

INSPECTION PROFORMA FOR NURSING

F
35

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	R. S. Madaskhandi	Dr. Suresh Janadni	MRS. Sudeena V.
Designation	Senate Member	Academic Council Member	SUBJECT EXPERT
Address	Old NO-87 New NO-42 21 st Main PIPELINE K. Subashalli Bangalore	Achary BM Reddy College of Pharmacy B'lore	Keerthi College of Nursing. Prashanth Nagar-B Gubbi
Mobile No	9980019673	9591138301	8310127854
Email ID			Sudeena Vijay Kumar Email .com

For the Academic Year : 2024-2025 ✓ Date of Inspection: 02/09/2024

(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	"RENUKA INSTITUTE OF NURSING SCIENCE'S" ST. DADAROODH APAI COMPLEX, BESIDE NALWAD MULTISPECIALITY HOSPITAL VIKAS NAGAR, HOSUR HUBLI-580021		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	"RENUKA TRUST" VIKAS NAGAR, HUBBALLI - 580021			
		(Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: renukaions@gmail.com	Website:		

Signature of Chairman

R. S. Madaskhandi.

Signature of Member (1)

Dr. Suresh, Janadni

Signature of Member (2)

(Sudeena V.)

	(b). Name of the Owner of Trust/Society	DR. MATTESH NALWAD		
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 08 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: PROF. Vahitha Kharam Qualification: M.Sc Nursing Experience: 20 years Email: Vahithaalam@gmail.com	Mobile No: 7760825786 Office No: 8861385602 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	FRESH					6,01,050
Post Basic B.Sc. Nursing	—	—	—	—	—	—
Total (A)						}
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
	1.	N/A				
	2.					
	3.					
	4.					
	5.					
Total (B)						
NPCC						
Total (C)						
Grand Total (A+B+C)						6,01,050

Online Transaction Number or Details: Transaction Date - 27/12/2023

Transaction ID - BD00000005827801. Payment Ref No - Z1DN16344633

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Remarks:

Enclosed.

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake: N/A

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male					
	Female					
Post Basic B.Sc Nursing	Male		N/A			
	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) N/A

Annexure - 9

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

11. If the college has MSc(N) following details of the admitted students to be enclosed (physical verification to be done with original documents) N/A

Annexure -10

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

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Remarks:

N/A

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

1
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

2. Teaching Faculty Requirements for all Nursing Programs:

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

(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.	Prof. VANKHA KHANDEVI R	Principal	M.Sc. Psychology Nursing	2007	KRTNN203 S3UKAR	2456 months	15.6 yrs	03/08/24	NO
2.									
3.	Gangavva. Machakur	Lecturer	CHN	2023	KNC		1 year	5/8/24	NO
4.									
5.	Udduva. M. Hunsigappa	Lecturer	MSN	2023	KNC		1 year	5/8/24	NO
6.									
7.	Shivanand. N. Dandankoll	Nursing Tutor	BSc(N)	2023	KNC			21/8/24	NO
8.									
9.	Sheeteela. Idaga	Nursing Tutor	BSc(N)	2022	KNC			7/8/24	NO
10.									
11.									
12.	Abisheb. Bhapra;	Nursing Tutor	BSc(N)	2023	KNC			7/8/24	NO
13.									
14.									
15.									
16.	Kusumce. H	Nursing Tutor	MSc(N)	2023	KNC			5/8/24	NO
17.									
18.									
19.									
20.									
21.									
22.									

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Remarks
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft	29000sq.ft	
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	850 sq ft each	
	P.B.B.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	M.Sc (N) : 600 sq ft	2 Class rooms 600sq ft Each	—	
	NPCC : 600sq ft	2 Class rooms 600sq ft Each	—	
3	Administrative Facilities			verified
	Office			
	1. Principal’s Chamber	300	260 sq ft	
	2. Vice-Principal Chamber	200	150 sq ft	
	3. HOD	5 x 200 = 1000	1000 sq ft	
	4. Professor/Assoc. Prof	800+2400=3200	2600 sq ft	
	5. Lecturer/ Tutors			
	Institution office /Others		yes 38 sq ft	
	6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office		yes 150 sq ft	
	8. Store Room		yes 180 sq ft	
	9. Record room		yes 120 sq ft	
	10. Room for maintenance staff		yes 280 sq ft	
	11. Xeroxing room		yes 150 sq ft	
	12. common room	1000	800 sq ft	
13. Seminar hall	3000	2600 sq ft		
14. Toilets	1000	950 sq ft		
15. A.V/Aids room	600	520 sq ft		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

S. No.	Details	Required	Existing	Remarks
4	LABORATORIES			
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	950sq. ft	verified
	Nutrition & Community Health Nursing	1200sq.ft	890 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	800sq. ft	
	Pediatrics Nursing Laboratory	900sq.ft	800 sq. ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	800 sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1080 sq. ft	

Note:

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

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

Annexure – 12

Building Documents:

- Is the college building own or leased / rented? *✓ - leased*
- Blue print of the building attested by competent authority. *- copy enclosed*
- Tax paid receipt (Latest / current year) *- Enclosed as Annexure*
- Occupancy certificate. *- Enclosed as Annexure*
- Sale deed / Lease deed of the building / Land. *- Enclosed copy as Annexure*

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 Licience
1.	KA25D6158	40	✓ Yes / No	✓ Yes / No	✓ Yes / No

Vehicle Photo copy Enclosed
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

16. Library facility :Enclose list of library books

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300 Sq.Ft	1680 sq ft	YES ☒ No ☐	yes	yes	Good library.
Total No. of Nursing Books available	620 ✓	No. of Nursing Journals subscribed	NA		
No. of Thesis/Research titles available	NA	Is internet facility available for Students?	NA		
No of e-books	NA	How many books were purchased in last financial year?	NA		

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ismail T	BLIS	2 years	Eligible
				Candidate
				was present at the time inspection

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

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

N/A

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

18. Details of Clinical / Hospital Facilities :

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 <i>Nalwad Multispecialty Research Center Hubli.</i>	<i>100</i>	<i>200 mtrs</i>	<i>75%</i>	
NAME OF THE TRUST/ Person owning The Hospital <i>Dr. Mahesh Nalwad</i>				
Name Of The Owner Of The Trust of Hospital <i>Dr. Mahesh Nalwad</i>				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1			
	2			

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2021, Nursing collegesshould have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore 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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- 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, 2021 F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/ agencies / institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020} 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

- 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, 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:

On 2/09/2024, the team of LIC visited Nalwadi multispeciality hospital & research centre at Hosur, Hubballi-21. Dr. Mahesh C Nalwadi is one of the owner member of this hospital and he is the president of Renuka trust which is establishing "Renuka Institute of Nursing Sciences". This busy hospital was verified by us. We observed the general ward, special ward and ICU's together may be around 100 beds and occupancy was on the day of visit 70-75%. They registered under KPMEA with 100 beds (Bonafide certificate enclosed) and they have a clearance of pollution control Board. for 100 beds. This hospital can be treated as parent hospital for the above said college. As a president & the main owner member both are same. They have given an undertaking regarding the affiliation of the hospital to Renuka Institute of Nursing Sciences college & is not affiliated to any of the nursing colleges (undertaking original verified & copy enclosed). They have the parent hospital, management informed that they don't collect any fees separately and they have the MOU with the hospital. As the president of trust is the main owner of the hospital.

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	10	08		
Surgery including OT	05	04		
Obstetrics & Gynecology	20	16		
Pediatrics,	20	17		
Emergency Medicine	05	04		
Psychiatry	—	—		

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	05	04		
Minor OT	05	04		
Dental, Otorhinolaryngology, Ophthalmology	10	07		
Burns and Plastic	—	—		
Neonatology care unit	05	04		
Communicable disease/ Respiratory medicine/TB & chest diseases	05	04		
Dermatology	—	—		
Cardiology	—	—		
Oncology	—	—		
Neurology/Neuro-surgery	—	—		
Nephrology/Urology	—	—		
ICU/CCU	05	04		
Geriatric Medicine	05	04		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Any other

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

19 COMMUNITY HEALTH NURSING :Annexure - 17

RURAL FILED

a. Name of CHC / PHC / SC

Adopted / Affiliated

Administrated by

State Govt. ☐ Municipal Corporation ☐ Private ☐

Distance from the Nursing Institute

b. Services Rendered by Health & Family Welfare Programmes

URBAN FILED :

a. Name of CHC / PHC / SC

Adopted / Affiliated

Administrated by

State Govt. ☐ Municipal Corporation ☒ Private ☐

Distance from the Nursing Institute

b. Services Rendered by Health & Family Welfare Programmes

N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.

20 Master Rotation Plan : Annexure - 18

a. Basic B.Sc. Nursing

YES ☒

NO ☐

b. Post Basic B.Sc. Nursing

YES ☐

NO ☐

c. M.Sc. Nursing

YES ☐

NO ☐

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)

	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 ☐

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
Annexure - 1	Details of Trust/ Society related documents	✓	—
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓	—
Annexure - 3	Details of any other Nursing Institution under the same Trust	—	—
Annexure - 4	Details of Affiliated fees paid receipts	✓	—
Annexure - 5	Approval Status : GOK Order	—	—
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	—	—
Annexure - 7	Approval Status : KNC Notification	—	—
Annexure - 8	Status : INC Notification	—	—
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	—	—
Annexure - 10	List of M.Sc. Nursing Students as per format	—	—
Annexure - 11	Details of External /Part time Teachers	✓	—
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	—
Annexure - 13	Vehicle Details : Bus	✓	—
Annexure - 14	Details of List of 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

Signature of Member (1)

Signature of Member (2)

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:

- Today, 2/09/2024, undersigned team of LIC visited the "Renuka Institute of Nursing Sciences & its hospital at Hosur Hulsballi-21, verified the facilities and our observations are as under:
- ① Renuka trust has applied for 40 intake of students for Bsc Nursing. It is headed by its president Dr. Mahesh Nalwadi & comprises of another 3 members and they have the governing council comprising 8 members & copies enclosed along with balance sheet of the trust.
 - ② They have appointed a principal with MSc Nursing qualification with 20 years experience.
 - ③ They have paid fresh affiliation fees & receipt is being enclosed as annexures and original verified & copy enclosed.
 - ④ They have appointed 6 staff members other than principal & all are qualified as per norms. Six staff have given letters of consent for joining the duty as and when the college starts and were present at the time of inspection.
 - ⑤ They have provided external teachers (part time) as per the requirements. The list is enclosed.
 - ⑥ Total built up area of the college is around 20000 sq feet including 14 class rooms, 6 laboratories, administrative facilities, Institution offices & other facilities including circulation area and other amenities for the students & staff.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

⑦ College building is leased for 30 years, copy of the building plan seen & enclosed. Tax paid receipt is enclosed. occupancy certificate is enclosed as annenure.

⑧ They have their own vehicle to transport students vehicle photo copies enclosed.

⑨ They have moderate library with 620 books (list enclosed). They have appointed a librarian with B.Lib qualification.

⑩ They have a parent hospital (separately described in Page No. 14).

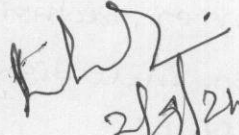
⑪ We have enclosed, the undertaking's by the trust and MOU from the hospital along with other annenures like

① Dishant app map ② KPME registration ③ Pollution control board (KSPCB) ④ NOC for 100 bed hospital,

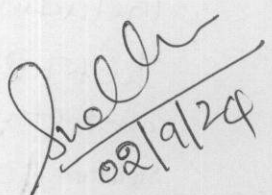
⑤ copies of fee receipts ⑥ copy of tax paid receipt

⑦ Few GPS photo copies ⑧ pen drive embedded with photographs & videos.

We feel that, they deserve 40 numbers of seats.


21/9/24
R.S. Madan


21/9/24


02/9/24
Signature of Member II
(Sudeena.V)

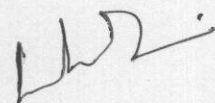
UNDERTAKING

We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at Renuka Institute of Nursing Sciences ^{Hubballi} which has applied for continuation of affiliation for the academic year 2024-25.

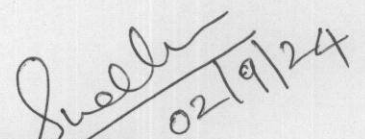
We have conducted LIC inspection of this college on 02/9/24 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated 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)
(Sudeena. V)


Signature of Chairman


Signature of Member (1)

Signature of Member (2)



Nalwad Multispecialty Hospital & Research Centre

Vikas Nagar, Hosur, HUBBALLI - 21. ☎ : 0836 - 2372694, 2370360
e-mail : mcnalwad@yahoo.com

Ref. No.

Date : 02/09/2024

UNDERTAKING

I, **Dr. Mahesh C. Nalwad** President renuka trust is the Owner members of the **Nalwad Multispecialty hospital and Research Centre** situated **Vikas Nagar, Hosur**.

This is to confirm that our hospital **Nalwad Multispecialty hospital and Research Centre** is registered under KPMEA with 100 beds and the bonafide certificate has been Attached.

This is to confirm that the hospital **Nalwad Multispecialty hospital and Research Centre** is functioning as parent hospital for Renuka College of Nursing Science College.

We also confirm that our hospital is solely affiliated to Renuka institute of nursing sciences college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

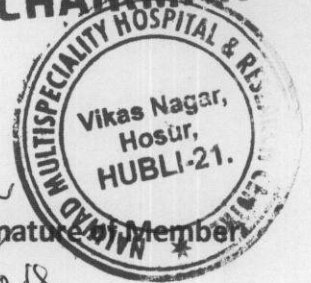
2/9/24

Signature of Chairman (2)

2/9/24

Signature of Member (1)

CHAIRMAN



02/9/24

Signature of Member



RENUKA TRUST

RENUKA INSTITUTE OF NURSING SCIENCE

Siddharooda Complex, Vikas Nagar, Hosur, HUBBALLI - 580 021.

Cell : 8050141606

Ref. No.

Date : 2/9/24

UNDERTAKING by Trust Management

I am the Chairman & President/Secretary/Member of the trust

Dr. Mahesh C Nalwad submitting undertaking this University.

The Renuka trust is running/managing the colleges as under

- 1. Renuka Institute Of Paramedical Science DMLT, DDT, DOT&AT, DMIT and DHI Since 10 years.**

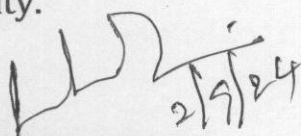
We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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)

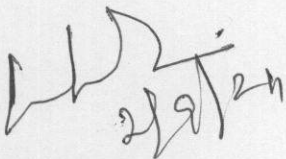

CHAIRMAN

Signature of Member



Instructions for reporting of Local inspections by RGUHS

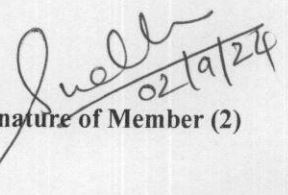
1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.
2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____
 - a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.
 - b. Team shall obtain an undertaking/affidavit from the hospital in the prescribed format.
3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.
4. The check list should have specific comments wherever applicable.
5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.
6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.
7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.
8. Original Land documents to be verified: Dishank app may be used to verify the owner's details of the particular institution.
9. For any misleading / wrong information the whole LIC team shall be made responsible.



Signature of Chairman

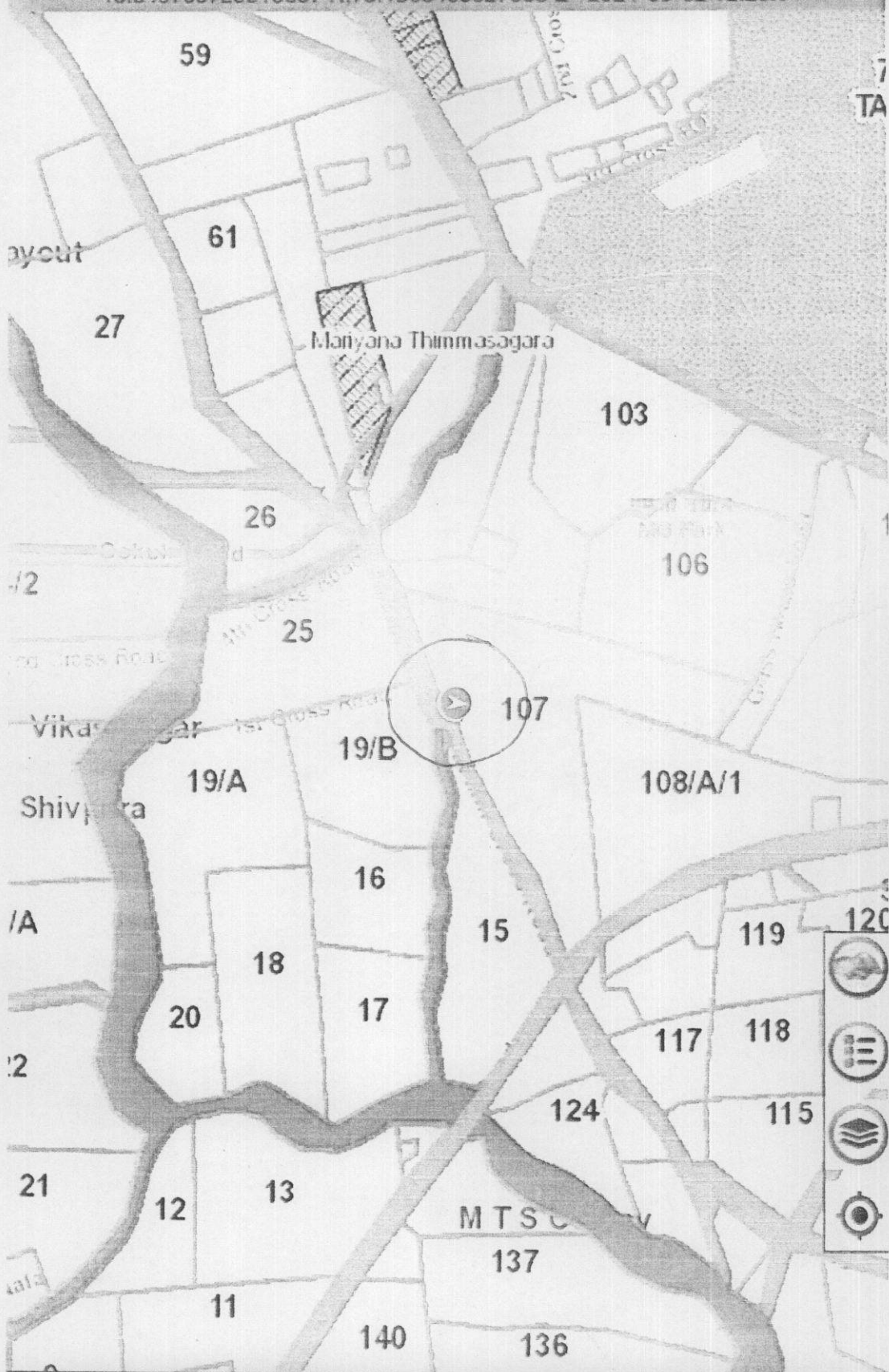


Signature of Member (1)



Signature of Member (2)

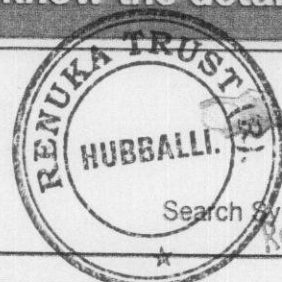
15.349709729915697 N, 75.1303409827303 E 2024-09-02 12:28:54



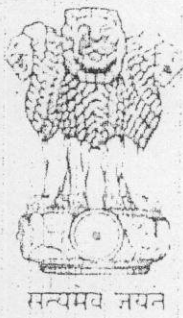
Click on the map to know the details



Measurement Tools



PRINCIPAL
Kenuka Institute of Nursing Sciences
HUBBALLI.



Annex-12

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.

IN-KA05817561127645W

Certificate Issued Date

04-Sep-2024 11:25 AM

Account Reference

NONACC (FIP) KACR5811110011 KA-D/1

Unique Doc. Reference

SUBIN-KAKACR58108618808620877371

Purchased by

M C KARADAGI

Description of Document

Article 5(U) Agreement in any other cases

Property Description

RENT AGREEMENT

Consideration Price (Rs.)

0
(Zero)

First Party

M C KARADAGI

Second Party

RENUKA TRUST HALLYAD MALI SPECIAL HOSPITAL HUB

Stamp Duty Paid By

M C KARADAGI

Stamp Duty Amount (Rs.)

500
(Five Hundred only)

Stamp Duty

Stamp Duty

Stamp Duty

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AGREEMENT OF LEASE

THIS AGREEMENT OF LEASE is made and executed on this 04th day of September 2024 at HUBBALLI

BETWEEN:

1) Shri. Nagaraj S/o Channabasappa Karadagi,

(Aadhar No. 3134 4461 001)

R/o Krishnapur Oni

Hubballi, Hub



CHAIRMAN

Principal

Renuka Institute of Nursing Sciences

HUBBALLI.

2) Shri. Sadashiv S/o Channabasappa Karadagi,
(Aadhaar No. 3320 9807 1028)
R/o. Krishnapur Oni, 3 Cross,
Old Hubballi, Hubballi,

(Hereinafter called the Lessors which term wherever the context permits shall mean and include their heirs, successors, assigns, legal representatives, executors, and administrators) of the First Part

AND

RENUKA TRUST

C/O. Nalwad Multispecialty Hospital,
Vikasnagar, HUBBALLI-580021,
a Registered Trust-represented by its Chairman
Dr/Shri. Mahesh Nalwad S/o Channabasappa Nalwad
(Aadhar No. 2674 41074 4195)
of the Second Part

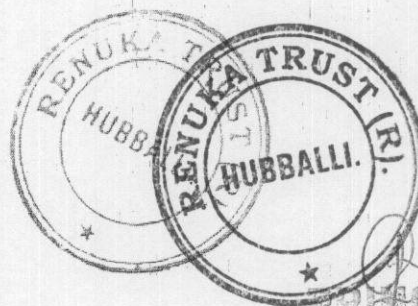


Hereinafter called the Lessee which term wherever the context permits shall mean and include his heirs, successors, assigns, legal representatives, executors, and administrators) of the Second Part.

WHEREAS the Lessor is the absolute owner of the building including all the floors i.e., Cellar, Ground, First, Second and third floors having built up area of 2077.08 sq mtr on the land bearing 1) CTS No.103C/19 and 2) CTS No.103/C20A, total measuring 2076.44 Sq. Meters and parking area 315 Sq. Meters situated at CTS Ward no.3, Municipal Ward No.43 at Siddaroodh Complex, Vikas Nagar, Hubballi-580022, more fully described in the Schedule of premises, annexed with this Agreement hereinafter called as the said premises.

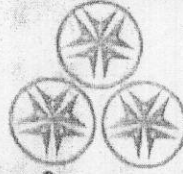
AND WHEREAS, AFTER MUTUAL DISCUSSIONS, the Lessor have agreed to Lease and the lessee has agreed to take on lease the said premises, on the following terms and conditions.

NOTARY



CHAIRMAN

PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI



ದಸ್ತಾವೇಜು ಹಾಳೆ Document Sheet

ದಸ್ತಾವೇಜನ್ನು ಬರೆಯಬಹುದಾದ ದಿನಾಂಕ
Date Of Execution

ಈ ಹಾಳೆಯನ್ನು ಯಾವುದೇ ದಸ್ತಾವೇಜಿಗೆ ಬಳಸಬಹುದಾಗಿದೆ
This sheet can be used for any document

-3-

IN-KA05917561127645W

NOW THIS AGREEMENT WITNESSETH AS UNDER

1) That Lessor has agreed to lease the said premises, to the Lessee for a term of 30 (Thirty) years, commencing from 03-09-2024 to 02-09-2054. It is expressly made clear that the Lessee has no right over the terrace portion and the Lessor is at full liberty to make any construction thereon, subject to obtaining building permission from the Municipal Corporation. However the Lessee is permitted to install water storage tank for the convenience of the students.

2) The Lessee and his college students and staff will have right of access to the leased portion through the stair-case.

3) The Lessee shall pay the rent of **Rs.2,00,000/- (Rupees Two Lakhs only)** per Year, for a period of 30 (Thirty) years of lease period.

4) The Lessee shall after one year 5% will be increase the rent.

4) The Lessee has deposited a sum of **Rs.1,00,000/- (Rupees One Lakh only)** with the Lessor, by way of cash with the Lessor as and by way of security deposit, receipt of which the Lessor does hereby admit and acknowledge. This amount of security deposit shall be refundable at the time of vacating the premises, without any interest thereon.

NO OTHER AGREEMENT

NOTARY

[Handwritten signature]

[Handwritten signature]



CHAIRMAN

PRINCIPAL

Renuka Institute of Nursing Sciences
HUBBALLI.

5) That the Lessee shall run the college in the said premises. The said college may be run in any name and style as decided by the Lessee. But it is specifically made clear that the Lessee has no right to transfer or assign the leased premises directly or indirectly in any manner to any third person or persons.

6) The Lessee shall not change nature of the avocation being run in the said premises, without the written consent of the Lessor.

7) That the Lessee shall take the necessary license/ permissions/sanctions in his name only and the Lessee alone shall be responsible for the said institution. It is specifically made clear that the Lessee shall not carry any unlawful activities or unlawful business or trade in the leased premises either directly or indirectly.

In case of any illegal activities are carried on by the Lessee or any unwarranted incidents so happen in the leased premises, the Lessee alone is answerable and liable for any legal consequences.

8) The Lessee shall engage his laborers, Employees Teachers, Lecturers, etc. for the said college, and he is responsible for payment of salaries, wages etc. and he will comply with all statutory rules and regulations.

9) That the Lessee shall not do any act whereby the leased premises of the Lessor are exposes to any risks and the Lessee shall indemnify the Lessor against any damages to the property or risks, if caused to the Lessor by wrongful acts of the Lessee or his servants.

10) That the Lessee shall run the college in the leased premises in such a manner that no nuisance annoyance or inconvenience is caused to the other occupants of the building or neighboring buildings.

11) The Lessee shall pay the taxes pertaining to his institution, and shall not keep any arrears of tax.

12) The Lessor shall pay the Municipal Tax of the premises leased and the Lessee is not responsible for the same.

NO. OF CORRECTION

NOTARY



PRINCIPAL

Renuka Institute of Nursing Sciences
HUBBALLI.

18) In case of any dispute between the Lessor and the Lessee arising out of this Agreement or anything incidental thereto or in connection with the rights of the Lessor and the Lessee, the same shall be resolved by the Arbitration only in accordance with the provisions of the Arbitration and Conciliation.

19) That after the expiry of the Lease period the Lessee is at liberty to take out all his belongings whatever installed and kept by the Lessee and the Lessor will not obstruct for the same.

20) That the original Agreement shall be with the Lessee and the Xerox copy thereof will be with the Lessor.

SCHEDULE OF THE PROPERTY OF THE AGREEMENT

The building including all the floors i.e., Cellar, Ground, First, Second and third floors having built up area of 2077.08 sq mtr on the land bearing 1) CTS No.103C/19 and 2) CTS No.103/C20A total measuring 2076.44 Sq. Meters and parking area 315 Sq. Meters situated at CTS Ward no.3, Municipal Ward No.43 at Siddaroodh Complex, Vikas Nagar, Hubballi-580022, more fully described in the Schedule of premises.

IN WITNESS WHEREOF the Lessor and the Lessee have hereunto put their respective seal and signature to this Lease Agreement on this 03rd day of September 2024 at Hubballi.

4 SEP 2024

1) Shri. Nagaraj S/o Channabasappa Karadagi
LESSORS NCK

2) Shri. Sadashiv S/o Channabasappa Karadagi
LESSORS SCK

RENUKA TRUST
LESSEE

ATTESTED

H. GINAMDAR
ADVOCATE & NOTARY
No. A2/10, 2nd Stage, 7th Cross
Paraswadi Extn., Near Manjura Estate,
Kusugai Road, HUBLI-580 023
☎: 9901640286

4 SEP 2024

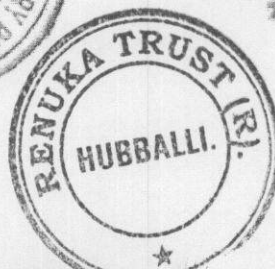
PRINCIPAL

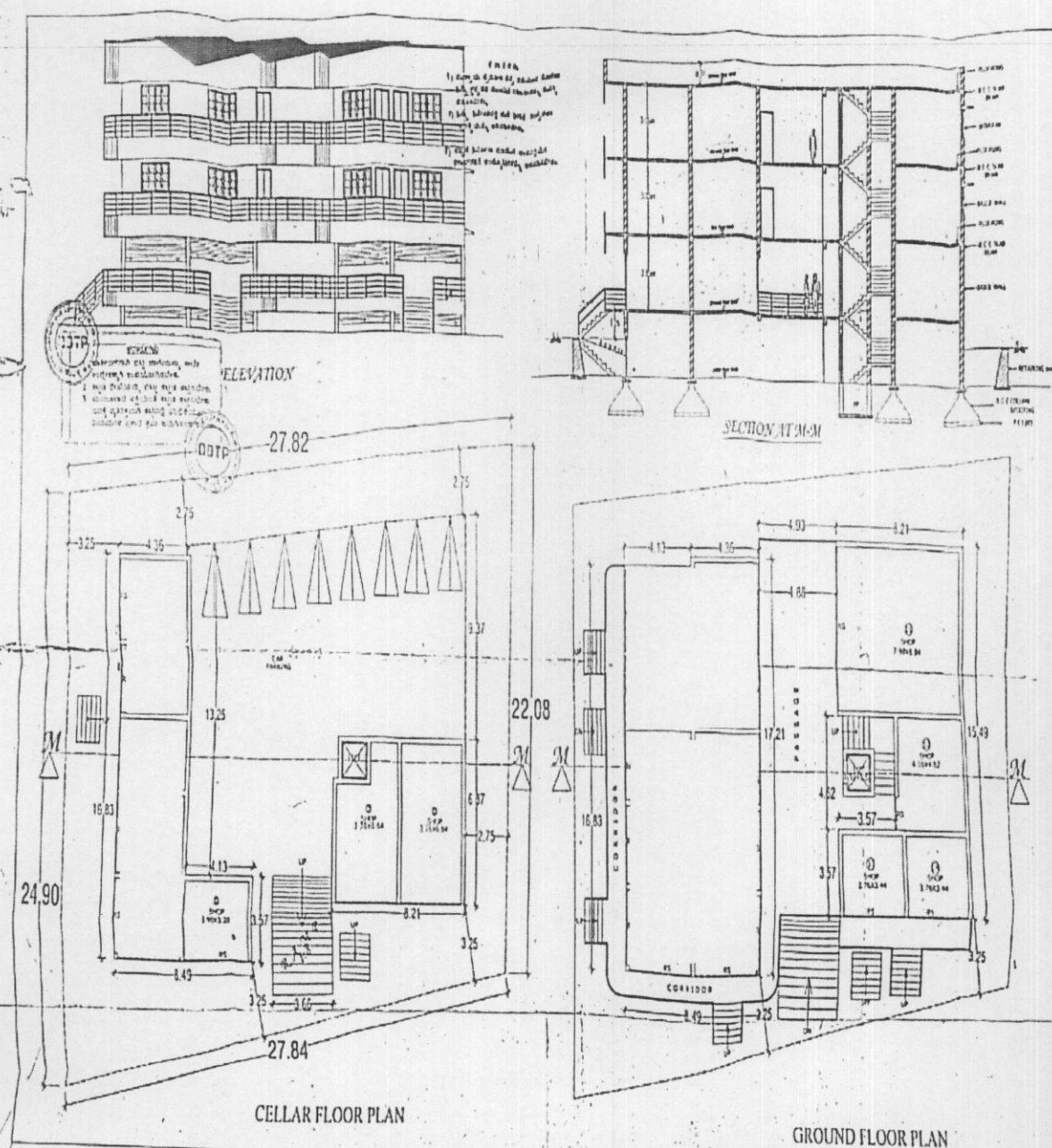
Renuka Institute of Nursing Sciences
HUBBALLI.



NO. OF CORRECTIONS

NOTARY





PLAN SHOWING THE PROPOSED COMMERCIAL COMPLEX FOR SHRI. NAGARAJ C KARADAGI ON C T S NO 103/C-19+103/C-20 A, AT HUBLI.

ORIGINAL APPROVED PLAN

ALL DIMENSIONS ARE IN METRES

NOTE:-
PROPOSED WORK IS SHOWN IN RED
DRAINAGE LINE IS SHOWN IN YELLOW

SCHEDULE OF OPENINGS:-

WINDOW	ROLLING SHUTTER
W-1 = 1.82X1.22	R-S-1 = 6.14X2.43m
	R-S-2 = 3.63X2.43m
	R-S-3 = 2.72X2.43m

STABILITY CERTIFICATE:-

THIS IS TO CERTIFY THAT THE STRUCTURE IS DESIGNED AS PER M.S.C.I.S. CODE OF PRACTICE TO TAKE THE OVERLOADING LOAD OF CELLAR, GROUND, FIRST AND SECOND FLOOR SLAB IS SOUND, STRONG AND STABLE.

ARCHITECT:

FOR *[Signature]*
A. CHANDRASEKHAR
8, 2ND FLOOR
C.A. 101, HUBLI

M. R. K. GROUP

ARCHITECTS, INTERIOR DESIGNERS AND ENGINEERS
25 & 26 1st FLOOR
EUREKA JUNCTION
HUBLI-25, PIN-581124, KARNATAKA (INDIA)

AREA STATEMENT AND SITE PLAN AFTER DMS, NO. 846/PM/07

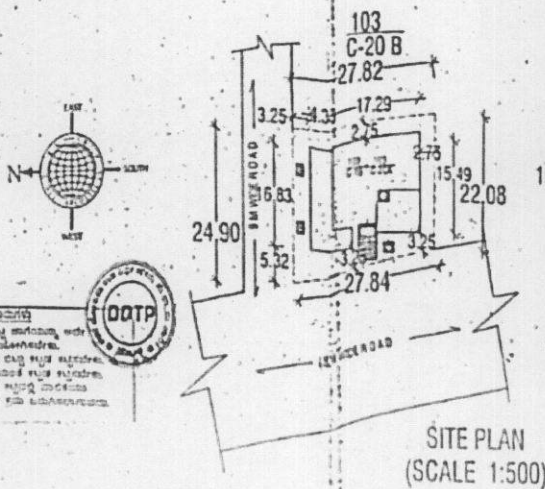
SCALE: 1:100 JOB NO. MSK/07

APPLICANT:

[Signature]
SHRI NAGARAJ C. KARADAGI



PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



ORIGINAL APPROVED PLAN

- 1) The proposed plan is, as shown, and the building is to be constructed in accordance with the plan.
- 2) The building is to be constructed in accordance with the plan.

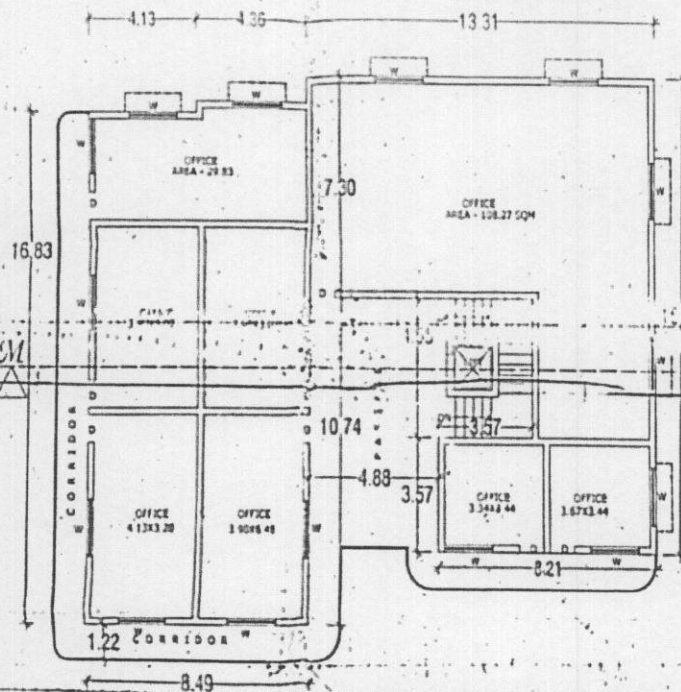
103 A) The building is to be constructed in accordance with the plan.

The building is to be constructed in accordance with the plan.

The building is to be constructed in accordance with the plan.

The building is to be constructed in accordance with the plan.

SITE PLAN
(SCALE 1:500)



TYPICAL FIRST, SECOND & THIRD FLOOR PLAN

PLAN SHOWING THE PROPOSED COMMERCIAL COMPLEX FOR
SHRI. NAGARAJ C KARADAGI ON C T S NO 103/C-19+103/C-20 A, AT HUBLI.

-AREA STATEMENT:-

TOTAL PLOT AREA - 647.96
CELLAR FLOOR AREA - 244.52
GROUND FLOOR AREA - 371.70
FIRST FLOOR AREA - 486.74
SECOND FLOOR AREA - 486.74
THIRD FLOOR AREA - 486.74

NET TOTAL AREA - 2076.44

FLOOR AREA RATIO - 2.48

PARKING AREA PROVIDED - 325.05SqM

PARKING AREA REQUIRED - 315.02SqM

NOTE:-

PROPOSED WORK IS SHOWN IN RED ☐

DRAINAGE LINE IS SHOWN IN YELLOW ☐

SCHEDULE OF OPENINGS:-

WINDOW	ROLLING SHUTTER
W = 1.82x1.22	R.S = 6.14x2.43m
	R.S1 = 3.65x2.43m
	R.S2 = 2.79x2.43m

STABILITY CERTIFICATE:-

THIS IS TO CERTIFY THAT THE STRUCTURE
IS DESIGNED AS PER N.B.C.I.S. CODE
OF PRACTICE TO TAKE THE OVERCOMING
LOAD OF CELLAR, GROUND, FIRST AND
SECOND FLOOR SLAB IS SOUND,
STRONG AND STABLE.

ARCHITECT:

FOR,

R K GROUP

ARCHITECTS INTERIOR
DESIGNERS AND ENGINEERS
35 B 36 1st floor
ELURIA JUNCTION
HUBLI-29, PH-2250645, 4255542 (CH36)

DWG NO. RKG/MSK/07

SCALE: 1: 100

JOB NO. MSK/07

APPLICANT:

SHRI. NAGARAJ C. KARADAGI



PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.

Save Water.
Every Drop is
Precious.

Adopt Rainwater
Harvesting.
Help Overcome
Water Shortage.

Tap Solar Power.
It's Free and
Eco-friendly.

Donate Eyes.
Gift Eyesight.

DONATE BLOOD. SAVE LIFE.
IT'S HARMLESS.



SF-PID
43/2083

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ಕರ್ನಾಟಕ ಒನ್

ರಶೀದಿ / RECEIPT

ಕ್ರ. ಸಂ./Sl. No. 000676458



ಗ್ರಾಹಕರ ಹೆಸರು / Consumer No.
ಗ್ರಾಹಕರ ಕಡತ ಸಂಖ್ಯೆ / Consumer Name & Address
2024-25 02:12:52 PM

ವ್ಯವಸ್ಥಾಪಕ / ಸಂಸ್ಥೆಯ ಹೆಸರು / Name of Department / Agency
ವ್ಯವಸ್ಥಾಪಕರ ಹೆಸರು / Transaction No.

ವಿವರಣೆ / ವಿವರ / Transaction Details
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ವಿವರಣೆ / ವಿವರ / Transaction Date

ವಿವರಣೆ / ವಿವರ / Transaction Details
ವಿವರಣೆ / ವಿವರ / Transaction Date

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ವಿವರಣೆ / ವಿವರ / Transaction Details
ವಿವರಣೆ / ವಿವರ / Transaction Date

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ವಿವರಣೆ / ವಿವರ / Transaction Details
ವಿವರಣೆ / ವಿವರ / Transaction Date

ವಿವರಣೆ / ವಿವರ / Transaction Details
ವಿವರಣೆ / ವಿವರ / Transaction Date

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ವಿವರಣೆ / ವಿವರ / Transaction Details
ವಿವರಣೆ / ವಿವರ / Transaction Date

AMOUNT PAID
USDCARD
CASH
0.00
0.00
Total

Signature: 2550.00

PLEASE CHECK ALL DETAILS LIKE CONSUMER NO., NAME, ADDRESS, DEPT., ETC BEFORE LEAVING THE COUNTER. ***

[Handwritten Signature]





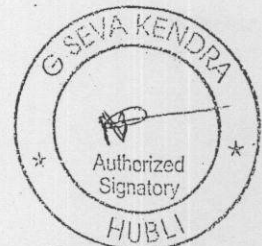
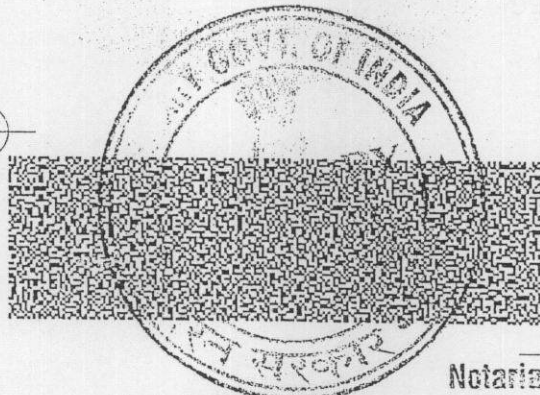
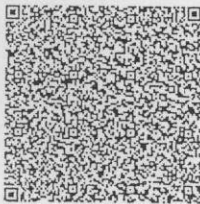
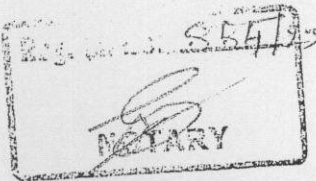
सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	: IN-KA83918662639536V
Certificate Issued Date	: 28-Dec-2023 08:57 PM
Account Reference	: NONACC (FI)/ kagcsl08/ HUBLI/ KA-DW
Unique Doc. Reference	: SUBIN-KAKAGCSL0833851812340042V
Purchased by	: NALWAD MULTISPECIALITY HOSPITAL ANDRESEARCH CENTER
Description of Document	: Article 12 Bond
Description	: DECLARATION
Consideration Price (Rs.)	: 0 (Zero)
First Party	: NALWAD MULTISPECIALITY HOSPITAL ANDRESEARCH CENTER
Second Party	: RENUKA TRUST
Stamp Duty Paid By	: NALWAD MULTISPECIALITY HOSPITAL ANDRESEARCH CENTER
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)



Notarial Stamps are Not Supplied
by Government of Karnataka

DECLARATION

I Dr. Mahesh C Nalwad S/o Channabasappa Nalwad, R/o: Basaveshwar Nagar Hubli and Present Chairman of Renuka Trust Hubli and owner of Nalwad Hospital.

No. of Corrections

NOTARY

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shoestamp.com' or using e-Stamp Mobile App or Stock Holding Company's website. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.

2 The onus of checking the legitimacy is on the users of the certificate.

PRINCIPAL
Institute of Nursing Sciences
J. B. BALL

KARNATAKA GOVERNMENT OF KARNATAKA

Here by Solemnly Affirm and State as under:

I hereby agree and undertake to give my Hospital to function as parent hospital to Renuka Institute of Nursing Sciences of Hubli.

I also further declare that I will not allow any other Nursing Institutions to be treated as parent hospital other than Renuka Institute of Nursing Sciences, Hubli for next 3 years (Three Years).

I also understand that once a particular Hospital is shown as a parent hospital and it is the permission to Renuka Institute of Nursing Sciences, Hubli to conduct clinical trainings.

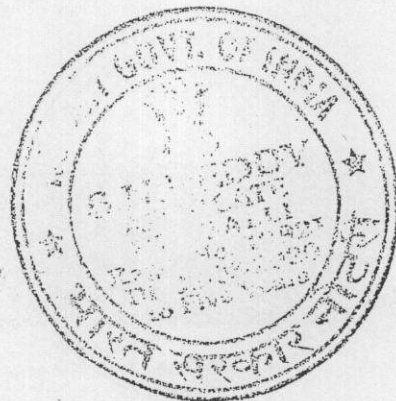
In case I withdraw the under taking given then that event the permission will be lapsed.

hehoo

Signature

Hospital Authority with seal

NALWAD MULTISPECIALITY
HOSPITAL & DIAGNOSTIC CENTRE
Vikas Nagar, ...



No. of Corrections

0
NOTARY

Chandgoud B.B.
Executant Admits the Contents of
the document and is identified by
Shri: *C.B. Hingegouda Acharya*
Who is Personally Known to Me.

NOTARY.

SOLENNY AFFIRMED BEFORE ME

[Signature]
NOTARY.

28 DEC 2023

[Signature]
PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.

ಹುಬ್ಬಳ್ಳಿ ಧಾರವಾಡ ಮಹಾನಗರ ಪಾಲಿಕೆ

ನಮೂನೆ-1

(ನಿಯಮ 7 ನೋಡಿ)



SAS ID : 1258254

ಅಸ್ತಿ ತರಿಗೆ ವಿವರ ಪಟ್ಟಿ

OldPID: 43/2083

PID : 234832

Property Type : ASSESSED (COMMERCIAL)

Date : 14/08/2024
13:12:22

Old Assessment No. : 0

Construction Type : APARTMENT (CONSTRUCTED)

New Assessment No. : 0

Zone Name: 9

Ward Name: 43

1(a)	ಮಾಲೀಕನ ಹೆಸರು (ಕನ್ನಡ) / Owner Name(Kannada)	ಸದಾಶಿವ, ನಾಗರಾಜ, ಗುರುರಾಜ, ತಂದೆ. ಚನ್ನಬಸಪ್ಪ ಕಾರದಗಿ
1(b)	ಮಾಲೀಕನ ಹೆಸರು (ಇಂಗ್ಲಿಷ್) / Owner Name(English)	Sadashiv Nagaraj Gururaj Channabasappa Karadagi
2	ಅನುಭೋಗದಾರನ ಹೆಸರು / Occupier Name	-
3	ಮಾಲೀಕನ ವಿಳಾಸ / Owner Address	ಪಿ & ಟಿ ಕ್ಯಾಟರ್ಸ್, ಹುಬ್ಬಳ್ಳಿ -
4	ತೆರಿಗೆ ನಿರ್ಧರಣೆ ವರ್ಷ / Assessment Year	2024-25
5	ವಾರ್ಡಿನ ನಂ ಮತ್ತು ಹೆಸರು / Ward Name	43 (Zone:9, Block:Block-1)
6	ಬೀದಿ ಅಥವಾ ಪ್ರದೇಶದ ಹೆಸರು / Street Name	(ಮಿಲ್ ರಸ್ತೆ) P&T ಕ್ಯಾಟರ್ಸ್ ನಿಂದ ಹೊಸೂರು ಕ್ರಾಸ್ಸರಿಗೆ (ವೆಡ್ಡರ ಯಲ್ಲದ್ವಿ ವೃತ್ತ) ಕಾಟನ ಸೆಲ್ಯು ಅಸ್ತಿ ಸೇರಿದಂತೆ
	ಖಾಲಿ ಭೂಮಿ / Open Land	
7(a)	ನಿವೇಶನದ ನಂ / Site Number	0/0
7(b)	ಕಟ್ಟಡದ ನಂ / Building Number	19-ಎಸ್.ಎಫ್-1
8	ನಿವೇಶನದ ಒಟ್ಟು ವಿಸ್ತೀರ್ಣ / Total Site Area	647.96 sq. mt.
9	ಕಟ್ಟಡ ಆವರಿಸಿದ ಭೂಮಿಯ ವಿಸ್ತೀರ್ಣ / Area Occupied by Building	179.09 sq. mt.
10	ಎಲ್ಲಾ ಅಂತಸ್ತುಗಳೂ ಸೇರಿ ಕಟ್ಟಡ ನಿರ್ಮಾಣವಾಗಿರುವ ಒಟ್ಟು ಪ್ರದೇಶ / Area Accross all Floors	179.09 sq. mt.
11	Plinth factor (Col 9/ Col 10)	1
12	ಖಾಲಿ ಭೂಮಿಯ ವಿಸ್ತೀರ್ಣ (ನಂ 8 - ನಂ 9) / Open Land(No. 8 - No. 9)	468.87 sq. mt.
13	225 ಚ.ಮೀಟರ್ (2421 ಚದರಡಿ) ಗಿಂತ ಕಡಿಮೆ ಇರುವ ನಿವೇಶನದಲ್ಲಿ ಕಟ್ಟಡ ವಾಸದ ಮನ ಸುತ್ತಲಿನ ಗರಿಷ್ಠ 50 ಚ.ಮೀಟರ್ (538 ಚದರಡಿ)ಗೂ ಮೀರಿ ಖಾಲಿ ಉಳಿಯುವ ಖಾಲಿ ಜಾಗ.	
14	ತೆರಿಗೆಗೆ ಒಳಪಡುವ ಒಟ್ಟು ಖಾಲಿ ಜಾಗ / Total Taxable Vacant Land	468.87 sq. mt.
15	ಖಾಲಿ ಭೂಮಿ ವಿಸ್ತೀರ್ಣ / Open Land Area	
	ಅ) 1000 ಚ.ಮೀಟರ್ (10760 ಚದರಡಿ) ವರೆಗೆ ಅಧಿಕವಿರುವ ಖಾಲಿ ಭೂಮಿ / A) Vacant Land upto 1000 sq.mt.(10760 sq.ft.)	0 sq. mt.
	ಆ) 1000 ರಿಂದ 4000 ಚ.ಮೀಟರ್ ವರೆಗೆ (10760 ರಿಂದ 43040) ಇರುವ ಖಾಲಿ ಭೂಮಿ / B) Open Land upto 1000 to 4000 sq.mt.(10760 sq.ft.)	0 sq. mt.
	ಇ) 4000 ಚ.ಮೀಟರ್ (43040 ಚದರಡಿ) ಗಿಂತ ಅಧಿಕ / Vacant Land more than 4000sq.mt.(43040 sq.ft.)	0 sq. mt.
16(A)	ಚ.ಮೀಟರ್ (10760 ಚದರಡಿ) ಭೂಮಿಯ ಅಂದಾಜು ಮಾರುಕಟ್ಟೆ ಬೆಲೆ / EMV Full Value	0
16(B)	ಭೂಮಿಯ ಅಂದಾಜು ಮಾರುಕಟ್ಟೆ ಬೆಲೆಯ 50% / EMV Half Value	0
17	ಖಾಲಿ ಭೂಮಿಯ ತೆರಿಗೆಗೆ ಗುರಿಯಾಗುವ ಮೂಲ ಮೌಲ್ಯ / Value Applicable for Open Land tax	
	ಅ) 1000 ಚ.ಮೀಟರ್ (10760 ಚದರಡಿ) ವರೆಗೆ (ನಂ-15(ಅ) X ನಂ16) / A) upto 1000 sq.mt.(No-15(A) X No-16)	0
	ಆ) 1000 ರಿಂದ 4000 ಚ.ಮೀಟರ್ ವರೆಗೆ (10760 ರಿಂದ 43040) (ನಂ-15(ಆ) X ನಂ16) / B) 1000 to 4000 sq.mt.(10760 to 43040)(No-15(B) X No-16)	0
	ಇ) 4000 ಚ.ಮೀಟರ್ (43040 ಚದರಡಿ) (ನಂ-15(ಇ) X ನಂ16) / C) 4000 sq.mt. (43040 sq.ft) (No-15(C) X No-16)	0
18	ಖಾಲಿ ಭೂಮಿಯ ತೆರಿಗೆ ದರ / Tax of Open Land	
	ಅ) 1000 ಚ.ಮೀಟರ್ (10760 ಚದರಡಿ) ವರೆಗೆ / A) Rate of Open Land Tax upto 1000 sq.mt. (10760 sq.ft)	0.206 %
	ಆ) 1000 ರಿಂದ 4000 ಚ.ಮೀಟರ್ ವರೆಗೆ (10760 ರಿಂದ 43040) / B) Rate of Open Land from 1000 to 4000 sq.mt. (10760 to 43040)	0.206 %
	ಇ) 4000 ಚ.ಮೀಟರ್ (43040 ಚದರಡಿ) ಗಿಂತ ಅಧಿಕ / C) Rate of Open Land	0.206 %

SF 43/2083

[Signature]

	Tax more than 4000 sq.mt.(43040 sq.ft.)	
	ಆಸ್ತಿ ತೆರಿಗೆ / Property Tax	
19	ಖಾಲಿ ಭೂಮಿಯ ಮೇಲಿನ ಆಸ್ತಿ ತೆರಿಗೆ (ನ.17(ಅ)Xನ.18(ಅ) + ನ.17(ಆ)Xನ.18(ಆ) + ನ.17(ಇ)Xನ.18(ಇ)) / Property Tax on Open Land(No-17(B) X No-18(A) + No-17(B) X No-18(B) + No-17(C) X No-18(C))	0 INR
20	ಕಟ್ಟಡ ಆವರಿಸಿದ ಭೂಮಿಯ ವಿಸ್ತೀರ್ಣ / Area Occupied by Building	179.09 sq. mt.
21	ಭೂಮಿಯ ಮೂಲ ಮೌಲ್ಯ (ನಂ 20 X ನಂ 16) / Capital Value of Land	0
22	ಕಟ್ಟಡದ ಮಾದರಿ / Building Type	SF1 =
23(A)	ಕಟ್ಟಡದ ನಿರ್ಮಾಣದ ಚರದರಿ ಅಂದಾಜು ವೆಚ್ಚ / Slab Rate Full	SF1 = 13708.5 Rs/sq mt.
23(B)	ಕಟ್ಟಡದ ನಿರ್ಮಾಣದ ಚರದರಿ ಅಂದಾಜು ವೆಚ್ಚದ 50% (2002-03 ರಿಂದ 2004-05 ರ ಒಳಗೆ ಅನ್ವಯವಾಗುವುದಿಲ್ಲ) / Slab Rate Half	SF1 = 3427.13 Rs/sq mt.
24	ಕಟ್ಟಡದ ಪ್ಲಿಂತ್ ಏರಿಯಾ / Plinth Area	SF1 = 179.09 sq. mt.(A)0 sq. mt.(UA)
25	ಕಟ್ಟಡದ ನಿರ್ಮಾಣ ವೆಚ್ಚ (ನ.23 X ನ.24) / Cost of Building (No-23 X No-24)	SF1 = 613764.7117(A)0(UA)
26	ಕಟ್ಟಡದ ವಯಸ್ಸು / Age of Building	ASF1 = 13
27	ನವಕಳಿ ದರ / Depreciation Rate	SF1 = 0.12248
28	ಕಟ್ಟಡದ ನವಕಳಿ (ನ.25 X ನ.27) / Amount of Depreciation	SF1 = 75173.79(A)0(UA)
29	ಕಟ್ಟಡದ ತೆರಿಗೆಗೆ ಗುರಿಯಾಗುವ ಮೂಲ ಮೌಲ್ಯ / Taxable Capital Value of Building (GF)=(ನಂ 25 - ನಂ 28) + (ನಂ 24 * ನಂ 16(B))	SF1 = 538590(A)0(UA)
	ಕಟ್ಟಡದ ಮೇಲಿನ ಆಸ್ತಿ ತೆರಿಗೆ / Builtup Area Property Tax	
30	ಸೃಷ್ಟಿನ ಉಪಯೋಗ / Property Usage	SF1 = Comm.(Self)(--Select--(0%))
31	ಆಸ್ತಿ ತೆರಿಗೆ ದರ / Rate of Property Tax	SF1 = 1.8
32	ಕಟ್ಟಡದ ಮೇಲಿನ ಆಸ್ತಿ ತೆರಿಗೆ (ನ.29 X ನ.31) / Tax on Building(No-19 X No-31)	SF1 = 9694.62(A)0(UA(x2))
33	ವಾಸದ ಮನೆಯಲ್ಲಿ ಸ್ವತಃ ವಾಸವಿದ್ದರೆ (ನ.32ರ 50%) / Rebate for Self(50% of No-32)	SF1 = 9694.62(A)0(UA)
34	ಖಾಲಿ ಭೂಮಿ ಮತ್ತು ಕಟ್ಟಡ ಆಸ್ತಿ ತೆರಿಗೆ (ನ.15 + ನ.32) ಅಥವಾ (ನ.19 + ನ.33) / Open land and Building Property Tax(No-15 + No-32)	= 9695
35	ರಿಬೇಟು (5% ರಿಯಾಯಿ, ಜುಲೈ 31 ರ ಒಳಗೆ) / July(5% , before 31st)	Rs.0
	ಸೆಸ್ಸುಗಳು / Cess	
36	ಪಾವತಿ ಮಾಡಬೇಕಾದ ಒಟ್ಟು ಆಸ್ತಿ ತೆರಿಗೆ (ನ.34 - ನ.35) / Total Property Tax(No-34 - No-35)	9695(Diff. Amt. 0 Rs.)
	Health Cess(15%) : 1454.25 Rs. Library Cess(6%) : 581.7 Rs. Beggar Cess(3%) : 290.85 Rs. Urban Transport Cess(2%) : 193.9 Rs.	
37	ಒಟ್ಟು ಸೆಸ್ಸು (ನ.34ರ 26%)	2521
38	ವಾಹನದ ಸೆಸ್ಸು / Vehicle Cess	0
39	ಒಟ್ಟು SWM ಸೆಸ್ಸು / Total SWM Cess	1200 (Arrears :0 Rs.), SWM Service Charges:0 Rs.
40	ಒಟ್ಟು UGD ಸೆಸ್ಸು / Total UGD Cess	0
41	ಒಟ್ಟು ದಂಡ (ಆಗಸ್ಟ್ ನಿಂದ ಮಾರ್ಚ್ 2%) / Total Penalty(from august 2%)	244(2%)
42	ಒಟ್ಟು ದಂಡ KMC ACT Section 112C ರ ಪ್ರಕಾರ / Total Penalty as per KMC ACT Section 112C Rule	0
43	ಪಾವತಿ ಮಾಡಬೇಕಾದ ಒಟ್ಟು ಮೊಬಲಗು (ನ.36 + ನ.37 + ನ.38 + ನ.39 + ನ.40 + ನ.41) / Total Payable Amount(No-36 + No-37 + No-38 + No-39 + No-40)	Rs. 13660 Arrears Amount : Rs. 443023
	ಪಾವತಿ ವಿಧಾನ / Payment Mode	
44	ಬ್ಯಾಂಕಿನ ಹೆಸರು / Bank Name	Indusind Bank Hubli
45	ಮೊಬಲಗು ಮತ್ತು ದಿನಾಂಕ / Amount and Date	

Remarks: -

ಶ್ರೀಮತಿ/ಶ್ರೀ

ನಾನು ಈ ವಿವರ ಪಟ್ಟಿಯಲ್ಲಿ ತಿಳಿಸಿದ ಮಾಹಿತಿಯು ನಾನು ತಿಳಿದಿರುವಂತೆ ಮತ್ತು ನಂಬಿಕೆಯಂತೆ ಮತ್ತು ನಿಜವೆಂದು ದೃಢೀಕರಿಸುತ್ತೇನೆ ಮತ್ತು 1976ರ ಕರ್ನಾಟಕ ಮಹಾನಗರ ಪಾಲಿಕೆಯ ಅಧಿನಿಯಮದ ಉಪಬಂಧಗಳಿಗೆ ಅನುಸಾರವಾಗಿದೆಯೆಂದು ನಾನು ಈ ಮೂಲಕ ಘೋಷಿಸುತ್ತೇನೆ.

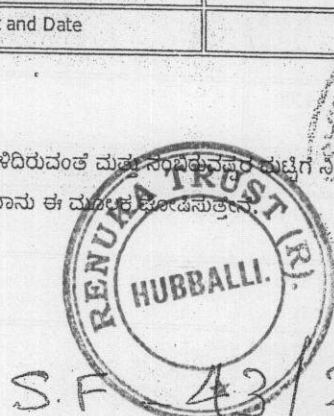
ದಿನಾಂಕ :

ಮೋಹರು :

ದಿನಾಂಕ :

ಸಹಿ :

ಹೆಸರು :



PRINCIPAL

Renuka Institute of Nursing Sciences

S.F 43/2083

11/22/23 5:00 PM

KPMIE.jpg



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



Dharmwad

CERTIFICATE OF REGISTRATION

This is to certify that **NALLUHO MULTISPECIALITY HOSPITAL & RESEARCH CENTRE** located at **Vikas Nagar, Hubli** owned by **Dr. Mahesh C. Nalluho** has been granted registration as under **Karnataka Private Medical Establishment (Amended) Act, 2018** and is registered for providing medical services as a **Hospital** (**U.S. 1.2**) under the regulatory system of medicine.



Signature valid

Digitally signed by
Date: 2023.10.20 20:28:24
+05'30'

Reg No: 00000000000000000000
Date of Issue: 11/21/2023
Valid Till: 11/21/2025
Place: Dharmwad

Registrar, District Health and Family Welfare
District Registration and Grievance Redressal Authority
Karnataka Private Medical Establishment
Dharmwad



Principal
Renuka Institute of Nursing Sciences
11/22/23 11:11

https://mail.google.com/mail/u/0/#inbox?projector=1

Karnataka State Pollution Control Board
Dharwad Plot No. 4
Lakkamanahalli Industrial Area
Dharwad - 580 004
Ph No 0836-2462918

ಬಿಎಂಸಿ ಸಂಸ್ಥೆ
ಬಿಎಂಸಿ ಸಂಸ್ಥೆ
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ಬಿಎಂಸಿ ಸಂಸ್ಥೆ
ಬಿಎಂಸಿ ಸಂಸ್ಥೆ

ಬಿಎಂಸಿ ಸಂಸ್ಥೆ
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ಬಿಎಂಸಿ ಸಂಸ್ಥೆ
ಬಿಎಂಸಿ ಸಂಸ್ಥೆ



FORM-II

(See Rule 10 of BMW Management Rules 2016)

AUTHORISATION

No PCB/SEO-DWD/BMW/2019-20/252

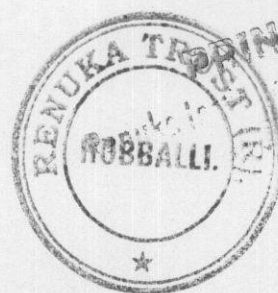
Date: 11/11/19

- The Chief Medical Officer, M/s. Nalwad Multispeciality Hospital & Research Centre, Sy.No. 103/B3-103/B4 A2, Vikas Nagar, Hosur, Hubli is hereby granted an Authorisation for generation, segregation, collection, storage, packaging, reception, transport and disposal of Bio Medical waste
- The Medical officer, an Occupier of M/s. Nalwad Multispeciality Hospital & Research Centre is hereby authorized for handling of biomedical waste as per capacity given below
 - Number of beds of HCF 100 beds
 - Quantity of Biomedical waste handled & its category are as given below

Category	Type of Waste Category	Quantity permitted for Handling kg/day	Treatment & Disposal
Yellow	(A) Human Anatomical Waste	5.0 Kg	
	(B) Animal Anatomical Waste		
	(C) Soiled Waste	5.0 Kg	Shall be handled over to CBMWTF
	(D) Expired or Discarded Medicines		
	(E) Microchemical waste		
	(F) Chemical Liquid Waste		As per condition No. 1
	(G) Discarded linen, mattress, beddings contaminated with blood or body fluid		
Red	(H) Microbiology, linen, mattresses, beddings contaminated with blood or body fluid		
	(I) Contaminated Waste (Recyclables)	5.0 Kg	Shall be handled over to CBMWTF
White (translucent)	Waste Sharps including Metals	0.5 Kg	Shall be handled over to CBMWTF
	(a) Glassware	1.0 Kg	Shall be handled over to CBMWTF
Blue	(b) Metallic Body Implants		
	(c) Liquid Waste from laboratory		

- This Authorisation shall be in force for a period up to 30.09.2028 from the date of issue
- This Authorisation is subject to the condition stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act 1986.

SEO-Dharwad(H C)



NALWAD MULTISPECIALITY HOSPITAL & RESEARCH CENTRE

Vikas Nagar, Hosur, HUBBALLI-580021 Contact :0836-2372694

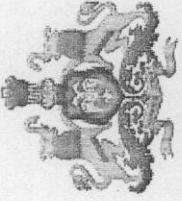
Ref No:

Date: 14/12/2023

We the Trustee of Renuka Trust are agreed to function as parent hospital for NMHNRC, RENUKA INSTITUTE OF NURSING SCIENCES. AND HOSPITAL WILL NOT FUNCTION AS PARENT/AFFILIATED HOSPITAL TO ANYOTHE NURSING INSTITUTION.


PRINCIPAL
Renuka Institute of Nursing
HUBBALLI.





Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority



Dharwad

CERTIFICATE OF REGISTRATION

This is to certify that NALWAD MULTISPECIALITY HOSPITAL & RESEARCH CENTRE located at Vikas Nagar, Hosur, Hubballi-580021 owned by Dr Mahesh C Nalwad has been granted registration as under Karnataka Private Medical Establishment (Amended) Act 2018 and Rules 2018 and is registered for providing medical services as a Hospital (Level 2) under Allopathy system of medicine.

Reg No: DWR00603ALHL2

Date of Issue: 13 Feb 2023

Valid Till: 12 Feb 2028

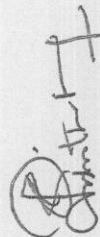
Place: Dharwad

Signature valid

Digitally signed by
Date: 2023.02.13 20:28:24
+05:30



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


PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.

Annex - 19.

Renuka Trust

RENUKA INSTITUTE OF NURSING SCIENCE

Siddarooda Complex, Vikas Nagar, Hosur, Hubli - 580021

Contact - 8050141606

Ref No:

Date: 03/8/2024

To,
President,
Renuka Trust,
Hubballi.



Sub: Consent letter against the offer letter.

Respected Sir,

With ref. to the above mentioned subject & I Nahitha Khanam R
give my consent to join as Principal to Renuka Institute of Nursing
Sciences, Hubballi which is run under Renuka Trust, Hubballi. I give my consent
to join as Principal.

Thanking you,



Nahitha Khanam R
03/08/2024

Chairman
CHAIRMAN



Rajiv Gandhi University of Health Sciences, Karnataka
4th T^h Block, Jayanagar, Bangalore – 560 041

Name of the College : RENUKA INSTITUTE OF NURSING SCIENCES, HUBLI

Date of Inspection : 02/09/2024

DECLARATION FORM - 2012 - 2013

1.(a) Dr./Mr./Mrs./ Name Prof. VAHANA KHANAM R

1.(b) Date of Birth & Age 06/07/1981 & 43 yrs.

1.(c) Recent Passport size photo of the Employee
Signed by Dean / Principal of the college.

1.(d) Submit Photo ID proof issued by Govt. Authorities :



Photo ID submitted : Passport copy / Driving Licence / PAN Card / Voter ID

Number AUUPV3807E. Issued by Govt. of India. Photograph

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Principal cum Professor

1.(e) ii. Department Nursing

1.(e) iii. College: Renuka Institute of Nursing Sciences

1.(e) iv. City: Hubli

1.(e) v. Nature of appointment: ☒ Permanent / Temporary / Adhoc / Honorary / Part-time

1.(e) vi. Whether belongs to: SC / ST / OBC / Ex-service / ☒ Others.

1.(f) Residential Address of employee :
No-20, Shrinila Nagar,
Hubli

1.(g) **Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: 8861385602

Residence: -

E-mail address: -

Mobile Number : 7760825786



I Date of joining 03/08/24 as Principal

2. Qualifications :

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
<u>Under Graduate</u> Degree : B.Sc. Nursing	Sara College of Nursing De. M.G.R. Univ., Chennai	2002	RR TMN 2007 534 KAR 19/Nov/2007	Karnataka State Nursing Council Bangalore
<u>Post Graduate</u> Degree : M.Sc. Psychiatric Nursing	Saavedaya CON Bangalore R.G.U.H.S., Bangalore	2007	RR TMN 2007 534 KAR 19/Nov/2007	Karnataka State Nursing Council Bangalore
<u>Additional Qualification:</u>	—		Valid till 05/03/2026.	

Note: For PG-Post PG qualification additional Registration certificate particulars be furnished and subject be furnished within brackets after scoring out whichever is not applicable.

- 2.(a) Copies of Degree certificates of UG and PG degree to be attached.
2.(b) Copies of Registration of UG and PG degree to be attached.

3. Details of the previous appointments/teaching experience:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr.Resident	New Sai shantini CON, Bangalore	05/05/2007	30/09/2012	5 yrs 4 months
Assistant Professor	Dhanwanthari Nsg College, Bangalore	02/11/2012	14/11/2013	1 yr 1 month
Associate Professor	SHRIMAAUTHI CON Bangalore	02/06/2014	31/08/2021	7 yrs 2 months
Professor	New Ashwini Inst of Nursing, BTP	04/10/2021	31/03/2023	1 yr 6 months

4.(a) Before joining present institution I was working at New Ashwini Institute of Nursing, as Principal cum Professor and relieved on 31/03/2023 after resigning / retiring (**Relieving order is enclosed from the previous institution**).

4.(b) I am not working in any other college in the State or outside the State in any capacity full-time / part-time.

5. Number of Research publications in Journals during the last 3 (Three) academic years:

5.(a) International Journals:

—

5.(b) National Journals:

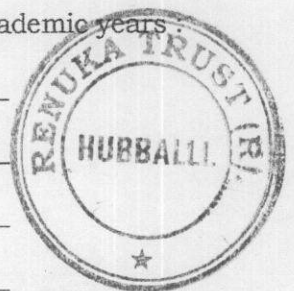
—

5.(c) State/Other Journals:

—

6. Number of Research Projects on hand:

4



7.(a) I am having PAN Card and my PAN is AUUPV380FE / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	Amount Received	TDS
July, 2006		
August, 2006		
September, 2006		
October, 2006		
November, 2006		
December, 2006		
January, 2007		
February, 2007		
March, 2007		
April, 2007		
May, 2007		
June, 2007		

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2005-2006 are attached)

Declaration

1. I have not worked at any other college/institution or presented myself at any inspection from October 2007 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted alongwith the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.

Date: 02/09/2024 Place: Hubli

Signature of the Employee:

Endorsement

This endorsement is the certification that the undersigned has satisfied himself /herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. **I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Date: 02/09/24 Place: Hubli

Countersigned by the
Director/Dean/Principal

PRINCIPAL
Repuka Institute of Nursing Science
HUBBALLI.



Sl.No	Documents	Submitted	
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes	No
1.(d)	Photo ID proof issued by Govt. Authorities : Passport / Driving Licence / PAN Card / Voter ID	Yes	No
1.(g)	Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.	Yes	No
2.(a)	Copies of Degree certificates of UG and PG degree.	Yes	No
2.(b)	Copies of Registration of UG and PG degree.	Yes	No
3.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes	No
4.(a)	Relieving order from the previous institution.	Yes	No
7.(a)	PAN Card	Yes	No
7.(c)	Form 16 (TDS certificate) for financial year 2005-2006	Yes	No

Signed by the Teacher :

Date : 02/09/2024

Countersigned by Dean / Principal
Date : 02/09/2024
Renuka Trust (P) HUBBALLI.

Signed by the Inspector :

Date :

NOTE :

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card (if issued) are not produced for verification at the time of inspection.
3. All the teachers must submit the revised declaration form in this format only. (Any declaration form submitted in an old format will not be accepted and he will not be counted as a teacher.)



Renuka Trust
RENUKA INSTITUTE OF NURSING SCIENCE
Siddarooda Complex, Vikas Nagar, Hosur, Hubli - 580021
Contact - 8050141606

Ref No:

Date: 03/08/2024

APPOINTMENT LETTER

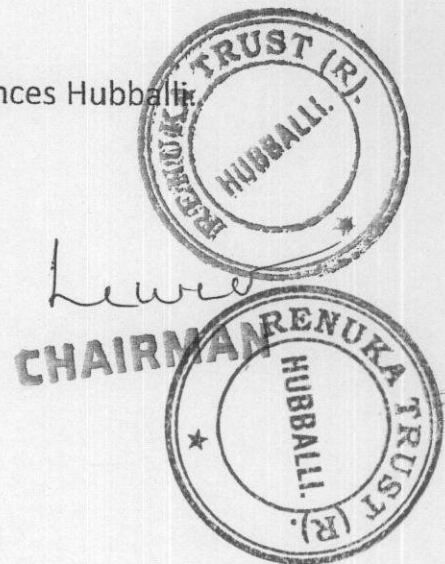
Sub: Appointment for the post of Asst Professor in Renuka Institute of Nursing sciences Hubballi.

Mrs. Vahithakham R is appointed as Asst Professor in Renuka Institute of Nursing Science Hubballi on following terms and conditions commencing into effective from the date of joining.

1. He shall be governed by the trust service rules in force and change if any in future.
2. He has to report duly to the principal Renuka Institute of Nursing science Hubballi.

COPY TO

1. The Renuka Trust
2. The principal Renuka Institute of Nursing Sciences Hubballi.





Karnataka State Nursing Council

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪುರುಷ ಪರಿಷತ್ತು ಬೆಂಗಳೂರು



BENGALURU



Registration No **RR TMN 2007 543 KAR**

Reg. Date: **19 Nov 2007**

SCHEDULE - I : FORM 'D', 'E', 'F', 'G', 'H'

Certificate of Registration

[Constituted under the Karnataka Nurses, Mid-Wives and Health Visitors Act 1961]
[Karnataka Act No. 4 of 1962] [Rule 7(3) Part III of the Rules of the Karnataka State Nursing Council]



Name : **Mrs. R VAHITHA KHANAM**

Father / Spouse Name : **MAQSOOD ALAM SIRUR**

Date of Birth : **06 Jul 1981**

Address : **# 20 MANNAT HOUSE, 2ND CROSS KOTHANUR, NISARGA LAYOUT BYRATHI
.. BANGALORE URBAN - 560077**

Qualification : **BSc Nursing**

School / College : **SARA NURSING COLLEGE, DHARAPURAM, ERODE**

Board / University : **THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,
CHENNAI(November-2002)**

Additional Qualifications :

Date Signature

**MSc Nursing PSYCHIATRIC NURSING (April-2007), SARVODAYA
COLLEGE OF NURSING ;BANGALORE,RAJIV GANDHI UNIVERSITY
OF HEALTH SCIENCES; BANGALORE, KARNATAKA-560041**

19 Nov 2007

U. M. Bhandari

U. M. Bhandari
PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI



Issued Date: **06/03/2021**

I do hereby certify that this is a true copy of the above specified name in the Nursing Register



IMPORTANT NOTICE

1. Report change of address and additional qualifications promptly
2. All persons registered under this Act are legally entitled to practice the Nursing
3. Shall abide by Code of Nursing Ethics framed from time to time
4. Renewal is compulsory after 3 years of initial registration & every 3 years subsequently if you are working in Karnataka
5. Scheduled ONE (One) Hour is mandatory for every renewal
6. Do not tamper the certificate

U. M. Bhandari
(Usha.M.Bhandari Reg:17222)
Registrar

ಕ್ರ.ಸಂ 005309

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



**RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA**

ವಹಿತಖಾನಮ್ ಆರ್

ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯುಘಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು

ಏಪ್ರಿಲ್ ೨೦೦೭ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವುದನ್ನು ದೃಢೀಕರಿಸುತ್ತಾ

ಮಾಸ್ಟರ್ ಆಫ್ ಸೈನ್ಸ್ ಇನ್ ನರ್ಸಿಂಗ್ (ಸೈಕಿಯಾಟ್ರಿಕ್ ನರ್ಸಿಂಗ್)

ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ

ನಾವು ೨೯ನೇ ಮಾರ್ಚ್ ೨೦೦೮ ರಂದು ನಡೆದ ೧೦ ನೇ ಪಟ್ಟಕೋಶದಲ್ಲಿ

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate confer*

MASTER OF SCIENCE IN NURSING (PSYCHIATRIC NURSING)

on

VAHITHAKHANAM R

in recognition of fulfillment of the requirements for the said

Post Graduate Degree in the examination held during **APRIL 2007**

Given under the seal of the University, in the

10th convocation held on 29th March 2008



P.S. K.
Vice-Chancellor



Bangalore

Date :

29/03/2008

Reg. No. : 05NS104

College : SARVODAYA COLLEGE OF NURSING, BANGALORE

PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.





RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA
BANGALORE - 560 041

ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ
ಬೆಂಗಳೂರು - 560 041

STATEMENT OF MARKS

Sl. No.: G.K.-12345

M.Sc. NURSING (RBI) EXAMINATION
APRIL 2007

Register Number: 0083104

Name of the Student: **VAHITHAKHANAM R**

Sl. No.	Subjects	University Examination				IA		Grand Total		Remarks	
		Theory / Practical		Viva							
		Max.	Sec.	Max.	Sec.	Max.	Sec.	Max.	Sec.		
01	ADVANCED CONCEPTS OF HEALTH AND NURSING	Th.	080	050			020	017	0100	0067	APR '06
02	BIOLOGICAL AND PSYCHO-SOCIAL FOUNDATION OF NURSING	Th.	080	053			020	017	0100	0070	APR '06
03	EDUCATION AND NURSING EDUCATION	Th.	080	045			020	017	0100	0062	APR '06
04	BIOSTATISTICS AND NURSING RESEARCH	Th.	080	053			020	017	0100	0070	APR '06
05	PSYCHIATRIC NURSING - I	Th.	080	053			020	017	0100	0070	APR '06
		Pr.	080	057			020	018	0100	0075	
06	ADMINISTRATION AND NURSING ADMINISTRATION	Th.	080	051			020	018	0100	0067	Pass
07	PSYCHIATRIC NURSING - II	Th.	080	039			020	018	0100	0057	Pass
		Pr.	080	048			020	017	0100	0063	
08	DISSERTATION	Pr.	080	066	050	034	020	018	0150	0118	Pass
GRAND TOTAL									1050	0723	PASS CL-63

Min to pass : 50% in Theory aggregate and 50% in Practical aggregate

Total marks obtained
(in words)

SEVEN HUNDRED TWENTY THREE

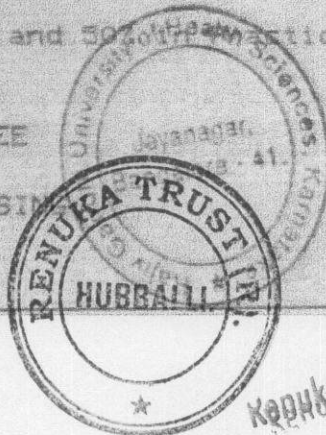
Name of the College

SARVODAYA COLLEGE OF NURSING
BANGALORE

Date

17/07/2007

Registrar (Evaluation)



PRINCIPAL
Karnataka Institute of Nursing Sciences
HUBBALLI.



Signature

The Tamil Nadu Dr. M.G.R. Medical University
CHENNAI

FACULTY OF NURSING

The Governing Council of THE TAMIL NADU

Dr. M. G. R. MEDICAL UNIVERSITY hereby makes known that

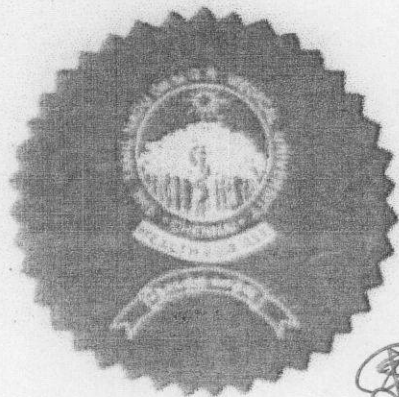
VAHITHAKHANAM R.

has been admitted to the Degree of **BACHELOR OF SCIENCE IN**
NURSING ~~has~~ she having been certified by duly appointed

Examiners to have qualified to receive the same and been

placed in the **FIRST** Class at the Examination

held in **NOVEMBER 2002**



Given under the Seal of the University.

Signature

PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



REGISTRAR I/c

Signature

VICE-CHANCELLOR

CHENNAI

DATE 30-06-2003



THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI

STATEMENT OF MARKS

Course	BACHELOR OF SCIENCE (NURSING)	Register Number	112	Serial No.	0911
Semester	SEVENTH SEMESTER				
Registration	MODIFIED	Month & Year	APR 2002		

Name of the Candidate: **VAHITHAKKANAM R**

NAME OF THE SUBJECT	MARKS AWARDED	PASSING MINIMUM	MAXIMUM MARKS	RESULT
4776 PRINCIPLES OF EDUCATION INCLUDING NURSING EDUCATION WRITTEN TOTAL IN WRITTEN & INTERNAL	52 FIVE TWO 76 SEVEN SIX	34 50	75 100	PASS
4777 PRINCIPLES OF MANAGEMENT INCL. MANAGEMENT NURSING PRACTICE AND EDUCATION WRITTEN TOTAL IN WRITTEN & INTERNAL	54 FIVE FOUR 78 SEVEN EIGHT	34 50	75 100	PASS
TRENDS & ISSUES IN NURSING INTERNAL	47 FOUR SEVEN	25	50	PASS
NURSING RESEARCH METHODS PROJECT INTERNAL	47 FOUR SEVEN	25	50	PASS



[Signature]
PRINCIPAL
Renuka Institute of Nursing Science
HUBBALLI.



AAA ABSENT

Chennai

★ Deputy Controller of Examinations

STATEMENT OF MARKS

Course	BACHELOR OF SCIENCE (NURSING)	Register Number	Inst	Seat No
Branch	EIGHTH SEMESTER	66984230	112	0089
Regulation	MODIFIED	Month & year	NOV 2002	

Name of the Candidate: VANITHAKKANAM R

SUBJECT CODE	NAME OF THE SUBJECT	MARKS AWARDED	PASSING MINIMUM	MAXIMUM MARKS	RESULT
4741	MIDWIFERY				
	WRITTEN	95 NINE FIVE	60	150	
	PRACTICAL	56 FIVE SIX	30	75	
	AGGREGATE IN WRITTEN, INTERNAL AND PRACTICAL	220 TWO TWO ZERO	150	300	PASS

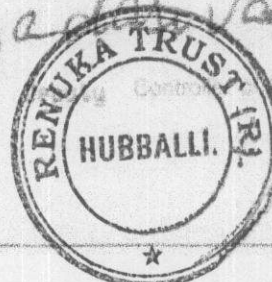


AAA : ABSENT

Chennai

Ritesh
PRINCIPAL
 Renuka Institute of Nursing Sciences
 HUBBALLI.

Usha Sathyan





THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY CHENNAI - 32.

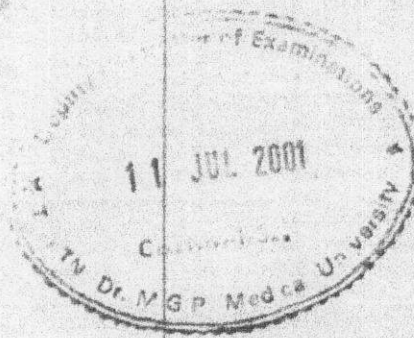
STATEMENT OF MARKS

293175

Register Number		Inst.	Serial No.	
66986230		112	0924	
Month & Year		APR 2001		
NAME OF THE SUBJECT				
MARKS AWARDED		PASSING MINIMUM	MAXIMUM MARKS	RESULT
53 FIVE THREE 77 SEVEN SEVEN		34 50	75 100	PASS
40 FOUR ZERO 54 SIX FOUR		34 50	75 100	
51 FIVE ONE 75 SEVEN FIVE		38 50	75 100	
139 ONE THREE NINE		100	200	PASS

11 JUL 2001

Dr. MGP Med ca Un vaisy



AAA : ABSENT

Chennai

PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



Sadasiv
Controller of Examinations

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI

STATEMENT OF MARKS

BACHELOR OF SCIENCE (NURSING)

SIXTH SEMESTER

MODIFIED

Register Number
64786210

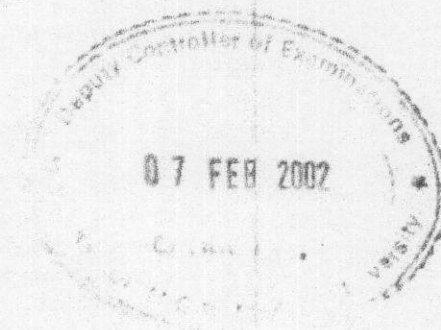
Roll
112

Serial No
0915

Month & Year
NOV 2001

VANITHAKRISHNAN R

		MARKS AWARDED			PASSING MARKS	MAXIMUM MARKS	RESULT
4751	CHILD HEALTH NURSING						
	WRITTEN	40	FOUR	ZERO	34	75	
	TOTAL IN WRITTEN & INTERNAL	64	SIX	FOUR	50	100	
	PRACTICAL						
	EXTERNAL	48	FOUR	EIGHT	38	75	
	TOTAL IN EXTERNAL & INTERNAL	72	SEVEN	TWO	50	100	
	AGGREGATE IN WRITTEN, INTERNAL & PRACTICAL	106	ONE	THREE	97	100	PASS
4752	COMMUNITY HEALTH NURSING II						
	WRITTEN	45	FOUR	EIGHT	34	75	
	TOTAL IN WRITTEN & INTERNAL	71	SEVEN	ONE	50	100	
	PRACTICAL						
	EXTERNAL	48	FOUR	EIGHT	38	75	
	TOTAL IN EXTERNAL & INTERNAL	72	SEVEN	TWO	50	100	
	AGGREGATE IN WRITTEN, INTERNAL & PRACTICAL	143	ONE	FOUR	THREE	100	200 PASS



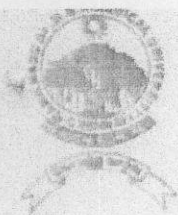
PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



AA ROBERT

Principal

The Statement of Marks being for correction

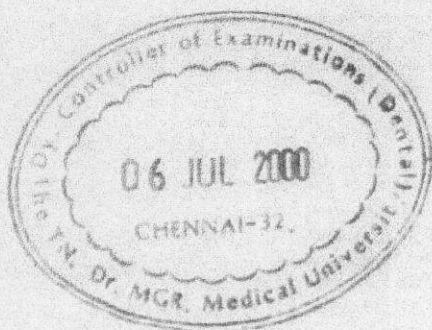


THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY CHENNAI - 32.

STATEMENT OF MARKS

0266098

Course		Register Number	Inst.	Serial No.
BACHELOR OF SCIENCE (NURSING)		66986230	112	0969
Branch		Month & Year		
THIRD SEMESTER		APR 2000		
Requirement		Month & Year		
MODIFIED		APR 2000		
Name of the Candidate		Month & Year		
VADITHAKKANAM R.		APR 2000		
NAME OF THE SUBJECT	MARKS AWARDED	PASSING MINIMUM	MAXIMUM MARKS	RESULT
COMMUNITY HEALTH NURSING	51 FIVE ONE	34	75	
WRITTEN	74 SEVEN FOUR	50	100	PASS
TOTAL IN WRITTEN & INTERNAL				
PHYSIOLOGY	49 FOUR NINE	34	75	
WRITTEN	75 SEVEN FIVE	50	100	PASS
TOTAL IN WRITTEN & INTERNAL				
PSYCHOLOGY	42 FOUR TWO	34	75	
WRITTEN	65 SIX FIVE	50	100	PASS
TOTAL IN WRITTEN & INTERNAL				



AAA : ABSENT

Chennai

PRINCIPAL
Renuka Institute of Nursing Science
HUBBALLI.



The Statement of Marks bears no correction.



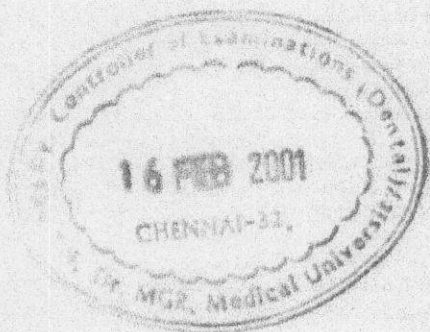
THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY CHENNAI - 32.

STATEMENT OF MARKS

0285472

Course	BACHELOR OF SCIENCE (NURSING)	Register Number	Inst	Serial No
Branch	FOURTH SEMESTER	65986230	112	0916
Regulation	MODIFIED	Month & Year NOV 2000		
Name of the Candidate	VAHITHAKHANAM R			

NAME OF THE SUBJECT	MARKS AWARDED	PASSING MINIMUM	MARKS	REMARKS
4736 MEDICAL SURGICAL NURSING WRITTEN	52 FIVE TWO	34	75	
TOTAL IN WRITTEN & INTERNAL	76 SEVEN SIX	50	100	
INTERNAL				
EXTERNAL	61 SIX ONE	38	75	
TOTAL IN EXTERNAL & INTERNAL	88 EIGHT FIVE	50	100	
PERCENTAGE IN WRITTEN, INTERNAL & EXTERNAL	151 ONE SIX ONE	100	200	PASS
PHYSIOLOGY & MEDICAL PHARMACOLOGY WRITTEN	48 FOUR EIGHT	34	75	
TOTAL IN WRITTEN & INTERNAL	71 SEVEN ONE	50	100	PASS
BIO-STATISTICS INCLUDING COMPUTER-SCIENCE INTERNAL	48 FOUR EIGHT	25	50	PASS
INTRODUCTION TO MATERNAL NURSING INTERNAL	47 FOUR SEVEN	25	50	PASS
* * *				



AAA : ABSENT

Chennai

Usha S
Principal

PRINCIPAL

Renuka Institute of Nursing Sciences
HUBBALLI.



The Statement of Marks bears no correction.



THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY CHENNAI - 32.

STATEMENT OF MARKS

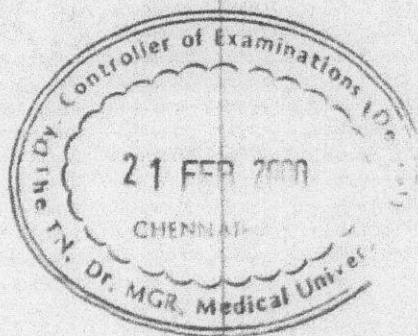
246708

Course	BACHELOR OF SCIENCE (NURSING)	Register Number	Inst	Seat No	
		55986230	112	1025	
Year	FIRST YEAR				
Program	MODIFIED	Month & Year	NOV 99		
Name of the Candidate	VAHITHAKHANAM R				
Sl. No.	NAME OF THE SUBJECT	MARKS AWARDED	PASSING MINIMUM	MAXIMUM MARKS	RESULT
4801	NURSING PRINCIPLES & PRACTICE WRITTEN TOTAL IN WRITTEN & INTERNAL	58 FIVE EIGHT 82 EIGHT TWO	34 75 50 100		
4802	PRACTICAL EXTERNAL TOTAL IN EXTERNAL & INTERNAL AGGREGATE IN WRITTEN, INTERNAL & PRACTICAL	49 FOUR NINE 73 SEVEN THREE 155 ONE FIVE FIVE	32 75 50 100 100 200		PASS
4803	PHYSIOLOGY WRITTEN TOTAL IN WRITTEN & INTERNAL	39 THREE NINE 63 SIX THREE	34 75 50 100		PASS
4804	ENGLISH INTERNAL	47 FOUR SEVEN	23 50		PASS
4805	ANATOMY WRITTEN TOTAL IN WRITTEN & INTERNAL	49 FOUR NINE 73 SEVEN THREE	34 75 50 100		PASS
4806	PHYSIOLOGY AND BIOCHEMISTRY WRITTEN TOTAL IN WRITTEN & INTERNAL	51 FIVE ONE 75 SEVEN FIVE	34 75 50 100		PASS
* * *					

21 FEB 2000

CHENNAI

Dr. MGR. Medical University



AAA ABSENT

Signature

Principal
PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



This statement of Marks is for information only.

தமிழ்நாடு அரசின் தலைநகர் - 600 005.

DEPARTMENT OF GOVERNMENT EXAMINATIONS, CHENNAI - 600 005.

இடைநிலைக் கல்வி பள்ளி இறுதி வகுப்புச் சான்றிதழ் SECONDARY SCHOOL LEAVING CERTIFICATE

REVISED PATTERN

பத்தாம் வகுப்பு

X STANDARD DUPLICATE / மறு பிரதி

தமிழ்நாடு அரசின் அதிகாரத்திற்கு உட்பட்டு வழங்கப்படுகிறது

ISSUED UNDER THE AUTHORITY OF THE GOVERNMENT OF TAMILNADU

தேர்வர் R. VANITHA KRAJAM

MAR. 1996 இல்

பத்தாம் வகுப்புப் பொதுத் தேர்வெழுதிக் கீழ்க்காணும் விழுக்காட்டு மதிப்பெண்களைப் பெற்றுள்ளார் என்று சான்றுளிக்கப்படுகிறது.

Certified that the above mentioned candidate appeared for the SSLC Public Examination and obtained the following percentage of marks:

பாடம் SUBJECT	மதிப்பெண் MARKS
தமிழ் LANGUAGE	79 SEVEN NINE
ஆங்கிலம் ENGLISH	71 SEVEN ONE
கணிதம் MATHEMATICS	98 NINE EIGHT
அறிவியல் SCIENCE	79 SEVEN NINE
சமூக அறிவியல் SOCIAL SCIENCE	78 SEVEN EIGHT
மொத்தம் TOTAL	405 FOUR ZERO FIVE

பிறந்த திகதி / DATE OF BIRTH	பதிவேண் / REGISTER NO	அ.து.ப.குறிப்பு / சான்றிதழ் / ITR CODE NO. & DATE
06.07.1981	215859	A 261734 -
பள்ளியின் பெயர் / SCHOOL B P G H S KAILASAPURAM TRICHY		

பத்தாம் வகுப்புத் தேர்வில் தேர்ச்சி பெற ஒவ்வொரு பாடத்திலும் 100க்குக் குறைய அளவு குப்பங்கதது விழுக்காடு மதிப்பெண் பெறாத வேண்டும். இது மத்திய முறையில் தேர்வு எழுதிக் தேர்ச்சி பெறுவதற்கும் பொருத்தம்.

A PASS IN THE SSLC (X STD.) EXAMINATION REQUIRES A MINIMUM OF THIRTY FIVE PERCENT OF MARKS IN EACH ONE OF THE FIVE SUBJECT. THIS INCLUDES PASSING UNDER THE COMPARTMENTAL SYSTEM ALSO.

120 MAR 2005

தேர்வாளர் கையி
Candidate's Signature

SSLC

PRINCIPAL

Renuka Institute of Nursing Sciences
HUBBALLI.



DEPARTMENT OF GOVERNMENT EXAMINATIONS, CHENNAI - 600 005.

HIGHER SECONDARY COURSE CERTIFICATE

GENERAL EDUCATION

ISSUED UNDER THE AUTHORITY OF THE GOVERNMENT OF TAMIL NADU

Certified that

R VAHITHAKKANAH

appeared for the

MAR. 1998

Higher Secondary Examination and obtained the following marks :

SUBJECT	MARKS OBTAINED FOR 200
TAMIL	173 ONE SEVEN THREE
ENGLISH	149 ONE FOUR NINE
PHYSICS	134 ONE THREE FOUR
CHEMISTRY	152 ONE FIVE TWO
BOTANY	162 ONE SIX TWO
ZOOLOGY	169 ONE SIX NINE
TOTAL MARKS: 0959 ZERO NINE THREE NINE	

GROUP CODE 506

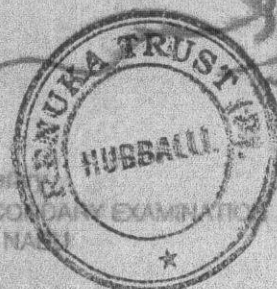
DATE OF BIRTH	REGISTER NO.	TMR CODE NO. & DATE
06/07/81	673244	6113229 05.06.1998
SCHOOL		
SUTLER PLANT GHSS KAILASAPURAM		

MINIMUM FOR A PASS : 70 MARKS OUT OF 200 IN EACH SUBJECT. THIS INCLUDES PASSING UNDER THE COMPARTMENTAL SYSTEM ALSO.

R Vahitha Icharan
Candidate's Signature

[Signature]
PRINCIPAL

Renuka Institute of Nursing Sciences
HUBBALLI.



Secret

BOARD OF HIGHER SECONDARY EXAMINATIONS
TAMIL NADU

Estd. : 2002



H.T.BIDARI MEMORIAL TRUST'S

Ashwini School of Nursing

&

Subhash Bidari Memorial Child Development Centre

Dr. Bidari's Ashwini Hospital Campus, BLDE Road, Vijayapura - 586 103.

Karnataka (India). Ph : 08352-261128, 263428, 261328. e-mail : htbidarimemorialtrust@gmail.com

Regd. No. : E-456(BJP)



Chairman
Dr. L.H.Bidari
MD, DCH, FIAP

Life Trustee
Smt. Shobha L. Bidari

Hon. Secretary
R.H.Bidari MA English
Asst Prof. (Retd.)

UNITS UNDER THE TRUST

Ashwini School of Nursing
Ashwini Institute of Nursing
Sciences
Ashwini Institute of
Paramedical Sciences
Subhash Bidari Memorial
Child Development Centre

MEMBERS OF THE TRUST

Dr. Arvind M. Yeri
MBBS, DCP

Shri Sharad Rodgi
M.Com, LL.B.

Dr. Amogh Bidari
MD (Pediatric)

Dr. Shivu Bidari
MD (General Medicine)

Shri Harsha Bidari
MBA

Dr. Ram Naik
MBBS

Dr. Martandappa Mulimani
Ph.D.

Shri Nagaraj Bidari
B.Tech.

Relieving Letter

Dear Mrs. Vahitha Khanam,

With reference to your resignation dated 08/02/2023, you are hereby relieved from your duties as on 31st March, 2023. We confirm that you have been working with Ashwini Institute of Nursing Sciences, as "Principal" from 04/10/2021 to 31/03/2023.

We would like to thank you for your service with Ashwini Institute of Nursing Sciences & wish you the best in your future endeavors.

For Ashwini Institute of Nursing Sciences

Dr. L.H.Bidari
Chairman

PRINCIPAL

Ashwini Institute of Nursing Sciences
HUBBALLI





SHRI MARUTHI COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences. Recognized by Govt. of Karnataka
Approved by Karnataka Nursing Council and Indian Nursing Council, New Delhi
SH 82, Kammavari Pete, Hoskote, Karnataka - 562 114.

Ref No: SMCN/EXP/2021-22

Date: 31/08/2021

EXPERIENCE CUM RELIEVING LETTER

This is to certify that Mrs. R. VAHITHA KHANAM, M. Sc in Psychiatric Nursing, has been working as **Principal cum Professor** in our Institution from **02/06/2014 to 31/08/2021**. She was efficient in handling classes. She has been teaching Psychology, Psychiatric Nursing, Research and Management subjects. She is also good at all the administrative works as per the norms. She is resigned from our institution on **31st August 2021**. Her relieving date is **31/08/2021**.

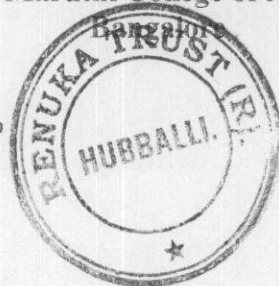
She will be an asset for any institution she will be joining in her future career. We wish her all the success for her Future.

ADMINISTRATOR

Administrator

Shri Maruthi College of Nursing

PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.





M.A.J. Foundation

Dhanwantari Nursing College

Recognized by Government of Karnataka, Approved by Indian Nursing Council, New Delhi,
Karnataka State Nursing Council, Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore

#41/3, Vinayak Nagar, Near Chikabanasar Railway Station, Hessarghatta Road, Chikabanasar, Bangalore - 560 090
e-mail: info@dhawantari.org, website: www.dhanwantarinursing.org

Ph: +91-80-6511 9071
+91-80-6511 9067
Fax: +91-80-2170 9322

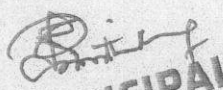
November 16, 2013

Date

EXPERIENCE CERTIFICATE

This is to certify that Mrs. VAHITHA KHANAM.R
M.Sc (N) has been working in our institution as
Associate Professor from 02nd November 2012 to 14th
November 2013. She is very efficient and dutiful in
discharging her duties as a Associate Professor in
nursing. Her character and conduct are good. She is
relieved from her duties on 14/11/2013 from this
Institution.


DIRECTOR
DHANWANTARI NURSING COLLEGE
41/3, Vinayak Nagar
Hessarghatta Road
Chikabanasar
Bangalore - 560 090


PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.





Shirdi Vidya Academy Trust (R)

Ph : 23714860

23714864

NEW SRI SHANTHINI COLLEGE OF NURSING

(Recognised By Govt. of Karnataka, Approved by INC, New Delhi (F. No 02/May (1)/2006-INC)

& Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore

Campus : Survey No 18-318/319, Kuduregere Colony, Dasanapura Hobli, Akur Post, Bangalore (North) - 562 123

Ref.

NSCON/115/12

Date

01-10-12

Experience Certificate

This is to certify that **Mrs.Vahitha Khanam.R** has worked in New Sri Shanthini College of Nursing as a Principal from 5th May 2007 to 30th Sep 2012. She is very dedicated to her work and her teaching is appreciated by the students and she is an asset to our college.

We wish her all the very best for her future.

Suhani
Secretary

Secretary

New Sri Shanthini College of Nursing
Bangalore-562 123

P. Vahitha Khanam
PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



पायकर विभाग

COME TAX DEPARTMENT

HITHA KHANAM

HAMAN KHAN

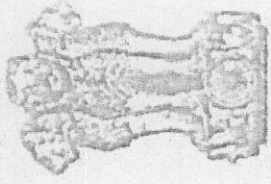
/07/1981

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JUPV3807E



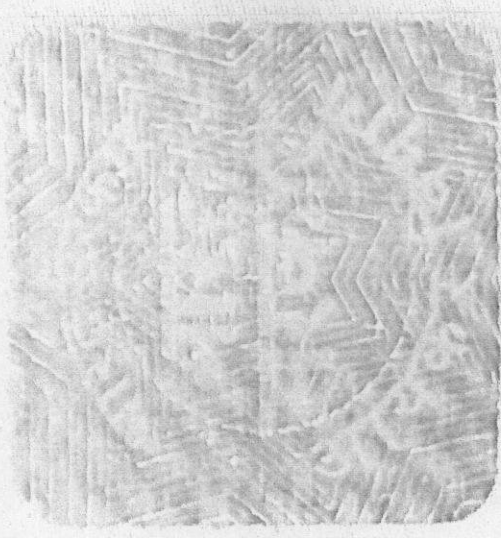
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सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA




PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI.



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 29/12/2013

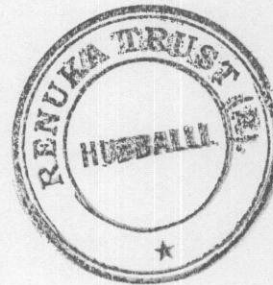


ವಾಹಿತತಾ ಖಾನಂ ಆರ್
Vahitha Khanam R
ಜನ್ಮ ದಿನಾಂಕ / DOB: 06/07/1981
ಸ್ತ್ರೀ / Female

6345 1420 9275

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

PRINCIPAL
Kenuka Institute of Nursing Sciences
HUBBALLI.





NURSING FRESH AFFILIATION APPLICATION FOR 2024-25

Non-Teaching Faculty Details

Sl.No	Name of Non-teaching faculty	Designation	Qualification	Total Experience	Remarks
1	VIJAYLAXMI C	ADMIN	MSC	5	

Fees Details

SLNo.	Fees Type	Amount in rupee
Course:		
1	Processing Fee	50.00
2	Application Fee	1000.00
3	Affiliation Fee	600000.00
	Total	601050.00

Payment Details

SLNo	Payment Reference Number	Amount	Payment Date	Payment Reciept
1	ZIDN1634463305	601050.00	27-12-2023	Uploaded

Trust Account Details

SLNo.	Account Number	Name of the branch and address	Name of the bank	Name of the Account holder	IFSC Code
1	07791000232 5486	VIDYANAGAR HUBBALLI	BANK OF BARODA	DR MAHESH C NALWAD	BARBOHUBLIX

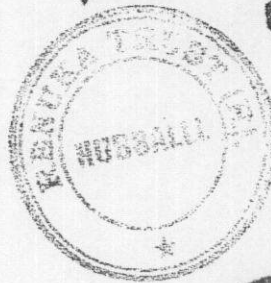
Declaration

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

Declaration Date: 27-12-2023

Principal Name: ANANDKUMAR JAHAGIRDAR

CHAIRMAN



Report Date: 27/12/2023 18:44:58

Page No.10 of 11

PRINCIPAL
Renuka Institute of Nursing Sciences
HUBBALLI

1A



Google

Hubballi, Karnataka, India

Shop no.-10 in basement, siddarooda complex, Vikas Nagar, Hubballi, Karnataka 580025, India

Lat 15.349811°

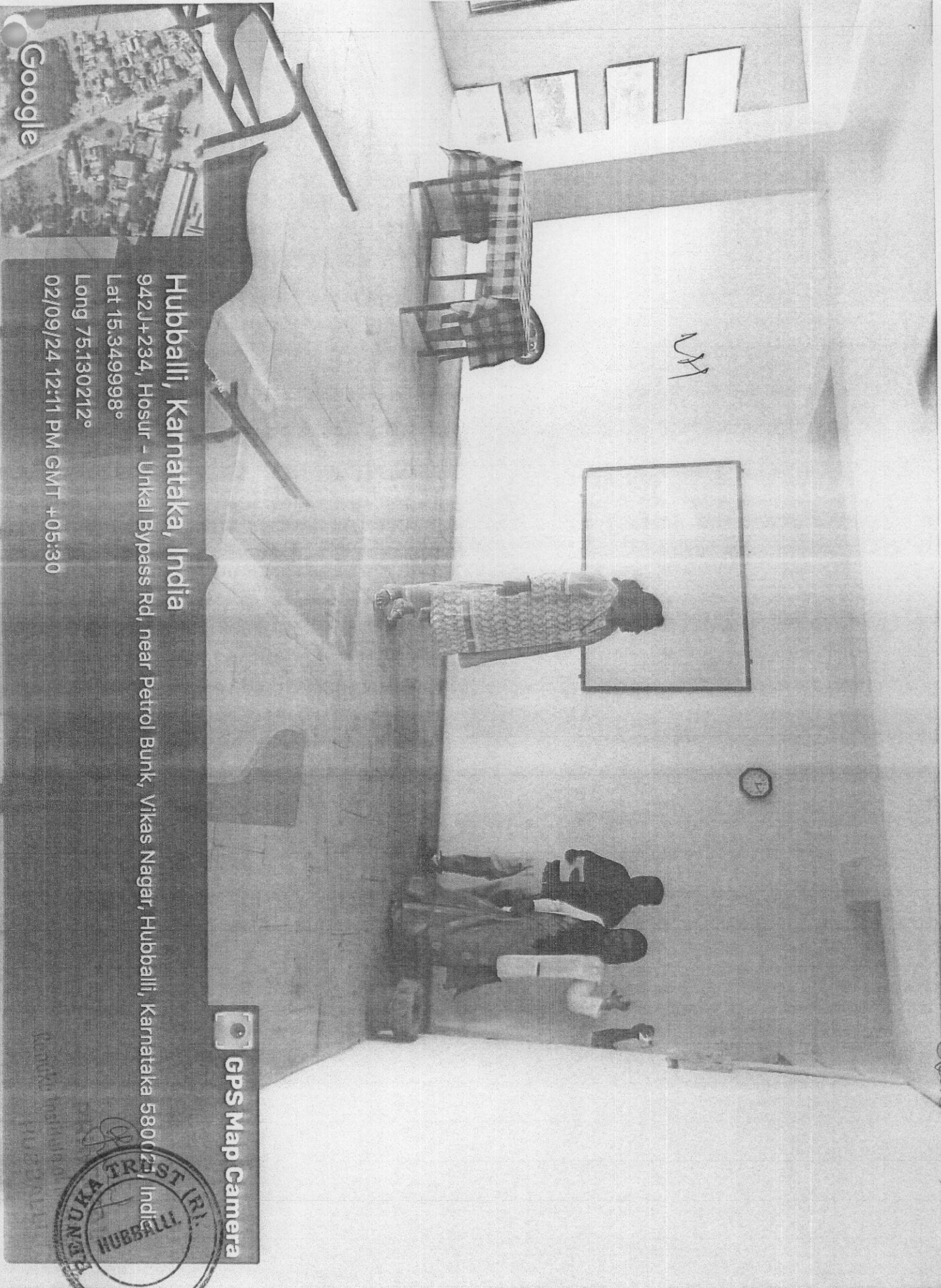
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02/09/24 12:12 PM GMT +05:30



GPS Map Camera





Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka 580021

Lat 15.349998°

Long 75.130212°

02/09/24 12:11 PM GMT +05:30

 **GPS Map Camera**



ಅರಣ್ಯ

ದಿವ್ಯ ಸಂಸ್ಥೆಯ ಸಂಸ್ಥಾಪಕರು, ನವರು

ದಿವ್ಯ ಸಂಸ್ಥೆಯ ಸಂಸ್ಥಾಪಕರು, ನವರು



GPS Map Camera

Hubballi, Karnataka, India

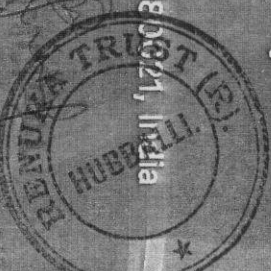
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Lat 15.350026°

Long 75.130242°

02/09/24 12:03 PM GMT +05:30

Google





Google

Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka 580022, India

Lat 15.350026°

Long 75.130242°

02/09/24 12:03 PM GMT +05:30

GPS Map Camera



Hubballi Lab



Google



Hubballi, Karnataka, India

Shop no.-10 in basement, siddarooda complex, Vikas Nagar, Hubballi, Karnataka 580025, India

Lat 15.349733°

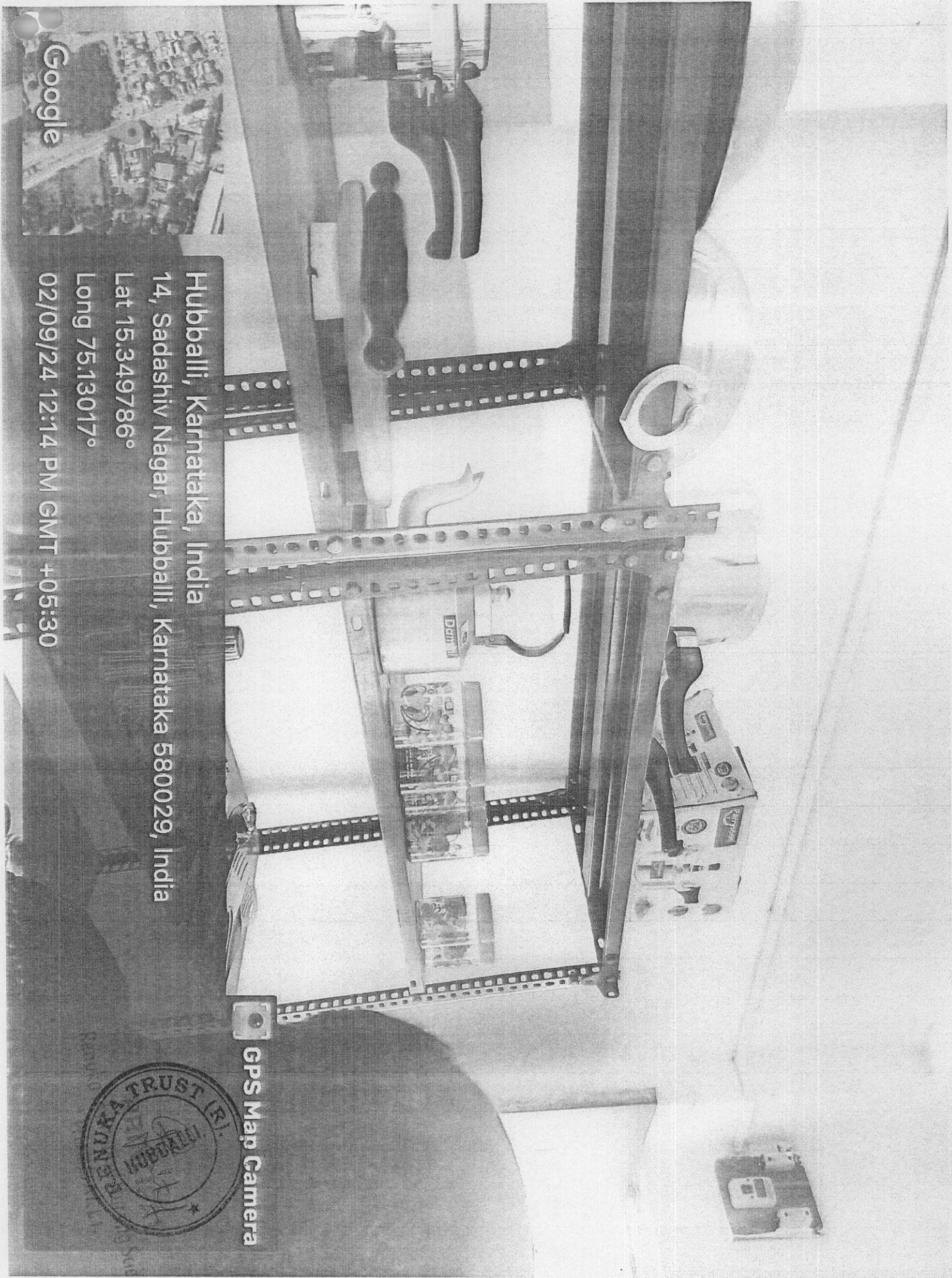
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GPS Map Camera





Google

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14, Sadashiv Nagar, Hubballi, Karnataka 580029, India

Lat 15.349786°

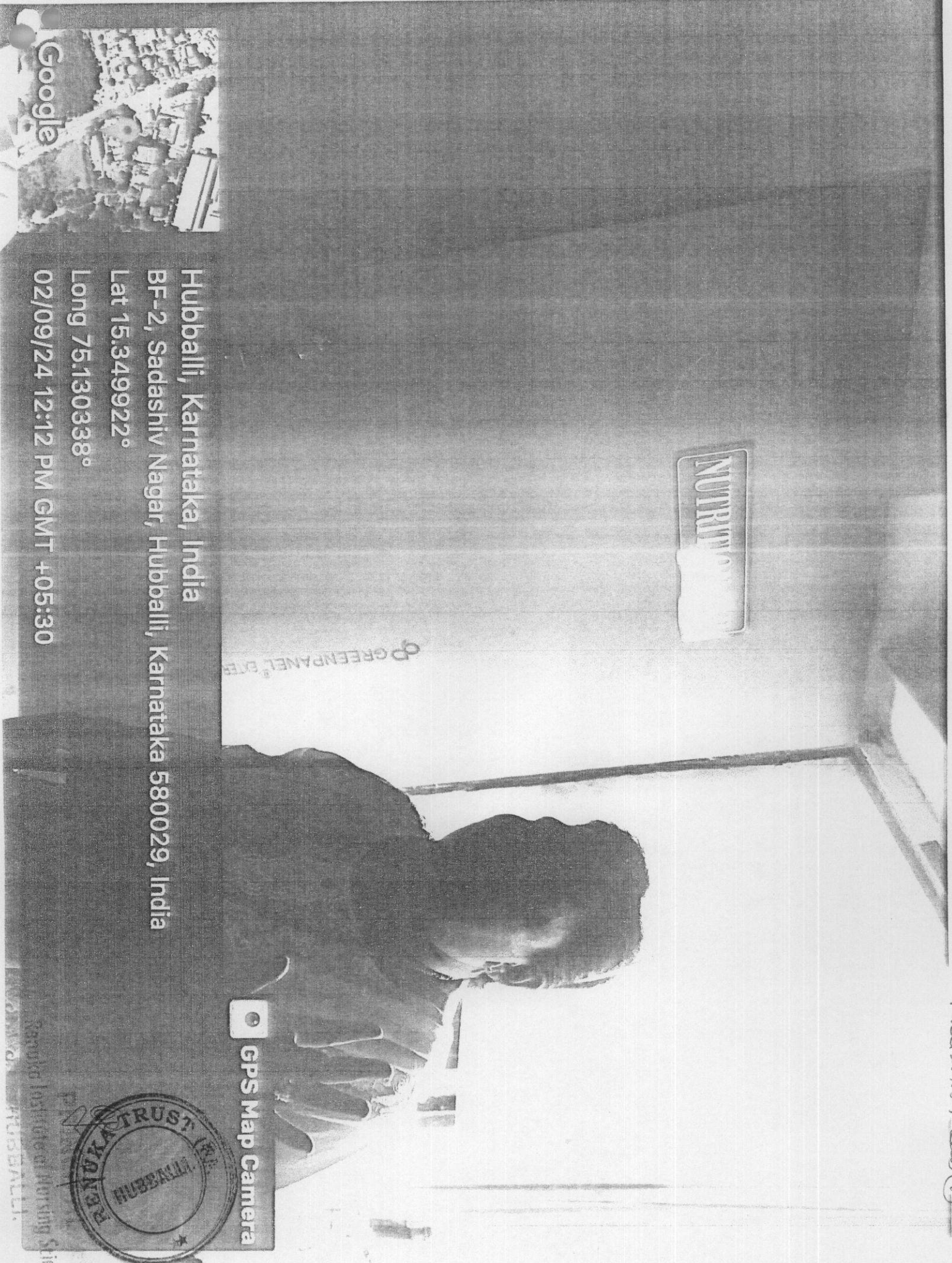
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GPS Map Camera



Hubballi, Karnataka, India



NUTRITION

GREENPANEL

GPS Map Camera



Google

Hubballi, Karnataka, India
BF-2, Sadashiv Nagar, Hubballi, Karnataka 580029, India
Lat 15.349922°
Long 75.130338°
02/09/24 12:12 PM GMT +05:30

Karnataka Institute of Nursing Sciences
HUBBALLI

Computer Lab (2)

Computer Lab

GPS Map Camera

Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka 580021, India

Lat 15.350036°

Long 75.130245°

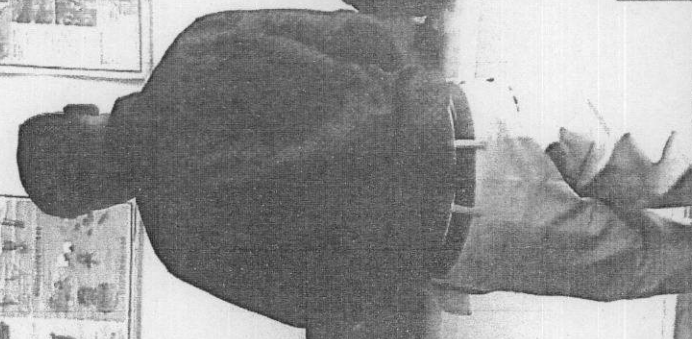
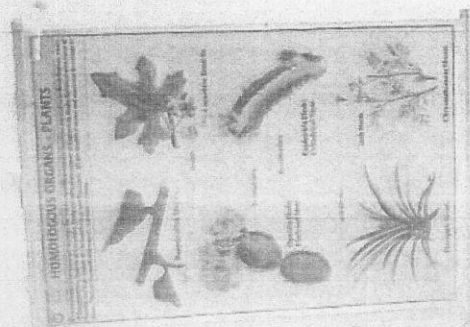
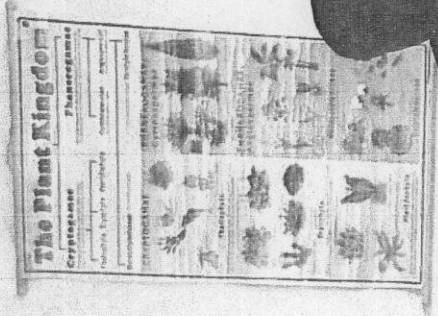
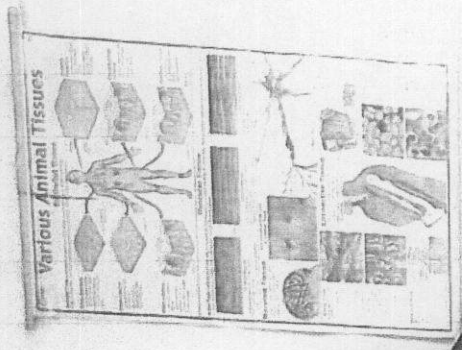
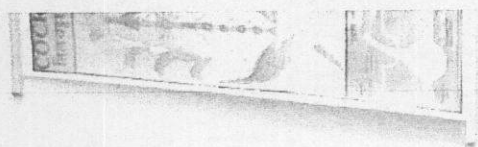
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Google

Community Lab 3

Community Lab 3



Hubbali, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubbali, Karnataka 580021, India

Lat 15.350018°

Long 75.130216°

02/09/24 12:07 PM GMT +05:30



Hubballi



GPS Map Camera

Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi,

Karnataka 580021, India

Lat 15.35° Long 75.130202°

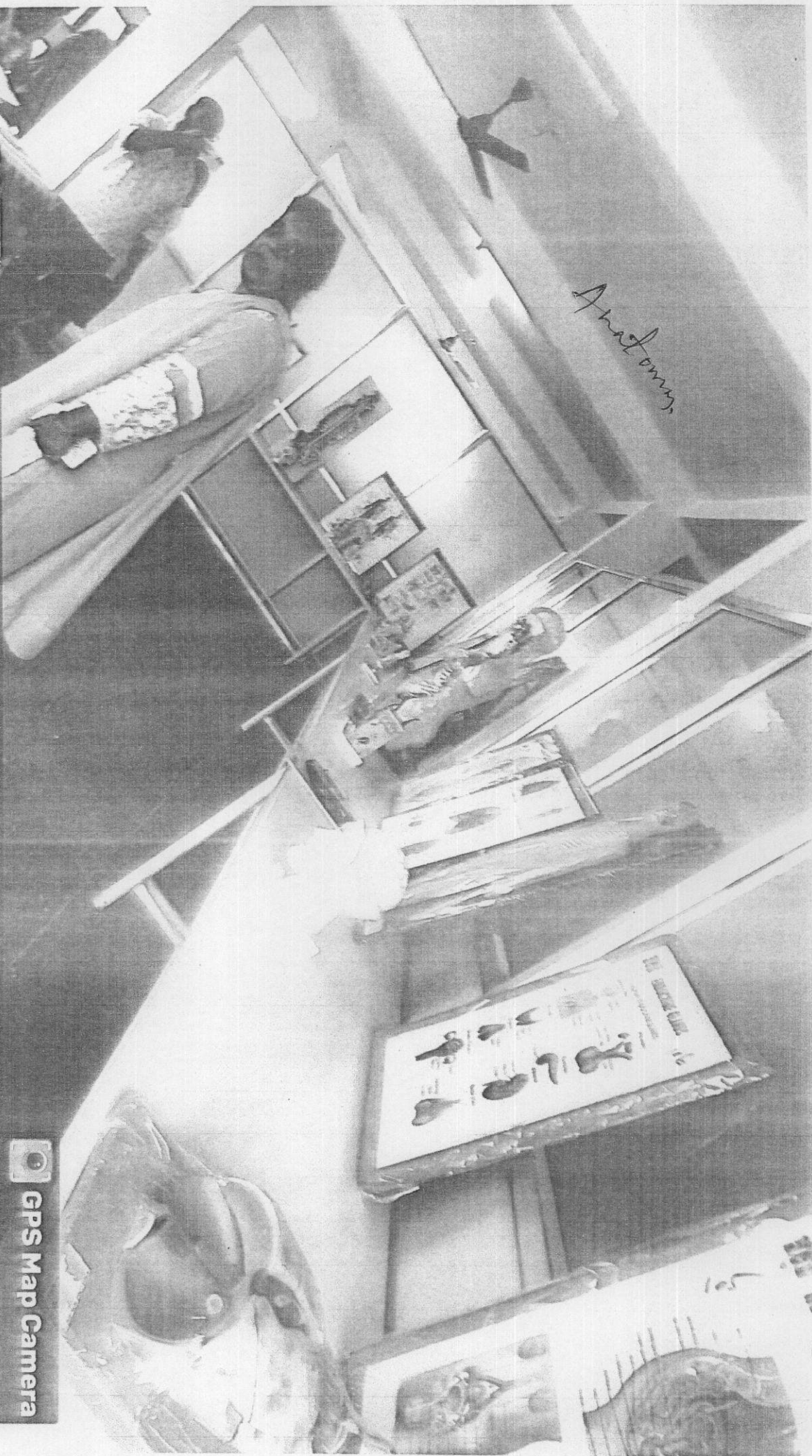
02/09/24 12:08 PM GMT +05:30



Google



Anatomics



Google

Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka 560021, India

Lat 15.350012°

Long 75.13024°

02/09/24 12:09 PM GMT +05:30



GPS Map Camera

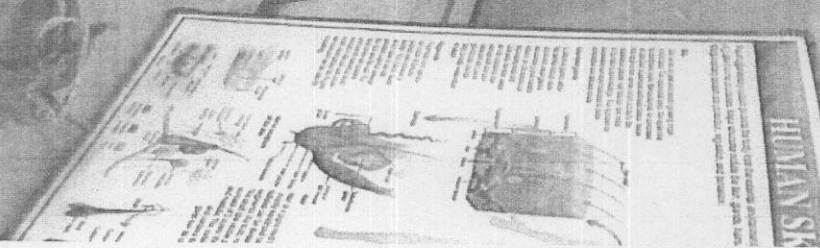
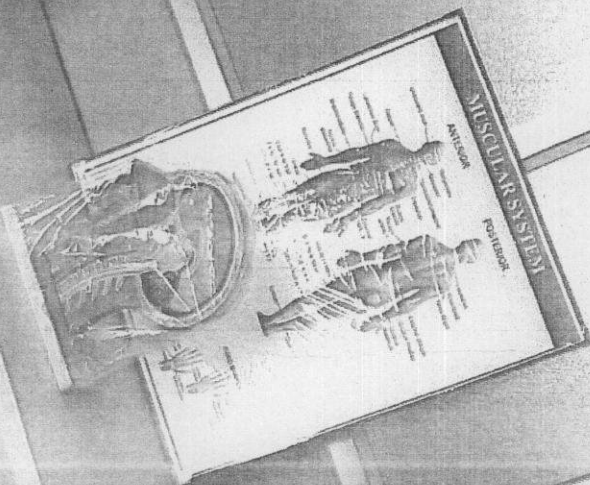
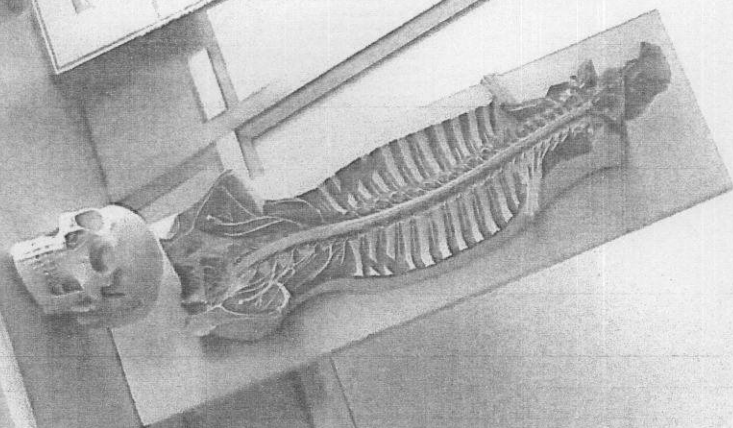
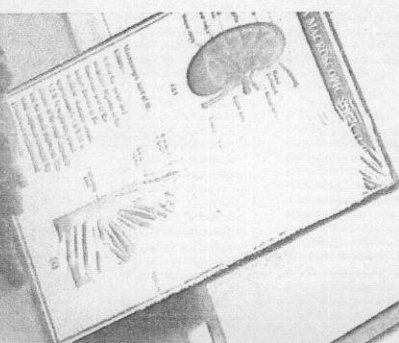


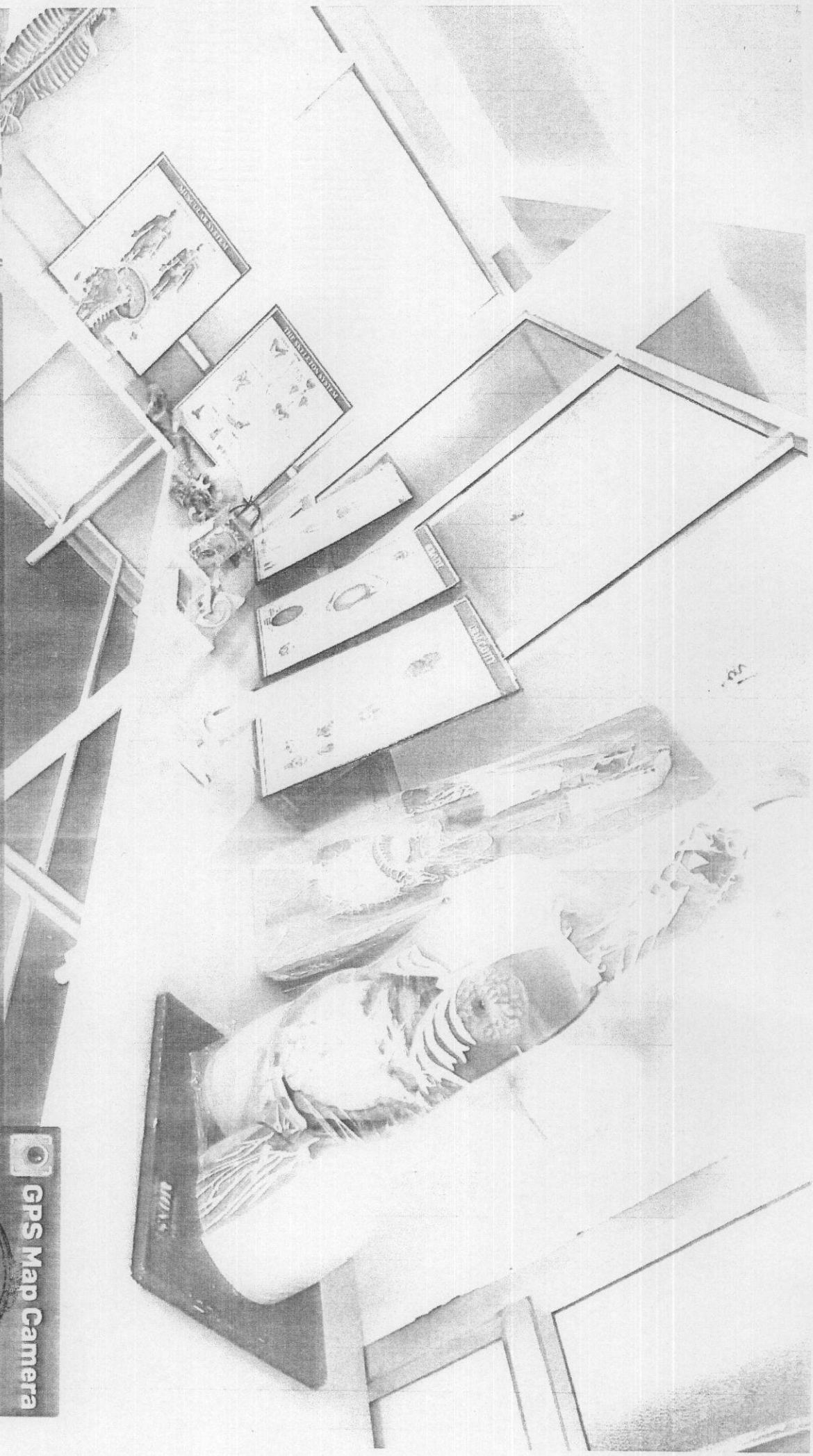
CGS

Google

Hubballi, Karnataka, India
942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka 580021, India
Lat 15.350002°
Long 75.130186°
02/09/24 12:09 PM GMT +05:30

GPS Map Camera





Google

Hubballi, Karnataka, India

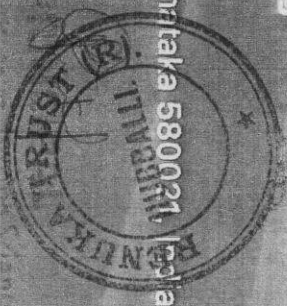
942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka 580021, India

Lat 15.350005°

Long 75.130203°

02/09/24 12:09 PM GMT +05:30

 GPS Map Camera



Hubballi Hosur Bypass Road, Vikas Nagar, Hubballi, Karnataka 580021, India



GPS Map Camera

Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka

580021, India

Lat 15.350007°

Long 75.130218°

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Google

DR. A. Peddabettu



Google



Hubballi, Karnataka, India

942J+234, Hosur - Unkal Bypass Rd, near Petrol Bunk, Vikas Nagar, Hubballi, Karnataka, India

Lat 15.350014°

Long 75.130189°

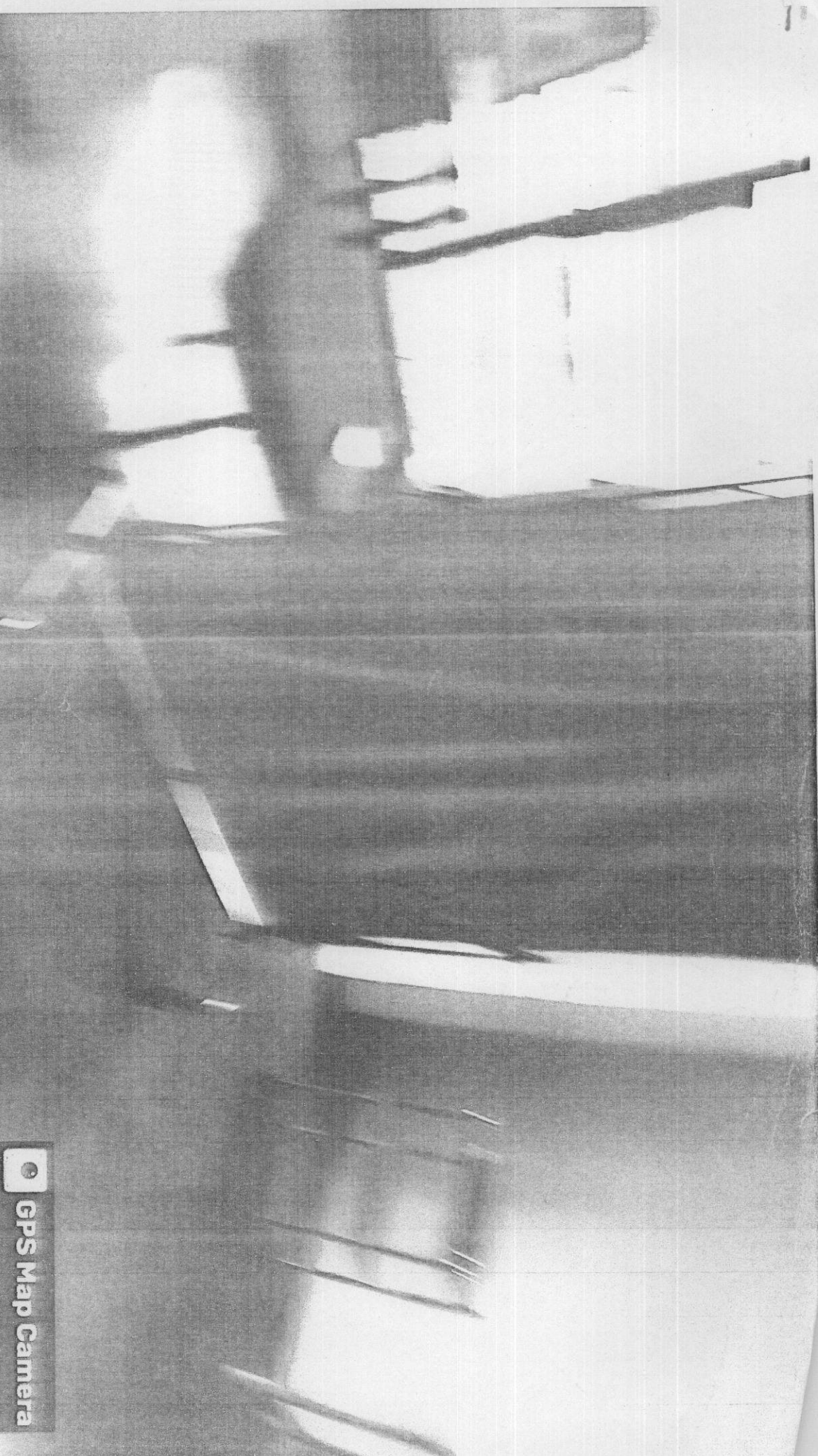
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GPS Map Camera



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Lat 15.350008°
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