

## **Memorandum of understanding (MoU)**

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

**Between**

**Dr. Vikhe Patil Sports Academy, Vadgaon Gupta, Viladghat, P.O.M.I.D.C., A'nagar**

This Memorandum of Understanding is made on the 02<sup>nd</sup> day of Feb., 2020 by and between

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

**AND**

**Dr. Vikhe Patil Sports Academy, Ahmednagar**

acting through Bombay Public Trust the authorized signatory, herein after referred to as "**Dr. Vikhe Patil Sports Academy**", 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 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 D.V.V.P. Foundation's Medical College & Hospital.

### IV. COMMENCEMENT

3. 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.
4. 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 **Dr. Vikhe Patil Sports Academy**, if it intends to renew or not renew the Memorandum of understanding.



XI. 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.

XII. ADDRESS FOR CORRESPONDENCE

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

1. Signed for and on behalf of DVVPF's Medical College & Hospital A' Nagar.

Name - Dr. Sunil Natha Phorke

Designation - Dean

Signature - [Signature]

Date - 02/02/2018

In presence of Chavan JR  
Name & Signature - [Signature]

Date - 02/02/2018

2. Signed for and on behalf of \_\_\_\_\_

Name - Mr Yeole. Vikrant. A.

Designation - On Vikhe Sports Academy Incharge.

Signature - [Signature]

Date - \_\_\_\_\_

In presence of  
Name & Signature - \_\_\_\_\_

Date - \_\_\_\_\_



**महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८**  
**नमुना "ग"**  
**(नियम ९ पहा)**

**सूचना दिल्याबाबत पावती**



अर्जदाराने नमूना फ द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे:

१.	पावती क्रमांक	:	२०२०७००३१३९६४०९९			
२.	अर्जाचा (सूचनापत्राचा) आयडी क्रमांक	:	१०२६८५९३२००३			
३.	आस्थापनेचे नाव	:	डॉक्टर विखे पाटील स्पोर्ट्स अकादमी DR VIKHE PATIL SPORTS ACADEMY			
	कामगारांची एकूण संख्या	:	०			
		पुरुष	स्त्री	इतर	एकूण	
			०	०	०	०
५.	अ) मालकाचे नाव	:	किरण प्रभाकर आहेर KIRAN PRABHAKAR AHER			
	ब) आस्थापनेचा पत्ता	:	डॉक्टर विखे पाटील स्पोर्ट्स अकादमी, ऑप गव्हर्नमेंट मिल्क डेरी, वडगाव गुप्ता, एमआईडीसी, वडगावगुप्ता, नगर, अहमदनगर, ४१४१११			
६	सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचना पत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्त्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल. ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालमत्तेचा मालकी हक्क किंवा ताबा या प्रयोजनार्थ कोणत्याही कायद्यांतर्गत ग्राह्य धरता येणार नाही.					
७.	व्यवसायाचे स्वरूप	:	SPORTS ACADEMY			
८.	पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास	:				

**टीप :** सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही. सदरची पोच पावती ही अर्जदाराने सादर केलेल्या स्वयंघोषणापत्र आणि स्वयंसाक्षात्कीत अभिलेखाद्वारे पडताळणी न करता देण्यात आलेले आहे.  
सादर पोचपावती ही १० पेक्षा कमी कामगार असलेल्या आस्थापनांना नोंदणी दाखल्या ऐवजी देण्यात येते. त्यांना नमुना - ब मध्ये नोंदणी प्रमाणपत्र अनुज्ञेय होत नाही.

दिनांक : ०९-०३-२०२०

ठिकाण : Ahmednagar

कार्यालयाचा पत्ता : Office of the Assistant Commissioner of Labour, Ahmednagar, Address- 3rd Floor, Loksatta Building, Ashish Sandhya Colony, Station Road, Ahmednagar - ४१४ ००१

अर्जाचा आय.डी. क्रमांक	प्रदान केलेले सेवा मूल्य (रुपये)
१०२६८५९३२००३	२३.६०