



Rajiv Gandhi University of Health Sciences, K
4th 'T' Block Jayanagar, Bangalore – 5600
Website: www.rguhs.ac.in Phone: 080-267

INSPECTION PROFORMA FOR NURSING

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	DR. SUDARSHAN.	Dr. LINGARAJ. S. DANKI	Dr. FEBI MARY
Designation	Chairman, Senate member	Chairman, BOS (PG) Pharmacy	(SUBJECT EXPERT)
Address	KIE Dental college Bangalore	Prof. Vice-Principal & HOD HREC's MTRIPS Katabwagi - 565105	PRINCIPAL, AJ College of Nsg Bangalore
Mobile No	944 910 4316	9590054292	9945176542
Email ID	sudarshan.sen78@gmail.com	lddanki@gmail.com	febibiji@gmail.com

For the Academic Year : 2025-26

Date of Inspection: 07/05/2025

(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	✓

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	VYASA Institute of Nursing Sciences A2B fashion factory, Near Doddakal- Sandra Metro Station, Bangalore-560062	2	Year of Establishment	2023,
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary / Trust / Society / Company - Trust -			
3	Name of the Trust & complete postal address (if private)	VYASA Foundation, A2B fashion factory Near Doddakal Sandra Metro Station, Bangalore-560062 (Enclose copy of Registration documents of Society/Trust) Annexure - 1 Email: principal@VyasaFoundation.org, Website: www.VyasaInstituteofNursingSciences.org.			
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : - 03 - (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

INSPECTION PROFORMA FOR NURSING

Sl. No.	Name	Designation	Address	Mobile No.	E-mail ID
1	Dr. S. S. Srinivas	Principal	Dr. S. S. Srinivas 100, 1st Cross, Jayanagar, Bangalore - 560015	98451 23456	s.s.srinivas@rghu.ac.in
2	Dr. S. S. Srinivas	Principal	Dr. S. S. Srinivas 100, 1st Cross, Jayanagar, Bangalore - 560015	98451 23456	s.s.srinivas@rghu.ac.in

Date of inspection: 15/05/2023

(Please Tick the appropriate boxes below)

Type of Institution	1. Fresh / Training	2. Outstation of Affiliated	3. Outstation of Self	4. Re-inspection
1. Fresh / Training	☒	☐	☐	☐
2. Outstation of Affiliated	☐	☒	☐	☐
3. Outstation of Self	☐	☐	☒	☐
4. Re-inspection	☐	☐	☐	☒

Name of the Institution with Full Address	Name of the Trust or Society	Name of the Trust or Society	Name of the Trust or Society
Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015	Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015	Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015	Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015
Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015	Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015	Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015	Dr. S. S. Srinivas, 100, 1st Cross, Jayanagar, Bangalore - 560015

Name of the Institution: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Fax: _____
 E-mail: _____

Do you have any other funding sources?
 Yes ☐ No ☒

Table with 5 columns: Name, Address, City, State, Zip. Data is mostly illegible.

Table with 5 columns: Name, Address, City, State, Zip. Data is mostly illegible.

Other funding sources: _____
 Amount: _____
 Date: _____

Signature of Chairman: _____
 Signature of Secretary: _____
 Date: _____

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	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	40	40	40	—	
	Admissions Made for the Current Academic Year	40	40	40		
Post Basic B.Sc. Nursing	Approval Letter No. and Date	MED 55 MME 2023 23/05/2023 Annexure - 5	RAU/AFF/ USG/CoA/ 01/24-25 28/09/24 Annexure - 6	KNC/2198/ 203-24 18/07/2023 Annexure - 7	— Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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	21	20			41
	Female	19	20			39
Post Basic B.Sc Nursing	Male					80
	Female					
M.Sc Nursing	Male					
	Female					
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-----
			NA			

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: Biometric attendance available and verified (Enclosed)

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

of total % of students under Training in each of the Nursing Education Programmes

Programme	1st Year	2nd Year	3rd Year	4th Year
B.Sc Nursing	81	58	44	
B.Sc Nursing	12	50	34	
B.Sc Nursing				
B.Sc Nursing				
B.Sc Nursing				
B.Sc Nursing				
B.Sc Nursing				
B.Sc Nursing				
B.Sc Nursing				
B.Sc Nursing				

10. If the college has (BSCN) following details of the admitted students to be verified (attach verification to be done with original documents)

Sl. No.	Name of the student	Registration Number	Grade	Year	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

11. If the college has (BSCN) following details of the admitted students to be verified (attach verification to be done with original documents)

Sl. No.	Name of the student	Registration Number	Grade	Year	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

12. If the college has (BSCN) following details of the admitted students to be verified (attach verification to be done with original documents)

Sl. No.	Name of the student	Registration Number	Grade	Year	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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	20 to 60			40 to 60	61 to 100				40 to 60	61 to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		3									
6	Tutor	8-16	16-24	2-10	--		8									
	Total	16-24	24-40	4-12			16									

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)

12.1. Teaching Faculty details :-

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.	Mrs. Jayakambari	Principal	MSc, PhD	2001		10	23	16/3/23	Not
2.	Mrs. Johnny Rani	vice principal	MSc	2020	18407	5 years		5/4/24	Not
3.	Mrs. Hemashree	professor	MSc	2006	18267	15 years		1/8/24	Not
4.	Mrs. Maria kamalin	Associate professor	MSc	2011	003566	14 years		1/3/24	Not
5.	Mrs. Archana	Assistant professor	MSc	2021	112553	3 years		8/1/25	Not
6.	Mrs. Sunil	Tutor	BSc	2009	022324	9 years		09/01/2024	Not
7.	Mrs. Anuradha	Tutor	BSc	2002	6086	16 years		04/1/2024	Not
8.	Mrs. Sabreen	Tutor	BSc	2023	145716	2 years		6/11/23	Not
9.	M. Siddappa	Tutor	BSc	2022	137680	Fresher		8/1/24	Not
10.	M. Etla Raju	Tutor	BSc	2023	225058	2 years		10/7/24	Not
11.	Mrs. Shyamalamma	Tutor	BSc	2023	202877	2 years		6/1/25	Not
12.	M. Maryanathi Benki	Tutor	BSc	2021	124894	3 years		6/1/25	Not
13.	Mrs. Narghoyan victoria Devi	Tutor	BSc	2019	191766	6 years		6/1/25	Not
14.	Mrs. Deepashree J.P	Tutor	BSc	2019	156339	4 yrs		6/1/25	Not
15.	M. Praksha - S	Tutor	BSc	2020	113234	4 yrs		8/1/26	Not
16.	Dr. Zeb	Profers	MD MD	2010	-	15 yrs		9/10/24	Not
17.	Miss Savita	Profers	MSc MEd	2015	-	10 yrs		1/10/22	Not
18.	Dr. Chaitra	Profers	MD	2005	-	20 yrs		5/5/23	Not
19.	Dr. Greenivasan	Profers	PhD	2023	-	5 yrs		1/10/23	Not
20.	Mr. Saibu	Profers	Psych	2003	-	20 yrs		1/10/23	Not
21.	Mr. Anand	"	Socio	"	-	10 yrs		1/10/23	Not
22.									

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
04	Staff				- 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	24000/sq.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	Present & Required size with small	
	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	Present	
	2. Vice-Principal Chamber	200	Present	
	3. HOD	5 x 200 = 1000	Present	
	4. Professor/Assoc. Prof	800+2400=3200	Present	
	5. Lecturer/ Tutors			
	Institution office /Others			
	6. Office of Administrative, clerical staff and PA (s)			
	7. Accountants Office			
	8. Store Room			
	9. Record room			
	10. Room for maintenance staff			
	11. Xeroxing room			
	12. common room	1000		
	13. Seminar hall	3000		
	14. Toilets	1000		
	15. A.V/Aids room	600		

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	1600 sq.ft		
	Nutrition & Community Health Nursing	1200sq.ft		
	Obstetrics and Gynecology Laboratory	900sq.ft		
	Pediatrics 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.
- 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

S. No	Particulars	Status	Tick Mark	Status	Tick Mark
1.	Is the Institution	Owned	✓	Rent /Lease	
2.	Building Tax paid receipt/ certificate by Authority	Produced & Enclosed	✓	Not Produced & Not Enclosed	
3.	Land deed to be attached	Produced & Enclosed	✓	Not Produced & Not Enclosed	
4.	Does all the courses are imparted in this building	YES	✓	NO	
5.	Whether Safe drinking water supply in available	YES	✓	NO	

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.

15.

a copy of RC Book / Insurance / Driving License

Vehicle Details : Enclose

Annexure - 13

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licence
KA04AD4918		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	Remarks
Required 2300 Sq.Ft	1500 Sq.ft	YES ☒ No ☐	✓	✓	

Total No. of Nursing Books available	520	No. of Nursing Journals subscribed	02.
No. of Thesis/Research titles available	NO	Is internet facility available for Students?	Available
No of e-books	Helinet & Jgate	How many books were purchased in last financial year?	78

S. No.	Name of the Librarian	Qualification	Experience	Remarks
01.	B. C. Vani	B. Lic.	10 Years.	

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 will increase/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	NO	
Conferences conducted	NO	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Library location: _____	Library name: _____	Library address: _____	Library phone: _____	Library fax: _____	Library email: _____
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Library hours: _____	Library type: _____	Library size: _____	Library staff: _____	Library budget: _____	Library collection: _____
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Library services: _____	Library facilities: _____	Library programs: _____	Library collections: _____	Library staff: _____	Library budget: _____
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Library location: _____	Library name: _____	Library address: _____	Library phone: _____	Library fax: _____	Library email: _____
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Library location: _____

Library name: _____

Library location: _____	Library name: _____	Library address: _____	Library phone: _____	Library fax: _____	Library email: _____
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Library location: _____

Conferences attended	— NO —	
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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%)	Remarks
Full Name & Address of the Parent Hospital DHIE Hospitals Private Limited	207	Same Building	70%.	
NAME OF THE TRUST/ Person owning The Hospital VYASA Foundation Dr. Chandrashekar Chikka Muniyappa				
Name Of The Owner Of The Trust Dr. Chandrashekar Chikka Muniyappa				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1			
	2			

(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).

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/CCU. (Reference :F.NO 1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Parent Hospital	Final No. Date	Distance from the college	Distance in the city of residence (miles)	Known?
St. Vincent's Hospital, New York City	1907	Green Building	3/4 mi.	
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				
St. Vincent's Hospital, New York City				

☐ Do you have a permanent hospital?
☐ Do you have a temporary hospital?
☐ Is your hospital owned by
☐ All your members with \$100.
☐ Is your hospital permanent?

In results of clinical hospital facilities
 Answer - 10

NOTE: This survey was conducted in 1913-14 and between 1913-14 and 1914-15. The results of the survey are given in the accompanying tables. The results of the survey are given in the accompanying tables. The results of the survey are given in the accompanying tables.

Signature of President
 Signature of Secretary
 Signature of Treasurer

- 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:


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	40	40		
Surgery including OT	40	40		
Obstetrics & Gynecology	20	08		
Pediatrics,	10	08		
Emergency Medicine	10	10		
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	10	04		
Minor OT	20	10		
Dental, Otorhinolaryngology, Ophthalmology	05	03		
Burns and Plastic				
Neonatology care unit	10	02		
Communicable disease/ Respiratory medicine/TB & chest diseases				
Dermatology	05	02		
Cardiology				
Oncology				
Neurology/Neuro-surgery	10	06		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Nephrology/Urology	10	02		
ICU/ICCU	10	10		
Geriatric Medicine	10	05		
Any other				

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

19	COMMUNITY HEALTH NURSING : Annexure - 17	
RURAL FILELD		
a. Name of CHC / PHC / SC	Vasanthra PHC	
Adopted / Affiliated	Affiliation	
Administrated by	State Govt. ☐ Municipal Corporation ☒ Private ☐	
Distance from the Nursing Institute	05 Kms.	
b. Services Rendered by Health & Family Welfare Programmes	- NO -	
URBAN FEILD :		
a. Name of CHC / PHC / SC		
Adopted / Affiliated		
Administrated by	State Govt. ☐ Municipal Corporation ☐ Private ☐	
Distance from the Nursing Institute		
b. Services Rendered by Health & Family Welfare Programmes		
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 ☐	

Signature of Chairman

Signature of Member (I)

Signature of Member (2)

Emergency Services	10	00
Emergency Services	10	00
Emergency Services	10	00
Emergency Services	10	00

Note: The following information is required for the purpose of this form.

1. **IDENTIFICATION OF THE PERSON** - 10

RURAL FIELD

a. Name of CHC / PHC: Valmiki Jyoti

b. Address: 1/1, 1/2, 1/3

c. District: 1/1, 1/2, 1/3

d. State: 1/1, 1/2, 1/3

e. Pin Code: 1/1, 1/2, 1/3

f. Name of the person: 1/1, 1/2, 1/3

g. Age: 1/1, 1/2, 1/3

h. Sex: 1/1, 1/2, 1/3

i. Marital Status: 1/1, 1/2, 1/3

j. Education: 1/1, 1/2, 1/3

k. Occupation: 1/1, 1/2, 1/3

l. Date of Birth: 1/1, 1/2, 1/3

m. Date of Admission: 1/1, 1/2, 1/3

n. Date of Discharge: 1/1, 1/2, 1/3

o. Date of Death: 1/1, 1/2, 1/3

p. Date of Transfer: 1/1, 1/2, 1/3

q. Date of Referral: 1/1, 1/2, 1/3

r. Date of Referral: 1/1, 1/2, 1/3

s. Date of Referral: 1/1, 1/2, 1/3

t. Date of Referral: 1/1, 1/2, 1/3

u. Date of Referral: 1/1, 1/2, 1/3

v. Date of Referral: 1/1, 1/2, 1/3

w. Date of Referral: 1/1, 1/2, 1/3

x. Date of Referral: 1/1, 1/2, 1/3

y. Date of Referral: 1/1, 1/2, 1/3

z. Date of Referral: 1/1, 1/2, 1/3

2. **IDENTIFICATION OF THE PERSON** - 10

a. Name of CHC / PHC: 1/1, 1/2, 1/3

b. Address: 1/1, 1/2, 1/3

c. District: 1/1, 1/2, 1/3

d. State: 1/1, 1/2, 1/3

e. Pin Code: 1/1, 1/2, 1/3

f. Name of the person: 1/1, 1/2, 1/3

g. Age: 1/1, 1/2, 1/3

h. Sex: 1/1, 1/2, 1/3

i. Marital Status: 1/1, 1/2, 1/3

j. Education: 1/1, 1/2, 1/3

k. Occupation: 1/1, 1/2, 1/3

l. Date of Birth: 1/1, 1/2, 1/3

m. Date of Admission: 1/1, 1/2, 1/3

n. Date of Discharge: 1/1, 1/2, 1/3

o. Date of Death: 1/1, 1/2, 1/3

p. Date of Transfer: 1/1, 1/2, 1/3

q. Date of Referral: 1/1, 1/2, 1/3

r. Date of Referral: 1/1, 1/2, 1/3

s. Date of Referral: 1/1, 1/2, 1/3

t. Date of Referral: 1/1, 1/2, 1/3

u. Date of Referral: 1/1, 1/2, 1/3

v. Date of Referral: 1/1, 1/2, 1/3

w. Date of Referral: 1/1, 1/2, 1/3

x. Date of Referral: 1/1, 1/2, 1/3

y. Date of Referral: 1/1, 1/2, 1/3

z. Date of Referral: 1/1, 1/2, 1/3

Signature of Doctor

Signature of Patient

Signature of Patient

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	☐

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	Sq.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 : 41	Boys : 30	
f.	Total No. of rooms	Girls : 16	Boys : 10	
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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12	Is there a separate room for the following?	YES	☐	NO	☐
13	Is there a separate room for the following?	YES	☐	NO	☐
14	Is there a separate room for the following?	YES	☐	NO	☐
15	Is there a separate room for the following?	YES	☐	NO	☐
16	Is there a separate room for the following?	YES	☐	NO	☐
17	Is there a separate room for the following?	YES	☐	NO	☐

18	Is there a separate room for the following?	YES	☐	NO	☐
19	Is there a separate room for the following?	YES	☐	NO	☐
20	Is there a separate room for the following?	YES	☐	NO	☐
21	Is there a separate room for the following?	YES	☐	NO	☐
22	Is there a separate room for the following?	YES	☐	NO	☐
23	Is there a separate room for the following?	YES	☐	NO	☐
24	Is there a separate room for the following?	YES	☐	NO	☐
25	Is there a separate room for the following?	YES	☐	NO	☐
26	Is there a separate room for the following?	YES	☐	NO	☐
27	Is there a separate room for the following?	YES	☐	NO	☐

28	Is there a separate room for the following?	YES	☐	NO	☐
29	Is there a separate room for the following?	YES	☐	NO	☐
30	Is there a separate room for the following?	YES	☐	NO	☐
31	Is there a separate room for the following?	YES	☐	NO	☐
32	Is there a separate room for the following?	YES	☐	NO	☐
33	Is there a separate room for the following?	YES	☐	NO	☐
34	Is there a separate room for the following?	YES	☐	NO	☐
35	Is there a separate room for the following?	YES	☐	NO	☐
36	Is there a separate room for the following?	YES	☐	NO	☐
37	Is there a separate room for the following?	YES	☐	NO	☐

I.	Safe drinking water facilities	YES	☒	NO	☐
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List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		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	✓	
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	X	
Annexure - 10	List of M.Sc. Nursing Students as per format	X	
Annexure - 11	Details of External /Part time Teachers	✓	
Annexure - 12	Physical Facilities : College Building, Laboratories and Building related documents, Hostel	✓	
Annexure - 13	Vehicle Details : Bus	✓	
Annexure - 14	Details of List of Library Books & others	✓	
Annexure - 15	Academic Activities	✓	
Annexure - 16	Details of Clinical/Hospital Facilities	✓	

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

List of Attachments

Attachment	Description	YES	NO
Attachment - 1	Permitted from Society related documents		
Attachment - 2	Minutes of Governing Council, its meetings & resolutions of the		
Attachment - 3	Details of any other funding institution under the same year		
Attachment - 4	Details of A/Budget for a year		
Attachment - 5	Approval from: Club Order		
Attachment - 6	Approval from: KVC's Institution (last 7 years) Approval		
Attachment - 7	Approval from: KVC Institution		
Attachment - 8	Details: KVC Institution		
Attachment - 9	List of Past & Present Members/Students/Staff		
Attachment - 10	List of Past & Present Members/Students as per form		
Attachment - 11	Minutes of Meeting: Past year 1-3 years		
Attachment - 12	Minutes of Meeting: College Building, Laboratory, and Building		
Attachment - 13	Vehicle Details: Bus		
Attachment - 14	Minutes of List of Faculty/Staff & others		
Attachment - 15	Academic Activities		
Attachment - 16	Details of Financial Statement & others		

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	✓	

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: As a part of LIC Inspection the team visited Vyasa Institute of Nursing Sciences on 7/1/2025. The college is managed by VYASA FOUNDATIONAL TRUST. In a own building. Physical facilities: the college is permitted with 40 seats of BSc Nursing and has four glass rooms with 600sqft, and 800sqft (2) along with Smart Class Room facilities. The college has laboratories for Nursing foundation, community health Nursing, Medication OBL and Pediatrics. Each lab is having required mannequin and equipments. with all Skill labs. Library has 1540 sqft dimension room with 520 TB with 500 TB. Teaching faculty: there are 22 faculty present on day of inspection among 22 9 are nsc Nursing qualification and rest are BSc Nurses. The college has own hospital the Dhee hospital of same trustee with 183 beds. college also has hostel and auditorium of own.

→ The change of location remains as mentioned in the undertaking by college with address: A2B fashion factory Near Doddagallur metro station. Bangalore, Bengaluru main Road.

Signature of Chairman

Dr. Sankar
Sankar Sankar
Chairman

Signature of Member (1)

Dr. Lingay S.D.

Signature of Member (2)

M. FEBI MARY

Annex - 17	Method of Community Based Monitoring & Reporting
Annex - 18	Water Pollution Plan and Time Table
Annex - 19	Letter of Intent with their Declaration form is necessary

From Year 2 onwards, the community-based monitoring reports should be clearly legible. The team is solely responsible for the details & remarks noted in the LAC format.

Observations:

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ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

To,

Dr. Sudharshan

Professor, Department of Oral & Maxillofacial
Surgery, KLE'S Institute of Dental Sciences &
Research Centre, Bengaluru-560 022
9449104316
sudarshansajjan78@gmail.com

**Below is the details of the college who have applied Change of
College Address**

Change of Address

Old existing address	Proposed address
VYASA INSTITUTE OF NURSING SCIENCES, BENGALURU.	VYasa Institute of Nursing sciences, A2B Fashion Factory, Near Doddakallasandra metro station, Bengaluru, Kanakapura Main Road.

[Signature]
Chairman
Sendi member
DR. SUDARSHAN

[Signature]
Signature of Member (1)

[Signature]
Signature of Member (2)



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING by Trust Management

We the Chairman/President/Secretary/Member of the trust
DR. CHANDRASHEKAR. CHIKKAMUNIYAPPA are
submitting the affidavit to University.

The trust VYASA FOUNDATION is
running/managing the colleges 1. VYASA INSTITUTE OF NURSING SCIENCES.
2. A2B FASHION FACTORY, NEAR DODDAKALLASANDRA METRO
3. STATION, KANAKAPURA MAIN ROAD, BENGALURU. since
(2023) 2 years.

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 the college.

We 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.


(DR. CHANDRASEKAR.C.)





ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

UNDERTAKING

I/We, DR. CHANDRASEKAR. C.

is/are the Owners/MD/CEO/Board Members of the

DHEE HOSPITALS hospital situated at

744/784, 300 CHS LAYOUT, NARAYANANAGAR
KANAKAPURA RD. B'LORE 560062.

This is to confirm that our hospital DHEE HOSPITALS
is registered under KPMEA and PCB with 183 beds and the bonafide certificate has
been attached.

This is to confirm that the hospital DHEE HOSPITALS is
functioning as affiliated/parent/own hospital for VYASA INSTITUTE OF NURSING SCIENCES
college.

We also confirm that our hospital is solely affiliated to
VYASA INSTITUTE OF NURSING SCIENCES college and is not
affiliated to any other nursing college.

The information provided by us is true and correct.


(Dr. Chandrasekar. C.)




ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru - 560 041

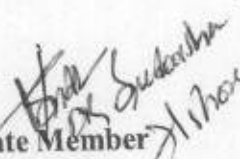
UNDERTAKING

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

We have conducted LIC inspection of this college on 07/05/23 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)

DECLARATION

I, the undersigned, do hereby declare that the information contained in this declaration is true and correct to the best of my knowledge and belief.

I have read the above declaration and I hereby declare that the information contained in this declaration is true and correct to the best of my knowledge and belief.

The information recorded in this declaration is true and correct to the best of my knowledge and belief.

Signature
(Name)

Signature
(Name)

Signature
(Name)

UNDERTAKING

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

We have conducted LIC inspection of this college on 07/05/25 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.

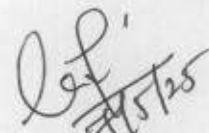
Senate Member
(Chairman)

A C Member
(Member)

Subject Expert
(Member)


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

MEMORANDUM

Re the Chairman and members of the inspection committee appointed by the Senate for the purpose of inspecting the records of the University of the South Florida, which was appointed by the Senate on 10/1/52.

We have completed the inspection of the records of the University of the South Florida, and have found that the records are in good order and that the University is in compliance with the provisions of the Florida Statutes relating to the records of the University. We have also found that the University is in compliance with the provisions of the Florida Statutes relating to the records of the University.

The information furnished by the University in the report is correct and complete. The report is being submitted to the Senate for its consideration.

Senate Member
(Chairman)
A. C. McEachern
(Member)
Subject: Report
(Member)

[Signature]

Secretary of the Senate

[Signature]

Secretary of the Senate