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

INSPECTION PROFORMA FOR NURSING 2025-26 AY

Details of LIC Inspectors :	Chairman	Academic Council Member	Subject Expert
Name	Dr Anoop Nair	Dr S Sankarakala reddy	Bhagyaraj B R
Designation	Associate Professor	Principal	vice principal
Address	Coast Dental college Bangalore	Shri Abel Bitou Vaigeyo medical	Sri Ramachandra College of Nursing
Mobile No	9886459375	9380656516	9019035689
Email ID	dranoopnair@yahoo.com	Sankarakala@gmail.com	bhagyarajbrg@gmail.com

Inspection For the Academic Year : **Date of Inspection:** 20-8-25

(Please Tick the Appropriate Boxes Below)

Type of Inspection:	1.Fresh Affiliation		4. Re-Inspection	
	2.Continuation of Affiliation	✓	5.Surprise Inspection	
	3.Enhancement of Seats		6. Change of Name/Address	
	7. Additional Course (M.Sc Nursing) only.			

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

1	Name of the Institution with Full Address	NEWCITY COLLEGE OF NURSING OPP. SHANEESHWARA TEMPLE KADABETTU, UDUPI – 576101	2	Year of Establishment 2010
2	Status of the course conducting body	Government / University / Autonomous / Municipal Corporation / Missionary /Trust/Society /Company ✓		
3	(a). Name of the Trust/Society & complete postal address & Phone number	THE NEWCITY HOSPITAL EDUCATION TRUST NEWCITY HOSPITAL CAMPUS, OPP. SHANEESHWARA TEMPLE KADABETTU, UDUPI – 576101 (Enclose copy of Registration documents of Society/Trust) Annexure – 1		
		Email: newcitycollege@gmail.com	Website: WWW.newcityinstitutes.in	

Signature of Chairman Member (2)
Dr Anoop Nair
Senate member

Signature of Member (1)
Dr S Sankarakala reddy

Signature of

		Office No: 0820 - 2593132	Mobile No: 9482025832
	(b). Name of the president/Secretary/ Chairman of Trust/Society & Phone No	DR. RAMESH NAIK Ph. no : 9342749251	
4	Governing Council& Audit Report of Trust	Total Number of Members in Governing Council : 6 (Enclose copy ofGoverning Council Members & Audit report of Society/Trust)Annexure - 2	
5	a) Details of Principal/Head of the institution (After MSc)	Name: MRS. SHRUTHI K NAIK Qualification: MSc NURSING Experience after MSc: 15 yrs. Email: shruthinaik450@gmail.com	Mobile No: 8296825772 Office No: 9482025832 Fax No: Residential phone No: -
	b) Drawing authority of the college		

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

7. Affiliation Fee Paid Details:

Annexure - 4

Course Applied UG Courses	Continuation / Fresh Affiliation	Particulars of fees paid for				
		Annual Fees	Renewal Fees	Administrative Charges	Helinet Inst Fee a) only for UGor b) for UG and PG courses c) NPCC	Amount
B.Sc. Nursing	Continuation affiliation	60,000	90,000	45,050	25,000	2,20,050
Post Basic B.Sc. Nursing						
					Total (A)	

PG Course:- (M.Sc. Nursing)	P G Continuation/Fresh Affiliation	No of Seats X Prescribed fees of each faculty	
	1.		
	2.		
	3.		
	4.		
	5.		
		Total (B)	

Signature of Chairman Member (2) 20/8/19

Signature of Member (1)

Signature of 20/8/19

NPCC			
		Total (C)	
		Grand Total (A+B+C)	

Online Transaction Number or Details: BD0000000 ₹553880 ZSBI1D008X3235

Remarks:

Verify &Enclose copy of Affiliation fee paid documents

8. Approval Status of the Institution &Sanctioned Intake:

Name of the Course	Intake Approved and Admitted	GOK	RGUHS	KSNC	INC	Remarks
Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Affiliation Sanctioned Intake	60	60	60	60	
	Admissions Made for the Current Academic Year					
Post Basic B.Sc. Nursing	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
a. b. M.Sc. Nursing in c. Community Health d. Medical Surgical ☐ OBG ☐ e. Paediatric ☐ Psychiatry ☐	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	
	Sanctioned Intake					
	Admissions Made for the Current Academic Year					
M.Sc. NPCC	Approval Letter No. and Date	Annexure - 5	Annexure - 6	Annexure - 7	Annexure - 8	

Signature of Chairman Member (2)

Signature of Member (1)

Signature of

	Sanctioned Intake					
	Admissions Made for the Current Academic Year					

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

Programme		I year	II Year	III Year	IV Year	Total
B.ScNursing	Male	20	9	13	14	56
	Female	40	43	42	24	149
Post Basic B.Sc Nursing	Male					
	Female					
M.Sc Nursing	Male					
	Female					
M.Sc NPCC	Male					
	Female					

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

Annexure - 9

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------

Note: Separate list to be enclosed and Biometric attendance to be verified and copy to be attached.

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

Annexure –10

Sl. No	Name of the Student	Nursing Council Registration Number	Residence Address	Place & Address of work at the time of admission (verify with experience certificate and relieving order)	Board / University from where last exam was qualified	Duration of Course with dates From------ To----------

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

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

Remarks:

12. Teaching Faculty Requirements for all Nursing Programs:

Sl. No	Designation	Required								Existing / Available				Deficit			
		B.Sc (N)					P.B. B.Sc (N)	M.Sc (N)*	M.Sc NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	NPCC	B.Sc (N)	P.B. B.Sc (N)	M.Sc (N)	M.Sc NPCC
		40 to 60	61 to 100	101 to 150	151 to 200	201 to 250	20 to 60										
1	Principal	1	1							01							
2	Vice-Principal	1	1							01							
3	Professor	1	1-2					1*		01							
4	Associate Professor	2	2-4					1*		02							
5	Assistant Professor	3	3-8				2	3*		3							
6	Tutor	8-16	16-24				2-10	--		19							
	Total	**16-24**	**24-40**				**4-12**			27							

For Example: For **40 Students Intake** minimum number of teachers required is **16** including Principal, i.e., Principal - 01, Vice Principal – 01, Professor - 01, Associate Professor - 02, Assistant Professor - 03, and Tutors-08

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

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

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

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

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

Year Wise Distribution of Faculty for B.Sc Nursing :
Start the Program i.e, for 1st Year, minimum 3 M.Sc. Nursing qualified faculty shall be appointed.)

Intake	1st Year	2nd Year	3rd Year	4th Year
40 Students Intake	**Total 5 Faculty** * 3 M.Sc. Nursing	**Total 8 Faculty** * 5 M.Sc. Nursing	**Total 12 Faculty** * 7 M.Sc. Nursing qualified	**Total 16 Faculty** * 8 M.Sc. Nursing

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

	qualified faculty * 2 Tutors	qualified faculty * 3 Tutors	faculty * 5 Tutors	qualified faculty * 8 Tutors
50 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
150 students ntake				
200 students intake				
250 students				
* **Aadhar based biometric attendance for students**				

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

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

Sl. No	Name of the teaching Faculty	Designation	Qualification along with specialty	Year of passing	KSNC Reg. Number	Teaching experience		Date of joining	Form -16 Submitted (Yes/No)	Signature of Faculty
						After UG	After PG			
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Signature of Chairman **Signature of Member (1)** **Signature of Member (2)**

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

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

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

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Enclosed

- **Note :** Identity of faculty to be verified with Govt approved ID to be verified (Aadhar/ Voter Id /PAN card/Driving Licence). Principal cum Professor- Essential Qualification: M.Sc. (Nursing) Experience: M.Sc. (Nursing) having **total 15 years experience with M.Sc. (Nursing) out of which 10 years after M.Sc. (Nursing) in collegiate program**. Ph.D. (Nursing) is desirable For Msc Nursing and NPCC programme there should be full time Research Guides available which needs to be verified with the original Guideship letters.(Student Guide ratio to be verified as per norms of RGUHS)
- If required attach same extra pages.

Signature of Chairman

Signature of Member (1)

Signature of Member (2)

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

Sl.No.	Name	Qualification	Subject	Number of Hours per Year	Remarks

14. Physical Facilities :

14.1. College Building:

Annexure - 12

S. No	Details	Required	Existing	Verified by LIC team
	Built – up area of the building (in Sq. Ft)	23,200sq.ft (40 – 60 intake)	24,800	
1	**Note:** The 23,200sq.ft only for B.Sc Nursing programme with 40-60 intake. (The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)/EC Copy/Rental Agreement registered copy			
	CLASSROOMS Size of each classroom (sq ft) for 40 to 60 intakeB.Sc (N): 900 sq ft	**4 Class rooms** 900sq ft Each	7 X 900 6,300	
2	P.B.B.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	M.Sc (N) : 600 sq ft	**2 Class rooms** 600sq ft Each	–	
	NPCC : 600sq ft	**2 Class rooms** 600sq ft Each	–	
3	**Administrative Facilities**			
	Office 1. Principal's Chamber	300	300	
	2. Vice-Principal Chamber	200	200	
	3. HOD	5 x 200 = 1000		
	4. Professor/Assoc. Prof	800+2400=3200	3,200	
	5. Lecturer/ Tutors			
	Institution office /Others 6. Office of Administrative, clerical staff and PA (s)	**600**	600	
	7. Accountants Office	**100**	100	
	8. Store Room	**100**	100	
	9. Record room	**100**	100	
	10. Room for maintenance staff	**100**	100	
	11. Xeroxing room	**100**	100	
	12. common room (Girls &	600+400= 1000	1000	

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

	Boys)			
	13. Multipurpose hall / Seminar hall/ examination hall	3000	3000	
	14. Toilets	1000	1000	
	15. A.V/Aids room	600	600	

S. No	Details	Required	Existing	Verified by LIC team
4	**LABORATORIES**	**(40-60 intake)**		
	Nursing Foundation including Adult Health Nursing & Advanced Nursing Lab	1600 sq.ft	1600	
	Nutrition & Community Health Nursing	1200sq.ft	1200	Verified
	Obstetrics and Gynecology Laboratory	900sq.ft	900	
	Pediatrics Nursing Laboratory	900sq.ft	900	
	Pre-Clinical Sciences Laboratory	900sq.ft		
	Computer Lab (1: 5 computer :student)	1500sq.ft	1000	

Note:

- One large skill lab/simulation lab can be constructed consisting of the labs specified with a total of 5500 sq.ft.size or can have five separate labs in the college.
- At least 10-12 sets of all items needed. Simulators for advance skills e.g., administration of tube feeding, tracheostomy, gastrostomy, I/V injection, BLS, newborn resuscitation model, etc.
- The laboratory should have computers, internet connection, monitors and ventilator models/manikins/ simulators for use in Critical Care Units.
- For NPCC programme there should be Simulation lab with High fidelity Mannequins and task trainers available.
- Each classroom size-900sq for 40-60 student intake & proportionately the size of the built-up area will increase/decrease according to the number of seats approved.

Classrooms and Laboratories (Verify & attach a copy of Building Plan approved by competent authority with building completion certificate)

Building Documents:

Annexure – 12

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

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

9	Town planning/Authorities approval order	

It is mandatory to enclose all the documents mentioned above.

Note:

- If the institution doesn't have own building even after 2016 withdrawal of affiliation will be initiated. .(F.NO.1-5/2014-INC dtd 29/10/2014).
- It is mandatory that **all nursing institution** shall have its own building within two years of its establishment
- If one of the trustee/member/directors of the Trust/Society/Company desires to lease the building owned by him for nursing program, it should be for a period of 30 years registered in sub registrar office. [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- Google location of college to be attached by LIC team.
- Registered lease document in sub registrar office to be submitted.

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

Total Number of Vehicles	Vehicle Registration Number	Seating Capacity	RC Book	Insurance	Driving Licience
	KA20 AA 9472 KA20 D 8639	31 15	Yes / No	Yes / No	Yes / No

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

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

Total No. of Nursing Books available	3000	No. of Nursing Journals subscribed	12
No. of Thesis/Research titles available	33	Is internet facility available for Students?	Yes
No of e-books	2	How many books were purchased in last financial year?	150

S. No.	Name of the Librarian	Qualification	Experience	Remarks
1.	Ms. Shammi	MLIB	7yrs.	

Note : A minimum of 500 different subject titled nursing books (all new editions), in the multiple of editions, total of minimum 3000 books for all batches; 3 kinds of nursing journals, 3 kinds of magazines, 2 kinds of newspapers and other kinds of current health related literature should be available in the library (for 40-60 intake)& proportionately number of titles of books and journals willincrease/decrease according to the number of seats approved.

17. Academic activities : Enclose the details of past 3 years **Annexure - 15**

Academic activities	Particulars	Remarks

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

Research Projects		
Conferences conducted		
Conferences attended		

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

18. Details of Clinical / Hospital Facilities :

Annexure - 16

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

Parent Hospital.	**Total No. Beds**	**Distance from the college**	**Occupancy on the day of inspection (min 75%)**	**Verified by LIC team**
Full Name & Address of the Parent Hospital MOU(Registered parent hospital MOU)	125	0 km		
NAME OF THE TRUST/ Person owning The Hospital THE NEW CITY HOSPITAL EDUCATION TRUST				
Name Of The Owner Of The Trust of Hospital DR. RAMESH NAIK				
Affiliated hospital 1 ASSARKAD GOVT HOSPITAL UDUPI	194	1.4 km		

Signature of Chairman

Member (2)

Signature of Member (1)

Signature of

s- Full Name & Address of the Parent Hospital					
	2 PRANAV HOSPITAL BRAMHAVAR	64	15.5km		
	3 SEON PSYCHIATRIC & REHABILITATION CENTRE (MOU/Clinical permission letter)	250	90.5km		

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

NOTE:

- If the college established, i.e., **2012-13 and before** (before 2013 -14) parent hospital rule is not applicable (F.NO.1-5/2014-INC).
- Colleges established since **2013-14** shall have 100 bedded parent hospital for opening new B.Sc Nursing Programme. But central /state govt institutions can have clinical affiliation with govt hospitals and having parent hospital is not applicable.Other specialties/facilities for clinical experience required are;-OT, Eye/ENT, Burns &Plastic, Neonatology, Communicable disease, cardiology, oncology, Neuro, Nephro, ICU/ICCU. (Reference :F.NO.1-5/2014-INC dtd 29/10/2014 and F.NO.1-6/2018-INC dtd 20/04/2018).
- With effect from 2022-23 AY, Nursing colleges**forBangalore Urban and Mangalore city should have 200 bedded Unitary/Singleallopathic parent/own hospital.**This hospital should continue to function as parent hospital'till the life of the nursing institution and not allow the hospital to be treated as Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years. (Registered MOU to be submitted in this regard). Both the college building and the parent hospital should be owned by the same trust.(Reference: The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021F.NO. 11-1/2019-INC.)
- In addition to parent hospital, to offer clinical experience/specialties the students should be sent to affiliated hospital/agencies/institutions where it is available with minimum of 50 beds. The gazette of India extraordinary part III—section 4 published by authority, [Indian Nursing Council {revised regulations and curriculum for B.Sc. (nursing) program, regulations, 2020] 5th July, 2021 F.NO. 11-1/2019-INC.)

Note

- Verify the original KPMEA documents, pollution control certificate of the hospitals to prove the ownership of the hospital and the number of beds
- Verify the MOU(undertaking) between trust member (owner of the hospital) and the trust [i.e., signed by all trustees/members/directors of Trust/Society/ Company].owning the nursing institution with the clause to the effect that the trustee/member/director of the Trust/Society/ Company would not allow the hospital to be treated Parent/Affiliated Hospital' to any other nursing institution and will be for minimum 30 years.

Verify &Attach Clinical permission letter, fee paid receipts.

Remarks:

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

18.1. Distribution of Beds

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Medical				
Surgery including OT				
Obstetrics & Gynecology				
Pediatrics,				
Emergency Medicine				
Psychiatry				

Additional/Other Specialties/Facilities for clinical experience: Annexure - 16 enclosed.

Clinical Areas	Parent		Affiliated	
	No. of Beds	Bed Occupancy	No. of Beds	Bed Occupancy
Major OT				
Minor OT				
Dental, Otorhinolaryngology, Ophthalmology				
Burns and Plastic				
Neonatology care unit				
Communicable disease/Respiratory medicine/TB & chest diseases				
Dermatology				

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Cardiology				
Oncology				
Neurology/Neuro-surgery				
Nephrology/Urology				
ICU/ICCU				
Geriatric Medicine				
Any other				

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

19	COMMUNITY HEALTH NURSING :Annexure - 17	
RURAL FILELD		
a.	**Name of CHC / PHC / SC**	Primary Health Centre, Kolelagaon
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** **Private**
	Distance from the Nursing Institute	11 km
b.	Services Rendered by Health & Family Welfare Programmes	
URBAN FEILD :		
a.	**Name of CHC / PHC / SC**	Urban Primary Health Centre, Malpe
	Adopted / Affiliated	Affiliated
	Administrate red by	**State Govt.** ✓ **Municipal Corporation** **Private**
	Distance from the Nursing Institute	6 Km.
b.	Services Rendered by Health & Family Welfare Programmes	
N.B.: A copy of the agreement for affiliation to the hospital and Health Centers to be attached.		

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

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

	M.Sc. Nursing	YES	NO

22	**Records of Students :** Are the following students records are maintained well?		
a.	Admission record	YES	NO
b.	Daily Attendance Registers	YES	NO
c.	Health Records	YES	NO
d.	Clinical and field experience record	YES	NO
e.	Practical record books - procedure record	YES	NO
f.	Practical record books - Midwifery case book	YES	NO
g.	Leave record	YES	NO

h.	Extracurricular activities of students	YES	NO
i.	Cumulative record of each	YES	NO
j.	Course planning of each subject	YES	NO
k.	Rotation plans	YES	NO
l.	Committee Meetings	YES	NO
m.	Affiliation records	YES	NO
n.	Records of Stock	YES	NO
o.	Annual report of activities and achievements	YES	NO
p.	Staff development programmes	YES	NO
q.	Anti ragging committee	YES	NO
r.	Student welfare committee	YES	NO
s.	POSHE Committee	YES	NO
t.	Prevention of Gender harassment committee	YES	NO

23	**Hostel Facilities :Annexure - 12**		
a.	Whether the college is having a separate Hostel?	YES	NO
b.	Built-up area of the Hostel	Sq.ft 2887.44	
c.	Is the Hostel Owned or Rented/Leased?	Own ✓	Rented/Leased
d.	Is there separate provision of Hostel for	YES	NO

Signature of Chairman Member (2)

Signature of Member (1)

Signature of

	Male and Female Students?		
e.	Total No. of students in the hostel	Girls : 20	Boys :
f.	Total No. of rooms	Girls :	Boys :
g.	Water Supply	YES	NO
h.	Electricity Supply	YES	NO
i.	Is Facilities available for outdoor games and indoor games?	YES	NO
j.	Is Sick room available?	YES	NO
k.	Whether the hostel mess is available with	YES	NO
l.	Safe drinking water facilities	YES	NO

List of Annexures:

Annexure Numbers	Details	Verified as per originals documents		
		Yes	NO	Signature
Annexure - 1	Details of Trust/ Society related documents	✓		
Annexure - 2	Details of Governing Council, its meetings & Audit report of Trust	✓		
Annexure - 3	Details of any other Nursing Institution under the same Trust	✓		
Annexure - 4	Details of Affiliated fees paid receipts	✓		
Annexure - 5	Approval Status : GOK Order	✓		
Annexure - 6	Approval Status : RGUHS Notification (Last 3 Years) Approval	✓		
Annexure - 7	Approval Status : KNC Notification	✓		
Annexure - 8	Status : INC Notification	✓		
Annexure - 9	List of Post Basic B.Sc. Nursing Students as per format			
Annexure - 10	List of M.Sc. Nursing Students as per format			
Annexure - 11	Details of External /Part time Teachers	✓		
Annexure - 12	Physical Facilities : 1. College Building- Own /rent /lease MOU	✓		

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

	documents, Sale deed, current year tax paid receipt, sanctioned building plan by competent authority, occupancy certificate, building accessibility-lift/ Rampin working condition, 2. Laboratories 3. Building related documents 4. Hostel			
Annexure - 13	Vehicle Details : Bus	✓		
Annexure - 14	Details of List of LibraryBooks & others	✓		
Annexure - 15	Academic Activities	✓		
Annexure - 16	Details of Clinical/Hospital Facilities- registered Hospital MOU, latest KSPCB & KPME certificate, current academic year clinical fees paid receipts from affiliated hospitals.	✓		
Annexure - 17	Details of Community Health Nursing Posting Facilities	✓		
Annexure - 18	Master Rotation plans and Time tables	✓		
Annexure - 19	List of Teachers with their Declaration forms & necessary documents	✓		
Annexure –20	RGUHS approved guideship letters of M.Sc Nursing faculty each speciality wise	✓		

Note: Verify & attach Relevant Documents (include staff declaration forms) along with this report. The recordings of the report should be clearly legible. LIC team is solely responsible for the details & remarks noted in the LIC format.

LIC Team Observations: For continuous application 25-26 as on date of inspection 27 faculty were present. Own parent hospital new city hospital with 125 beds as per KPME/PCB records. Total of 5 class rooms with audio visual aids available, library with librarian & more than 3000 books available. Separate hostel, transport facilities available. Infrastructure facilities, lab facilities available as per RGUHS norms. All relevant documents, annexures along with photographs & pendrive here by enclosed.

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

UNDERTAKING

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

We have conducted LIC inspection of this college on 20-8-25 and verified the infrastructure, Institutional facilities, Student Strength, Staff Post, Staff Biometrics, Students attendance and the original documents pertaining to institution. As per the Latest Minimum Standard Requirements (MSR) stipulated by Apex body and notification issued by RGUHS vide ref no: RGUHS/NSG/COA/2024-25, dated: 11/12/2023, we have also visited the attached hospital and verified the bed strength and clinical facility at the hospital.

The information recorded by us in the LIC reports is true and correct.

The LIC inspection report along with documents and soft copy is submitted to RGUHS.

Senate Member (Chairman)	A C Member (Member)	Subject Expert (Member)

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

Instructions for reporting of Local inspections by RGUHS

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

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

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

   b. Team shall obtain an undertaking/affidavit from he hospital in the prescribed format.

3. Submission of softcopy of Video recording, geo tagged Photography during LIC inspection is mandatory.

4. The check list should have specific comments wherever applicable.

5. Report shall not use the words Adequate/Satisfactory/ available/sufficient etc. where the specific information is sought such as Area of the land/ Dimensions of class rooms/ number of teaching faculty/ number of class rooms/Laboratories /number of books etc. Such reports will be rejected directly without the approval.

6. All ORIGINAL documents mentioned in the checklist must be verified by the team before writing comments in the report.

7. After the verification of the original documents, photocopies of the same to be collected and the copies to be attested by the seal and signature of the Principal.

8. Original Land documents to be verified: Dishaank app may be used to verify the owner's details of the particular institution.

9. For any misleading / wrong information the whole LIC team shall be made responsible.

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

We the Chairman/President/Secretary/Member of the trust _____ are submitting the affidavit toUniversity.

The trust _____ is running/managing the colleges 1. _____

2._____

3._____ since _____ years.

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

We confirm that the faculty in the college are employed for full time in the college.

We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.

We also confirm that the college is abiding to the norms of Apex body/RGUHS. As prescribed from time to time.

If any of the information declared is found to be false/misleading, Principal and the Trust management can be held responsible and suitable action can be initiated by the University.

***Note Undertaking should be given in affidavit**

Enclosed

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

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

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

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

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

The information provided by us is true and correct.

***Note Undertaking should be given in affidavit**

Enclosed

Signature of Chairman

Signature of Member (1)

Member (2)

Signature of

Signature of Chairman
Member (2)

Signature of Member (1)

Signature of

NEW CITY COLLEGE OF NURSING -TEACHING FACULTY DETAILS

SL NO	NAME OF THE TEACHING FACULTY	DESIGNATION	QUALIFICATION ALONG WITH SPECIALTY	UNIVERSITY	YEAR OF PASSING	R.N & R.M. NO	TEACHING EXPERIENCE		DATE OF JOINING	PAN NO	AADHAR NO	PHOTO	SIGN
							UG	PG					
1	MRs.SHRUTHI K NAIK	PRINCIPAL	MSC(N) COMMUNITY	RGUHS	2013	9255	3 YEARS	12 YEARS	02/01/2023	AQWPNH9532	602317238269		
2	MRs.VELLSIYA CHRISTABEL	VICE PRINCIPAL	MSC NURSING (OBG SPECIALITY)	RGUHS	2014	35637	08 YEARS	11 YEARS	01/01/2020	AMJPC1601L	622249026148		
3	MRs. JEVITA WILMA TELLIS	PROFESSOR	MSC NURSING (MEDICAL SURGICAL NURSING)	RGUGS	2013	6589	-	10 YEARS	01/01/2025	ATFPT6250K	912091443657		
4	MRs.LATHA	ASSOCIATE PROFESSOR	MSC NURSING (PAEDIATRIC NURSING)	RGUHS	2015	44810	1YEAR 3 MONTH	8 YEAR 5 MONTHS	01/06/2023	AIWPL0908L	305012753197		
5	MRs. KAVYASHREE H V	ASSOCIATE PROFESSOR	MSC NURSING (OBG SPECIALITY)	RGUHS	2017	33574	-	8 YEAR	01/05/2025	BVGPK6263B	613031535594		

Principal

Secretary

Subject Expert

6	MRs.SINDHU C	ASSOCIATE PROFESSOR	MSC NURSING (MEDICAL SURGICAL NURSING)	RGUHS	2021	88587	-	4 YEARS 3 MONTHS	02/04/2021	JLGPS8128K	331132735806		
7	Mr .MOHAN RAJU B V	ASSOCIATE PROFESSOR	MSC NURSING (COMMUNITY HEALTH)	RGUHS	2021	24055	-	5YEAR 2 MONTHS	01/07/2022	BESPR1186K	844978903255		
8	MRs. RADHIKA	LECTURER	MSC NURSING PSYCHIATRIC NURSING)	RGUHS	2023	158144	-	2 YEAR 1 MONTHS	20/06/2023	BJXPN0876J	813272980644		
9	MRs.SONY SUPRIYA	LECTURER	MSC NURSING	RGUHS	2024	68983	6 ½ YEARS	1 YEAR 2 MONTHS	01/06/2024	KSRPS4625E	706451757503		
10	Mrs.PRIYA FLAVIA ARANHA	LECTURER	MSC NURSING (MEDICAL SURGICAL NURSING)	RGUHS	2024	32597	12 YEAR	06 MONTHS	10/02/2025	AXVPA5114B	679985841618		
11	Mrs. SONIA SHARON D'SOUZA	LECTURER	MSC NURSING (COMMUNITY HEALTH NUR)	RGUHS	2024	97158	06 YEARS	06 MONTHS	10/02/2025	AZAPD8630J	446045359613		

12	MS.ANUSHA	LECTURER	MSC NURSING (PSYCHIATRIC NURSING)	RGUHS	2024	80097	06 YEARS	06 MONTHS	10/02/2025	BYHPA2985A	791177499803		
13	MRs.JANET FERNANDES	NURSING TUTOR	PB BSC NURSING	Manipal College Of Nursing	2013	61295	6 YEARS 2 MONTHS	----	01/06/2019	ABWPF7941A	652156973685		
14	MRs SHARON DAFFNEY NORONHA	NURSING TUTOR	PB BSC NURSING	RGUHS	2011	85156	5 YEARS 4 MONTHS	----	02/03/2020	APSPN8947G	344022592718		
15	MRs.PAVITHRA RAMESH POOJARY	NURSING TUTOR	BSC NURSING	RGUHS	2019	103980	5 YEARS 7 MONTHS	----	01/01/2020	DQFPP4566Q	662217364859		
16	MRs. NISHA KEFIYA	NURSING TUTOR	PB BSC NURSING	RGUHS	2011	115089	8 YEARS 2 MONTHS	----	01/05/2017	ESJPK8836B	281084916102		
17	MRs.SHARLET VINUTHA SOANS	NURSING TUTOR	BSC NURSING	RGUHS	2004	1974	5 YEARS	----	03/01/2022	EPBPS5327J	635212572153		

18	MRs. JOSVITA	NURSING TUTOR	PBBSC NURSING	MANIPAL COLLEGE OF NURSING	2018	175661	2 YEARS	----	01/08/2023	CQOPD2049E	616576289815	
19	MRs. RAKSHITHA	NURSING TUTOR	BSC NURSING	RGUHS	2016	80912	8 YEARS 6 MONTH	-	01/01/2024	DNIPR2302L	255534636314	
20	MRs. NAMANASHREE	NURSING TUTOR	PB BSC NURSING	RGUHS	2021	214201	3 YEAR 4 MONTHS	----	01/04/2022	BPEPN7131K	655828124679	
21	Ms.RANJITHA	NURSING TUTOR	PB BSC NURSING	RGUHS	2021	234085	3 YEARS 1 MONTHS	----	13/07/2022	EMEPR3356C	921415957626	
22	MS.SHWETHA	NURSING TUTOR	BSC NURSING	RGUHS	2022	132956	2 YEAR 8 MONTHS	-----	1/12/2022	QJVPS5837R	515413718723	
23	MRs .RACHANA	NURSING TUTOR	BSC NURSING	RGUHS	2021	118068	3 YEAR 7 MONTHS	----	04/01/2022	FLVPR3092E	515311426686	

24	Ms. SHRUTHI RAVINDRA NAYAK	NURSING TUTOR	BSC NURSING	RGUHS	2023	151142	06 MONTH	----------	10/02/2025	CAFPN0409P	956438779956		
25	Ms. SANGEETHA S POOJARY	NURSING TUTOR	BSC NURSING	RGUHS	2023	151165	01 YEAR 09 MONTHS	---------	17/03/2025	LWGPS5282M	624377800286		
26	MS.DEEKSHITHA	NURSING TUTOR	BSC NURSING	RGUHS	2023	151163	01 YEAR 6 MONTHS	----------	02/06/2025	FTOPD4111D	200527101863		
27	MR. PRAKASH	NURSING TUTOR	BSC NURSING	RGUHS	2021	124997	02 YEARS		01/08/2023	DTLPG0880F	755088933805		

सत्यमेव जयते

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Government of Karnataka

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Certificate No.	:	**IN-KA18696021216222X**
Certificate Issued Date	:	16-Aug-2025 11:22 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ UDUPI7/ KA-UD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0852072657508840X
Purchased by	:	DR RAMESH NAIK NEW CITY HOSPITAL EDU TRUST
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR RAMESH NAIK NEW CITY HOSPITAL EDU TRUST
Second Party	:	THE REGISTRAR RGUHS
Stamp Duty Paid By	:	DR RAMESH NAIK NEW CITY HOSPITAL EDU TRUST
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

CHATRAPATHI SHIVAJI MULTIPURPOSE CO-OP. SOCIETY LTD. Reg. No. 46294 KARTHIK TOWERS, COURT ROAD, UDUPI

Please write or type below this line

NOTARY Divakar M. Shetty UDUPI Dist Reg. No.6489 GOVT. OF INDIA

AFFIDAVIT

Date: 20th August 2025

For THE NEW CITY HOSPITAL EDUCATION TRUST

CHAIRMAN

18/8/25

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.

I, Dr.Ramesh Naik, the Chairman of **NEW CITY HOSPITAL EDUCATION TRUST(R)** submitting the affidavit to university.

1. That the **NEW CITY HOSPITAL EDUCATION TRUST** is running/managing the New City College of Nursing,Udupi since 15 years.
2. We confirm that all the information provided by us to the LIC team is true and correct to the best of our knowledge.
3. We confirm that the faculty in the college are employed for full time in the college.
4. We also confirm that the college is solely managed by the trust and is not leased/sub leased to any other trust/agency to manage the college.
5. We also confirm that the college is abiding to the norms of apex body RGUHS. As prescribed from time to time.

NOTARY GOVT. OF INDIA Divakar M Shetty UDUPI Dist Reg. No.6489

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.

SIGNED BEFORE ME

NOTARY UDUPI

For THE NEW CITY HOSPITAL EDUCATION TRUST

CHAIRMAN

[redacted] 16/8/2021

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

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Certificate No.	:	IN-KA18692407872325X
Certificate Issued Date	:	16-Aug-2025 11:21 AM
Account Reference	:	NONACC (FI)/ kacrsfl08/ UDUPI7/ KA-UD
Unique Doc. Reference	:	SUBIN-KAKACRSFL0852084910478993X
Purchased by	:	DR SADHANA R NAIK NEW CITY HOSPITAL UDUPI
Description of Document	:	Article 4 Affidavit
Property Description	:	AFFIDAVIT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	DR SADHANA R NAIK NEW CITY HOSPITAL UDUPI
Second Party	:	THE REGISTRAR RGUHS
Stamp Duty Paid By	:	DR SADHANA R NAIK NEW CITY HOSPITAL UDUPI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

CHHATRAPATHI SHIVAJI MULTIPURPOSE CO-OP. SOCIETY LTD. Reg. No. 46294 KARTHIK TOWERS, COURT ROAD, UDUPI

Please write or type below this line

NOTARY Divakar M. Shetty UDUPI Dist Reg. No.6489 GOVT. OF INDIA

18/8/25

AFFIDAVIT

Date: 20th August 2025

For NEW CITY HOSPITAL

Proprietor

UNDERTAKING

I/We, is/are the Owners/MD/CEO/Board Members of the Sadhana R Naik, New City hospital situated at New City Hospital Campus, Opp Shanishwara Temple, Kadabettu Udupi.

This is to confirm that our hospital, New City Hospital is registered under KPMEA and PCB with 125 beds and the bonafide certificate has been attached.

This is to confirm that the New City Hospital is functioning as affiliated/parent/own hospital for New City College of Nursing, Udupi.

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

The information provided by us is true and correct.

NOTARY Divakar M. Shetty UDUPI Dist Reg. No.6489 GOVT. OF INDIA

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

SIGNED BEFORE ME

For NEW CITY HOSPITAL

NOTARY UDUPI

336 18/8/2025

Proprietor


PRINCIPAL
NEWCITY COLLEGE OF NURSING
Newcity Hospital, Udupi - 576 101
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NEWCITY HOSPITAL
UDUPI
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