Raja Ka Bagh

A Hospital Built In

An eleven-kanal highway-frontage property in Nurpur — ready for conversion into a 50–60 bed specialty hub or a 70–90 bed multi-specialty hospital, serving a 600,000+ catchment with no tertiary care nearby.

11 KANALS · NH154 FRONTAGE · NURPUR HIMACHAL PRADESH

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Contents

SECTION 01

Executive Summary

An eleven-kanal freehold property on the Pathankot–Mandi National Highway (NH154) in Nurpur, Kangra district, Himachal Pradesh, is being offered for outright sale or long-term lease to a healthcare operator. The asset comprises a built-up complex currently functioning as a boutique hotel (16 keys with attached toilets) and restaurant — a built form that maps almost directly onto a hospital plan, and that supports two distinct configurations at the operator's option.

Path A — Focused specialty hub (~50–60 beds). Five integrated wings — Mother & Child, Eye Care, Diagnostics & Imaging, Physiotherapy & Rehabilitation, and a NABL-ready Pathology Lab — anchored by shared specialty in-patient rooms on the ground and first floors and a 10–15 bed step-down ward in the rear hall. Capex-light, fastest to first OPD (4–6 months). Best for doctor-entrepreneurs, specialty chains, and diagnostic / pathology operators.

Path B — Full multi-specialty hospital (~70–90 beds). Same five wings plus a 30–40 bed general ward in the rear pillared hall, modular OTs and a small ICU in the factory wing, full out-patient flow. Best for hospital chains and healthcare investors building scale in the under-served Pathankot–Kangra belt.

The opportunity is built on a clear structural gap: there is no tertiary-care hospital in the immediate Nurpur–Jassur–Indora belt. Patients today travel ~20 km across the state border to Amandeep Hospital in Pathankot, or ~63 km to Fortis Kangra, or ~68 km to Tanda Medical College — both a 1.5+ hour drive on the hill highway. The catchment across Nurpur, Indora, Fatehpur and Jawali tehsils exceeds 600,000.

600K+	0	50–90	11
CATCHMENT	TERTIARY HOSPITALS	POTENTIAL BEDS	KANALS ON NH154

Two commercial structures on offer: (i) outright purchase (price on application), or (ii) a long-term lease to a hospital operator at terms to be negotiated.

SECTION 02

The Healthcare Gap

No tertiary care between Pathankot and Kangra

Nurpur tehsil alone counts ~176,525 residents per the 2011 Census, now estimated to exceed 210,000. Combined with adjacent Indora, Fatehpur and Jawali tehsils, the practical catchment crosses 600,000. This catchment is served today by:

FACILITY	DISTANCE	ROLE & LIMITATIONS
Civil Hospital, Nurpur	In Nurpur town	District-level secondary care; capacity-constrained, no tertiary services
Amandeep Hospital, Pathankot (Mamun)	~20 km	Across the state border in Punjab; nearest private multi-specialty
Fortis Hospital, Kangra	~63 km	Tertiary, 100-bed NABH; on hill highway, 1.5+ hr drive
Dr. R. P. Govt. Medical College, Tanda	~68 km	Government tertiary teaching hospital; same drive

> *Patients in the Nurpur–Jassur belt who need cardiac, neurological, advanced obstetric or oncology intervention today must cross the state border to Pathankot — or face a 60+ kilometre, 1.5+ hour drive on the Kangra hill highway to Fortis or Tanda. In emergencies, that travel time is the difference between life and death.*
>
> CATCHMENT HEALTH ASSESSMENT

SECTION 03

Why This Property

Aerial view — property fronting NH154 with median exit visible. Critical for ambulance ingress and egress.

A built form that maps onto a hospital plan

CURRENT USE	SQ FT / COUNT	DIRECT HOSPITAL CONVERSION
16 hotel rooms with attached toilets	~250–290 sq ft ea.	30–40 single / twin-share in-patient beds
Rear pillared hall	~2,300 sq ft	30–40 bed general ward
Reception area	~675 sq ft	Patient registration & OPD waiting
Restaurant + sitting halls	~1,500 sq ft	Out-patient consultation rooms; cafeteria
Bar / lounge	~270 sq ft	Pharmacy or sample-collection counter
Kitchen (commercial)	~760 sq ft	Hospital dietary kitchen — FSSAI-ready
Upper-floor sitting hall	~890 sq ft	Day-care / minor-procedure / 10–12 beds
Factory wing (rear)	~3,000+ sq ft	OT, ICU, radiology, in-house lab
Parking	~11,000 sq ft	Ambulance bays + visitor parking
Staff quarters	Multiple	On-site nursing / housekeeping

SECTION 04

The Five Specialty Wings

Whether the operator commissions the property as a 50–60 bed specialty hub or the full 70–90 bed multi-specialty hospital, the underlying clinical anatomy is the same: five integrated specialty wings, each mapped to a specific space in the existing built form. Capacities below are illustrative — built around the rooms, halls, and clean-room infrastructure as they stand today.

WING	EXISTING SPACE	INDICATIVE CAPACITY
Mother & Child	Second floor — 3 rooms + ~1,400 sq ft hall	Labour room, 8–12 post-natal rooms, 4-bed neonatal nursery, paed. OPD
Eye Care	Upper-floor sitting hall — ~890 sq ft	Cataract day-care OT, ophthalmology OPD, 4–6 day-care recovery beds
Diagnostics & Imaging	Factory wing main hall — ~1,500+ sq ft	X-ray (200mA), USG, ECG, audiometry; expansion path to CT
Physiotherapy & Rehab	Ground-floor flex space — ~400 sq ft	4–6 electrotherapy bays, traction unit, exercise corner
Pathology Lab	Factory wing clean rooms — ~1,500 sq ft	Haematology, biochemistry, microbiology; NABL-ready, B2B hub

Plus shared in-patient capacity: the 12 hotel-format rooms on the ground and first floors (attached toilets, ~250 sq ft each) become **24 twin-share specialty in-patient rooms** serving every wing — post-op stays, observation, overnight maternity overflow. In the **multi-specialty configuration**, the rear pillared hall is partitioned into an additional **30–40 bed general ward**; in the **specialty hub configuration**, the same hall serves as a 10–15 bed step-down / day-care ward for short-stay post-op, IV-therapy, and dialysis day-care.

SECTION 05

Indicative Conversion Plan

Existing hotel rooms with attached toilets — directly convertible to single-share / twin-share wards.

Suggested phased plan — common to both paths

- **Phase 1 (Months 0–4):** Stand up the **Pathology lab** in the clean-room wing, basic **Diagnostics** (X-ray, USG, ECG) in the factory main hall, OPD in the former restaurant block, pharmacy in the lounge, and casualty / triage at the highway entrance. Open for out-patient and walk-in diagnostic volume.
- **Phase 2 (Months 4–8):** Commission the **Mother & Child wing** on the second floor, the **Eye Care** day-care OT on the upper hall, and the **Physiotherapy** bay. Bring up the 24 shared specialty in-patient rooms on the ground and first floors. The rear hall is partitioned into a 10–15 bed step-down / day-care ward. **Specialty hub is operational at this point — 50–60 functional specialty beds.**
- **Phase 3 (optional, Months 8–12):** For the full multi-specialty configuration, expand the rear hall into a **30–40 bed general ward** and convert factory rooms into 1–2 modular OTs and a 4–6 bed ICU. Total capacity: **~70–90 beds** across maternity, paediatrics, specialty day-care, general ward, and OT recovery.
- **Year 2+:** Add a CT scanner, expand specialty OPDs (cardiology, orthopaedics, ENT, dental, dialysis), and pursue vertical expansion to take total capacity past 100 beds if catchment demand sustains.

Why this is faster & cheaper than greenfield

- Land acquisition complete (highway-front parcels of 11 kanals are rare in this belt)
- Civil shell built — no foundation work, no weather delays
- Power, water, drainage, kitchen, parking all in place
- Direct median exit and ambulance approach — operational on day one
- Local hospitality staff already trained — transferable to hospital ops

Indicative timeline and bed counts are illustrative; the final clinical plan is the operator's decision. The vendors will provide CAD floor plans, electrical & plumbing layouts, and site access for any qualified architect or hospital planner.

SECTION 05

Operational Features

Ambulance bays & visitor parking

~11,000 sq ft of palm-shaded, walled parking with a generous turning circle suitable for ambulance manoeuvring. Comfortably accommodates dedicated ambulance bays, attendant parking for in-patient families, OPD visitor spill-over, and staff vehicles.

Upper-floor sitting hall — flexible clinical or service use

An additional smaller upper-floor hall — useable as a day-care / minor-procedure space, doctors' assembly, or CME training room. Adjacent to the kitchen and serviced by the existing back-of-house team.

SECTION 06

Ground Floor at a Glance

The ground floor reads as three contiguous bands across the ~378 ft highway frontage: **(left)** the parking forecourt and arrival lawn; **(centre)** the large hall and current tea/honey manufacturing block — the cleanest, most flexible body of space on the parcel; **(right)** the existing hotel rooms, restaurant, bar and kitchen — already finished to a high standard, directly convertible to wards and OPD.

Ground floor — measured drawing. Single contiguous parcel; ~11,000 sq ft parking on the western edge; HALL (55'10" × 41'5") in the centre; hotel rooms 101–106, restaurant, bar and kitchen on the eastern wing; tea-honey manufacturing rooms above the hall.

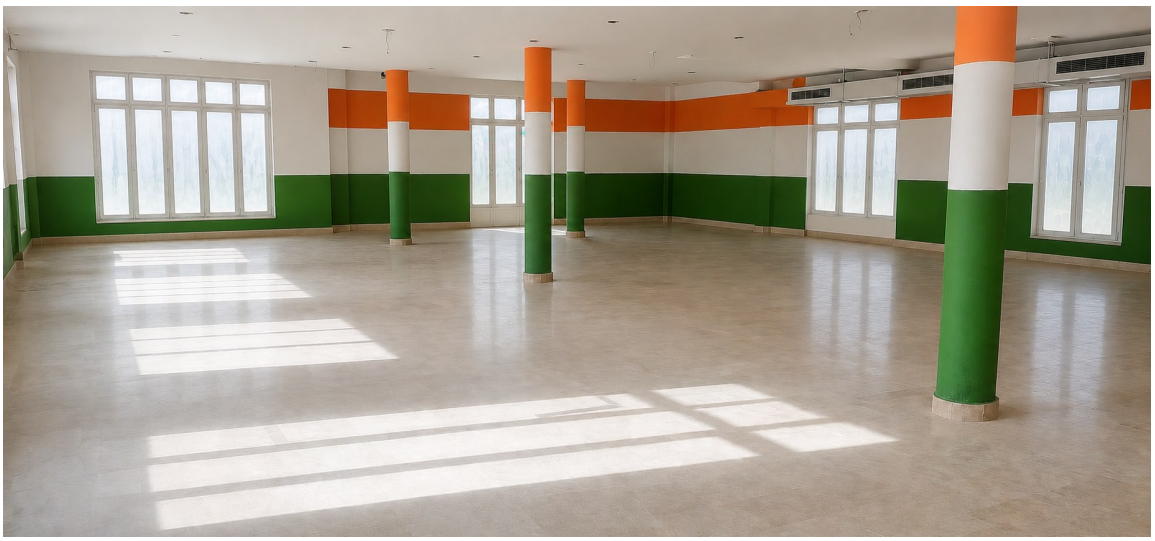
First and second floor plans are available on request. The vendors will provide CAD originals, electrical and plumbing layouts, and a measured site survey to any qualified architect or hospital planner.

SECTION 07

The General Ward Hall

Behind the main building sits a **~2,300 sq ft column-supported hall** with double-height windows on three sides, a polished tile floor, and air-handler infrastructure already in place. Its open-plan footprint is one of the most valuable conversion assets on the property: with light partitioning and bed-rail installation it becomes a **30–40 bed general ward** on a single floor.

Pillared open hall with continuous high windows — natural light on three sides, good ventilation, polished hard floor.



Alternate uses: post-operative recovery bay, dialysis floor, maternity ward, or Ayushman Bharat in-patient block. Pillar spacing accommodates 8-ft inter-bed gaps with clear visualisation from a central nurses' station.

SECTION 08

Factory Wing — Labs & Departments

Because the rear of the property currently houses **Himalayan Amrit**'s FSSAI-licensed herbal tea and honey manufacturing, several rooms already operate to clean-room standards — PPE workflows, sealed surfaces, instrument benches, and a small in-house analytical lab. For a healthcare operator, the diagnostic, sample-processing, and pharmacy infrastructure does not need to be built from scratch — only re-licensed and equipped.

Top-left: *in-house analytical lab — moisture analyser, weighing balance, desiccator, sample storage; directly re-purposable as a hospital pathology / biochemistry lab.* ***Top-right:*** *processing room with stainless equipment, conveyor, and distillation tank — same hygiene discipline a hospital pharmacy or IV-preparation room requires.* ***Bottom-left:*** *sample-prep / quality-control room with staff in full PPE.* ***Bottom-right:*** *large herbal sorting hall — easily repurposed as a central sterile-supply / specimen-sorting bay.*

SECTION 09

Location & Access

Side elevation with Firangi Dhaba signage above — visible to highway traffic from both directions.

The property fronts the newly four-laned **NH154 (Pathankot–Mandi National Highway)** and is equipped with a **direct median exit** — a critical operational feature for emergency ambulance access. The Jassur flyover sits ~1 km away, knitting the property into the long-distance traffic flow between Punjab (Pathankot) and the Kangra valley.

CATCHMENT NODE	DISTANCE / DRIVE TIME
Nurpur town & Civil Hospital	Local — same tehsil
Jassur (sub-divisional hub)	Adjacent on NH154
Pathankot town & junction	~23 km
Amandeep Hospital, Pathankot	~20 km
Fortis Hospital, Kangra	~63 km · ~1.5+ hr
Tanda Medical College	~68 km · ~1.5+ hr
Pong Dam & Wildlife Sanctuary	~30 km

SECTION 10

Commercial Terms

Option 1 — Outright purchase

Price on application for the freehold eleven-kanal parcel with all built structures, parking, and infrastructure. Title clear, single-family ownership for ~40 years. Buyer takes vacant possession of hotel + restaurant operations on a mutually agreed cutover date (typically 90 days from definitive agreement).

Option 2 — Long-term lease

We will entertain a long-term lease (15–30 years) to a credible hospital operator. Rental, lock-in, escalation, and fit-out arrangements are open to discussion. Indicative rental expectations are in line with standard 7–9% yield on the freehold valuation, subject to negotiation, anchor-tenant creditworthiness, and lease tenure.

Option 3 — Lease-to-own / partnership

Hybrid structures are welcome — lease-to-own with milestone purchase options, or a partnership in which the family contributes the land and built form against an equity stake in the hospital business.

What's included in any option

- Land, building, civil infrastructure, drainage, power backup
- Existing kitchen, parking, terraces, and staff accommodation
- Detailed CAD floor plans for architect / planner
- Cooperation with required regulatory transitions (state health licensing, NABH preparation)
- Local hiring assistance — many of the existing hospitality staff are local and reliable

SECTION 11

Why Us · Why Now

Who we are

The premises was originally established as a pharmaceutical manufacturing unit, and has been held by the same family for ~40 years. From **1994** it was converted into a dual-use facility: the boutique hotel and restaurant on the front section (now trading as **Raja Ka Bagh** & **Firangi Dhaba** — *rajakabagh.com*), and a herbal tea and honey factory on the rear (now trading as **Himalayan Amrit**). We are professionalising the family portfolio and inviting a healthcare operator to put this asset to a use that the region urgently needs.

Why now

- The Pathankot–Mandi NH154 is largely operational, opening up the asset to its full traffic potential.
- There is no announced or under-construction tertiary hospital in the Nurpur–Jassur–Indora belt. First-mover advantage in healthcare is durable.
- Government and CSR healthcare funding is increasingly available for rural and semi-urban Himalayan deployments under PM-JAY, Ayushman Bharat, and state schemes.
- Existing built form means an operator can be in OPD-and-pharmacy operation within 4–6 months of takeover, not 18–24 months as for a greenfield project.

> *A region with a gap, and the one property ready to fill it.*
>
> THE OPPORTUNITY, IN ONE LINE

SECTION 12

Process & Contact

How to engage

- **Expression of interest:** a short email or call from a principal, healthcare investor, or empanelled property advisor.
- **NDA + data room:** on signature, we share land records, sanctioned plans, regulatory licences, and detailed measured drawings.
- **Site visit & architect walk-through:** by appointment.
- **Indicative term sheet:** non-binding LOI with broad commercial structure (purchase / lease / hybrid).
- **Definitive documentation & handover:** 60–90 days, standard.

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This memorandum is confidential and intended only for the recipient. The healthcare gap analysis, catchment figures, and conversion plan are presented in good faith and may be independently verified during due diligence.