

Memorandum of understanding (MoU)

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

Between

Shri Shivaji Shikshan Prasarak Mandal, Shri Shivaji Nagar, Tal. Rahuri, Dist. Ahmednagar

This Memorandum of Understanding is made on the 03th day of September, 2015 by and between **The P.D.V.V.P. Foundation's Medical College & Hospital, Vadgaon Gupta, PO - M.I.D.C., Ahmednagar**

AND

Shri Shivaji Shikshan Prasarak Mandal, Shri Shivaji Nagar, Tal. Rahuri, Dist. Ahmednagar

acting through Bombay Public Trust the authorized signatory, herein after referred to as **"Shri Shivaji Shikshan Prasarak Mandal"**, 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 P.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 P.D.V.V.P. FOUNDATION'S MEDICAL COLLEGE & HOSPITAL:

1. To supply medical officers for regularity checkup of the patients.
2. To arrange quarterly medical checkup camps of various diseases.
3. To provide guidance regarding medical issues & the development of patients.
4. To provide training of staff of CFHRC staff.
5. To provide the operation /hospital in house services at a concessional rate for critical patients.
6. To provide the extent Govt. facilities regarding medical services.
7. To provide the referral services for hospitalization.
8. No Financial Conflict.

III. RESPONSIBILITIES OF :

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 a laboratory equipped with refrigerator, centrifuge, micropipette, needle cutter.
3. To provide consumable such as needles, gloves, syringes, serum storage vials micro type.
4. To respect the privacy of patients and maintain confidentiality. Provide data protection system to ensure that records off all those who are treated.
5. To do the outreach activities for medical camp.
6. To maintain quality assurance at the service delivery.
7. To maintain stock records for the all items and drugs.
8. To maintain quality waste management of disposable items those are used in treatment.
9. To attend coordination /review meetings conducted by the P.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 P.D.V.V.P. Foundation's Medical College & Hospital"** designated shall run concomitantly with the present memorandum of understanding.

V. RENEWAL OF AGREEMENT

1. This Memorandum OF understanding is renewable at the option / **The P.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 P.D.V.V.P. Foundation's Medical College & Hospital** shall intimate **"Shri Shivaji Shikshan Prasarak Mandal"** 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 P. D.V.V.P. Foundation's, Medical
College & hospital Ahmednagar.

Name - Dr. D. P. Jashi

Designation - Principal

Signature - [Signature]

Date - 03/09/2015

In presence of Pad. Dr. V. Vikhe Patil Foundation's
Name & Signature - MEDICAL COLLEGE, Ahmednagar

Date - 03/09/2015

Signed for and on behalf of Shri Shivaji Shikshan Prasarak
Mandal.

Name - _____

Designation - _____

Signature - _____

Date - 03/09/2015

In presence of
Name & Signature - _____

Date - 03/09/2015

