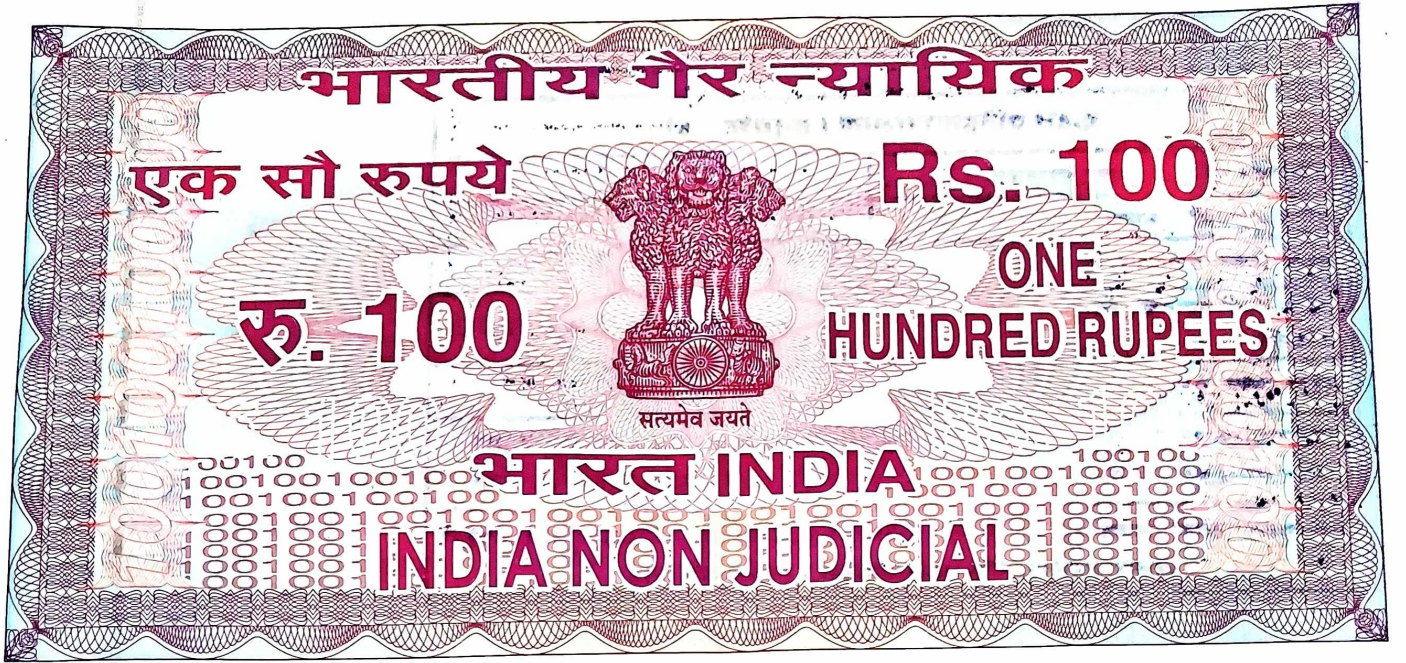




महाराष्ट्र MAHARASHTRA

2024

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21 AUG 2024

डॉ. कोबागार अधिकारी
वाल्वा, इस्लामपुर

MEMORANDUM OF UNDERSTANDING (MoU) BETWEEN

**PARTY -I LOKNETE RAJARAMBAPU PATIL AYURVEDIC
MEDICAL COLLEGE & HOSPITAL, POST GRADUATE INSTITUTE
AND RESEARCH CENTRE ISLAMPUR TAL.WALVA, DIST. SANGLI.**

AND

**PARTY -II GOVERNMENT AYURVEDIC DISPENSARY
BHAVANINAGAR**

TALUKA - WALVA DISTRICT-SANGLI

1. This MoU is done in view of training of Panchkarma procedures for all Graduate and Post Graduate student of Ayurveda for awareness of Ayurvedic treatment & procedures in society.

Loknete Rajarambapu Patil Ayurvedic
Medical College & Hospital, Post
Graduate Institute & Research Centre

Islampur, Tal. Walwa, Dist. Sangli.

कवत प्रतिज्ञापत्रासाठी (अनुकेद ४)

प्रतिज्ञापत्र कोणते मालक करायला	
प्रतिज्ञापत्रासाठीचे कारण	जे या मेरी सोटरी
मुद्रांक विकत घेणाऱ्याचे नाव	जे यामेश निमृत्तो लेळा
मुद्रांक विक्री बालकची नोंदना व दिनांक	10204 9/9/2024
मुद्रांक विकत घेणाऱ्याचे	
जरवानाधारक मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता	जयदेव भोकराव भोकराव कार और पितामह
ज्यांक तसेच मुद्रांक विक्रीचे दिनांक	दिनांक १०/९/२०२४
ज्या कारणासाठी ज्यांची मुद्रांक स्वरेदी केली त्यांनी त्याच कारणासाठी मुद्रांक स्वरेदी केल्यावरून ६ महिन्यात वापरणे बंधनकारक आहे.	

2. Both the parties are not abide with any kind of commercial commitment, this is noncommercial activity.
3. Party- I shall regularly send their graduate and post graduate students to the Government hospital of party-II for clinical exposure, training of Panchkarma procedures.
4. Party -II shall provide infrastructure, instruments and clinical material to students and staff from party -I.
5. Party-I shall arrange monthly health camps for geriatric patient, ANC patient, Pediatrics, Obstetrics patients, Panchkarma procedures camps etc.
6. Part-I can do Garbh sanskar for obstetric patient.
7. Party-I will provide free Panchakarma procedures, excluding medicines, to the patients Sent by Party II
8. Party I will perform Investigations like CT scan, MRI, Ultrasound and X-ray and surgical procedures if and when needed totally free of cost.
9. Party-I should make arrangements for free treatment and investigations at their institute.
10. The period of this MoU is for three years from the date of agreement.

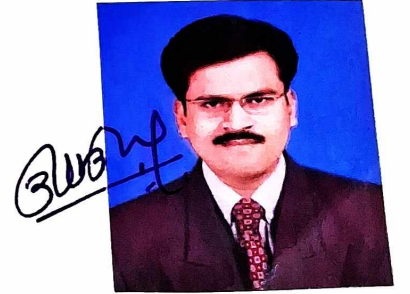
Authorized Signatory

Signature.....

Dr. Abhimanyu S. Patil

Dean,

LOKNETE RAJARAMBAPU PATIL AYURVEDIC MEDICAL
COLLEGE & HOSPITAL, POST GRADUATE INSTITUTE & RESEARCH
CENTRE ISLAMPUR TAL. WALWA, DIST. SANGLI. 415409.



Authorized Signatory

Signature.....

District Health officer, Sangli

जिल्हा आरोग्य अधिकारी
जिल्हा परिषद, सांगली.



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नॉदविण्याचा क्रमांक / Enrollment No.: 2006/51051/01789

To

अभिमन्यु शिवाजीराव पाटील

Abhimanyu Shivajirao Patil

Chandramit Plaza Apartment, House No. 3 J Kachari

Road, Takari Naka, Near Saraswat Bank

Opposite Islampur Police Station At/Po Islampur, Taluka

Waiwa

Islampur

Sangli

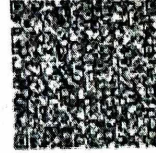
Maharashtra 415409

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आपला आधार क्रमांक / Your Aadhaar No. :

3231 6859 8924

माझे आधार, माझी ओळख

3231.6859.8924



भारत सरकार

Government of India



अभिमन्यु शिवाजीराव पाटील

Abhimanyu Shivajirao Patil

जन्म तारीख / DOB : 27/05/1988

पुरुष / Male



3231 6859 8924

माझे आधार, माझी ओळख