



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

(77)

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors:	Chairman	Academic Council Member	Subject Expert
Name	Dr. SURESH S. KANAKANNA	Dr. S.R. Jagannatha	Dr. Darling B. Bibiana
Designation	Pt. PROFESSOR.	Chairman - BOS	Principal
Address	6-5, I.P.H.R CAMPUS QUARTERS, HESARAHATHA 2 AKK POST - BANGALORE	Professor, Dept. of Forensic Medicine, KIMS, Bangalore.	Shree Devi College of Nursing Maina Towers, Ballalbagh, Mangalore.
Mobile No	9448033228	9886334494	9886932378.
Email ID	kanakananna@gmail.com	dr.jagannathasr@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 "CITY ENCLAVE" SHAKTHINAGAR MANGALORE-575016		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	CITY HOSPITAL CHARITABLE TRUST 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 (enclose copy of Registration documents of Society /Trust)				
4	Governing Council & Audit Report of Trust	Total Number of Members in Governing Council: 06 (Enclose copy of Governing Council Members & Audit report of Society /Trust)				

copy enclosed
Annexure-1

copy enclosed
Annexure-2

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

19/8/25
Dr. Suresh S. Kanakananna

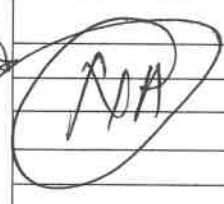
19/8/25
Dr. S.R. Jagannatha
Chairman, BOS

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

5	Details of Principal/Head of the institution	Name: Dr. Renilda Shanthi Lobo Qualification: PhD in Nursing Experience: 22 Years		Mobile No: 9844920922 Office No: 0824 2230522 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

7. Affiliation Fee Paid Details:

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				Amount
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst. Fee a) only for UG or b) for UG and PG courses c) NPCC	
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
PG Course:- (M.Sc. Nursing)	PG Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty				
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						

Remarks:

Verify & Enclose copy of Affiliation fee paid documents

Signature of Chairman

Signature of Member (1)

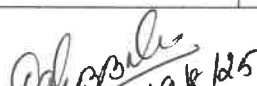
Signature of Member (2)

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)

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 be enclosed 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)

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 be enclosed and Biometric attendance to be verified and copy to be attached.

Ref: F.No.1-6/LT/2022-INC dtd 23.03.2022&RGU/ADM/CIR/01/2017-18 dtd 25.03.2017

Remarks:

Biometric of students enclosed

Biometric of teachers enclosed

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required					Existing/Available					Deficit				
		B.Sc(N)		P.B.B. Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc(N)		P.B.B. Sc (N)	M.Sc (N)	NPCC	B.Sc(N)		P.B.B. Sc(N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61to 100	20to 60			40to 60	61to 100				40to 60	61to 100			
1	Principal	1	1				1									
2	Vice-Principal	1	1				1									
3	Professor	1	1-2		1*		1									
4	Associate Professor	2	2-4		1*		2									
5	Assistant Professor	3	3-8	2	3*		1					2				
6	Tutor	8-16	16-24	2-10	--		26					—				
	Total	16-24	24-40	4-12			32					2				

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 Ratios 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 1 st 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

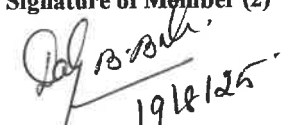
Signature of Chairman

Signature of Member (1)

Signature of Member (2)


19/8/25


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19/8/25

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

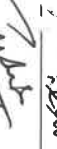
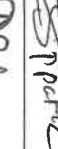
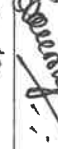
*copies included
of Teacher & Students
Biometry Attendance*

[Signature]
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature] 19/8/25
Signature of Member (2)

12.1.1.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	M.Sc Community Nursing	December 2024	121073	1 yr	6 months	10.02.2025	YES	
9.	Ms.Ashaiyoti Hosamani	Lecturer	M.Sc OBG Nursing	December 2024	108762	1 yr	3month	03.05.2025	NA	
10.	Ms.Soumya Krishna Gandavvagal	Lecturer	M.Sc OBG Nursing	December 2024	121425	1 yr	6 months	18.08.2025	NA	
11.	Mrs.Sonia Josline Dsouza	Lecturer	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 Mental Health Nursing	October 2023	153620	1 yr 9 months	01.11.2023	NA	
19.	Ms. Supreetha	Tutor	B.Sc Medical Surgical Nursing	October 2022	132410	2 years 3 months	10.03.2025	YES	
20.	Mrs. Sunitha Dmello	Tutor	PB.B.Sc Paediatrics Nursing	September 2015	27593	2 year 5 months	03.06.2024	YES	
21.	Ms. Riyamol Sojan	Tutor	B.Sc(N) OBG Nursing	October 2023	152095	1 yr 8 months	02.01.2024	YES	
22.	Ms. Adona Merin Thomas	Tutor	B.Sc(N) OBG Nursing	October 2022	137625	2 yr 8 months	05.12.2022	YES	
23.	Ms. Seeja Sebastian	Tutor	B.Sc Nursing Foundation	October 2023	153621	1 yr 9 months	01.11.2023	NA	
24.	Mrs. Neeraja Vijayakumar	Tutor	B.Sc Community Health Nursing	November 2021	124712	4 yrs 7 months	23.07.2021	YES	
25.	Ms. Ann Mariya Paulose	Tutor	B.Sc OBG	Oct 2022	140427	2 yrs 2 months	12.06.2023	YES	
26.	Ms. Sreelaya T	Tutor	B.Sc Child Health Nursing	October 2023	150516	1 yr 9 months	01.11.2023	NA	
27.	Mr. Ramesh Hitalamani	Tutor	B.Sc Child Health Nursing	Oct 2023	167577	1 yr 9 months	04.01.2023	YES	
28.	Mr. Sangeetha Satish	Tutor	B.Sc(N) Medical Surgical Nursing	April 2020	118423	4 yrs 7 months	01.09.2021	YES	
29.	Mr. Venkatesh K	Tutor	B.Sc Medical Surgical Nursing	April 2024	162504	1 yr	01.08.2024	NA	
30.	Ms. Lipsy Paulose	Tutor	B.Sc Community Health Nursing	November 2021	126197	1 yr 8 months	06.01.2024	NA	
31.	Mrs. Jesmitha Crasta	Tutor	B.Sc Child Health Nursing	August 2011	111183	2 years 10 months	01.11.2022	YES	
32.	Ms. Sreya Maria Philip	Tutor	B.Sc Child Health Nursing	October 2023	153448	1 yr 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)

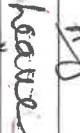
- If required attach same extra pages.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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. Anuragha 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)



For Quot

13. Particular of External Teachers (Part time)-Attach a separate sheet with this proforma. Annexure-11

SLNo.	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	PE
	P.B.B.S(N):600sqft	2 Classrooms 600sqft Each	NOT APPLICABLE	PE photo enclosed
	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.	PE
	2.Vice-PrincipalChamber	200	320Sq.ft.	PE
	3.HOD	5x200=1000	230 x5 = 1,150Sq.ft.	PE
	4.Professor/Assoc.Prof	800+2400=3200	820 +2800 = 3620Sq.ft.	PE
	5.Lecturer/Tutors			
	Institution office/Others	600		
	6.Office of Administrative, Clerical staff and PA(s)		1073Sq.ft	PE
	7.Accountants Office	100	200 Sq.ft.	PE
	8. Store Room	100	200 Sq.ft.	PE
	9.Record room	100	200 Sq.ft.	PE
	10.Room for Maintenance staff	100	200 Sq.ft.	PE
	11.Xeroxing room	100	200Sq.ft	PE
	12.common room(Girls &Boys)	600+400=1000	436 Sq.ft.	PE
	13.Multipurpose hall/Seminar hall/examination hall	3000	5470Sq.ft.	PE
	14.Toilets	1000	1020Sq.ft.	PE
	15.A.V/Aids room	600	600Sq.ft.	PE

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

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.
- Atleast 10-12 set 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

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

It is mandatory to enclose all the documents mentioned above.

copy enclosed **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 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, 2021 F.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 KA19B5428 KA 19D1850	57+2 57+2 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	all good

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 1. Jaypee E-Books : 266 2. Wolter Kluwer : 12 3. Springer EBooks: 10 4. Jaypee : 266 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	DE reviewed
2	Mrs. Kavitha	B Lib	9yrs	DE reviewed
3	Mrs. Shalini	B.Lib	8yrs	DE reviewed

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

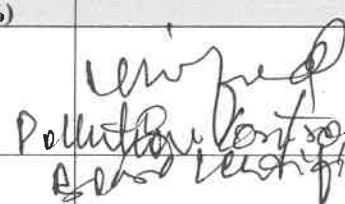
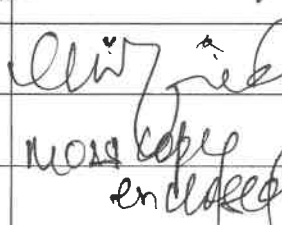
Academic activities	Particulars	Remarks
Research Projects	Enclosed	all good
Conferences conducted	Enclosed	all good
Conferences attended	Enclosed	all good

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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 City Hospital Charitable Trust Kadri, Mangalore		200	5Kms	85%	
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/Clinical permission letter)				

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

NOTE:

- If the college established, i.e., **2012-13 and before**(before 2013-14) parent hospital rule is not applicable(F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable. Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns & Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/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, [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 extra ordinary 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.

Signature of Chairman

Verify & Attach Clinical permission letter, fee paid receipts.

Signature of Member (1)

Signature of Member (2)

Remarks:

[Large handwritten scribble]

[Handwritten signature]

Signature of Chairman

[Handwritten signature]

Signature of Member (1)

[Handwritten signature]
19/8/25

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/CCU	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	COMMUNITY HEALTH NURSING:Annexure-17		
RURAL FIELD			
a. Name of CHC/PHC/SC		Shaktinagar Urban PHC	
Adopted/Affiliated		Affiliated	
Administrated 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	
Administrated 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)

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 <i>Verified (PE)</i>	
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]
Signature of Chairman

[Signature]
Signature of Member (1)

[Signature]
Signature of Member (2)

List of Annexures:*(CE) capital enclosed*

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	<i>NA</i>	✓
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	<i>NA</i>	✓
Annexure-10	List of M.Sc. Nursing Students as per format	<i>NA</i>	✓
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/ Ramp in 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 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	✓	

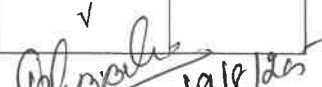
Signature of Chairman


 19/8/25

Signature of Member (1)

17

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 mannequins with equipments, library with books and librarian 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
Dr. Suresh S.
Kanakannur

Signature of Member (1)

19/8/25
Dr. S.R. Jagannatha
Chairman BOS

Signature of Member (2)

19/8/25
Dr. Darling B. Subiana
Principal
Shree Devi College of
Nursing
Mangalore

UNDERTAKING

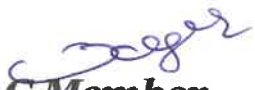
We the Chairman and members of local inspection committee appointed by
RGUHS for conduct of LIC inspection at
CITY COLLEGE OF NURSING which has applied for
continuation of affiliation for the academic year 2024-25.

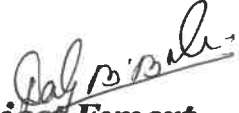
We have conducted LIC inspection of this college on 19-08-2025 and verified
the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff
Biometrics, Students attendance and the original documents pertaining to
institution. As per the Latest Minimum Standard Requirements (MSR) stipulated
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. S. K. Jayaram
Chairman - BOS

Dr. Darling Babuana
Principal, Shree Devi college
of Nursing, Mangalore


Signature of Chairman


Signature of Member (1)

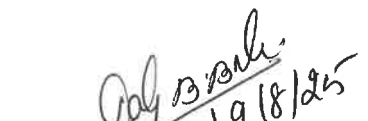

Signature of Member (2)

Instructions for reporting of Local inspections by RGUHS

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

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)





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

[Signature]

[Signature]

Managing Director
CITY HOSPITAL R & D CENTRE

ALC
RAHHS

19-08-2025



सत्यमेव जयते

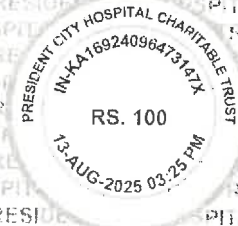
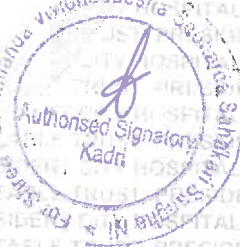
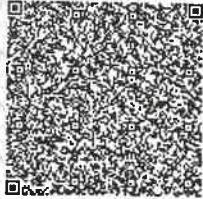
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Government of Karnataka

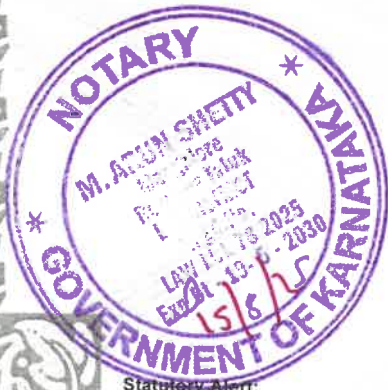
Rs. 100

e-Stamp

Certificate No. : IN-KA16924096473147X
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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)



Please write or type below this line



19/8/25

CITY HOSPITAL CHARITABLE TRUST

CERBAND
President

Errors/Corrections Etc. *nic*

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.

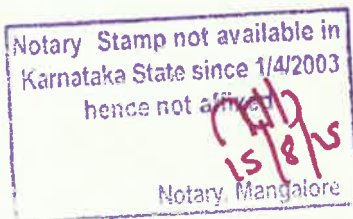
We also confirm that our hospital is solely affiliated to City College of Nursing and is not affiliated to any other nursing College.

The information provided by us is true and correct.

Errors./Corrections Etc. *ivil*

CBWP

Manjiv Director
CITY HOSPITAL R & D CENTRE



Sworn and signed before me
this *15th* day of *Aug* 202*5* at *Mangalore.*
15/8/2025
Notary, Mangalore

NOTARY
MANGALORE



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



सत्यमेव जयते

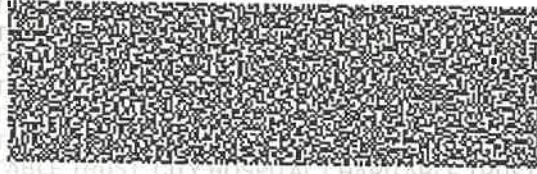
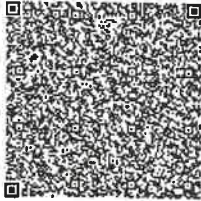
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Government of Karnataka

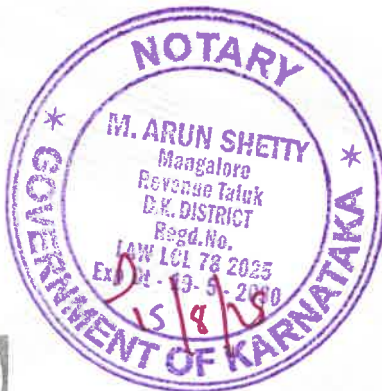
Rs. 100

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Certificate No. : IN-KA17593560601799X
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Account Reference : NONACC (FI)/ kaksfcl08/ MANGALORE1/ KA-DK
Unique Doc. Reference : SUBIN-KAKAKSFCL0849984708873806X
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)



Please write or type below this line



CITY HOSPITAL CHARITABLE TRUST

[Signature]
19/8/25

[Signature]
President

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.

Errors/Corrections Etc Nil

KARNATAKA GOVERNMENT OF KARNATAKA

-2-

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.

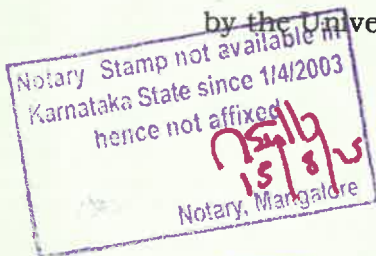
We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.

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.



Errors./Corrections Etc. NIL

CITY HOSPITAL CHARITABLE TRUST

Sworn and signed before me
this...15th...day of Aug...2025 at

President

Notary, Mangalore

**NOTARY
MANGALORE**

NOTARIAL REGISTER No.

1099/2025
15/8/2025M. Arun Shetty
ADVOCATE & NOTARY
K.S. RAO ROAD
MANGALORE 575 001