

NAME: Sancheti College of PT.  
ADDRESS: 11/12 Thube Park, Shivaji Nagar, Pune-5.  
THROUGH: Vishwas S.  
SIGNATURE: [Signature]  
RECEIPT NO.: 172

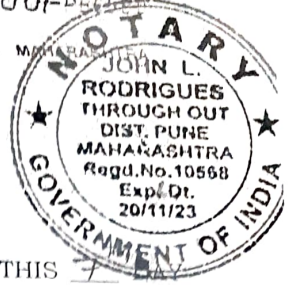
Western Maharashtra  
Development Corporation  
Ltd. 2nd Floor, Kubera  
Chambers, Dr. Rajendra  
Prasad Road, Shivajinagar,  
Pune 411 005.  
D-5/STP(V)/C.R.1014/01/  
08/205-208/08

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117603  
INDIA

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FOR W.M.D.C. LTD.  
[Signature]  
AUTHORISED SIGNATORY



**MEMORANDUM OF UNDERSTANDING**

MEMORANDUM OF UNDERSTANDING IS MADE AND EXECUTED ON THIS 7 OF FEB., 2020, AT PUNE

BETWEEN

SANCHETI Institute Physiotherapy College (affiliated to MUHS) a Unit of Hastimal Sancheti Memorial Trust having its place of operation at SANCHETI HEALTHCARE ACADEMY, 12, Thube Park, Shivaji Nagar, Pune 411005, through its Principal & professor Dr. Vivek Kulkarni, and Hereinafter referred to as "the PARTY NO. 1" (which expression shall unless repugnant to the context or meaning thereof shall mean and include the administrators, assigns and liquidators)

.... THE PARTY OF THE FIRST PART

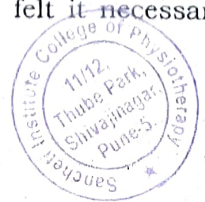
AND

ALOHA Lifestyle Reversal Studio, having its area of operation at: Karve Nagar, Pune, through its authorized signatory Dr. Deepa Joshi COO, Hereinafter referred to as "the PARTY NO. 2" (which expression shall unless repugnant to the context or meaning thereof shall mean and include the administrators, assigns and liquidators)

.... THE PARTY OF THE SECOND PART

WHEREAS,

- i) The Party No. 1 is a renowned physiotherapy and rehabilitation center as well as esteemed educational Institution providing degree, Post graduate and Doctorate courses in Physiotherapy for over four decades and is affiliated to Maharashtra University of Medical Sciences. The Party No. 2 is a lifestyle reversal clinic providing OPD based diabetologist and cardiologist consultation, nutritional, psychological counseling and cardiac rehabilitation.
- ii) The parties being acquainted approached each other and both the parties accepted the proposal and the counter proposal and have decided terms and conditions for their working. The parties to this MOU felt it necessary to reduce the same into writing.



[Signature]

NOW THEREFORE THIS MEMORANDUM OF UNDERSTANDING WITNESSETH AS FOLLOWS:

The party of the second part for the sole benefit of its patients and the party of the first part with aim to provide clinical training to its Physiotherapy students have decided to fulfill certain obligation for the mutual benefit with remuneration of Rs 7000/ + GST per batch to be paid to the party of second part.

1) DUTIES AND OBLIGATIONS OF THE PARTY NO. 1:

- a) To provide physiotherapy treatment to the Patients of Party no. 2 under supervision at its centre between **5pm to 8pm** daily with basic back up and support for no remuneration whatsoever. The Party No. 2 shall provide the entire set up for the center and shall look after the maintenance of the same including utilities and housekeeping;
- b) To make available suitable faculty to guide and supervise the student while administering physiotherapy treatment to the patients.
- c) To follow the rules and regulation of the centre.

2) DUTIES AND OBLIGATIONS OF THE PARTY NO. 2:

1. Party No. 2 will assist in arrangement and flow of patients to the physiotherapy department to which Party No. 1 is providing services.
2. Party no. 2 will allow the students and teachers of the Sancheti Institute Physiotherapy College to provide Physiotherapy treatment to its patients under supervision of party 2 consultants for the purpose of Clinical training to its students.
3. The Party No. 2 shall make suitable arrangements for collection of patient data for research purpose





3) The parties to this MOU have agreed that the present MOU shall remain in force for the period of **three years** with yearly review from the date of execution.

The parties herein shall decide mutually whether to extend the period of MOU in which case; same shall prevail for the further period agreed by and between the parties for the further period as agreed for.

- 5) If any of the party decides not to continue with this MOU the respective party shall inform its intention to the other party in writing with one month prior notice.
- 6) This MOU is signed by persons authorized by the Party No. 1 and Party No.2 in their respective authorities.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE SET AND SUBSCRIBED THEIR RESPECTIVE HANDS ON THE DAY AND THE YEAR FIRST HEREINABOVE MENTIONED

1) Sign: *Dr. Vivek Kulkarni*

Name: Dr. Vivek Kulkarni ,

Addr.: Sancheti Institute Physiotherapy College, Shivajinagar, Pune

2) Sign: *Dr. Deepa Joshi*

Name: Dr. Deepa Joshi

Addr.: Aloha Lifestyle Reversal Studio, Karve Nagar, Pune

Witness:

3) Sign: *Dr. Razia Nagarwala*

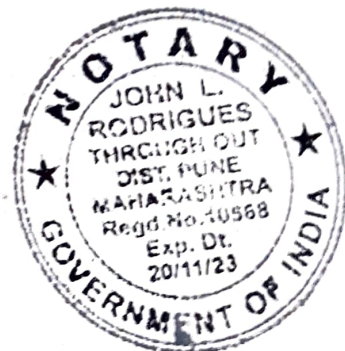
Name: Dr. Razia Nagarwala (PT)

Addr.: Sancheti Institute Physiotherapy College, Shivajinagar, Pune

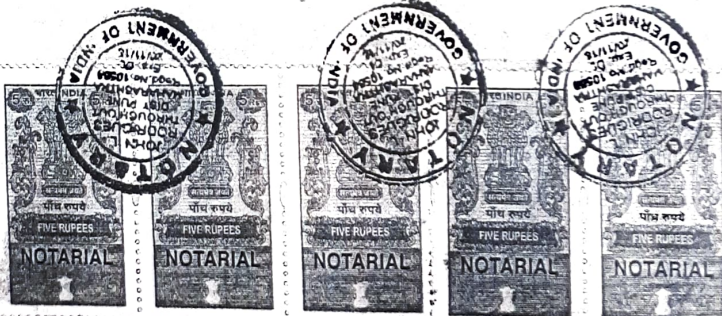
4) Sign: *Dr Asawari Page*

Name: Dr Asawari Page (PT)

Addr.: Aloha Lifestyle Reversal Studio, Karve Nagar, Pune



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BEFORE ME

*John L. Rodrigues*  
JOHN L. RODRIGUES  
Notary Govt. of India, Pune

06 FEB 2020