

FORM F

[See rules 4(2) and 5(2) and 6]

LICENCE TO WORK A LIFT

(This Licence is not transferable or assignable to any person, company, body of individuals or firm. This Licence is to be renewed once in three years and must be produced to the Licensing Authority when called for)

Registration No.: 30928/L/F/CGL/1645593829/Dt:23/02/2022

Under sub-section (3) of Section 5 of the Tamil Nadu Lifts and Escalators Act, 1997 (Tamil Nadu Act 35 of 1997) Thiru Tagore Educational Trust, are hereby granted Licence to work or cause to be worked or allow the working of the Lift erected and inspected on 17-Feb-2022 at the premises No.Medical College Hospital-Block-2,Chengalpattu (TK),Kattangkolathur Panchayat Union,Vengadamangalam Panchayat,Rathinamangalam-600127, subject to the provisions of the Tamil Nadu Lifts and Escalators Act, 1997 (Tamil Nadu Act 35 of 1997) and the Tamil Nadu Lifts and Escalators Rules, 1997 the particulars of which are given below:-

The Licence shall remain valid from 22-02-2022 to 21-02-2025 and is issued subject to the conditions set out on the below:-


Particulars

1) Make of Lift and Serial No.	:	Johnson Lifts Private Ltd and LN-8974
2) Type of Lift	:	Passenger
3) Type of Control	:	Simplex Selective Collective Control
4) Capacity	:	15/1020Persons

KARTHIK Digitally signed
EYAN by KARTHIKEYAN
Date: 2022.02.25
16:00:18 +05'30'

Date: 23-02-2022

Inspector of Lifts,
Government of Tamil Nadu.
Division: Chengalpattu


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Conditions

1. The lift or escalator and its installation shall be worked and maintained in conformity with the provisions of the Tamil Nadu Lifts and Escalators Act, 1997 and the Tamil Nadu Lifts and Escalators Rules, 1997.
2. If the holder of this licence does not reside in the Town or Village in which the lift or Escalator has been erected, he shall within one month from the date of this licence appoint an agent, authorized signatory of the licensee who shall be resident in the Town or Village in which the lift or escalator* has been erected. The agent, authorized signatory of the licensee so appointed shall be responsible for the working and maintenance of the lift or escalator in conformity with the provisions of the said Act and Rules. The name of every such agent, authorized signatory of the licensee shall be communicated to the Inspector of Lifts and Escalators. Any change of agent, authorized signatory of the licensee shall also be similarly communicated.
3. The holder of this licence, within one month from the date of this licence, appoint a manufacturer of lift or escalator or a company of Electrical and Mechanical Engineers for the maintenance of the lift or escalator and shall communicate the same to the Inspector. Any change of the above so appointed shall also be communicated.
4. The licensee shall produce test reports obtained from the competent person authorized under rule 14 for the lift installation in Form "O" or Form "P" for the escalator installation, at the end of every year from the date of grant or renewal of licence.
5. No additions or alterations to the lift or escalator and its installation shall be carried out without previous permission in writing of the Inspector.
6. The licensee shall not use the lift or escalator which is not in a safe condition and shall be solely responsible for the safe maintenance of the lift or escalator, so that the Tamil Nadu Lifts and Escalators Rules, 1997 are always complied with.
7. If the holder of this licence ceases to have interest in the lift or escalator installation for which the licence is granted, the licence shall be deemed to be invalid and it shall be returned to the Inspector.
8. If any direction issued under sub -section (2-A) of Section 11 of the Act has not been carried out, such lift in case is found being used, shall be ordered to be stopped forthwith and sealed by the Inspector.
9. The insurance policy shall be annually renewed at the end of its validity.
10. Whoever contravenes any of the provisions of the Act or the Rules made thereunder or the terms and conditions of a permission or of a licence or a direction given by the Inspector or any person appointed under Section 14 of the Act to assist him, shall be punishable with fine which may extend to one thousand rupees and in the case of a continuing contravention with a further fine which may extend to fifty rupees for every day during which such contravention is continued after such conviction.


DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

दि ओरिएण्टल इश्योरस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय: ओरिएण्टल हाउस पो.बॉ.नं.-7037
ए-25/27, आसफ अली रोड, नई दिल्ली-110 002.



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Corporate & Regd. Office : Oriental House,

P.B. No. 7037 A-25/27, Asaf Ali Road, New Delhi - 110 002

CIN No. U66010DL1947GOI007158

Signer: RASHMI RAMAN SINGH
Date: Tue, Jan 25, 2022 1:24:25 IST
Location: NOIDA
Reason: Signing Policy for OICL
Stamp Duty for Insurance Policies to be issued from 01/04/2021 to 31/03/2022 to Government vide E-Stamp Certificate No.IN-TN09227812030614T, dated 01/04/2021.

Policy No. : 411791/48/2022/907

Prev Policy No. : -

Cover Note No. : -

Cover Note Dt. : -

Insured's Code : 150269057

Issuing Office Code : 411791

Insured's Name : M/S TAGORE EDUCATIONAL TRUST (GSTIN: 0)

Issuing Office : BC Perungalathur (GSTIN: 33AAACT0627R3Z4)

Address : MEDICAL COLLEGE HOSPITAL BLOCK 2 CHENGALPET TK, KATTANGKOLATHUR PANCHAYAT UNION VENGADAMANGALAM PANCHAYAT, RATHINAMANGALA M.CHENNAI 600127 CHENNAI TAMIL NADU 600127

Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in NO.16, I FLOOR, Above JAYARAM SWEETS, KAMBAR STREET, NEW PERUNGALATHUR, CHENNAI TAMIL NADU 600063

Telephone No. : / / 0 / NA

Telephone No. : 9941929690 / / sujatha.n@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000671

Agent/Broker : BA0000146044 H.J.VINODHINI

Address : NO.6,DINAKARA ST,MUDICHUR ROAD,OLD PERUNGALATHUR,Chennai-600063.,CHENNAI,TAMIL NADU,600063

Tel/Fax/Email : 6383480005/6383480005/vaishuj96@gmail.com

Period of Insurance : FROM 11:10 ON 25/01/2022 TO MIDNIGHT OF 24/01/2023

Collection No. & Dt. : DC_I_IND 9973002202 - 25/01/2022 GST INVOICE NO :3320622461 UIN :0

Gross Premium : 500 GST : 90 Stamp Duty : .5 Total : 590

Retroactive Date : 25/01/2022

Lift

Risk Description : JOHNSON LN 8974, 15 P 1020 KGS, 15 HP, G+2

Sr.No.	Cover Description	SI
1	EXT 1-LIFT /ELEVATORS-PLI NON IND	100000

Total Premium in words : Indian Rupees Five Hundred Ninety Only

The insurance under this policy is extended to cover risks of (as per forms attached) :

EXT 1-LIFT /ELEVATORS-PLI NON IND

The insurance under this policy is subject to conditions, clauses, Warranties & Endorsements (as per forms attached):

Place : CHENNAI

Date : 25/01/2022



For and on behalf of
The Oriental Insurance Company Limited.

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Page 1 of 2

DEAN

TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Attached to and forming part of policy number 411791/48/2022/907

- 1 Not Beyond the Indian Territories
- 2 In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Hypothecation / Lease / Hire Names are as per the list attached: Not Applicable

In witness where of the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at BC Perungalathur (GSTIN: 33AAACT0627R3Z4) on 25TH DAY OF JANUARY 2022.

Entered By : N.SUJATHA

Examined By : N.SUJATHA

Policy Printed By: 853194 IP:

policy Printed On: 25-JAN-22 11:20:06 MAC:

For and on behalf of
The Oriental Insurance Company Limited

Authorised Signatory



Place : CHENNAI
Date : 25/01/2022



IRDA REGNO-056

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

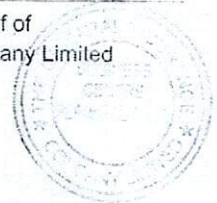
In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Page 2 of 2

Authorised Signatory



DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Government of Tamil Nadu

E-Challan

Payable at - ST CHENGALPATTU

Remitter Copy



Challan Number 202109306735421 Challan Date 30-Sep-2021 Payment Date
Remitter Type Public Remitter Code 30 Remitter Name Tagore Educational Trust
Mobile No. 6383480005 Aadhaar No. Remitter Address Medical College Hospital-Block-2,
Department 01402-Chief Electrical District KANCHIPURAM DDO Code 06020032
DDO / Office Name ELECTRICAL INSPECTOR CHENGALPATTU Department Transaction ID Office Name

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees under Tamil Nadu Lift Irrigation Rules	Licence Fee	004300800AB21634	2500	NA	lift erection permission

Payment Type	Instrument No.	Instrument Date.	Drawn Bank
Cheque	524195	28-SEP-21	PUNJAB NATIONAL BANK

Payment Mode Offline Payment Type Cheque Payment Status Pending

Challan Amount (Rs.) 2500

Bank Name SBI

Amount (in words) Two Thousand Five Hundred Rupees only.

Bank ref no. CPABCHXDE2

Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier

Manager/Accountant



Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Government of Tamil Nadu

E-Challan

Payable at - ST CHENGALPATTU

Remitter Copy



Challan Number 20210930573547 **Challan Date** 30-Sep-2021 **Payment Date**

Remitter Type Public **Remitter Code** 30 **Remitter Name** Tagore Educational Trust

Mobile No. 6383480005 **Aadhaar No.** **Remitter Address** Medical College Hospital-Block-2,

Department 01402-Chief Electrical Inspectorate **District** KANCHIPURAM **DDO Code** 06020032

DDO / Office Name ELECTRICAL INSPECTOR CHENGALPATTU **Department Transaction ID** **Office Name**

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees under Tamil Nadu Lift Irrigation Rules	Licence Fee	004300800AB21634	5000	NA	lift inspection fees

Payment Type	Instrument No.	Instrument Date.	Drawn Bank
Cheque	524193	28-SEP-21	PUNJAB NATIONAL BANK

Payment Mode Offline **Payment Type** Cheque **Payment Status** Pending

Challan Amount (Rs.) 5000 **Bank Name** SBI

Amount (In words) Five Thousand Rupees only. **Bank ref no.** CPABCHXEB7

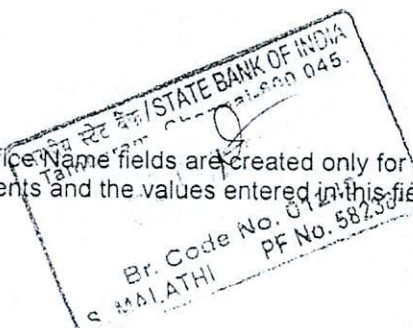
Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier

Manager/Accountant

Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.



[Handwritten Signature]

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

FORM F

[See rules 4(2) and 5(2) and 6]

LICENCE TO WORK A LIFT

(This Licence is not transferable or assignable to any person, company, body of individuals or firm. This Licence is to be renewed once in three years and must be produced to the Licensing Authority when called for)

Registration No.: 30926/L/F/CGL/1645593512/Dt:23/02/2022

Under sub-section (3) of Section 5 of the Tamil Nadu Lifts and Escalators Act, 1997 (Tamil Nadu Act 35 of 1997) Thiru Tagore Educational Trust, are hereby granted Licence to work or cause to be worked or allow the working of the Lift erected and inspected on 17-Feb-2022 at the premises No.2-Medical College Chengalpattu (TK),Kattangolathur Panchayat Union,Vengadamangalam Panchayat,Rathinamangalam-600127, subject to the provisions of the Tamil Nadu Lifts and Escalators Act, 1997 (Tamil Nadu Act 35 of 1997) and the Tamil Nadu Lifts and Escalators Rules, 1997 the particulars of which are given below:-

The Licence shall remain valid from 22-02-2022 to 21-02-2025 and is issued subject to the conditions set out on the below:-

Particulars

1) Make of Lift and Serial No.	:	Johnson Lifts Private Ltd and LN-8975
2) Type of Lift	:	Passenger
3) Type of Control	:	Simplex Selective Collective Control
4) Capacity	:	8/544Persons

**KARTHIK
EYAN**

Digitally signed by
KARTHIKEYAN

Date: 2022.02.25
15:59:05 +05'30'

Date: 23-02-2022

Inspector of Lifts,
Government of Tamil Nadu.
Division: Chengalpattu



DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MEDICAL COLLEGE POST,
Chennai-600127

Conditions

1. The lift or escalator and its installation shall be worked and maintained in conformity with the provisions of the Tamil Nadu Lifts and Escalators Act, 1997 and the Tamil Nadu Lifts and Escalators Rules, 1997.
2. If the holder of this licence does not reside in the Town or Village in which the lift or Escalator has been erected, he shall within one month from the date of this licence appoint an agent, authorized signatory of the licensee who shall be resident in the Town or Village in which the lift or escalator* has been erected. The agent, authorized signatory of the licensee so appointed shall be responsible for the working and maintenance of the lift or escalator in conformity with the provisions of the said Act and Rules. The name of every such agent, authorized signatory of the licensee shall be communicated to the Inspector of Lifts and Escalators. Any change of agent, authorized signatory of the licensee shall also be similarly communicated.
3. The holder of this licence, within one month from the date of this licence, appoint a manufacturer of lift or escalator or a company of Electrical and Mechanical Engineers for the maintenance of the lift or escalator and shall communicate the same to the Inspector. Any change of the above so appointed shall also be communicated.
4. The licensee shall produce test reports obtained from the competent person authorized under rule 14 for the lift installation in Form "O" or Form "P" for the escalator installation, at the end of every year from the date of grant or renewal of licence.
5. No additions or alterations to the lift or escalator and its installation shall be carried out without previous permission in writing of the Inspector.
6. The licensee shall not use the lift or escalator which is not in a safe condition and shall be solely responsible for the safe maintenance of the lift or escalator, so that the Tamil Nadu Lifts and Escalators Rules, 1997 are always complied with.
7. If the holder of this licence ceases to have interest in the lift or escalator installation for which the licence is granted, the licence shall be deemed to be invalid and it shall be returned to the Inspector.
8. If any direction issued under sub -section (2-A) of Section 11 of the Act has not been carried out, such lift in case is found being used, shall be ordered to be stopped forthwith and sealed by the Inspector.
9. The insurance policy shall be annually renewed at the end of its validity.
10. Whoever contravenes any of the provisions of the Act or the Rules made thereunder or the terms and conditions of a permission or of a licence or a direction given by the Inspector or any person appointed under Section 14 of the Act to assist him, shall be punishable with fine which may extend to one thousand rupees and in the case of a continuing contravention with a further fine which may extend to fifty rupees for every day during which such contravention is continued after such conviction.



DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय: ओरिएण्टल हाउस, प्लॉट नं. 7037
ए-25/27, आसफ अली रोड, नई दिल्ली-110 002.

THE ORIENTAL INSURANCE

(A Govt. of India Undertaking)

Corporate & Regd. Office : Oriental House,

P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002

CIN No. U66010DL1947GOI007158

Signer: RASHMI RAMAN SINGH

Date: Tue, Jan 25, 2022 14:20:35 IST

Location: NOIDA

Reason: Signing Policy for OICL

PUBLIC LIABILITY NON INDUSTRIAL POLICY SCHEDULE

Policy No. : 411791/48/2022/906

Prev Policy No. : -

Cover Note No. : -

Cover Note Dt. : -

Insured's Code : 150269057

Issuing Office Code : 411791

Insured's Name : M/S TAGORE EDUCATIONAL

Issuing Office : BC Perungalathur (GSTIN:

Address : TRUST (GSTIN: 0)

33AAACT0627R3Z4)

2 MEDICAL COLLEGE

Address :

Immediate Claim
intimation(excluding Marine Hull
and Health claim) be sent to
410011@orientalinsurance.co.in
NO.16, I FLOOR, Above
JAYARAM SWEETS,
KAMBAR STREET, NEW
PERUNGALATHUR,
CHENNAI TAMIL NADU 600063CHENGALPET TK,
KATTANGKOLATHUR
PANCHAYAT UNION
VENGADAMANGALAM
PANCHAYAT, RATHINAMANGALA
M, CHENNAI 600127
CHENNAI TAMIL NADU 600127

Telephone No. : / / 0 / NA

Telephone No. : 9941929690 / /
sujatha.n@orientalinsurance.co.inCONSOLIDATED amount paid towards
Stamp Duty for Insurance Policies to be
issued from 01/04/2021 to 31/03/2022 to
Government vide E-Stamp Certificate
No.IN-TN09227812030614T, dated 01/04/2021.

Agent/Broker Details

Dev.Off.Code : NZ0000000671

Agent/Broker : BA0000146044 H.J.VINODHINI

Address : NO.6,DINAKARA ST,MUDICHUR ROAD,OLD PERUNGALATHUR,Chennai-
600063,,CHENNAI,TAMIL NADU,600063

Tel/Fax/Email : 6383480005/6383480005//vaishuj96@gmail.com

Period of Insurance : FROM 11:10 ON 25/01/2022 TO MIDNIGHT OF 24/01/2023

Collection No. & Dt. : DC_I_IND 9973002202 - 25/01/2022 GST INVOICE NO :3320622467 UIN :0

Gross Premium : 500 GST : 90 Stamp Duty : .5 Total : 590

Retroactive Date : 25/01/2022

Lift

Risk Description : JOHNSON LN 8975, 8 P 544 KGS, 7.5 HP. G+2

Sr.No.	Cover Description	SI
1	EXT 1-LIFT /ELEVATORS-PLI NON IND	100000

Total Premium in words : Indian Rupees Five Hundred Ninety Only

The insurance under this policy is extended to cover risks of (as per forms attached) :

EXT 1-LIFT /ELEVATORS-PLI NON IND

The insurance under this policy is subject to conditions, clauses, Warranties & Endorsements (as per forms attached):

Place : CHENNAI

Date : 25/01/2022

For and on behalf of
The Oriental Insurance Company LimitedThis is an electronically generated document (Policy Schedule). The
Policy document duly stamped will be sent by post.In case of any query regarding the Policy please call Toll
Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

Authorised Signatory



Page 1 of 2

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Signer: RASHMI RAMAN SINGH
 Date: Tue, Jan 25, 2022, 11:23:35 IST
 Location: NOIDA
 Reason: Signing Policy for OICL

Attached to and forming part of policy number 411791/48/2022/906

- 1 Not Beyond the Indian Territories
- 2 In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Hypothecation / Lease / Hire Names are as per the list attached: Not Applicable

In witness where of the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at BC Perungalathur (GSTIN: 33AAACT0627R3Z4) on 25TH DAY OF JANUARY 2022.

Entered By : N.SUJATHA

Examined By : N.SUJATHA

Policy Printed By: 853194 IP:

policy Printed On: 25-JAN-22 11:19:16 MAC:

For and on behalf of
 The Oriental Insurance Company Limited

Authorised Signatory



Place : CHENNAI

Date : 25/01/2022



IRDA REGD NO. 556

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

For and on behalf of
 The Oriental Insurance Company Limited

Authorised Signatory



Page 2 of 2

[Signature]
 DEAN
 TAGORE MEDICAL COLLEGE & HOSPITAL
 RATHINAMANGALAM, MELAKOTTAIYUR POST,
 Chennai-600 127.

Government of Tamil Nadu

E-Challan

Payable at - ST CHENGALPATTU

Remitter Copy



Challan Number 202109305735373, Challan Date 30-Sep-2021, Payment Date
Remitter Type Public, Remitter Code 30, Remitter Name Tagore Educational Trust
Mobile No. 6383480005, Aadhaar No., Remitter Address 2-Medical College Chengalpattu (TK),
Department 01402-Chief Electrical Inspectorate, District KANCHIPURAM, DDO Code 06020032
DDO / Office Name ELECTRICAL INSPECTOR CHENGALPATTU, Department Transaction ID, Office Name

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees under Tamil Nadu Lift Irrigation Rules	Licence Fee	004300800AB21634	2500	NA	lift erection permission

Payment Type	Instrument No.	Instrument Date.	Drawn Bank
Cheque	524197	28-SEP-21	PUNJAB NATIONAL BANK

Payment Mode Offline, Payment Type Cheque, Payment Status Pending

Challan Amount (Rs.) 2500, Bank Name SBI

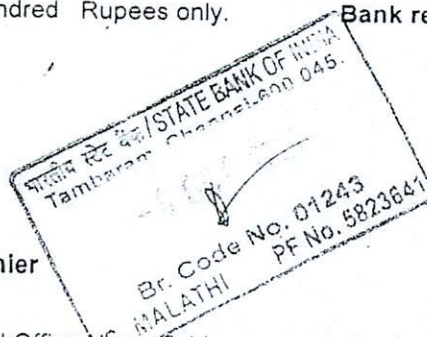
Amount (in words) Two Thousand Five Hundred Rupees only, Bank ref no. CPABCHWXY4

Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier

Manager/Accountant



Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.

DEAN
TAGORE MEDICAL COLLEGE & HOSPITAL
RATHINAMANGALAM, MELAKOTTAIYUR POST,
Chennai-600 127.

Government of Tamil Nadu

E-Challan

Payable at - ST CHENGALPATTU

Remitter Copy



Challan Number 20210930573540 Challan Date 30-Sep-2021 Payment Date
Remitter Type Public Remitter Code 30 Remitter Name Tagore Educational Trust
Mobile No. 6383480005 Aadhaar No. Remitter Address 2-Medical College Chengalpattu (TK),
Department 01402-Chief Electrical Inspectorate District KANCHIPURAM DDO Code 06020032
DDO / Office Name ELECTRICAL INSPECTOR CHENGALPATTU Department Transaction ID Office Name

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees under Tamil Nadu Lift Irrigation Rules	Licence Fee	004300800AB21634	5000	NA	lift inspection fees

Payment Type	Instrument No.	Instrument Date.	Drawn Bank
Cheque	524196	28-SEP-21	PUNJAB NATIONAL BANK

Payment Mode Offline Payment Type Cheque Payment Status Pending

Challan Amount (Rs.) 5000 Bank Name SBI

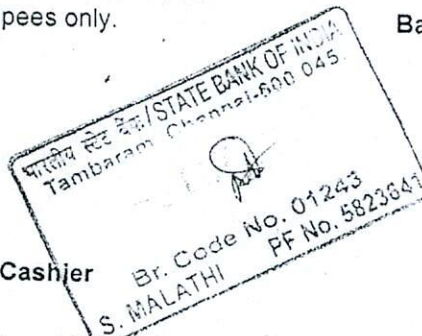
Amount (in words) Five Thousand Rupees only. Bank ref no. CPABCHXAS7

Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier

Manager/Accountant



Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.

FORM E

[See rules 4(2) and 5(2) and 6]

LICENCE TO WORK A LIFT

(This Licence is not transferable or assignable to any person, company, body of individuals or firm. This Licence is to be renewed once in three years and must be produced to the Licensing Authority when called for)

Registration No.: 30927/L/F/CGL/1645593677/Dt:23/02/2022

Under sub-section (3) of Section 5 of the Tamil Nadu Lifts and Escalators Act, 1997 (Tamil Nadu Act 35 of 1997) Thiru Tagore Educational Trust, are hereby granted Licence to work or cause to be worked or allow the working of the Lift erected and inspected on 17-Feb-2022 at the premises No.Medical College Hospital-Block-1,Chengalpattu (TK),Kattangolathur Panchayat Union,Vengadamangalam Panchayat,Rathinamangalam-600127, subject to the provisions of the Tamil Nadu Lifts and Escalators Act, 1997 (Tamil Nadu Act 35 of 1997) and the Tamil Nadu Lifts and Escalators Rules, 1997 the particulars of which are given below:-

The Licence shall remain valid from 22-02-2022 to 21-02-2025 and is issued subject to the conditions set out on the below:-

Particulars

1) Make of Lift and Serial No.	:	Johnson Lifts Private Ltd and LG-4875
2) Type of Lift	:	Passenger
3) Type of Control	:	Simplex Selective Collective Control
4) Capacity	:	16/1088Persons

**KARTHIK
EYAN**

Digitally signed by
KARTHIKEYAN

Date: 2022.02.25
15:59:41 +05'30'

Date: 23-02-2022

Inspector of Lifts,
Government of Tamil Nadu.
Division: Chengalpattu


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Chennai-600 127.

Conditions

1. The lift or escalator and its installation shall be worked and maintained in conformity with the provisions of the Tamil Nadu Lifts and Escalators Act, 1997 and the Tamil Nadu Lifts and Escalators Rules, 1997.
2. If the holder of this licence does not reside in the Town or Village in which the lift or Escalator has been erected, he shall within one month from the date of this licence appoint an agent, authorized signatory of the licensee who shall be resident in the Town or Village in which the lift or escalator* has been erected. The agent, authorized signatory of the licensee so appointed shall be responsible for the working and maintenance of the lift or escalator in conformity with the provisions of the said Act and Rules. The name of every such agent, authorized signatory of the licensee shall be communicated to the Inspector of Lifts and Escalators. Any change of agent, authorized signatory of the licensee shall also be similarly communicated.
3. The holder of this licence, within one month from the date of this licence, appoint a manufacturer of lift or escalator or a company of Electrical and Mechanical Engineers for the maintenance of the lift or escalator and shall communicate the same to the Inspector. Any change of the above so appointed shall also be communicated.
4. The licensee shall produce test reports obtained from the competent person authorized under rule 14 for the lift installation in Form "O" or Form "P" for the escalator installation, at the end of every year from the date of grant or renewal of licence.
5. No additions or alterations to the lift or escalator and its installation shall be carried out without previous permission in writing of the Inspector.
6. The licensee shall not use the lift or escalator which is not in a safe condition and shall be solely responsible for the safe maintenance of the lift or escalator, so that the Tamil Nadu Lifts and Escalators Rules, 1997 are always complied with.
7. If the holder of this licence ceases to have interest in the lift or escalator installation for which the licence is granted, the licence shall be deemed to be invalid and it shall be returned to the Inspector.
8. If any direction issued under sub-section (2-A) of Section 11 of the Act has not been carried out, such lift in case is found being used, shall be ordered to be stopped forthwith and sealed by the Inspector.
9. The insurance policy shall be annually renewed at the end of its validity.
10. Whoever contravenes any of the provisions of the Act or the Rules made thereunder or the terms and conditions of a permission or of a licence or a direction given by the Inspector or any person appointed under Section 14 of the Act to assist him, shall be punishable with fine which may extend to one thousand rupees and in the case of a continuing contravention with a further fine which may extend to fifty rupees for every day during which such contravention is continued after such conviction.


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दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का एक उपक्रम)

पंजीकृत कार्यालय: ओरिएण्टल हाउस पो बॉक्स - 7037

ए-25/27, आसफ अली रोड, नई दिल्ली-110 002.



THE ORIENTAL INSURANCE COMPANY LIMITED
(A Govt. of India Undertaking)
Corporate & Regd. Office : Oriental House,
P.B. No. 7037, A-25/27, Asaf Ali Road, New Delhi - 110 002
CIN No. U66010DL1947GOI007158

Signer: RASHMI RAMAN RINGH
Date: Tue, Jan 25, 2022 11:22:25 IST

Location: NOIDA

Reason: Signing Policy for OICL

Policy No. : 411791/48/2022/905

Prev Policy No. : -

Cover Note No. : -

Cover Note Dt. : -

Insured's Code : 150269057

Issuing Office Code : 411791

Insured's Name : M/S TAGORE EDUCATIONAL TRUST (GSTIN: 0)

Issuing Office : BC Perungalathur (GSTIN: 33AAACT0627R3Z4)

Address : MEDICAL COLLEGE HOSPITAL BLOCK I, CHENGALPET TK, KATTANGKOLATHUR PANCHAYAT UNION VENGADAMANGALAM PANCHAYAT, RATHINAMANGALA M, CHENNAI 600127 CHENNAI TAMIL NADU 600127

Address : Immediate Claim intimation(excluding Marine Hull and Health claim) be sent to 410011@orientalinsurance.co.in NO.16, I FLOOR, Above JAYARAM SWEETS, KAMBAR STREET, NEW PERUNGALATHUR, CHENNAI TAMIL NADU 600063

Telephone No. : / / 0 / NA

Telephone No. : 9941929690 / / sujatha.n@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NZ0000000671

Agent/Broker : BA0000146044 H.J.VINODHINI

Address : NO.6, DINAKARA ST, MUDICHUR ROAD, OLD PERUNGALATHUR, Chennai-600063, CHENNAI, TAMIL NADU, 600063

Tel/Fax/Email : 6383480005/6383480005/vaishuj96@gmail.com

Period of Insurance : FROM 11:05 ON 25/01/2022 TO MIDNIGHT OF 24/01/2023

Collection No. & Dt. : DC_I_IND 9973002202 - 25/01/2022 GST INVOICE NO : 3320622458 UIN : 0

Gross Premium : 500 GST : 90 Stamp Duty : .5 Total : 590

Retroactive Date : 25/01/2022

Lift

Risk Description : JOHNSON LG 4875 , 16 P/1068 KGS, 15 HP, G+ 5

Sr.No.	Cover Description	SI
1	EXT 1-LIFT /ELEVATORS-PLI NON IND	100000

Total Premium in words : Indian Rupees Five Hundred Ninety Only

The insurance under this policy is extended to cover risks of (as per forms attached) :

EXT 1-LIFT /ELEVATORS-PLI NON IND

The insurance under this policy is subject to conditions, clauses, Warranties & Endorsements (as per forms attached):

Place : CHENNAI

Date : 25/01/2022



For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees.

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

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Chennai-600 127.

Authorised Signatory



CONSOLIDATED amount paid towards Stamp Duty for Insurance Policies to be issued from 01/04/2021 to 31/03/2022 to Government vide E-Stamp Certificate No.IN-TN09227812030614T, dated 01/04/2021.

Signer: RASHMI RAMAN SINGH
 Date: Tue, Jan 25, 2022 11:22:25 IST
 Location: NOIDA
 Reason: Signing Policy for OICL

Attached to and forming part of policy number 411791/48/2022/905

- 1 Not Beyond the Indian Territories
- 2 In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Hypothecation / Lease / Hire Names are as per the list attached: Not Applicable

In witness where of the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at BC Perungalathur (GSTIN: 33AAACT0627R3Z4) on 25TH DAY OF JANUARY 2022.

Entered By : N.SUJATHA

Examined By : N.SUJATHA

Policy Printed By: 853194 IP:

policy Printed On: 25-JAN-22 11:18:06 MAC:

For and on behalf of
 The Oriental Insurance Company Limited

Authorised Signatory



Place : CHENNAI
 Date : 25/01/2022



DR. ANJANA
TAGORE MEDICAL COLLEGE & HOSPITAL
RAJIVANANDALAM, MELAKOTTAIUR POST,
Chennai-600 127.

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll free No. 1800 11 8485 and 011 33208485.

IN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in

For and on behalf of
 The Oriental Insurance Company Limited

Authorised Signatory



Government of Tamil Nadu

E-Challan

Payable at - ST CHENGALPATTU

Remitter Copy



Challan Number 20210930573526 Challan Date 30-Sep-2021 Payment Date
Remitter Type Public Remitter Code 30 Remitter Name Tagore Educational Trust
Mobile No. 6383480005 Aadhaar No. Remitter Address Medical College Hospital-Block-1,
Department 01402-Chief Electrical District KANCHIPURAM DDO Code 06020032
DDO / Office Name ELECTRICAL INSPECTOR CHENGALPATTU Department Transaction ID Office Name

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees under Tamil Nadu Lift Irrigation Rules	Licence Fee	004300800AB21634	5000	NA	lift erection permission

Payment Type	Instrument No.	Instrument Date.	Drawn Bank
Cheque	524200	29-SEP-21	PUNJAB NATIONAL BANK

Payment Mode Offline Payment Type Cheque Payment Status Pending

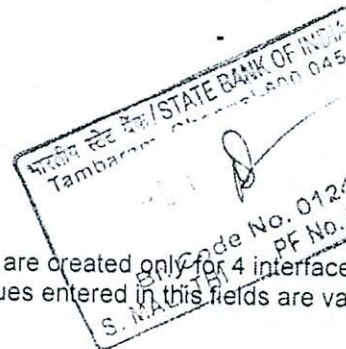
Challan Amount (Rs.) 5000 Bank Name SBI

Amount (in words) Five Thousand Rupees only. Bank ref no. CPABCHWPL8

Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier



Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.

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Government of Tamil Nadu

E-Challan

Payable at - ST CHENGALPATTU

Remitter Copy



Challan Number 20210930573531 Challan Date 30-Sep-2021 Payment Date
Remitter Type Public Remitter Code 30 Remitter Name Tagore Educational Trust
Mobile No. 6383480005 Aadhaar No. Remitter Address Medical College Hospital-Block-1,
Department 01402-Chief Electrical District KANCHIPURAM DDO Code 06020032
DDO / Office Name ELECTRICAL INSPECTOR CHENGALPATTU Department Transaction ID Office Name

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees under Tamil Nadu Lift Irrigation Rules	Licence Fee	004300800AB21634	10000	NA	lift inspection fees

Payment Type	Instrument No.	Instrument Date.	Drawn Bank
Cheque	524194	28-SEP-21	PUNJAB NATIONAL BANK

Payment Mode Offline Payment Type Cheque Payment Status Pending

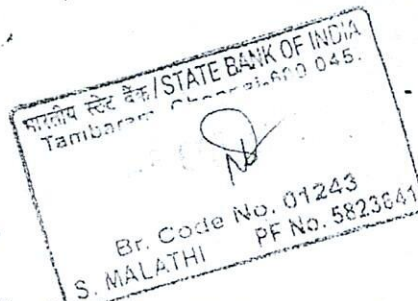
Challan Amount (Rs.) 10000 Bank Name SBI

Amount (in words) Ten Thousand Rupees only. Bank ref no. CPABCHWSD8

Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier



Manager/Accountant

Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.

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CAUTION

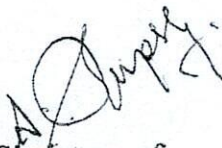
Trapped in a Lift - DON NOT PANIC! - No cause for worry.


Please press the ALARM BELL or shout for help. Do not press any of the buttons unnecessarily while the rescue operation is on. It is safer being inside the lift rather than trying to come out when the lift is not in the landing level.


Also, kindly be aware that Rescue Operation should only be carried out by responsible persons and not by children.

In case you find any difficulty in operation or if you require any guidance regarding the usage of the Lift, please do, get in touch with us so that we may be in a position to depute our personnel with prior appointment to explain the various procedures.

As and when there is a change in your maintenance personnel you may feel free to contact us to demonstrate about the safety of the rescue operation. We will be always at your service to depute our staff.


Signature of
Technician


Signature of
Site Authority


Testing
Engineer


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Johnson Lifts Private Limited

Head Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai - 600 101.

Phone : 26152200 (6 Lines)
Grams : "LIFTS"
Fax : 91-44-26151614
E-mail : info@johnsonliftsld.com
Website : www.johnsonliftsld.com

You are now the owner of _____ "JOHNSON" Lift/s. We are listing below some of the "Do"s and DON'Ts for using the Lift efficiently and to avoid frequent breakdowns and consequent inconveniences. Before informing us about the break-down, please check the following.

- a) Check for Power Supply -
If not power supply, please call Electricity Board.
- b) Check if all three phase Power Supply are available :
If not, Please call Electricity Board.
- c) Check the incoming main fuses -
If they are blown out, Please rewire it or call Electricity Board.
- d) Check whether all the landing gates and lift gates are closed properly
If not, close it.
- e) Please check whether all the three phases are in sequence
If not, call Electricity Board.
- f) Please check whether the MPCB is in "ON" Position -
If not, switch it on.
- g) Please check if any phase linking is there
If so, call Electricity Board.
- h) If your Lift is not running even after all the above check Ups, Please get in touch with our service Department on Phone No. 26152003, 26152004, 26152005, 26152006.

DO's and DON'Ts

1. Please keep your Machine Room under lock and key.
2. Please identify "JOHNSON LIFTS" Service Personnel before allowing them to attend to your lift.
3. Please do not allow unidentified persons to attend or check your lift.
4. Please put the lift lights "ON" Permanently.
5. Do not load the Lift beyond the rated load.
6. Do not put your hands through the gates when the Lift is on the landing or away from it.
7. Do not put your hands through the gates when the Lift is on the landing or away from it.
8. Do not allow water to enter into the lift well and to the machine room.
9. Do not touch the Lift parts without switching off the Power Supply.
10. Do not tamper with any of the Controller Circuits.


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For relieving the Passengers trapped inside the Lift, the following steps may be observed :

- 1) If the Lift has stopped in between floors, Normally a large portion would be visible from one of the landings. Select that landing for carrying out rescue operations.
- 2) Insert the Door Open Key in the provision provided above the Push Box, Push the Door Open Key and Open the door lock. The door will open freely without any obstruction. If any obstruction is observed, reinsert the key a little deeper till the lock releases and gate open freely.
- 3) Help the Passengers to come out of the Lift. See that he does not slip into the Lift Shaft. If any stool is provided for stepping on, please hold it firmly so as to prevent it from slipping into Lift Shaft.

"CAUTION"

The Rescue Operation should only be carried out by responsible members. Please do not allow children to carry out the rescue operations.

If you are trapped in a Lift, please do not panic. Nothing will happen. Please press the **ALARM BELL** or should for help. Do not press any of the buttons unnecessarily while the rescue operation is on. If you have any difficulty in operation, or you require any guidance regarding the proper usage of the Lift please feel free to contact us at the above address so that we may be in a position to depute our personnel with a prior appointment to explain the various procedures.

You are entitled for periodical Free Service of the Lift both preventive and Corrective maintenance for a period of One Year. Our personnel will be coming periodically to carry out the maintenance of your Lift. After expiry of One Year Guarantee period, we offer Two types of Services.

- 1) Comprehensive Servicing and Maintenance Plan.
- 2) Routine Servicing and Maintenance Plan.

However, we will be getting in touch with you in this regard before the expiry of the warranty period.


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GENERAL INFORMATION REGARDING TESTING COMPLETED SITE STATUS

JOB NO.: L N 8974

DATE: 30/11/2020

NAME OF THE SITE: GIANESHA CONSTRUCTIONS

SL.NO.	DESCRIPTION	YES	NO
1.	LIFT MACHINE ROOM WITH LOCKABLE ARRANGEMENT		N/A
2.	LIFT MACHINE ROOM LIGHTING ARRANGEMENT		N/A
3.	LIFT SHAFT LIGHTING / MAIN ARRANGEMENT	✓	
4.	IF THERE IS ANY POSSIBILITY OF WATER ENTRY INTO THE LIFT MACHINE ROOM / PIT		✓
5.	IF THERE IS ANY POSSIBILITY OF WATER ENTRY INTO THE LIFT SHAFT THROUGH THE LANDING FLOORS		✓
6.	LIFT ENTRANCE FLOORING COMPLETION	✓	
7.	LIFT ENTRANCE WALL TILES FIXING COMPLETION	✓	
8.	LIFT MACHINE ROOM STEPS OR LADDER PROVISION		N/A
9.	LIFT MACHINE ROOM VENTILATOR ARRANGEMENTS	✓	
10.	SEPARATE SINGLE PHASE MAIN FOR CAR LIGHTING.	✓	
11.	CORRECT RATING OF SINGLE PHASE MAIN SWITCH	✓	
12.	SEPARATE 3 PHASE MAIN FOR LIFT CONTROLLER	✓	
13.	CORRECT RATING OF 3 PHASE MAIN SWITCH	✓	
14.	8 SWG COPPER EARTHING - 2 NOS.	✓	
15.	MACHINE ROOM WHITE WASH		N/A
16.	TRAP DOOR ARRANGEMENTS		N/A

SIGNATURE OF
TECHNICIANSIGNATURE OF
SITE AUTHORITY

TESTING ENGINEER

DEAN

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