

**KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY**

**ಕರ್ನಾಟಕ ರಾಜ್ಯ ಶುಶ್ರೂಷ ಪರೀಕ್ಷಾ ಮಂಡಳಿ, ಬೆಂಗಳೂರು**

**KARNATAKA STATE DIPLOMA IN NURSING EXAMINATION BOARD**

1<sup>st</sup> Floor, Library Block, Bangalore Medical College & Research Institute Campus, K.R. Road, Bengaluru-560 002  
Phone: 080-26700074, 26700075, Website : ksdneb.org Email:ksdneb@gmail.com

KSDNEB/EST/2022-23

Date: 23/06/2022

**CIRCULAR**

Sub: Providing 2022-23 Institution Renewal Fees Certificate.

With reference to the above subject, all the Institutions / School of Nursing who have paid the 2022-23 Institution renewal fees are hereby instructed to submit the following documents to KSDNEB on or before 12-07-2022 to get the Institution Renewal Certificate and continuation of Renewal for the same.

**Copies of documents to be submitted:**

1. Bank Guarantee of Rs. 50,000/- in Rs. 100/- bond paper
2. Latest Government Order Copy of the Institution
3. Previous year fees paid receipt
4. Trust / Society registered deed.
5. Previous 3 years audit report, audited by the chartered accountant
6. Photos of the building exterior & Interior including classrooms
7. Teaching staff list with Aadhar Card Number in declaration form
8. Hospital Utilization certificates with hospital statistics of previous year
9. Pollution control board certificate



**Secretary**

**KSDNEB, Bengaluru**



**Special officer**

**KSDNEB, Bengaluru**

**NAME OF THE COLLEGE :**

**DECLARATION FORM : 2022 - 23 - FACULTY**

1. Name Dr./Mr./Ms./Mrs.....
2. Date of Birth & Age .....
3. Submit Photo ID proof issued by Govt. Authorities:  
**Photo ID submitted: Aadhar Card is Mandatory**  
Number ..... Issued by.....

RECENT  
PHOTOGRAPH TO  
BE  
COUNTERSIGNED  
BY THE  
DEAN/PRINCIPAL

**Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.**

4. Present Designation: .....
5. Certified copies of present appointment order at present institute attached.
6. Qualification: .....
7. **Note: Enclose a self attested copies of certificates**
8. Date of joining present institution: ..... as .....
9. Joining report at the present institute attached – Yes/No
10. Nature of appointment:  
(a) Regular / Contractual / Full time / Part time / Honorary .....
11. Present Residential Address of Employee :  
.....
12. Permanent Residential Address of Employee:  
.....
13. **Copy of Aadhar Card attached as a proof of residence. Yes/No**
14. Contact Particulars: E-mail address: ..... Mobile Number: .....

**DECLARATION**

1. I, Dr./Mr./Ms./Mrs ..... am working as ..... in the  
Department of ..... at ..... Para Medical College and do hereby give an  
Undertaking that I am a full time Regular / Full time / Part time / Honorary teacher in .....  
working from at this Institute.
2. It is declared that each statement and/ or contents of this declaration and / or documents, certificates submitted  
along with 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

**Signature & Seal of Principal**

**Signature of Faculty**

**For PMB Office use: FIN No.**  
(Faculty Identification Number)

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STATE BANK OF INDIA  
TRADE FINANCE CPC,  
BANGALORE  
ACRTOWERS,3RDFLOOR,  
32RESEDENCY ROAD  
BANGALORE

Tel No. :  
Fax No. : 080-25943648,080-2594333  
SWIFT No. : SBININBB596  
PIN Code : 560025

25-08-2021

TO,  
MVM EDUCATIONAL TRUST  
136 72 2 BEHIND TRIDENT HYUNDAI  
SHOWROOM VIKAS LAYOUT YELAHANKA  
BANGALORE

DEAR SIR(S),

WE HAVE DEBITED YOUR ACCOUNT NO. 39056405131 AS SHOWN BELOW ON ACCOUNT OF CHARGES.

FOR GUARANTEE NO	:	0505321BG0002674
YOUR REFERENCE NUMBER	:	NON REF
YOUR GSTIN NUMBER	:	
GUARANTEE COMMISSION	:	INR 600.00
P & T CHARGES	:	INR 89.00
STAMP A/C	:	INR 0.00
GOODS & SERVICES TAX [GST]	:	INR 108.00
TOTAL DEBIT AMOUNT	:	INR 797.00

FOR STATE BANK OF INDIA

Chief Manager  
Joint Branch Manager  
STATE BANK OF INDIA

Asha Deepa Thoguru  
T-3961  
P.F.No - 5571391

PLEASE CONTACT BRANCH FOR eTradeSBI FACILITY-INTERNET ACCESS TO TRADE FINANCE.

Aug 25, 2021 12:08 PM







STATE BANK OF INDIA  
TRADE FINANCE CPC,  
BANGALORE  
ACRTOWERS,3RDFLOOR,  
32RESEDENCY ROAD  
BANGALORE

Tel No. :  
Fax No. : 080-25943648,080-2594  
SWIFT No. : SBININBB596  
PIN Code : 560025

25-08-2021

To,  
THE CHAIRMAN  
PARA MEDICAL BOARD 5 40 30A LAKSHMI COMPLEX K R ROAD KALASIPALAYA BENGALURU 560002  
KARNATAKA INDIA

DEAR SIR(S),

Guarantee Number : 0505321BG0002674  
Date of Issue : 25-08-2021  
Guarantee Amount : INR 50,000.00  
Date of Expiry : 24-02-2023  
Date of Claim : 24-02-2024  
Applicant Name : MVM EDUCATIONAL TRUST  
E Stamp Certificate No. :  
E Stamp Issuance Date & Time :  
State of Execution :  
Stamp Duty Type/Article No. :  
Bank Guarantee Amount : INR 50,000.00  
Amount of Stamp duty Paid : 0.00  
Issuing Bank Branch :  
Bank Guarantee Beneficiary : THE CHAIRMAN

We confirm having Issued / Extended the captioned Bank Guarantee in your favour on behalf of our above named Constituent and the same signed by the officers of the Bank.

YOURS FAITHFULLY  
For STATE BANK OF INDIA

*Asha Deepa Thoguru*  
Chief Manager  
Authorised Signatory - 13

Asha Deepa Thoguru  
T-3961  
P.F.No - 5571391

Aug 25, 2021 12:08 PM

For STATE BANK OF INDIA

*Surendra Pavan Karna*  
Chief Manager  
Authorised Signatory - 2  
Jalahalli Branch, Bangalore - 13  
(\*2nd signatory required, if BG is for Rs. 50000/- and above)

Surendra Pavan Karna  
SS-5397







सत्यमेव जयते

INDIA NON JUDICIAL

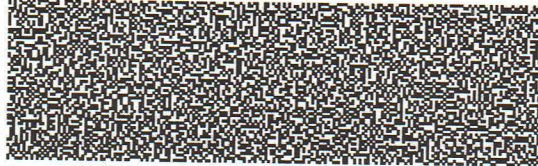
Government of Karnataka

Rs. 200

e-Stamp

Certificate No. : IN-KA77802165919271T  
 Certificate Issued Date : 17-Aug-2021 01:58 PM  
 Account Reference : NONACC (FI)/ kaksfcl08/ MAHALAKSHMI/ KA-BA  
 Unique Doc. Reference : SUBIN-KAKAKSFCL0817031962892584T  
 Purchased by : STATE BANK OF INDIA  
 Description of Document : Article 12 Bond  
 Description : BANK GUARANTEE  
 Consideration Price (Rs.) : 0  
 (Zero)  
 First Party : STATE BANK OF INDIA  
 Second Party : THE CHAIRMAN PARAMEDICAL BOARD  
 Stamp Duty Paid By : STATE BANK OF INDIA  
 Stamp Duty Amount(Rs.) : 200  
 (Two Hundred only)

सत्यमेव जयते



Please write or type below this line

This Stamp Paper is Part & Parcel of

BG:0505321BG0002674

25 AUG 2021

AMT: INR. 50,000/-  
 DOE: 24.02.2023  
 DOC: 24.02.2024

Surendra Pavan Karna  
 SS-5397

For STATE BANK OF INDIA

*Disha Dege*  
 Chief Manager

Jalahalli Branch, Bangalore - 13

For STATE BANK OF INDIA

*mmara*  
 Chief Manager

Jalahalli Branch, Bangalore - 13

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.e-stamp.com' or using e-Stamp Mobile App of Stock Holding. 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.
3. In case of any discrepancy please inform the Competent Authority.

P.F. No - 5571391





To

The Chairman,  
Paramedical Board,  
Bangalore.

This Deed of guarantee executed by the state bank of India, constituted under the State Bank of India Act, 1955 having its Central office at Nariman Point, Mumbai and amongst other Places, a Branch at Jalahalli Branch (hereinafter referred to as 'the Bank') in favour of The Chairman, Paramedical Board, Bangalore (hereinafter referred to as 'the Beneficiary') for an amount not exceeding Rs. 50,000/- (Rupees Fifty thousand only) at the request of Principal, MVM College of Para Medical sciences (hereinafter referred to as 'the Contractor/s').

This Guarantee is issued subject to the condition that the liability of the Bank under this Guarantee is limited to a maximum of Rs. 50,000/- (Rupees Fifty thousand only) and the Guarantee shall remain in full force up to 24.02.2023 (Date of Expiry)

And cannot be invoked otherwise than by a written demand or claim under this Guarantee served on the Bank on or before the 24.02.2024 (Last date of claim)

Notwithstanding anything to the contrary contained herein

- i. Our liability under this Guarantee shall not exceed **INR.50,000/- (Rupees Fifty Thousands only)**
- ii. This Bank Guarantee shall be valid up to **24.02.2023** (being the date of expiry of the guarantee)
- iii. The beneficiary's right as well the Bank's liability under this Guarantee shall stand extinguished unless a written claim or demand is made under this Guarantee on or before **24.02.2024** (being the date of expiry of claim period which in no case should be less than 1 year from the date of expiry of validity period of BG as per clause. ii above)

For STATE BANK OF INDIA

*Asha Deepa*  
Chief Manager  
Jalahalli Branch, Bangalore - 13

Asha Deepa Thoguru  
T - 3961  
P. F. No - 5571391

For STATE BANK OF INDIA

*Surendra Pavan Karna*  
Chief Manager  
Jalahalli Branch, Bangalore - 13

Surendra Pavan Karna  
SS-5397

