



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

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Prof. Dr. Harish M R	Mr. Prashanth B Kullarni	Dr. Rasmi S
Designation	Dean & Director	Prof. of Paediatric Nursing	Principal
Address	Chikkamagaluru Institute of Medical Sciences, Chikkamagaluru-577101	BVVS Sajjalashree Institute of Nursing Sciences, Bagalkote	Gangotri College of Nursing, Bangalore.
Mobile No	94483233157	9591085461	9900152662
Email ID			

For the Academic Year : 2024-25

Date of Inspection: 17.11.2024

(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 (40-60)	✓	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	AISHWARYA INSTITUTE OF NURSING SCIENCES Sy. No 146 &147, B.M ROAD, MARAKADA DODDI, NEAR H.K.V NAGAR, MADDUR-571428, MANDYA (Dist)	2	Year of Establishment
				2019
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	AISHWARYA EDUCATIONAL AND CHARITABLE TRUST 'AISHWARYA NILAYA' NEAR T.B CIRCLE, H.K.V NAGAR, MADDUR-571428, MANDYA(Dist) (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email:ains.maddur@gmail.com	Website: www.aishwaryainstitutions.com	

Signature of Chairman

DR. HARISH M. R.
Dean & Director, Senate Member

Signature of Member (1)

Prashanth Kullarni

Signature of Member (2)

Dr. Rasmi S

	(b). Name of the Owner of Trust/Society	Sri. Jayaramu K President, Aishwarya Educational & Charitable Trust		
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. Dr. Nandeesh J Qualification: M.Sc(N), Ph.D Experience: 24 Years Email: nandeesh.aips@gmail.com		Mobile No: 9845471377 Office No: 6364185412 Fax No: Residential phone No:
6	Do you have any other nursing institution other than the current institution mentioned above under the same trust?		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

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	Continuation Affiliation	20,000/-	50,000/-	30,000/-	25,000/-	1,25,000/-
B.Sc. Nursing	Increase intake					55,000/-
Post Basic B.Sc. Nursing	-NA-					
					Total (A)	
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation		No of Seats X Prescribed fees of each faculty			
	1.	-NA-				
	2.					
	3.					
	4.					
	5.					
			Total (B)			
NPCC						
			Total (C)			
Grand Total (A+B+C)						
Online Transaction Number or Details:						

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Reemi J

ZHMP1614161776
ZHMP1633636515

Dated on :18-12-2023
Dated on :27-12-2023

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution & Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	MED 137 MPS 2019 B'lore Dt: 19.08.2019 Annexure - 5	RGU/AFF/NSG/CoA/ 01/2024-25 Dt: 20/09/2024 Annexure - 6	Copy Enclosed Annexure - 7	Copy Enclosed Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	40	
	Admissions Made for the Current Academic Year	40				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA 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	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr Resmi J

M.Sc. NPCC	Approval Letter No. and Date	NA Annexure - 5	NA Annexure - 6	NA Annexure - 7	NA Annexure - 8
	Sanctioned Intake				
	Admissions Made for the Current Academic Year				

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

Programme		I year	II Year	III Year	IV Year	Total
B.Sc Nursing	Male	01	-	02	28	31
	Female	39	40	38	09	126
Post Basic B.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female					
M.Sc Nursing	Male	NA	NA	NA	NA	NA
	Female					
M.Sc NPCC	Male	NA	NA	NA	NA	NA
	Female					

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

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) — NA —

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.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Dr. Resmi

Remarks:


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Dr. Resmi J

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing / Available					Deficit				
		B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)		P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				01									
2	Vice-Principal	1	1				01									
3	Professor	1	1-2		1*		01									
4	Associate Professor	2	2-4		1*		03									
5	Assistant Professor	3	3-8	2	3*		03									
6	Tutor	8-16	16-24	2-10	--		17									
	Total	16-24	24-40	4-12			26									

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)

Dr. Resmi

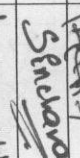
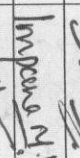
12.1. Teaching Faculty details :- Details should be written in format only

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. Dr. Nandeesh J	Principal	CHN	2000	18451	-	24 Yrs	23/06/2019	Yes	
2.	Mr. Madhu Kumar Bhaskaran	Professor	MHN	2001	249	-	23 Yrs	10/6/2019	Yes	
3.	Mrs. Sharon Clara Fernandez	Asso. Professor	MHN	2012	007568	-	12 Yrs	01/08/2019	Yes	
4.	Mrs. Savitha M G	Asst. Professor	MHN	2017	63503	-	08 Yrs	02/03/2022	Yes	
5.	Mrs. Girlsia Jose	Lecturer	CHN	2021	RRKPL20165645	-	13 Yrs	01/11/2023	Yes	
6.	Mr. Thyagaraj R	Lecturer	CHN	2020	65406	-	3 Yrs	10/04/2023	Yes	
7.	Ms. Radhama	Lecturer	MSN	2020	58371	6 Yrs	4 Yrs	01/03/2023	Yes	
8.	Mrs. Tejaswini V	Lecturer	MSN	2023	195537/195090	2 Yrs	1 year	08/12/2021	Yes	
9.	Ms. Kotepogu Padmaja	Lecturer	OBG	2023	19559/195112	-	1 year	01/06/2023	Yes	
10.	Mrs. Kavana V A	Lecturer	MSN	2024	118247	2 Yrs	-	10/01/2022	Yes	
11.	Ms. Saparna A S	Asst. Lecturer	P.B. BSc (N)	2023		-	-	11/05/2024	Yes	
12.	Mrs. Meenakshi M	Tutor	B.Sc (N)	2021	117484	2 Yrs	-	10/01/2022	Yes	
13.	Ms. Yashaswini R	Tutor	B.Sc (N)	2021	119296	2 Yrs	-	07/02/2022	Yes	
14.	Ms. Roja K S	Tutor	B.Sc (N)	2021	129091	1 Yrs	-	10/08/2023	Yes	
15.	Mrs. Iris Beulah	Tutor	B.Sc (N)	2007	68056805	13 Yrs	-	11/07/2022	Yes	
16.	Ms. Pankaja P S	Tutor	B.Sc (N)	2022	140468		-	15/02/2024	Yes	
17.	Mr. Mohan Prakash S	Tutor	B.Sc (N)	2023	279809		-	11/12/2023	Yes	
18.	Ms. Sneekha E	Tutor	B.Sc (N)	2023	279758		-	11/12/2023	Yes	
19.	Ms. Vincy Arockimary P	Tutor	B.Sc (N)	2023	279723		-	11/12/2023	Yes	
20.	Ms. Soujanya T R	Tutor	B.Sc (N)	2021	115226		-	15/08/2023	Yes	
21.	Ms. Nayana C P	Tutor	B.Sc (N)	2022	132397		-	05/01/2023	Yes	
22.	Ms. Sushmitha R	Tutor	B.Sc (N)	2022	132396		-	18/01/2024	Yes	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

23.	Mr. Preetham B	Tutor	B.Sc (N)	2023	139474	-	16/10/2023	Yes	
24.	Ms. Sinchana B R	Tutor	B.Sc (N)	2021	119932	-	16/10/2023	Yes	
25.	Ms. Impana	Tutor	B.Sc (N)	2022	132393	-	06/02/2024	Yes	
26.	Mrs. Poulinqasy	Tutor	PB..B.Sc (N)	2023	178473	-	15/07/2024	Yes	
27.									
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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
Copy 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	40,000sq.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 intake B.Sc (N): 900 sq ft	4 Class rooms 900sq ft Each	11 Class Rooms 1200 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			
	Office			
	1. Principal's Chamber	300	600sq.ft	
	2. Vice-Principal Chamber	200	600sq.ft	
	3. HOD	5 x 200 = 1000	1200sq.ft	
	4. Professor/Assoc. Prof	800+2400=3200	3200sq.ft	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)		600sq.ft	
	7. Accountants Office		216sq.ft	
	8. Store Room		624sq.ft	
	9. Record room		624sq.ft	
	10. Room for maintenance staff		624sq.ft	
	11. Xeroxing room		Available.	
	12. common room	1000	1200sq.ft	
	13. Seminar hall	3000	4500sq.ft	
	14. Toilets	1000	02 Blocks	
	15. A.V/Aids room	600	1200sq.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	1600sq.ft	48×36sq.ft =1728sq.ft	
	Nutrition & Community Health Nursing	1200sq.ft	1200sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1200sq.ft	
	Pediatrics Nursing Laboratory	900sq.ft	900sq.ft	
	Pre-Clinical Sciences Laboratory	900sq.ft	900sq.ft	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500sq.ft	

Note:

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

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

Building Documents:

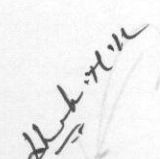
Annexure – 12

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

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.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
02	KA11 B1653 KA11 B1654	51 Seats in Each Bus	Yes	Yes	Yes

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Remarks
Required 2300Sq.Ft	50×42sq.ft =2100sq.ft	YES	Good	Adequate	

Total No. of Nursing Books available	2323	No. of Nursing Journals subscribed	06
No. of Thesis/Research titles available	-	Is internet facility available for Students?	Yes
No of e-books	Helinet	How many books were purchased in last financial year?	750

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01	MS. KRISHNAVENI R	M.Sc Library Science	08	

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

17. Academic activities :Enclose the details of past 3 years**Annexure - 15**

Academic activities	Particulars	Remarks
Research Projects	—	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Conferences conducted	<u>One</u>	
Conferences attended	<u>Three</u>	

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

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 1. Mandya Multispecialty Hospital, Mandya.	100	12 KM	80%	
NAME OF THE TRUST/ Person owning The Hospital 1. Dr. Ravindranath				
Name Of The Owner Of The Trust of Hospital 1. Dr. Ravindranath				
Affiliated hospitals- Full Name & Address of the Parent	1. Govt. General Hospital, Maddur.	100	02 KM	80%
	2. Mandya Institute of Medical Sciences, Mandya.	800	12 KM	80%

(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).

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

- 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/CCU. (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 colleges should have 100 bedded Unitary/Single allopathic parent/own hospital **except for Bangalore Urban and Mangalore city which should have 200 bedded Unitary/Single allopathic parent/own hospital.** This hospital should continue to function as parent hospital 'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will 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.)

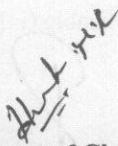
Note

- 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:

- College has got 1 parent Hospital, i.e. Menelge Multispecialty Hospital, Mandya which has got 100 beds capacity and they are having 1 affiliated hospital situated in Madalur (Govt General Hospital, Madalur) having bed strength of 100.


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	20	90%	140	90%
Surgery including OT	18	88%	120	90%
Obstetrics & Gynecology	12	92%	80	86%
Pediatrics,	10	90%	64	88%
Emergency Medicine	08	90%	18	90%
Psychiatry	03	92%	12	89%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	02	92%	08	90%
Minor OT	02	88%	06	90%
Dental, Otorhinolaryngology, Ophthalmology	02	90%	12	70%
Burns and Plastic	02	90%	08	90%
Neonatology care unit	02	82%	10	82%
Communicable disease/ Respiratory medicine/TB & chest diseases	-	-	08	76%
Dermatology	04	80%	12	84%
Cardiology	04	78%	10	82%
Oncology	04	-	10	70%
Neurology/Neuro-surgery	02	70%	12	90%
Nephrology/Urology	02	-	10	86%
ICU/CCU	03	86%	20	88%
Geriatric Medicine	-	-	-	-
Any other Total -	100	-	560	-

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

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of PHC	Gejjalagere Primary Health Centre.	
Adopted / Affiliated	Affiliated	
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	02 KM	
b. Services Rendered by Health & Family Welfare Programmes	Health and Family Welfare Services	
URBAN FEILD :		
a. Name of CHC / PHC / SC	Maddur Govt. Hospital, Maddur.	
Adopted / Affiliated		
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute	01 KM	
b. Services Rendered by Health & Family Welfare Programmes	Health & Welfare Services	
<i>N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.</i>		

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 Programme			
a.	Basic B.Sc. Nursing	YES ☒	NO ☐	
b.	Post Basic B.Sc. Nursing	YES ☐	NO ☐	
c.	M.Sc. Nursing	YES ☐	NO ☐	

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

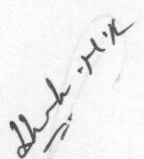
Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	49500sq.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 : 154	Boys : Nil
f.	Total No. of rooms	Girls : 80 Rooms	Boys : 06
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 ☐

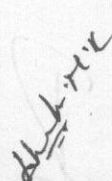

Signature of Chairman


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	Copy Enclosed	
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	Copy Enclosed	
Annexure - 3	Details of any other Nursing Institution under the same Trust	NA	
Annexure - 4	Details of Affiliated fees paid receipts	Copy Enclosed	
Annexure - 5	Approval Status : GOK Order	Copy Enclosed	
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	Copy Enclosed	
Annexure - 7	Approval Status : KNC Notification	Copy Enclosed	
Annexure - 8	Status : INC Notification	Copy Enclosed	
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA	
Annexure - 10	List of M.Sc. Nursing Students as per format	NA	
Annexure - 11	Details of External /Part time Teachers	Copy Enclosed	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	Copy Enclosed	
Annexure - 13	Vehicle Details : Bus	Copy Enclosed	
Annexure - 14	Details of List of Library Books & others	Copy Enclosed	
Annexure - 15	Academic Activities	Copy Enclosed	
Annexure - 16	Details of Clinical/Hospital Facilities	Copy Enclosed	
Annexure - 17	Details of Community Health Nursing Posting Facilities	Copy Enclosed	
Annexure - 18	Master Rotation plans and Time tables	Copy Enclosed	


 Signature of Chairman


 Signature of Member (1)

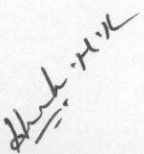

 Signature of Member (2)

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:

1. They are having 10 MSc faculty and 16 BSc faculty present at the time inspection.
2. There are 11 classrooms of capacity 70 students and 1 auditorium of capacity 750 sitting capacity.
3. College has its own building with all the infrastructure required for 60 students.
4. 5 labs available & well equipped as per the specifications required for 60 students.
5. Clinical facilities available as per norms with 1 parent hospital and 1 affiliated hospital having 100 bed strength.
6. They are having college library of having 2323 books.


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

Instructions for reporting of Local inspections by RGHHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGHHS norms.
2. Team shall submit the report 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)

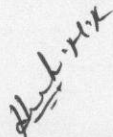
UNDERTAKING

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

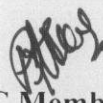
We have conducted LIC inspection of this college on **17-11-2024** and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

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

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



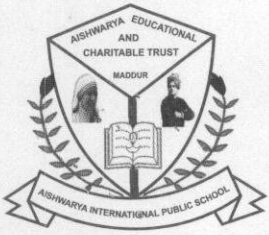
**Senate Member
(Chairman)**



**A C Member
(Member)**



**Subject Expert
(Member)**



Aishwarya Educational and Charitable Trust (R)

"Aishwarya", B.M. Road, Near T. B. Circle, Maddur - 571 428.

Phone : 08232-213499 E-mail : aips.maddur@gmail.com

Ref. : AECT /

Date : 16.11.2024.

UNDERTAKING by Trust Management

I Mr. Jayaramu K, President of Aishwarya Educational & Charitable Trust (R), Maddur is submitting the affidavit to University.

The Aishwarya Educational & Charitable Trust (R) is Managing the college Aishwarya Institute of Nursing Sciences since 2019.

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

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

I 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.

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

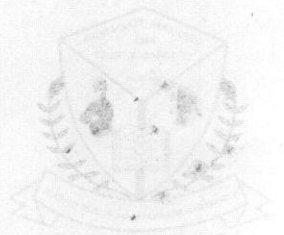
If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

PRESIDENT

Aishwarya Educational & Charitable Trust (R)
"Aishwarya" B.M. Road, Near T.B. Circle,
H.K.V. Nagar, Maddur, Mandya District

Aishwarya Educational and Charitable Trust (R)

"Aishwarya", B.M. Road, Near T.B. Circle, Madhav - 521428
Phone: 08232-211497 E-mail: aishwarya@rediffmail.com



16.11.2024

NO. AECT/

LAPERTAKING BY TRUST MANAGEMENT

I, Mr. Jayaram K. President of Aishwarya Educational and Charitable Trust (R),

Aishwarya Educational and Charitable Trust (R) is Managing the college

and all the information provided by us to the IJC is true and

correct to the best of my knowledge.

I confirm that the faculty in the college are employed for full time in the

college and I do not have any other engagements to manage the college.

I also confirm that the college is solely managed by the trust and is not

subjected to any other management to manage the college.

I also confirm that the college is subject to the norms of AICTE and

is not subject to any other management to manage the college.

If any of the information declared is found to be false, the President and

the Trust management can be held responsible and suitable action can be

H.K.V. Nagar, Madhav District
"Aishwarya", B.M. Road, Near T.B. Circle
Aishwarya Educational & Charitable Trust (R)
PRESIDENT



UNDERTAKING

I, Dr. Ravindranath is the Managing Director of the Mandya Multispecialty Hospital situated at No. 5/271 & 272, 3rd Cross, Ashok Nagar, Mandya.

This is to confirm that our **Mandya Multispecialty Hospital Pvt .Ltd** is registered under KPMEA and PCB with **100 Beds** and the bonafide certificate has been attached.

This is to confirm that the **Mandya Multispecialty Hospital Pvt .Ltd** is functioning as **parent** hospital for Aishwarya Institute of Nursing Sciences, Maddur, Mandya District.

We also confirm that our hospital is solely affiliated to only Aishwarya Institute of Nursing Sciences, Maddur, Mandya District and is not affiliated to any other nursing college.

The information provided by us is true and correct.


Principal
Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)


Dr. Ravindranath
Managing Director
Mandya Multispecialty Hospital

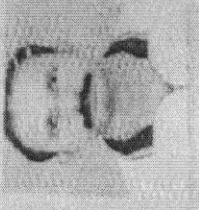

Principal
Allwarya Institute of Nursing Sciences
87, No. 146 & 147, B.M. Road
Marayabadda, Near H.K.V. Nagar
Madurai - 625 028, Madhya (Dist)



Government of Karnataka

Department of Health and Family Welfare Services

District Registration and Grievance Redressal Authority



Mandya

CERTIFICATE OF REGISTRATION

This is to certify that Mandya Multispecialty Hospital pvt. Ltd. located at Ashok Nagara 3rd Cross Mandya owned by Dr. Ravindranath 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: MAND00113ALHL2

Date of Issue: 05 May 2021

Valid Till: 04 May 2026

Place: Mandya

Signature valid

Digitally signed by
Date 2021.05.07 10:57:06
+05.30



Principal

Aishwarya Institute of Nursing Sciences

Sy. No. 146 & 147, B.M. Road

Marakadabadi, Near H.K.V. Nagar,

Maddur - 571 428, Mandya (Dist)

Minister Secretary And District Health And Welfare Officer
(District Registration and Grievance Redressal Authority)
Karnataka Private Medical Establishment
Mandya

RECEIVED
JUL 10 1964
U.S. AIR FORCE
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WASHINGTON, D.C.
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Consent For Operation (CFO-Air,Water)

Karnataka State Pollution Control Board
Zonal Office : Mysore,
Plot No.436-D, 1st Floor, Hebbal Industrial Area, K.R.S Road,
Metagalli,Mysore-570016
Tele : 08212519411

Industry Colour:
ORANGE

Industry Scale: SMALL

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

Combined Consent Order No: AW-328925 PCB ID: 105334 Date: 28/12/2021

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

- Ref: 1. Application filed by the industry / organization on 17/09/2021
2. Inspection of the Industry/organization/by RO. on 13/10/2021

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

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

Location:

Name of the Industry: Mandya Multispeciality Hospital Pvt Limited
Address: PID D5/171/1219/B and D5/272/1220, 3rd Cross, Ashokanagar,,
Industrial Area: Not In I.A., Ashoknagar,,
Taluk: Mandya, District: Mandya

Discharge of effluents under the Water Act:

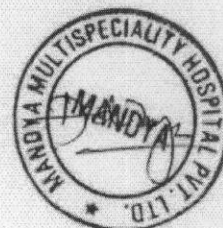
Sr	Water Code	WC(KLD)	WWG(KLD)	Remark
1	Domestic Purpose	40.000	32.000	To treat in 40 KLD STP to urban re-use standards to recycle 12.5 KLD for Toilet flushing @ 0.110 & 0.015 KLD respectively as per revised NB Code & 19.5 KLD for AHU Chilling plant & excess in to UGD of CMC Mandya by obtaining prior approval
2	Others	2.000	1.600	Liquid bio medical waste generating from OT, and others shall be pre treated for removal of oil & grease followed by disinfection and the same shall be taken to STP for further treatment & disposal

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

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

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

Aishwarya Institute of Nursing Sciences





**Consent For Operation
(CFO-Air, Water)**

Karnataka State Pollution Control Board
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The consent for operation is granted considering the following activities/Products;

Sr	Product Name	Applied Qty/Month	Unit
1	HCE i.e., Hospital with 100 beds consisting with facilities like, OT, ICU, CCU, Laboratory, X-ray, Dialysis, Radiology and other civic amenities	100.0000	NOS

This consent is valid for the period from 18/09/2021 to 30/09/2031

To,

Mandya Multispeciality Hospital Pvt Limited

As above

NOTE:

The following Conditions mentioned above are not applicable.

Additional Conditions:

The applicant shall comply with additional conditions imposed in Annexure-A uploaded along with the consent order. The applicant shall ensure that this consent is issued prejudice to any of the cases pending before the Hon'ble Courts and ensure that there shall not be any complaint from neighbouring industrial plot owners regarding Water, Air and Smell pollution problems. If so, the consent issued is deemed to be withdrawn / Cancelled.

COPY TO:

1. The Regional Officer,
2. Master Register,
3. Case file.

Mandya

for information and necessary action.

Consent Fee paid

Rs. 272250



Principal
Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)





**Consent For Operation
(CFO-Air, Water)**

Karnataka State Pollution Control Board
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**Consent For Operation
(CFO-Air, Water)**

Industry Colour:
ORANGE

Industry Scale: SMALL

Karnataka State Pollution Control Board
Zonal Office : Mysore,
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Metagalli, Mysore-570016
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(This document contains 8 pages including annexure & excluding additional conditions)

SCHEDULE

TERMS AND CONDITIONS

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

1. The discharge from the premises of the occupier shall pass through the terminal manhole/manholes where from the Board shall be free to collect samples in accordance with the provisions of the Act/Rules made there under.

2(a). The sewage/domestic effluent shall be treated in septic tank and with soak pit. No overflow from the soak pit is allowed. The septic tank and soak pit shall be as per IS 2470 Part-I & Part-II.

2(b). The treated sewage effluent discharged shall conform to the standards specified in Annexure-I.

3(a). The trade effluent generated in the industry shall be treated in the ETP and treated effluent shall conform to the standards stipulated by the Board in Annexure-I

3(b). The trade effluent shall be handed over to CETP and maintain logbook of effluent generated & sent every day.

4. The occupier shall install flow measuring/recording devices to record the discharge quantity and maintain the record.

5. The occupier shall not change or alter either the quality or the quantity or the place of discharge or temperature or the point of discharge without the previous consent/ permission of the Board.

6. The Occupier shall not allow the discharge from the other premises to mix with the discharge from his premises. Storm water shall not be allowed to mix with the effluents on the upstream of the terminal manhole where the flow measuring devices are installed.

B. EMISSIONS:

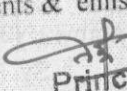
1. The discharge of emissions from the premises of the applicant shall pass through the air pollution control equipment and discharged through stacks/chimneys mentioned in **Annexure-II** where from the Board shall be free to collect the samples at any time in accordance with the provisions of the Act and Rules made there under.

2. The occupier shall provide port holes for sampling of emission, access platforms for carrying out stack sampling, electrical points and all other necessary arrangements including ladder as indicated in Annexure-II.

3. The Occupier shall upgrade/modify/replace the control equipment with prior permission of the Board.

C. MONITORING & REPORTING:

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


Principal

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Metagalli, Mysore-570016
Tele : 08212519411

Industry Colour:
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Industry Scale: SMALL

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

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

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

E. NOISE POLLUTION CONTROL:

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

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

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

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

F. GENERAL CONDITIONS:

1. The Board reserves the right to review, impose additional conditions, revoke, change or alter terms and conditions of this consent.
2. The Occupier shall forthwith keep the Board informed of any accidental discharge of emissions/effluents into the atmosphere in excess of the standards laid down by the Board. The applicant shall also take corrective steps to mitigate the impact.
3. The Occupier shall provide alternative power supply sufficient to operate all Pollution control equipments.

Principal

Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)





Consent For Operation (CFO-Air,Water)

Karnataka State Pollution Control Board

Zonal Office : Mysore,

Plot No.436-D, 1st Floor, Hebbal Industrial Area, K.R.S Road,

Metagalli,Mysore-570016

Tele : 08212519411

Industry Colour:
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Industry Scale: SMALL

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

4. The entire premises shall always be kept clean. The effluent holding area, inspection chambers, outlets, flow measuring points should made easily approachable.
5. The Occupier shall display the consent granted in a prominent place for perusal of the inspecting officers of the Board.
6. The Occupier his heirs, legal representatives or assigns shall have no claims what so ever to the continuation or renewal of this consent after expiry of the validity of consent.
7. The Occupier shall make an application for consent at least 45 days before expiry of this consent.
8. The occupier shall maintain register recording the ambient air quality and stack monitoring. The register shall be open for inspection by the Board Officers at all time.

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

Annexure-II

Chim. No.	Chimney attached to	KVA Rating/ Capacity	Minimum chimney height to be provided above ground level (in Mtr)	Constituents to be controlled in the emission	Tolerance limits mg/NM3	Air pollution Control equipment to be installed, in addition to chimney height as per col.(4)	Date on which air pollution control equipments shall be provided to achieve the stipulated tolerance limits and chimney heights conforming to stipulated heights.
1	D.G Sets	500 K.V. A		6 PM(mg/NM3), SO2(PPM), NOx (PPM)	NA, NA, NA	AEC	

Note:

AEC : Accoustic Enclosures



Principal
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**Consent For Operation
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ORANGE

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

Note:

1. The Noise levels within the premises shall not exceed 75 dB (A) leq during day time and 70 dB(A) leq during night time respectively.
2. The DG set shall be provided with acoustic measures as per SI.No 94 in Schedule-I of Environment (Protection) Rules.
3. There shall be no smell or odour nuisance from the industry.

LOCATION OF SAMPLING PORTHOLES, THE PLATFORMS, THE ELECTRICAL OUTLET.

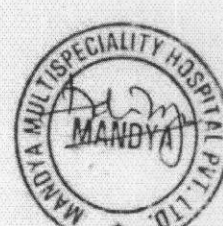
1. Location of Portholes and approach platform:

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

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

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

For and on behalf of the
Karnataka State Pollution Control
Board



Principal
Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)



**Consent For Operation
(CFO-Air,Water)**

Karnataka State Pollution Control Board
Zonal Office : Mysore,
Plot No.436-D, 1st Floor, Hebbal Industrial Area, K.R.S Road,
Metagalli,Mysore-570016
Tele : 08212519411

Industry Colour:
ORANGE

Industry Scale: SMALL

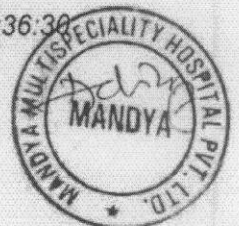
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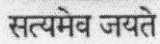
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Principal

Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)

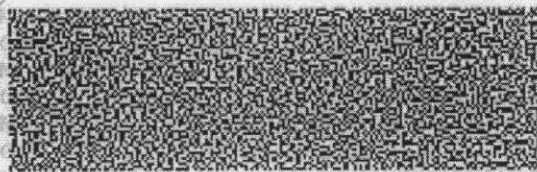
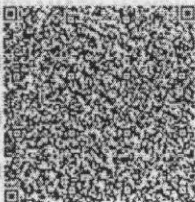


Government of Karnataka

Rs. 10

Certificate No.	: IN-KA66065859962340W
Certificate Issued Date	: 13-Nov-2024 11:36 AM
Account Reference	: NONACC (FI)/ kakscsa08/ MADDUR6/ KA-MN
Unique Doc. Reference	: SUBIN-KAKAKSCSA0874370768402705W
Purchased by	: DR RAVINDRANATH MANDYA MULTISPECIALITY HOSPITAL
Description of Document	: Article 2(B) Administration Bond - In any other case
Property Description	: UNDERTAKING
Consideration Price (Rs.)	: 0 (Zero)
First Party	: DR RAVINDRANATH MANDYA MULTISPECIALITY HOSPITAL
Second Party	: AISHWARYA INSTITUTION OF NURSING SCIENCES MADDUR
Stamp Duty Paid By	: DR RAVINDRANATH MANDYA MULTISPECIALITY HOSPITAL
Stamp Duty Amount(Rs.)	: 100 (One Hundred only)

सत्यमेव जयते



RS. 100

Please write or type below this line

UNDERTAKING

I, Dr. Ravindranath is the Managing Director of the Mandya Multispecialty Hospital situated at No. 5/271 & 272, 3rd Cross, Ashok Nagar, Mandya.

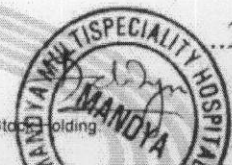
This is to confirm that our **Mandya Multispecialty Hospital** is registered under KPMEA and PCB with **100 Beds** and the bonafide certificate has been attached.

Principal

Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at www.shohestamp.com or using the Shohe Mobile App of Stock Holding Company of India. Any discrepancy in the details on this Certificate and the details on the website / Mobile App renders it invalid.



This is to confirm that the **Mandya Multispecialty Hospital** is functioning as **parent** hospital for Aishwarya Institute of Nursing Sciences, Maddur, Mandya District.

We also confirm that our hospital is solely affiliated to only Aishwarya Institute of Nursing Sciences, Maddur, Mandya District and is not affiliated to any other nursing college.

The information provided by us is true and correct.


Principal
Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)


Dr. Manvinder Arora
Maddur, Mandya District
Director
Mandya Multispecialty Hospital




ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಅಧಿಕಾರಿಗಳ ಕಛೇರಿ, ಮಂಡ್ಯ

E mail ID: dho.mandya@gmail.com

ದೂರವಾಣಿ ಸಂಖ್ಯೆ: 224027

ಸಂಖ್ಯೆ: ಕಟ್ಟಡ/04/2024-25

ದಿನಾಂಕ: 08-11-2024.

ರವರಿಗೆ,

ಪ್ರಾಂಶುಪಾಲರು

ಐಶ್ವರ್ಯ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ನರ್ಸಿಂಗ್ ಸೈನ್ಸಸ್ &

ಐಶ್ವರ್ಯ ಸ್ಕೂಲ್ ಆಫ್ ನರ್ಸಿಂಗ್

ಮದ್ದೂರು, ಮಂಡ್ಯ ಜಿಲ್ಲೆ.

ಮಾನ್ಯರೇ,

ವಿಷಯ: 2023-24ನೇ ಸಾಲಿನ ಕ್ಲಿನಿಕಲ್ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕಾಗಿ ಅನುಮತಿ ಕೋರಿರುವ ಬಗ್ಗೆ.

ಉಲ್ಲೇಖ: 1) ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ/172/ಸಿಜಿಎಂ 2017, ಬೆಂಗಳೂರು,

ದಿನಾಂಕ: 22-05-2018

2) ತಮ್ಮ ಕಛೇರಿ ಪತ್ರದ ಸಂಖ್ಯೆ /AINS/359/2024-25, ದಿನಾಂಕ: 24-10-2024

ಐಶ್ವರ್ಯ ಎಜುಕೇಷನಲ್ ಚಾರಿಟಬಲ್ ಟ್ರಸ್ಟ್, ಮದ್ದೂರು, ಮಂಡ್ಯ ಜಿಲ್ಲೆಯ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಗಳಾದ, ಐಶ್ವರ್ಯ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ನರ್ಸಿಂಗ್ ಸೈನ್ಸಸ್ (B.Sc, Nursing) & ಐಶ್ವರ್ಯ ಸ್ಕೂಲ್ ಆಫ್ ನರ್ಸಿಂಗ್ (GNM) ವಿದ್ಯಾರ್ಥಿಗಳ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕಾಗಿ 2024-25ನೇ ಶೈಕ್ಷಣಿಕ ಸಾಲಿಗೆ ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ ಮದ್ದೂರು, ಇಲ್ಲಿ ಕ್ಲಿನಿಕಲ್ ಸೌಲಭ್ಯ ಪಡೆಯಲು ಅನುಮತಿ ನೀಡುವಂತೆ ಉಲ್ಲೇಖಿತ (2)ರ ಪತ್ರದಲ್ಲಿ ಮನವಿ ಕೋರಿರುತ್ತೀರಿ.

ಉಲ್ಲೇಖ (1) ರ ಸರ್ಕಾರಿ ಆದೇಶದನ್ವಯ ನರ್ಸಿಂಗ್ ವಿದ್ಯಾರ್ಥಿಗಳ ಕ್ಲಿನಿಕಲ್ ಸೌಲಭ್ಯ ಅನುಮತಿಗಾಗಿ ಶುಲ್ಕ ಪಾವತಿಸಬೇಕಿದ್ದು, ಬಿ.ಎಸ್ಸಿ, ನರ್ಸಿಂಗ್‌ನ ಪ್ರತಿ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ರೂ. 9000/- ರಂತೆ ಮತ್ತು ಡಿಪ್ಲೋಮಾ ಇನ್ ನರ್ಸಿಂಗ್‌ನ (GNM) ಪ್ರತಿ ವಿದ್ಯಾರ್ಥಿಗೆ ರೂ. 4500/- ರಂತೆ ವಾರ್ಷಿಕ ಶುಲ್ಕವನ್ನು ಒಟ್ಟು ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಒಟ್ಟು ಶುಲ್ಕವನ್ನು ಆಡಳಿತ ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಮದ್ದೂರು ರವರ ಹೆಸರಿಗೆ ಡಿ.ಡಿ ಪಾವತಿಸಿ, ಪಾವತಿಸಿರುವ ಬಗ್ಗೆ ದಾಖಲೆಯ ಪ್ರತಿಯನ್ನು ಈ ಕಛೇರಿಗೆ ಸಲ್ಲಿಸಲು ತಿಳಿಸಿದೆ.

ಸರ್ಕಾರಿ ಆಸ್ತಿ ನಷ್ಟ ಉಂಟು ಮಾಡದಂತೆ ಮತ್ತು ಕೆಲಸ ಕಾರ್ಯಗಳಿಗೆ ಧಕ್ಕೆಯುಂಟಾಗದಂತೆ ಕಾರ್ಯನಿರ್ವಹಿಸಲು ಸೂಚಿಸುತ್ತಾ, ತಮ್ಮ ಟ್ರಸ್ಟ್‌ನ ಮೇಲಿನ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಗಳ ಬಿ.ಎಸ್ಸಿ ನರ್ಸಿಂಗ್ ಮತ್ತು ಸ್ಕೂಲ್ ಆಫ್ ನರ್ಸಿಂಗ್ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ 2024-25ನೇ ಸಾಲಿಗೆ ಮಾತ್ರ ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಮದ್ದೂರು ಇಲ್ಲಿ ಕ್ಲಿನಿಕಲ್ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕೆ ಅನುಮತಿ ನೀಡಿದೆ.

ತಮ್ಮ ವಿಶ್ವಾಸಿ


Principal

Aishwarya Institute of Nursing Sciences
Sy. No. 146 & 147, B.M. Road
Marakadadoddi, Near H.K.V. Nagar,
Maddur - 571 428, Mandya (Dist)

ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ
ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳು, ಮಂಡ್ಯ ಜಿಲ್ಲೆ, ಮಂಡ್ಯ
  

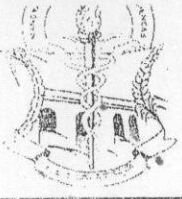
ಪ್ರತಿಯನ್ನು :-

1. ಆಡಳಿತ ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ ಮದ್ದೂರು ಇವರಿಗೆ ಕಳುಹಿಸುತ್ತಾ, ವಿದ್ಯಾರ್ಥಿಗಳ ಸಂಖ್ಯೆಗೆ ಅನುಸಾರವಾಗಿ ಮೊತ್ತವನ್ನು ಡಿಡಿ ಮೂಲಕ ಪಡೆದು ರಶೀದಿ ನೀಡಿ ಸರ್ಕಾರಿ ಆಸ್ತಿಗೆ ಧಕ್ಕೆಯಾಗದಂತೆ ಕ್ಲಿನಿಕಲ್ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕೆ ಅನುಮತಿಸುವುದು.
2. ಕಛೇರಿ ಪ್ರತಿ



[Handwritten signature]

Answered by: [illegible]
[illegible]
[illegible]
[illegible]
[illegible]



ಮಂಡ್ಯ - 571 401
MANDYA INSTITUTE OF MEDICAL SCIENCES
MANDYA - 571 401
 (Autonomous Medical Institution, Government of Karnataka)

Director : 08232-222086
 CAO : 08232-231197
 FA : 08232-401198

E. Mail Address:
 mimsmandya@gmail.com

ಸಂಖ್ಯೆ: ಮಿಮ್ಸ್/ಬೋಆ/ಕ್ಲಿ.ಸೌ/ಆ.ರ.ಸ/05/2019-20

ದಿನಾಂಕ: 17.08.2022

ಗೆ

ಕಾರ್ಯದರ್ಶಿಗಳು.

ಐಶ್ವರ್ಯ ಎಜುಕೇಷನಲ್ ಅಂಡ್ ಚಾರಿಟೇಬಲ್ ಟ್ರಸ್ಟ್ (ರಿ)

"ಐಶ್ವರ್ಯ" ಬಿ.ಎಂ ರಸ್ತೆ, ಟಿ.ಬಿ.ಸರ್ಕಲ್ ಹತ್ತಿರ.

ಮದ್ದೂರು-571 428

ಮಾನ್ಯರೇ,

ವಿಷಯ: ಐಶ್ವರ್ಯ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ನರ್ಸಿಂಗ್ ಸೈನ್ಸಸ್ & ಐಶ್ವರ್ಯ ನರ್ಸಿಂಗ್ ಶಾಲೆ, ಮದ್ದೂರು ಇವರ ನರ್ಸಿಂಗ್ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಕ್ಲಿನಿಕಲ್ ಸೌಲಭ್ಯವನ್ನು ಒದಗಿಸಲು ಆದೇಶ ನೀಡುವ ಕುರಿತು.

ಉಲ್ಲೇಖ:1. ಸರ್ಕಾರದ ಪತ್ರ ಸಂಖ್ಯೆ: ಸರ್ಕಾರದ ಪತ್ರ ಸಂಖ್ಯೆ: ಎಂಇಡಿ 137 ಎಂಪಿಎಸ್ 19, ಬೆಂಗಳೂರು ದಿನಾಂಕ.19.08.2019 ಮತ್ತು ಎಂಇಡಿ 137 ಎಂಪಿಎಸ್ 2019, ಬೆಂಗಳೂರು ದಿನಾಂಕ.19.08.2019

2. ಮನವಿ ಪತ್ರ ದಿನಾಂಕ: 29.07.2022

3. ಆಕುಶ ಸೇವೆಗಳು ಸುತ್ತೋಲೆ ಪತ್ರ ಸಂಖ್ಯೆ:ಎಂ.ಡಿ.ಪಿ/ಕ್ಲಿ/05/2018-ದಿನಾಂಕ.18.06.2018

4.ಸಂಸ್ಥೆಯ ಆಡಳಿತ ಪರಿಷತ್ ಸಭೆಯ ಸಭಾ ನಡವಳಿ ಅನುಮೋದನಾ ದಿನಾಂಕ.12.07.2021

ಪ್ರಸ್ತಾವಿತ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಉಲ್ಲೇಖ-(1) ರ ಸರ್ಕಾರದ ನಿರ್ದೇಶಾನುಸಾರ ಐಶ್ವರ್ಯ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ನರ್ಸಿಂಗ್ ಸೈನ್ಸಸ್ (40) ಬಿಎಸ್ಸಿ ನರ್ಸಿಂಗ್ ಹಾಗೂ ಐಶ್ವರ್ಯ ನರ್ಸಿಂಗ್ ಶಾಲೆಯ (60) ಜಿಎಸ್ಎಂ ನರ್ಸಿಂಗ್ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಕ್ಲಿನಿಕಲ್ ಸೌಲಭ್ಯವನ್ನು ಒದಗಿಸುವ ಕುರಿತು ಉಲ್ಲೇಖ (2)ರ ಮನವಿಯಂತೆ ಹಾಗೂ (4)ರಲ್ಲಿನ ಮಿಮ್ಸ್ ಆಡಳಿತ ಪರಿಷತ್ ಸಭೆಯ ಅನುಮೋದನೆಯಂತೆ, ಹಾಗೂ ಬೋಧಕ ಆಸ್ಪತ್ರೆಯಲ್ಲಿನ ಹಾಸಿಗೆ ಸಾಮರ್ಥ್ಯಕ್ಕನುಗುಣವಾಗಿ ಮೇಲಿನ ಎರಡು ನರ್ಸಿಂಗ್ ಶಾಲೆಯ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಸಂಸ್ಥೆಯ ಬೋಧಕ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಕ್ಲಿನಿಕಲ್ ಸೌಲಭ್ಯವನ್ನು ಒದಗಿಸಲು ಅನುಮತಿ ನೀಡಲಾಗಿರುತ್ತದೆ.

ಅದರಂತೆ, ಈ ಹಿಂದೆ ಒದಗಿಸಲಾಗಿರುವಂತೆ, ಮೇಲಿನ ಎರಡು ನರ್ಸಿಂಗ್ ಶಾಲೆಯ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಅಕ್ಟೋಬರ್-2022 ರಿಂದ ಅನ್ವಯವಾಗುವಂತೆ, ಮುಂದಿನ 03 ವರ್ಷಗಳ ಅವಧಿಗೆ ಅಂದರೆ ಅಕ್ಟೋಬರ್-2025ರವರೆಗೆ ನಿಯಮಗಳನ್ವಯ ಹಾಗೂ ಉಲ್ಲೇಖ (3)ರ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ನಿರ್ದೇಶನಾಲಯ, ಆನಂದರಾವ್ ವೃತ್ತ, ಬೆಂಗಳೂರುರವರು ಪ್ರಸ್ತುತ ಹಾಗೂ ಕಾಲಕಾಲಕ್ಕೆ ಪರಿಷ್ಕರಿಸಿ ನಿಗದಿಪಡಿಸಿರುವ/ನಿಗದಿಪಡಿಸುವ ಕ್ಲಿನಿಕಲ್ ಶುಲ್ಕವನ್ನು ನಿಯೋಜಿಸುವ ವಿದ್ಯಾರ್ಥಿಗಳ ಸಂಖ್ಯೆಗನುಗುಣವಾಗಿ ಮುಂಗಡವಾಗಿ ಸಂಸ್ಥೆಯ ಬೋಧಕ ಆಸ್ಪತ್ರೆಯ ಆರೋಗ್ಯ ರಕ್ಷಾ ಸಮಿತಿ ನಿಧಿಗೆ ಡಿಡಿ ಮೂಲಕ ಶುಲ್ಕವನ್ನು ಪಾವತಿಸುವುದು. ಹಾಗೂ ಸರ್ಕಾರವು ಕಾಲ ಕಾಲಕ್ಕೆ ಪ್ರಕಟಿಸುವ ನಿಯಮಾವಳಿಗಳು ಮತ್ತು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶಕರು ಹಾಗೂ ಕರ್ನಾಟಕ ನರ್ಸಿಂಗ್ ಪರಿಷತ್ ಹೊರಡಿಸುವ ಆದೇಶಗಳನ್ನು ಕಟ್ಟುನಿಟ್ಟಾಗಿ ಪಾಲಿಸುವಂತೆ ಸೂಚಿಸಿ ಅನುಮತಿ ನೀಡಿದೆ.

ನಿರ್ದೇಶಕರು.

ಮಂಡ್ಯ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ.

ಮಂಡ್ಯ.

ಪ್ರತಿಯನ್ನು

1. ವೈದ್ಯಕೀಯ ಅಧೀಕ್ಷಕರು, ಬೋಧಕ ಆಸ್ಪತ್ರೆ, ಮಿಮ್ಸ್, ಮಂಡ್ಯ

2.ಸಹಾಯಕ ಆಡಳಿತಾಧಿಕಾರಿಗಳು, ಮು.ಆ.ಅ.ಆ.ಸ. (ಪ್ರಭಾರ)-ಮಿಮ್ಸ್, ಮಂಡ್ಯ

3.ಸ್ಥಾನೀಯ ವೈದ್ಯಾಧಿಕಾರಿಗಳು, ಬೋಧಕ ಆಸ್ಪತ್ರೆ, ಮಿಮ್ಸ್, ಮಂಡ್ಯ

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5.ಲೆಕ್ಕಪತ್ರ ವಿಭಾಗ, ಆ.ರ.ಸ ಬೋಧಕ ಆಸ್ಪತ್ರೆ, ಮಂಡ್ಯ

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