**Rajiv Gandhi University of Health Sciences, Karnataka**
**4th 'T' Block Jayanagar, Bangalore – 560041**
**Website:www.rguhs.ac.inPhone:080-26761933**

(77)

# INSPECTION PROFORMA FOR NURSING 2025-26 AY

| Details of LIC Inspectors: | Chairman | Academic Council Member | Subject Expert |
|---|---|---|---|
| Name | Dr. SURESH. S. KANAKANNAVAR | Dr. S.R. Jagannatha | Dr. Darling B. Bibiana |
| Designation | Rt. PROFESSOR. | Chairman - BOS | Principal |
| Address | G5, IIHR CAMPUS QUARTERS. HESARAGHATTA LAKE POST. BANGALORE | Professor, Dept. of Forensic Medicine, KIMS, Bayalore. | Shree Devi college of Nursing Maina Towers, Ballalbagh, Mangalore. |
| Mobile No | 9449033228 | 9886334494 | 9886932378. |
| Email ID | kanakannavar@gmail.com | drjagannathasr@gmail.com | bibiana_vijay@yahoo.co.in |

| *For the Academic Year:* | | | *Date of Inspection:* 19/08/2025 | |
|---|---|---|---|---|
| *(Please Tick the Appropriate Boxes Below)* | | | | |
| *Type of Inspection:* | 1.FreshAffiliation | | 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** | CITY COLLEGE OF NURSING<br>"CITY ENCLAVE"<br>SHAKTHINAGAR<br>MANGALORE-575016 | 2 | **Year of Establishment**<br>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** | **CITY HOSPITAL CHARITABLE TRUST**<br>**POUND GARDEN KADRI, MANGALORE 575003** | | |
| | | **Email:**cityhospitalmg@gmail.com | **Website: www.cityhospitalmangalore.com** | |
| | | **Office No:08242217901** | **Mobile No:** | |
| | **(b).Name of the Owner of Trust/Society** | Dr. K Bhasker Shetty<br>(enclose copy of Registration documents of Society /Trust) | copy enclosed<br>**Annexure–1** | |
| 4 | **Governing Council & Audit Report of Trust** | **Total Number of Members in Governing Council: 06**<br>(Enclose copy of Governing Council Members & Audit report of Society /Trust ) | copy enclosed<br>**Annexure-2** | |

**Signature of Chairman**

19/8/25

Dr. Suresh. S
Kanakannavar

**Signature of Member (1)**

19/8/25
Dr SR Jagannatha
Chairman, BOS

**Signature of Member (2)**

19/8/25
Dr. Darling B. Bibiana
Subject Expert

| | | | | |
|---|---|---|---|---|
| 5 | **Details of Principal/Head of the institution** | **Name: Dr. Renilda Shanthi Lobo**<br>**Qualification: PhD in Nursing**<br>**Experience: 22 Years** | | **Mobile No: 9844920922**<br>**Office No: 0824 2230522**<br>**Fax No: - 0824-2217906** |
| 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** |

NA

**7. Affiliation Fee Paid Details:**

Copy enclosed **Annexure-4**

| **Course Applied UG Courses** | **Continuation / Fresh Affiliation** | **Particulars of fees paid for** | | | | |
|---|---|---|---|---|---|---|
| | | **Annual Fees** | **Renewal Fees** | **Administrative Charges** | **Helinet Inst. Fee a) only for UG or b) for UG and PG courses c) NPCC** | **Amount** |
| **B.Sc. Nursing** | Continuation Affiliation | 75,000/- | 1,50,000 | 1,00,000 | 25,000 | Rs.3,51,050 (including Rs.1000/- application fee& Surcharge of 14.16 |
| **Post Basic B.Sc. Nursing** | NOT APPLICABLE | | | | | NIL |
| | | | | | **Total(A)** | 3,51,064.16 |

NA

| **PG Course:-** (M.Sc. Nursing) | **PG Continuation/Fresh Affiliation** | **No of Seats X Prescribed fees of each faculty** | NA |
|---|---|---|---|
| **NPCC** | NOT APPLICABLE | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Total(B)** | NIL |
| | | | |
| | | **Total(C)** | NIL |
| | | **Grand Total(A+B+C)** | 3,51,064.16 |

**Online Transaction Number or Details: BD00000007302748 dated 24.10.2024**

NA

**Remarks:**

Verify & Enclose copy of Affiliation fee paid documents

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 19/8/25

**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 | AKUKA-35 MPS 2003 Bangalore, Dated 23/02/2004 **Annexure-5** | RGU/AFF/NSG/ CoA/01/2024-25, Dated 20/09/2024 **Annexure-6** | KNC 1157-4: 2004 Dated 08/06/2025 **Annexure-7** | 70/2000-INC 14/10/2024 **Annexure-8** | |
| | **Affiliation Sanctioned Intake** | 80 | 80 | 80 | 60 | |
| | **Admissions Made for the Current Academic Year** | 80 | | | | |
| **Post Basic B.Sc. Nursing** | **Approval Letter No. and Date** | **Annexure-5** | **Annexure-6** | **Annexure-7** | **Annexure-8** | NA |
| | **Sanctioned Intake** | NOT APPLICABLE | | | | |
| | **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** | **Annexure-5** | **Annexure-6** | **Annexure-7** | **Annexure-8** | |
| | **Sanctioned Intake** | NOT APPLICABLE | | | | |
| | **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** | NOT APPLICABLE | | | | |
| | **Admissions Made for the Current Academic Year** | NOT APPLICABLE | | | | |

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 19/8/25

**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 | 01 | 01 | 01 | 01 | 04 |
| | Female | 78 | 78 | 73 | 79 | 308 |
| Post Basic B.Sc Nursing | Male | NOT APPLICABLE | | | | |
| | Female | | | | | |
| M.Sc Nursing | Male | | | | | |
| | Female | | | | | |
| M.Sc NPCC | Male | | | | | |
| | Female | | | | | |

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

Copy Enclosed **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—— |
|---|---|---|---|---|---|---|
| NOT APPLICABLE | | | | | | |

**Note:** Separate list to been closed and Biometric attendance to be verified and copy to be attached.

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

N/A copy enclosed **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—— |
|---|---|---|---|---|---|---|
| NOT APPLICABLE | | | | | | |

**Note:** Separate list to been closed 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:** Biometrics of students enclosed.
Biometrics of teachers enclosed

**Signature of Chairman** 19/8/25

**Signature of Member (1)**

**Signature of Member (2)** 19/8/25

## 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 | 61to 100 | 20to 60 | | | 40to 60 | 61to 100 | | | | 40to 60 | 61to 100 | | | |
| 1 | Principal | 1 | 1 | | | | | 1 | | | | | Nil | | | |
| 2 | Vice-Principal | 1 | 1 | | | | | 1 | | | | | Nil | | | |
| 3 | Professor | 1 | 1-2 | | 1* | | | 1 | | | | | Nil | | | |
| 4 | Associate Professor | 2 | 2-4 | | 1* | | | 2 | | | | | Nil | | | |
| 5 | Assistant Professor | 3 | 3-8 | 2 | 3* | | | 1 | | | | | 2 | Except 9 Fresh | | |
| 6 | Tutor | 8-16 | 16-24 | 2-10 | -- | | | 26 | | | | | — | | | |
| | **Total** | **16-24** | **24-40** | **4-12** | | | | 32 | | | | | 2 | Tutors are Posted but not counted as Experienced teachers | | |

**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 INC letter.

F.NO.1-6/LT/2023-INC dated: 06.03.2024

(The Faculty and Student Ratiois**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 3M.Sc.Nursing qualified faculty shall be appointed.)

| Intake | 1st Year | 2nd Year | 3rd Year | 4th Year |
|---|---|---|---|---|
| **40 Students Intake** | **Total 5 Faculty**<br>• 3M.Sc.Nursing qualified faculty<br>• 2 Tutors | **Total 8 Faculty**<br>• 5 M.Sc. Nursing qualified faculty<br>• 3 Tutors | **Total 12 Faculty**<br>• 7M.Sc.Nursing qualified faculty<br>• 5 Tutors | **Total 16 Faculty**<br>• 8M.Sc.Nursing qualified faculty<br>• 8 Tutors |
| **60 Students Intake** | **Total 6 Faculty**<br>• 3M.Sc.Nursing qualified faculty<br>• 3 Tutors | **Total 12 Faculty**<br>• 5M.Sc.Nursing qualified faculty<br>• 7 Tutors | **Total 18 Faculty**<br>• 7M.Sc.Nursing qualified faculty<br>• 11 Tutors | **Total 24 Faculty**<br>• 8M.Sc.Nursing qualified faculty<br>• 16 Tutors |
| **100 Students Intake** | **Total 10 Faculty**<br>• 5M.Sc.Nursing qualified faculty<br>• 5 Tutors | **Total 20 Faculty**<br>• 8M.Sc.Nursing qualified faculty<br>• 12 Tutors | **Total 30 Faculty**<br>• 12M.Sc.Nursing qualified faculty<br>• 18 Tutors | **Total 40 Faculty**<br>• 16 M.Sc. Nursing qualified faculty<br>• 24 Tutors |

**Signature of Chairman** 19/8/25

**Signature of Member (1)**

**Signature of Member (2)** 19/8/25

| | | | | |
|---|---|---|---|---|
| Intake | **Total 15 Faculty**<br>• 7M.Sc.Nursing qualified faculty<br>• 8Tutors | **Total 30 Faculty**<br>• 12M.Sc.Nursing qualified faculty<br>• 18Tutors | **Total 45 Faculty**<br>• 12 M.Sc.Nursing qualified faculty<br>• 18 Tutors | **Total 60 Faculty**<br>• 24 M.Sc. Nursing qualified faculty<br>• 36 Tutors |
| **200 Students Intake** | **Total 20 Faculty**<br>• 10M.Sc.Nursing qualified faculty<br>• 10 Tutors | **Total 40 Faculty**<br>• 17M.Sc.Nursing qualified faculty<br>• 23 Tutors | **Total 60 Faculty**<br>• 25 M.Sc.Nursing qualified faculty<br>• 35 Tutors | **Total 80 Faculty**<br>• 32 M.Sc. Nursing qualified faculty<br>• 48Tutors |
| **250 Students** | **Total 25 Faculty**<br>• 12M.Sc.Nursing qualified faculty<br>• 13 Tutors | **Total 50 Faculty**<br>• 20M.Sc.Nursing qualified faculty<br>• 30Tutors | **Total 75 Faculty**<br>• 30 M.Sc.Nursing qualified faculty<br>• 45 Tutors | **Total 100 Faculty**<br>• 40 M.Sc. Nursing qualified faculty<br>• 60Tutors |
| • **Adhar based biometric attendance for students** | | | | |

copies enclosed
of Teacher & Students
Biometry Attendance

**Signature of Chairman**

19/8/25

**Signature of Member (1)**

19/8/25

**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. Renilda Shanthi Lobo | Principal | Ph.D Paediatrics Nursing | October 2003 | 19198 | 2 yrs 6 months | 22yrs 4months | 11/04/2022 | YES | |
| 2. | Mrs.Irine D Souza | Vice Principal | M.Sc Medical Surgical Nursing | May 2011 | 18880 | 1 yr | 14yr 9 months | 15.11.2023 | YES | |
| 3. | Mr.Joseph Jeswin George | Professor | M.Sc Medical Surgical Nursing | October 2013 | 62696 | 2 yr | 9 yr 5 months | 01.02.2013 | YES | |
| 4. | Mr.Mathew Subin V M | Associate Professor | M.Sc PsychiatricNursing | October 2017 | 63478 | - | 7 yrs 8 months | 07.01.2018 | YES | |
| 5. | Mrs.Priya Sheela Menezes | Associate Professor | M.Sc CommunityNursing | April 2019 | 34500 | - | 8yrs 3 months | 25.04.2022 | YES | |
| 6. | Ms.Aishwarya V | Assistant Professor | M.Sc Medical Surgical Nursing | June 2024 | 219748 | 1 year | 11 months | 17.09.2024 | YES | |
| 7. | Mr.Vinod D Jodatti | Assistant Professor | M.Sc Mental Health Nursing | December 2024 | 108335 | 2yr | 6 months | 18.08.2025 | NA | |
| 8 | Mr.Sudharshan | Lecturer (Tutor) | M.Sc Community Nursing | December 2024 | 121073 | 1 yr | 6 months | 10.02.2025 | YES | |
| 9. | Ms.Ashajyoti Hosamani | Lecturer (Tutor) | M.Sc OBG Nursing | December 2024 | 108762 | 1 yr | 3month | 03.05.2025 | NA | |
| 10. | Ms.Soumya Krishna Gandavvagol | Lecturer (Tutor) | M.Sc OBG Nursing | December 2024 | 121425 | 1 yr | 6 months | 18.08.2025 | NA | |
| 11. | Mrs.Sonia Josline Dsouza | Lecturer (Tutor) | M.Sc Medical Surgical Nursing | June 2024 | 91688 | 3 yrs | 3 months | 02.06.2025 | NA | |
| 12. | Ms.Lovis | Tutor | B.Sc Community Health Nursing | November 2021 | 124713 | 3 yr 7 months | | 28.01.2022 | YES | |
| 13. | Ms.Amaya Ashokan T C | Tutor | B.Sc Nursing Foundation | October 2022 | 137626 | 2yr 3months | | 01.06.2023 | YES | |
| 14. | Ms.Arya Babu | Tutor | B.Sc Paediatrics Nursing | October 2023 | 152104 | 1 yr 8 months | | 02.01.2024 | YES | |
| 15. | Ms.Revathy Baby | Tutor | B.Sc Medical Surgical Nursing | October 2023 | 153447 | 1 yr 5 months | | 09.04.2024 | YES | |
| 16. | Mrs.Jyothi Coelho | Tutor | PBB.Sc OBG Nursing | January 2012 | 31740 | 5 yrs | | 20.08.2020 | YES | |
| 17. | Ms.Akhila P T | Tutor | B.Sc Medical Surgical Nursing | October 2023 | 152054 | 1 year 2 months | | 03.06.2024 | NA | |

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 18. | Ms.Seeba Sebastian | Tutor | B.Sc<br>Mental Health Nursing | October 2023 | 153620 | 1 yr 9 months | | 01.11.2023 | NA | |
| 19. | Ms.Supreetha | Tutor | B.Sc<br>Medical Surgical Nursing | October 2022 | 132410 | 2 years 3 months | | 10.03.2025 | YES | |
| 20. | Mrs.Sunitha Dmello | Tutor | PB.B.Sc<br>Paediatrics Nursing | September 2015 | 27593 | 2 year 5months | | 03.06.2024 | YES | |
| 21. | Ms.Riyamol Sojan | Tutor | B.Sc(N)<br>OBG Nursing | October 2023 | 152095 | 1 yr 8 months | | 02.01.2024 | YES | |
| 22. | Ms.Adona Merin Thomas | Tutor | B.Sc(N)<br>OBG Nursing | October 2022 | 137625 | 2 yr 8 months | | 05.12.2022 | YES | |
| 23. | Ms.Seeja Sebastian | Tutor | B.Sc<br>Nursing Foundation | October 2023 | 153621 | 1yr 9 months | | 01.11.2023 | NA | |
| 24. | Mrs.Neeraja Vijayakumar | Tutor | B.Sc<br>Community Health Nursing | November 2021 | 124712 | 4 yrs 7 months | | 23.07.2021 | YES | |
| 25. | Ms.Ann Mariya Paulose | Tutor | B.Sc<br>OBG | Oct 2022 | 140427 | 2 yrs 2 months | | 12.06.2023 | YES | |
| 26. | Ms.Sreelaya T | Tutor | B.Sc<br>Child Health Nursing | October 2023 | 150516 | 1 yr 9 months | | 01.11.2023 | NA | |
| 27. | Mr.Ramesh Hittalamani | Tutor | B.Sc<br>Child Health Nursing | Oct 2023 | 167577 | 1yr 9 months | | 04.011.2023 | YES | |
| 28. | Mr.Sangeetha Sathish | Tutor | B.Sc(N)<br>Medical Surgical Nursing | April 2020 | 118423 | 4 yrs 7 months | | 01.09.2021 | YES | |
| 29. | Mr.Venkatesh K | Tutor | B.Sc<br>Medical Surgical Nursing | April 2024 | 162504 | 1 yr | | 01.08.2024 | NA | |
| 30. | Ms.Lipsy Paulose | Tutor | B.Sc<br>Community Health Nursing | November 2021 | 126197 | 1 yr 8 months | | 06.01.2024 | NA | |
| 31. | Mrs.Jesmitha Crasta | Tutor | B.Sc<br>Child Health Nursing | August 2011 | 111183 | 2 years10 months | | 01.11.2022 | YES | |
| 32 | Ms.Sreya Maria Philip | Tutor | B.Sc<br>Child Health Nursing | October 2023 | 153448 | 1yr 9 months | | 01.11.2023 | YES | |

- **Note :**Identity of faculty to be verified with Govt approved ID to be verified ( Aadhar / Voter Id /PAN card/Driving License).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 Guide ship 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)** 19/8/25

**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 | | | |
| 33 | Ms.Angel ann Thomas | Tutor | B.Sc OBG Nursing | December 2024 | 180583 | 2 months | | 09.06.2025 | NO | |
| 34 | Ms.Adithya Raju | Tutor | B.Sc Community Health Nursing | December 2024 | 176175 | 2months | | 09.06.2025 | NO | |
| 35 | Ms.Aparna Jacob | Tutor | B.Sc Nursing Foundation | December 2024 | 182343 | 15days | | 5.08.2025 | NO | |
| 36 | Ms.Anagha K Varkey | Tutor | B.Sc Mental Health Nursing | December 2024 | 177128 | 2months | | 15.07.2025 | NO | |
| 37 | Ms.Sakishna V S | Tutor | B.Sc OBG Nursing | December 2024 | 181343 | 1months | | 24.07.2025 | NO | |
| 38 | Ms.Aswathi A V | Tutor | B.Sc Community Health Nursing | December 2024 | 181295 | 10 days | | 08.08.2025 | NO | |
| 39 | Ms.Ardra Krishna | Tutor | B.Sc Mental Health Nursing | December 2024 | 177407 | 2 months | | 21.07.2025 | NO | |
| 40 | Mr.Basavaraj Devarayappa Hakari | Tutor | B.Sc Nursing Foundation | December 2024 | 172820 | 7 months | | 05.02.2025 | YES | |
| 41 | Ms.Josna Thomas | Tutor | B.Sc Psychiatric Nursing | December 2024 | 172823 | 4 months | | 05.02.2025 | YES | |

- **Note :**Identity of faculty to be verified with Govt approved ID to be verified ( Aadhar / Voter Id /PAN card/Driving License).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 Guide ship 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 |
|---|---|---|---|---|---|
| Enclosed | | | | | |

**14. Physical Facilities:**

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

| Sl.No | Details | Required | Existing | Remarks |
|---|---|---|---|---|
| 1 | Built–up area of the building (in Sq.Ft) | 23,200sq.ft | **72000Sq.ft** | PE |
| | **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] 5thJuly,2021F.NO.11-1/2019-INC.)/ECC copy/Rental Agreement registered copy | | | |
| 2 | **CLASSROOMS** Size of each classroom (sq ft) for 40 to 60 intake B.Sc(N):900sqft | **4 Classrooms** 900sqft Each | 1292 sq.ft each - Total 4 classrooms | Verified PE Photo enclosed |
| | P.B.B.S(N):600sqft | **2 Classrooms** 600sqft Each | **NOT APPLICABLE** | |
| | M.Sc (N):600sqft | **2 Classrooms** 600sqft Each | | |
| | NPCC:600sq ft | **2 Classrooms** 600sqft Each | | |
| 3 | **Administrative Facilities** | | | |
| | **Office** 1.Principal'sChamber | 300 | 320Sq.ft. | Verified PE |
| | 2.Vice-PrincipalChamber | 200 | 320Sq.ft. | Verified PE |
| | 3.HOD | 5x200=1000 | 230 x5 = 1,150Sq.ft. | Verified PE |
| | 4.Professor/Assoc.Prof | 800+2400=3200 | 820 +2800 = 3620Sq.ft. | Verified PE |
| | 5.Lecturer/Tutors | | | |
| | **Institution office/Others** 6.Office of Administrative, Clerical staff and PA(s) | 600 | 1073Sq.ft | Verified PE |
| | 7.Accountants Office | 100 | 200 Sq.ft. | Verified PE |
| | 8. Store Room | 100 | 200 Sq.ft. | Verified PE |
| | 9.Record room | 100 | 200 Sq.ft. | Verified PE |
| | 10.Room for Maintenance staff | 100 | 200 Sq.ft. | Verified PE |
| | 11.Xeroxing room | 100 | 200Sq.ft | Verified PE |
| | 12.common room(Girls &Boys) | 600+400=1000 | 436 Sq.ft. | Verified PE |
| | 13.Multipurpose hall/Seminar hall/ examination hall | 3000 | 5470Sq.ft. | Verified PE |
| | 14.Toilets | 1000 | 1020Sq.ft. | Verified PE |
| | 15.A.V/Aids room | 600 | 600Sq.ft. | Verified PE |

19/8/25

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

| Sl.No | Details | Required | Existing | Remarks |
|---|---|---|---|---|
| 4 | **LABORATORIES** | **(40-60 Intake)** | | |
| | Nursing Foundation including Adult Health Nursing &Advanced Nursing Lab | 1600sq.ft | 2174 sq.ft | |
| | Community Health Nursing | 1200sq.ft | 1292 sq.ft | |
| | Nutrition Lab | 1200sq.ft | 1292 sq.ft | |
| | Obstetrics and Gynecology Laboratory | 900sq.ft | 1292 sqft | |
| | Pediatrics Nursing Laboratory | 900sq.ft | 1292 sq.ft | |
| | Pre-Clinical Sciences Laboratory | 900sq.ft | 1292 sq.ft | |
| | Computer Lab(1:5computer :student) | 1500sq.ft | 1692 sq.ft | |
| | Skill Lab | | 1292 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.
- Atleast10-12setsof 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-900sqfor 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**

| 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 | |
| 5. | Tax paid receipt(Latest/current year ) | |
| 6. | Occupancy Certificate | |
| 7. | Sale deed/ Registered 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.** **Annexure–12**

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment**2021-22onwards.**
- 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.

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

**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 License |
|---|---|---|---|---|---|
| 03 | KA19AE7366<br>KA19B5428<br>KA 19D1850 | 57+2<br>57+2<br>17+1 | 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 2300Sq. Ft | 5259 sq.ft | YES [√] No [ ] | Good | Good | Verified |

| | | | |
|---|---|---|---|
| **Total No. of Nursing Books available** | 3763 | **No. of Nursing Journals subscribed** | 06 |
| **No. of Thesis/Research titles available** | 80 | **Is internet facility available for Students?** | Yes |
| **No of e-books**<br>1. Jaypee E-Books : 266<br>2. Wolter Kluwer : 12<br>3.Springer EBooks:10<br>4. Jaypee : 266<br>5. Thieme : 184 | 738 | **How many books were purchased in last financial year?** | 255 |

| Sl No. | Name of the Librarian | Qualification | Experience | Remarks |
|---|---|---|---|---|
| 1 | Mrs.Harshitha | M Lib | 13yrs | PG Verified |
| 2 | Mrs. Kavitha | B Lib | 9yrs | PG Verified |
| 3 | Mrs. Shalini | B.Lib | 8yrs | PG Verified |

**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.

**7. Academic activities:** Enclose the details of past 3 years Copy enclosed **Annexure-15**

| Academic activities | Particulars | Remarks |
|---|---|---|
| Research Projects | **Enclosed** | Verified |
| Conferences conducted | **Enclosed** | Verified |
| Conferences attended | **Enclosed** | Verified |

19/8/25

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

**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<br>City Hospital Charitable Trust<br>Kadri, Mangalore | | 200 | 5Kms | 85% | Pollution control board certificate enclosed |
| NAME OF THE TRUST/Person owning The Hospital | | City Hospital Charitable Trust | | | |
| Name Of The Owner Of The Trust of Hospital | | Dr. K Bhasker Shetty | | | |
| Affiliated hospitals- Full Name& Address of the Parent Hospital | Father Muller Hospital Kankanady, Mangalore | 1250 | 4Kms | 90% | MOU copy enclosed |
| | | | | | |
| | (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**(before2013-14)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-INCdtd 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, [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 extra ordinary part III—section 4 published by authority,[Indian Nursing Council{revised regulations and curriculum for B.Sc.(nursing) program,regulations,2020]5thJuly, 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 minimum30 years.

Verify & Attach Clinical permission letter, fee paid receipts.

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

19/8/25 19/8/25

**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 | 60 | 56 | 270 | 243 |
| Surgery including OT | 60 | 53 | 120 | 105 |
| Obstetrics & Gynecology | 20 | 13 | 180 | 150 |
| Pediatrics, | 05 | 04 | 150 | 132 |
| Emergency Medicine | 05 | 05 | 20 | 22 |
| Psychiatry | 0 | 0 | 200 | 174 |

Additional/Other Specialties/Facilities for clinical experience:

| Clinical Areas | Parent | | Affiliated | |
|---|---|---|---|---|
| | No. of Beds | Bed Occupancy | No. of Beds | Bed Occupancy |
| Major OT | 04 | 08 | 15 | 19 |
| Minor OT | 02 | 08 | 08 | 16 |
| Dental, Otorhinolaryngology, Ophthalmology | - | - | 60 | 52 |
| Burns and Plastic | 0 | 0 | 8 | 7 |
| Neonatology care unit | 05 | 04 | 10 | 08 |
| Communicable disease/ Respiratory medicine/TB& chest diseases | - | - | - | - |
| Dermatology | - | - | - | - |
| Orthopedics | 08 | 07 | 140 | 121 |
| Cardiology | 10 | 08 | 07 | 06 |
| Oncology Neurology/ Neuro - surgery | 10 | 05 | 10 | 08 |
| Nephrology/Urology | 05 | 03 | 40 | 30 |
| ICU/ICCU | 12 | 10 | 30 | 26 |
| Geriatric Medicine | - | - | - | - |
| Any other | ~~0~~ | ~~0~~ | ~~05~~ | 4 |

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

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 19/8/25

| 19 | COMMUNITY HEALTH NURSING:Annexure-17 | |
|---|---|---|
| **RURAL FIELD** | | |
| **a. Name of CHC/PHC/SC** | | **Shaktinagar Urban PHC** |
| Adopted/Affiliated | | **Affiliated** |
| Administratered by | | **State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ] |
| Distance from the Nursing Institute | | **1 KM** |
| b. Services Rendered by Health &Family Welfare Programmes | | **Immunization, Family Planning, supply of drugs etc.** |
| **URBAN FEILD:** | | |
| **a. Name of CHC/PHC/SC** | | **BONDEL PHC** |
| Adopted/Affiliated | | **Affiliated** |
| Administratered by | | **State Govt.** [√] **Municipal Corporation** [ ] **Private** [ ] |
| Distance from the Nursing Institute | | **5 Kms** |
| b. Services Rendered by Health &Family Welfare Programmes | | **Immunization, MCH services, National Health Programs, School Health Programs** |
| *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 BasicB.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** [ ] |

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 9/8/25

| | | | |
|---|---|---|---|
| **h.** | Extra curricular 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.** | Antiragging 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 | **22,757 Sq.ft** Verified PB | |
| **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 :299** | **Boys:** |
| **f.** | Total No. of rooms | **Girls :84** | **Boys:** |
| **g.** | Water Supply | **YES** √ | **NO** |
| **h.** | Electricity Supply | **YES** √ | **NO** |
| **i.** | Is Facilities available for out door 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** |

**Signature of Chairman** **Signature of Member (1)** **Signature of Member (2)** 19/8/25

**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 | NA | √ |
| **Annexure-4** | Details of Affiliated fees paid receipts | √ | |
| **Annexure-5** | Approval Status: GOK Order | √ | |
| **Annexure-6** | Approval Status: RGUHS Notification(Last3Years)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 | NA | √ |
| **Annexure-11** | Details of External /Part time Teachers | √ | |
| **Annexure-12** | Physical Facilities:<br>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/ Ramp in working condition,<br>2. Laboratories<br>3. Building related documents<br>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 Timetables | √ | |
| **Annexure-19** | List of Teachers with their Declaration forms & necessary documents | √ | |
| **Annexure–20** | RGUHS approved guide ship letters of M.Sc Nursing faculty each speciality wise | √ | |

CE copies enclosed

**Signature of Chairman** 19/8/25

**Signature of Member (1)**

**Signature of Member (2)** 19/8/25

**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:**

LIC Inspection done for Continuation of affiliation for BSc Nursing on 19/08/2025. On the day of inspection all documents Pertaining to the college building, hostel, (boys & girls), electricity (generator), drinking water facilities, wash rooms (separate for boys & girls), College Vehicle, laboratories with charts and manneriens with equipments, library with books and librerian and teaching staff were verified and found to be as per the norms.

09 (Nine) Tutors without required experience were present on the day of inspection whose declaration forms are Enclosed but they were not counted under teaching staff and they are excess staff, 01 (One) Assistant Professor deficit. Own hospital inspected & Photos enclosed, all facilities inspected were present on the day of inspection 19-08-2025. Hospital statistics of three years verified & enclosed.

Signature of Chairman

19/8/25

Kanakamma M.S.

Signature of Member (1)

19/8/25

Dr S R Jagannatha

Chairman BOS

Signature of Member (2)

19/8/25

Dr Darling 13. Bibiana

Principal

Shree Devi College of Nursing

Mangalore.

# *UNDERTAKING*

*We the Chairman and members of local inspection committee appointed by RGUHS for conduct of LIC inspection at* CITY 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* 19-08-2025 *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)** | **AC Member (Member)** | **Subject Expert (Member)** |
|---|---|---|
| | Dr SR Jayanthi<br>Chairman - BOS | Dr. Darling Babraina<br>Principal, Shree Devi college of Nursing, Mangalore |
| **Signature of Chairman** | **Signature of Member (1)** | **Signature of Member (2)** 19/8/25 |

## 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 reports oft & hard copy within 48hours 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 checklist 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 classrooms/number of teaching faculty/number of classrooms/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, photo copies 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) 19/8/25

Signature of Member (2) 19/8/25

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 CITY 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 19/08/2025 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 softcopy is submitted to RGUHS.

| Senate Member (Chairman) | AC Member (Member) | Subject Expert (Member) |
|---|---|---|
| | 19/8/25 | 19/8/25 |

Copy Enclosed

# CITY HOSPITAL RESEARCH & DIAGNOSTIC CENTRE

POUND GARDEN KADRI, MANGALORE - 575 003.
(A UNIT OF BHASKER SHETTY & CO. PVT. LTD.)
Tel. : 2217901, 2217902, 2217903, 2217904, 2217905
Fax : 0824 - 2217906
E-mail : cityhospitalmg@gmail.com, cityhospitalmangalore@hotmail.com


19-08-2025

## IN PATIENT & OUT PATIENT STATISTICS

| IP DETAILS (MAY , JUNE & JULY 2025) | |
|---|---|
| **MONTHS** | **NUMBERS** |
| May-25 | 175 |
| Jun-25 | 183 |
| Jul-25 | 170 |
| | |
| **TOTAL** | **528** |

| OP DETAILS (MAY , JUNE & JULY 2025) | |
|---|---|
| **MONTHS** | **NUMBERS** |
| May-25 | 1968 |
| Jun-25 | 1841 |
| Jul-25 | 1984 |
| | |
| **TOTAL** | **5793** |

Managing Director
CITY HOSPITAL R & D CENTRE

AC
RGUHS
19-08-2025

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

**e-Stamp**

| | | |
|---|---|---|
| Certificate No. | : | IN-KA16924096473147X |
| Certificate Issued Date | : | 13-Aug-2025 03:25 PM |
| Account Reference | : | NONACC (FI)/ kaksfcl08/ MANGALORE1/ KA-DK |
| Unique Doc. Reference | : | SUBIN-KAKAKSFCL0848737157211771X |
| Purchased by | : | PRESIDENT CITY HOSPITAL CHARITABLE TRUST |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | PRESIDENT CITY HOSPITAL CHARITABLE TRUST |
| Second Party | : | RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES |
| Stamp Duty Paid By | : | PRESIDENT CITY HOSPITAL CHARITABLE TRUST |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

Authorised Signatory
Kadri

PRESIDENT CITY HOSPITAL CHARITABLE TRUST
IN-KA16924096473147X
RS. 100
13-AUG-2025 03:25 PM

Please write or type below this line

NOTARY
M. ARUN SHETTY
GOVERNMENT OF KARNATAKA

14/8/25

CITY HOSPITAL CHARITABLE TRUST
President

Errors./Corrections Etc.

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.

# UNDERTAKING

I Dr. K. Bhasker Shetty, is the owner of the City Hospital Research & Diagnostic Centre situated at Pound Garden, Kadri, Mangaluru 575003.

This is to confirm that City Hospital Research & Diagnostic Centre is registered under KPMEA and PCB with 200 beds and the bonafide certificate has been attached.

This is to confirm that the City Hospital Research & Diagnostic Centre is functioning as a parent Hospital for City College of Nursing, "City Enclave", Shakthinagar, Mangaluru 575016.

We also confirm that our hospital is solely affiliated to City College of Nursing and is not affiliated to any other nursing College.

The information provided by us is true and correct.

Errors./Corrections Etc. NIL

Managing Director / President
CITY HOSPITAL R & D CENTRE

Notary Stamp not available in Karnataka State since 1/4/2003 hence not affixed
15/8/25
Notary, Mangalore

Sworn and signed before me this 15th day of Aug 2025 at Mangalore.
15/8/2025
Notary, Mangalore

NOTARY
M. ARUN SHETTY
Mangalore
Revenue Taluk
D.K. DISTRICT
Regd. No.
LAW LCL 75 2025
Exp. Dt - 13-5-2030
GOVERNMENT OF KARNATAKA
15/8/25

NOTARY
MANGALORE

NOTARIAL REGISTER No. 1098/2025
15/8/2025
M. Arun Shetty
ADVOCATE & NOTARY
K.S. RAO ROAD
MANGALORE 575 001

सत्यमेव जयते

# INDIA NON JUDICIAL

## Government of Karnataka

Rs. 100

**e-Stamp**

| | | |
|---|---|---|
| Certificate No. | : | IN-KA17593560601799X |
| Certificate Issued Date | : | 14-Aug-2025 12:04 PM |
| Account Reference | : | NONACC (FI)/ kaksfcl08/ MANGALORE1/ KA-DK |
| Unique Doc. Reference | : | SUBIN-KAKAKSFCL08499847088738O6X |
| Purchased by | : | CITY HOSPITAL CHARITABLE TRUST |
| Description of Document | : | Article 4 Affidavit |
| Property Description | : | AFFIDAVIT |
| Consideration Price (Rs.) | : | 0 (Zero) |
| First Party | : | CITY HOSPITAL CHARITABLE TRUST |
| Second Party | : | RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES |
| Stamp Duty Paid By | : | CITY HOSPITAL CHARITABLE TRUST |
| Stamp Duty Amount(Rs.) | : | 100 (One Hundred only) |

CITY HOSPITAL CHARITABLE TRUST IN-KA17593560601799X RS. 100 14-AUG-2025 12:04 PM

Please write or type below this line

NOTARY M. ARUN SHETTY Mangalore Revenue Taluk D.K. DISTRICT Regd.No. LAW LCL 78 2025 Expiry - 10-5-2030 GOVERNMENT OF KARNATAKA

19/8/25

CITY HOSPITAL CHARITABLE TRUST

President

Errors./Corrections Etc. NIL

**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.

## UNDERTAKING BY TRUST MANAGEMENT

I Dr. K. Bhasker Shetty, the President of City Hospital Charitable Trust situated at Pound Garden, Kadri, Mangaluru 575003 is submitting the affidavit to University.

The City Hospital Charitable Trust is running City College of Nursing 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 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.

Notary Stamp not available in Karnataka State since 1/4/2003 hence not affixed
15/8/25
Notary, Mangalore

Errors./Corrections Etc, NIL

CITY HOSPITAL CHARITABLE TRUST

Sworn and signed before me this...15th.....day of Aug.....2025 at Mangalore.
15/8/2025
Notary, Mangalore

President

NOTARY
M. ARUN SHETTY
Mangalore
Revenue Taluk
D.K. DISTRICT
Regd.No.
LAW LCL 78 2025
Expiry - 19-5-2030
15/8/25
GOVERNMENT OF KARNATAKA

NOTARY
MANGALORE

NOTARIAL REGISTER No. 1099/2025
15/8/2025

M. Arun Shetty
ADVOCATE & NOTARY
K.S. RAO ROAD
MANGALORE 575 001