

# Rajiv Gandhi University of Health Sciences, Karnataka

# 4th ‘T’ Block, Jayanagar, Bangalore – 560 041

Revised on 15th June 2022

**Last Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**With Penalty:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION FORM FOR OPENING A NEW NURSING PROGRAMMES FOR THE YEAR 2022-23**

(Separate application form for each nursing programme)

**Application Form No.**

**RGU\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_2022**

1. Name of the Chairperson/Secretary:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of the Society/Trust/Mission etc.: (Trust deed/Registration Certificate attested by the notary be attached)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The Trust/Society cannot be purchased as per Indian Trust Act, but there can be change of trustees/ members. It is therefore the purchase of institution or change of membership will not be considered for continuation of the program. The institution which is purchased/taken over will be considered as closed and a fresh GOK need to be obtained.
* A Trust/Society can open only one nursing institution in one city/town.

3. Name of the Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address of the Institution:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tehsil/Taluk:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number(O):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

----jjjTO BE FILLED IN CAPITAL LETTERS ONLY

5. Institution is under (Please √ mark) 6. Nursing Programme applied (Please √ mark)

1 Government \_\_\_\_\_\_\_ 2 University\_\_\_\_ 3 Private\_\_\_\_\_\_\_\_\_ 1. B.Sc.(N)\_\_\_\_\_\_\_\_\_\_\_ 2. M.Sc.(N)\_\_\_\_\_\_\_\_

4 Trust/Society\_\_\_\_\_\_ 5 Army\_\_\_\_\_\_\_\_ 6 Missionary\_\_\_\_\_ 3. M.Sc. Nursing NPCC\_\_\_\_\_\_\_

7 Company\_\_\_\_\_\_\_\_\_\_\_ 8 N.G.O.\_\_\_\_\_ 4. Others (Specify) \_\_\_\_\_\_\_\_\_

9 Voluntary\_\_\_\_\_\_ 10. Any other (Specify)

7. Any other Nursing programme located in the same building recognized by RGUHS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **NURSING PROGRAMME** | **YES/NO** | **COLLEGE CODE** | **FILE NUMBER** |
| 1 | B.Sc (N) |  |  |  |
| 2 | M.Sc. (N) |  |  |  |
| 3 | PB B.Sc. (N) |  |  |  |
| 4.  | M.Sc. Nursing NPCC |  |  |  |

Website:[www.rguhs.ac.in](http://www.rguhs.ac.in) E-mail: rguhsregistrar@gmail.com Phone No. 080 26961934, 080 26961395 Fax: 080 26961929

8. A copy of Essentiality Certificate of State : Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Government **(Duly attested by notary)**

9. Govt. Order No. &Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Consent letter of the State : Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing Council Certificate **(Duly attested by notary)**

**11. Physical Facilities:**

(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, 2021F.NO. 11-1/2019-INC.)

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.)

1. Whether the institution has own Building : 1. Yes \_\_\_\_\_ Own ………. Leased for 30 years ------

 2. No\_\_\_\_\_\_\_ Rented……..

If yes, Blue Print and Completion Certificate Approved by competent authority

certified from State Competent Authority to be attached:

Annexure Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No --- rent agreement to be enclosed.

Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Number of Class Rooms: \_\_\_\_\_\_\_\_\_\_ 3. Number of Labs: \_\_\_\_\_\_\_\_\_

4. Library Facilities Available: \_\_\_\_\_\_\_\_\_\_ 5. Auditorium Available: \_\_\_\_\_\_\_\_\_\_

6. Office Facilities Available \_\_\_\_\_\_\_\_\_\_ Seating Capacity Annex No. \_\_\_\_\_

* **Classrooms and Laboratories**

|  |  |  |  |
| --- | --- | --- | --- |
| Programme | No of class rooms | Size of the Each classrooms(sq ft) for 40- 60 intake | **Size in sq ft available** |
| BSc(N) | 4  | 900 |  |
| PBBSc (N) | 2 | 600 |  |
| MSc(N) | 2  | 600 |  |
| NPCC | 2 | 600 |  |
|  |  |  |  |
|  |  |  |  |

* **Note :** Each classroom size-900sq ft for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

|  |  |  |  |
| --- | --- | --- | --- |
| **Laboratories** | **Size in sq ft as per norms** | **Size in sq ft available** | **No of Mannequin/simulator available** |
| 1. Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab  | (1600 sq.ft) |  |  |
| Nutrition & Community Health Nursing  | (1200sq.ft) |  |  |
| Obstetrics and Gynecology Laboratory | (900sq.ft) |  |  |
| Paediatrics Nursing Laboratory | (900sq.ft) |  |  |
| Pre-Clinical Sciences Laboratory  | (900sq.ft) |  |  |
| Computer Lab (1: 5 computer :student) ( | 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.
* 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.

Annexure Number------

* Enclose list of Equipments/articles and mannequins/simulators/dummy of each lab with the purchase bills
* Enclose list of book titles, journals with the bills/purchase order copy.

|  |  |  |
| --- | --- | --- |
| Administrative Facilities | As per norms  |  |
| Size In sq. ft |  |
| * **Office**
1. Principal’s
2. Vice-Principal
3. HOD
4. Professor/Assoc. Prof
5. Lecturer/ Tutors

- **Institution office** 1. Office of Administrative, clerical staff and PA (s)
2. Accountants Office
3. Store Room
4. Record room
5. Room for

 maintenance staff1. Xeroxing room
2. common room
3. Seminar hall
4. Toilets
5. A.V/Aids room
 | 3002005 x 200 =2000800 + 2400100030001000600 |  |

**15. Clinical Facilities:**

* The colleges should have 100 bedded (Unitary/Single allopathic Hospital) parent/own hospital. (**Note: Bangalore Urban and Mangalore city 200 bedded (Unitary/Singleallopathic Hospital) parent/own hospital required and it 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. 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 of 100 beds, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note ;

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

Annexure No

* Attach the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds and undertaking that the hospital will not function as parent /affiliated hospital to any other institution.

1. Name of the Parent/Own Hospital\* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Beds : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of the Hospital being a Parent : Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital**\***

Proof of the number of beds as allopathic single unitary hospital

Pollution control board and **KPMEA** certificate of the Hospital

 : Annexure Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of the Affiliated Hospital, if any : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Minimum 100 bedded unitary Hospital)

Total No. of Beds in Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Certificate from the Hospital with respect to nursing institutions already permitted/utilizing for clinical

experience along with number of students) : Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pollution control board certificate of :

the affiliated hospital to be attached **(Duly attested by notary)**

16. TEACHING FACILITIES Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. TEACHING FACULTIES: (List of all the faculty enclosed with annexure)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name of****teaching****faculty** | **Designation** | **Qualification** | **Name of the****Inst/Univ** | **Year of****Passing** **Both UG and PG** | **R.N. &****R.M. No.(renewed)** | **Total collegiate Teaching****Exp.** | **Date of****Joining** |
| 1. | Name of Principal with 15 years of experience as per norms |  |  |  |  |  |  |  |

Note:

1. Declaration forms of all faculty to be enclosed(Govt approved ID to be attached (Aadhar/ Voter Id /PAN card/Driving License)
2. Principal cum Professor- Essential Qualification: M.Sc. (Nursing)
3. Experience: M.Sc. (Nursing) having **total 15 years‘ experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable
4. For M.Sc Nursing and NPCC programme full time Research Guides available which needs to be verified with the original Guideship letters.( Student Guide ratio to be verified as per norms of RGUHS)

17. Budget allocated to Nursing programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last year audited expenditure statement: Annexure Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of nursing institute/trust to be Enclosed)

**18. PAYMENT DRAFT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Course/ Programme** | **Amount**  | **Online Payment No.** | **Date of Payment** |
|  |  |  |  |  |

19. If the proposal is **rejected** or **Demand Draft** has to be **refunded** in that case in **whose favour**

the cheque has to be drawn. Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**DECLARATION**

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 will abide by the rules & regulations in force in Rajiv Gandhi University of Health Sciences, Karnataka and as amended from time to time.

Name of the Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of the Applicant)

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Seal of the Institution :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**