

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷಣ ಪರಿಷತ್ತು

ನಂ-71, ಸೂರ್ಯ ಅಪಾರ್ಟ್‌ಮೆಂಟ್, "ಎ" ಸ್ಟ್ರೀಟ್, 6ನೇ ಕ್ರಾಸ್,
ಎ.ಆರ್. ಎಕ್ಸ್ಟೆನ್ಷನ್, ಗಾಂಧಿನಗರ, ಬೆಂಗಳೂರು-560 009.



KARNATAKA STATE NURSING COUNCIL

#71, Surya Apartment, 'A' Street, 6th Cross,
A.R.Extension, Gandhinagar, Bangalore - 560 009.

Application for Institution Recognition Renewal - 2015-2016

Note : One form for all the nursing programme of the institute

LAST DATE
16th JAN, 2015

1. NAME OF THE CHAIRPERSON / SECRETARY OF TRUST

Date :

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2. NAME OF THE PRINCIPAL

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3. NAME OF THE INSTITUTION

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4. ADDRESS OF THE INSTITUTION

City / Town																			
District																			
State																			

Contact Number

Office

Fax

Mobile

E-mail

5. FEE / INSTITUTION CODE

6. INSTITUTION IS UNDER (please ✓ mark)

Government University Private Trust/Society Army Missionary Company N.G.O Voluntary

7. NUMBER OF ALL THE NURSING PROGRAMME OFFERED BY INSTITUTIONS

S. No.	Name of the programme	School Code	File No.	Seats*	Number of students admitted		Total no. of students under training
					2013 - 14	2014 - 15	
1	A. N. M.						
2	G.N.M.						
3	B.Sc. (N)						
4	M.Sc. (N)						
5	P. B.Sc. (N)						
6	Other Short Term Courses						
7	Distance Education						

*Seats Sanctioned by INC

7 (a) . If the institute has P.B.B.Sc. (N) following details of the admitted students to be enclosed

S. No.	Number of Student	Registration Number		Residence Address	Place & Address of Work at the time of admission	Board/ University form where last exam qualified	Duration of Course with dates From _____ to _____
		GNM	B.Sc. (N)				

Note: -

- i) *An affidavit by the Principal, College of Nursing stating that the information is true to their knowledge of the students details.
- ii) Affidavit by student also stating that they are undergoing regular course of 2 years P.B.B.Sc.(N) programme offered by _____ institute.

7 (b) . If the institute has M.Sc. (N) following details of the admitted students to be enclosed

S. No.	Number of Student	Registration Number		Residence Address	Place & Address of Work at the time of admission	Board/ University form where last exam qualified	Duration of Course with dates From _____ to _____
		GNM	B.Sc. (N)				

Note: -

- i) *An affidavit by the Principal, College of Nursing stating that the information is true to their knowledge of the students details.
- ii) Affidavit by student also stating that they are undergoing regular course of 2 years M.Sc.(N) programme offered by _____ institute.

8. Online registration of all the said details on the website for 2014 - 2015 academic year. Yes No

8 (a) . If Yes, whether the same is submitted to INC Yes No

9. Physical Facilities for all the nursing programme Annexure No. _____

9 (a). Whether the institution has its own building (Building Completion Certificate by competent state authority/Copy of Title Deed to be attached) Yes No

9 (b). Built -up area of Teaching Block _____

9 (c). Built -up area of Hostel Block _____

9 (d).

S. No.	Nursing Programme for which the class is used	Size of the class rooms

* Annexure _____ Blue print of the institution under instruction sl. no.7

9 (e). Laboratory Facilities for all the Nursing Programmes

S. No.	Name of the Laboratory	Size of the Laboratory	Number of Equipments and Articles	Number of Dummies and Dolls

* Annexure _____ Blue print of the institution under instruction sl. no.7

10. Teaching Faculty for all the Nursing Programmes

S. No.	Name of the teaching faculty	Designation	Qualification along with speciality	Name of the Instt./ Uty.	Year of Passing	R.N. & R.M. No.*	Teaching Experience		Date of Joining	PAN No/ EPF No
							UG	PG		

* Incomplete information will be rejected

* Annexure to be enclosed in the given format

11. Clinical Facilities for all the Nursing Programmes:

Name of the Parent Hospital along with address	Number of beds	Bed occupancy
Name of the Affiliated Hospital along with address	Number of beds	Bed occupancy

12. **Pollution Control Board Certificates of each hospital** : **Annexure No.**_____

13. **Receipt of the Hospital/Nursing home for clinical experience of students for 2013 - 14 academic year** : **Annexure No.**_____

14. **Permission letter of hospitals for clinical experience of the student for 2014 - 2015 academic year.** : **Annexure No.**_____

15. Distribution of beds:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgical & Orthopedic				
Pediatrics				
Gyne. & Obst.				
Psychiatric				
Eye, ENT				
Coronary/ICCU/ICU				
Nephrology				
Neurology				
Emergency/Causality				
ICU Oncology				

16. Library Facilities for all the Nursing Programmes

S. No.	Number of Nursing Books & Titles	Number of Nursing Journals Subscribed	
		National	International

17. Specify Admission Criteria:

- for ANM _____
- for GNM _____
- for B.Sc. (N) _____
- for P.B.B.Sc. (N) _____
- for M.Sc. (N) _____
- for Other Post
Basic Diploma Programme _____

DECLARATION BY THE APPLICANT

I.....S/o, D/o or W/o..... 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 shall abide by the rules & regulations in force in KSNK and as amended from time to time.

Name of the Applicant : _____

Signature of the Applicant : _____

Date : _____

Place : _____ Seal of the Institution : _____

AFFIDAVIT

I _____ (Name of the Applicant) S/o _____,

Residing at _____ (Residential address)

and at present _____ (Post) _____ Trust/Society having its

administrative office at _____ (Address of the trust) do hereby solemnly affirm

and state as under:

1. That I am Mr./Mrs./Ms. _____ (Name of the applicant) of _____ (Name of the trust/society) Trust/Society having its administrative office at _____ (Address of the Trust/Society).
2. That the _____ (Name of the institute) for _____ (Nursing) programmes is managed by _____ (Name of the Trust/Society) Trust/Society and I am holding the office of _____ (Post) in the society.
3. That the deponent being the _____ (Post) of the Nursing School/College has submitted an application form dated _____ to Karnataka State Nursing Council, Gandhinagar, Bangalore. for approval for continuation of Nursing Programme being run as regular programme namely _____ (All Nursing Courses) Courses functioning in the _____ (Name of the institute) institution.
4. That in the application for renewal submitted to the Karnataka State Nursing Council the deponent has declared That the institute has all the facilities submitted in the application form dated _____ (date of application form).
5. The deponent declares that the above stated information would be maintained at all times and that in case of any deviation from the above position the same would be immediately communicated to the KSNC. The deponent further declares that in the event

any of the above information is found to be incorrect or false or misleading at a later stage obtained either through a source information or surprise inspection by Karnataka State Nursing Council, then in that case the permission/approval accorded would be liable to be withdrawn in terms of the provisions of Karnataka Nurse, Midwives & Health Visitors Act 1961.

6. That the deponent hereby declares that the above information is true and correct as per official records and that no information has been suppressed herewith.

Deponent

I the above named deponent do hereby verify that the facts mentioned in the Affidavit are true and correct to the best of my Knowledge and belief and that I had not suppressed any material fact.

Verified on this _____ day of _____, 20 _____ at _____.

Deponent

INSTRUCTION

(Read instructions carefully before filling up the Form)

1. Relevant Documents to be submitted alongwith the Application Form .
(Data to be submitted as per the Application Form only)
2. Original Affidavit on Rs.100/ - stamp paper duly notarized as application form to be submitted by the Institution.
3. Incomplete application form will be rejected.
4. The date on the application form and date on the affidavit should be same as stated at Sl. No. 4 of the affidavit format.
5. Land deed shall be submitted in English version i.e. translated by official translator and will be duly notarized. Further record should be legible.
6. For the year 2014 -2015 staffing pattern for 2014 -2015 shall be followed and details are placed under guidelines/minimum requirement on the website of INC.

LIST OF ENCLOSURES

- | SL. No. | NAME OF DOCUMENTS |
|----------------|--|
| 1. | APPLICATION <ul style="list-style-type: none">a) INC Renewal letter 2014-2015b) RGUHS Continuation of Affiliation letter 2014-2015c) KSNC Renewal letter 2014-2015d) KSDNEB Renewal letter 2014-2015 |
| 2. | COURT AFFIDAVIT |
| 3. | PHYSICAL FACILITIES <ul style="list-style-type: none">a) Trust Deed.b) Building Plan for Teaching Block & Hostel Block.c) Ownership Document of Building.d) Building Completion Certificate By Competent State Authority.e) Building Taxes Paid Receipts |
| 4. | TEACHING FACULTY <ul style="list-style-type: none">a) Teaching Faculty List with Faculty photosb) KSNC Registration Certificates.c) Salary statement/ Income Tax's form 16 |
| 5. | CLINICAL FACILITIES <ul style="list-style-type: none">a) Parent Hospital Detailsb) Affiliated Hospital Details.c) Government Hospital Details & Fee Paid Receipts |
| 6. | POLLUTION CONTROL BOARD CERTIFICATES |
| 7. | DISTRIBUTION OF BEDS |
| 8. | LABORATORY FACILITIES |
| 9. | LIBRARY FACILITIES |