



Government of Jharkhand

Receipt of Online Payment of Stamp Duty

NON JUDICIAL

Receipt Number : 673f9128ca989e13b464

Receipt Date : 28-Aug-2026 10:57:44 am

Receipt Amount : 100/-

Amount In Words : One Hundred Rupees Only

Document Type : Agreement or Memorandum of an Agreement

District Name : Ranchi

Stamp Duty Paid By : IRIS SUPERSPECIALITY EYE CARE CENTRE RANCHI

Purpose of stamp duty paid : MEMORANDUM OF UNDERSTANDING MOU

First Party Name : IRIS SUPERSPECIALITY EYE CARE CENTRE RANCHI

Second Party Name : GOSSENOR COLLEGE RANCHI

GRN Number : 2604364407

∴ This stamp paper can be verified in the jharnibandhan site through receipt number ∴



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इस रसीद का उपयोग केवल एक ही दस्तावेज पर मुद्रांक शुल्क का भुगतान के प्रमाण हेतु ही किया जा सकता है। पुनः प्रिन्ट कर अथवा फोटो कॉपी आदि द्वारा इसी रसीद का दूसरे दस्तावेज पर मुद्रांक शुल्क का भुगतान के प्रमाण हेतु उपयोग भारतीय मुद्रांक अधिनियम, 1899 की धारा 62 अन्तर्गत दण्डनीय अपराध है।

Prof. Incharge
Gossner College
Ranchi

Signature



MEMORANDUM OF UNDERSTANDING (MoU)

Between
IRIS SUPERSPECIALITY EYE CARE CENTRE, RANCHI
and
GOSSENOR COLLEGE, RANCHI

Date: 31.08.2024
Place: Ranchi

1. PARTIES TO THE MoU

This Memorandum of Understanding (MoU) is entered into between:

IRIS SUPERSPECIALITY EYE CARE CENTRE, RANCHI, having its office at Orchid Tower, Line Tank Road, Ranchi, hereinafter referred to as the **"IRIS EYE Hospital"**,

AND

Gossenor College, a distinct Christian college affiliated to Ranchi University, Ranchi, Niral Enen Horo Marg, G.E.L. Church Compound, Ranchi – 834001, Jharkhand, hereinafter referred to as the **"Gossenor College."**

The Hospital and the College shall collectively be referred to as the **"Parties."**

2. PURPOSE OF THE MoU

The purpose of this MoU is to establish a mutually beneficial arrangement under which students, teaching staff, non-teaching staff and dependent of staffs of Gossenor College may avail themselves of eye-care and related healthcare services at IRIS EYE HOSPITAL at preferential rates.

3. SPECIAL DISCOUNT AND OPD BENEFIT

The Hospital agrees to provide the following benefits to eligible beneficiaries of Gossenor College:

1. **10% discount** on investigations and procedures, subject to the Hospital's applicable terms and conditions.
2. **First OPD Consultation – FREE** for eligible beneficiaries under this MoU.
3. Subsequent OPD consultations shall be charged as per the Hospital's prevailing tariff.
4. The benefits shall be available upon presentation of an appropriate authorization/referral from the College.
5. The discount shall not be applicable to medicines, outsourced services, or any other items specifically excluded by the Hospital's policy.

Prof. Ancharya
Gossenor College
Ranchi



4. SERVICES COVERED

The arrangement may include, subject to availability:

- Ophthalmic OPD consultation
- Eye examinations and diagnostic investigations
- Minor and major ophthalmic procedures
- Surgical procedures
- Other eye-care services provided by IRIS EYE HOSPITAL

The exact applicability of the discount shall be determined according to the Hospital's prevailing tariff and policies.

5. RESPONSIBILITIES OF IRIS EYE HOSPITAL

IRIS EYE HOSPITAL shall:

- Provide quality eye-care services to eligible beneficiaries.
- Extend the agreed benefits under this MoU.
- Maintain appropriate patient records and confidentiality.
- Provide necessary guidance regarding investigations, treatment and follow-up.
- Arrange half yearly Eye Screening camp at Gossenor college.

6. RESPONSIBILITIES OF GOSSENOR COLLEGE

Gossenor College shall:

- Inform eligible students and staff about the benefits available under this MoU.
- Provide valid identification/authorization wherever required.
- Nominate a coordinator for communication with the Hospital.
- Encourage eligible beneficiaries to follow the Hospital's appointment and service procedures.

7. IDENTIFICATION OF BENEFICIARIES

The benefits under this MoU shall be available to:

- Students of Gossenor College
- Teaching staff
- Non-teaching staff
- Dependent of the staff members.

Beneficiaries may be required to produce a valid official authorization.

8. FINANCIAL TERMS

Prof. Inchar's
Gossenor College
Ranchi



All charges shall be based on the Hospital's prevailing tariff applicable on the date of service. The agreed **10% discount** shall be applied to eligible services as specified in this MoU.

The Hospital shall have the right to revise its tariff from time to time.

9. CONFIDENTIALITY

Both Parties shall maintain confidentiality of any personal, medical, institutional or other information exchanged in connection with this MoU, in accordance with applicable laws and professional standards.

10. TERM AND VALIDITY

This MoU shall remain valid for a period of **Two (2) years** from the date of signing, unless terminated earlier by either Party.

The MoU may be renewed by mutual written consent of both Parties.

11. TERMINATION

Either Party may terminate this MoU by providing **30 days' written notice** to the other Party.

Termination shall not affect services already availed or commitments already made before the effective date of termination.

12. AMENDMENT

Any amendment, modification or addition to this MoU shall be valid only when made in writing and signed by authorized representatives of both Parties.

13. DISPUTE RESOLUTION

Any dispute arising out of or in connection with this MoU shall first be resolved amicably through mutual discussion between the authorized representatives of both Parties.

14. NON-EXCLUSIVITY

This MoU is non-exclusive, and both Parties shall remain free to enter into similar arrangements with other organizations.

15. ACCEPTANCE

Both Parties acknowledge that they have read, understood and agreed to the terms and conditions contained herein and voluntarily enter into this MoU for mutual benefit and the welfare of students and staff of Gossner College.


Prof. Incharge
Gossner College
Ranchi




FOR IRIS EYE HOSPITAL

Authorized Signatory:

Name: Mr. Siddhant Jain

Designation: Partner

Signature: [Signature]

Date: 31/08/2026

Official Seal:

FOR GOSSENOR COLLEGE

Authorized Signatory:

Name: Prof. Elani Pury

Designation: Assistant Professor

Signature: [Signature]

Date: 31/08/2026

Official Seal: [Signature]

Prof. Elani Pury
Gossner College
Ranchi





Form 3 Annexure

PROVISIONAL CERTIFICATE FOR THE REGISTRATION OF CLINICAL ESTABLISHMENT

Provisional registration No: 2036401788

1. Name of the Clinical Establishment: IRIS SUPER SPECIALITY EYE CARE CENTRE
2. Address: ORCHID TOWER, LINE TANK ROAD, RANCHI - 834001
3. Owner of the Clinical Establishment: DR. SUBODH KUMAR SINGH
4. Name of Person in charge: DR. SUBODH KUMAR SINGH
5. System of Medicine: ALLOPATHY
6. Type of Establishment: IN PATIENT & OUT PATIENT

Is hereby provisionary registered under the provisions of Clinical Establishment (Registration and Regulation) Act 2010 and the Rules made there under.

This authorization is subject to conditions as specified in the rules in force under the Clinical Establishments (Registration and Regulation) Act 2010 and the rules made there under.

This certificate remains valid for one year from the date of issue (or signature).

Important Note:

If the CEA portal becomes operational during this period, submission of an online application will be mandatory.

Subodh
18/07/2013
DISTRICT DATA MANAGER
DHS (CS OFFICE)
RANCHI

18.7.2013
Designation of the Issuing Authority
CIVIL SURGEON CUM
CHIEF MEDICAL OFFICER
RANCHI

District Registration Authority
Address: CIVIL SURGEON OFFICE
SADAR HOSPITAL CAMPUS
RANCHI

7277851655
Phone number in case of Grievances



दिनांक-01.06.2026

सेवा में,

ILIKA ESTATES PVT LTD.,

ORCHID TOWER, LINE TANK ROAD, RANCHI-834001.

विषयः—

IRIS Eye Hospital, Orchid Tower, Line Tank Road, अस्पताल भवन का अग्नि-सुरक्षात्मक अनापत्ति प्रमाण-पत्र का नवीकरण।

उपर्युक्त विषयक आपके द्वारा ऑन-लाईन भेजे गये प्रस्ताव के आलोक में निर्मित संबंधित आग्रे हाउस, राँची भवन में कराये गये अग्नि-सुरक्षात्मक उपायों की भौतिक जाँच प्रभारी अग्निशामालय पदाधिकारी, धनबाद से कराई गई। उनके ज्ञापांक-484 दिनांक-30.05.2026 के द्वारा समर्पित जाँच प्रतिवेदन एवं की गई अनुशंसा के आलोक में निम्न शर्तों के अधीन अनापत्ति प्रमाण-पत्र का नवीकरण निर्गत किया जाता है कि :-

1. Set-Back Area को हर समय किसी भी प्रकार के अवरोध से पूरी तरह मुक्त रखेंगे।
2. अस्पताल भवन तक जानेवाली पहुँच पथ को किसी प्रकार से कभी भी बाधित नहीं रखा जायेगा।
3. अस्पताल भवन में निर्धारित अन्तराल पर सभी उपकरणों का संधारण सुनिश्चित किया जाय। संधारण के अभाव में ये उपकरण बेकार भी हो सकते हैं।
4. अस्पताल भवन में किसी भी Fire Extinguisher को प्रयोग में लाने के बाद उसे तुरन्त रिफिलिंग करा लेंगे।
5. अपातकाल की अवस्था में Escape Routes के साथ-साथ Evacuation Drill के तरीकों की जानकारी का जो Display किया गया है, उसे संधारित रखा जाय।
6. अस्पताल भवन में काम करने वाले सभी सुरक्षा कर्मियों को अग्निशमन उपकरणों के उपयोग एवं जाँच के तरीकों की जानकारी का रहना आवश्यक है।
7. Fire and Evacuation Drill का आयोजन वर्ष में कम से कम दो बार अवश्य किया जाय, जिसमें भवन में काम करने वाले सभी कर्मियों को निश्चित रूप से शामिल किया जाय। इस ड्रिल में वर्ष में कम से कम एक बार स्थानीय अग्निशमन सेवा को भी शामिल किया जाय।
8. Fire Practices and Evacuation Drill का विस्तृत लेखा एक पंजी में संधारित रखा जाय।
9. First Aid Fire Fighting Arrangements को IS Specifications के अनुसार हर समय संधारित एवं तैयारी की हालत में रखा जाय।
10. Smoke Detectors को वैकल्पिक पावर से हमेशा जोड़कर रखा जाय ताकि किसी भी परिस्थिति में उसका स्वचालन बाधित न हो सके।
11. समय-समय पर Hose Reel Hose एवं Hydrant के पानी को flush-out किये जाने की व्यवस्था की जाय।
12. इस बात का खास ध्यान रखा जायेगा कि कार्य के दौरान किसी भी प्रवेश अथवा निकास द्वार में न तो ताला लगाया जायेगा न ही बाहर से बोल्ट किया जायेगा।
13. अस्पताल भवन में किसी भी प्रकार की असावधानी अथवा लापरवाही से यदि आगजनी की घटना घटित होती है, तो इसके लिए संबंधित प्रबंधन पूर्ण रूप से स्वयं जवाबदेह होंगे।
14. अस्पताल भवन में किसी भी प्रकार की अनियमितता पाये जाने पर बीच में भी अनुज्ञप्ति रद्द करने की अनुशंसा की जा सकती है, जिससे होनेवाली किसी भी प्रकार की असुविधा हेतु संबंधित प्रबंधन पूर्ण रूप से स्वयं जवाबदेह होंगे।
15. आकस्मिक सेवाओं के टेलीफोन नम्बर का जो डिस्टले किया गया है, उसे निर्धारित रखा जायेगा।
16. संबंधित अस्पताल भवन में कभी भी किसी भी प्रकार का विवादित मामला होने पर संबंधित भवन को दिये गये अनापत्ति प्रमाणपत्र का नवीकरण को जाँचोपरान्त कभी भी रद्द किया जा सकता है।
17. यह अनापत्ति प्रमाणपत्र का नवीकरण दिनांक-31.05.2027 तक के लिये मान्य है।



JITENDRA TIWARY

[illegible]

(जितेन्द्र तिवारी)

प्रभारी अपर राज्य अग्निशमन पदाधिकारी
झारखण्ड, राँची।



Through esign



License Retention Letter

NO/RN8/Outward/

Office of Licensing Authority
Ranchi 8 Circle
State Drugs Control Directorate,
Govt. of Jharkhand, Namkum
Ranchi - 834004
Print Date: 16/01/2026

To,
IRIS SUPERSPECIALITY EYE CARE CENTRE (Partnership)
IRIS EYE HOSPITAL, LINE TANK ROAD,
P.O. - G.P.O., P.S. - KOTWALI
DISTT. - RANCHI - 834001
Taluka: RANCHI 8 District: RANCHI 8
I/C Person: DR. SUBODH KUMAR SINGH AND OTHER PARTNERS (Mobile:
9861747888)

License RETENTION
Firm Id : 37001



DR. SUBODH KUMAR SINGH-PAR

Subject :- Drugs & Cosmetic Act - 1940 & rules there under

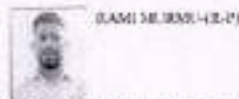
Sir,

Ref :- Your Inward Application vide Inw No:- BF:-150312, Dated:- 08/01/2026, Inw ID:- 150312

With reference to your Inward application, we have to inform you that your said application is approved & below mentioned licences are RETAINED, whose VALIDITY Dates are mentioned below :-

No	Name	Sex	Join Date	Regn No.	Inw-ID
1	R-P/ RAMI MURMU (JMP)	Male	07/01/2026	BF/01321	150312
2	DIR/ DR. SUBODH KUMAR SINGH	Male	16/12/2025	PAN-*****067R	0
3	DIR/ KUSHNA AGARWAL	Male		PAN-*****540C	75415
4	DIR/ SIDDHANT JAIN (PANS)	Male		ADR-*****5N08	75415
5	DIR/ RUHI SRIVASTAVA (PANS)	Female		ADR-*****5809	75415
6	DIR/ SHREYA ADUKIA (PANS)	Female		ADR-*****747D	75415

Lic	License No.	Issue From	Retain From	Valid Upto	Old LIC No
20	130251	18/12/2025	27/12/2030		-
21	130252	28/12/2025	27/12/2030		-



(RAM) MURMU- (R-P)

Cold Storage: YES

Open 24 Hrs: NO

You are requested to apply for the Retention of the above licences 3 months before their VALIDITY expires.

The above mentioned licences need NOT be Sent by the Dept.

Kindly acknowledge the receipt of this letter.

Subject to NO-CHANGE in PREVIOUS Constitution (Partnership). AND Already approved PREMISES and VALIDITY of Regd. Pharmacist Registration in Pharmacy Council

The Licensee shall not claim any equities or rights in the property under reference on strength of this Retention Letter.

Retention Fees Detail: #### Pay ID:98665 - Amt:3060 - Pay Dt:24/12/2025 - GRN No:2506077933 - Cert by:205-09/01/2026 - Vrf Dtls: - Deface Dtls:



Kunj Bihari

KUNJ BIHARI
Licensing Authority
State Drugs Control Directorate
Ranchi 8 Circle

16/01/2026 15:43:43

TPAV # 8591M2K929



This License/Certificate is eSIGNED. Physical Signature is NOT Required

For online Third Party Approval Verification: Go to xn.jharkhand.gov.in & Click TPAV button. 16/01/26



ROHINI

Registry of Hospitals in Network of Insurance

रोहिणी

बीमा नेटवर्क के अस्पतालों की रजिस्ट्री

CERTIFICATE OF REGISTRATION

Rohini ID : 8900080468856

Certificate Valid Upto : 05 Apr 2027

This is to Certify that **IRIS SUPERSPECIALITY EYE CARE CENTRE** located at **Ranchi G.P.O.** is registered under Registry of Hospitals in Network of Insurance (ROHINI) maintained by Insurance Information Bureau of India (IIB) as per clause 1(a) (i) of chapter IV under Section-I of Master Circular on Standardization of Health Insurance Products (Ref No: IRDAI/HLT/REG/CIR/193/07/2020 dated 22nd July 2020).



This is a computer-generated Certificate hence no signature required.