account Number	Name of the branch and address	Name of the bank	Name of the Account holder	IFSC Code
1	39229774524	KENGERI BANGALORE	SBI	VIDHYA SHEKHAR EDUCATION TRUST	SBIN040735

Declaration

I **ANEESH KN**, Principal of **VIDHYA SHEKHAR COLLEGE OF NURSING, NELAMANGALA**, declare that all the documents & information submitted in this application form are true to the best of my knowledge. I understand that if any, of the information is found wrong, my application will stand cancelled. I will abide by the rules & regulations in force in Rajiv Gandhi University of Health Sciences, Karnataka and as amended from time to time.

Declaration Date: 13-05-2025

Principal Name: ANEESH KN



Merchant Limit



Site Map

Debit Status Success

Date 13-May-2025

PAY Rajiv Gandhi University of Health Sciences

RUPEES (in words) Two Lakhs Seventy Six Thousand Eighty Five

and Forty Paise only

Rs. 2,76,085.40

ACCOUNT NO 00000039229774524

STATE BANK OF INDIA

KALAHALLI

KENGERI SATELLITE TOWN CHANDRASHEKAR

VIDYA DEVI

Authorizer 1

BSBIMOW0KPGDW5

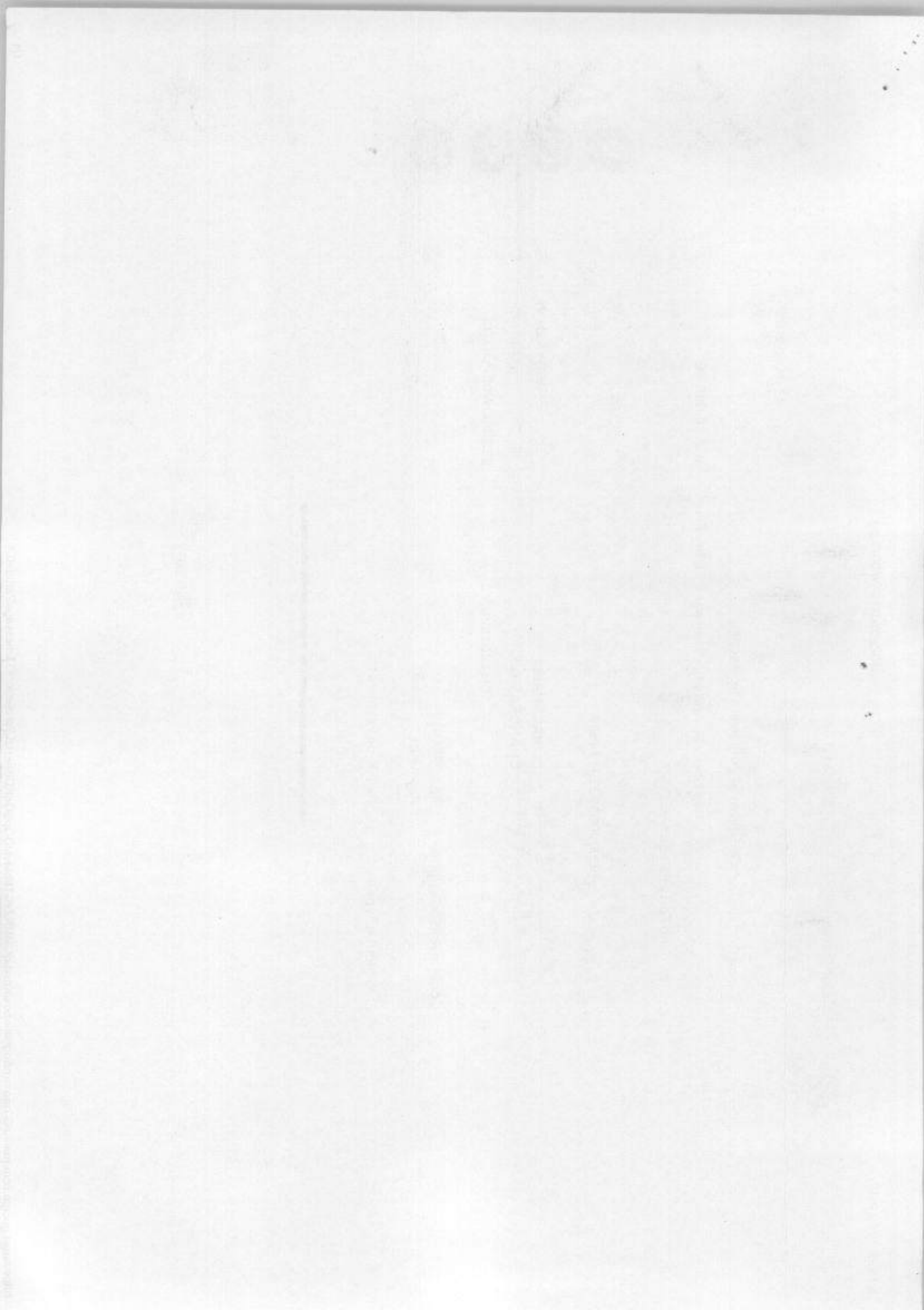
"CHT4016260"

Counterfoil Description BILL_RGUHS

Payments

Transaction Type Real Time Payments







ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ

ಕರ್ನಾಟಕ ರಾಜ್ಯ, ಬೆಂಗಳೂರು, ಬೆಂಗಳೂರು - 560 041, ಭಾರತ

Rajiv Gandhi University of Health Sciences, Karnataka

4th T. Block, Jayanagar, Bengaluru - 560 041, India

Rajiv Gandhi University of Health Sciences

Sorry ! Your payment request has been Failed Please quote your transaction reference number for any queries relating to this request.

Student Details		Transaction Details	
College Name	VIDHYA SHEKHAR COLLEGE	Transaction Status:	FAILURE
Faculty	Nursing	Failure Reason:	Payment processing error
Course Name	NURSING	Transaction Date and Time:	13-05-2025 17:24:48
Name of the Person Paying the amount	KALLAHALLI CHANDRASHEK	Transaction ID:	BD00000008223400
Designation of the Person Paying the amount	CHAIRMAN	Payment Ref No:	BSBIMOW0KPGDW5
Select Fee Type	Additional Course	Paid Amount:	Rs. 276,085.40
Mobile No	9164654851	Payment Summary	
E Mail ID	vidhyashekharcollgeofnursin	Total	Rs. 276,050.00
Remarks	-	Surcharge	Rs. 35.4
		Net-total	Rs. 276,085.40
		Fee Details	
		Application Form Fee	Amount: Rs. 1000.00
		Affiliation processing fee	Amount: Rs. 50.00
		Fine	Amount: Rs. 25000.00
		Fresh Affiliation	Amount: Rs. 250000.00
		Late Fee	Amount: Rs. 0.0
		Total Amount	Amount: Rs. 276050.00

