

MEMORANDUM OF UNDERSTANDING

This Memorandum of understanding is executed on day, 01/04/2024

Between

Keystone School of Engineering,
Sr. No. 305/7, 306, 307/5 & 308/21, Near Handewadi Chowk,
Shewalewadi, Uruli Devachi, Pune - 412308
(hereinafter referred to as KSE)

On

FIRST PART

And

Dr. Poonam J Kasabe, of Care Clinic having its hospital at registered office at 227, Ananya, SRPF Road, Wadachiwadi, Pune – 411060.

On

SECOND PART

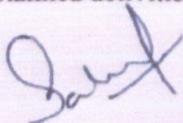
AND WHEREAS, Shalaka Foundations is proposed Keystone School of Engineering, Pune from the academic 2024-25 AND WHEREAS, Dr. Poonam J Kasabe, is practitioner, a registered medical in Medical engaged services of Indrayani Hospital AND WHEREAS Shalaka Foundations both and Dr. Poonam J Kasabe, are desirous of associating with provide the each other to the medical proposed services to the students in studying the above said institute and Specific activities if any under MOU this will be identified through consultation between two the parties.

1. Objective

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

2. Coordination: Shalaka Foundations agrees to provide necessary assistance to Dr. Poonam J Kasabe 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 on the college campus and in the hostel. As a preliminary activity, Dr. Poonam J Kasabe will conduct a routine health check-up for all the students and bring to the notice of the administration about findings of critical illments, if any through his diagnosis.

In order to carry out the above-notified activities, Shalaka Foundations will appoint person a responsible person as a representative of the institution to coordinate the activities. Dr. Poonam J Kasabe and the institutional representative will meet at regular intervals or as and when necessary to discuss the planned activities.



Dr. Poonam J Kasabe
CARE CLINIC
227, Ananya, SRPF Road,
Wadachiwadi, Pune - 411060

3. Communications: All notices demands, and other communication under this agreement in connection herewith shall be 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 and Support and Financial Contribution: Both parties will provide a detailed description of the role, responsibility, and financial contribution by Shalaka Foundations. Besides it is agreed upon that technical support and medical practitioner charges to be stipulated through mutual consent. Dr. Poonam J Kasabe has no other legal of financial obligations.

5. Confidentiality: Each party to the MOU agrees that it shall not, at any time, after executing the activities of the MOU, disclose any information in relation to these activates of the affaires consent of both parties.

6. Insurance: It is the responsibility of Shalaka Foundations to insure all the students against any casualties. Dr. Poonam J Kasabe 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 the 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 disagreement 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 authorized representatives on this 1st Day of April 2023.

Name
Dr. Sandip Kadam
Principal, KSE, Pune.

Signature and date:

Witness
Name: Rakesh Katre

Signature and date:

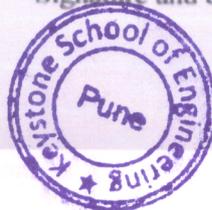


Name
Dr. Poonam J Kasabe
Care Clinic, Pune

Signature and date:

Witness
Name: Amar Lakde

Signature and date:



Signature and date:
Dr. Poonam Kasabe
CARE CLINIC
227, Ananya, SRPF Road,
Wadachiwadi, Pune - 411060

Signature and date:
Principal
Keystone School Of Engineering
Pune - 412308

No. 9916

CERTIFICATE OF REGISTRATION

MAHARASHTRA COUNCIL OF HOMOEOPATHY MUMBAI

Similia Similibus Curentur

Certificate No. 41213

Date of Registration 8-6-2006.



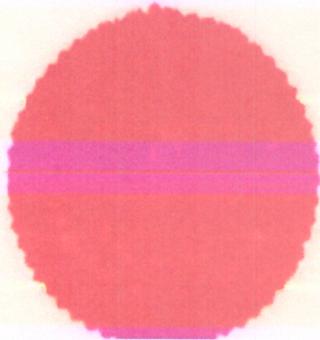
THIS IS TO CERTIFY THAT

Dr. (Shri/Smt./Kumari) Kasabe Poonam
Jalindar.

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

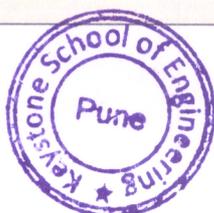
In witness whereof are herewith affixed the seal of the Maharashtra Council of Homoeopathy, Mumbai and the signature of the Registrar.

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



T. Sampat

Signature of the Registrar



Sau...

Principal

Keystone School Of Engineering
Pune - 412308