

## Dr. D.Y. Patil Educational Federation

Correspondence Address

27/1/ A /2C, Village Varale, Tal- Maval, Dist. - Pune. - 410 507

Dr. D. Y. Patil Founder Dr D Y Patil Group Dr. Sushant Patil President

Ret. No DYPEF/27

President

Date: 02/06

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is executed on Day, 02/06/2020

Between

Dr.D.Y.Patil Educational Federation

Varale, Talegaon, Pune- 410 507 (hereinafter referred to as DYPEF')

on

FIRST PART

And

Dr.Mahadev Patil, Chief Operating Officer, Indrayni Hospital, Talegaon Dhabade, Pune having its registered office at above address

on

#### SECOND PART

AND WHEREAS, DYPEF is running Dr.D.Y.Patil Institute of Management Entrepreneur Development, from academic year 2014 - 15 for award of a post-graduate program in Masters in Business Management

AND WHEREAS, Dr. Mahadev Patil, is a registered medical practitioner, engaged in Medical services of Indrayni Hospital

AND WHEREAS both DYPEF and Dr.Mahadev Patil, are desirous of associating with each other to provide the generic/routine medical services to the students studying in the above said proposed institute and Specific activities if any under this MOU will be identified through consultation between the two parties.

#### 1. Objective

The objective of this MOU is to express the willingness of both parties to engage in an effort to provide the generic/routine medical services to the students studying in the institute and specific activities, if any, under this MOU will be identified through consultation between the two parties.

2. Coordination: DYPEF agrees to provide necessary assistance to Dr.Mahadev Patil to carry out required medical related activities that will improve or extend the support they provide to the students who fall sick during the Academic Session i.e. Students' stay in the college campus and in the hostel. As a preliminary activity, Dr.Mahadev Patil will conduct a routine health check up for all the students and to bring to the notice of administration about findings of critical ailments, if any through his diagnosis.

In order to carry out the above notified activities, DYPEF will appoint a responsible person as representative of the institution to coordinate the activities. Dr.Mahadev Patil and institutional

refr





DIRECTOR
DR.D.Y.P.I.M.E.D.
Varale, Maval, Pune 410 507

representative will meet at regular interval or as and when necessary to discuss about the planned activities.

- 3. Communications: All notice, demands and other communication under this agreement in connection herewith shall be written in English language and shall be sent to the address mentioned in this MoU., through email, or fax of the concerned party. Any notice shall be effective from the date on which it reaches the other party.
- 4. Technical Support and Financial Contribution: Both the parties will provide a detailed description of the role, responsibility, and financial contribution by DYPEF. Besides it is agreed upon that technical support and medical practitioner charges to be stipulated through mutual consent. Dr.Mahadev Patil has no other legal and financial obligations.
- Confidentiality: Each party to the MOU agrees that it shall not, at any time, after executing the activities of this MOU, disclose any information in relation to these activities or the affairs without consent of both parties.
- Insurance: It is the responsibility of DYPEF to insure all the students against any casualties.
   Dr.Mahadev Patil will not bear any responsibility for costs of sickness, accidents or any other liability of the students.
- 7. Duration of MOU: This MOU shall be operational upon signing and will have an initial duration of one year. All activities conducted before this date within the vision of the joint collaboration will be deemed to fall under this MOU.
- 8. Termination of MOU: The partnership covered by this MOU shall terminate upon completion of the agreed upon period. The agreement may also be terminated with a written one month prior notice from either side. In the event of non-compliance or breach by one of the parties of the obligations binding upon it, the other party may terminate the agreement with immediate effect.
- 9. Extension of Agreement: The MOU may be extended provided the parties agree upon, and can provide the necessary resources.
- 10. Amendment and Other Provisions: No amendment to this MOU shall be valid and binding to the Parties unless it is made in writing and signed by authorized representative of all Parties to this Agreement. The terms and provisions in this MOU also apply to any subsequent Addendum to this agreement. Both parties assume that this agreement does not go against the rules and regulations of the Appropriate Government.

In witness whereof the Parties have caused this Agreement to be executed by their duly authorized representatives on this 2<sup>nd</sup> Day of June 2020.

Name

Dr.Sushant V. Patil

President, DYPEF

Signature and date:

Witness

Name: Dr. Rajesh Jha

Signature and date

Name

Dr.Mahadev Patil

Chief Operating Officer, Indrayani Hospital

Signature and date:

Witness

Name: Mr. Atul Dhumal

Signature and date:

# 

### CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

Similia Similibus Curentur

Certificate No. \_\_\_\_\_37058

25/03/200

Date of Registration \_\_\_\_\_\_\_

THIS IS TO CERTIFY THAT

Dr. Shri/Spit/Kymert PATIL MAHADEV KISAN

has been duly registered under the Mumbai Homoeopathic Practitioners' Act, 1959 (Mumbai XII of 1960).

In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Mumbai and the signature of the Registrar.

Subject to the provision of the Act, this certificate is valid until it is duly cancelled and the name of the practitioner is removed from the register.

This Certificate is valid upto ...........24thday of .....March... of 20.19.... or till it is duly cancelled.

This is Colour C

Signature of the Registrar

Varale, Mayal, Pune 410 507