



INSTITUTE OF HEALTH SCIENCES  
AUTONOMOUS  
"A Unit of Margdarsi"



ATAL  
INCUBATION  
CENTRE

NALANDA INSTITUTE OF TECHNOLOGY FOUNDATION

## Memorandum of Understanding (MoU)

This Memorandum of Understanding (hereinafter, the "MoU") is made and entered into on the 23<sup>rd</sup> day of May, 2024 ("Effective Date"), by and between

The Autonomous Institute of Health Sciences, a unit of Margdarsi, of the corporate office at N2/41 IRC Village, Nayapalli, Bhubaneswar, Odisha 751015 and campus at Chandaka Village, Bhubaneswar, Odisha 751024 (hereinafter referred as to as "IHS" which expression shall, unless repugnant to the context or meaning thereof, be deemed to include its successors, and permitted assignees).

### AND

The Atal Incubation Centre-Nalanda Institute of Technology Foundation (AIC-NITF), Buddhist Villa, Khandagiri - Chandaka Road, Bhubaneswar, Odisha 754005 (hereinafter referred as to as "AIC-NITF" which expression shall, unless repugnant to the context or meaning thereof, be deemed to include its successors, and permitted assignees).

IHS and AIC-NITF shall be individually referred to as a "Party" and collectively referred to as "Parties".

#### About IHS:

IHS, a unit of Margdarsi, a non-government, non-profit charitable society, is a pioneer institute dedicated to the welfare of the persons with disability, rehabilitation services and education in health sciences in Odisha.

#### About AIC-NITF:

AIC-Nalanda Institute of Technology Foundation is a Technology Business Incubator supported by Atal Innovation Mission, a flagship initiative set up by the NITI Aayog, Government of India to promote innovation and entrepreneurship across the nation.

### 1. OBJECTIVE

- 1.1. The parties agree on undertaking a collaboration in the research and development of assistive technologies, medical rehabilitation, biomedical engineering and health diagnostics.
- 1.2. The Parties have common scientific and research interests and will cooperate in performing the research activities to be pursued through this MoU including the following:
  - i. Research collaboration in the areas of mutual interest especially in assistive technologies, medical rehabilitation, biomedical engineering and health diagnostics.
  - ii. Exchange of academic materials which are made available by both parties.
  - iii. Exchange of visiting research scholars.

Director  
Institute of Health Sciences  
Bhubaneswar



- iv. Cooperation in hosting symposia, seminars, workshops and conferences.

## 2. AGREEMENT

2.1. The Parties' intentions expressed in this MoU will be the subject of research collaboration, cooperation in hosting events, exchange of academic material, exchange of visiting research scholars for assistive technologies, medical rehabilitation, biomedical engineering, health diagnostics, which may form part of separate agreements related to the subject matter of this MoU. Additionally, any other relevant occurrences may also be encompassed within this framework, which will contain detailed provisions stating the Parties' rights and obligations including:

1. Detailed statement of work
2. Milestones and schedule for deliverables
3. Funding arrangements, including allocation of funds both domestically and internationally as required
4. Intellectual property arrangements
5. Exchange of materials, data, and software
6. Disclosure of confidential information
7. Compliance with laws and regulations, including those applicable to human and animal subjects in research, disclosures of conflicts of interest, and export controls.
8. Roles and responsibility in administering and managing the project.

2.2. Nothing in this MoU authorizes a Party to make any representations, warranties or guarantees on behalf of the other Party or its employees in any advertisement, press release, or publicity with reference to this MoU or any product or service resulting from activities contemplated by this MoU, without prior written approval of an authorized representative of the other Party.

2.3. The Parties acknowledge that by entering into this MoU is neither stating nor implying that it has tested, endorsed or approval any product, service or company.

## 3. GENERAL TERMS

3.1. **Effective Date:** This MoU is effective from the date when both parties have signed it ("Effective Date").

3.2. **Duration:** This MoU shall remain in force for a period of five (5) years from the Effective Date.

3.3. **Costs:** The Parties agree that each of them shall bear their own costs incurred in relation to the correspondence to date and preparation of this MoU. Any changes to the stated principle in support of certain initiatives or projects must be documented and shall have the approval of MoU signatories.

3.4. **Governing Law and Jurisdiction:** This MoU shall be governed by the laws of India.





- 3.5. **Dispute Resolution:** If any disputes or claims arising under this MoU or out of or in connection with the execution, interpretation, performance, or non-performance of this MoU or in respect of the scope, validity or application of this MoU, or the subject matter hereof ("Dispute(s)"), representatives of the Parties shall cooperate, in good faith, to attempt to amicably resolve the Dispute. All Disputes that cannot be resolved by the Parties by discussion within 30 days of reference of the Dispute by one Party to the other, shall be settled by arbitration in accordance with the Arbitration and Conciliation Act, 1996. The arbitration tribunal shall comprise a sole arbitrator who shall be appointed with the mutual consent of the Parties. The venue and seat of the arbitration shall be Bhubaneswar. The language of the arbitration shall be English. The decision of the arbitrator shall be final and binding and may be used as a basis for judgment thereon anywhere. Judgment upon any arbitral award rendered hereunder may be entered in any court having jurisdiction, or application may be made to such court for a judicial acceptance of the award and an order of enforcement, as the case may be. Each Party shall bear its own costs of the arbitration.
- 3.6. **Entire MoU:** The Parties agree that this MoU along with agreement under 2.1 constitutes the entire MoU between the Parties with regard to the subject matter hereof, and there are no inducements, representations, warranties, or understandings that do not appear within the terms and provisions of this MoU.
- 3.7. **Termination:** Either Party may terminate the MoU by providing at 30 days' advance written notice to the other Party. Termination or expiration of this MoU does not automatically terminate any separate agreement between the Parties related to the subject matter of this MoU. Upon termination of this agreement all rights and licenses granted under this agreement shall immediately cease. Each party shall promptly return or destroy all confidential information of the other party in its possession or control, as requested by the other party. Termination of this agreement shall not affect any rights or obligations of the parties which, by their nature, survive termination, including but not limited to the provisions related to intellectual property rights, confidentiality, indemnification, and limitation of liability. Neither party shall be liable to the other for any damages, compensation, or reimbursement of any kind resulting from the termination of this agreement in accordance with its terms. Each party shall bear its own costs and expenses incurred in connection with the termination of this agreement.
- 3.8. **Amendment and Binding Effect:** This MoU may be modified only by written amendment/s signed by the authorized representatives of both Parties. Further, this MoU shall be binding on the Parties, their successors-in-interest, and present and future subsidiaries, heirs, assignees, or acquirers, including any acquirer of substantially all of the assets of a Party.
- 3.9. Each party is liable for its own acts and omissions under this MoU, which, for the prevention of doubt, does not include any liability based on the acts or omissions of a third party.
- 3.10. **Confidentiality:** The parties agree to keep the terms of this MoU confidential to the parties, save to the extent that disclosure is required in order to enjoy the benefit of this MoU.





Unless otherwise expressly permitted in this agreement, any and all information, correspondence, financial statements, records, data, or information that is competitively sensitive and not generally known to the public, including formulations, analysis, inventions, improvements and activities of the disclosing Participant, disclosed by one Participant to the other Participant of this MoU, and other documents transmitted or communicated by either Participant to the other Participant that is marked as confidential or proprietary for the purposes of this agreement ("Confidential Information") shall be received and treated in confidence, and shall not be used by the receiving Participant or disclosed by the receiving Participant without the prior written consent of the disclosing Participant, which consent shall not be unreasonably withheld or delayed. Confidential information shall be exchanged only under the terms of a separate agreement, whether a non-disclosure agreement, sponsored research agreement, material transfer agreement, or data use agreement. Each party may disclose the existence and terms of this MoU to its affiliates, its and their employees, officers, representatives, consultants, advisors, lenders, investors or other entities discussing financing or other corporate transactions, who need to know such information for the purposes of carrying out the parties' obligations under this MoU (such persons being subject to similar confidentiality obligations as contained in this MoU). These restrictions on use or disclosure of information do not extend to any item of information which (a) is publicly known at the time of the disclosure, (b) is lawfully received by the receiving Participant from a third party which does not have a confidential relationship to the disclosing Participant, (c) the receiving Participant can demonstrate was in its possession or known by it before its receipt from the disclosing Participant, or (d) the receiving Participant is required by law to disclose to government authorities or if required to disclose under applicable laws or regulations or an order by a court, administrative agency or other regulatory body having competent jurisdiction over such party, provided that the disclosing party provides prior written notice of such disclosure to the other party and takes reasonable and lawful actions to minimize the extent of such disclosure pursuant to any disclosure under applicable laws or regulations or an order by a court, administrative agency or other regulatory body. Any violation of this clause shall be considered a material breach of this MoU.

- 3.11. No export-controlled information shall be disclosed pursuant to this MoU.
- 3.12. **Termination on breach:** Failure to adhere to any of the terms outlined in this MoU shall be considered a breach. In such a case, the non-breaching party shall have the right to terminate this agreement with immediate effect and pursue remedies for any damages incurred if the breaching party fails to cure such breach within thirty days after receiving written notice specifying the breach.
- 3.13. **Severability:** If a court finds any provision of this MoU invalid or unenforceable as applied to any circumstance, the remainder of this MoU shall be interpreted so as to best effect the intent of this MoU. The Parties further agree that any such invalid or unenforceable provision shall be revised or replaced with a valid and enforceable provision that will achieve, to the greatest extent possible, the economic, business, and other purposes of the void or unenforceable provision. In any event, any continuing invalidity or unenforceability

Director  
Institute of Health Sciences  
Bhubaneswar



of certain provision/s shall not affect the other provisions of this MoU, which shall be construed as if such invalid or unenforceable provision had never been contained herein.

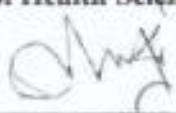

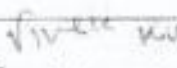
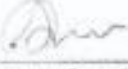
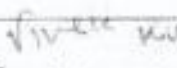
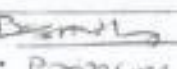
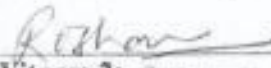
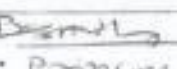
- 3.14. **Notice:** All notices / other communication made pursuant to or required by this MoU shall be in writing and shall be deemed complete if delivered by electronic mail, registered post, guaranteed delivery or facsimile transmission to the Parties as follows (or as otherwise specified by a Party in a notice given in accordance with this clause):

If to IHS:

If to AIC-NITF

Institute of Health Sciences, A unit of Margdarsi	Atal Incubation Centre-Nalanda Institute of Technology Foundation
N2/41 IRC Village, Nayapalli, Bhubaneswar, Odisha 751015 Chandaka campus, Chandaka Village, Bhubaneswar, Odisha 751024	Buddhist Villa, Khandagiri - Chandaka Rd, Bhubaneswar, Odisha 754005
Email: admin@margdarsi.org	Email: ceo@aicnalanda.com

IN WITNESS WHEREFORE and intended to be bound by, the Parties hereto have executed this MoU.

Signed on behalf of <b>Institute of Health Sciences,</b>	Signed on behalf of <b>AIC-NITF</b>
	
Name: Prof. Sridha Mahapatra Designation: Director, IHS	Name: Durga Prasad Gouda Designation: CEO, AIC-NITF
In the presence of:	In the presence of:
	
Witness 1:  Designation: Chairperson Industry Relationship Cell	Witness 1: Shikha Mitra Designation: Program Manager
	
Witness 2:  Designation: Principal, IHS	Witness 2: Roshan Panigrahi Designation: Assistant Manager







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MEMORANDUM OF UNDERSTANDING

K 34629

This Memorandum of understanding (herein after referred to as "MOU") is being made and executed at Bhubaneswar on 8<sup>th</sup> day of March, 2019 (Effective Date)

Between

**IMS & SUM Hospital Under Siksha 'O' Anusandhan** a registered Society, Plot No. 224, Dharma Vihar, Khandagiri, Bhubaneswar-751030, Odisha affiliated to Siksha 'O' Anusandhan University represented through its authorized signatory Prof (Dr.) Ajaya Kumar Jena, Medical Superintendent of IMS & SUM Hospital which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include its successors and assigns of the **ONE PART:**

And

**Institute of Health Sciences, a unit of Margdarsi** a registered Society, Plot No.4/957, Chandaka Village, Chandaka, Bhubaneswar-754005, Odisha having its office at Plot No- N2/41, IRC Village, Nayapalli, Bhubaneswar-751015, represented through its authorized signatory Prof. Satyanarayan Mahapatra, Secretary (herein after referred to as "I H S" which expression shall unless repugnant to the meaning or context thereof also mean and include its successors and assigns of the **OTHER PART:**

Director  
Institute of Health Sciences  
Bhubaneswar

Medical Superintendent  
IMS & SUM Hospital

Secretary  
Institute of Health Sciences  
Bhubaneswar



IMS & SUM Hospital and I H S referred to individually as a "Party" and jointly as "Parties" wherever the context so admits.

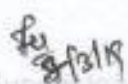
**WHEREAS:**

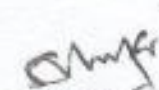
- A. The IMS & SUM Hospital is a Medical College with its Teaching Hospital, Sum Hospital Having super specialty and ultra modern hospital of the state of Odisha and all modern facilities for diagnosis and treatment of various diseases.
- B. The I H S, a unit of Margdarsi, is a pioneer in man power development, Rehabilitation training in the disability sector of Eastern India at Bhubaneswar, Odisha providing BASLP & BPT Courses.
- C. IMS & SUM Hospital and I H S acknowledging mutual consideration, desire to enter into an arrangement on the following basic terms and conditions.
- D. The I H S desires to avail Practical/Clinical Training/Internship posting for its students of BPT (4½ yrs) regulated under H & FW Department, Govt. of Odisha and affiliated to Utkal University, Vani Vihar, Bhubaneswar-751004.

**NOW THIS MOU WITNESSETH AND THE PARTIES HERE TO HEREBY AGREE AND UNDERTAKE AS UNDER:**

1. I H S are interested to enter into this MOU for the purpose that IMS & SUM Hospital shall provide Clinical, Practical training to the 4<sup>th</sup> & 6<sup>th</sup> Semester BPT students (Candidates) of the I H S at their hospital at Bhubaneswar & to avail the infrastructure facilities, opportunities of utilizing/ engaging the faculty member on the subjects as per course curriculum stated. Considering the aforesaid proposal the IMS & SUM Hospital has agreed to provide the said facilities to I H S and accordingly is desirous of entering into MOU to record the terms & conditions as agreed by both.
2. The MOU shall be operative for a period of 4 (Four) year viz. from March, 2019 till February, 2023 subject to its renewal on the sole

  
Director  
Institute of Health Sciences  
Bhubaneswar


  
Medical Superintendent  
IMS & SUM Hospital, BSR

  
Secretary  
Institute of Health Sciences  
Bhubaneswar




discretion of IMS & SUM Hospital on mutually agreed terms and conditions.

3. The I H S shall pay an interest free refundable security deposit of Rs.50, 000/- (Rupees Fifty Thousand) vide Cheque No. 122781 dated 01.03.2019 only to the IMS & SUM Hospital on the date of signing of this MOU and the same shall be refunded by IMS & SUM Hospital to I H S upon the expiry or earlier termination of this MOU, subject to deduction for any loss, damage or financial implication caused by the candidates (if any). However if the amount of losses or sustained by IMS & Sum Hospital during the tenure of MOU or thereafter exceeds the amount of security deposit, then it shall be borne by the I H S.
4. The I H S shall pay the training fees of Rs.6, 000/- (Rupees Six Thousand) only per candidate per year to the IMS & SUM Hospital in advance prior to the initiation of the training session.
5. The I H S shall pay the internship fees of Rs. 10,000/- (Rupees Ten Thousand) Only per each intern for the total- internship period to the IMS & SUM Hospital in advance prior the commencement of the internship.
6. The I H S shall pay Rs.700/- (Rupees Seven Hundred) per hour of class to the IMS & SUM Hospital only towards remuneration of faculties for each batch of BPT Students prior to the commencement of Clinical-practical training which will be paid to the faculties by IMS & SUM Hospital on hour basis classes as per the agreeable price to be taken by them in form of cheque directly after completion of each batch as per course curriculum. I H S have furnished the subjects and hours of classes of each topic to be taught to IMS & SUM Hospital.
7. The training provided by the IMS & SUM Hospital to the candidates of I H S shall include:

  
Director  
Institute of Health Sciences  
Bhubaneswar

  
Medical Superintendent  
IMS & SUM Hospital, BBSR

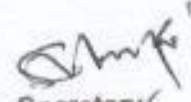
  
Secretary  
Institute of Health Sciences  
Bhubaneswar



- a) Observational Training in different Words/Units/Specialty areas of IMS & SUM Hospital that includes Surgery, Medicine, Anatomy, Orthopedics, Neurology, Neurosurgery, Emergency wards, ICU/ICCU/NICU.
8. The IMS & SUM Hospital reserves the right to decide the number of candidates to be taken by it in a batch for the purpose of the training and I H S shall abide by it.
9. The training programme shall commence as per course curriculum on receipt of the list of students in batch / batches as per convenience of the IMS & SUM Hospital. The routine and timing of training will be decided mutually with HOD Physiotherapy and programme Head of I H S under approval of medical Superintendent.
10. The candidates of I H S shall strictly follow during the training period:-
- a. They shall report to the HOD, Department of Physiotherapy academically who will co-ordinate different department doctors, instructor for the clinical & practical training, but they shall be reporting administratively to the Medical Superintendent of the IMS & SUM Hospital.
  - b. They shall strictly abide by the rules & regulations of IMS & SUM Hospital.
  - c. They shall maintain proper uniform provided to them by I H S during the training period.
  - d. They will not communicate or directly serve the patient of the IMS & SUM Hospital in the absence of any medical staff of the IMS & SUM Hospital.
  - e. They shall come in contact with the patients of the IMS & SUM Hospital only when guided by the staffs or instructors of the IMS & SUM Hospital.
  - f. They shall not talk to patient on any treatment matters, issue any prescription for any medical opinions etc.
  - g. They shall maintain proper discipline basic behavioral etiquettes.

  
Director  
Institute of Health Sciences  
Bhubaneswar

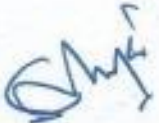
  
Medical Superintendent  
IMS & SUM Hospital

  
Secretary  
Institute of Health Sciences  
Bhubaneswar

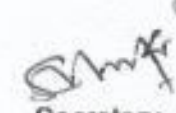
- h. They shall not damage or mishandle the equipments, facilities and infrastructure of the IMS & SUM Hospital.
  - i. They shall bear their own transportation/conveyance expenses.
  - j. They shall maintain proper confidentiality regarding the treatment & diagnosis and other information of the patients of the IMS & SUM Hospital as well as of the institution.
11. The I H S shall indemnify and hold IMS & SUM Hospital harmless & free from any and all claims, demands, lawful action, suits or proceedings, liabilities, losses, costs, expenses (including legal fees) or damages asserted against IMS & SUM Hospital by the contest winners or any third party arising out of I H S or its candidate's actions.

Or omissions:

- i. In connection with the damage caused due to mishandling of equipments/facilities/infrastructure of the IMS & SUM Hospital.
  - ii. Any material breach of the terms of this MOU.
  - iii. Any damage or legal action against any bodily injury, disease, error, patient's dissatisfaction, death and any health hazards of the patients of the IMS & SUM Hospital that may arise due to wrong communication or action of the candidates of I H S.
  - iv. Any claims by the government regulatory agencies for fines or other remedies arising from or in connection with I H S Failure to comply with its regulatory/legal requirements and compliances.
  - v. Any claims occurring on account of misconduct, negligence or wrongful act of omission and commission of the candidates of the I H S
  - vi. Any legal action what so ever brought against I H S or its candidates due to its own fault.
12. During the term of this arrangement and thereafter, any confidential information received by other part, under and by virtue of this arrangement, shall be maintained in the strictest confidence and trust.

  
Director  
Institute of Health Sciences  
Bhubaneswar

  
Medical Superintendent  
IMS & SUM Hospital


  
Secretary  
Institute of Health Sciences  
Bhubaneswar



13. That either of the party are entitled to terminate the agreement at any time during the term of lease agreement upon serving 1 (One) month advance notice in writing to the other and on completion of the said notice period this Agreement shall stand terminated.
14. The IMS & SUM Hospital makes no representation or warranty as to accuracy, completeness, condition permanence, no infringement, suitability or performance of the information or materials, and discloser shall have no liability what so ever to recipient or any other party resulting from its use or reliance upon the information and materials.
15. The parties are independent, and nothing contained in this agreement shall be construed to constitute a partnership, joint venture, co- ownership or otherwise between the parties or as participation in a joint or common undertaking of the parties.
16. Any notice or other communication that may be given by one party to the other shall always be in writing and shall be served either by (a) hand delivery duly acknowledged; or (b) sent by registered post with acknowledgement due; or (c) by Courier at the respective address set out herein below. Any subsequent change of address shall be communicated by one party to the other in writing at the earliest.
1. IMS & SUM Hospital, Sector-K-8, Kalinga Nagar, Bhubaneswar-751003, odisha.
  2. Institute of Health Sciences, N2/41, IRC Village, Nayapalli, Bhubaneswar-751015.
17. If one or several of the foregoing provisions are or become invalid, the validity of the remaining provisions shall not be affected thereby. The valid provision shall be replaced by a valid or practical one that achieves to the maximum extent possible the purpose of the invalid or impractical provision.

  
**Director**  
Institute of Health Sciences  
Bhubaneswar

  
Medical Superintendent  
IMS & SUM Hospital

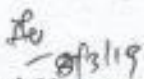
  
**Secretary**  
Institute of Health Sciences  
Bhubaneswar

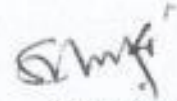
18. This MOU shall not be amended, assigned or transferred by either party without the written consent of the other party.
19. This MOU will be governed exclusively by the laws of India and jurisdiction shall be vested exclusively in the courts at Bhubaneswar. It is hereby agreed by and between the parties here to that for the enforcement of the rights of one party against the other or any third party claim (s) under this MOU, the courts at Bhubaneswar shall have the exclusive jurisdiction in this regard.
20. This agreement supersedes any prior agreements and undertakings between each of the parties with respect to confidential information supplied to each other and is the complete agreement of the parties in relation to the subject matter of this agreement.

IN WITNESS WHERE OF, the parties have caused this MOU to be executed by an authorized representative as an instrument under seal effective as of the "Effective Date" specified above.

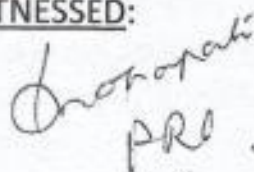
For & on behalf of:  
IMS & SUM Hospital (Siksha 'o' Anusandhan)

For & on behalf of:  
Institute of Health Sciences  
(A unit of Margdarsi)

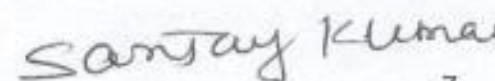
  
Authorized Signatory  
Medical Superintendent  
IMS & SUM Hospital, Bhubaneswar

  
Secretary  
Secretary  
Institute of Health Sciences  
Bhubaneswar

WITNESSED:

  
P.R.

WITNESSED:

  
Santay Kumar

  
Director  
Institute of Health Sciences  
Bhubaneswar



**OFFICE OF THE SUPERINTENDENT, E.S.I. HOSPITAL, BHUBANESWAR.**

Letter No. 532...../ESI.H.

Date 12.03.2020.....

To

The Director,  
Institute Of Health Sciences,  
Bhubaneswar.

Sub: Permission for Practical Exposure of yours Students at ESI Hospital,  
Bhubaneswar

Ref: Your Office Letter No-IHS/Clinic/12394, dt.07.03.2020

Sir,

With reference to your Letter cited above, I am to inform you that, on behalf of ESI Hospital, Bhubaneswar, Dr. Srikanta Debata, Orthopedic Specialist has agreed and welcome all of your students for clinical training at this hospital, whose departments are mentioned bellow.

1. Student's of Bachelor in Physiotherapy (BPT)—Department of Orthopedic
2. Students of Audiology & Speech Language Pathology—Department of ENT

This is for favor of your information and necessary action.

Yours Faithfully,

  
12.3.2020  
Superintendent,

ESI. Hospital, Bhubaneswar.



Director

Institute of Health Sciences  
Bhubaneswar

AMRI/BBSR/17-18/L/304

Date: 12.03.2018

OFFICE ORDER

This is to inform that the Students of Bachelor in Physiotherapy (BPT) of Institute of Health Sciences, Chandaka Village, Bhubaneswar, are hereby allowed to visit Different Ward under the supervision for their practical training as per the prescribed schedule.



Signature of AGM – HRD  
HR DEPARTMENT  
AMRI HOSPITALS LIMITED  
BHUBANESWAR

1. Copy to Principal Institute of Health Sciences, Chandaka Village, Bhubaneswar-754005 for information and necessary action.

  
Director  
Institute of Health Sciences  
Bhubaneswar





# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

Office : N-2/41, I.R.C. Village, Nayapalli, Bhubaneswar, Odisha - 751015, Ph. : 0674-2553640, 2550054  
Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : [ihsbbsr@margdarsi.org](mailto:ihsbbsr@margdarsi.org), Web : [www.ihsindia.org](http://www.ihsindia.org)

Ref: - IHS/B.ASLP/INT-133405/2023

Date: - 10.11.2023

To  
The Director  
Mr. ANANTA BIKASH BASU  
Baranagar Speech and Hearing Clinic,  
260, BT Road, Tobin Road Crossing,  
Kolkata-700036.  
Mail ID- [bshc2020@gmail.com](mailto:bshc2020@gmail.com), [anantabikashbasu@gmail.com](mailto:anantabikashbasu@gmail.com)  
Mob-8280220081

Sub- NOC for B.ASLP student to undergo internship training at your center for the academic Session-2023-24

Dear Sir/Madam,

We draw your kind attention that the above B.ASLP student have completed 3 years Bachelor's degree in Audiology & Speech Language Pathology (B.ASLP) at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, Vanivihar, Bhubaneswar. As per the RCI and Utkal University guideline, the student will do internship at their parent institute for one semester and outside the parent institute for one semester. We therefore request you to permit him to undergo internship training at your esteemed center for **5 months** to gain experience as your center provides good opportunities to handle various cases so that they can excel in this field. It will be our great pleasure if you permit the student. The time spent at your center by the candidate should be certified by you. The detail is mentioned below:


SL No	Name of the Internee	Contact No	E-mail ID	From	To
01.	Ankita Manoj kumar Rautray	9890019080	<a href="mailto:Ankitarautray7@gmail.com">Ankitarautray7@gmail.com</a>	4 <sup>th</sup> December 2023	04 <sup>th</sup> May. 2024

Kindly help her to reach station to the Clinic and help her to arrange accommodation nearer to the Clinic. As per the discussion kindly paid stipend Rs. 10,000/- Per month direct to the intern. We hope that you will be permitting him to do the internship at your esteemed center by communicating your willingness to the undersigned through our Mail ID- [ihs.internship16@gmail.com](mailto:ihs.internship16@gmail.com)

Thanking You

Yours truly,

RAJ SHEKHAR  
INTERNSHIP-IN-CHARGE  
AUTONOMOUS INSTITUTE OF HEALTH SCIENCES  
BHUBANESWAR

  
Director  
Institute of Health Sciences  
Bhubaneswar

Copy to- 1. Ankita Rautray for information.



# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

Office : N-2/41, I.R.C. Village, Nayapalli, Bhubaneswar, Odisha - 751015, Ph. : 0674-2553640, 2550054  
Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : [ihsbbsr@margdarsi.org](mailto:ihsbbsr@margdarsi.org), Web : [www.ihcindia.org](http://www.ihcindia.org)

Ref: - IHS/B.ASLP/INT-13392/2023

Date: - 10.11.2023

To  
The Director,  
C C Saha Ltd,  
45 moti Sil Street, Dharamtala,  
Kolkata-700013.  
Mob-8984155846  
Mail ID-vikramsaha@gmail.com

Sub- NOC for B.ASLP student to undergo 1<sup>st</sup> term Internship training at your center for the academic Session-2023-24

Dear Sir/Madam,

We draw your kind attention that the above B.ASLP student has completed 3 years Bachelor's degree in Audiology & Speech Language Pathology (B.ASLP) at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, Vani Vihar, Bhubaneswar. As per the RCI and Utkal University guideline she is directed to report at your center for 2<sup>nd</sup> term rotatory internship training. We therefore request you to permit her to undergo 5 months internship training at your esteemed center to gain experience. As your center provides good opportunities to handle various cases so that they can excel in this field. It will be our great pleasure if you permit the student. The time spent at your center by the candidate should be certified by you. The details are mentioned below:

SL No	Name of the Internee	Contact No	E-mail ID	From	To	Place of Posting
01.	Anshita Mishra	7735189108	<a href="mailto:anshitamamuni@gmail.com">anshitamamuni@gmail.com</a>	25 <sup>th</sup> Nov 2023	25 <sup>th</sup> April 2024	Medinipur

Kindly help her to reach station to Clinic and arrange accommodation nearer to the Clinic. As per the discussion with you pl. provide stipend Rs. 10,000/- per month direct to the Intern. We hope that you will be permitting her to do the internship at your esteemed center by communicating your willingness to the undersigned through our Mail Id- [ihb.internship16@gmail.com](mailto:ihb.internship16@gmail.com)

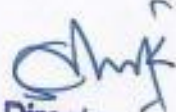
Thanking You

Yours truly,

Raj Shekhar

INTERNSHIP-IN-CHARGE

Autonomous Institute of Health Sciences

  
Director  
Institute of Health Sciences  
Bhubaneswar

Copy to: 1 Anshita Mishra for information.





# SPEECH & HEARING CARE PVT. LTD.

A/179, Peoples Co-operative, (PC Colony), P.O.-Lohianagar, Kankarbagh, Patna-800020,  
Ph.: 06122953564, Mob.: 07766939644, info@speechandhearingcare.com, www.speechandhearingcare.com

Ref.

Date : 20/05/2024

To,

The Internship Incharge ,

Autonomous Institute Of Health Sciences,

Bhubaneswar

Mail ID – ihs.internship16@gmail .com

Sub- Request for B.ASLP student to undergo internship training at our centre for the academic Session-2024

Respected Sir,

We draw your kind attention that the below mentioned BASLP student have completed 3 years Bachelor's degree in Audiology & Speech Language Pathology (BASLP) at Autonomous Institute of Health Sciences, Chandaka, Bhubaneswar. As per the RCI and Utkal University guideline, the student will do internship at their parent institute for one semester and outside the parent institute for one semester. We therefore request you to permit him to undergo internship training at our esteemed organisation for 5 months to gain experience as our clinic provides good opportunities to handle various cases speech, language and communication disorder so that they can excel in this field. It will be our great pleasure if you permit the student. The time spent at our clinic by the candidate will be certified by us. The detail is mentioned below:

SL. No.	Name of the Internee	Contact No.	E-mail ID	FROM
01.	Anuranjan Kumar	6200071884	kumaranuranjan65@gmail.com	1 <sup>st</sup> June 2024

We hope that you will be permitting him to do the internship at our esteemed organisation by communicating your willingness to the undersigned through our Mail ID- [anurag\\_kumar7@yahoo.com](mailto:anurag_kumar7@yahoo.com)

Yours truly,

*Anurag Kumar*

ANURAG KUMAR

Managing Director

SPEECH AND HEARING PRIVATE LIMITED  
Contact No. 9771420304

*[Signature]*

Director  
Institute of Health Sciences  
Bhubaneswar



# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

Office : N-2/41, I.R.C. Village, Nayapalli, Bhubaneswar, Odisha - 751015, Ph. : 0674-2553640, 2550054  
Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : [ihsbbsr@margdarsi.org](mailto:ihsbbsr@margdarsi.org), Web : [www.ihcindia.org](http://www.ihcindia.org)

Ref: - IHS/B.ASLP/INT-13745/2024

Date: - 20.05.2024

To  
Mr. SAJAL KANTI SWARNAKAR,  
Malda Medical College and Hospital  
OPD Building, Room No-908  
PS- English Bazar  
District-Malada-732101  
Mail Id-siligurispeechhearingclinic@gmail.com  
Mob-9831873410

Sub- NOC for B.ASLP student to undergo 2<sup>nd</sup> term internship training at your center for the academic Session-2024-25

Dear Sir/Madam,

We draw your kind attention that the below mention B.ASLP student have completed 3 years Bachelor's degree in Audiology & Speech Language Pathology (B.ASLP) at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, Vani Vihar, Bhubaneswar. He has completed 1st term internship training in our parent institute for 5 months. Now he was sent for 2<sup>nd</sup> term internship training at your centre for 5 months to gain experience. As your center provides good opportunities to handle various cases so that they can excel in this field. It will be our great pleasure if you permit the students. The time spent at your center by the candidate should be certified by you. The details are mentioned below:

SL No	Name of the Internee	Contact No	E-mail ID	From	To	Centre
01.	AVINNA SUNDAR ROUTRAY	6371007369	<a href="mailto:routrayavinna10@gmail.com">routrayavinna10@gmail.com</a>	5 <sup>th</sup> June 2024	5 Months	Malda

Kindly help him to reach station to Clinic and arrange accommodation nearer to the Clinic. As per the discussion kindly provide stipend Rs. 16,000/- per month to the interns. We hope that you will be permitting her to do the internship at your esteemed center by communicating your willingness to the undersigned through our Mail Id- [ihb.internship16@gmail.com](mailto:ihb.internship16@gmail.com).

Thanking You

Yours truly,

Amulya Kumar Panda

Internship In-charge, I H S  
Institute of Health Sciences  
Bhubaneswar

Copy to: 1. AVINNA SUNDAR ROUTRAY

  
Director  
Institute of Health Sciences  
Bhubaneswar





# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

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Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : ihsbbsr@margdarsi.org, Web : www.ihsindia.org

Ref: - IHS/B.ASLP/INT-13647/2024.

Date: - 24.01.2024.

To

Sandhya Mam/Praveen Kumar  
Inspiring Hearing and Therapies  
Off No.123 &124, Pride Purple Square,  
WalewadiPhata, Pune-411057  
M-9850953580/9850953657  
Mail ID-inspiringhear@gmail.com

Sub- NOC for B.ASLP student to undergo 2<sup>nd</sup> term internship training at your center for the academic Session-2024-25

Dear Sir/Madam,

We draw your kind attention that the B.ASLP student have completed 3 years Bachelor's degree in Audiology & Speech Language Pathology (B.ASLP) at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, VaniviHar, Bhubaneswar. As per the RCI and Utkal University guideline, the above student is directed to report at your center for rotatory internship training. We therefore request you to permit her to undergo internship training at your esteemed center for **5 months** to gain experience as your center provides good opportunities to handle various cases so that they can excel in this field. It will be our great pleasure if you permit the student. The time spent at your center by the candidate should be certified by you. The detail is mentioned below:

SL No	Name of the Internee	Contact No	E-mail ID	From	To
01.	JASMIN SWAIN	9777547107	<a href="mailto:jasminswainjasminswain@gmail.com">jasminswainjasminswain@gmail.com</a>	15 <sup>th</sup> February 2024	15 <sup>th</sup> June 2024

Kindly help her to reach station to the Clinic and help him to arrange accommodation nearer to the Clinic. As per the discussion kindly paid stipend Rs. 15,000/- Per month direct to the intern. We hope that you will be permitting her to do the internship at your esteemed center by communicating your willingness to the undersigned through our Mail ID- [ihs.internship16@gmail.com](mailto:ihs.internship16@gmail.com)

Thanking You

Yours truly,

Mr. Amulya Kumar Panda  
M-9040006081  
INTERNSHIP-IN-CHARGE  
Autonomous Institute of Health Sciences

Copy to- JASMIN SWAIN for information.

  
Director  
Institute of Health Sciences  
Bhubaneswar



# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

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Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : [ihsbbsr@margdarsi.org](mailto:ihsbbsr@margdarsi.org), Web : [www.ihsoindia.org](http://www.ihsoindia.org)

Ref: - IHS/B.ASLP/INT-2023.

Date: - 01.11.2023.

To  
The Head  
Department of ENT  
AIIMS, Patna.

**Sub- NOC for B.ASLP student to undergo internship training at your centre for the academic Session-2023-24**

Dear Sir/Madam,

Greeting from Institute of Health Sciences, Bhubaneswar.....

This institute is providing Medical Education and Research work in the field of Rehabilitation Science since 2001 with due permission from Govt of Odisha, accredited by Rehabilitation Council of India(RCI) and affiliated by Utkal Univeristy, Vani Vihar, Bhubaneswar. The above student have passed all the University Examinations and completed his 1<sup>st</sup> round internship training in parent institute. As per B.ASLP degree course curriculum students have to undergo another 5 months internship training in outside the institute in a Hospital setup. During his study and training period he maintains disciple and moral behavior. He is interested to do internship training at the department of ENT, AIIMS, Patna for better explore. I assure you that he will follow all the norms and guidelines during internship training as per your department. We therefore request you to permit him to undergo internship training at your esteemed centre to gain experience as your centre provides good opportunities to handle various cases so that they can excel in this field. It will be our great pleasure if you permit the student. The time spent at your center by the candidate should be certified by you. The details are mentioned below:

SL No	Name of the Internee	Contact No	E-Mail ID	From	To
01.	Mr. Naveen Raj	6209420394	<a href="mailto:Naveenraj803306@gmail.com">Naveenraj803306@gmail.com</a>	1 <sup>st</sup> November2023	31 <sup>st</sup> ,March2024

We hope that you will be permitting him to do the internship at your esteemed centre by communicating your willingness to the undersigned through our mail ID- [ihsointernship16@gmail.com](mailto:ihsointernship16@gmail.com)

Thanking You

Yours truly,

Raj Shekhar

Internship In-Charge

Autonomous Institute of Health Sciences

Copy to- 1. Naveen Raj for information.

  
Director  
Institute of Health Sciences  
Bhubaneswar





# INSTITUTE OF HEALTH SCIENCES

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Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : [ihbsbr@margdarsi.org](mailto:ihbsbr@margdarsi.org), Web : [www.ihcindia.org](http://www.ihcindia.org)

Ref: - IHS/B.ASLP/INT-13789/2024

Date: - 01.07.2024.

To  
KOSHISH CHILD DEVELOPMENT CENTRE  
104, Garden Plaza  
Aundh- Ravet Road Pune-411017  
Mail Id-koshishcdc@gmail.com  
Mob- 7276057864/7387700523

Sub- NOC for B.ASLP student to undergo 1<sup>st</sup> term internship training at your center for the academic Session- 2024-25

Dear Sir/Madam,

We draw your kind attention that the below mentioned student have completed 3 years Bachelor's degree in Audiology & Speech Language Pathology (B.ASLP) at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, Vanivihar, Bhubaneswar. As per the RCI and Utkal University guideline, student should undergo rotatory internship training at outside the parent's institute for **5 months** to gain experience as your center provides good opportunities to handle various cases so that they can excel in this field. We therefore request you to permit him to undergo internship training at your esteemed center. It will be our great pleasure if you permit the students. The time spent at your center by the candidate should be certified by you. The details are mentioned below:

SL No	Name of the Internee	Contact No	E-mail ID	From	To
01.	RAKESH KUMAR SAHOO	6372281602	<a href="mailto:rakeshsahoo.kuna2000@gmail.com">rakeshsahoo.kuna2000@gmail.com</a>	1 <sup>st</sup> July 2024	5 Months

As per the discussion kindly paid stipend Rs. 15,000/- Per month direct to the intern. We hope that you will be permitting her to do the internship at your esteemed center by communicating your willingness to the undersigned through our mail ID- [ihb.internship16@gmail.com](mailto:ihb.internship16@gmail.com)

Thanking You

Yours truly,

Amulya Ku. Panda

Internship In-charge  
Institute of Health Sciences

Copy to- RAKESH KUMAR SAHOO

Director  
Institute of Health Sciences  
Bhubaneswar



# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

Office : N-2/41, I.R.C. Village, Nayapalli, Bhubaneswar, Odisha - 751015, Ph. : 0674-2553640, 2550054  
Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : ihsbbsr@margdarsi.org, Web : www.ihsindia.org

Ref: - IHS/B.ASLP/INT-13887/2024

Date: - 27<sup>th</sup> August, 2024

To  
The Centre Head  
Mr. Ashish Ranjan (MASLP)  
Justsmilespeech and Hearing Clinic  
Medinipur, Rabindra Nagar,  
Kolkata-721101.

Sub- NOC issue in favour of Sri Saswata Sarangi to undergo rotatory 2<sup>nd</sup> term Internship training at your Centre for the Academic year-2024-25

Dear Sir/Madam,

We draw your kind attention that the above student has successfully completed B.ASLP 6<sup>th</sup> Semester Examination in April, 2023 at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, Vani Vihar, Bhubaneswar. As per the RCI and Utkal University guideline, student should undergo rotatory internship training at outside the parent's institute for 5 months to gain experience and good opportunities to handle various cases so that they can excel in this field. We therefore request you to permit him to undergo internship training at your Centre. The time spent at your center by the candidate should be certified by you. The detail is mentioned below:

SL No	Name of the Intern	Contact No	E-mail ID	From	To
01.	SASWATA SARANGI	9382395231	<a href="mailto:saswatasarangi@gmail.com">saswatasarangi@gmail.com</a>	2 <sup>nd</sup> September, 2024	5 Months

Thanking You

Yours truly,

Amulya Ku. Panda  
Internship- IN-CHARGE  
Autonomous Institute of Health Sciences

  
Director  
Institute of Health Sciences  
Bhubaneswar

Copy to- SASWATA SARANGI for information





# INSTITUTE OF HEALTH SCIENCES

(A Unit of Margdarsi)

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Campus : Chandaka, Bhubaneswar, Khordha, Odisha - 754005, E-mail : ihsbbsr@margdarsi.org, Web : www.ihsindia.org

Ref: - IHS/B.ASLP/INT-13648/2024.

Date: - 24.01.2024.

To  
Mr. SAJAL KANTI SWARNAKAR,  
Berhampore Medical College & Hospital,  
West Bengal under Audio Vestibular PPP Unit,  
Siliguri Speech & Hearing Clinic  
Mail ID-swarnakar.sajalkanti@gmail.com  
Mob-9831873410

Sub- NOC for B.ASLP student to undergo 2<sup>nd</sup> term internship training at your center for the academic Session-2024-25

Dear Sir,

We draw your kind attention that the following B.ASLP student has completed her 3 years Bachelor's degree in Audiology & Speech Language Pathology (B.ASLP) at Institute of Health Sciences, Chandaka, Bhubaneswar conducted by Utkal University, Vanivihar, Bhubaneswar. As per the RCI and Utkal University guideline, students should undergo rotatory internship training at outside the parent institute. We therefore request you to permit her to undergo **5 months Internship training** at your esteemed center to gain experience. As your center provides good opportunities to handle various cases so that they can excel in this field. It will be our great pleasure if you permit the students. The time spent at your center by the candidate should be certified by you. The details are mentioned below:

SL No	Name of the Internee	Contact No	E-mail ID	From	To	Centre
01.	SOUMYA RANJAN MACHHA	6372930150	<a href="mailto:soumyamachha@gmail.com">soumyamachha@gmail.com</a>	1 <sup>st</sup> February, 2024	1 <sup>st</sup> June, 2024	Siligudi

Kindly help her to reach station to Clinic and arrange accommodation nearer to the Clinic. As per the discussion with you pl. provide stipend Rs. 10,000/- per month to the Interns. We hope that you will be permitting her to do the internship at your esteemed center by communicating your willingness to the undersigned through our Mail id- [ihs.internship16@gmail.com](mailto:ihs.internship16@gmail.com).

Thanking You

Yours truly,

Amulya Ku. Panda

Internship In-charge  
Institute of Health Sciences

Copy to: SOUMYA RANJAN MACHHA for information

Director  
Institute of Health Sciences  
Bhubaneswar