



राष्ट्रीय प्रौद्योगिकी संस्थान अगरतला

NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

An Institute of National Importance
AGARTALA - 799046 (TRIPURA)

No.F.NITA.36(58-DFW)/Health Care/2024/L / 3639-41

Dated: 17/07/2025

NOTIFICATION

NIT Agartala has extended its Memorandum of Agreement (copy enclosed) on 03.07.2025 with ILS Hospital, Agartala.

All regular employees and their dependents are now eligible to receive medical treatment at ILS Hospital through this agreement by presenting a valid NITA identity card and referral from the NITA Health Centre as per the conditions specified in Clause 10 of the agreement.

In emergency cases, NITA beneficiaries and their family members can receive treatment without a referral from the Health Centre upon presentation of a valid NITA identity card, but the hospital must inform the Health Centre and receive a referral within 48 hours, as outlined in Clause 4 of the agreement.

The submission of referral with the hospital is mandatory requirement for processing of medical claims, if any.

This is issued with the approval of the Competent Authority.


REGISTRAR

Encl: As stated above.

Copy to;

1. PS to the Director, NIT Agartala for kind information of the Director, NITA.
2. All Deans/ HoDs/ Sectional Heads, NITA for kind information.
3. The Chairman (Computing & ICT), NITA for uploading the same in the Institute website.


REGISTRAR



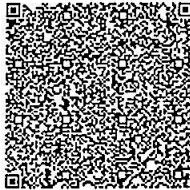
सत्यमेव जयते

INDIA NON JUDICIAL

Government of Tripura

e-Stamp

Certificate No. : IN-TR35312453209168X
Certificate Issued Date : 03-Jul-2025 12:26 PM
Account Reference : NONACC (SV)/ tr12000404/ AGARTALA/ TR-WTR
Unique Doc. Reference : SUBIN-TRTR1200040468322049047716X
Purchased by : GPT HEALTHCARE LIMITED
Description of Document : Article 1A-5(2) Agreement including a higher Agreement
Property Description : NA
Consideration Price (Rs.) : 0
(Zero)
First Party : NIT AGARTALA
Second Party : GPT HEALTHCARE LIMITED
Stamp Duty Paid By : GPT HEALTHCARE LIMITED
Stamp Duty Amount(Rs.) : 200
(Two Hundred only)



Please write or type below this line

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DR. GAUTAM HAZARIKA
Chief Operating Officer
ILS Hospitals, Agartala.

Statutory Alert

1. The authenticity of this Stamp certificate should be verified at 'www.sholestamp.com' or using e-Stamp Mobile App of Stock Holding.
2. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
3. The onus of checking the legitimacy is on the users of the certificate.
4. In case of any discrepancy please inform the Competent Authority.

MEMORANDUM OF AGREEMENT

An agreement made and entered into this day of 28th day of January, 2025 between National Institute of Technology, Agartala, represented by the Registrar (herein after called "NITA" which expression, unless repugnant to or excluded by context, shall include its successors-in office and assigns) of the one part and the "NITA beneficiary" is limited to only regular faculty members and non-teaching staffs and their legally dependent family members.

AND

Mr. Gautam Hazarika, Chief Operating Officer, authorized signatory of ILS Hospitals, Agartala located at Capital Complex, Kunjaban, Agartala, Tripura – 700110, a unit of GPT Healthcare Limited, JC-25, Sector-III, Salt Lake, Kolkata (hereinafter called 'Hospital' which expression unless repugnant to or excluded by context, shall include its legal representativeness successor and assigns) of the second part.

WHEREAS **ILS Hospitals Agartala**, Capital Complex, Kunjaban, Agartala, Tripura , a **unit of GPT Healthcare Limited, JC-25, Sector – III, Salt Lake, Kolkata**, had agreed to provide treatment facilities to serving NITA Beneficiaries.

WE, THEREFORE, THE PARTIES HERETO AGREE AS FOLLOWS:-

1. The hospital will charge NIT Agartala beneficiaries or his/her dependent family members for IPD patients within the ceiling limits as described and contained in the prevalent CGHS Guwahati rates, 2014 and subsequent changes in that rate thereafter as there is no CGHS rates prescribed for Agartala. If rate for any item of investigation or procedure is not included in the CGHS rate chart then bills for such would be raised as per hospital rates with discount @ 15%.
2. It shall, in no event, charge an amount more than the amount agreed to whose details are given in the Annexure –I from any NITA beneficiary for a period of 03 (Three) year from the date of signing of this Agreement or until such time the prescribed rates are revised by the Central Government which ever earlier.
3. It shall not discriminate in the provisions of the facility in any manner whatsoever against the NITA beneficiary receiving treatment in the hospital as compared to any other patient of equal status and coming for treatment in the hospital.
4. In emergency, the hospital will not refuse admission or demand for an advice from the NITA beneficiary or his family member and provide medical treatment facilities to the patient on production of valid NIT Agartala ID Card and a referral letter from notified NIT Agartala authority may not be insisted upon from him. However, after admission in Hospital, the hospital authority will inform the notified NIT Agartala authority, who will send the referral letter through the patient or his/her representatives within 48 working hours from the time of admission, failing which it will be treated as normal patient. In case of family members, the NIT Agartala medical identity card issued by NIT Agartala authority will be produced by the patient.

The conditions of emergency are as under:-

- (a) Acute Coronary Syndrome (Coronary Artery By-pass Graft/ Percutaneous Trans Luminal Coronary Angiography) including Myocardial Infraction, Unstable Angina, Ventricular Arrhythmias,

Supra Ventricular Tachycardia, Cardiac Tamponade, Acute Left Ventricular Failure/Severe Congestive Cardiac Failure, Accelerated Hypertension, Complete Heart Block and Stroke/Myocardial attack, Acute Aortic dissection.

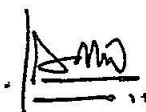
- (b) Acute Limb Ischemia, Rupture of Aneurism, Medical and Surgical shock and peripheral circulatory failure.
 - (c) Cerebral Vascular Attack-stroke, sudden unconsciousness, Head injury, Respiratory failure/decompressed lung disease, Cerebro-Meningeal Infections, convulsions, Acute Paralysis, Acute Visual loss.
 - (d) Acute Abdomen such as Acute Appendicitis, Acute Pancreatitis, Acute Renal Colic, Acute Intermittent Porphyria etc.
 - (e) Road Traffic Accident/with injuries including fall.
 - (f) Acute poisoning.
 - (g) Acute Renal Failure.
 - (h) Acute abdomen in female including acute Obstetrical and Gynecological emergencies.
 - (i) Heart Stroke/Heart Exhaustion.
 - (j) Burns of all kinds.
 - (k) Any other disease/condition which the treating doctor considers life threatening.
5. The Hospital shall provide access to the financial and medical records for own assessment and review by medical and financial auditors of the NITA as and when necessary and requirement shall be final.
6. Any liability against the hospital arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect in rendering such services.
7. In any case of complaint of overcharging, the NIT Agartala may after factual enquiry derecognize the hospital, whose decision shall be final, without any notice and this shall be without any prejudice to any other action to be taken including recovery of overcharged amount.
8. During In-patient Department (IPD) treatment of the NITA beneficiary, the hospitals would not ask the beneficiary to purchase separately medicines from outside.
9. Serving NIT personnel and their dependents can avail facilities of doctor's consultations and investigations in outpatients department (OPD) of the hospital. Consultation fees will be charged as per hospital rates. However, for investigation the hospital will give 20% discount on hospital rates for such investigation. NITA will reimburse as per the CGHS rates towards ILS and rest of the amount would be borne by the beneficiary.
10. **On production of NITA Identity Card and a valid referral by the NITA, mentioning the bed entitlement, the hospital would provide treatment facilities to the NIT beneficiaries** subject to the condition that after commencement of the procedure/treatment, the NITA Beneficiaries are required to submit Medical form -97 under provision of

CS (MA) Rules 1944/Medical-2004 Form Set (for CGHS beneficiary) duly filled in on completion of the procedure/treatment.

11. For in-door patients after treatment and discharge of the patient the hospital will raise bills towards costs of treatments as per CGHS rates and submit the bills directly to the office of the NITA. NITA will process the bill for payment to the hospital concerned within 30 (thirty) days.
12. Any other services provided by the hospital to the NITA beneficiaries not included in the package deal within the purview of CGHS or not, but essential for recovery from illness, payment for such services be realized by the hospital from the NITA beneficiary before discharge from the hospital.
13. This Agreement contains the entire terms and conditions between the two parties and nothing outside this Agreement shall be valid and binding. This Agreement can be modified or altered only on written agreement signed by both the parties.
14. The Agreement shall remain in force for a period of 3 (three) year, but can be extended with mutual consent of both the parties.
15. Should the hospital get wind up or partnership is dissolved, the NIT Agartala shall have the power to terminate the agreement but termination of the agreement shall not relieve the hospital or their heirs and legal representatives from the legal liability in respect of the services provided by the hospital during the period when the Agreement was in force.
16. The NIT Agartala shall have lien and reserve the right to retain and set off against any sum which may from time to time be due to and payable to the hospital hereunder any claim, which the NIT Agartala may have against the hospital under this or any other agreement.
17. The first party and second party shall be at liberty at any time to terminate this agreement by giving one month notice in writing to each other for breach of any of the terms and conditions of this agreement and the decision of the both the parties in this regards shall be final. However, each side will be given opportunity to present its position before any decision to terminate the agreement is taken.
18. In the event of any question, dispute or difference whatsoever at any time arising under the conditions of Agreement or in any other manner under this Agreement or in any way relating thereto or the true meaning or interpretation of any of the provisions thereof (except as to any matters for which the decision is specifically provided for in the condition of Agreement) the same shall be referred for decision to an Arbitrator as per the provisions of Arbitrator and Conciliation Act, 1996 and all disputes will be subject to Agartala jurisdiction.
19. The hospital shall pay all expenses incidental to preparation and stamping of this agreement.
20. All notices and references hereunder shall be deemed to have been duly served and given to the hospital if delivered to the hospital or their authorized agent or left at consent by registered post to the address stated herein before and to the Director, NIT Agartala or sent by registered post or left at his office during office hours on any working day.

21. The Agreement shall be prepared in a single original copy. The original copy shall be retained by NITA, and a photocopy of the same shall be kept by the hospital.

In witness whereof, the Registrar on behalf of the NIT Agartala and above named '**Hospital**' have hereinto set respective hands the day and year first above written.



Signed by



signed by **DR. GAUTAM HAZARIKA**
Chief Operating Officer
ILS Hospitals, Agartala.

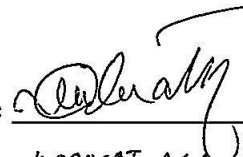
1. Witness

Signature _____

Name _____

Address _____

1. Witness

Signature  _____

Name MANOJ KUMAR DEBNATH

Address ILS HOSPITALS

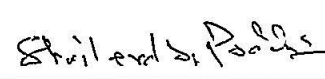
2. Witness

Signature _____

Name _____

Address _____

2. Witness

Signature  _____

Name SHAILENDRA PODDAR

Address ILS HOSPITALS