# Memorandum of understanding (MoU)

The D.V.V.P. Foundation's Medical College & Hospital, Vadgaon, Gupta, P.O.M.I.D.C., Ahmednagar

### Between

District Disability Rehabilitation Center, Vadgaon Gupta, Viladghat, P.O.M.I.D.C., A'nagar

This Memorandum of Understanding is made on the \_\_\_\_O 2 day of \_\_\_\_\_, 2018 by and between

The D.V.V.P. Foundation's Medical College & Hospital, Vadgaon Gupta, PO - M.I.D.C., Ahmednagar

**AND** 

# District Disability Rehabilitation Center, Ahmednagar

acting through PWD act, the authorized signatory, herein after referred to as "District Disability Rehabilitation Center", which expression shall unless repugnant to the context, include its successor in business, administrator's, liquidators and assigns or legal representative.

## I. PURPOSE OF THE COLLABORATIVE PROJECT

The purpose of the agreement is to set up a **The D.V.V.P. Foundation's Medical College & Hospital, Vadgaon Gupta, P.O.M.I.D.C., Ahmednagar** certified medical service facility. The aim is to provide access to the quality of medical services.

#### II. RESPONSIBILITIES OF THE D.V.V.P.FOUNDATION'S MEDICAL COLLEGE & HOSPITAL:

- 1. To supply medical officers such as ENT Surgeons, Orthopaedics Surgeons, Ophthalmology Surgeons, Pediatricians for regularity checkup of the physically challenged.
- 2. To arrange quarterly medical checkup camps of the physically challenged.
- 3. To provide guidance regarding medical issues & the development of the physically challenged.
- 4. To provide the operation /hospital in house services at a concessional rate for critical physically challenged.
- 5. To provide the Government facilities regarding medical services.
- 6. To provide the referral services for hospitalization.
- 7. No Financial Conflict.

DVVPF's Medical College & Hospital, Ahmednagar – 414 111

#### III. RESPONSIBILITIES OF DDRC:

- 1. To provide a room with suitable, sufficient and convenient space to be used for care & treatment purpose with adequate furniture, lighting and privacy and any other infrastructure required.
- 2. To provide equipped laboratory.
- 3. To respect the privacy of the physically challenged and maintain confidentiality. Provide data protection system to ensure that records off all those who are treated.
- 4. To maintain quality assurance at the service delivery.
- 5. To maintain stock records for the all items and drugs.
- 6. To maintain quality waste management of disposable items those are used in treatment.
- 7. To attend coordination /review meetings conducted by the D.V.V.P. Foundation's Medical College & Hospital.

### IV. COMMENCEMENT

- 1. This Memorandum OF Understanding shall become effective upon signature by both the parties and certification of the facility site. It shall remain in full force and effect for a period of five years thereafter.
- 2. Further, the certification of the site collaborative medical services project as "The D.V.V.P. Foundation's Medical College & Hospital designated shall run concomitantly with the present memorandum of understanding.

#### V. RENEWAL OF AGREEMENT

This Memorandum OF understanding is renewable at the option / The D.V.V.P. Foundation's Medical College & Hospital. Three months prior to the expiry of the Memorandum of understanding due to efflux of time The D.V.V.P. Foundation's Medical College & Hospital shall intimate Sun Pharmaceutical Industries Ltd., if it intends to renew or not renew the Memorandum of understanding.

#### VI. TERMINATION OF AGREEMENT

- 1. Any party may terminate this Memorandum of Understanding after giving three months' notice to the other parties at the address provided in this Memorandum of Understanding for correspondence or the last communicated for the purpose and acknowledges in writing by other party.
- 2. If any dispute or disagreement arises between the parties during the course of provision of service, the same shall be resolved amicably by mutual discussion and negotiation. In case of unresolved differences either part can give three months' notice on termination.

### VII. ADDRESS FOR CORRESPONDENCE

In witness thereof, the parties herein have appended their respective signatures the day and year above stated.

Signed for and on behalf of DVVPF's Medical College & Hospital, Ahmednagar

Name - Dr. Sunil Natha Mhaske

Designation - Dean

Signature DEAN

Date - 02 05 2018

Dr. Vithalrao Vikhe Patil Foundation's MEDICAL COLLEGE & HOSPITAL

Anmednagar

Director
District Disability Rehabilitation
Center, Ahmednagar

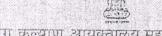
Signed for and on behalf of District Disability Rehabilitation Center, Ahmednagar

Name - Dr. Abhijit Diwate

Designation / Direct

Signature

Date - 02/05/2018



# अपंग कल्याण आयुक्तालय, महाराष्ट्र राज्य, पृणे

(State Commissioner, Persons with Disabilities, Maharashtra State, Pune) सामाजिक त्याय व विशेष संराध्य विभाग, महाराष्ट्र शासन (Social Justice and Special Assistance Department, Government of Maharashtra)

# (Certificate of Registration)

अपंग व्यक्ती हक्क अधिनियम २०१६ मधील कलम ५१ (२) अन्वये (Issued as per provisions of section 51(2) of Right of Persons with Disabilities Act, 2016)

6.02.04,2018 जावक क्र. Outward no.

प्रमाणपत्र क्र. बी - ००५१ Certificate No -B -0051

संस्थेचे नाव व पता

: डॉ. विट्रलराब विखे पाटील फाँडेशनचे भौतिकोपचार महाविद्यालय, वहगांव गप्ता (विळंद घाट ) यो. एमआवडीसी, अहमदनगर ता. जि. अहमदनगर

उपक्रमाचे नाव, पत्ता व स्वरूप

(Name and Address of Institution)

: अपंग पनवंसन केंद्र ता. जि. अहमदनगर

Name, Address & Nature of Project

उपक्रमाचा प्रकार (Type of Project) : अपंग क्षेत्रात कार्य करण्यासाठी Registration to work in the field of Disability

उपक्रम सोंटणीचा दिनांक (Date of Enrolment) : ३१.०३.२०१८ वेधता दिनांक ३०.०३.२०२३

(Valid up to)

या द्वारे प्रमाणित करण्यात येते की, वरील नमद उपक्रमांची या आयक्तालयात देवण्यात आलेल्या नोंद बहीत अनुक्रमांक ५१ वर नोंद घेऊन सदरचे नोंदणीप्रमाणपत्र प्रदान करण्यात येत आहे.

It is hereby certified that the project mentioned above is duly registered in the Register at Sr. No.51 maintained in the office of this Commissionrate.



सक्षम प्राधिकारी तथा आर्येक्त अपंग कल्याण, महाराष्ट्र राज्य, पुणे. Competent Authority alias State Commissioner Persons with Disabilities, Mahurashtra State, Pune.

- सदस्य नोदर्णाप्रमाणपत्र अहत्सामरणीय आहे.
- सदरचे नोंदणोप्रमाणपत्र मणाज अनुदानित / विनाअनुदानित मान्यता
- B. . सद्दर्भ मोदणीप्रमाणका ह वे.वळ तथीन उपक्रमाकरीता आहे.
- सविस्तर अटी व शर्तीकरीता मळ नांदणीप्रमाणपत्र आदेण पाषाबंत.
- इरम्यानच्या काळात हे प्रमाणपत्र रह फेल नाही किया मार्ग घेतले माही तर ने बरील दिनाकापयन बेथ राहील
- Hiris certificateris act trimsferable
- This certificate is not an inded or unaided sanction.
- his ceraficate is only for new registration.
- Please rater original certificate order for detailed terms and
- In meaning, if this certificate is not cancelled or Withdrawn, it will be valid till date as mentioned above.

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