



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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Basavaraj S. Savadi	Dr. Rajasekaran S	Mahesh Bhimappa Tondikatti
Designation	senate Member	Principal	Asst. Professor
Address	Spoorti Ayurvedic medical college & Dr. S.V. Savadi Ayurvedic Hospital Gangavathi	ikon pharmacy college No:32 Bheemanhalli Bidadi 562109	Brahmani Inst of Nsg sciences Hornavara
Mobile No	9845646885	9241033201	7760708162
Email ID	drbssavadi123@gmail.com	rajasekaranpharm@gmail.com	

For the Academic Year : 2025-26

Date of Inspection: 14/08/2025

(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	S.D.V.S Sangh's Annapoorna Institute of Nursing. Old PB Road SDVS Campus Sankeshwar - 591313. Tq: Hukkeri, Belga. 2023	2	Year of Establishment
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	Shri. Durdundeswar Vidya Samvardhaka Sangha Sankeshwar - 591313. (Enclose copy of Registration documents of Society/Trust) Annexure - 1		
	Email:	sdvsanghsk@gmail.com	Website:	WWW.sdvsan.com

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	(b). Name of the Owner of Trust/Society	PRESIDENT SDVS SANGH SANKESHWAR		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 13 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: Dr. Basavaraj S. Hukkeri Qualification: Ph.D in Mental Health Experience: Nursing 14 year 7m Email: hukkeri66@gmail.com Mobile No: 9164459453 Office No: 725951377 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 ☐	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 or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	—	—	1.55,064	—	—	Rs. 1.55064/-
Post Basic B.Sc. Nursing	—	—	—	—	—	—
Total (A)						Rs. 1.55064/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
1.	— NA —	— NA —		—		
2.	— NA —	— NA —		—		
3.	— NA —	— NA —		—		
4.	— NA —	— NA —		—		
5.	— NA —	— NA —		—		
		Total (B)		—		
NPCC	—	—		—		
		Total (C)		—		
Grand Total (A+B+C)						Rs. 1.55064/-

Online Transaction Number or Details:

8000000007567223

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Verified

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	N/A	
	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	N/A				
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	N/A				
	Admissions Made for the Current Academic Year	N/A				
M.Sc. NPCC	Approval Letter No. and Date	—	—	—	—	
	Sanctioned Intake	—	—	—	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	Admissions Made for the Current Academic Year					
--	---	--	--	--	--	--

9.Total No. of Students under Training in each of the Nursing Education Programme:

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	07	07	—	—	14
	Female	30	27	—	—	57
Post Basic B.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc Nursing	Male	—	—	—	—	—
	Female	—	—	—	—	—
M.Sc NPCC	Male	—	—	—	—	—
	Female	—	—	—	—	—

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

Annexure - 9

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

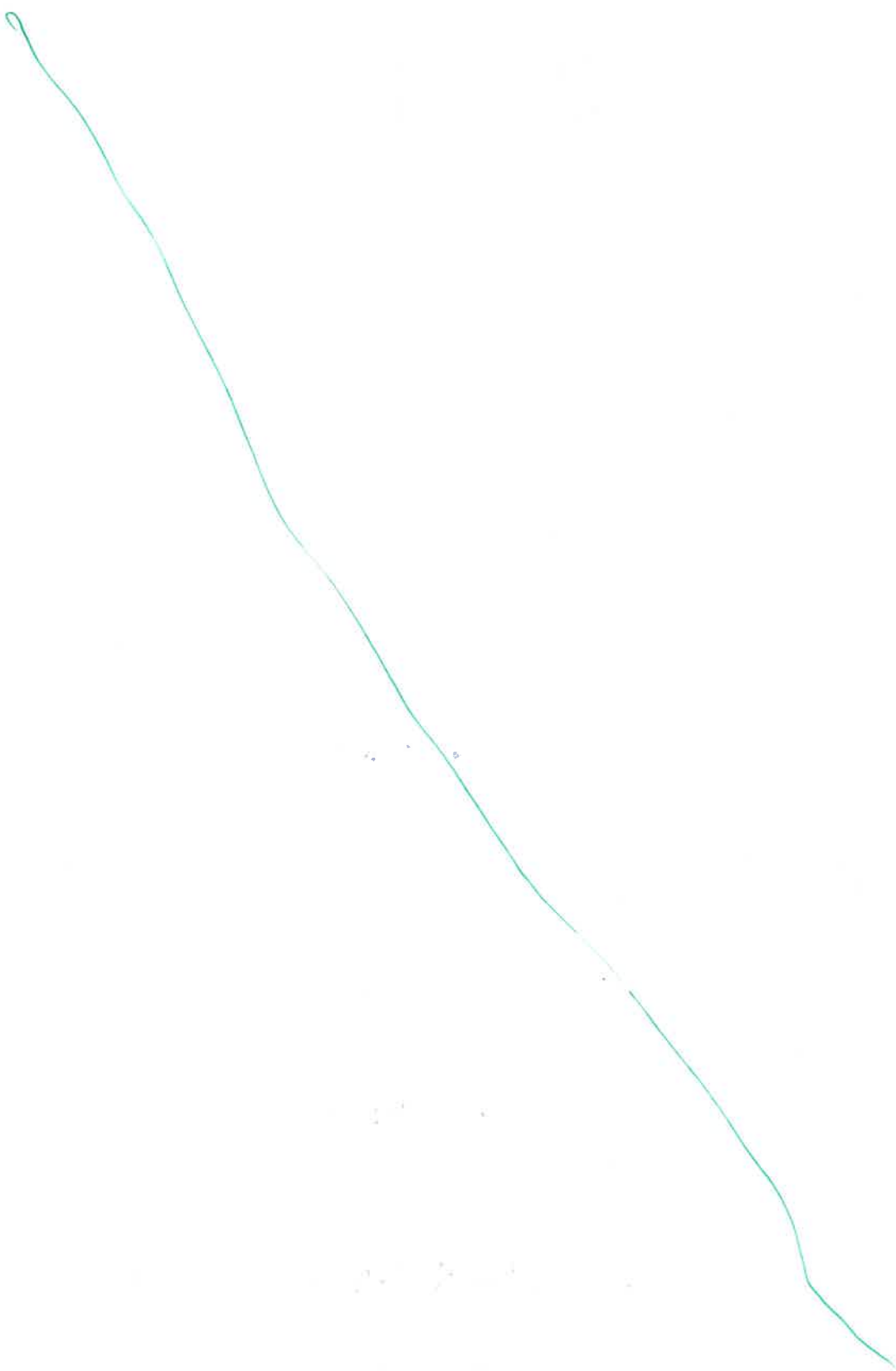
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks: Verified

Signature of Chairman

Signature of Member (1)

Signature of Member (2)



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				01					—	—			
2	Vice-Principal	1	1				01					—	—			
3	Professor	1	1-2		1*		01					—	—			
4	Associate Professor	2	2-4		1*		02					—	—			
5	Assistant Professor	3	3-8	2	3*		03					—	—			
6	Tutor	8-16	16-24	2-10	--		06					—	—			
	Total	16-24	24-40	4-12			14					—	—			

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)

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.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

S. 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. Basavaraj S Hukkeri	Principal	Ph.D. Mental health Nursing	2012	12613	1 Year & 7 Months	13 Year 2 Months	16.04.2025	Yes	
2	Mr. Harish kundanwad	Vice principal	MSc Nursing Community Health Nursing	2012	19123	2years	12years	14/04/2025	No	
3	Mr. Mudiappa H Gaded	Assistant Professor	MSc Nursing Medical Surgical Nursing	2019	166568	3 years	6 years	09/01/2024	No	
4	Mrs. Bhagyashree S Huddar	Assistant Professor	MSc Nursing Community Health Nursing	2024	98483	5year	9month	1/1/2025	No	
5	Mr. Ravikumar Vastav	Assistant Professor	MSc Obstetric & Gynaecological Nursing	2024	99763	4 Year	2MONTH S	15/05/2025	No	
6	Mr. Ravichandra Gundale	Tutor	MSc Nursing Mental Health Nursing	2024	110989	-	-	01/03/2024	No	
7	Ms. Priya Challalashetti	Tutor	MSc Obstetric & Gynecological Nursing	2023	86559	-	1year	15/03/2025	No	
8	Mr. Shivaraj Kajagar	Tutor	MSc Nursing Community Health Nursing	2024	106440	-	9 months	20/09/2024	No	

Signature of Chairman


Signature of Member (1)

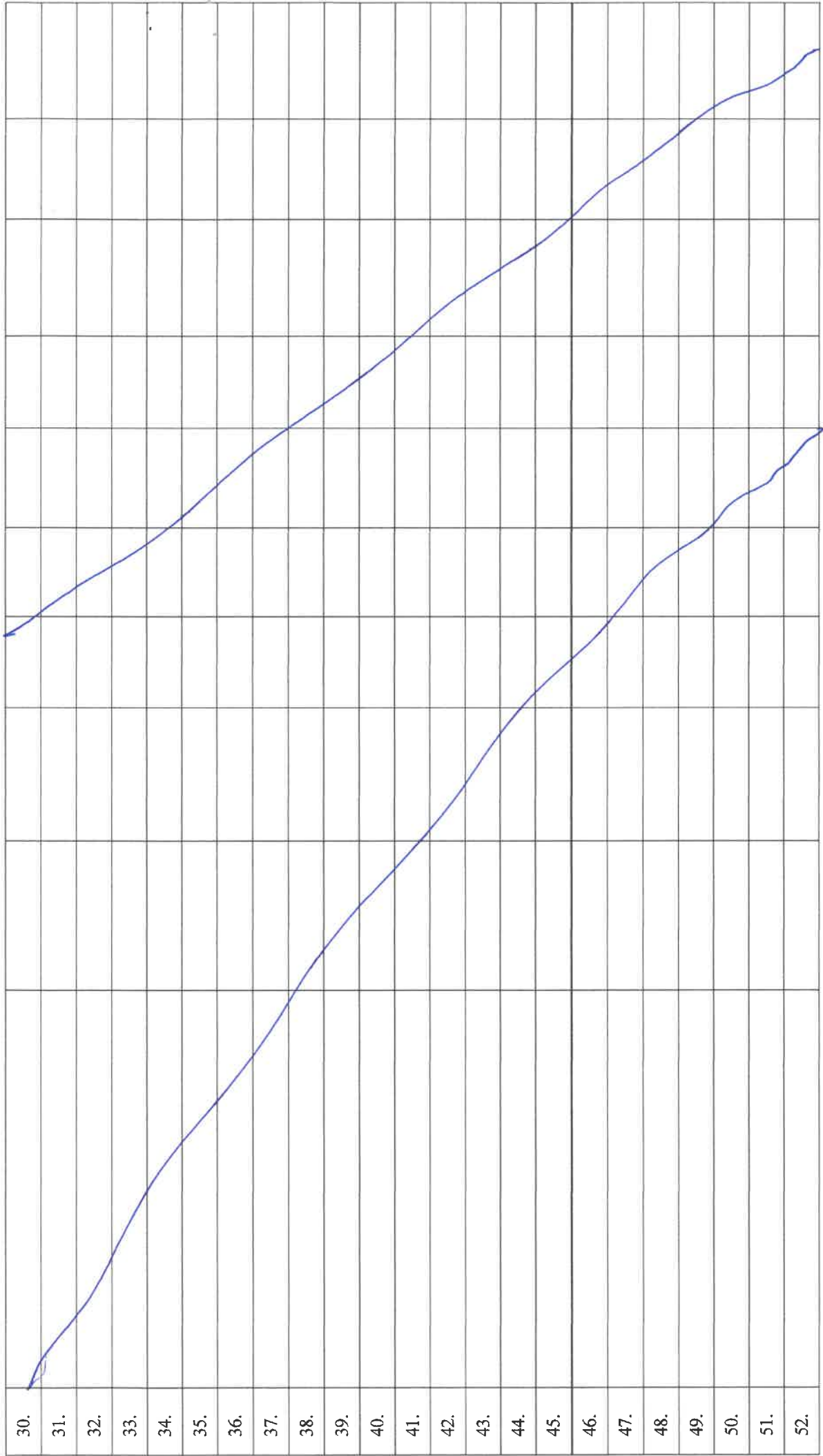

Signature of Member (2)


1	Mr. Pradeep	Tutor	MSc Nursing Medica Surgical Nursing	2025	-	-	Fresher	01/08/2025	No	
10	Mrs. Sunanda Artal	Tutor	BSc Nursing	2019	97543	1 year	-	01/10/2024	No	
11	Mr. Basavaraj Itri	Tutor	BSc Nursing	2023	148461	10 months	-	15/11/2024	No	
12	Ms. Vidya Nasalapur	Tutor	BSc Nursing	2024	162923	1 year	-	11/11/2024	No	
13	Ms. Amruta Sanadi	Tutor	BSc Nursing	2024	2058493	7 months	-	15/02/2025	No	
14	Ms. Manuja Huddar	Tutor	BSc Nursing	2024	177309	7 months	-	15/02/2025	No	
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										


Signature of Chairman


Signature of Member (1)


Signature of Member (2)



Signature of Chairman

Signature of Member (1)

9

Signature of Member (2)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft) 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	43,923.71 sq.ft	Verified.
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	04 x 900 sq ft each.	Verified.
	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 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 1000 3000 1000 600	400 sq ft 200 sq ft 1000 sq ft 4277 sq ft 425 sq ft 900 sq ft yes yes yes yes 900 sq ft 3122 sq ft 1241 sq ft 900 sq ft	Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified Verified

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

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

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
--------------------------	-----------------------------	------------------	---------	-----------	-----------------

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

	KA-23A-7147	50+1	Yes / No	Yes / No	Yes / No
--	-------------	------	----------	----------	----------

16. Library facility :Enclose list of library books

Annexure - 14

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	2581 Sq.ft	YES ☒ No ☐	yes	yes	

Total No. of Nursing Books available	1837	No. of Nursing Journals subscribed	23
No. of Thesis/Research titles available	194	Is internet facility available for Students?	yes
No of e-books	1100	How many books were purchased in last financial year?	383

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	Smt. Manjula Desai	B.A MLIC	10 years	Verify
02	Smt. Kavita Verabha drannavar	MLIC	06 years.	Ver. PP
—	—	—	—	—

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

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

Annexure - 15

Academic activities	Particulars	Remarks
Research Projects	02	Ver: PP
Conferences conducted	Nil	Ver. PP

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Conferences attended	05	Verified
----------------------	----	----------

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 Kekmini Multi Speciality Hospital - Gadhinglaj - Corner Sankeshwar - 591313	100	300mts	85%	Verified
NAME OF THE TRUST/ Person owning The Hospital Dr. Nandakumar Prabhakar Haval	—	—	—	Verified
Name Of The Owner Of The Trust of Hospital Dr. Nandakumar Prabhakar Haval	—	—	—	—
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 Sidatali Multi Speciality Hospital, Sankeshwar - Nipani Road - Sankeshwar	105	500mts	—
	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

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

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

Note ;

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

Note

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

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Got permission letter from AIDHO Chikkodi.

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	20	12	—	—
Surgery including OT	10	04	—	—

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Obstetrics & Gynecology	17	10	10	05
Pediatrics,	18	11	10	08
Emergency Medicine	06	03	10	03
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02		02	-
Minor OT	02		02	-
Dental, Otorhinolaryngology, Ophthalmology	10	05	10	05
Burns and Plastic	-	-	-	-
Neonatology care unit	05	05	10	06
Communicable disease/Respiratory medicine/TB & chest diseases	-	-	-	-
Dermatology	-	-	-	-
Cardiology	05	03	10	02
Oncology	-	-	-	-
Neurology/Neuro-surgery	-	-	-	-
Nephrology/Urology	-	-	-	-
ICU/CCU	05	03	10	05
Geriatric Medicine	-	-	-	-
Any other	-	-	-	-

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	Primary Health Centre Kanagala
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member
14/8/25

Distance from the Nursing Institute	08 kms
b. Services Rendered by Health & Family Welfare Programmes	OPD, emergency, MCH, pediatric, Geriatric Adult Health, Family planning, counselling, School Health & other community services
URBAN FEILD :	
a. Name of CHC / PHC / SC	Community Health Centre Hukkeri & Sonkeshw
Adopted / Affiliated	Affiliated
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	07 kms & 01 kms.
b. Services Rendered by Health & Family Welfare Programmes	Emergency, OPD services, OBG, Pediatric dental, Ophthalmology, Dermatology etc.
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.	

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

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

h.	Extracurricular activities of students	YES ☒	NO ☐
i.	Cumulative record of each	YES ☒	NO ☐
j.	Course planning of each subject	YES ☒	NO ☐

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

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 22000 Sq.ft	
c.	Is the Hostel Owned or Rented/Leased?	Own ☒	Rented/Leased ☐
d.	Is there separate provision of Hostel for Male and Female Students?	YES ☒	NO ☐
e.	Total No. of students in the hostel	Girls : 25	Boys : 10
f.	Total No. of rooms	Girls : 15	Boys : 15
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 ☐

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	☒	☐

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

Annexure - 3	Details of any other Nursing Institution under the same Trust		✓
Annexure - 4	Details of Affiliated fees paid receipts	✓	
Annexure - 5	Approval Status : GOK Order	✓	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓	
Annexure - 7	Approval Status : KNC Notification	✓	
Annexure - 8	Status : INC Notification		✓
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format		✓
Annexure - 10	List of M.Sc. Nursing Students as per format		✓
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓	
Annexure - 18	Master Rotation plans and Time tables	✓	

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

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: The LIC Inspection committee conducted inspection at SDVS Sangh's Annapurna Institute of Nursing Sankeshwar, for continuation of Affiliation on 14/08/2025, observation on the day of inspection.

1. COLLEGE: College was established in the year of 2023, the area statement shows that 49923 sq ft including 04 classrooms, 06 laboratories like, Nursing foundation Lab, preclinical, Nutrition & community, OBG, child health Nursing, computer laboratory, AV Aids, Multipurpose hall, common room for Boy's/Girls, Staffroom, Toilet facility & well furnished are observed on the day of inspection.

2. TEACHING STAFF: Full time principal present on the day of inspection including, 01 vice principal, 01 professor, 02 Associate professors, 03 Assistant professors, 06 tutor, Total 14 Staff are shown out of which 01 teacher on leave on the day of inspection.

3. LIBRARY: Library have 1838 Books with a qualified two Librarian, 10 magazines, 08 Journals with Sitting Capacity of 40 Students are observed on the day of inspection.

4. HOSPITAL: parent hospital Name. Rukmini Multispeciality hospital Sankeshwar, related documents like KPMU / Pollution Certificate, Bio waste management Certificate / NOC of fire certificate are observed.

5. TRANSPORT: Transportation facility like 01 Bus facility & Registered KA-23 AT147 & Sitting capacity of 52 Students, RC Book / Driving Licence are observed on the day of inspection.

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

UNDERTAKING

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

We have conducted LIC inspection of this college on 24/8/25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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


Signature of Chairman
(2)


Signature of Member (1)


Signature of Member

UNDERTAKING

I/We,

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

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

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

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

The information provided by us is true and correct.

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust are

submitting the affidavit to University.

The trust _____ is running/managing the colleges 1.

2. _____

3. _____ since _____ years.

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

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

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

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

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

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member
24/08/25

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

Signature of Chairman
(2)

Signature of Member (1)

Signature of Member



SDVS Sangh's

ANNAPOORNA INSTITUTE OF NURSING

Tel : Hukkeri

SANKESHWAR. - 591 313

Dist : Belagavi



GPS Map Camera



Google

Sankeshwar, Karnataka, India

3002, Ambika Nagar, Sankeshwar, Karnataka 591314, India

Lat 16.262557° Long 74.476467°

14/08/2025 11:51 AM GMT +05:30



Government of Karnataka
Department of Health and Family Welfare Services
District Registration and Grievance Redressal Authority



Belagavi

CERTIFICATE OF REGISTRATION

This is to certify that RUKMINI MULTISPECIALITY HOSPITAL located at GADHINGLAJ CROSS, SANKESHWAR, DIST BELGAUM, KARNATAKA 591313 owned by Dr.Nandakumar Prabhakar Haval 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 Specialty / Super-Specialty Specific Hospital under Allopathy system of medicine.

Reg No: BLG01530ALSSH
Date of Issue: 22 Dec 2023
Valid Till: 21 Dec 2028
Place: Belagavi

Validity unknown

Digitally signed by
Date: 2023.12.22 12:07:58
+05:30

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

PSY

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

GOVT. OF KARNATAKA
OFFICE OF THE CHIEF FIRE OFFICER HUBLI - 580025

Telephone : 0836-2225393

FAX : 0836-2225393

Email: cfohubli@ksfes.gov.in

CR.No.35/CFO/HUBLI/ 2017

Date : 31-03-2017

To,
M/s.Rukmini Multispecialty Hospital,
Gandhinglaj Cross, Sankeshwar,
Hukkeri Taluk, Belagavi District

Sir,

Sub: - Issue of No Objection Certificate for the Fire Fighting and fire precautionary measures at M/s.Rukmini Multispecialty Hospital, Gandhinglaj Cross, Hukkeri Taluk, Sankeshwar, Belagavi District.

Ref:- 1. Request letter dated 06/03/2017 of M/s.Rukmini Multispecialty Hospital, Gandhinglaj Cross, Hukkeri Taluk, Sankeshwar, Belagavi District

2. C.No.219:NOC/RFO:HR:2017 Dated 30/03/2017

With the cited above subject this office issued an Advice/NOC for the Installation of Fire Fighting and fire precautionary measures M/s.Rukmini Multispecialty Hospital, Gandhinglaj Cross, Hukkeri Taluk, Sankeshwar, Belagavi District vide ref. (1) cited above.

The Regional Fire Officer Hubli inspected the premises on 07-03-2017 and submitted the report vide ref.(2) to this office that the Installation of the Fire Fighting System work carried out satisfactorily and recommended to issue the No Objection Certificate for the fire fighting system installation.

As per the report submitted by the Regional Fire Officer Hubli, The Installation of the Fire Fighting Extinguishers at M/s.Rukmini Multispecialty Hospital, Gandhinglaj Cross, Hukkeri Taluk, Sankeshwar, Belagavi District is satisfactory except training part.

Hence, the No Objection Certificate is issued for the Fire Fighting system installed at M/s.Rukmini Multispecialty Hospital, Gandhinglaj Cross, Hukkeri Taluk, Sankeshwar, Belagavi District with a condition to provide one more staircase to reduce travel distance and to provide down comer system. The training part shall be complied within the period of 6 months from the date of occupancy i.e. at least 40% of your available staff shall be got trained in basic fire safety training at R.A.Mundkur Karnataka State Fire & Emergency Services Academy, Bannerughatta road, Bangalore & the maintenance of the fire fighting systems carried out periodically.

Note: This letter is issued from the fire prevention and fire fighting point of view. The dept. will not endorse the ownership of the premises and not responsible for any disputes which may arise in due course.

Yours faithfully

Copy to : The Regional Fire Officer Hubli



Karnataka State Pollution Control Board

HEAD OFFICE : "Parisara Bhavan",
No.49, Church Street, Bengaluru-560001
Tel No: 080-25589112/113, 080-25581383/388,
Website: <https://kspcb.karnataka.gov.in>

ZONAL OFFICE : Belagavi
1st Floor, Plot No. 1, Auto Nagar, Kanabargi Industrial
Area, Belagavi-590015
Tele : 0831-2459121

Consent For Operation(CFO-Air,Water) - (CfO-Fresh)

As per the provisions of
The Water (Prevention & Control of Pollution) Act, 1974
&
The Air (Prevention & Control of Pollution) Act, 1981

To

**Rukmini Multispeciality Hospital, GADHINGLAJ CROSS,
SANKESHWAR, TALUK HUKKERI, DISTRICT BELAGAVI**

for the Facility located at,

**Rukmini Multispeciality Hospital, CTS. NO 3870/B, ,GADHINGLAJ CROSS,
SANKESHWAR, TALUK HUKKERI, DISTRICT BELAGAVI**

Chikkodi

Consent Order No	PCBID	INW ID	Industry Colour/Scale	Date of Issue
W-342308	207186	217165	ORANGE/SMALL	05/03/2024

**This Consent is granted for the Products/ Activity/Service name indicated
in the annexure along with the terms & conditions attached to this order**

Validity through : 04/03/2024 to 30/09/2033 ✓

DSV
PRINCIPAL
S.D.V.S. Singh's
ANNAPOORNA INSTITUTE OF NURSING
SANKESHWAR

Combined Consent Order No: W-342308

PCB ID: 207186

GSC No: PB0XG0000207165

Date: 05/03/2024

Combined consent for discharge of effluents under the Water (Prevention and Control of Pollution) Act , 1974 and emission under Air (Prevention and Control of Pollution) Act , 1981

Ref: 1. Application filed by the industry / organization on 22/02/2024

2. Inspection of the Industry/organization/by RO, on 27/02/2024

Consent is hereby granted under Section 25(4) of the Water (Prevention & Control of Pollution) Act, 1974 (herein referred to as the Water Act) & Section 21 of Air (Prevention & Control of Pollution) Act, 1981, (here in referred to as the Air Act) and the Rules and Orders made there under and subject to the terms and conditions as detailed in the Schedule Annexed to this order.

The Occupier is authorized to operate /carryout industry/activity & to make discharge of the effluents & emissions confirming to the stipulated standards from the premises mentioned below:

Location:

Name of the Industry: Rukmini Multispeciality Hospital

Address: CTS. NO 3870/B, , GADHINGLAJ CROSS, SANKESHWAR, TALUK HUKKERI, DISTRICT BELAGAVI

Industrial Area: Not In I.A, SANKESHWAR ,

Taluk: Hukkeri, District: Chikkodi

Discharge of effluents under the Water Act:

Sr	Water Code	WC(KLD)	WWG(KLD)	Remark
1	Domestic Purpose	36.500	29.500	
2	Others	1.000	1.000	Liquid Waste (Hospital)

Discharge of Air emissions under the Air Act from the following stacks etc.

Sl. No. Description of chimney/outlet Limits specified refer schedule

The details of Sources, control equipments and its specification, type of fuel, rate of emissions, constituents to be controlled in emissions etc. are detailed in Annexure-I.

The consent for operation is granted considering the following activities/Products;

Sr	Product Name	Applied Qty	Unit
1	Health care establishment of 100 beds	100.0000	Number of Beds

This consent is valid for the period from 04/03/2024 to 30/09/2033

To,

Rukmini Multispeciality Hospital

As Above

NOTE:

The following Conditions mentioned above are not applicable.

S.D.V.S Sangh's
ANNAPOORNA INSTITUTE OF NURSING
SANKESHWAR, Tal. Hukkeri Dist. Belagavi

COPY TO:

1. The Regional Officer, **Belagavi(Chikkodi)** for information and necessary action.
2. Master Register.
3. Case file.

Consent Fee paid : Rs. 210000

SCHEDULE

TERMS AND CONDITIONS

A. TREATMENT AND DISPOSAL OF EFFLUENTS UNDER THE WATER ACT.

1. The discharge from the premises of the occupier shall pass through the terminal manhole/manholes where there under.
- 2(a). The sewage/domestic effluent shall be treated in septic tank and with soak pit. No overflow from the soak pit is allowed. The septic tank and soak pit shall be as per IS 2470 Part-I & Part-II.
- 2(b).The treated sewage effluent discharged shall conform to the standards specified in Annexure-I.
- 3(a). The trade effluent generated in the industry shall be treated in the ETP and treated effluent shall confirm to the standards stipulated by the Board in Annexure-1
- 3(b).The trade effluent shall be handed over to CETP and maintain logbook of effluent generated & sent every day.

DSY
PRINCIPAL
S.D.V.S. Sanghvi

ANNAPOORNA INSTITUTE OF
TECHNOLOGY
Tal. Hukkeri

(This document contains 8 pages including annexure & excluding additional conditions)

Additional Conditions:

The Health Care Establishment shall comply to the following additional conditions.

1. The Health care establishment shall comply with the guidelines of CPCB for the Bi medical waste management and shall comply with all the conditions of Annexure-1 attached with this order.
2. The condition no.5 of the annexure-1 shall be read as the returns of the bio medica waste handed over to the Common Biomedical waste shall be submitted to the Regional Office Chikkodi.



4. The occupier shall install flow measuring/recording devices to record the discharge quantity and maintain the record.
5. The occupier shall not change or alter either the quality or the quantity or the place of discharge or temperature or the point of discharge without the previous consent/ permission of the Board.
6. The Occupier shall not allow the discharge from the other premises to mix with the discharge from his premises. Storm water shall not be allowed to mix with the effluents on the upstream of the terminal manhole where the flow measuring devices are installed.

B. EMISSIONS:

1. The discharge of emissions from the premises of the applicant shall pass through the air pollution control equipment and discharged through stacks/chimneys mentioned in **Annexure-II** where from the Board shall be free to collect the samples at any time in accordance with the provisions of the Act and Rules made there under.
2. The occupier shall provide port holes for sampling of emission, access platforms for carrying out stack sampling, electrical points and all other necessary arrangements including ladder as indicated in Annexure-II.
3. The Occupier shall upgrade/modify/replace the control equipment with prior permission of the Board.

C. MONITORING & REPORTING:

1. The occupier shall get the samples of effluents & emissions collected and get them analyzed once a month for the parameters.

D. SOLID WASTE (OTHER THAN HAZARDOUS WASTE) DISPOSAL:

1. The Occupier shall segregate solid waste from Hazardous Waste, Municipal Solid Waste and store it properly till treatment/disposal without causing pollution to the surrounding Environment.
2. The solid waste generated shall be handled & disposed by scientific method without causing eye sore to the general public and to the surrounding environment.

E. NOISE POLLUTION CONTROL:

The applicant shall ensure that the ambient noise levels within its premises during construction and during operational period shall not exceed w.r.t Area/Zone as per Noise Pollution (Regulation and Control) Rules, 2000 as mentioned below:-

- a) In Industrial Area 75 dB(A) Leq during day time and 70 dB(A) Leq during night time.
- b) In Commercial Area 65 dB(A) Leq during day time and 55 dB(A) Leq during night time.
- c) In Residential Area 55 dB(A) Leq during day time and 45 dB(A) Leq during night time.
- d) In Silence Zone 50 dB(A) Leq during day time and 40 dB(A) Leq during night time.

Note: - * Day time shall mean 6 am to 10 pm and Night time shall mean 10 pm to 6 am.

- * dB(A) Leq denotes the time weighted average of the level of sound in decibels on scale A which is relatable to human hearing.
- * A "decibel" is a unit in which noise is measured.
- * "A", in dB(A) Leq, denotes the frequency weighting in the measurement of noise and corresponds to frequency response characteristics of the human ear.
- * Leq: It is an energy mean of the noise level over a specified period.

F. GENERAL CONDITIONS:

1. The applicant shall obtain prior permission from the competent authority for drawing of water from Surface/Ground water source and submit a copy of the same to the Board.
2. The Board reserves the right to review, impose additional conditions, revoke, change or alter terms and conditions of this consent.
3. The Occupier shall forthwith keep the Board informed of any accidental discharge of emissions/effluents into the atmosphere in excess of the standards laid down by the Board. The applicant shall also take corrective steps to mitigate the impact.
4. The Occupier shall provide alternative power supply sufficient to operate all Pollution control equipments.
5. The entire premises shall always be kept clean. The effluent holding area, inspection chambers, outlets, flow measuring points should made easily approachable.
6. The Occupier shall display the consent granted in a prominent place for perusal of the inspecting officers of the Board.
7. The Occupier his heirs, legal representatives or assigns shall have no claims what so ever to the continuation or renewal of this consent after expiry of the validity of consent.
8. The Occupier shall make an application for consent at least 120 days before expiry of this consent.
9. The occupier shall maintain register recording the ambient air quality and stack monitoring. The register shall be open for inspection by the Board Officers at all time.

Note: All efforts should be made to remove colour and unpleasant odour as far as practicable.

Annexure-II

Chim. No.	Chimney attached to	KVA Rating/ Capacity	Minimum chimney height to be provided above ground level (in Mtr)	Constituents to be controlled in the emission	Tolerance limits mg/NM3	Air pollution Control equipment to be installed, in addition to chimney height as per col.(4)	Date on which air pollution control equipments shall be provided to achieve the stipulated tolerance limits and chimney heights conforming to stipulated heights.
1	D.G. Sets	30 KVA		5 PM, SO ₂ , NO _x	00,00,00,00 ,00	AEC	---

Note:

AEC : Accoustic Enclosures

Note:

1. The DG set shall be provided with acoustic measures as per SI.No.94 in Schedule-I of Environment (Protection) Rules.
2. There shall be no smell or odour nuisance from the industry.

LOCATION OF SAMPLING PORTHOLES, THE PLATFORMS, THE ELECTRICAL OUTLET.**1. Location of Portholes and approach platform:**

Portholes shall be provided for all chimneys, stacks and other sources of emission. These shall serve as the sampling points. The sampling point should be located at a distance equal to atleast eight times the stack or duct diameters downstream and two diameters upstream from source of low disturbance such as a Bend, Expansion, Construction Valve, Fitting or Visible Flame for rectangular stacks, the equivalent diameter can be calculated from the following equation.

$$\text{Equivalent Diameter} = \frac{2 (\text{Length} \times \text{Width})}{(\text{Length} + \text{Width})}$$

2. The diameter of the sampling port should not be less than 3". Arrangements should be made so that the porthole is closed firmly during the period when it is not used for sampling.
3. An easily accessible platform to accommodate 3 to 4 persons to conveniently monitor the stack emission from the portholes shall be provided. Arrangements for an Electric Outlet Point off 230 V 15 A with suitable switch control and 3 Pin Point shall be provided at the Porthole location.

For and on behalf of the
Karnataka State Pollution Control Board

Signature Not Verified

Digitally signed by
Date: 2024.03.06 11:57:38
+05:30



INDIA NON JUDICIAL

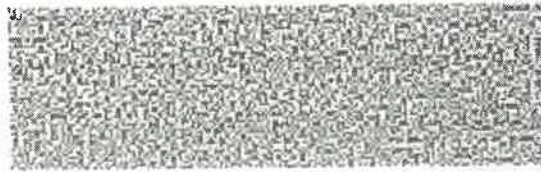
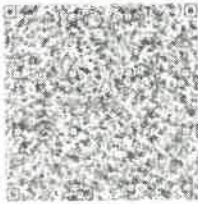
Government of Karnataka

e-Stamp

Certificate No. : IN-KA83297161515348U
Certificate Issued Date : 22-Jul-2022 01:12 PM
Account Reference : NONACC (FI)/ kaksfci08/ SANKESHWAR3/ KA-BL
Unique Doc. Reference : SUBIN-KAKAKSFCL0885013967557792U
Purchased by : SDVS SANGH ANNAPOORNA INSTITUTE OF NURSING SKV
Description of Document : Article 12 Bond
Description : MEMORANDUM OF UNDERSTANDING
Consideration Price (Rs.) : 0
(Zero)
First Party : SDVS SANGH ANNAPOORNA INSTITUTE OF NURSING SKV
Second Party : RUKMINI MULTISPECIALITY HOSPITAL SANKESHWAR
Stamp Duty Paid By : SDVS SANGH ANNAPOORNA INSTITUTE OF NURSING SKV
Stamp Duty Amount(Rs.) : 100
(One Hundred only)

Authorised Signatory

Shri Shanmugam Credit Southern
Sankeshwar Ltd. SANKESHWAR, BGM-02



MEMORANDUM OF UNDERSTANDING

(Agreement for the use of Clinical facilities Rukmini Multispeciality Hospital, Gadhinglaj Cross Sankeshwar Dist: Belgaum, Karnataka-591313. Act as Parent Hospital for practical Training of Nursing students of S.D.V.S.Sangh's Annapoorna Institute of Nursing a constituent college of S.D.V.S. Sangh Sankeshwar.

Principal

S.D.V.S. Sangh
ANNAPOORNA INSTITUTE OF NURSING
SANKESHWAR, Tal. Sankeshwar, Dist. Belgaum

This Agreement is entered into on 22nd July 2022 between Annapoorna Institute of Nursing S.D.V.S.Sangha Sankeshwar having its office at S.D.V.S. Sanghs Campus Old P.B.Road, Sankeshwar Dist: Belagavi Pin 591313 (Karnataka) hereinafter referred to as Party of the first part. (This Expression shall mean and include its present office bearers and executors in the interest of educators, administrators and assignees)

Rukmini Multispeciality Hospital, Gadhinglaj Cross Sankeshwar Dist: Belgaum, Karnataka-591313. Here in after referred to as party of the Second Part. (This expression shall mean its administrators, Executors, and assignees).

Whereas the party of the First Part has started Annapoorna Institute of Nursing Sankeshwar managed by S.D.V.S.Sangh Sankeshwar under the affiliation from Rajiv Gandhi University of Health Sciences Bengaluru and to be recognized by the Indian Nursing Council and Karnataka State Board Nursing Council has approached the party of the Second Part to allow use of clinical, hospital beds facilities for providing practical training to their Basic B.Sc., Nursing course students.

Whereas the party of the First Part will be responsible to arrange affiliation and recognition from Rajiv Gandhi University of Health Sciences Bengaluru Indian Nursing Council Karnataka State and other legal authorities from time to time. It will also be responsible for recruitment of Professors, Tutors, Teachers and other teaching, technical and administrative staff for their own Nursing college and create all other facilities to provide academic training of the required/needed education.

Party of the Second Part has agreed to allow only the students of all Nursing Courses of the Annapoorna Institute of Nursing Sankeshwar of the First Part to come to the hospital and get themselves trained with the help of the their own teachers, using clinical facilities for gaining needed education and will not allow any other Institution to be treated as Parent Hospital.

The Party of the Second Part shall not be responsible to recruit any staff to support and clinical training now or any time in future.

Whereas the party of the First Part has expressed its interest, to use the Clinical facilities for its trust. The party of the Second Part has agreed to such a request through its trust. The party of the Second Part has agrees to such a request through its Board of Management Resolution empowered the Chairperson, Board of Management to enter in to this MOU between party of the Second Part. Whereas the party of the Second Part has desired the following terms and conditions which the party of the First Part has agreed to form time to time.

- (1) The Party of the First Part shall be responsible for procurement and maintenance of affiliation and recognition from Rajiv Gandhi University Bangalore and other legal

Perh 3

- (2) authorities including State Government from time to time, wherein the party of the Second Part shall bear no responsibility or liability whatsoever in respect of any de-recognition etc.
- (3) After due approvals of authorities as started courses then the party of the First Part shall notify the party of the Second Part in writing in advance about the schedules, timetables and training related activities including clinical examination etc.,
- (4) The party of the First Part will report the party of the Second Part of the Second part in case of any changes in decision concerning training activities such as change in the schedules, etc.
- (5) The party of the First Part will allow and co-operate with the party of the Second Part for "on duty training" (Internship) to post the students in various clinical areas for their training during the period of Internship and that the party of the First Part shall be responsible for giving any stipend and other benefits to be extended to such interneers/students as per the guidelines and norms of the Rajiv Gandhi University Bangalore Karnataka.
- (6) The party of the First Part will be responsible incase of any complications, damage and legal proceeding arising out of the training provided to the students by the patients and will be responsible to bear the expenses of legal procedures, including compensation arising out of it.
- (7) The party of the First Part will have the full authorities to restrain training including termination of training of those students whose fees are not paid in advance as per the stipulated time table in every term or have shown unacceptable behavior.
- (8) The Party of the First Part may provide identity card and uniform to its students and staff members to allow their entry into the premises of the party of the second part.
- (9) The Party of the First Part will be responsible to appoint required needed teachers and any other additional staff at their own expenses as well as bring in the needed gadgets, equipment/instruments, or any teaching materials, etc., that may be essential for imparting training to their own students as various location and will be exposed to the training needs as per the Indian Nursing Council guidelines at the expense of the party of the First Part. No other facilities will be provided from the party of the second Part to the students of the party of the First Part at any in future time.
- (10) This memorandum of Understanding (MOU) will be valid for a period of Thirty (30) years subject to review and agreement of terms thereof from the date of signing the MOU by both the parties,
- (11) The party of the First Part will bear all the costs and pay all the charges of any legal proceedings arising out of the training provided to its nursing students.
- (11) The party of the Second Part has no role in functioning or following up the evolution, assesses the activities of any other clinical functions or clinical training provided by the Nursing College of the First Part to its own students.



(12) The party of the First Part will bear all the responsibilities for moral, financial or any legal issue arising out of the training course.

(13) It is hereby specifically agreed between the party of the First Part and the Party of the Second Part that in case of any difference of opinion or interpretation of terms and conditions of their agreement or the functioning of the institution or any financial arrangement, etc, no party shall rush to the court of law but such disputes shall be settled through mutual discussion or Arbitration.

In Witness whereof both the parties have set and subscribe their respective approvals on date of 22nd July 2022.

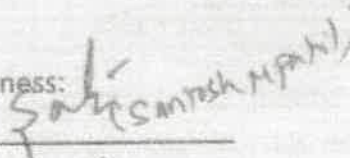

S.D.V.S. Sangh's Annapoorna Institute of Nursing
Sankeshwar




Rukmini Multispecialty Hospital
Sankeshwar

Witness:

1.

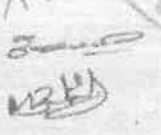
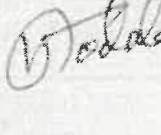


2.



Dr. Rukmini Multispecialty Hospital,
Gachinglaj Corner,
Sankeshwar Dist. : Belgaum

Board of Management

Sl. No	Name	Designation	Signature
1	Shri G.S.Indi	Vice President	
2	Shri R.B.Patil	Member	
3	Shri G.D.Mudashi	Member	
4	Shri D.S.Kesti	Member	
5	Shri V.A.Patil	Member	
6	Shri K.C.Shirakoli	Member	
7	Shri K.M.Ninganuri	Member	
8	Shri M.S.Patil	Member	
9	Shri V.B.Ravadi	Member	
10	Shri V.B.Todakara	Member	

Executed before me


V. J. THORAWAT

Advocate & Notary Public

SANKESHWAR


PRINCIPAL
S.D.V.S Sangh's

ANNAPOORNA INSTITUTE OF NURSING
SANKESHWAR, Tal. Hukkeri, Dist. Belgaum

PREMATURE BABY CARE UNIT AND PEDIATRIC I.C.U.

No. _____ Time: _____ Age: _____ Date: **20.07.2022**

Name: _____

Address: _____ Wt: _____

- 1) Advised Admission _____ Next Visit _____
2) Consent for Admission _____
3) Contact Phone No. _____
4) C/o. _____

Certificate of Permission/Utilizing Clinical Experience

I **Dr. Nandakumar Prabhakar Haval** Owner of **RUKMINI MULTI SPECIALITY HOSPITAL** Gadhinglaj Cross, Sankeshwar. I being the member of Board of Management SDVS Sangh's Annapoorna Institute of Nursing. do hereby give my Consent and permit to utilize all the clinical facilities and undergo Clinical Experience to the students of **S.D.V.S Sangh's Annapoorna Institute of Nursing Sankeshwar only.**

Departments

Numbers of Beds

- | | |
|---------------------------|----------|
| 1. 01.OBG/GYNECOLOGY | 10 Beds. |
| 2. 02.PAEDIATRICS | 10 Beds. |
| 3. 03.ORTHOPEDIC | 10 Beds. |
| 4. 03.OPHTHOLMOGY | 10 Beds. |
| 5. 04.SPECIAL ROOM | 10 Beds. |
| 6. 05.RECOVERY ROOM | 10 Beds. |
| 7. 06.ISOLATION ROOM | 10 Beds. |
| 8. 07.TRAUMA/CASUALITY | 10 Beds. |
| 9. 08.GENRAL WARD Male | 05 Beds. |
| 10. 09.GENRAL WARD Female | 05 Beds. |
| 11. 10.ICU | 05Beds. |
| 12. 11.NICU | 05Beds. |

Act as Parent Hospital

[Signature]
Dr. Nandkumar P. Haval M.B.B.S., F.C.C.P.
Rukmini Multi-Speciality Hospital,
Gadhinglaj Corner,
Sankeshwar Dist. : Belgaur



Belgaum Green Environmental Management Pvt Ltd.

Head Office : B - 304, Utsav, Seenappa Layout, New BEL Road, Devasandra, Bengaluru -560094
Mobile : +91 9731330553, +91 9986042986, E-Mail : belgaumgreen@gmail.com.

Plant : Sy-No 29/2, Haroogoppa to Murgoud Road, Haroogoppa Village, Near Bailhongal, Savadatti Taluk, Belgaum Dist.
Mobile : +91 9945808095, +91 7204595366, +91 8073316451, +91 9980730713

path to development
"green"

Memorandum of Understanding

**This Memorandum of Understanding is made on this 01st April-2023
BETWEEN**

M/s. Belgaum Green Environmental Management Pvt Ltd is having its Plant office at Plant Sy-No.29, Haroogoppa to Murgoud Road, Haroogoppa Village, Savadatti Tq, Belgaum District - 591102 here in after refer as **CONTRACTOR (CBMWTF)**
AND

M/s. Rukmini Multi Specility Hospital, (Dr. Nandakumar Haval), Gadhinglaj Cross, Sankeshwar, Hukkeri (Tq) Here in after refer as **M/s. Rukmini Multi Specility Hospital.**

- CONTRACTOR (CBMWTF)** has obtained consent and Authorization from Karnataka State Pollution Control Board having a common treatment facility for managing Bio-Medical waste in Sy-No.29, Haroogoppa to Murgoud Road, Haroogoppa Village, Savadatti Tq, Belgaum Dist - 591102. The said facility is having state of Autoclave system along with shredder and Incinerator.
- M/s. Rukmini Multi Specility Hospital** gives its bio-medical waste properly packed in color coded bags (in case of amputated parts the **M/s. Rukmini Multi Specility Hospital** should give one letter duly signed by authorized person mentioning the patient's name, age & reason for amputation) as per pollution control board regulations for treatment and final disposal to Plant Sy-No.29, Haroogoppa to Murgoud Road, Haroogoppa Village, Savadatti Tq, Belgaum Dist-591102. The waste should be given at one single point by the **M/s. Rukmini Multi Specility Hospital** at given time of **CONTRACTOR (CBMWTF)**.
- CONTRACTOR (CBMWTF)** shall charge a price of Rs 3.75/- Per bed Per Day And if any taxes is applicable it will be extra as agreed with mutually between the Contractor and **M/s. Rukmini Multi Specility Hospital** for collection, transportation, treatment and final disposal of bio-medical waste. The said price agreed is applicable for a period of Three Year.
- M/S. Rukmini Multi Specility Hospital** has 100 beds. The exact number of beds will be taken from the declaration given by the state authorities or Physical beds. Witch ever is higher.
- M/s. Rukmini Multi Specility Hospital** is assuring that the payment should be made through Account payee cheque in favor of **M/s. Belgaum Green Environmental Management Pvt Ltd** On or before 5th of every month.

Cont..2

M/s. Belgaum Green Environmental Management Pvt. Ltd.,


Authorized Signatory


PRINCIPAL
S.D.V.S Singh's

ANNAPOORNA INSTITUTE OF NURSING
SANKESHWAR, Tal Hukkeri Dist Belagavi

...2...

- f. In case of made any Cash Transaction the contractor (CBMWTF) will not responsible for particular that payment.
- g. In case of non-receipt of payment on the agreed date from **M/s. Rukmini Multi Specility Hospital** on the next working day payment should be made, If not paid for a period of one week **CONTRACTOR (CBMWTF)** will stop the collection of waste with intimation to Karnataka State Pollution Control Board and **such delayed payments for more than one month will be charged with an interest of 18% P.A Compulsory.**
- h. **CONTRACTOR (CBMWTF)** will collect properly Segregated Bio-medical waste regularly and treat the waste as per the regulations. **CONTRACTOR (CBMWTF)** will not collect any waste that is not segregated or properly packed and also general garbage Like Food, waste papers, cartoon boxes and Plastics rappers etc... Any usable materials (surgical instruments, Lab equipments, etc.) received along with the Bio-medical waste from your HCE'S, **CONTRACTOR (CBMWTF)** will not responsible. And we will Collect Segregated Bio-medical waste From Your HCE'S Or Your Bio Medical Waste Common Point (That should Be Your Own Premises) as Our Rotation/Visiting Time.
- i. **M/s. Rukmini Multi Specility Hospital** if requested will supply the color coded waste collection bags at a nominal rate mutually decided between **CONTRACTOR (CBMWTF)** and **Patil Care Hospital.**
- j. **CONTRACTOR (CBMWTF)** will issue a proof of Bio-Medical Waste collection from **M/s. Rukmini Multi Specility Hospital** as per norms. This will help the individual Hospital/Nursing Home/Clinics for getting compliance with the State Pollution Control Board. The individual Hospital/Nursing Home/Clinic can take their authorization from the pollution control board by informing the board that **M/s. Belgaum Green Environmental Management Pvt Ltd** treats their waste, (The same has to be mentioned in the authorization form-1).
- k. In case of Hospital/Nursing Home/Clinics find any irregularities in collection waste, they can send a notice in writing to **CONTRACTOR (CBMWTF)** for immediate action.
- l. **CONTRACTOR (CBMWTF)** will maintain their plant in good condition all the time and ensure continuity of service on all the days without fail and get clearance from the Pollution Control Board as per regulations.

Cont...3

For Belgaum Green Environmental Management Pvt. Ltd.,


Authorized Signatory



PRINCIPAL
S.D.V.S Sangh's
ANNAPOORNA INSTITUTE OF NURSING
SANKESHWAR TALUK Belagavi



Belgaum Green Environmental Management Pvt Ltd.

Head Office : B - 304, Utsav, Seenappa Layout, New BEL Road, Devasandra, Bengaluru -560094
Mobile : +91 9731330553, +91 9986042986, **E-Mail :** belgaumgreen@gmail.com.

Plant : Sy-No 29/2, Haroogoppa to Murgoud Road, Haroogoppa Village, Near Bailhongal, Savadatti Taluk, Belgaum Dist.
Mobile : +91 9945808095, +91 7204595366, +91 8073316451, +91 9980730713

path to developer
green

...3...

- m. This Memorandum of understanding is entered into on the express understanding that **CONTRACTOR (CBMWTF)** will maintain and run the facilities and collect transport and treat the waste at their plant strictly in accordance with the consent of the Karnataka State Pollution Control Board and it shall be the responsibility to obtain the consent and keep the same always in force.
- n. In case of violation of any of the agreed conditions of the MOU by either side, Issue of notice may terminate this MOU three months in advance by either party for terminating their respective obligations.
- o. This Memorandum of Understanding will remain valid for a period of Three year commencing from **01st April-2023 to 31st-March-2026**, after which date the agreement will automatically stand terminated by the efflux of time unless extended further by mutual agreement. All disputes to this understanding are subject to the jurisdiction of the court in Belgaum only.

M/s. Belgaum Green Environmental Management Pvt Ltd
for Belgaum Green Environmental Management Pvt Ltd

Authorized Signatory
Authorized Signatory

M/s. Rukmini Multi
Specility Hospital

Dsy

PRINCIPAL

S.D.V.S Singh's

NARPORNA INSTITUTE OF NURSING
SANKESHVAR, Tal.HUKRI, Dist. Gadag

100

100

100

100

100