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 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr. Srinivasan Vely	Dr. Sandesh K.S.	Dr. Mamathalatha
Designation	Senate Member	Professor	Vice-Principal
Address	No 740, 1st Cross, 2nd Main, Kormangala 8th Block.	KVG IAHS, Sullia D.K. 574 327.	Huralichikkahalli Hesarghatta, Bangalore.
Mobile No	9448060250	9844189264.	9845122394
Email ID	drseena4333@yahoo.com	drsandesha@gmail.com	kmamathalatha1

Inspection For the Academic Year : 2025-26			*Date of Inspection:* 14/8/25	
(Please Tick the Appropriate Boxes Below)				
Type of Inspection:	1.Fresh Affiliation	–	4. Re-Inspection	–
	2.Continuation of Affiliation	✓	5.Surprise Inspection	–
	3.Enhancement of Seats	–	6. Change of Name/Address	–
	7. Additional Course (M.Sc Nursing) only.	–		

Nursing Programme Under Inspection:	1. Basic B.Sc. Nursing	✓	2. Post Basic B.Sc. Nursing	–
	3. M.Sc. Nursing	✓	4. M.Sc. NPCC	–

1	Name of the Institution with Full Address	LAASYA COLLEGE OF NURSING #125/1, Sri Ranga Arcade. Ramchandrappa circle. Hill Rock School Road. Kodigehalli Bangalore : 560091.	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 & Phone number	GOOD SHEPHERED EDUCATION TRUST #2489, 25th. B Cross, 17th main BSK 2nd stage B'lore 70 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: laasyacon2022@gmail.com	Website:	
		Office No:	Mobile No: 8050028555	

Signature of Chairman | Signature of Member (1) | Signature of Member (2)

	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	SRI. BASAVARAJ C		
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : (Enclose copy ofGoverning Council Members & Audit report of Society/Trust) **Annexure - 2**		
5	a) Details of Principal/Head of the institution (After MSc)	Name: BHAVANA GUNASHEKAR Qualification: M.SC Experience after MSc: 15 YRS Email: 000bachoo16@gmail.com	Mobile No: 9902425731 Office No: Fax No: Residential phone No:	
	b) Drawing authority of the college	PRINCIPAL		

6	**Do you have any other nursing institution other than the current institution mentioned above under the same trust?**	**YES** ☐	**NO** ☑	If yes, Specify the full name of the nursing institution with full address Verify with the original TRUST document. (Verify& enclose a copy of the registered trust Documents) **Annexure – 3**

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Continuation	ZFBKESE09PD966 220009/-			ZFBKTU109PG1UB ZFBKNYA09PEARA	Rs 1,26,000/- Rs 52,500/-
Post Basic B.Sc. Nursing	———	NA	———	———	BHMPE3B0FW00K	Rs 7500/-
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty		
	1. MED SURG	05	ZFBKC0509PD1U	50050/-
	2. OBG	05		
	3. COMMUNITY	05		
	4. PEDIATRICS	05		
	5. PSYCHIATRY	05		
		Total (B)		
NPCC				
		Total (C)		
		Grand Total (A+B+C)		458050/-

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Online Transaction Number or Details:

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	MID/403/ MMC 2019 15-10-2019 Annexure - 5	AFF/N427 2019-2020 12.11.2019 Annexure - 6	1614-2019-20 8-1-2020 Annexure - 7	18-15/ 15638-INC 18-11-24 Annexure - 8	Verified
	Affiliation Sanctioned Intake	MID 614 MMC 2023 60 30-10-2023	60	60	40	
	Admissions Made for the Current Academic Year	60				
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake			NA		
	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	MID 614 MMC 2023 30-10-23 Annexure - 5	AFF/N427 2024-25 26-12-2024 Annexure - 6	2364-2024-25 29-1-2025 Annexure - 7	Annexure - 8	Verified.
	Sanctioned Intake	25	25	25		
	Admissions Made for the Current Academic Year	21				
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	NA Annexure - 7	Annexure - 8	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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.ScNursing	Male	19	16	18		53
	Female	41	21	21		83
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male	12				12
	Female	09				09
M.Sc NPCC	Male					
	Female					

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

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--------
		NA				

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)

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--------
		COPY	ENCLOSED			

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.
Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:_____

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							1							
2	Vice-Principal	1	1							1							
3	Professor	1	1-2					1*		1	4	1					
4	Associate Professor	2	2-4					1*		2	2	2	2				
5	Assistant Professor	3	3-8				2	3*		3		3					
6	Tutor	8-16	16-24				2-10	--		17				Total 31			
	Total	**16-24**	**24-40**				4-12			25		6					

Verified

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

Note:1) Institute shall have sections of 100/60 students (Maximum number of students 100 per section)

2) 1:10 teacher student ratios shall be ensured.

3) 1:3 student patient ratio in the clinical areas prescribed in the syllabus shall be adhered.

4) Physical facilities including laboratories and having additional hospital(s) should be increased as per norms.

(The Faculty and Student Ratio is **1:10** and ***For M.Sc. Nursing**: Depends on Speciality offered and ratio remains same i.e., **1:5** if they offer B.Sc Nursing Program)

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	1st Year	2nd Year	3rd Year	4th 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)**

150 students intake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
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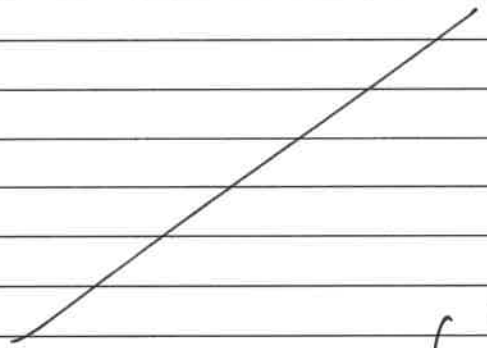

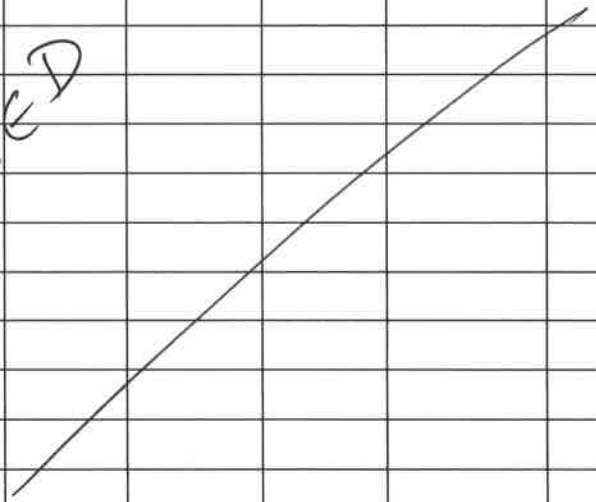

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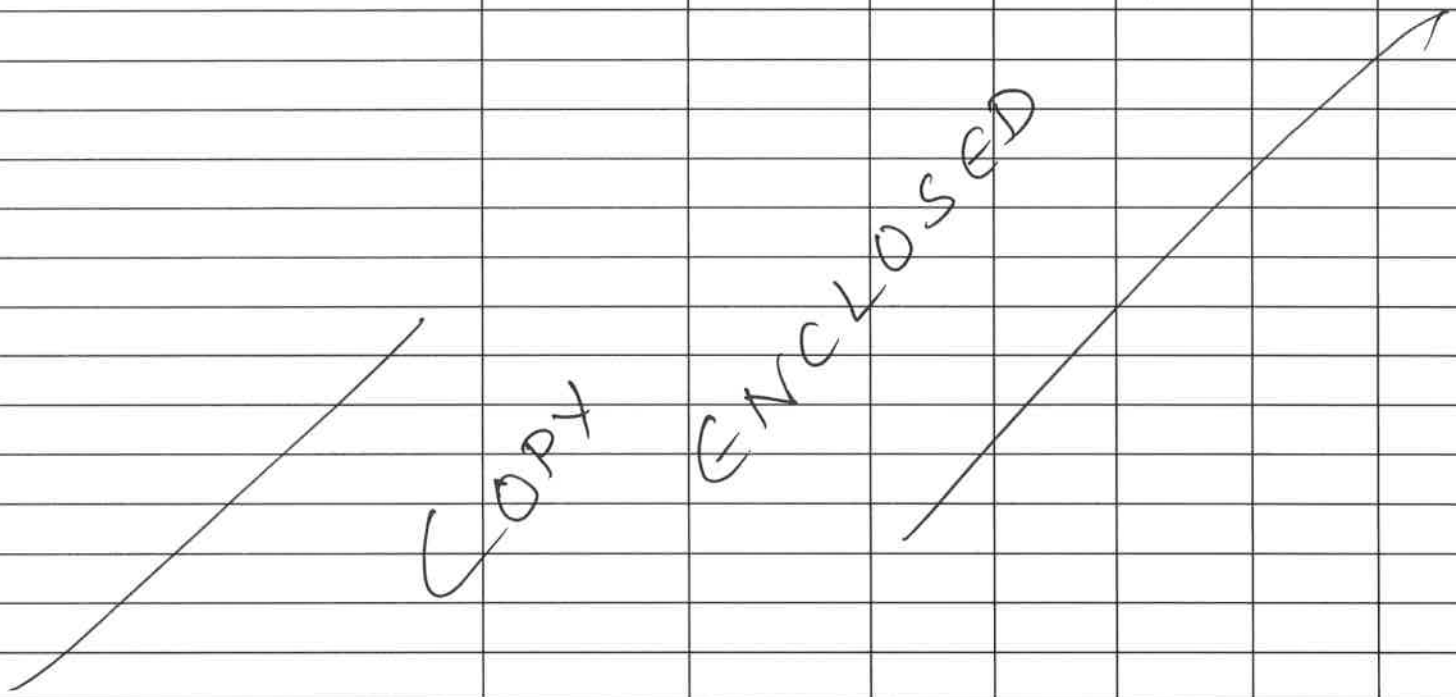

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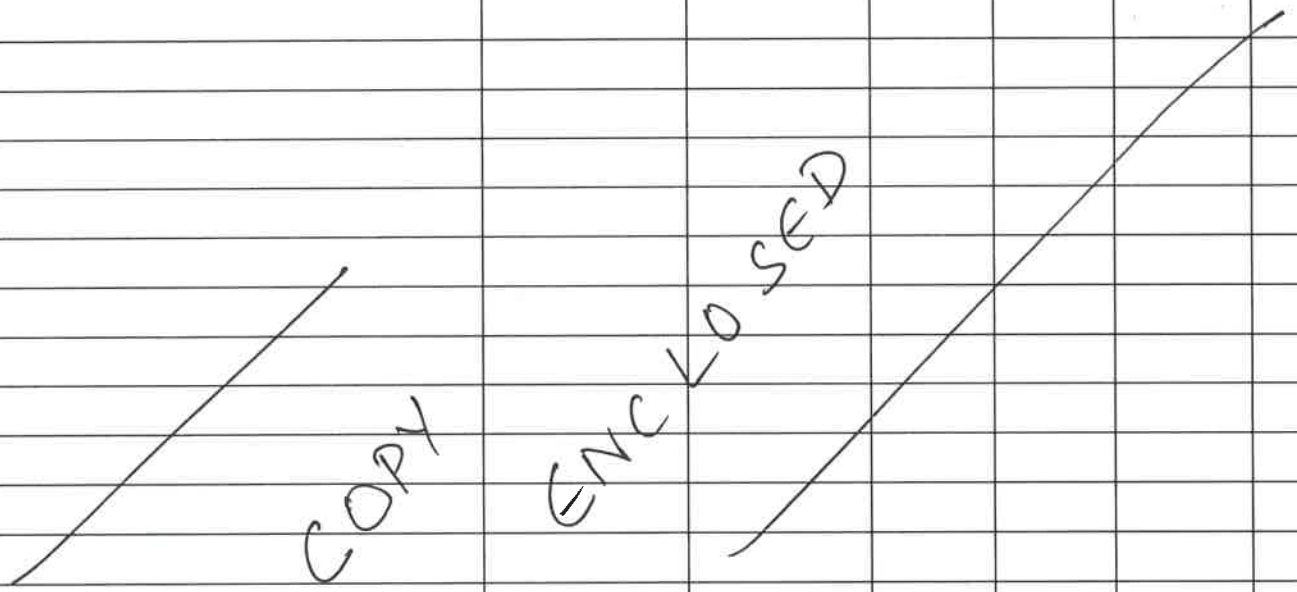

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be 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)
- If required attach same extra pages.

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

14. Physical Facilities :

14.1. College Building: **Annexure - 12**

S. No	Details	Required	Existing	Verified by LIC team
1	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	30600 sq ft	verified.
	Note: The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
2	**CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	900 X 4 3600	verified.
	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	— NA —	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	600 X 2 1200	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	— NA —	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	verified
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000	1000	
	4. Professor/Assoc. Prof	800+2400=3200	3200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	100	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls & Boys)	600+400= 1000	1000	
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	

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	15. A.V/Aids room	600	600	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	
	Nutrition & Community Health Nursing	1200sq.ft	1200	verified.
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft	900	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1500	

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**

SL NO	Particulars	Verified by the LIC team
1	**Registered documents in sub registrar office**	
2	**Is the college building own or leased ?**	
3	**Blue print of the building plan approved and attested by competent authority.**	
4	**Building construction license from competent authority**	verified
5	**Tax paid receipt (Latest / current year)**	
6	**Occupancy certificate.**	
7	**Sale deed / Lease deed of the building / Land.**	
8	**Land Conversion order from DC**	
9	**Town planning/Authorities approval order**	

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

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

- If one of the trustee/member/directors 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 registered in sub registrar office. [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.
- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
01	KA 41 D4501	52	Yes / No	Yes / No	Yes / No

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

Library Facilities	Existing Size in Sq ft	Separate Library	Ventilation	Lighting	Verified by LIC team
Required 2300 Sq.Ft	2300	YES ☑ No ☐	Yes	Yes	

Total No. of Nursing Books available	4100	**No. of Nursing Journals subscribed**	10
No. of Thesis/Research titles available	45	**Is internet facility available for Students?**	YES
No of e-books	10	**How many books were purchased in last financial year?**	578

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. YASHODHA	M. LIB	6 YRS	Verified

Note : A minimum of 500 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	Enclosed	
Conferences attended		

* Colleges should declare & attest tobacco free/drugs free campus (self declaration from to be submitted)	

18. Details of Clinical / Hospital Facilities : **Annexure - 16**

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

Parent Hospital.		**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital BANGALORE INSTITUTE OF GASTROENTROLOGY. Ashoka Pillar Rd. Jayanagar. B'lore MOU(Registered parent hospital MOU) 560011		100	16 kms	75%	verified
NAME OF THE TRUST/ Person owning The Hospital SRI RAMESH NARAYAN REDDY					
Name Of The Owner Of The Trust of Hospital SRI. RAMESH NARAYAN REDDY					
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 VICTORIA HOSPITAL	1000	10 kms	75%	verified
	2				
	3				

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

	(MOU/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be 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, 2021F.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

- 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:

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

18.1. Distribution of Beds 100 Beds 1000 Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	25	22	250	250
Surgery including OT	15	10	150	150
Obstetrics & Gynecology	15	10	150	150
Pediatrics,	08	05	80	80
Emergency Medicine	05	03	50	50
Psychiatry	02	01	20	20

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	04	03	40	40
Minor OT	03	03	30	30
Dental, Otorhinolaryngology, Ophthalmology	04	02	40	40
Burns and Plastic	03	01	30	30
Neonatology care unit	05	02	50	50
Communicable disease/Respiratory medicine/TB & chest diseases	04	02	40	40
Dermatology	03	01	30	30
Cardiology	03	03	30	30
Oncology	03	01	30	30
Neurology/Neuro-surgery	02	01	20	20
Nephrology/Urology	01	01	10	10
ICU/ICCU	05	02	50	50

Signature of Chairman Signature of Member (1) Signature of Member (2)

Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC		KANNAHALLI PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		2 KMS
b. Services Rendered by Health & Family Welfare Programmes		MCH, Under 5, Family Planning, Immunization
URBAN FEILD :		
a. Name of CHC / PHC / SC		KODIGEHALLI PHC
Adopted / Affiliated		AFFILIATED
Administrate red by		**State Govt.** ☑ **Municipal Corporation** ☐ **Private** ☐
Distance from the Nursing Institute		15 KMS
b. Services Rendered by Health & Family Welfare Programmes		MCH, Under 5, Family Planning, Immunization
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

20	Master Rotation Plan : Annexure - 18		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐
21	**Time Table available for all Nursing Programmes**		
a.	Basic B.Sc. Nursing	**YES** ☑	**NO** ☐
b.	Post Basic B.Sc. Nursing	**YES** ☐	**NO** ☑
c.	M.Sc. Nursing	**YES** ☑	**NO** ☐

22	Records of Students : Are the following students records are maintained well?		
a.	Admission record	**YES** ☑	**NO** ☐
b.	Daily Attendance Registers	**YES** ☑	**NO** ☐
c.	Health Records	**YES** ☑	**NO** ☐

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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 ☐

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 ☐
s.	POSHE Committee	YES ☑	NO ☐
t.	Prevention of Gender harassment committee	YES ☑	NO ☐

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES ☑	NO ☐
b.	Built-up area of the Hostel	Sq.ft 18000	
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 : 110	Boys : 67
f.	Total No. of rooms	Girls : 14	Boys : 12
g.	Water Supply	YES ☑	NO ☐
h.	Electricity Supply	YES ☑	NO ☐
i.	Is Facilities available for outdoor games and indoor games?	YES ☑	NO ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

j.	Is Sick room available?	**YES** ☑	**NO** ☐
k.	Whether the hostel mess is available with	**YES** ☑	**NO** ☐
l.	Safe drinking water facilities	**YES** ☑	**NO** ☐

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		Signature
		Yes	NO	
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	NA		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format	NA		
Annexure - 10	List of M.Sc. Nursing Students as per format	✓		
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel	✓		
Annexure - 13	Vehicle Details : Bus	✓		

Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
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.

LIC Team Observations:

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 LAASYA College of Nursing which has applied for continuation of affiliation for the academic year 2024-25.

We have conducted LIC inspection of this college on 14/8/25. 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)

Signature of Chairman | Signature of Member (1) | Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

1. LIC Team shall submit an Undertaking enclosed with the LIC order of having completed the inspection as per the RGUHS norms.

2. Team shall submit the report soft & hard copy within 48 hours of the inspection failing which _____

    a. Team shall compulsorily visit the attached hospital and physically verify the bed strength and facilities provided along with the KPMEA & PCB Certificates.

    b. Team shall obtain an undertaking/affidavit from he 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: Dishaank 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)**

EIC observation

Lassya college of nursing for continuation Affiliation
of BSc Nursing for 60 seats & MSc 25 seats (All 5 subjects)

Trust: Good Shepherd Education Trust
Chairmen - Banerjee with 3 members

College: LASSYA College of nursing started 2019
Lease from Vanuchen for 30 yrs

Infrastructure: Total built up area 30600 sq ft, with 6 class room
5-Labs, 1-Computer lab, 4-V Aid..

Library: with 4100 books, 10-Journals, with 4-Lib Users

Hostel: seperate available at 1 km.

Hospital: BIG Hospital at Jayanagar 16 km. (Parent Hospital)
100 beds (ICB), KPME-level-2.

Affiliated Hospital: Victoria hospital.

Vehicle: 1 Bus with 52 seats available.

Faculty: Total 31 Available.

1-Principal (Prof)
1-V. principal (Prof)
3-Associate Prof.
3-Assistant Prof
6-Lecturers.
17-Tutors.

Signature of Chairman | Signature of Member (1) | Signature of Member (2)

LAASYA COLLEGE OF NURSING

Sri Ranga Arcade, N0 125/1, SLT Layout, Ramachandrappa Circle. Hill Rock School Road. Bramadevaragutte. Bengaluru - 560091.

TEACHING FACULTY DETAILS

SL. No		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	Bhavana Gunashekar	Principal	M.sc (N) PEDIATRICS	2010	4393	1.8 years	15 years	01-08-2022	Yes	
2	Rugma	Vice Principal	M.sc (N) OBG	2011	10503	2year	14 years	02-03-2023		
3	Melbin Michael Arackal	Asso. Professor	M.sc (N) MED SURG	2014	39560	1 year	11years	04-09-2023	Yes	
4	Sreekumar s	Asso. Professor	M.sc (N) COMMUNITY	2017	20948	5 year	8 year	02-08-2023		
5	Sam Oomen	Asso. Professor	M.sc (N) PSYCHIATRY	2017	45150	2.3 years	8years	03-08-2023		
6	Jyothi c Nair	Asst. Professor	M.sc (N) PEDIATRICS	2019	48485	4.5years	6 years	20-04-2023		
7	Honnura Swamy	Asst. Professor	M.sc (N) COMMUNITY	2020	142457	1 Year	5Year	07-05-2024		
8	Steffi Chacko	Asst. Professor	Msc (N) MED SURG	2021	97942	1	4 years	09-01-2024		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

9	Merlin Kripa AS	Lecturer	M.sc (N) MED SURG	2021	82789	1year	4 years	12-10-2023		
10	Muvvala Chandini	Lecturer	M.sc (N) OBG	2022	9856	1year	3 year	22-02-2025		
11	Suresh	Lecturer	M.sc (N MED SURG	2024	108953	NA	7month	03-01-2025		
12	Anirban	Lecturer	M.sc (N) MED SURG	2024	96369	1 year	6month	03-01-2025		
13	Sharanappa Telagi	Lecturer	M.sc (N) PSYCIHATRY	2024	111088	NA	6month	12-01-2025		
14	Rijeshmon T p	Lecturer	M.sc (N) MED SURG	2024	17878	7month	7 months	06-01-2025		
15	Anumol M C	Nursing Tutor	B.Sc. (N)	2020	106894	1.8year	NA	21-11-2023		
16	Praisy Joseph	Nursing Tutor	B.Sc. (N)	2024	161993	1.8 years	NA	13-12-2023		
17	Kumaraguru	Nursing Tutor	B.Sc. (N)	2023	141790	1.7year	NA	19-12-2023		
18	Ritwika Das	Nursing Tutor	B.Sc. (N)	2023	158122	1..4year	NA	13-03-2024		

PRINCIPAL
LAASYA COLLEGE OF NURSING
Sri Ranga Arcade, No. 125/1, SLT Layout, Hill Rock School Road,
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Signature of Chairman | Signature of Member (1) | Signature of Member (2)

19	Chicku Augustine	Nursing Tutor	B.Sc. (N)	2023	133488	1 year	NA	13-12-2023		
20	Mutum Krishnapyari Chanu	Nursing Tutor	B.Sc. (N)	2023	137887	11month	NA	23-09-2024		
21	Sonamol Shojan	Nursing Tutor	B.Sc. (N)	2022	141393	10 month	NA	04-10-2024		
22	Rizana PR	Nursing Tutor	B.Sc. (N)	2024	168835	6 month	NA	13-02-2025		
23	Devika S R	Nursing Tutor	B.Sc. (N)	2024	168837	5 month	NA	12-03-2025		
24	Hamsaveni S	Nursing Tutor	B.Sc. (N)	2023	140723	4 month	NA	08-03-2025		
25	Sruthi J M	Nursing Tutor	B.Sc. (N)	2023	148383	3 month	NA	18-04-2025		
26	Nikhil Ts	Nursing Tutor	B.Sc. (N)	2024	182623	3 month	NA	25-04-2025		
27	Roy S	Nursing Tutor	B.Sc. (N)	2024	168828	2month	NA	02-06-2025		
28	Sebin Shajimon O C	Nursing Tutor	B.Sc. (N)	2024	170594	2 month	NA	03-06-2025		

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29	Sandra K S	Nursing Tutor	B.Sc. (N)	2024	182918	2 month	NA	16-06-2025		
30	Sona Roy	Nursing Tutor	B.Sc. (N)	2024	161727	2 month	NA	10-06-2025		
31	Thomas M B	Nursing Tutor	B.Sc. (N)	2023	166860	1month	NA	25-05-2025		

Signature of Chairman | Signature of Member (1) | Signature of Member (2)

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Bramadevaragutte, Bengaluru - 560091

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e-Stamp

Certificate No.	:	**IN-KA17478450002436X**
Certificate Issued Date	:	14-Aug-2025 11:24 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ MAGADI4/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0849741491550946X
Purchased by	:	GOODSHEPHERED EDUCATION TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	GOODSHEPHERED EDUCATION TRUST
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	GOODSHEPHERED EDUCATION TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING by Trust Management

We Sri **BASAVARAJ C**, chairman and **S.N.RAMESH**, Secretary of the trust **GOOD SHEPHERED EDUCATION TRUST** are submitting the affidavit to University.

The trust **GOOD SHEPHERED EDUCATION TRUST** is running the college **LAASYA COLLEGE OF NURSING** since **2019** years.

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.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.

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

We confirm that the faculty in the college are employed for full time in the college. We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS.As prescribed from time to time. If any information declared is found to be false/misleading, Principal and Trust management can held responsible and suitable action can be initiated by the University

Signature of Chairman | Signature of Member(1) | Signature of Member(2)

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Certificate Issued Date	:	14-Aug-2025 11:23 AM
Account Reference	:	NONACC (FI)/ kaksfcl08/ MAGADI4/ KA-RJ
Unique Doc. Reference	:	SUBIN-KAKAKSFCL0849735139255610X
Purchased by	:	BANGALORE INSTITUTE OF GASTRO ENTEROLOGY
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	BANGALORE INSTITUTE OF GASTRO ENTEROLOGY
Second Party	:	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
Stamp Duty Paid By	:	BANGALORE INSTITUTE OF GASTRO ENTEROLOGY
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Please write or type below this line

UNDERTAKING

I, **Sri RAMESH NARAYAN REDDY** is the Owner of the **BANGALORE INSTITUTE OF GASTROENTEROLOGY** hospital situated at **100 Feet Road, 34, Ashoka Pillar Rd,2nd Block, Jayanagar, Bengaluru, Karnataka-560011**

Statutory Alert:
1. The authenticity of this Stamp certificate should be verified at 'www.shcilestamp.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.

This is to confirm that our hospital **BANGALORE INSTITUTE OF GASTROENTEROLOGY** is registered under KPMEA and PCB with **100** beds and the bonafide certificate is attached.

This is to confirm that **BANGALORE INSTITUTE OF GASTROENTEROLOGY** is functioning as parent hospital for **LAASYA COLLEGE OF NURSING**.

We also confirm that our hospital is solely affiliated to **LAASYA COLLEGE OF NURSING** and is not affiliated to any other nursing college.

The information is true and correct.

Signature of chairman Signature of Member(1) Signature of Member(2)