

LETTER OF AUTHORISATION & APPROVAL

MoU AUTHORISED PERSON
APPROVAL LETTER**International Innovation Program — IIP 17.0 · Academic Session 2026 – 2027****TERRITORY**
BIHAR & JHARKHAND**TO****Dr. Arif Habib**Founder, Global Ideaz Skills Training Institute
Ashok Nagar, Ranchi, Jharkhand, India**DESIGNATION**
Director Outreach**PROGRAMME**
IIP 17.0**JURISDICTION**
Bihar & Jharkhand**VALID FOR**
Session 2026 – 27**Subject: Approval and authorisation of Dr. Arif Habib as Director Outreach (Bihar & Jharkhand) to initiate and complete the MoU collaboration process for the International Innovation Program (IIP 17.0), 2026 – 2027.**

Dear Dr. Arif Habib,

Eudoxia Research Centre (ERC), Mumbai · Bangalore · Guwahati, India, is pleased to **approve and appoint you as Director Outreach for the States of Bihar and Jharkhand** for the International Innovation Program — **IIP 17.0 (Academic Session 2026 – 2027)**, a one-year Research Executive Program fully focused on Research and Invention Skill Development through an outcome-based, industry-demanded and Ethical-AI-integrated curriculum.

In view of your leadership as Founder of Global Ideaz Skills Training Institute and your established association with ERC, you are hereby **authorised to initiate, coordinate and complete the MoU collaboration process** on behalf of ERC with universities, colleges and higher-education institutions located in Bihar and Jharkhand, on the terms set out in this letter.

1 Scope of Authority

- 1.1** Identify, approach and present IIP 17.0 to universities, colleges and institutes in **Bihar and Jharkhand**.
- 1.2** Share and explain ERC's approved documents — IIP 17.0 Brochure, MoU and Financial Proposal — without alteration.
- 1.3** Hold meetings and presentations with Vice-Chancellors, Directors, Principals and IQAC / Research Cells.
- 1.4** Obtain the institution's details, signatures and seal on the MoU and the Financial Proposal, and submit the signed originals to ERC.
- 1.5** Coordinate the MoU signing ceremony, student orientation and enrolment drives, and act as ERC's point of contact for the institution.
- 1.6** Facilitate delivery of institutional benefits — joint conferences, FDPs, workshop, symposium, internships, publications and IP support — with ERC's programme team.

2 MoU Collaboration Process**01**

Identify & approach institution

02

Present IIP 17.0 & benefits

03

Share MoU & Financial Proposal

04

Institute signs; ERC countersigns

05

Orientation, enrolment & benefit roll-out



3 Approved Commercial Terms to be Communicated

Item	Approved Term
Course fee per student (single registration)	₹ 18,000/- all-inclusive (GST @ 18% included)
Monthly tuition fee	NIL
Payment by the collaborating institution	NIL — all institutional benefits free of cost
MoU validity	5 years from the date of execution
Mode of fee payment	Students pay directly to ERC (GST invoice)

4 · Conditions & Limits of Authority

- MoUs become binding only on **countersignature by ERC's Director**, Prof. Dr. Pratisha Kumari.
- No change to fees, benefits or MoU terms without **prior written approval** of ERC.
- **No collection of fees or money** on ERC's behalf; payments go only to ERC's official account.
- No commitments beyond ERC's approved documents; no sub-delegation.

5 · Reporting & Conduct

- Submit a **monthly outreach report** — institutions approached, meetings held, MoUs signed and enrolments.
- Forward signed MoU originals to ERC within **7 days** of signing.
- Use ERC's name and logo only as approved and uphold ERC's ethics and integrity standards.

6 · Validity & Revocation

This authorisation is valid for the **Academic Session 2026 – 2027** (IIP 17.0), from the date of issue until **31 March 2027**, and may be renewed in writing. ERC may modify or revoke it at any time by written notice. MoUs duly executed and countersigned during its validity shall remain in force for their full 5-year term.

We are confident your leadership will bring IIP 17.0 to students and institutions across Bihar and Jharkhand, and wish you every success.

Issued & Approved by — EUDOXIA RESEARCH CENTRE

Signature _____
Name **Prof. Dr. Pratisha Kumari** _____
Designation **Director, Eudoxia Research Centre, Mumbai, Bangalore, Guwahati, India** _____
Date / Place _____

OFFICIAL SEAL

Acceptance — AUTHORISED PERSON

I accept this appointment and authorisation and agree to act within its scope, conditions and limits.

Signature _____
Name **Dr. Arif Habib** _____
Designation **Director Outreach (Bihar & Jharkhand), IIP 17.0 · Founder, Global Ideaz Skills Training Institute, Ranchi** _____
Date / Place _____



Alone we can do so little; together we can do so much.

— HELEN KELLER

Copy to: (1) President & CEO, Eudoxia Research Centre · (2) IIP 17.0 Programme Office · (3) Accounts Section, ERC · (4) Office file. Institutions may verify this authorisation with ERC before signing.