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. Melbin Michael | Dr R MANJUNATHA NAIK | Prof. Cheryl Lobo. |
| Designation | Senate RGUHS (Asso prof) | PROF. OF PEDIATRICS. SUBBAIAH INSTITUTE OF MEDICAL SCIENCES SHIVAMOGGA | Vice Principal. SSINS & RC, |
| Address | Laasya College of Nursing, Bangalore | | T. Begur Nelamangala Taluk, B'lo |
| Mobile No | 9739215124 | 9845504280 | 9900194562 |
| Email ID | melbin000@gmail.com. | somagudhimanju@gmail.com | lobocheryl7@gmail.com |

*Inspection For the Academic Year* 2025-2026 *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 | SVN COLLEGE OF NURSING #187, DODDA ALADAMARA MAIN ROAD, KUMBALAGODU, KENGERI HOBLI BANGALORE - 560074. | 2 | Year of Establishment: 2004 |
| 2 | Status of the course conducting body | Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society ✓ /Company | | |
| 3 | (a). Name of the Trust/Society & complete postal address & Phone number | SARASWATHI EDUCATION SOCIETY GAJENDRA NILAYA. GAYATHRI NAGAR, BANGALORE-560021 (Enclose copy of Registration documents of Society/Trust) Annexure – 1 | | |
| | | Email: svn.nursing792@yahoo.com | | Website: — |
| | | Office No: | | Mobile No: |

Signature of Chairman

Signature of Member (1) 14/8

Signature of Member (2) 14/8/25

| | | | |
|---|---|---|---|
| | (b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No | MR. C N . SHASHIKIRAN | |
| 4 | Governing Council& Audit Report of Trust | Total Number of Members in Governing Council : 08<br>(Enclose copy ofGoverning Council Members & Audit report of Society/Trust)**Annexure - 2** | |
| 5 | a) Details of Principal/Head of the institution ( After MSc) | Name: DR.VEENA-M<br>Qualification: Ph.D(N)<br>Experience after MSc: 15 years, 6 month<br>Email: veenamg143@gmail.com | Mobile No: 9686932999<br>Office No: 6360167901<br>Fax No: —<br>Residential phone No: — |
| | b) Drawing authority of the college | CHAIRMAN | |

| | | | | |
|---|---|---|---|---|
| 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.<br>(Verify& enclose a copy of the registered trust Documents)<br>**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 UGor b) for UG and PG courses c) NPCC | |
| B.Sc. Nursing | Continuation | 20,000/- | 50,000/- | 55,000/- | 32,500/- | 1,57,500/- |
| Post Basic B.Sc. Nursing | " | 20,000/- | 50,000/- | 30,000/- | 32,500/- | 1,00,000/- |
| | | | | | **Total (A)** | 2,57,500/- |

| PG Course:- (M.Sc. Nursing) | P G Continuation/Fresh Affiliation | No of Seats X Prescribed fees of each faculty | |
|---|---|---|---|
| | 1. Medical-Surgical Nursing | 5x2000 | 10,000/- |
| | 2. Pediatric Nursing | 5x2000 | 10,000/- |
| | 3. OBG | 5x2000 | 10,000/- |
| | 4. Community Health Nursing | 5x2000 | 10,000/- |
| | 5. | | |
| | | **Total (B)** | 40,000/- |
| NPCC | | | |
| | | **Total (C)** | |
| | | **Grand Total (A+B+C)** | 2,97,500/- |

**Online Transaction Number or Details:** Details attached

Signature of Chairman

Signature of Member (1) 7/4/24

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 | HFN.399 MPS 2003 1/3/2004 Annexure - 5 | ACA/F/NS-106 2004-05/97 1/4/2004 Annexure - 6 | 1157.4 :2004 4/2/2005 Annexure - 7 | 18-15/1482-INC 16/8/2004, 14/5/2012 Annexure - 8 | |
| | Affiliation Sanctioned Intake | 60 | 60 | 60 | 60 | |
| | Admissions Made for the Current Academic Year | | | | | |
| Post Basic B.Sc. Nursing | Approval Letter No. and Date | HFW.179.MME 2011, 25/11/11 Annexure - 5 | RGU/AFR/NS 276/11-12 12/1/2012 Annexure - 6 | 423:2011-12 3/2/12 Annexure - 7 | 18-15/8529-INC, 11/1/2012 Annexure - 8 | |
| | Sanctioned Intake | 30 | 30 | 30 | 30 | |
| | Admissions Made for the Current Academic Year | | | | | |
| M.Sc. Nursing in<br>a. Community Health ☐<br>b. Medical Surgical ☐<br>c. OBG ☐<br>d. Paediatric ☐<br>e. Psychiatry ☐ | Approval Letter No. and Date | HFN 257 MDS - 2008, 30/6/2008 Annexure - 5 | ALA/NS-206 10-106/2008-09 11/2/2008 Annexure - 6 | 423:2011-12 3/2/2012 Annexure - 7 | 18-15/4996, - INC 3/1/2012 Annexure - 8 | |
| | Sanctioned Intake | 20 | 20 | 20 | 20 | |
| | 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 | | | | | |

Signature of Chairman

14/08

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 | 34 | 34 | 05 | 30 | 103 |
| | Female | 26 | 26 | 03 | 11 | 66 |
| Post Basic B.Sc Nursing | Male | 03 | 19 | | | 22 |
| | Female | 24 | 11 | | | 38 |
| M.Sc Nursing | Male | 05 | 04 | | | 09 |
| | Female | 09 | 13 | | | 22 |
| 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--------- |
|---|---|---|---|---|---|---|
| | | Details Furnished | | | | |

**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--------- |
|---|---|---|---|---|---|---|
| | | Details Furnished | | | | |

**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 | 101 to 150 | 151 to 200 | 201 to 250 | 20 to 60 | | | | | | | | | | |
| 1 | Principal | 1 | 1 | | | | | | | 1 | | | | | | | |
| 2 | Vice-Principal | 1 | 1 | | | | | | | 1 | | | | | | | |
| 3 | Professor | 1 | 1-2 | | | | | 1* | | 0 | 0 | | | | | | |
| 4 | Associate Professor | 2 | 2-4 | | | | | 1* | | 5 | | 1 | | | | | |
| 5 | Assistant Professor | 3 | 3-8 | | | | 2 | 3* | | 3 | 2 | 3 | | | | | |
| 6 | Tutor | 8-16 | 16-24 | | | | 2-10 | -- | | 16 | 4 | | | | | | |
| | **Total** | **16-24** | **24-40** | | | | **4-12** | | | | | | | | | | |

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

**Note:1)** Institute shall have sections of 100/60 students ( Maximum number of students 100 per section)

**2)** 1:10 teacher student ratios shall be ensured.

**3)** 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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

| Intake | 1st Year | 2nd Year | 3rd Year | 4th Year |
|---|---|---|---|---|
| **40 Students Intake** | **Total 5 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 2 Tutors | **Total 8 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 16 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>* 3 M.Sc. Nursing qualified faculty<br>* 3 Tutors | **Total 12 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 7 Tutors | **Total 18 Faculty**<br>* 7 M.Sc. Nursing qualified faculty<br>* 11 Tutors | **Total 24 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>* 5 M.Sc. Nursing qualified faculty<br>* 5 Tutors | **Total 20 Faculty**<br>* 8 M.Sc. Nursing qualified faculty<br>* 12 Tutors | **Total 30 Faculty**<br>* 12 M.Sc. Nursing qualified faculty<br>* 18 Tutors | **Total 40 Faculty**<br>* 16 M.Sc. Nursing qualified faculty<br>* 24 Tutors |
| 150 students intake | | | | |
| **200 students intake** | | | | |

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

| | | | | |
|---|---|---|---|---|
| 250 students | | | | |

* Aadhar based biometric attendance for students

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

| Sl. No | Name of the teaching Faculty | Designation | Qualification along with specialty | Year of passing | KSNC Reg. Number | Teaching experience | | Date of joining | Form -16 Submitted (Yes/No) | Signature of Faculty |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | After UG | After PG | | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 6. | | | | | | | | | | |
| 7. | | | | | | | | | | |
| 8. | | | | | | | | | | |
| 9. | | | | | | | | | | |
| 10. | Details Furnished | | | | | | | | | |
| 11. | | | | | | | | | | |
| 12. | | | | | | | | | | |
| 13. | | | | | | | | | | |
| 14. | | | | | | | | | | |
| 15. | | | | | | | | | | |
| 16. | | | | | | | | | | |
| 17. | | | | | | | | | | |
| 18. | | | | | | | | | | |
| 19. | | | | | | | | | | |
| 20. | | | | | | | | | | |
| 21. | | | | | | | | | | |
| 22. | | | | | | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19/8/2024

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 23. | | | | | | | | | | | |
| 24. | | | | | | | | | | | |
| 25. | | | | | | | | | | | |
| 26. | | | | | | | | | | | |
| 27. | | | | | | | | | | | |
| 28. | | | | | | | | | | | |
| 29. | | | | | | | | | | | |
| 30. | | | | | | | | | | | |
| 31. | | | | | | | | | | | |
| 32. | | | | | | | | | | | |
| 33. | | | | | | | | | | | |
| 34. | | | | | | | | | | | |
| 35. | | | | | | | | | | | |
| 36. | | | | | | | | | | | |
| 37. | | | | | | | | | | | |
| 38. | | | | | | | | | | | |
| 39. | | | | | | | | | | | |
| 40. | | | | | | | | | | | |
| 41. | | | | | | | | | | | |
| 42. | | | | | | | | | | | |
| 43. | | | | | | | | | | | |
| 44. | | | | | | | | | | | |
| 45. | | | | | | | | | | | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 46. | | | | | | | | | | |
| 47. | | | | | | | | | | |
| 48. | | | | | | | | | | |
| 49. | | | | | | | | | | |
| 50. | | | | | | | | | | |
| 51. | | | | | | | | | | |
| 52. | | | | | | | | | | |
| 53. | | | | | | | | | | |
| 54. | | | | | | | | | | |
| 55. | | | | | | | | | | |
| 56. | | | | | | | | | | |
| 57. | | | | | | | | | | |
| 58. | | Details Furnished | | | | | | | | |
| 59. | | | | | | | | | | |
| 60. | | | | | | | | | | |
| 61. | | | | | | | | | | |
| 62. | | | | | | | | | | |
| 63. | | | | | | | | | | |
| 64. | | | | | | | | | | |
| 65. | | | | | | | | | | |
| 66. | | | | | | | | | | |
| 67. | | | | | | | | | | |
| 68. | | | | | | | | | | |
| 69. | | | | | | | | | | |

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

14/08

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 70. | | | | | | | | | | |
| 71. | | | | | | | | | | |
| 72. | | | | | | | | | | |
| 73. | | | | | | | | | | |
| 74. | | | | | | | | | | |
| 75. | | | | | | | | | | |
| 76. | | | | | | | | | | |
| 77. | | | | | | | | | | |
| 78. | | | | | | | | | | |
| 79. | | | | | | | | | | |
| 80. | | | | | | | | | | |
| 81. | | | | | | | | | | |
| 82. | | | | | | | | | | |
| 83. | | | | | | | | | | |
| 84. | | | | | | | | | | |
| 85. | | | | | | | | | | |
| 86. | | | | | | | | | | |
| 87. | | | | | | | | | | |
| 88. | | | | | | | | | | |
| 89. | | | | | | | | | | |
| 90. | | | | | | | | | | |
| 91. | | | | | | | | | | |
| 92. | | | | | | | | | | |
| 93. | | | | | | | | | | |
| 94. | | | | | | | | | | |
| 95. | | | | | | | | | | |

Details furnished

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 96. | | | | | | | | | | |
| 97. | | | | | | | | | | |
| 98. | | | | | | | | | | |
| 99. | | | | | | | | | | |
| 100. | | | | | | | | | | |
| 101. | | | | | | | | | | |
| 102. | | | | | | | | | | |
| 103. | | | | | | | | | | |
| 104. | | | | | | | | | | |
| 105. | Details Furnished | | | | | | | | | |
| 106. | | | | | | | | | | |
| 107. | | | | | | | | | | |
| 108. | | | | | | | | | | |
| 109. | | | | | | | | | | |
| 110. | | | | | | | | | | |
| 111. | | | | | | | | | | |
| 112. | | | | | | | | | | |
| 113. | | | | | | | | | | |
| 114. | | | | | | | | | | |
| 115. | | | | | | | | | | |
| 116. | | | | | | | | | | |

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

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

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

| Sl.No. | Name | Qualification | Subject | Number of Hours per Year | Remarks |
|---|---|---|---|---|---|
| | | Details Attached. | | | |

**14. Physical Facilities :**

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

| S. No | Details | Required | Existing | Verified by LIC team |
|---|---|---|---|---|
| 1 | Built – up area of the building (in Sq. Ft) | 23,200sq.ft ( 40 – 60 intake ) | 38,000Sqft | |
| | **Note:** The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy | | | |
| 2 | **CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft | **4 Class rooms** 900sq ft Each | 9000Sqft x 4 | |
| | P.B.B.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | 600Sqft x 02 | |
| | M.Sc (N) : 600 sq ft | **2 Class rooms** 600sq ft Each | 600Sqft x 02 | |
| | NPCC : 600sq ft | **2 Class rooms** 600sq ft Each | — | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1. Principal's Chamber | 300 | 300 | |
| | 2. Vice-Principal Chamber | 200 | 200 | |
| | 3. HOD | 5 x 200 = 1000 | 5x200 =1000 | |
| | 4. Professor/Assoc. Prof | 800+2400=3200 | 800+2400=3200 | |
| | 5. Lecturer/ Tutors | | | |
| | **Institution office /Others** 6. Office of Administrative, clerical staff and PA (s) | **600** | 600 | |
| | 7. Accountants Office | **100** | 200 | |
| | 8. Store Room | **100** | 300 | |
| | 9. Record room | **100** | 200 | |
| | 10. Room for maintenance staff | **100** | 300 | |
| | 11. Xeroxing room | **100** | 200 | |
| | 12. common room ( Girls & Boys) | 600+400= 1000 | 1000 | |
| | 13. Multipurpose hall / Seminar hall/ examination hall | 3000 | 3000 | |
| | 14. Toilets | 1000 | 1000 | |

Signature of Chairman | Signature of Member (1) 14/2/24 | Signature of Member (2)

| | | | | |
|---|---|---|---|---|
| | 15. A.V/Aids room | 600 | 600 | |

| S. No | Details | Required | Existing | Verified by LIC team |
|---|---|---|---|---|
| 4 | **LABORATORIES** | **( 40-60 intake)** | | |
| | Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab | 1600 sq.ft | 16000Sqft | |
| | Nutrition & Community Health Nursing | 1200sq.ft | 1200 Sqft | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | 1000Sqft | |
| | Pediatrics Nursing Laboratory | 900sq.ft | 1000Sqft | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | 1000Sqft | |
| | Computer Lab (1: 5 computer :student) | 1500sq.ft | 1600Sqft | |

**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**

| SL NO | Particulars | Verified by the LIC team |
|---|---|---|
| 1 | **Registered documents in sub registrar office** | ✓ |
| 2 | **Is the college building own or leased ?** | OWN |
| 3 | **Blue print of the building plan approved and attested by competent authority.** | ✓ |
| 4 | **Building construction license from competent authority** | ✓ |
| 5 | **Tax paid receipt (Latest / current year)** | ✓ |
| 6 | **Occupancy certificate.** | ✓ |
| 7 | **Sale deed / Lease deed of the building / Land.** | ✓ |
| 8 | **Land Conversion order from DC** | ✓ |
| 9 | **Town planning/Authorities approval order** | ✓ |

**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

Signature of Chairman | Signature of Member (1) 14/08/2015 | Signature of Member (2) 14/08/15

- If one of the trustee/member/directors 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 registered in sub registrar office. [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.
- Registered lease document in sub registrar office to be submitted.

**15. Vehicle Details :** Enclose a copy of RC Book / Insurance / Driving License **Annexure – 13**

| Total Number of Vehicles | Vehicle Registration Number | Seating Capacity | RC Book | Insurance | Driving Licience |
|---|---|---|---|---|---|
| 03 | | 50 each | Yes / No | Yes / No | Yes / No |

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

| Library Facilities | Existing Size in Sq ft | Separate Library | Ventilation | Lighting | Verified by LIC team |
|---|---|---|---|---|---|
| Required 2300 Sq.Ft | 2500Sqft. | YES ☑ No ☐ | GOOD | GOOD | |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 3067 | **No. of Nursing Journals subscribed** | 06. |
| **No. of Thesis/Research titles available** | 25 | **Is internet facility available for Students?** | Yes |
| **No of e-books** | 3000 | **How many books were purchased in last financial year?** | 1200 |

| S. No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 01 | MR. VIRUPAKSHA | M.Lib | 06 | |
| 02. | MR. MANJUNATH | M.Lib | 04 | |
| | | | | |

**Note :** A minimum of 500 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 | 30 | |

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

| | | |
|---|---|---|
| Conferences conducted | — | |
| Conferences attended | 05 | |

| | |
|---|---|
| * Colleges should declare & attest tobacco free/drugs free campus ( self declaration from to be submitted) | |

**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%)** | **Verified by LIC team** |
|---|---|---|---|---|---|
| Full Name & Address of the Parent Hospital<br><br>MOU( Registered parent hospital MOU) | | | | | |
| NAME OF THE TRUST/ Person owning The Hospital | | | | | |
| Name Of The Owner Of The Trust of Hospital | | | | | |
| Affiliated hospitals- Full Name & Address of the Parent Hospital | 1 Victoria Hospital | — | List Attached | | |
| | 2 K.C.G. Hospital | | | | |
| | 3 Kengeri Govt Hospital | | | | |

Signature of Chairman

Signature of Member (1) 14/08/2025

Signature of Member (2) 14/08/25

| | | | | | |
|---|---|---|---|---|---|
| | ( MOU/Clinical permission letter) | | | | |

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

**NOTE:**

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

**Note**

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

Verify &Attach Clinical permission letter, fee paid receipts.

**Remarks:**

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

**18.1. Distribution of Beds**

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Medical | | | | |
| Surgery including OT | | | | |
| Obstetrics & Gynecology | | | | |
| Pediatrics, | — | Details Furnished | — | |
| Emergency Medicine | | | | |
| Psychiatry | | | | |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | | | | |
| Minor OT | | | | |
| Dental, Otorhinolaryngology, Ophthalmology | | | | |
| Burns and Plastic | | | | |
| Neonatology care unit | | | | |
| Communicable disease/Respiratory medicine/TB & chest diseases | | | | |
| Dermatology | — | Details Furnished | — | |
| Cardiology | | | | |
| Oncology | | | | |
| Neurology/Neuro-surgery | | | | |
| Nephrology/Urology | | | | |
| ICU/ICCU | | | | |
| Geriatric Medicine | | | | |

Signature of Chairman | Signature of Member (1) 14/08/2025 | Signature of Member (2) 14/08/25

| | | | | |
|---|---|---|---|---|
| Any other | | | | |

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

| 19 | COMMUNITY HEALTH NURSING :Annexure - 17 | |
|---|---|---|
| **RURAL FILELD** | | |
| **a. Name of CHC / PHC / SC** | | KUMBALAGODU |
| Adopted / Affiliated | | AFFILIATED |
| Administrate red by | | State Govt. ☑ Municipal Corporation ☐ Private ☐ |
| Distance from the Nursing Institute | | 05 Km |
| **b.** Services Rendered by Health & Family Welfare Programmes | | Immunization Programmes, School health Programmes, Awareness Programmes. |
| **URBAN FEILD :** | | |
| **a. Name of CHC / PHC / SC** | | KENGERI UPANAGARA. |
| Adopted / Affiliated | | AFFILIATED |
| Administrate red by | | State Govt. ☑ Municipal Corporation ☐ Private ☐ |
| Distance from the Nursing Institute | | 07 kms. |
| **b.** Services Rendered by Health & Family Welfare Programmes | | MCH, Medical Camps, Surveys, Health Awareness, Rallys. |

*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** ☐ |

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

| | | | |
|---|---|---|---|
| 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 ☐ |
| 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 ☐ |
| s. | POSHE Committee | YES ☑ | NO ☐ |
| t. | Prevention of Gender harassment 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 32,000 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 : 90 | Boys : 130 |
| f. | Total No. of rooms | Girls : 35 | Boys : 35 |
| 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) 14/08 | Signature of Member (2) 14/08/15

**List of Annexures:**

| Annexure Numbers | Details | Verified as per originals documents | | Signature |
|---|---|---|---|---|
| | | Yes | NO | |
| **Annexure - 1** | Details of Trust/ Society related documents | ✓ | | |
| **Annexure - 2** | Details of Governing Council, its meetings & Audit report of Trust | ✓ | | |
| **Annexure - 3** | Details of any other Nursing Institution under the same Trust | | | |
| **Annexure - 4** | Details of Affiliated fees paid receipts | ✓ | | |
| **Annexure - 5** | Approval Status : GOK Order | ✓ | | |
| **Annexure - 6** | Approval Status : RGUHS Notification (Last 3 Years) Approval | ✓ | | |
| **Annexure - 7** | Approval Status : KNC Notification | ✓ | | |
| **Annexure - 8** | Status : INC Notification | ✓ | | |
| **Annexure - 9** | List of Post Basic B.Sc. Nursing Students as per format | ✓ | | |
| **Annexure - 10** | List of M.Sc. Nursing Students as per format | ✓ | | |
| **Annexure - 11** | Details of External /Part time Teachers | ✓ | | |
| **Annexure - 12** | Physical Facilities :<br>1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition,<br>2. Laboratories<br>3. Building related documents<br>4. Hostel | OWN | | |
| **Annexure - 13** | Vehicle Details : Bus | ✓ | | |
| **Annexure - 14** | Details of List of LibraryBooks & 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 | ✓ | | |

Signature of Chairman | Signature of Member (1) 14/08/25 | Signature of Member (2) 14/08/25

| | | | | |
|---|---|---|---|---|
| | affiliated hospitals. | | | |
| **Annexure - 17** | Details of Community Health Nursing Posting Facilities | ✓ | | |
| **Annexure - 18** | Master Rotation plans and Time tables | ✓ | | |
| **Annexure - 19** | List of Teachers with their Declaration forms & necessary documents | ✓ | | |
| **Annexure –20** | RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise | ✓ | | |

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

**LIC Team Observations:**

LIC team conducted an inspection of S.V.N College of Nursing on 14/08/2025 for Continuation of affiliation for. B.Sc. (N), M.Sc. (N) & PB-Bsc. (N) Courses.

On the day of inspection, all the documents pertaining to college, infrastructure, hostel details (girls & boys), and vehicle details are verified and are available according to norms.

Labs are all well equipped with mannequins, instruments, charts and models, Library is well equipped with latest edition, books and Helinet connection with qualified librarian was present. On the day of inspection there are 36 faculties. Students get exposure to clinical facilities as they are affiliated to well sophisticated hospitals. All faculty documents were verified.

The committee found that the institution is conducting academic activities regularly, providing sufficient clinical material for students and maintaining proper records of students.

Overall the committee is satisfied with the functioning of the college.

Signature of Chairman | Signature of Member (1) 14/08/2025 | Signature of Member (2) 14/8/25

# UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at SVN 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 14/8/2024 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) 14/08/2024 | Signature of Member (2) 14/08/24 |

# UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the SOCIETY trust SARASWATHI EDUCATION SOCIETY. are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. SVN College of Nursing,

2._____

3._____ since 2004.

years.

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)
14/08/2018

Signature of Member (2)
14/08/18

## Instructions for reporting of Local inspections by RGUHS

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

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

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

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

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

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

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

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

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

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

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

# UNDERTAKING

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

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

This is to confirm that the hospital Vidhana, RLG, Spandana is functioning as affiliated/parent/own hospital for SVN. College of Nursing college.

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

The information provided by us is true and correct.

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

Signature of Chairman

Signature of Member (1)
14/08/2025

Signature of Member (2)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

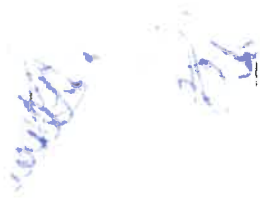
# S.V.N. COLLEGE OF NURSING

## TEACHING FACULTY DETAILS

| Sl. No. | Name of 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 | | | |
| 01 | Dr.Veena M | Principal | M.Sc(N) Paediatric Nursing | 2010 | 5300 | 1 year 5 months | 14 years | 01/06/2010 | Yes | |
| 02 | Kokila V | Associate Professor cum Vice Principal | M.Sc(N) Community Health Nursing | 2016 | 42425 | 2 years | 9 years | 22/08/2019 | Yes | |
| 03 | Pavithra N | Associate Professor | M.Sc(N) Medical Surgical Nursing | 2017 | 34801 | 2 years | 7 years | 04/01/2018 | Yes | |
| 04 | Nisha I | Associate Professor | M.Sc(N) Paediatric Nursing | 2016 | 37802 | 5 years | 8 years | 12/11/2016 | Yes Maternity Leave. | |
| 05 | Manoranjani Kumari M V | Associate Professor | M.Sc(N) OBG | 2016 | 49989 | 1 year 11 months | 8 years 8 months | 20/08/2018 | Yes | |
| 06 | Vani B | Associate Professor | M.Sc(N) Paediatric Nursing | 2018 | 66112 | 3 years | 6 years 7 months | 02/11/2018 | Yes | |
| 07 | Deepthi M | Associate Professor | M.Sc(N) OBG | 2019 | 74711 | 4 years | 5 years 7 months | 02/11/2019 | Yes On. Clinical duty | |
| 08 | Dasari Kavithamma | Assistant Professor | M.Sc(N) Medical Surgical Nursing | 2019 | RR ANP2023 10277 KAR | 3 years | 5 years 7 months | 01/01/2024 | Yes | |
| 09 | Laxmi I Konganali | Assistant Professor | M.Sc(N) Medical Surgical Nursing | 2020 | 79298 | 2 years | 5 years | 01/12/2020 | Yes Maternity Leave | |
| 10 | Ningaraju | Assistant Professor | M.Sc(N) Psychiatric Nursing | 2021 | 49943 | - | 3 years | 03/04/2025 | — | |
| 11 | Sindhu S | Assistant Professor | M.Sc(N) Community Health Nursing | 2021 | 87070 | 1 year 9 months | 2 years 8 months | 02/12/2022 | Yes | |

14/08

14/08/25



| Sl. No. | Name of 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 | | | |
| 12 | Renuka | Lecturer | M.Sc(N) Medical Surgical Nursing | 2021 | 63191 | 5 years | 1 month | 02/06/2025 | | |
| 13 | Mallesh H | Assistant Professor | M.Sc(N) Community Health Nursing | 2022 | 126562 | 1 year | 3 years | 03/08/2025 | | |
| 14 | Chaitra K | Assistant Professor | M.Sc(N) Medical Surgical Nursing | 2021 | 170788 | 1 year | 4 years 8 months | 01/12/2021 | On Yes Clinical Duty | |
| 15 | Chaithali K S | Lecturer | M.Sc(N) OBG | 2024 | 109118 | 1 year | 2 year 6 months | 01/02/2024 | — | |
| 16 | Priyanka A N | Lecturer | M.Sc(N) OBG | 2025 | 80136 | 3 years | 5 months | 01/03/2025 | On Clinical Duty | |
| 17 | Soujanya B R | Assistant Lecturer | B.Sc(N) | 2021 | | | | 02/02/2021 | | |
| 18 | Chandana R T | Assistant Lecturer | B.Sc(N) | 2021 | 120845 | 3 years 7 months | - | 15/01/2022 | — | |
| 19 | Mariyam Sujida | Assistant Lecturer | B.Sc(N) | 2021 | 121290 | 3 years 7 months | - | 20/01/2022 | — | |
| 20 | Naseeba Begum | Assistant Lecturer | B.Sc(N) | 2016 | 79514 | 9 years | - | 01/10/2016 | | |
| 21 | Deepa Kusammanavar | Assistant Lecturer | B.Sc(N) | 2021 | 121295 | 3 years 7 months | - | 19/01/2022 | | |
| 22 | Diya Sajan | Assistant Lecturer | B.Sc(N) | 2023 | 146727 | 1 year 8 months | - | 02/12/2023 | | |
| 23 | Praveen Kumar M | Assistant Lecturer | B.Sc(N) | 2023 | 154375 | 1 year | - | 05/03/2024 | | |
| 24 | Lessly B | Assistant Lecturer | B.Sc(N) | 2021 | 128917 | 3 years | | 03/06/2022 | | |

14/8/2025

| Sl. No. | Name of 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 | | | |
| 25 | Amalu George | Assistant Lecturer | B.Sc(N) | 2023 | 147982 | 7 months | - | 01/01/2024 | | |
| 26 | Shajon S | Assistant Lecturer | B.Sc(N) | 2023 | 154222 | 1 year | - | 05/03/2024 | | |
| 27 | Nasrin Khatun | Assistant Lecturer | B.Sc(N) | 2023 | 160042 | 1 year 4 months | - | 07/04/2024 | | |
| 28 | Bodimi Prema Latha | Assistant Lecturer | B.Sc(N) | 2024 | RR ANP 2025 11400 KAR | 6 months | - | 02/02/2025 | | |
| 29 | Sahana M | Assistant Lecturer | B.Sc(N) | 2024 | 175174 | 6 months | | 05/02/2025 | | |
| 30 | Manjula S Halagannanavar | Assistant Lecturer | B.Sc(N) | 2022 | 133657 | 2 years | - | 05/05/2023 | | |
| 31 | Sandya G P | Assistant Lecturer | B.Sc(N) | 2022 | 133659 | 2 years 6 months | - | 02/02/2023 | | |
| 32 | Pavan Kumar E H | Assistant Lecturer | B.Sc(N) | 2022 | 133699 | 2 years 2 months | - | 20/03/2023 | | |
| 33 | Manyashree J M | Assistant Lecturer | B.Sc(N) | 2022 | 133660 | 2 years 3 months | - | 05/04/2023 | | |
| 34 | Prashant S Poojar | Assistant Lecturer | B.Sc(N) | 2022 | 132979 | 2 years 2 months | - | 02/05/2023 | | |
| 35 | Deena Arpitha S | Assistant Lecturer | PB B.Sc(N) | 2024 | 221449 | 8 months | - | 15/10/2024 | on clinical Duty | |
| 36 | Swarbendu Bera | Assistant Lecturer | B.Sc(N) | 2024 | 176637 | 2 months | - | 02/05/2025 | | |

14/08/2025

# S.V.N. COLLEGE OF NURSING

## Clinical Rotation

| Sl. No. | Name of the staff | Hospitals |
|---|---|---|
| 1 | PRIYANKA A N & CHAITRA K | Victoria Hospital |
| 2 | DEENA ARPITHA S & DEEPTHI M | KC General Hospital |

PRINCIPAL
S.V.N. COLLEGE OF NURSING
Kumbalagodu, Bengaluru-560 07

From

Mrs. Nisha J

Associate professor

S.V.N. college of Nursing

Bangalore

To

The principal

S.V.N college of Nursing

Bangalore

Sub: Application for Maternity Leave

Respected Madam,

I am writing to inform you that. I am expected a child and my due date 14/03/2025. As per advice of my doctor I need to take maternity leave to ensure the health and safety of both myself and my baby.

I kindly request you to grant me maternity leave starting from 10/03/2025 to 10/09/25 as per the college policy. during absence. I will ensure that all my responsibilities and other necessary arrangements are adequately Covered to ensure the smooth functing of the classes in my abrence.

Thank you for your understanding and support. I look forword in your positive response.

yours sincerly

10/3/25

Date: 10/03/2025

Place: Bangalore

yours faithfully.

Nisha J

From

Mrs. Lakshmi

Assistant professor.

SVN college of Nursing

Bangalore.

To,

The principal.

SVN college of Nursing

Bangalore.

Sub: Application for Maternity leave.

Respected Madam,

I hope this message finds you well. I am writing to formally request maternity leave from 1/06/2025 to 1/12/2025 under college policy. My expected date of is 11/6/2025 my doctor as recommended starting a vacation to 5 month the transition into this phase.

During my absence - I will ensure all pending tasks are completed and effectively transpered to collegue I am comitted to completing outstanding projects to ensure continuity.

Thank you please let me know if there are any forms I need to complete

Warm regards

Date : 1/06/2025

Place : Bangalore.

online Reg no

2/6/25

Your faithfully

Lakshmi