



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. R. Manjunathramany	S. M. BADIHUBH
Designation		Chairman, BDS. Medical	Professor.
Address		Clinical (PG), RGHHS, Post. of Paediatrics, Subbaiah Inst of Medical Sciences, Shikharabasse	Govt College of Nursing KMR, Hubli.
Mobile No		9845504280	98450140860/267621113
Email ID		homagudhimanjun@gmail.com	Shree5250@gmail.com

For the Academic Year : 2025-26.

Date of Inspection: 9/05/2025

(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	
	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	UNITY COLLEGE OF NURSING UNITY ACADEMY OF EDUCATION ASHOK NAGAR POST, SHEDIGURI, DAMBEL ROAD, MANGALORE - 575006, DAKSHINA KANNADA	2	Year of Establishment	1999
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	UNITY HEALTH AND CHARITABLE TRUST HIGHLANDS, PB NO. 535, KANKANADY, MANGALORE - 575002 (Enclose copy of Registration documents of Society/Trust) Annexure - 1			
		Email: info@unityhospital.in	Website: www.unityhospital.in		
	(b). Name of the Owner of Trust/Society	DR. C.P. HABEEB RAHMAN			

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council : 7 (Enclose copy of Governing Council Members & Audit report of Society/Trust) Annexure - 2		
5	Details of Principal/Head of the institution	Name: DR. RAJA. A Qualification: Ph.D in NURSING Experience: 23 years Email: principal@unitycon.com		Mobile No: 9880747310 Office No: 0824-4281555 Fax No: 0824-2432691 Residential phone No: —
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

Annexure - 4

Course Applied UG Courses	Enhancement of Seats Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UG or b) for UG and PG courses c) NPCC	
B.Sc. Nursing	Application Fee Application Processing Fee Increase Intake					1,000/- 50/- 3,00,000/-
Post Basic B.Sc. Nursing						
Total (A)						3,01,050.00/-
PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
	1.					
	2.					
	3.					
	4.					
	5.					
				Total (B)		
NPCC						
				Total (C)		
Grand Total (A+B+C)						

Online Transaction Number or Details: ZHDFE390969210, dt: 24/12/2024.

Remarks:

Signature of Chairman

Signature of Member (1)

Verify & Enclose copy of Affiliation fee paid documents

Signature of Member (2)

1. Name of the person or organization 2. Address 3. City 4. State 5. Zip		6. Date 7. Time	
8. Subject 9. Description of the event or activity		10. Remarks	
11. Signature of the person or organization		12. Signature of the person or organization	
13. Date		14. Time	
15. Name of the person or organization		16. Address	
17. City		18. State	
19. Zip		20. Date	
21. Time		22. Subject	
23. Description of the event or activity		24. Remarks	
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491. Name of the person or organization		492. Address	
493. City		494. State	
495. Zip		496. Date	
497. Time		498. Subject	
499. Description of the event or activity		500. Remarks	

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	Aakukast5 MPS 2010, B'1072 dated 27/7/2011 Annexure - 5	RGU/AFF/NSG/ CoA/01/2014-25 Dtd. 20/09/2024 Annexure - 6	KNC/1201/ 2004, dtd. 11/11/2005 Annexure - 7	File NO. 11-45/ 2000, dtd. 18/11/2004 Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year	60	60	60	60	
Post Basic B.Sc. Nursing	Approval Letter No. and Date					
	Sanctioned Intake	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Admissions Made for the Current Academic Year		N.A			
a. ☐ M.Sc. Nursing in ☐ b. ☐ Commu ☐ Health c. ☐ Medical Surg ☐ d. ☐ OBG ☐ e. ☐ Paediatric ☐ Psychiatry	Approval Letter No. and Date					
	Sanctioned Intake	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Admissions Made for the Current Academic Year		N.A			
M.Sc. NPCC	Approval Letter No. and Date					
	Sanctioned Intake	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Admissions Made for the Current Academic Year		N.A			

9. Total No. of Students under Training in each of the Nursing Education Programme:

Programme	I year	II Year	III Year	IV Year	Total
Signature of Chairman		Signature of Member (1)		Signature of Member (2)	

APPROVED FOR THE BOARD OF DIRECTORS
DATE: 10/10/2010
BY: [Signature]

60 60 60 60

APPROVED FOR THE BOARD OF DIRECTORS
DATE: 10/10/2010
BY: [Signature]

W.A.

W.A.

W.A.

B.ScNursing	Male		1			
	Female	60	59	59	60	
Post Basic B.Sc Nursing	Male					
	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-----
			N.A			

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-----
			N.A			

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: _____

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 NPC C	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPC C	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPC C

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

		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*			2								
4	Associate Professor	2	2-4		1*			3								
5	Assistant Professor	3	3-8	2	3*			5								
6	Tutor	8-16	16-24	2-10	--			23								
	Total	16-24	24-40	4-12												

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 :- 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			
1.	Dr. Raja . A	Principal	Ph.D in Nursing	2013	38298	3 yrs	23-01-2014		
2.	Prof. G. Chithra	Vice Principal	M.Sc (N) Child Health Neg	2002	RRTM 2009 1181 KAR	3 yrs	10-04-2008		
3.	Prof. Johnsy Sundari F. K	Professor	M.Sc (N) D.B.G Neg	2003	TMN 2009 1306 KAR	2 yrs	05-07-2021		
4.	Mrs. Synthia D'Souza	Asso. Professor	M.Sc (N) D.B.G Neg	2014	18381 NO. 27769	2 yrs	13-07-2025		
5.	Mrs. Precilla Priya D'Souza	Professor	M.Sc (N) Community Health Neg	2012	14632	2 yrs	01-06-2022		
6.	Mrs. Priya Lolita Fernandes	Asso. Professor	M.Sc (N) Medical Surgical Neg	2010	1477	3 yrs	23-11-2015		
7.	Ms. Renita Noronha	Asso. Professor	M.Sc (N) Medical Surgical Neg	2017	63370	-	01-03-2025		
8.	Ms. Jennifer Deborah R	Asst. Professor	M.Sc (N) Psychiatric Neg	2020	RRTM 2024 11036 KAR	2 yrs	06-04-2024		
9.	Ms. Niranjani C	Asst. Professor	M.Sc (N) D.B.G Neg	2024	177393	4 yrs	08-01-2025		
10.	Ms. Sushmitha	Asst. Professor	M.Sc (N) Psychiatric Neg	2024	95396	3 yrs	19-03-2024		
11.	Mr. Nulakandan P	Asst. Professor	M.Sc (N) Medical Surgical Neg	2023	RNM NO. 215730	1 yr	28-02-2025		
12.	Ms. Irene Crasta	Asst. Professor	M.Sc (N) Community Health Neg	2024	124339	1 yr	06-01-2025		
13.	Ms. Slaney C Tawro	Nursing Tutor	B.Sc Nursing	2012	50598	7 yrs	16-07-2018		
14.	Mrs. Abhijith S Nair	"	B.Sc Nursing	2022	136903	2 yrs	07-03-2023		
15.	Ms. Athira M A	"	B.Sc Nursing	2022	136906	2 yrs	01-03-2023		
16.	Ms. Roji Sudam Thomas	"	B.Sc Nursing	2014	65401	10 yrs	02-02-2015		
17.	Ms. Cecilia C V	"	P.B. B.Sc Nursing	2013	26971	9 yrs	03-06-2024		
18.	Mr. Aam Jose	"	P.B. B.Sc Nursing	2016	88341	6 yrs	19-04-2019		
19.	Ms. Prajna K	"	B.Sc. Nursing	2021	124781	3 yrs	27-04-2022		
20.	Ms. Muenu Arjunan	"	P.B. B.Sc. Nursing	2020	RRMPL 2019 15430 KAR	3 yrs	10-03-2022		
21.	Ms. Pooja Baliga	"	B.Sc. Nursing	2021	125319	1 yr 8 months	06-09-2023		
22.	Ms. Jwara Mariya K	"	B.Sc Nursing	2020	108744	2 yrs	15-04-2024		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

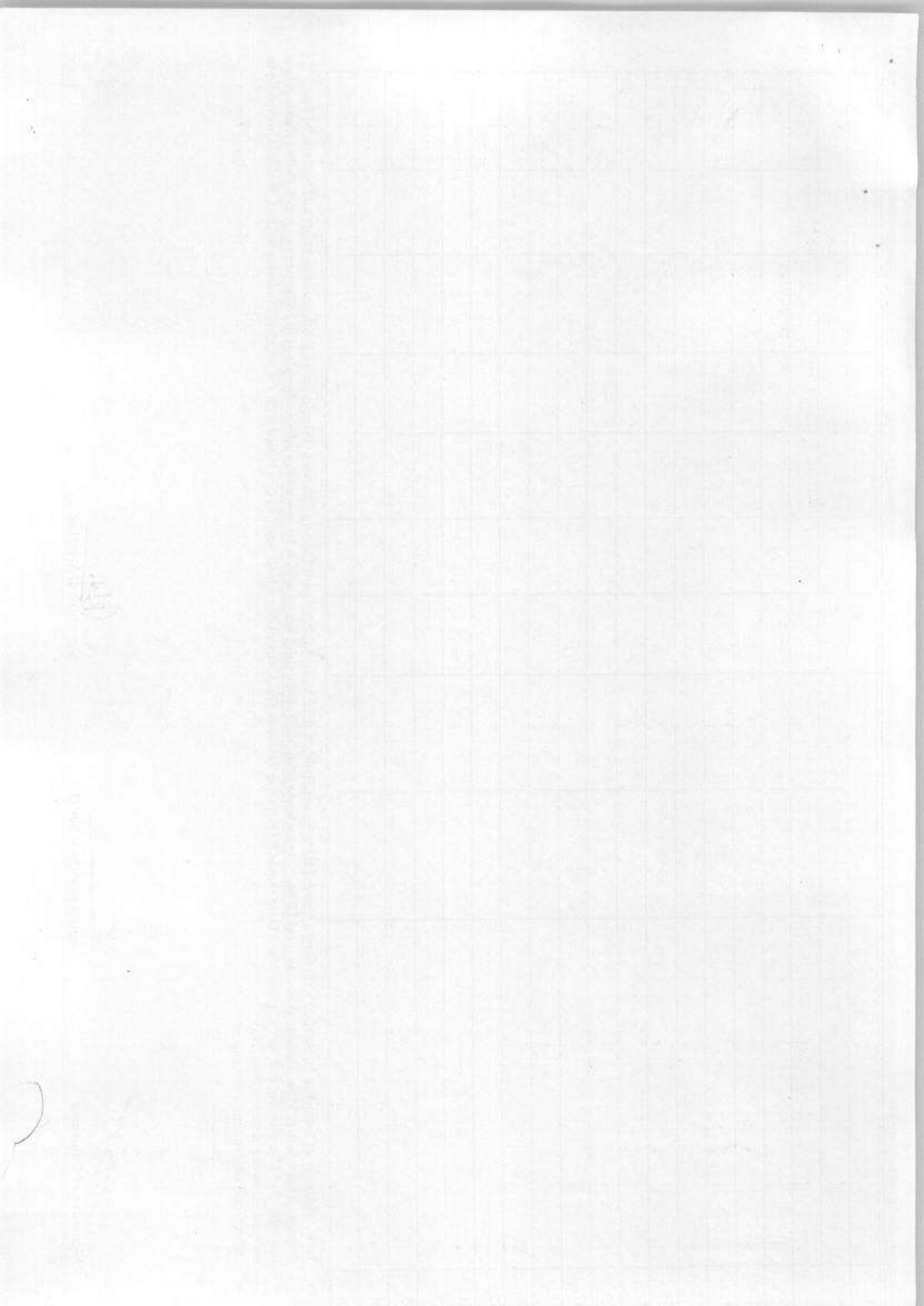
23.	Ms. Spandana	Nursing Tutor	P.B. B.Sc Nursing	2023	235194	2 yrs		04-04-2023		666
24.	Ms. Rashmitha T C	"	P.B. B.Sc Nursing	2023	235201	2 yrs		11-04-2023		Rashmitha
25.	Ms. Harshitha M B	"	B.Sc Nursing	2023	153223	1 yr 5 months		01-12-2023		Harshitha M B
26.	Ms. Jashmitha S	"	B.Sc. Nursing	2023	154020	1 yr 5 months		01-12-2023		Jashmitha
27.	Ms. Riya Joy	"	B.Sc. Nursing	2023	157627	1 yr 5 months		01-12-2023		Riya
28.	Ms. Nissi Mariam Thomas	"	B.Sc. Nursing	2023	157944	1 yr 5 months		01-12-2023		Nissi
29.	Ms. Nandana Monoj	"	B.Sc. Nursing	2023	158356	1 yr 5 months		01-12-2023		Nandana
30.	Ms. Jomel Joy	"	B.Sc. Nursing	2023	154627	1 yr 5 months		01-12-2023		Jomel
31.	Ms. Renisha Fernandes	"	B.Sc. Nursing	2022	134148	1 yr		28-05-2024		Renisha
32.	Mrs. Saniya Mary Sabu	"	B.Sc. Nursing	2023	147052	1 yr		15-04-2024		Saniya
33.	Mr. L. Divanail	"	B.Sc. Nursing	2023	156956	1 yr 6 months		02-11-2023		Divanail
34.	Mrs. Ashwini N E	"	B.Sc Nursing	2019	101019	3 yrs 10 months		07-05-2025		Ashwini
35.	Ms Anjal Benny	"	B.Sc Nursing	2023	150131	1 yr 5 months		05-12-2023		Anjal
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6.	Signature of Chairman	Signature of Member (1)	Signature of Member (2)
			

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 200
 100
 0

Time	Temp	Wind	Clouds	Pressure	Humidity
1400	65.0	10.0	100	30.0	75
1300	64.0	10.0	100	30.0	75
1200	63.0	10.0	100	30.0	75
1100	62.0	10.0	100	30.0	75
1000	61.0	10.0	100	30.0	75
900	60.0	10.0	100	30.0	75
800	59.0	10.0	100	30.0	75
700	58.0	10.0	100	30.0	75
600	57.0	10.0	100	30.0	75
500	56.0	10.0	100	30.0	75
400	55.0	10.0	100	30.0	75
300	54.0	10.0	100	30.0	75
200	53.0	10.0	100	30.0	75
100	52.0	10.0	100	30.0	75
000	51.0	10.0	100	30.0	75

1400
 1300
 1200
 1100
 1000
 900
 800
 700
 600
 500
 400
 300
 200
 100
 0



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
				LIST 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) 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	23,200sq.ft	50,621.05 sq.ft	
2	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intake B.Sc (N): 900 sq ft P.B.B.Sc (N) : 600 sq ft M.Sc (N) : 600 sq ft NPCC : 600sq ft	4 Class rooms 900sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each 2 Class rooms 600sq ft Each	1706.93sq.ft - 1 No. 1199.53sq.ft - 3 Nos - - -	
3	Administrative Facilities Office 1. Principal's Chamber 2. Vice-Principal Chamber 3. HOD 4. Professor/Assoc. Prof 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 13. Seminar hall 14. Toilets 15. A.V/Aids room	 300 200 5 x 200 = 1000 800+2400=3200 1 1 1 1 1 1000 3000 1000 600	 385.35 sq.ft 385.35 sq.ft 1216 sq.ft 3200 sq.ft 385.35 sq.ft 385.35 sq.ft 64.90 sq.ft 64.90 sq.ft 385.35 sq.ft 1199.53 sq.ft 3023.30 sq.ft 1566.31 sq.ft 791.36 sq.ft	

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	1607.80 sq.ft. 1200 sq.ft.	
	Nutrition & Community Health Nursing	1200sq.ft	2399.06 sq.ft	
	Obstetrics and Gynecology Laboratory	900sq.ft	1199.53 sq.ft.	
	Pediatrics Nursing Laboratory	900sq.ft	1199.53 sq.ft.	
	Pre-Clinical Sciences Laboratory	900sq.ft	1199.53 sq.ft.	
	Computer Lab (1: 5 computer :student)	1500sq.ft	1607.80 sq.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

1. Is the college building own or leased / rented?
2. Blue print of the building attested by competent authority.
3. Tax paid receipt (Latest / current year)
4. Occupancy certificate.
5. Sale deed / Lease deed of the building / Land.

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 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. 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
4	DETAILS ENCLOSED		Yes / No	Yes / No	Yes / No

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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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	2415.90 sq ft	YES ☒ No ☐	✓	✓	

Total No. of Nursing Books available	3603	No. of Nursing Journals subscribed	10
No. of Thesis/Research titles available	1250	Is internet facility available for Students?	yes
No of e-books	105	How many books were purchased in last financial year?	173

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Mrs Judy Chaeko	M.Sc. Lib. Science	27 yrs.	
2.	Mrs. Bindu Naveen	M.Sc. Lib. Science	19 yrs.	

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	DETAILS ENCLOSED	
Conferences conducted		
Conferences attended		

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

1	2	3	4	5	6	7	8	9	10
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11	12	13	14	15	16	17	18	19	20
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21	22	23	24	25	26	27	28	29	30
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31	32	33	34	35	36	37	38	39	40
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41	42	43	44	45	46	47	48	49	50
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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 UNITY HOSPITAL HIGHLANDS, PB-NO.535, KANKANADY, MANGALORE-575006	300	6 Kmts.	90%	
NAME OF THE TRUST/ Person owning The Hospital UNITY HEALTH AND CHARITABLE TRUST				
Name Of The Owner Of The Trust of Hospital DR. C. P. HABEED RAHMAN CHAIRMAN				
Affiliated hospitals- Full Name & Address of the Parent Hospital	1 GOVT WENLOCK DISTRICT HOSPITAL, MANGALORE,	150 (Paid)	5 Kmts.	92%
	2. GOVT. LADY GOSCHEN HOSPITAL, MANGALORE	272	5 Kmts.	97%
	3. FR. MULLER MEDICAL COLLEGE HOSPITAL, MANGALORE,	209	6 Kmts.	95%
	4. KMC HOSPITAL, MANGALORE.	320	5 Kmts.	98%

(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/CCU. (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 for Bangalore Urban and Mangalore city 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,

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

[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.)

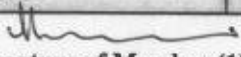
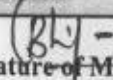
Note

- 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:

18.1. Distribution of Beds

Clinical Areas	Parent	Affiliated
Signature of Chairman 	 Signature of Member (1)	 Signature of Member (2)

	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical	100	90%	100 + 150	90%
Surgery including OT	100	90%	100 + 150	90%
Obstetrics & Gynecology	50	85%	272	95%
Pediatrics,	25	80%	150	90%
Emergency Medicine	25	95%	25 + 10	95%
Psychiatry	-	-	209	90%

Additional/Other Specialties/Facilities for clinical experience:

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT	6	90%	25	90%
Minor OT	3	90%	15	85%
Dental, Otorhinolaryngology, Ophthalmology	10	85%	25	85%
Burns and Plastic	5	80%	20	80%
Neonatology care unit & Pediatrics	25	85%	150	80%
Communicable disease/ Respiratory medicine/TB & chest diseases	10	80%	50	90%
Dermatology	5	85%	25	85%
Cardiology	10	95%	30	90%
Oncology	20	90%	100	85%
Neurology/Neuro-surgery	20	95%	90	90%
Nephrology/Urology	20	95%	50	90%
ICU/CCU	25	95%	25+25	90%
Geriatric Medicine	10	90%	25	85%
Any other OBG, General Medicine, General Surgery	50 50 40	90% 90% 90%	272	90%

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

19	COMMUNITY HEALTH NURSING :Annexure - 17
RURAL FILELD	
a. Name of CHC / PHC / SC	RURAL PRIMARY HEALTH CENTRE, KATIPALLA.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

Adopted / Affiliated	AFFILIATED
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	15 kms.
b. Services Rendered by Health & Family Welfare Programmes	OPD SERVICE, IMMUNIZATION, FAMILY PLANNING
URBAN FIELD :	
a. Name of CHC / PHC / SC	URBAN PRIMARY HEALTH CENTRE, BETAI
Adopted / Affiliated	AFFILIATED
Administrated by	State Govt. ☒ Municipal Corporation ☐ Private ☐
Distance from the Nursing Institute	4 kms.
b. Services Rendered by Health & Family Welfare Programmes	OPD SERVICE, IMMUNIZATION, FAMILY PLANNING
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 ☐
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 ☐

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

	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 26,515.00 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 : 225	Boys : NIL
f.	Total No. of rooms	Girls : 65	Boys : NIL
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 ☐
l.	Safe drinking water facilities	YES ☒	NO ☐

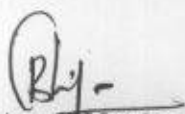
List of Annexures:

Annexure Numbers	Details	Submitted (Tick Mark)	
		Yes	NO
	Signature of Chairman		
	Signature of Member (1)		
	Signature of Member (2)		

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		
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		
Annexure - 14	Details of List of Library Books & 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		


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

1	1. The first part of the report is devoted to a general description of the project and its objectives.
2	2. The second part of the report is devoted to a detailed description of the project and its objectives.
3	3. The third part of the report is devoted to a detailed description of the project and its objectives.
4	4. The fourth part of the report is devoted to a detailed description of the project and its objectives.
5	5. The fifth part of the report is devoted to a detailed description of the project and its objectives.
6	6. The sixth part of the report is devoted to a detailed description of the project and its objectives.
7	7. The seventh part of the report is devoted to a detailed description of the project and its objectives.
8	8. The eighth part of the report is devoted to a detailed description of the project and its objectives.
9	9. The ninth part of the report is devoted to a detailed description of the project and its objectives.
10	10. The tenth part of the report is devoted to a detailed description of the project and its objectives.
11	11. The eleventh part of the report is devoted to a detailed description of the project and its objectives.
12	12. The twelfth part of the report is devoted to a detailed description of the project and its objectives.
13	13. The thirteenth part of the report is devoted to a detailed description of the project and its objectives.
14	14. The fourteenth part of the report is devoted to a detailed description of the project and its objectives.
15	15. The fifteenth part of the report is devoted to a detailed description of the project and its objectives.
16	16. The sixteenth part of the report is devoted to a detailed description of the project and its objectives.
17	17. The seventeenth part of the report is devoted to a detailed description of the project and its objectives.
18	18. The eighteenth part of the report is devoted to a detailed description of the project and its objectives.
19	19. The nineteenth part of the report is devoted to a detailed description of the project and its objectives.
20	20. The twentieth part of the report is devoted to a detailed description of the project and its objectives.

Signature of Author (1)

Signature of Author (2)

Signature of Author (3)

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: The LIC team visited Unity College of Nursing on 9/5/2023. The team made following observation.

The college is managed by UNITY HEALTH SHAREABLE TRUST and its running the college in a own building.

→ Physical facilities: the college permitted with an intake) 60 seats annually for BSc Nursing program. Currently Institution has four class room with good size of American along with smart board. also the 2 New class room of 180 sqft is available for further requirements. college has laboratory for Allergy, Immunology, Community Health Nursing, Nutrition, OBG, pediatrics. Each lab is having required mannequins and equipments with all advanced Skill lab in the college.

→ Library: It has 2415 sqft building room with 3603 Text books. the Infrastructure of library is present as per requirement of university with E-Library facilities & 2 MLIS Librarian.

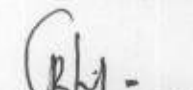
→ Teaching faculties: there are 35 faculties in the college. present on the day of inspection out of which 12 are highly qualified staff present.

→ the institution is having parent hospital unity hospital in 3km vicinity & 300 beds.

→ Institution is owning 2 Buses with drivers for student transportation.


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 _____ which has applied for continuation of affiliation for the academic year 2025-26.

We have conducted LIC inspection of this college on _____ 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/2025-26, 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.

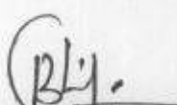
**Senate Member
(Chairman)**

**A C Member
(Member)**

**Subject Expert
(Member)**


Signature of Chairman


Signature of Member (1)


Signature of Member (2)

UNDER A LENS

The Commission and members of the public have been invited to submit comments on the Commission's proposed amendments to the Freedom of Information Act (FOIA) by the deadline of 11:59 p.m. on Friday, May 15, 2014. The Commission is currently reviewing the comments and will be holding a public hearing on the proposed amendments on Wednesday, May 21, 2014, at 10:00 a.m. in the Commission's hearing room, 100 North Dearborn Street, Chicago, Illinois 60610. The hearing will be open to the public and will be held in a large room on the second floor of the building. The Commission will be holding a public hearing on the proposed amendments to the FOIA on Wednesday, May 21, 2014, at 10:00 a.m. in the Commission's hearing room, 100 North Dearborn Street, Chicago, Illinois 60610. The hearing will be open to the public and will be held in a large room on the second floor of the building. The Commission will be holding a public hearing on the proposed amendments to the FOIA on Wednesday, May 21, 2014, at 10:00 a.m. in the Commission's hearing room, 100 North Dearborn Street, Chicago, Illinois 60610. The hearing will be open to the public and will be held in a large room on the second floor of the building.

✓
Submitted by:
(Name)

A. C. Harris
(Title)

For the Member
(Signature)

1/1/14

Received at: 11:59 p.m.

Signature of Member

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 the 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: Dishank 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)



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 are submitting the affidavit to University.

The trust _____ is running/managing

the colleges 1. _____

2. _____

3. _____ since _____

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.

Affidavit enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-441100)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

Re New York letter to Bureau dated 1/15/64.
Enclosed for the Bureau are two copies of a letterhead memorandum (LHM) dated and captioned as above.
The LHM is being prepared by the New York Office in accordance with the instructions contained in the New York letter to Bureau dated 1/15/64.
The LHM is being prepared by the New York Office in accordance with the instructions contained in the New York letter to Bureau dated 1/15/64.

[Handwritten signature]
Special Agent in Charge

[Handwritten signature]
Special Agent in Charge

[Handwritten signature]
Special Agent in Charge

[Handwritten signature]
Special Agent in Charge



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, _____ is/are the
Owners/MD/CEO/Board Members of the _____ hospital
situated at _____.

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

This is to confirm that the hospital _____ is functioning as
affiliated/parent/own hospital for _____ college.

We also confirm that our hospital is solely affiliated to
_____ college and is not affiliated to any other
nursing college.

The information provided by us is true and correct.

Attest enclosed


Signature of Chairman


Signature of Member (1)

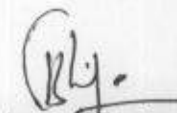

Signature of Member (2)

EXHIBIT A

1. The undersigned, being duly sworn, depose and say that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the Court of the County of [] State of [] to-wit: []

2. The undersigned, being duly sworn, depose and say that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the Court of the County of [] State of [] to-wit: []

3. The undersigned, being duly sworn, depose and say that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the Court of the County of [] State of [] to-wit: []

4. The undersigned, being duly sworn, depose and say that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the Court of the County of [] State of [] to-wit: []

5. The undersigned, being duly sworn, depose and say that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the Court of the County of [] State of [] to-wit: []

Exhibit A

[Signature]

[Signature]

[Signature]

5/9/25, 5:53 PM

1746793315804.jpg

UNITY ACADEMY OF EDUCATION



GPS Map Camera

Mangaluru, Karnataka, India

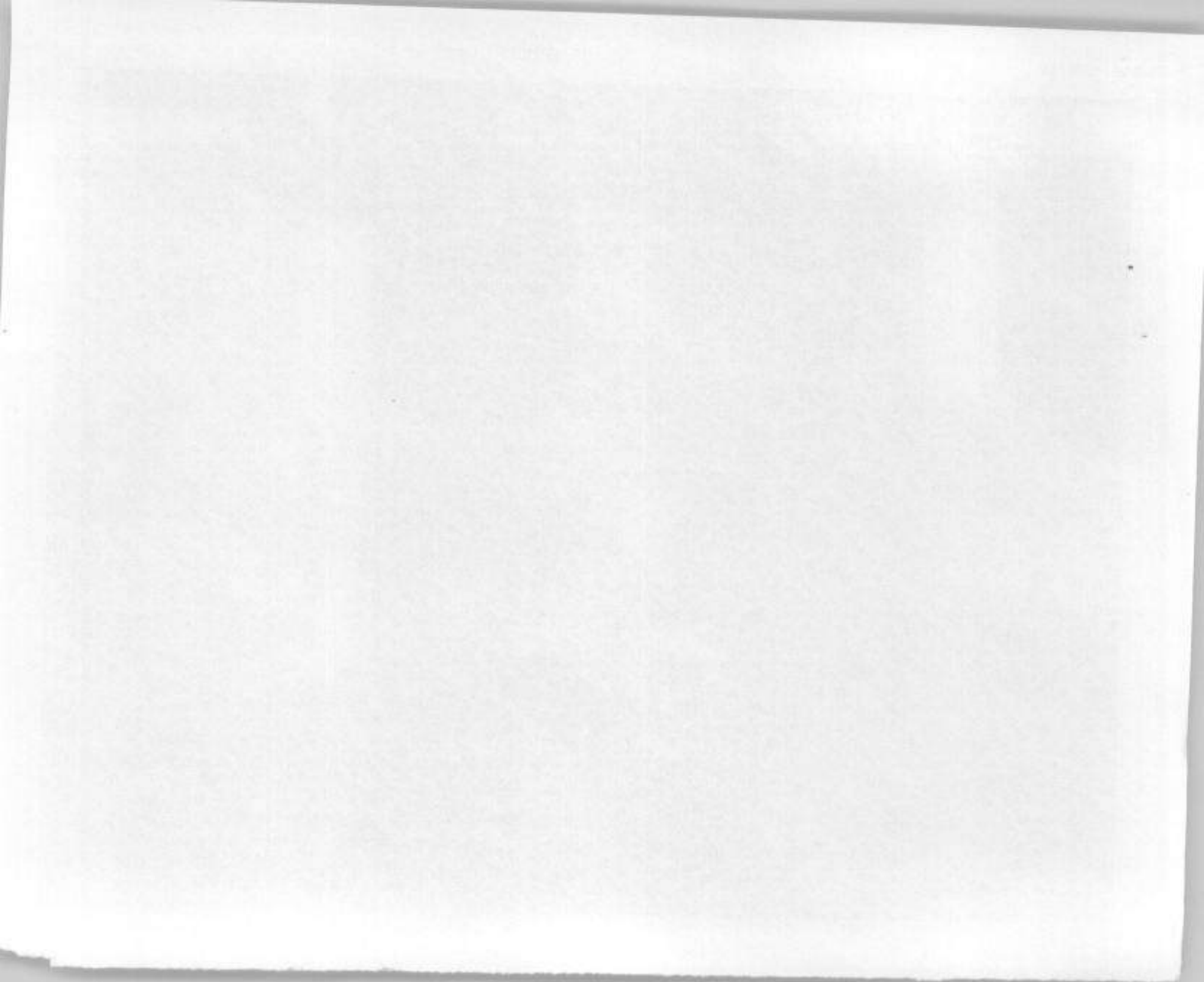
Shediguri, Dambel Road, Ashok Nagar, Ashok Nagar,

Mangaluru, Karnataka 575006, India

Lat 12.900713° Long 74.826504°

09/05/2025 03:31 PM GMT +05:30

Google





सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

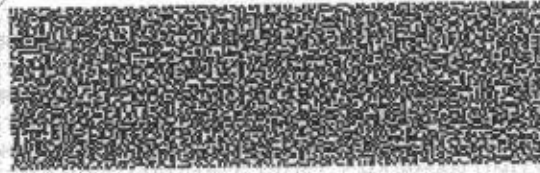
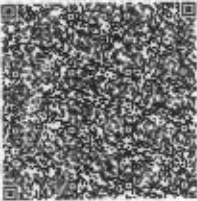
Rs. 100

e-Stamp

Certificate No. : IN-KA25563881569225X
Certificate Issued Date : 08-May-2025 09:35 AM
Account Reference : NONACC (FI)/ kacrsf108/ MULKI/ KA-DK
Unique Doc. Reference : SUBIN-KAKACRSFL0874826195495612X
Purchased by : CHAIRMAN UNITY HEALTH AND CHARITABLE TRUST
Description of Document : Article 4 Affidavit
Property Description : AFFIDAVIT
Consideration Price (Rs.) : 0
 (Zero)
First Party : CHAIRMAN UNITY HEALTH AND CHARITABLE TRUST
Second Party : THE REGISTRAR RGUHS BANGALORE
Stamp Duty Paid By : CHAIRMAN UNITY HEALTH AND CHARITABLE TRUST
Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते

For ATHMASHAKTHI MULTIPURPOSE
CO-OP. SOCIETY LTD.



Please write or type below this line

UNDERTAKING by Trust Management

I/We, the Chairman/President/Secretary/Member of the trust Unity Health & Charitable Trust are submitting the affidavit to University.

UNITY HEALTH & CHARITABLE TRUST

CHAIRMAN &

Managing Trustee

ERRORS/ CORRECTIONS ETC

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shcstamp.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.

UNITY HEALTH & CHARITABLE TRUST

Managing Trustees

The trust **Unity Health and Charitable Trust** is running/managing the colleges

1. **Unity College of Nursing, Unity Academy of Education**

since 26 years

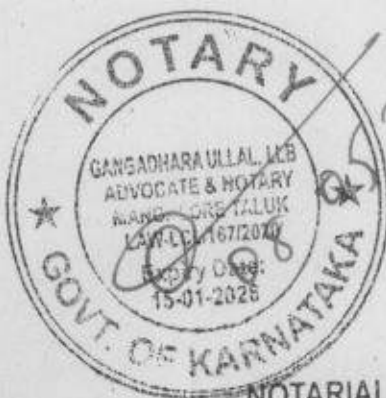
We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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.



ERRORS/ CORRECTIONS ETC

CHAIRMAN.

UNITY HEALTH & CHARITABLE TRUST

chairman &

Managing Trustee

NOTARIAL REGISTER No

GANGADHARA ULLAL, L.
ADVOCATE & NOTAR.
HAMILTON CIRCLE,
MANGALORE 575 001
KARNATAKA, INDIA
LAW/1 CL/167/2020

UNITY HEALTH & CHARITABLE TRUST

Managing Trustee



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA25564581152411X
 Certificate Issued Date : 08-May-2025 09:37 AM
 Account Reference : NONACC (FI)/ kacrsf08/ MULKI/ KA-DK
 Unique Doc. Reference : SUBIN-KAKACRSFL0874826620131170X
 Purchased by : CHAIRMAN UNITY HOSPITAL
 Description of Document : Article 4 Affidavit
 Property Description : AFFIDAVIT
 Consideration Price (Rs.) : 0
 (Zero)
 First Party : CHAIRMAN UNITY HOSPITAL
 Second Party : THE REGISTRAR RGUHS BANGALORE
 Stamp Duty Paid By : CHAIRMAN UNITY HOSPITAL
 Stamp Duty Amount(Rs.) : 100
 (One Hundred only)

सत्यमेव जयते

For ATHMASHAKTHI MULTIPURPOSE
 CO-OP. SOCIETY LTD.



Please write or type below this line

UNDERTAKING

I/We, the Chairman is/are the Owner/MD/CEO/Board Members of the Unity hospital situated at Highlands, P.B.No.535, Falnir Road, Kankanady, Mangalore.

ERRORS/ CORRECTIONS ETC

Director
 UNITY HOSPITAL
 Unity Care & Health Services Pvt. Ltd.
 Mangalore

Statutory Alert:

1. The authenticity of this Stamp certificate should be verified at 'www.shoilestamp.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 **Unity Hospital** is registered under KPMEA and PCB with **300** beds and the bonafide certificate has been attached.

This is to confirm that the hospital **Unity Hospital** is functioning as affiliated/parent/own hospital for **Unity College of Nursing, Unity Academy of Education** college.

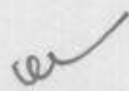
We also confirm that our hospital is solely affiliated to **Unity College of Nursing, Unity Academy of Education** college and is not affiliated to any other nursing college.

The information provided by us is true and correct.

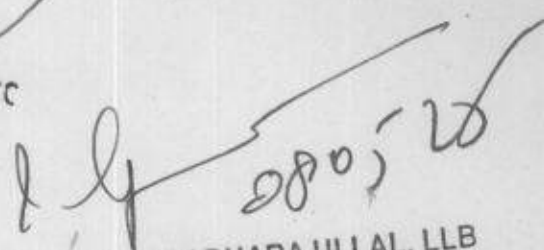

CHAIRMAN/DIRECTOR.

Director
UNITY HOSPITAL
Unity Care & Health Services Pvt. Ltd.
Mangalore




ERRORS/ CORRECTIONS ETC

1033
2025
NOTARIAL REGISTER No


GANGADHARA ULLAL, LLB
ADVOCATE & NOTARY
HAMILTON CIRCLE,
MANGALORE 575 001
KARNATAKA, INDIA
LAW/LCL/167/2020



Director
UNITED HOSPITAL
Unit One & Health Services Pvt. Ltd.
Bangalore

