

## NAAC Criterion 3: Research, Innovations and Extension

### 3.5 Collaboration

**3.5.2: Total number of Functional MoUs/linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years**

**3.5.2: E-copies of the MoU's with institution/ industry/ corporate house, Indicating the start date and completion date**



## NAAC Criterion 3: Research, Innovations and Extension

### 3.5 Collaboration

**3.5.2: Total number of Functional MoUs/ linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years**

Year	2023-24	2022-23	2021-22	2020-21	2019-20
Number of Functional MoUs	11	2	5	3	5

## **NAAC Criterion 3: Research, Innovations and Extension**

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**Academic Year 2023 - 24**



## WHEREAS,

PESIMSR, KUPPAM is providing various health related services to their clients which includes amongst them insured individuals and groups, corporate, self – funded groups, foreign travelers and insurance companies and for this purpose PESIMSR, KUPPAM has created a network of service providers.

RLJH & RC one of the reputed Institute near Kolar city has agreed to provide the CT (Computed Tomography) and MRI (Magnetic Resonance Imaging) services as specified PESIMSR, KUPPAM with the following terms and conditions:

1. RLJH & RC will be responsible for providing its the CT (Computed Tomography) and MRI (Magnetic Resonance Imaging) services as specified PESIMSR, KUPPAM.
2. RLJH & RC shall transmit the reports in the specific format as forwarded and strictly abide by the guidelines laid down by PESIMSR, KUPPAM and further should retain such data for next three years from the date of reporting without tampering the same.
3. RLJH & RC shall maintain utmost confidentiality of such data and shall not share the same with any third party unless and otherwise authorised by PESIMSR, KUPPAM.
4. RLJH & RC shall maintain Turnaround Time (TAT) as agreed by them and should inform PESIMSR, KUPPAM about any change s in Facility, Personnel and Address that they undergo.

### QUALITY OF SERVICE:

1. The provider shall ensure delivery of the highest quality standards and shall strictly adhere to all medical and ethical practices.
2. RLJH & RC will be held responsible for any errors / omissions related to procedures, processes and / or methodologies pursued by them, in providing Health / Medical Services.

### CRITICAL RESULTS REPORTING: -

RLJH & RC will report all urgent & critical results on priority basis through phone call ( Mobile no:- 9391833739 / 08570-256666, 256655). All critical results will be communicated by Health service provider (HSP) to PESIMSR, KUPPAM and same record will be maintained by RLJH & RC.

S.NO	CT CRITICAL ALERTS	MRI CRITICAL ALERTS
	Acute intracranial bleed	Acute intra cerebral infract
	Signs of raised intracranial tension like cerebral edema associated with herniations	Cortical venous thrombosis
	Hyperacute and acute infracts.	Spinal injuries with cord involvement
	Flail chest, Lung contusions.	Extra dural haemorrhage
	Pneumothorax and / or Mediastinal emphysema	Sub dural haemorrhage
	Pulmonary thromboembolism	Sub arachnoid haemorrhage
	Pulmonary edema	Intra cerebral aneurysm
	ARDS	Meningitis / Meningoencephalitis
	Acute thrombotic occlusion of arteries	Calculus / Acalculus cholecystitis
	Solid organ injuries	Or any other alert the physician feels reporting immediately
	Pneumoperitoneum	

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist. A.P.-517425

*[Signature]*  
Medical Superintendent  
R.L. Jaiappa Hospital & Research Centre  
Tirumala, Kolar-563103.



**RENEWAL OF MEMORANDUM OF UNDERSTANDING**

Date: **30<sup>th</sup> July 2024**




Corp Id: **1378**

Dr Suresh Krishnamurthy  
(Medical Director)  
PES Institute of Medical Sciences and Research  
Chittoor District Andhra Pradesh  
Kuppam - 517425

Dear Sirs,

This has reference to the Memorandum of Understanding Entered into between Neuberg Anand Reference Laboratory a Unit of Neuberg Diagnostics Pvt Ltd and **PES INSTITUTE KUPPAM**, dated 13<sup>th</sup> July 2023. The said agreement expires/expired on 13<sup>th</sup> July 2024. And Renewal of Memorandum Understanding extend on 13<sup>th</sup> July 2024 to 30<sup>th</sup> July 2024. The parties have agreed to extend the Renewal of Memorandum Understanding agreement up to 30<sup>th</sup> July 2025.

All other terms and conditions of the Memorandum of Understanding dated 30<sup>th</sup> July 2025, shall remain in force including the cost of all tests.

for and on behalf of: <b>Neuberg Anand Reference Laboratory (a Unit of Neuberg Diagnostics Pvt Ltd)</b>	For And on behalf: <b>PES INSTITUTE KUPPAM</b>
 	
Name : <b>Ms Aishwarya Vasudevan</b>	Name : <b>Dr Suresh Krishnamurthy</b> <small>Dr. Suresh, MD, FRCP(UK), FACC(USA) PES Institute of Medical Sciences &amp; Research Kuppam-517425, Chittoor Dist. A.P.</small>
Title : <b>Group Coo</b>	Title : <b>Medical Director</b>

To,



Dr. Suresh Krishnamurthy

Department of ~~Clinical Biochemistry~~ Per Institute of Medical  
Chittoor District Andhra Pradesh Science and research

Kuppam - 512425 KUPPAM (AP)



**ANAND** # 9493726494  
DIAGNOSTIC  
LABORATORY

**A Neuberg ASSOCIATE**

Anand Tower, No. 54, Bowring Hospital Road,  
Shivajinagar, Bengaluru - 560 001.  
Tel. +91 (80) 2531 8550  
✉ : info@anandlab.com 🌐 : www.anandlab.com

From:  
Preethi

(5)





# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029

## External Training


Academic and Evaluation Section

**Application No.** : NIMHGH2024/ 08070  
**Name and Address of Applicant** : Dr Vishnupriya R  
 : PES Institute of Medical Science and Research, Kuppam Andhra  
 Pradesh, Andhra Pradesh, India  
**Purpose** : Training  
**Contact Number** : 9496775012  
**Email Id** : drvishnupriyaradhakrishnan@gmail.com  
**Type of Request** : Individual

Name of applicants	Duration From	Duration to	Department
Dr Vishnupriya R	01/04/2024	15/04/2024	Neuropathology

I certify that the above Information is true and correct

Signature of the Applicant

  
**Dr. RAMASWAMY A S**  
**Reg.No KMC 63889**  
**Professor & HOD**  
**Department of Pathology**  
**PES Institute of Medical Science, Kuppam, A.P - 517425**

### Steps to be followed:

The applicant has to -

1. Take a print out of this application.
2. Get signature and seal of the HOD/ Head of the Institute.
3. Upload the scanned copy of the signed Application in upload portal, (in PDF format only)

### Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU – 560 029**



No.NIMH:A&E:TM:TRG-NEURO:2024/ 242

Date: 20.03.2024

To  
Dr. Uma M A,  
Professor & HOD,  
Dept. of Medicine,  
PESIMSR,  
Kuppam.

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute  
Ref: Your letter dated 13.03.2024.

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your Institution to undergo training at this Institution as follows:

1	Number of trainees	15
2	Name of the trainees	Duration
	Dr. Shaik Md Shoaib Dr. M Lohith Chowdary	01.04.2024 to 30.04.2024
	Dr. Bhaskara V Krishna Harsha Dr. Vennapusa Girish Kumar Reddy	01.05.2024 to 31.05.2024
	Dr. Vinjamuri Anuhya Dr. Mallu Manoj Kumar Reddy	01.06.2024 to 30.06.2024
	Dr. Kotthinti Anil Kumar Dr. Midde Deep Tejesh	01.07.2024 to 31.07.2024
	Dr. Shodhan Patel Dr. Nukala S Prasad	01.08.2024 to 31.08.2024
	Dr. Pillarsetty Pavan Kumar Dr. K P Jeswanth Kiran	01.09.2024 to 30.09.2024
	Dr. Kuppani Dinesh Dr. Shaik Fathimunnif Dr. Allareddy Sathvika	01.10.2024 to 31.10.2024
3	Department at which training permitted	Neurology
4	Training fees	Rs.10,000/- per month per trainee

**NOTE:**

- Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of the respective departments everyday as per the timing of the department and will not take any planned leave during the period of training.
- The trainees should compulsorily carry their college ID Card while posted at NIMHANS
- One stamp size photo should be given at the time of joining for issue of temporary ID Card should be retained at the end of training without fail
- Trainees should carry a copy of this letter without fail
- The training fee for the whole duration of training has to be paid by SBI Collect (online) on the day of training. Training Fee/Excess payment of training fee will not be refunded.
- Going forward, you are requested to apply through online for external training/observership/visit by using this link: <https://training.nimbans.ac.in>

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However, all efforts will be made to provide hostel accommodation, but this will be subject to availability, based on Manager, Hostel report (080 2699 5841./Supervisor, Cauvery Hostel (080 2699 5092) as on the date of joining and on payment of charges as below, accommodation will not be provided to the candidate coming earlier than the scheduled date of training.

I.Hostel Rent: Rs. 100/- per day

Note: In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

  
ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels

o/c  
21/03/24  
21/3/24  
21/3/24

Contact No. 080 26995015      Email: [training@nimhans.ac.in](mailto:training@nimhans.ac.in)      Website: <https://www.nimhans.ac.in>





**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**

From  
Dr. V. Vijayalakshmi, MBBS., DPH., MPH.,  
Joint Director of Public Health and  
Preventive Medicine,  
Institute of Vector Control and Zoonoses,  
Hosur - 535 126

To  
The Professor and Head,  
Department of Community Medicine,  
PESIMSR,  
Kuppam,  
Andhra Pradesh.  
Email: drchitranaagarajkuppam@gmail.com

R. No. 905/A2/2023, Dated: 26.10.2023

Sir

Sub: Public Health and Preventive Medicine – Institute of Vector Control and Zoonoses, Hosur – Training on Public Health to Post Graduate students of Community Medicine – Confirmation of participation - Regarding.

Ref: Your letter dated: 08.09.2023.

\*\*\*\*\*

I wish to inform that as requested by you in the email cited, your students are permitted to participate in the Entomology training programme from 06.11.2023 to 08.11.2023 at this Institute. The fees of Rs.1200.00 per trainee have to be paid at this Institute. Further, the following charges are also applicable for each trainee.

1. Accommodation Rs.100/ day for 3 days/ trainee.
2. Food & refreshment charges Rs.300/ day/ trainee.
3. Transport charges for field visit etc.

*adhar m*  
*ok/10/23*  
Joint Director  
Institute of Vector control  
and Zoonoses, Hosur.

*6/10/23*

Copy submitted to: The Director of Public Health & Preventive Medicine, Chennai-6.

To  
The Principal,  
PES Institute of Medical Sciences,  
Kuppam,  
Chittoor.

Date: 07/09/2023

Respected Sir,

**Sub** – Deployment of 2<sup>nd</sup> Year Postgraduates, from Department of Community  
Medicine for Monitoring IMI 5.0 activity in Chittoor district– SEP – 2023 – reg.

\*\*\*\*\*

The nationwide implementation of Intensified Mission Indradhanush (IMI) 5.0 aims to enhance immunization coverage for all vaccines specified in the National Immunization schedule, including **Measles and Rubella vaccines for children up to 5 years of age with an objective to eliminate Measles and Rubella by the year 2023**. IMI 5.0 will be conducted in three rounds (Aug, Sep, Oct) with 2<sup>nd</sup> round scheduled from 11 to 16 September 2023 .

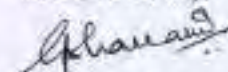
Hence, I request to kindly deploy below mentioned 2<sup>nd</sup> Year Postgraduates from the Community Medicine Department from your esteemed institution as external monitors for monitoring IMI 5.0 vaccination activities in Chittoor district, Andhra Pradesh.

Details of PGs are as below:

1. DR. MAHESH
2. DR. VIGNESH

Thanking you,

Yours sincerely,



Dr Bhavani Gunta  
**SMO – SPS Nellore (I/c)**

Copy to:

1. The HOD Department of Community Medicine, PES Institute of Medical Sciences, Kuppam, Chittoor





## National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029

### External Training

Academic and Evaluation Section

**Application No.** : NIMHANS/2023/ 10938  
**Name and Address of Applicant** : Dr. Vaddavalli vidhya dhari  
 PESIMSR, kuppam, Pes pg hostel, kuppam, Andhra Pradesh, India  
**Purpose** : Training  
**Contact Number** : 9392640122  
**Email Id** : vidhyavaddavalli994@gmail.com  
**Type of Request** : Individual

Name of applicants	Duration From	Duration to	Department
Dr. Vaddavalli vidhya dhari	01/08/2023	15/08/2023	Neuropathology

I certify that the above Information is true and correct

Vidhya Dhari  
 Signature of the Applicant

*[Signature]*  
 PROFESSOR & H.O.D.  
 DEPARTMENT OF PATHOLOGY  
 PESIMSR  
 KUPPAM - 517 425 A.P.  
 15/08/2023

#### Steps to be followed:

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal. (in PDF format only)

#### Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- **Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.**



## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MoU") is made as of the 01<sup>st</sup> day of August 2023 and between:

**M/s. PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH, KUPPAM-517425**, its Hospital is situated in the premises of PESIMSR, Nalagampalli village, Gudupalli Mandal, Kuppam-517425, Chittoor Dt., Its represented by Medical Superintendent, herein after called the first party (which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the **FIRST PARTY**.

**AND**

**Kuppam Degree College**, situated at Near PES Institute of Medical Sciences & Research Hospital, Nalagampalli Village National Highway 42, Chittoor District, Andhra Pradesh, represented by its Principal, herein after called the second party (which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the **SECOND PARTY**.

**WHEREAS**

1. The first party is a Medical College and Hospital, its providing health care services in the areas tri-state regions i.e. Andhra Pradesh, Karnataka and Tamilnadu.
2. The Second party Govt. Degree College, its providing educational services in the areas of Kuppam, Gudupalli, Santhipuram, Ramakuppam and V.Kota Mandal under the Govt. of Andhra Pradesh.
3. The first approached the second party to conduct Medical Camps, Blood Donation campus at second party college.
4. The first party will associate to conduct required Medical /Blood Donation camps as required by the second party as when required or at least once in three months, or as discussed and mutually agreed the arrangements of camps.

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist, A.P.-517425





## 1. Definitions

The following terms shall unless the context otherwise requires, have the meaning ascribed to them below

1	CT	Computed Tomography
2	MRI	Magnetic Resonance Imaging
3	CTPA	Computed Tomography Pulmonary Angiography
4	HRCT	High Resolution Computed Tomography
5	KUB	Kidney, Ureter, Bladder
6	USG	Ultrasonography
7	CDI	Color Doppler Imaging
8	TIFFA	Targeted Imaging for Fetal Anomalies
9	MRA	Magnetic Resonance Angiography
10	MRV	Magnetic Resonance Venography
11	AP; TR; CC	Anteroposterior; Transverse; Cranio-caudal

## 2. Responsibilities

- a) Department of Radio diagnosis, PES IMSR shall select imaging studies from their database from all the modalities.
- b) Department of Radio diagnosis, PES IMSR shall forward the selected imaging Studies to RLJH & RC for their interpretation and reporting.
- c) Department of Radio diagnosis, PESIMSR shall perform the radiological investigation and finalize the reports before sending the imaging studies to RLJH & RC.
- d) Department of Radio diagnosis, PESIMSR shall be responsible for delivering proper patient credentials, history and imaging studies to RLJH & RC.
- e) Department of Radio diagnosis, PESIMSR shall supply to RLJH & RC for documentation purpose, a copy of its valid AERB license.
- f) Department of Radio diagnosis, PESIMSR warrants that the imaging studies to be supplied to RLJH on a quarterly basis.
- g) Department of Radio diagnosis, PESIMSR shall be responsible to provide the


**And**

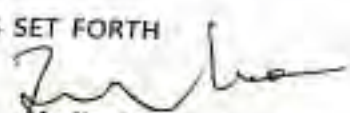
M/s R.L. Jalappa Hospital & Research Center, represented by its Medical superintendent, attached to Sri Devaraj Urs Medical College, a constituent college of Sri Devaraj Urs Academy of Higher Education and Research with its office at Tamaka, Kolar, Karnataka-563101, (hereinafter referred to as "RLJH & RC (Which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the ONE PART.

**WHEREAS:**

- A. Department of Radio diagnosis in PESIMSR has represented to RLJH & RC that Department of Radio diagnosis, PESIMSR is managed by PES Society, PES IMSR Campus, Beggilapalli Revenue village, Gudupalli Mandal, Kuppam-517425, Chittoor Dt., AP
- B. Department of Radio diagnosis, PESIMSR has represented to PESIMSR that they possess expertise, adequate resources, manpower and infrastructure in performing and reporting Radiological investigations including X-rays, fluoroscopic procedures, Ultrasound, CT (Computed Tomography) and MRI (Magnetic Resonance Imaging).
- C. Department of Radio diagnosis, PESIMSR also possesses expertise and adequate in resources, manpower & infrastructure in performing the above mentioned Radiological investigations.
- D. PES IMSR Radio diagnosis department will select reported cases among all the above mentioned modalities and forward it to RLJH & RC for their interpretation and reporting on a quarterly basis. Any differences/deficiencies in the interpretation and reporting will be evaluated, discussed and accordingly utilized to improve the quality of Radiological reports in PES IMSR Radio diagnosis department.
- E. Based on the representations made by PESMSR Radio diagnosis department, RLJH & RC's Radio diagnosis has agreed to receive and report PES IMSR imaging studies on the terms & conditions as listed here under.

IN CONSIDERATION OF THE COVENANTS AND CONDITIONS SET FORTH  
HEREIN, THE PARTIES AGREE TO THE FOLLOWING:

  
Dr. Suresh, MB, FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Village: 417 256 Chittoor Dist., A.P.

  
Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

## 7. Intellectual Property Rights.

All rights to inventions or discoveries arising from imaging studies supplied by Radio diagnosis, PESIMSR to RLJH & RC shall solely vest with RLJH & RC.

## 8. Term:

This Agreement shall commence on the date of signing by both the parties & shall continue for a period the **Five Years** from the Effective Date, until terminated by either parties giving not less than two (2) months' notice in writing without assigning any reason thereof. The parties have the option to extend the Agreement at terms mutually agreed upon by both the parties.

## 9. Increment:

No expenses to be incurred.

## 10. Termination:

Either party may terminate this Agreement by giving a prior notice of two months to the other party without giving any reasons whatsoever.

## 11. Amendments


Any amendments or modifications of this Agreement may only be made upon mutual consent and must be made in writing.


## 12. Arbitration

In case, any dispute or difference arises at any time between the parties hereto as to the construction, meaning or effect of this Agreement or any clause or matter herein contained, the same shall be referred to the arbitration in accordance with the Indian Arbitration & Conciliation Act, 1996 or any statutory modification or enactment thereof for the time being in force. The Arbitration will be held in Bangalore, India

## 13. Governing Law & Jurisdiction

This Agreement shall be governed by and construed in accordance with Indian Law. It is mutually agreed by and between the parties hereto that only an appropriate court of jurisdiction shall be entitled to entertain and try any disputes arising of or in connection with the Arbitration under Article 14 hereto.

  
Dr. Suresh M.K. FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-517 425, Chittoor Dist, A.P.

  
Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

list of imaging studies supplied.

- h) Department of Radio diagnosis, PESIMSR shall supply imaging studies for interpretation and reporting exclusively to RLJH & RC during the term of the Agreement.

### 3. Financial Arrangements;

- a) No expenses to be incurred.

### 4. Logistics

The imaging studies will be delivered via e-mail/films with reports from Department of Radio diagnosis, PESIMSR to Department of Radio diagnosis, RLJH & RC on a quarterly basis for reporting.

### 5. Representations and Warranties by Radio diagnosis, PESIMSR

- a) Radio diagnosis, PESIMSR, is a valid and subsisting duly by NMC and accredited by the NABH and is not extinguished either by the Settler or by any other statutory authority.
- b) Radio diagnosis, PESIMSR is entitled and has authority to enter in to this Agreement.
- c) Radio diagnosis, PESIMSR has not done anything or omitted to the anything which would in any manner affect or prejudice the rights and obligations of PESIMSR under this Agreement.
- d) Radio diagnosis, PESIMSR has obtained all the necessary permissions from the authorities concerning as are required from entering this agreement.
- e) If terms & conditions are revised during the term of this agreement both parties will agree to all revisions prior to implementation.
- f) Imaging studies provided to RLJH & RC hereunder are not Adulterated/misbranded/manipulated by any means.

### 6. General Provisions

- a) All imaging studies shall be accompanied by the following a) Patient credentials and clinical history
- b) List on PESIMSR letter head duly signed by the authorized person.
- c) RLJH & RC is entitled to refuse to report cases with suboptimal image quality. In case of discrepancy between the imaging studies received and the list of studies provided by PESIMSR, RLJH & RC shall inform PESIMSR for that and Radio diagnosis. PESIMSR would entitle to give clarification for this.






And

M/s. PES Institute of Medical Sciences & Research, Hospital, represented by Dr. Suresh. K, its Medical Director and having its registered head office at 50 feet road, Hanumantha Nagar, Bangalore-560019, and its PESIMSR is situated in the premises of PESIMSR campus, Beggilapalli Revenue village, Gudupalli Mandal, Kuppam- 517425, Chittoor Dt., AP, herein after called the "PESIMSR" (Which expression unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the SECOND PART.

**WHEREAS:**

- A. Department of Radio diagnosis in RLJH & RC has represented to PESIMSR that Department of Radio diagnosis, RLJH & RC is a constituent college of Sri Devaraj Urs Academy of Higher Education and Research with its office at Tamaka, Kolar, Karnataka-563101.
- B. Department of Radio diagnosis, RLJH & RC has represented to RLJH & RC that they possess expertise, adequate resources, manpower and infrastructure in performing and reporting Radiological investigations including X-rays, fluoroscopic procedures, Ultrasound, CT (Computed Tomography) and MRI (Magnetic Resonance Imaging).
- C. Department of Radio diagnosis, RLJH & RC also possesses expertise and adequate in resources, manpower & infrastructure in performing the above mentioned Radiological investigations.
- D. RLJH & RC Radio diagnosis department will select reported cases among all the above mentioned modalities and forward it to PESIMSR for their interpretation and reporting on a quarterly basis. Any differences/deficiencies in the interpretation and reporting will be evaluated, discussed and accordingly utilized to improve the quality of Radiological reports in RLJH & RC Radio diagnosis department.
- E. Based on the representations made by RLJH & RC Radio diagnosis department, PESIMSR's Radio diagnosis has agreed to receive and report RLJH & RC imaging studies on the terms & conditions as listed here under.

  
Dr. Suresh, MD, FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-517 425, Chittoor Dist. A.P.

IN CONSIDERATION OF THE COVENANTS AND CONDITIONS SET FORTH HEREIN, THE PARTIES AGREE TO THE FOLLOWING:

**1. Definitions**

The following terms shall unless the context otherwise requires, have the meaning ascribed to them below

1	CT	Computed Tomography
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3	CTPA	Computed Tomography Pulmonary Angiography
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11	AP; TR; CC	Anteroposterior; Transverse; Cranio-caudal

**2. Responsibilities**

- a) Department of Radio diagnosis, RLJH & RC shall select imaging studies from their database from all the modalities.
- b) Department of Radio diagnosis, RLJH & RC shall forward the selected imaging studies to PESIMSR for their interpretation and reporting.
- c) Department of Radio diagnosis, RLJH & RC shall perform the radiological investigation and finalize the reports before sending the imaging studies to PESIMSR.
- d) Department of Radio diagnosis, RLJH & RC shall be responsible for delivering proper patient credentials, history and imaging studies to PESIMSR.
- e) Department of Radio diagnosis, RLJH & RC shall supply to PESIMSR or documentation purpose, a copy of its valid AERB license.
- f) Department of Radio diagnosis, RLJH & RC warrants that the imaging studies to be supplied to PESIMSR on a quarterly basis.

X

Dr. Suresh, MD, EBCC(UK), FACC(USA)  
Medical Director

**7. Intellectual Property Rights.**

All rights to inventions or discoveries arising from imaging studies supplied by Radio diagnosis, RLJH & RC to PESIMSR shall solely vest with PESIMSR.

**8. Term:**

This Agreement shall commence on the date of signing by both the parties & shall continue for a period the **Five Years** from the Effective Date, until terminated by either parties giving not less than two (2) months' notice in writing without assigning any reason thereof. The parties have the option to extend the Agreement at terms mutually agreed upon by both the parties.

**9. Increment:**

No expenses to be incurred.

**10. Termination:**

Either party may terminate this Agreement by giving a prior notice of two months to the other party without giving any reasons whatsoever.

**11. Amendments**


Any amendments or modifications of this Agreement may only be made upon mutual consent and must be made in writing.

**12. Arbitration**

In case, any dispute or difference arises at any time between the parties hereto as to the construction, meaning or effect of this Agreement or any clause or matter herein contained, the same shall be referred to the arbitration in accordance with the Indian Arbitration & Conciliation Act, 1996 or any statutory modification or enactment thereof for the time being in force. The Arbitration will be held in Kolar, Karnataka, India

**13. Governing Law & Jurisdiction**

This Agreement shall be governed by and construed in accordance with Indian Law. It is mutually agreed by and between the parties hereto that only an appropriate court of jurisdiction shall be entitled to entertain and try any disputes arising of or in connection with the Arbitration under Article 14 hereto.

  
Dr. Suresh MD, FRCP(UK), FACCH (re.),

- g) Department of Radio diagnosis, RLJH & RC shall be responsible to provide the list of imaging studies supplied.
- h) Department of Radio diagnosis, RLJH & RC shall supply imaging studies for Interpretation and reporting exclusively to PESIMSR during the term of the Agreement.

**3. Financial Arrangements;**

- a) No expenses to be incurred.

**4. Logistics**

The imaging studies will be delivered via e-mail/films with reports from Department of Radio diagnosis, RLJH & RC to Department of Radio diagnosis, PESIMSR on a quarterly basis for reporting.

**5. Representations and Warranties by Radio diagnosis, PESIMSR**

- a) Radio diagnosis, RLJH & RC, is a valid and subsisting duly by NMC and accredited by the NABH and is not extinguished either by the Settler or by any other statutory authority.
- b) Radio diagnosis, RLJH & RC is entitled and has authority to enter in to this Agreement.
- c) Radio diagnosis, RLJH & RC has not done anything or omitted to the anything which would in any manner affects or prejudice the rights and obligations of RLJH & RC under this Agreement.
- d) Radio diagnosis, RLJH & RC has obtained all the necessary permissions from the authorities concerning as are required from entering this agreement.
- e) If terms & conditions are revised during the term of this agreement both parties will agree to all revisions prior to implementation.
- f) Imaging studies provided to PESIMSR hereunder are not Adulterated/ misbranded/ manipulated by any means.

**6. General Provisions**

- a) All imaging studies shall be accompanied by the following a) Patient credentials and clinical history
- b) List on RLJH & RC letter head duly signed by the authorized person.
- c) PESIMSR is entitled to refuse to report cases with suboptimal image quality. In case of discrepancy between the imaging studies received and the list of studies provided by RLJH & RC, PESIMSR shall inform RLJH & RC for that and Radio diagnosis. RLJH & RC would entitle to give clarification for this.

X

4  
Dr. Suresh.M.D., FRCR(UK), FACC(USA)  
Medical Director













## **NAAC Criterion 3: Research, Innovations and Extension**

### **3.5 Collaboration**

**3.5.2: Total number of Functional MoUs/ linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years**

**Academic Year 2022 - 23**



**Timeline:**

- The overall project will take place between 01/06/2023 and 31/05/2024

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities****Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name: Dr. H R Krishna Rao:**

**Phone: 9391833752**

**Email: pesmed2007@yahoo.com**

**Organization B -**

**Name: Dr. Bhatia's Medical Coaching Institute**

**Phone: 099860 08632**

**Email:dbmcibangalore1@gmail.com**

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PES IMSR

Signature:  \_\_\_\_\_ Date: 29.05.2023

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 29.05.2023



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

Serial No 7577  
Purchased By :  
DR. CHANNABASAVA PATIL  
S/O SEKHAR GOWDA  
PES HOSPITAL  
KUPPAM

Denomination: 100  
For  
\*\*SELF\*\*

Date 31-03-2023

Sub Registrar  
Ex. Office Stamp Vendor  
SRO Kuppam

CX 015641

Stamp no CX 15641

**Memorandum of Understanding (MoU) between District Health Society  
and Participating Non Government Organization.**

**1. Preamble**

- 1.1 WHEREAS the Union Cabinet has approved continuation of National Programme for Control of Blindness hereafter referred to NPCB, for implementation in all the states of the country during the 12<sup>th</sup> plan (2012-2017).
- 1.2 WHEREAS NPCB aims to reduce prevalence of blindness by implementing various activities through state and district blindness control societies established in all the districts of the Country.

MEDICAL SUPERINTENDENT  
PEHMSR, KUPPAM-517425  
CHITTOUR DIST., A.P.

- 1.3 WHEREAS the NPCB seeks to involve eye care facilities in Government, Non Government and private sector having capacity to perform various activities under National Programme for Control of Blindness.
- 1.4 AND WHEREAS scheme for Non Government organizations (hereafter referred as NGO/Private practitioner) providing eye care services are implemented as per pattern of assistance approved by the cabinet.
- 1.5 Now THEREFORE the signatories of memorandum of understanding (MoU) have agreed as setout herein below.

## 2. Priorities of MoU

This MoU is an agreement between District Health & Family Welfare Society (Kolar district) State of Karnataka hereafter called District Health & Family Welfare society - (Blindness Control Division) and PES Institute of Medical Sciences & Research, Kuppam -517425, Chittoor (Dt), A.P.

## 3. Duration of MoU

This MoU will be operative from the date of its signing by the parties and remain in force for period of one year (from 01.04.2023 to 31.03.2024). The MoU shall be renewed for the further periods of one year every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per (Annexure XVII) ONEMONTH BEFORE EXPIRY OF VALIDITY. The DPM shall acknowledge the same and renew the case within one month, if eligible.

Activities	Yes/No
i) Screening of population (50+ years) in all the villages/townships in the area allotted to the NGO/Private Practitioner and preparation of village wise blind register.	Yes
ii) Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital.	Yes
iii) Preoperative examination and investigations required.	Yes
iv) Performance of cataract surgery preferably IOL implantation through ECCE/IOL, <u>Small Incision Cataract Surgery (SICS)</u> or <u>Phaco-Emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty &	


  
 MEDICAL SUPERINTENDENT  
 PESIMSR, KUPPAM-517425  
 CHITTOOR DIST. A.P.

Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.	Yes
v) Post operative care including management of complications, if any and post operative counseling regarding use of glasses,	Yes
vi) Follow-up services including refraction and provision of glasses, if required providing best possible correction.	Yes
vii) Submission of cataract surgery records of operated case online through the MIS-NPCB VI & Also submit the same hard copy to DBCS.	Yes
viii) Shall be solely responsible for any & shall claims, damages of its own in connection with the MoU and consequences thereof.	Yes

#### 4. Commitments of District Health Society.

Though this MoU, the District Health Society agrees to provide following support to participating NGO /Private Practitioner to facilitate service delivery (Yes against applicable clause).


Clause	Clause of Agreement	Yes/No
5.1	Issue a certificate of recognition about participation in NPCB	Yes
5.2	Undertaking random verification of operated cases not exceeding 5% before discharge of patients.	Yes
5.3	Sanction cost of free cataract operations and management Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness performed by the NGO/Private Practitioner as per GOI Guidelines indicated within month of submission of claims along with cataract surgery record.	Yes
5.4	Make payments of the sanctioned amount to the NGO/Private Practitioner on monthly/quarterly basis.	Yes
5.5	Regularly disseminate literature, guidelines or any other relevant information to Participating NGO/Private Practitioner.	


  
 MEDICAL SUPERINTENDENT  
 PESIMSR, KUPPAM-517425  
 CHITTOOR DIST. A.P.

## 5. Termination of MoU

Commitments agreed to by the parties are meant for prevention and control of blindness and therefore MoU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MoU.

Signed this day, the 31<sup>st</sup> day of March 2023.

  
For and on behalf of  
(Blindness control division)  
District Health Society

  
For and on behalf of NGO  
PES Institute of Medical Sciences & Research  
Nalagampalli, Kuppam, Chittoor (DT)  
MEDICAL SUPERINTENDENT  
PESIMSR, KUPPAM-517425  
CHITTOOR DIST., A.P.



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU – 560 029**



No.NIMH:A&E:TM:TRG-NEURO:2023/245

Date: 20.04.2023

To  
Dean & Principal  
PES Institute of Medical Sciences & Research  
Kuppam – 517425.  
Andhra Pradesh

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute  
Ref: Your letter dated 05.04.2023.

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your Institution to undergo training at this Institution as follows:

1	Number of trainees	15
2	Name of the trainees	Duration
	Dr. M. Krishna Sahi Reddy Dr. V. Sai Nikhileshwar	01.05.2023 to 31.05.2023
	Dr. K. Sunny Sanjay Dr. Gunuru Srinivas	01.06.2023 to 30.06.2023
	Dr. K. Shikara Reddy Dr. Daivala Sanjana	01.07.2023 to 31.07.2023
	Dr. J.T.V.K. Pavan Kumar Dr. Pinjari Shaikshavali Dr. Chuppala Bharath	01.08.2023 to 31.08.2023
	Dr. M. Vinusha Dr. T. Dinesh	01.09.2023 to 30.09.2023
	Dr. Idimadakala Sai Preethi Dr. M. Vijay Kumar Reddy	01.10.2023 to 31.10.2023
	Dr. Dr. A. Buvan Chandra Dr. K. V. Sai Raghavendra	01.11.2023 to 30.11.2023
3	Department at which training permitted	Neurology
4	Training fees	Rs.10,000/- per month per trainee

**NOTE:**

- Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of respective departments everyday as per the timing of the department and will not take any planned leave during the period of training.
- \*Based on COVID 19 Pandemic situation and guidelines RTCPR negative report (latest by 72 hours) or COVID 19 (02 Dose) vaccination report to be provided on the day of joining.
- The trainees should compulsorily carry their college ID Card while posted at NIMHANS
- One stamp size photo should be given at the time of joining for issue of temporary ID Card should be returned at the end of training without fail

- Trainees should carry a copy of this letter without fail
- The training fee for the whole duration of training has to be paid by SBI Collect (online) on the day of training. Training Fee/Excess payment of training fee will not be refunded.
- Going forward, you are requested to apply through online for external training/observership/visit by using this link: <https://training.nimhans.ac.in>.

I am also directed to inform you that the visiting student/trainee should make their own arrangement for accommodation. However, all efforts will be made to provide hostel accommodation, but this will be subject to availability, based on Manager, Hostel report (080 2699 5841, 080 2669 5096)/Supervisor, Cauvery Hostel (080 2699 5092) as on the date of joining and on payment of charges as below, accommodation will not be provided to the candidate coming earlier than the scheduled date of training.

11. Hostel Rent: Rs. 100/- per day

**Note:** In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainee, the college shall be directly responsible for such act of the trainee. The loss incurred has to be borne by the Institution/College deputing the trainee. Further the attendance certificate for training of such trainee will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

  
ADMINISTRATIVE OFFICER(A&E)

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels

Contact No. 080 26995015

Email: [training@nimhans.ac.in](mailto:training@nimhans.ac.in)

Website: <https://www.nimhans.ac.in>



I am to enclose herewith the list of Foreign Medical Graduates allotted to your esteemed Institution for undergoing their Compulsory Rotating Medical Internship for ONE / TWO YEARS as per their eligibility, apropos to the Instructions issued by the NMC from time to time.

I request you to kindly admit these FMGs for undergoing their Compulsory Rotating Medical Internship in your Medical College and report compliance, to enable the Andhra Pradesh Medical Council to submit a report to the National Medical Commission, UGMEB in this regard, at the earliest.

With regards;

Yours faithfully,



*J. Nagesh*  
REGISTRAR  
REGISTRAR  
Andhra Pradesh Medical Council  
VIJAYAWADA-520 004.



Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting. [Print this page](#)  
The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, [Cancel](#) training would not be imparted.

In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the concerned departments, for further needful.

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

\*\* This is a Computer generated copy. No need of Signature. \*\*

\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.

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## NAAC Criterion 3: Research, Innovations and Extension

### 3.5 Collaboration

**3.5.2: Total number of Functional MoUs/ linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years**

**Academic Year 2021 - 22**



**Timeline:**

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2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
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- Online portal for the students

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Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

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**Name:** Dr. H R Krishna Rao:  
**Phone:** 9391833752  
**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute  
**Phone:** 099860 08632  
**Email:** dbmcibangalore1@gmail.com

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PES IMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 23.05.2022

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 23.05.2022





























ఆంధ్రప్రదేశ్ రాష్ట్రం ANDHRA PRADESH  
Serial No: 11987 Denomination: 100 Date: 13-09-2021 Stamp S. no: CW 881527  
Purchased By: K.VIJAY KUMAR For "SELF"  
S/O LATE KRISHNAMURTHY PESIMSR CAMPUS KUPPAM  
Sub Registrar Ex. Officio Stamp Vendor SRO Kuppam

### MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MoU") is made as of the 14<sup>th</sup> day of September-2021 and between

**M/s. PESIMSR Hospital**, represented by Dr. Suresh Krishnamurthy, its Medical Director and having its registered office at its registered/head office 50 feet road, Hanumantha Nagar, Bangalore-560019, and its Hospital is situated in the premises of PESIMSR, Nalagampalli village, Gudupalli Mandal, Kuppam-517425, Chittoor Dt., AP, herein after called the "Licensor" (which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the ONE PART.

AND

Mr. K.Vijay Kumar, S/o G.Krishnamurthy, aged 52 years, Director cum Authorized signatory of M/s Rohini Healthcare Pvt, Ltd, residing at New No-67, Gajapathi street,

1 | Page


M.D. P.C.P. (UK)  
PES Institute of Medical Sciences & Research

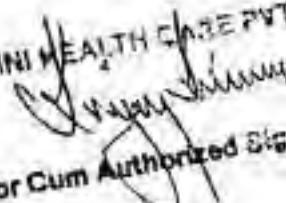
For ROHINI HEALTHCARE  
Director Cum Authorized Signature



1. The Licensee's management shall ensure compliance in all its scopes and services with the applicable laws and regulations including Drugs And Cosmetics Act 1940, Pharmacy Act 1958, Narcotic Drugs and Psychotropic Substances Act 1985, Drugs and Magical Remedies Act 1954 and any other laws governing the business and all its amendments and rule and orders of Indian Medical Association
2. The Licensee shall ensure that they follow the documented policy and procedure for pharmacy services and medication usage approved by Pharmacy and Therapeutics Committee and top management.
3. The Licensee shall ensure that the medication is dispensed only by a registered pharmacist.
4. The Licensee shall ensure that sufficient stock level of medications, consumables and disposables as per approved Hospital Formulary is maintained.
5. The Licensee shall ensure that the process defined by top management is being followed for acquisition of medications including vendor selection, vendor evaluation, indenting process, generation of purchase order and receipt of goods.
6. The Licensee shall ensure that the prescribed modes to obtain medications not listed in the formulary from local purchases are followed.
7. The Licensee shall ensure that the separate documented policy and procedure are put forth and followed for storage of medications.
8. The Licensee shall ensure that the medications are stored in a clean, safe and secure environment and incorporating manufacturer's recommendation(s).
9. The Licensee shall ensure that the storage area and the Licensee premises are maintained with utmost cleanliness.
10. The Licensee shall ensure that vaccines are kept in vaccine refrigerator (which shall be an Ice Lined Refrigerator).
11. The Licensee shall ensure that a separate list for the refrigerator drugs is maintained and those medications should be kept in the pharmacy

3 | Page

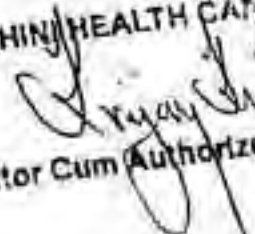
  
B. K. SURESH  
M.D. B.P.C.P (UK), F.P.C.C. (USA)  
PES Institute of Medical Sciences & Research  
Krinam - 517 425, Chittoor Dist., A.P.

For ROHINI HEALTH CARE PVT.-  
  
Director Cum Authorized Signature

refrigerator at the drug manufacture prescribed temperature and also ensure that temperature of the storage area/ refrigerator is monitored and recorded at least twice a day.

12. The Licensee shall conduct audits at regular intervals to check the loss or theft of items and good in the Licensee.
13. The Licensee shall ensure that they follow inventory control practices for storage of the medications (such as ABC, VED, FIFO).
14. The Licensee shall ensure that the medications are stored in uniform and easily obtainable manner in storage place of the Licensee and shall also ensure that the lists of look-alike and sound-alike, High Risk Medications, Emergency medications are defined and stored separately in a uniform manner.
15. The Licensee shall ensure that it follows documented policy and procedures and there is a proper record kept for procurement, storage/stocking, issuance and usage of Implantable prosthesis and Narcotic Drugs and Psychotropic Substances incorporating manufacturing recommendation(s).
16. The Licensee shall ensure that Narcotic Drugs and Psychotropic Substances are stored in double lock and key in a secure manner.
17. The Licensee shall ensure that emergency medications are available with easy access at any given point of time.
18. The Licensee shall maintain the minimum re-order level for all the drugs and also make sure that all drugs are made available all the time i.e. no medication shall be out of stock at any point in time. If at all a medication is out of stock when a patient/customer requests, such medication shall be procured by the pharmacy within one day's time for purchase by the patient/customer.
19. The Licensee shall ensure that a prescribed documented protocol and procedures are followed to the safe dispensation of medications.
20. The Licensee shall ensure that the billing consists of full name, UHID No. of the patient, Batch number and expiry date of the medications and all the other necessary details as prescribed.

  
Dr. K. SURGEN  
M.B.F.R.C.P (UK), F.A.C.S (USA)  
and Institute of Medical Research & Research

For ROHINI HEALTH CARE PVT.LTD.  
  
Director Cum Authorized Signature

21. The Licensee shall ensure that a separate procedure to be followed for the address medication recall.
22. The Licensee shall ensure that expiry dates of the medications are checked and listed prior to dispensing.
23. The Licensee shall ensure that a near expiry date is maintained for each medication depending on the nature of the drug preferably three months prior to the expiry date.
24. The Licensee shall ensure that labeling requirements are fulfilled and these must include the drug name, strength, frequency of administration (in a language that the customer / patient understand) and expiry dates.
25. The Licensee shall ensure that cut strips of medicines are placed in pouches with name of the drug, dose, batch number and expiry date.
26. The Licensee shall ensure that high-risk medication orders are verified prior to dispensing.
27. The Licensee shall ensure that all patients are educated regarding time of administration possible drug-drug interactions and drug-food interactions, possible side Effects.
28. The Licensee Shall ensure that quality indicators relevant to pharmacy are checked at regular intervals as prescribed here:
  - a. Percentage of drugs and consumables procured by local purchase.
  - b. Percentage of stock outs including emergency drugs.
  - c. Percentage of drugs and consumables rejected before preparation of goods receipt note.
  - d. Percentage of variations from the procurement process.
29. The Licensee shall ensure that all the expired drugs are disposed safely after taking necessary precautions accordance with prescribed rules, regulations, procedure and protocols as prescribed in the Bio-Medical Waste (Management and Handling) Rules, 1998.
30. The Premises has been given to license Rohini Healthcare Pvt, Ltd for supply all the Drugs including Narcotic drugs, exclusively to the PESIMSR Hospital, Begglapalli Village, Gudupalli Mandal, Chittoor Dt, Andhra Pradesh only. They shall not sell any drugs to the outsiders.

#### 4. COMMERCIAL TERMS

All commercial terms and other provisions as per the rental agreement dated 15.09.2018, modified from time to time.

#### 5. CONFIDENTIALITY

Except as may be required by law, both Parties shall not use or disclose confidential information obtained/ collected/shared/disclosed, either directly or indirectly, from the other Party or in relation to the other Party from any other source, as the case may be, concerning the Licensor's business development and strategy, internal operations, financing or business activities.

#### 6. REMEDIES

The Licensee acknowledges and agrees that it would be difficult to fully compensate the Licensor for damages resulting from the breach or threatened breach of the ongoing provisions, and, accordingly, agrees that the Licensor shall be entitled to temporary and injunctive relief, including temporary restraining orders, preliminary injunctions, permanent injunctions, to enforce that such provisions upon proving that it has suffered or that there is a substantial probability that it will suffer irreparable harm, and without the necessity of posting any bond or other undertaking in connection therewith. This provision with respect to injunctive relief shall not however, diminish the Licensor's right to claim and recover damages.

#### 7. PHARMACY'S DUTIES

The Licensee shall adhere to the following duties:

1. The Licensee, will, in a timely fashion, provide the Licensee with sufficient data concerning the Products / Business.
2. The Licensee shall ensure timely disbursement of commission payments;
3. The Licensee shall equip the Licensor / Its representatives with the appropriate marketing collaterals and sales tools

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Dr. S. SURESH  
M.D. FRCR (UK), FACC (USA)  
PEB Institute of Medical Sciences & Research  
Chennai, India

For ROHINI HEALTH CARE PVT. LTD.  
Director Cum Authorized Signature

4. The Licensee shall appoint adequate sales support staff to manage the Licensor support and relationships.
5. The Licensee shall extend all reasonable cooperation to the Licensor under this MoU.

## 8. TERMINATION AND WORK-IN-PROGRESS

1. Except as otherwise provided herein, either party may terminate this MoU by giving the other party written notice of at least 3 months.
2. Upon receipt of notice of termination the Licensee shall not commence work on any new solicitation, unless specifically agreed to between the parties, but it shall complete such negotiations as it has at that time undertaken.
3. All of the rights and duties of the parties shall continue during such notice period. If either the Licensor or the Licensee desires to terminate all work-in-progress on solicitations commenced before receipt of the notice of termination, it may do so only upon the parties' mutual consent and the determination and payment of any residual obligations between the parties, except as otherwise provided herein, either party may terminate this MoU.

## 9. MODIFICATION


This contract contains the entire agreement of the parties. No representations were made or relied upon by the other party, other than those that are expressly set forth. No Partner, employee or other representative of either parties are empowered to alter any term of this MoU, unless done in writing and signed by an executive officer of each of the respective parties.

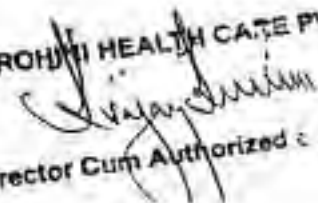
## 10. GOVERNING LAW AND JURISDICTION

The validity, interpretation, and performance of this MoU shall be governed by and construed under the laws of the Republic of India. The courts at Bangalore shall have exclusive jurisdiction over all disputes arising from this MoU.

## 11. ARBITRATION

7 | Page

  
DR. SURESH  
M.D. FR&P (UK), FACC (USA)  
Associate Professor of Medical Science & Research

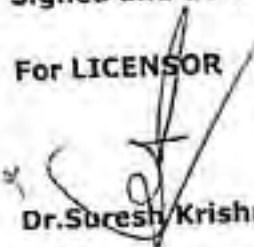
For ROHINI HEALTH CARE PVT.LTD  
  
Director Cum Authorized Signatory



IN WITNESS WHEREOF, by the signature of the parties this Memorandum of Understanding is made effective on 26.06.2018.

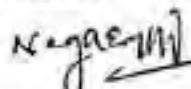
Signed and delivered by the within named:

For LICENSOR


  
Dr. Suresh Krishnamurthy,  
Medical Director,

**PESIMSR, Kuppam-517425, AP**  
M.D FRCP (UK), FAOC (USA)  
PES Institute of Medical Science & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

WITNESSES:


1.  NAGESH  
HR Executive  
PESIMSR
- 2.

For LICENSEE  
For ROHINI HEALTHCARE PVT.LTD.

  
Director, Authorized Signature

M/s Rohini Healthcare Pvt, Ltd

WITNESSES:

1.  DR. KISHOR KUMAR  
INCHARGE OF PHARMACY  
PESIMSR.
- 2.



## **NAAC Criterion 3: Research, Innovations and Extension**

### **3.5 Collaboration**

**3.5.2: Total number of Functional MoUs/ linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years**

**Academic Year 2020 - 21**








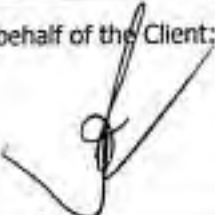







- 7.11 **Force Majeure.** If the compliance of its obligations under this Contract by either Party is delayed, prevented, restricted or interfered with by reason of Force Majeure then the Party so affected, upon giving prompt written notice to the other Party, shall not be liable for non-performance of such obligations.
- 7.12 **Notices.** All notices to be sent by a Party in connection with this Contract shall be in writing and shall be delivered by registered post-acknowledgement due to the Party at the addressed mentioned hereinabove or as may be notified by one Party to the other in writing from time to time.
- 7.13 **Survival.** In the event of the termination/expiry of this Contract in whole or in part, Clause 4 (Confidentiality), Clause 5.3 and 5.4 (Consequences of Termination), Clause d) (Limitation of Liability), Clause 7.1 (Intellectual Property Rights), Clause 7.2 (Governing Law and Jurisdiction) and Clause 7.3 (Dispute Resolution) shall survive and inure to the benefit of and be binding upon the Parties, their successors and assigns.

**IN WITNESS WHEREOF,** the Parties have set their hands on this Execution Date onto this Contract.

For and on behalf of ADLs 	For and on behalf of the Client: 
Name: <b>Nagarajan S</b> Title: Chief Financial Officer	Name: <b>Dr. Suresh Krishnamurthy</b> Title: Medical Director
For and on behalf of NARL 	
Name: <b>Nagarajan S</b> Designation: Chief Financial Officer	

ADL Initials

NARL Initials

Customer Initials



## ANNEXURE A

### Part A: Details of the Client:

Sl. #	Particulars Required	Client Responses
1	Name of the Client	PESIMSR Central Laboratory ✓
2	Client Constitution (Proprietorship/Partnership/ Private Ltd Co/Public Ltd Co)	People's Education Society ✓
3	Trade Licence No/CIN	37AAATP3955H2ZA ✓
4	Permanent Account No.	AAATP3955H ✓
5	Name(s) of Proprietor / Partners / Directors	Dr. M.R.Doreswamy ✓
6	Email Id of Proprietor / Partners / Directors	-
7	Nature of Business (Laboratory/Hospital/Others)	Laboratory and Hospital ✓
8	Office Address	National Highway 219, PESIMSR Campus, Kuppam -517425 Chittoor District, Andhra Pradesh ✓
9	Contact Person Name	Dr. C. Nagaraj, Quality Manager ✓
10	Contact Person Phone No.	9343979903 ✓
11	Contact Person e-mail ID	malarianag@gmail.com
12	Authorised Signatory Name	Dr. Suresh Krishnamurthy ✓
13	Authorised Signatory Designation	Medical Director ✓
14	Authorised Signatory email address	- ✓
15	Bank details from where payments will be made to ADL	Bank Name: Account Name: Account Type: Bank Address: IFSC Code:

Note: All the above information is mandatory. Please do not leave any item blank.

### Part B: Term of this Contract

This Contract shall remain valid for a period of **02 (Two)** year from the Execution Date.



## ANNEXURE B

### Part A: Scope of Services

Subject to Clause 2.1, the term 'Services' shall mean any of the services detailed in column (B) hereto, which have been agreed to be provided by ADL in relation to the Samples. Also, subject to Clause 3.1, the term 'Fees' in relation to a Service shall mean the cost prescribed against such Service in column (C) below:

S. No.	Services (B)	Fees (C)
a)	All types of medical diagnostic laboratory services currently being provided by ADL. A list of all the tests currently being provided by ADL is provided at <a href="http://www.anandlabreports.com/dos">http://www.anandlabreports.com/dos</a> .	List Price as per ADL Directory of Services & discount structure as given below

### Discount Structure:

Sl. No	Category of Tests	Discount % on List Price in DoS
1	A (ROUTINE TESTS)	25%
2	B (SPECIAL TESTS)	25%
3	C (SUPER SPECIALITY TESTS)	20%
4	D (NICHE TESTS)	10%
5	E (INTERNATIONAL SEND OUTS)	10%
6	F (FIXED PRICE)	0%
7	G (GOVT. CONTROLLED PRICING)	0%
8	OUTSOURCED	5%

### Part B: Fees

1. The Client shall pay the Fees to ADL within a period of 30 (thirty) days from the date of invoice raised by ADL in relation to the Services provided by ADL in the preceding month.

### Part C: Manner of Payment of Fees

1. ADL shall raise its invoice in relation to the Fees on a monthly basis after the 5<sup>th</sup> (fifth) of the following month. Invoices in excel format shall not be entertained.
2. Except for statutory deduction of income tax at source at applicable rates in force, Client agrees to pay ADL's invoice in full. In case the certificate for income tax deducted at source is not provided to ADL within the



time limit prescribed in the Income Tax Act, 1961 (currently within 30 (thirty) days from the end of the quarter), then the Client shall pay to ADL the amount so deducted from the payment(s) made to ADL.

**Part D: Security Deposit**

Simultaneous with the execution of this Contract, the Client has also paid an interest free refundable security deposit of INR nil /-

*[A large diagonal line is drawn across the page, indicating that the security deposit is nil.]*



*[Handwritten signature]*  
Customer Initials

## ADDENDUM TO THE CONTRACT FOR LABORATORY SERVICES

This Addendum to the Contract for Laboratory Services dated 13<sup>th</sup> July 2021 entered into this \_\_\_ day of May 2022 by and between:

**ANAND DIAGNOSTIC LABORATORY PRIVATE LIMITED**, a company registered under The Companies Act, 2013 with effect from 3<sup>rd</sup> January 2022 which was earlier known as Anand Diagnostic Laboratory, a partnership firm having its offices at Anand Tower, 54 Bowring Hospital Road, Shivajinagar, Bengaluru 560 001 represented by its authorised signatory (hereinafter referred to as "ADL" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

AND

**NEUBERG ANAND REFERENCE LABORATORY PRIVATE LIMITED**, a company registered under The Companies Act, 2013 with effect from 3<sup>rd</sup> January 2022 which was earlier known as Neuberg Anand Reference Laboratory, a partnership firm having its offices at Anand Tower, 54 Bowring Hospital Road, Shivajinagar, Bengaluru 560 001 represented by its authorised signatory (hereinafter referred to as "NARL" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

ADL and NARL together shall be known as ADL/NARL

AND

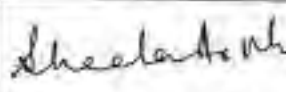
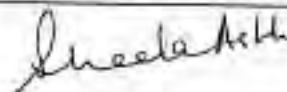

**PES IMSR CENTRAL LABORATORY** of People Education Society, National Highway 219, PES-IMSR Campus, Kuppam 517 425, Chittoor District, Andhra Pradesh represented by its authorised signatory (hereinafter referred to as "Client" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

The Parties had entered into a Contract for Laboratory Services dated 13<sup>th</sup> July 2021 for provision of Pathological Diagnostic Services, Hospital Outsourcing Services, Preventive Care Services and Medical Research Services to its customers.

The Client wishes to incorporate the following clause in the said contract after clause 2.6 as clause 2.7.

"ADL/NARL on processing of samples received from the Client shall immediately inform the Client in case ADL/NARL finds any serious abnormalities as "Critical Alerts" by means of any communication viz., phone or email. The Client undertakes to inform ADL/NARL of the phone number and/or email where such Critical Alerts are to be sent."

All other terms and conditions shall remain as per Contract dated 13<sup>th</sup> July 2021.

For Anand Diagnostic Laboratory Pvt. Ltd	For Neuberg Anand Reference Laboratory Pvt. Ltd.	For PES IMSR Central Laboratory (Unit of People Education Society)
		
Name: SHEELA ASHOK	Name: SHEELA ASHOK	Name:
Designation: HEAD - QUALITY	Designation: HEAD QUALITY	Designation:

## ADDENDUM TO THE CONTRACT FOR LABORATORY SERVICES

This Addendum to the Contract for Laboratory Services dated 13<sup>th</sup> July 2021 entered into this \_\_\_ day of May 2022 by and between:

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AND

**NEUBERG ANAND REFERENCE LABORATORY PRIVATE LIMITED**, a company registered under The Companies Act, 2013 with effect from 3<sup>rd</sup> January 2022 which was earlier known as Neuberg Anand Reference Laboratory, a partnership firm having its offices at Anand Tower, 54 Bowring Hospital Road, Shivajinagar, Bengaluru 560 001 represented by its authorised signatory (hereinafter referred to as "NARL" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

ADL and NARL together shall be known as ADL/NARL

AND

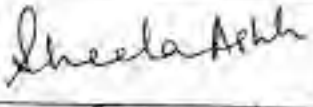
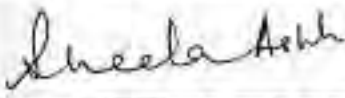

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For Anand Diagnostic Laboratory Pvt. Ltd	For Neuberg Anand Reference Laboratory Pvt. Ltd.	For PES IMSR Central Laboratory (Unit of People Education Society)
		
Name: SHEELA ASHOK	Name: SHEELA ASHOK	Name:
Designation: HEAD - QUALITY	Designation: HEAD QUALITY	Designation:



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH		Stamp S. no BW 903892	
Serial No: 293	Denomination: 100	Date : 28.05.2021	
Purchased By :	For :	Sub Registrar	
DR H R KRISHNA RAO	**SELF**	Ex. Offico Stamp Vendor	
PES IMSR		SRO Kuppam	
KUPPAM			

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG. This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations

- Career online and offline counseling

**Timeline:**

- The overall project will take place between 01/06/2021 and 31/05/2022

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities**

**Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name:** Dr. H R Krishna Rao:  
**Phone:** 9391833752  
**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute  
**Phone:** 099860 08632  
**Email:** dbmcibangalore1@gmail.com

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:

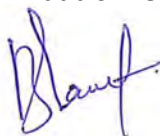
**Organization A:**

Organization Name: PES IMSR, Kuppam

Signature:  Date: 29.05.2021

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  Date: 29.05.2021



ఆంధ్రప్రదేశ్ రాష్ట్రం ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

80AA 343331

SL.No. 1957 Date 01/04/2021

Sold to V. Subba Rao Ryali & R. Siva Ramamurthy.

For Whom Self PESIMSR Campo - Kuppam

M.A. Nepolean

M.A. NEPOLEAN  
LICENCED STAMP VENDOR  
L.NO.10-04-002/2019  
Newpet, Kuppam - 517 425  
Cell: 9550335531

**Memorandum of Understanding (MoU) between District Health Society  
and Participating Non Government Organization.**

**1. Preamble**

- 1.1 WHEREAS the Union Cabinet has approved continuation of National Programme for Control of Blindness hereafter referred to NPCB, for implementation in all the states of the country during the 12<sup>th</sup> plan (2012-2017).
- 1.2 WHEREAS NPCB aims to reduce prevalence of blindness by implementing various activities through state and district blindness control societies established in all the districts of the Country.
- 1.3 WHEREAS the NPCB seeks to involve eye care facilities in Government, Non Government and private sector having capacity to perform various activities under National Programme for Control of Blindness.

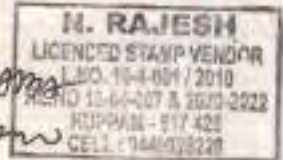
M. PESIMSR  
District Medical Superintendent  
State of Medical Sciences & Health  
Kuppam - 517 425, Chittoor Dist., A.P.



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

88AA 420104

Sl No 1209 Date 3-4-2021 P. 20  
SOLD to V. SUBBARAO RYALI SR. SURANA  
FOR SIGNUM S. J. MURTHY KUPPAM



1.4 AND WHEREAS scheme for Non Government organizations (hereafter referred as NGO/Private practitioner) providing eye care services are implemented as per pattern of assistance approved by the cabinet.

1.5 Now THEREFORE the signatories of memorandum of understanding (MoU) have agreed as set out herein below.

## 2. Priorities of MoU

This MoU is an agreement between District Health & Family Welfare Society (Kolar district) State of Karnataka hereafter called District Health & Family Welfare society - (Blindness Control Division) and PES Institute of Medical Sciences & Research, Kuppam -517425, Chittoor (Dt), A.P.

## 3. Duration of MoU

This MoU will be operative from the date of its signing by the parties and remain in force for period of one year (from 01.04.2021 to 31.03.2022). The MoU shall be renewed for the further periods of one year every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per (Annexure XVII) ONE MONTH BEFORE EXPIRY OF VALIDITY. The DPM shall acknowledge the same and renew the case within one month, if eligible.

  
MEDICAL SUPERINTENDENT  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist. A.P

# भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

INDIA NON JUDICIAL

ఆంధ్ర ప్రదేశ్ రాష్ట్రం ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH Rs: 20/- 80AA 343332

St.No. 1955 Date 01/04/2021

Sold to V. Subbarao Ryali s/o. R. Siva Rameswthy,  
For Whom SCV PESIMBR Camps - Kuppam

M.A. NEPOLEAN  
LICENCED STAMP VENDOR  
L.NO.10-04-002/2019  
Newpat, Kuppam - 517 425  
Cell: 98335531

Activities	
i) Screening of population (50+ years) in all the villages/townships in the area allotted to the NGO/Private Practitioner and preparation of village wise blind register.	Yes
ii) Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital.	
iii) Preoperative examination and investigations required	Yes
iv) Performance of cataract surgery preferably IOL implantation through ECCE/IOL, <u>Small Incision Cataract Surgery (SICS)</u> or <u>Phaco-Emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.	Yes
v) Post operative care including management of complications, if any and post operative counseling regarding use of glasses,	
vi) Follow-up services including refraction and provision of glasses, if required providing best possible correction.	Yes
vii) Submission of cataract surgery records of operated case.	Yes

**MEDICAL SUPERINTENDENT**  
MES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P.

# भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

**INDIA NON JUDICIAL**

ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ **ANDHRA PRADESH**

Rs:20 **80AA 343334**

SL.No. 1957 Date 01/04/2021

Held to V. Subbarao Ryali S/o. R. Siva Ramamurthy  
For Whom Self PESIMSR Campus - Kuppam

M.A. NEPOLEAN  
LICENCED STAMP VENDOR  
LNO.10-04-002/2019  
Newpet, Kuppam - 517 425  
Cell: 9550335531

**4. Commitments of District Health Society.**

Though this MoU, the District Health Society agrees to provide following support to participating NGO /Private Practitioner to facilitate service delivery (Yes against applicable clause).

Clause	Clause of Agreement	Yes/No
5.1	Issue a certificate of recognition about participation in NPCB	Yes
5.2	Undertaking random verification of operated cases not exceeding 5% before discharge of patients.	Yes
5.3	Sanction cost of free cataract operations and management Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness performed by the NGO/Private Practitioner as per GOI Guidelines indicated within month of submission of claims along with cataract surgery record.	Yes
5.4	Make payments of the sanctioned amount to the NGO/Private Practitioner on monthly/quarterly basis.	
5.5	Regularly disseminate literature, guidelines or any other relevant information to Participating NGO/Private Practitioner.	Yes

*Handwritten signature*

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P.

# भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

## INDIA NON JUDICIAL

ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

Rs.20

80AA 343330

SL.No. 1953 Date 01/04/2021

Sold to V. Subba Rao Ryali s/o. R. Siva Ramanurthy.

For M/s Self PESIMSR Campus. Kuppam

M.A. [Signature]

M.A. NEPOLAN  
LICENCED STAMP VENDOR  
L.NO.10-04-002/2019  
Newpet. Kuppam - 517 425  
Cell: 9550335531

### 5. Termination of MoU

Commitments agreed to by the parties are meant for prevention and control of blindness and therefore MoU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MoU.

Signed this day, the 1<sup>st</sup> of April 2021.

For and on behalf of

(Blindness control division)  
District Health Society

For and on behalf of NGO

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor (DT), A.P

**MEDICAL SUPERINTENDENT**

PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P



INDIA NON JUDICIAL

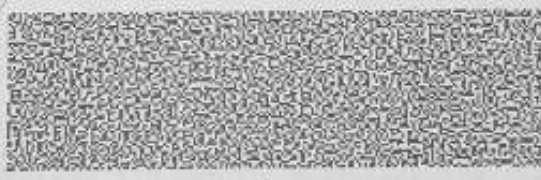
Government of Karnataka

सत्यमेव जयते

Rs. 100

e-Stamp

Certificate No. : IN-KA35927007745232S  
 Certificate Issued Date : 03-Oct-2020 11:39 AM  
 Account Reference : NONACC (FI)/ kaksfcl08/ JAYANAGAR/ KA-BA  
 Unique Doc. Reference : SUBIN-KAKAKSFCL0868203425288822S  
 Purchased by : PESIMSR CENTRAL LABORATORIES  
 Description of Document : Article 12 Bond  
 Description : M O U  
 Consideration Price (Rs.) : 0  
 (Zero)  
 First Party : CANCYTE TECHNOLOGIES PVT LTD  
 Second Party : PESIMSR CENTRAL LABORATORIES  
 Stamp Duty Paid By : PESIMSR CENTRAL LABORATORIES  
 Stamp Duty Amount(Rs.) : 100  
 (One Hundred only)



Please write or type below this line

**THIS STAMP PAPER IS AN INTEGRAL PART OF THE CONTRACT FOR LABORATORY SERVICES ENTERED BY THE CLIENT WITH CANCYTE TECHNOLOGIES PRIVATE LIMITED DATED 3<sup>RD</sup> OCTOBER 2020**

CTPL initials



Customer initials

M.D. FRCP(UK), FACC (USA)  
MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppiam-517 425, Chittoor Dist, A.P

Page 1 of 2

Statutory Alert:

1. The authenticity of the e-Stamp certificate should be verified at [www.e-stamp.com](http://www.e-stamp.com) or using e-Stamp Mobile App at Stock Exchanges and accordingly in the details on this Certificate and as available on the website / Mobile App readers / Invoicing
2. The issue of checking the authenticity is on the users of the certificates
3. In case of any discrepancy please inform the Competent Authority

03.10.2020

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding (MOU) is made on this day 3<sup>rd</sup> October 2020 and is valid until 30<sup>th</sup> September 2022 between **CANCYTE TECHNOLOGIES PRIVATE LIMITED**, Sri Shankara Cancer Research Centre, Rangadore Memorial Hospital, Having its office at 9, 1<sup>st</sup> cross, Shankarapuram, Bangalore 560004 through its authorised signatory

And

**PESIMSR Central Laboratories**

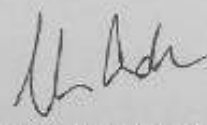


Kuppam, Chittoor District

Andhra Pradesh 517425

This MOU covers the following scope

- 1. PESIMSR Central Laboratories will be responsible to collect and send 2(TWO) samples once in every 6(SIX) months for inter laboratory comparison of Qualitative and Quantitative PCR for HIV as part of its quality assurance process
- 2. PESIMSR Central Laboratories will be sending their samples as defined in its scope of molecular tests for testing to Cancyte whenever they are not able to process in house for any reason
- 3. Cancyte will test these samples and issue their reports to PESIMSR Central Laboratories. The reports thus received will be issued directly to the customers of PESIMSR Central Laboratories without any transcription in the header of Cancyte lab.
- 4. PESIMSR Central Laboratories will accept the turnaround time and cost of test prevalent at the time of sending their samples. Invoices and bills for the same may be raised in the name of PESIMSR Central Laboratories. Both the parties will accept the confidentiality, data privacy and security.
- 5. The two laboratories will also exchange samples for molecular testing for any research projects undertaken as per the approved project protocols.

Signed on this day first mentioned in the MOU by parties through its authorised signatories as under

<p>CANCYTE TECHNOLOGIES PRIVATE LIMITED</p>   <p>AUTHORISED SIGNATORY NAME: DESIGNATION:</p>	<p>PESIMSR CENTRAL LABORATORIES</p>  <p>AUTHORISED SIGNATORY NAME: Dr SURESH KRISHNAMURTHY DESIGNATION: MEDICAL DIRECTOR</p>
--	--

**Dr. K. SURESH**  
M.D. FRCP(UK), FACC (USA)  
MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppam-517 425, Chittoor Dist, A.P

14<sup>th</sup> September 2020  
Bangalore

To,  
**The Blood Bank Medical Officer**  
P.E.S. Institute of Medical Sciences and Research  
NH 219, Kuppam,  
Andhra Pradesh 517425

**Sub: MOU Renewal**

Dear Sir / Madam

- With reference to the existing arrangement, the MOU is renewed for another two years i.e., from September 15<sup>th</sup> 2020 to September 14<sup>th</sup> 2022 on the same terms and conditions
- Also, find below the existing processing charges, which are subject to periodic revision

<b>Blood / Blood Components</b>	<b>Bulk issue</b>	<b>Patient issue</b>
Packed Red Blood Cells (RBC)	1,750	1,950
Leuco Reduced Human Red Cells (RBC)	2,980	3,180
Fresh Frozen Plasma FFP	980	1,020
Cryoprecipitate	500	500
Platelet Concentrates (RDP)	700	700
Single Donor Platelets with Additive Solution	11,650	11,650

Thanking you,

Yours Sincerely,

  
Ravindra C  
Manager – Strategic Partnership



14<sup>th</sup> September 2020  
Bangalore

To,  
**The Blood Bank Medical Officer**  
P.E.S. Institute of Medical Sciences and Research  
NH 219, Kuppam,  
Andhra Pradesh 517425

**Sub: MOU Renewal**


Dear Sir / Madam

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- Also, find below the existing processing charges, which are subject to periodic revision

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Packed Red Blood Cells (RBC)	1,750	1,950
Leuco Reduced Human Red Cells (RBC)	2,980	3,180
Fresh Frozen Plasma FFP	980	1,020
Cryoprecipitate	500	500
Platelet Concentrates (RDP)	700	700
Single Donor Platelets with Additive Solution	11,650	11,650

Thanking you,

Yours Sincerely,

  
Ravindra C  
Manager – Strategic Partnership



  
12/3/22



## NAAC Criterion 3: Research, Innovations and Extension

### 3.5 Collaboration

**3.5.2: Total number of Functional MoUs/ linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years**

**Academic Year 2019 - 20**



### **Timeline:**

- The overall project will take place between 01/06/2020 and 31/05/2021

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

### **Roles and Responsibilities**

#### **Both organizations will:**

- Communicate as needed about the implementation and progress of the project

#### **Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

#### **Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

### **Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name: Dr. H R Krishna Rao:**  
**Phone:** 9391833752  
**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute  
**Phone:** 099860 08632  
**Email:** dbmcibangalore1@gmail.com

**Modifications to this MOU:**


This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PESIMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 21.05.2020

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 21.05.2020

**DEPARTMENT OF MEDICINE  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P**

---

Ref: MED/26/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
Sri Jayadeva Institute of Cardiovascular Science & Research,  
Bannerghatta Road,  
Bangalore - 560 069.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Cardiology at S J I C**

Greetings from PES Institute of Medical Science & Research, Kuppam  
MD (Gen. Med) 2nd year students are desirous of doing their external posting in  
Cardiology in your esteemed institution. They may please be permitted to learn Cardiology  
for a period of one month.

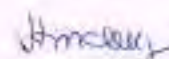
The list of students and the duration of posting is indicated as below.

S. No	Name of the PG	Contact details	Period
1	Dr.T.R.Pandiyar	7382293130 tpandiyar565@gmail.com	01.08.2019 To 31.08.2019
2	Dr.Praveen Vellore	8247311647 drpraveenrims@gmail.com	
3	Dr.P.Niharika	9490781335 niharika.neha89@gmail.com	
4	Dr.C.Aneeshwar Reddy	9885820700 anee2468@gmail.com	
5	Dr.P.Kavya	7095140607 kavvapatu24@gmail.com	01.10.2019 To 31.10.2019
6	Dr.Malla Manasa	8985693334 manasamalla93@gmail.com	
7	Dr.Reddy Bhargava	9989092726 rbhargav1993@gmail.com	
8	Dr.Raja sekhar Naidu.Y	9963376026 drrajasekhary@gmail.com	

Kindly approve and permit the students to be benefited and they will pay the necessary fee  
etc. as required.

Thanking you,

Yours Sincerely



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P.

Cc to: MD/AMD  
Dean & Principal, MS



ಶ್ರೀ ಜಯದೇವ ಹೃದ್ರೋಗ ವಿಜ್ಞಾನ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ  
**Sri Jayadeva Institute of Cardiovascular  
Sciences and Research**

(Govt. Of Karnataka - Regd. Autonomous Institute)  
Bannerghatta Road, 9<sup>th</sup> Block Jayanagar, Bengaluru - 560069  
Ph:+91-80-22977400/600, Academic Section & Fax:080-22977281  
Website: [www.jayadevacardiology.com](http://www.jayadevacardiology.com) Email: [director@jayadevacardiology.com](mailto:director@jayadevacardiology.com)  
Academic section email: [jayadevacardiology.academic@ic@gmail.com](mailto:jayadevacardiology.academic@ic@gmail.com)

**Ref:**  
SJICS&R/AS/PG-Training/2019-20

**Date:**  
22/07/2019

Prof. & HOD - Department of Medicine,  
P.E.S Institute of Medical  
Sciences & Research,  
Kuppam - 517425,  
Chittoor Dist, Andra Pradesh

Sir,

Sub: Training Programme for PG students-reg.  
Ref: Your letter No. MED/26/2019 dated 09/07/2019.

With reference to the above, we write you inform you that, the following PG students are permitted to undergo training in the department of Cardiology at this Institute on the dates mentioned against their names, on payment of fees of Rs. 12500/- per student per month through DD drawn in favour of the Director, SJIC&R, Bangalore - 69.

SL No.	Student name	Period of training
01	Dr. T. R. Pandiayan	01/08/2019 to 31/08/2019
02	Dr. Praveen Vellore	
03	Dr. P. Niharika	
04	Dr. C. Aneeshwar Reddy	
05	Dr. P. Kavya	01/10/2019 to 31/10/2019
06	Dr. Malla Manasa	
07	Dr. Reddy Bhargava	
08	Dr. Raja Sekhar Naidu .Y	

Thanking you,

Yours faithfully,

*1 GP*  
*26/7/19*  
ACADEMIC SUPERINTENDENT

- Note: 1. Students are informed to bring a copy of this posting order along with them at the time of reporting.  
2. CET candidate must carry, CET allotment letter (Karnataka Examination Authority - Candidate copy) attested by the respective college Principal/Dean/Director.  
3. Please send your request letters for Peripheral Postings atleast 3 months in advance.

*Conditional permitted to return in back case of Infraction MCI*

PG peripheral file

**DEPARTMENT OF MEDICINE  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P**

---

Ref: MED/15/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
NIMHANS Hospital,  
Hosur Road, Near dairy circle,  
Bangalore – 560 029.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Neurology at NIMHANS**

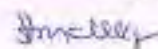
Greetings from PES Institute of Medical Science & Research, Kuppam

As per provisions MCI regulations/guidelines the PG students of the department of General Medicine are to be posted for training in Neurology, Cardiology, etc., during the 2<sup>nd</sup> year of their PG course. External posting of the PG students for training in Neurology for the year 2018-2019 are given below. It is requested that approval for training in Neurology at your esteemed Institute may kindly be accorded.

S. No	Name of the PG	Contact details	Period
1	Dr. T.R. Pandiyan	7382293130 trpandivan565@gmail.com	01.09.2019 To 30.09.2019
2	Dr. Praveen Vellore	8247311647 drpraveenrims@gmail.com	
3	Dr. P. Niharika	9490781335 niharika.neha89@gmail.com	
4	Dr. C. Aneeshwar Reddy	9885820700 anee2468@gmail.com	
5	Dr. P. Kavya	7095140607 kavvapaturi24@gmail.com	01.11.2019 To 30.11.2019
6	Dr. Malla Manasa	8985693334 manasamalla93@gmail.com	
7	Dr. Reddy Bhargava	9989092726 rbhargav1993@gmail.com	
8	Dr. Raja sekhar Naidu. Y	9963376026 drrajasekharv@gmail.com	

Thanking you,

Yours Sincerely,



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT. OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425 CHITTOOR DIST. A.P.

Cc to: MD/AMD  
Dean & Principal  
Medical Superintendent



NIMH:A&E:TM:TRG-NEURO:2019/971

Date: 25.07.2019

The Professor and HOD  
Department of Medicine  
P.E.S. Institute of Medical Sciences and Research  
Kuppam - 517 425.  
Chittoor Dist. A.P.

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 09.07.2019

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your institute to undergo training at this Institution as follows:

1	Number of trainees	08
2	Name of the trainees	<b>Duration</b>
	Dr. Praveen Vellore and 03 others	<b>03.09.2019 to 30.09.2019</b>
	Dr. P. Kavya and 03 others	<b>02.11.2019 to 30.11.2019</b>
3	Department at which training permitted	Neurology
4	Training fee	Rs.10,000/- per month or part thereof per trainee

*Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- **The training fee for the whole duration of training has to be paid by Debit/Credit Card on the day of joining. The training fee once paid will not be refunded.**


I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability. based on Manager, Hostel report (080-26995095)/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

**1. Hostel Rent:** Rs.100/- per day

**NOTE:** *In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further, the attendance certificate for training of such trainees will be withheld.*

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels, NIMHANS  
  
ADMINISTRATIVE OFFICER (A&E)  
Administrative Officer (A & E),  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029



GOVERNMENT OF INDIA  
Regional Office for Health & Family Welfare  
(Directorate General of Health Services, Ministry of Health and FW)

2<sup>nd</sup> Floor 'F' Wing, Kendriya Sadan  
Koramangala, Bangalore – 560 034  
Phone Direct :25537310  
Office : 25537688  
Fax : (080) 25539249  
Email: rhobng@nic.in  
Date: 28.07.2021

Senior Regional Director (H & FW)  
No.ROH:&FW/FSU/ TR/2-5/ 2019-20

To,  
Dr. Chitra Nagaraj,  
Associate Professor,  
PESMC,  
Kuppam,  
Andra Pradesh.

**Sub: CRHI Virtual Training on Family of International Classification (ICD-10 & ICF) for Non-Medical Personnel – 30-07-2021. - reg.**

Madam,

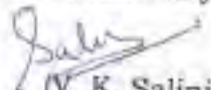
This office is organizing training on Family of International Classification (ICD-10 & ICF) on 30-07-21. The Virtual training is imparted to the Officers involved in the work of Medical Records / Health Statistics.

You are invited as a resource faculty for the said training programme as per the schedule given below:

Date	Time	Topic
30-07-21	03.00 to 04.00PM	ICD-10 Coding of cardiovascular and respiratory system.

Kindly make it convenient and deliver lecture in the training program.

Yours faithfully,

  
(V. K. Salini)  
Deputy Director




ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH CF 633944  
Serial No. 1270 Denomination: 100 Date: 15-03-2019 Stamp S. no. CF 633944  
Purchased By : DR. T. VENUGOPALA RAO For: \*\*SELF\*\* Sub Registrar  
S/O SUBBA RAO TANNERU Ex. Offico Stamp Vendor  
PESIMSR CAMPUS PESIMSR CAMPUS SRO Kuppam  
KUPPAM

**Memorandum of Understanding (MoU) between District Health Society and Participating Non Government Organization.**

**1. Preamble**

- 1.1 WHEREAS the Union Cabinet has approved continuation of National Programme for Control of Blindness hereafter referred to NPCB, for implementation in all the states of the country during the 12<sup>th</sup> plan (2012-2017).
- 1.2 WHEREAS NPCB aims to reduce prevalence of blindness by implementing various activities through state and district blindness control societies established in all the districts of the Country.
- 1.3 WHEREAS the NPCB seeks to involve eye care facilities in Government, Non Government and private sector having capacity to perform various activities under National Programme for Control of Blindness.

  
**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P

- 1.4 AND WHEREAS scheme for Non Government organizations (hereafter referred as NGO/Private practitioner) providing eye care services are implemented as per pattern of assistance approved by the cabinet.
- 1.5 Now THEREFORE the signatories of memorandum of understanding (MoU) have agreed as setout herein below.

## 2. Priorities of MoU

This MoU is an agreement between District Health & Family Welfare Society (Kolar district) State of Karnataka hereafter called District Health & Family Welfare society - (Blindness Control Division) and PES Institute of Medical Sciences & Research, Kuppam -517425, Chittoor (Dt), A.P.

## 3. Duration of MoU

This MoU will be operative from the date of its signing by the parties and remain in force for **period of one year**. The MoU shall be renewed for the further periods of one year every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per (Annexure XVII) **ONEMONTH BEFORE EXPIRY OF VALIDITY**. The DPM shall acknowledge the same and renew the case within one month, if eligible.

Activities	Yes/No
i) Screening of population (50+ years) in all the villages/townships in the area allotted to the NGO/Private Practitioner and preparation of village wise blind register.	Yes
ii) Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital.	Yes
iii) Preoperative examination and investigations required	Yes
iv) Performance of cataract surgery preferably IOL implantation through ECCE/IOL, <u>Small Incision Cataract Surgery(SICS)</u> or <u>Phaco-Emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.	Yes



v) Post operative care including management of complications, if any and post operative counseling regarding use of glasses,	Yes
vi) Follow-up services including refraction and provision of glasses, if required providing best possible correction.	Yes
vii) Submission of cataract surgery records of operated case.	Yes

#### 4. Commitments of District Health Society.

Though this MoU, the District Health Society agrees to provide following support to participating NGO /Private Practitioner to facilitate service delivery (Yes against applicable clause).

Clause	Clause of Agreement	Yes/No
5.1	Issue a certificate of recognition about participation in NPCB	Yes
5.2	Undertaking random verification of operated cases not exceeding 5% before discharge of patients.	Yes
5.3	Sanction cost of free cataract operations and management Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness performed by the NGO/Private Practitioner as per GOI Guidelines indicated within month of submission of claims along with cataract surgery record.	Yes
5.4	Make payments of the sanctioned amount to the NGO/Private Practitioner on monthly/quarterly basis.	Yes
5.5	Regularly disseminate literature, guidelines or any other relevant information to Participating NGO/Private Practitioner.	Yes

*Signature*

**MEDICAL SUPERINTENDENT**  
 PES Institute of Medical Sciences & Research  
 Kuppam - 517 425, Chittoor Dist., A.P.

## 5. Termination of MoU

Commitments agreed to by the parties are meant for prevention and control of blindness and therefore MoU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MoU.

Signed this day, The 20<sup>th</sup> of March 2019.

For and on behalf of  
(blindness control division)  
District Health Society

*N. Ravi*

2/4/19

Dist. Programme Manager  
Dist. Blindness Control Society  
KOLAR-563 101, (Karnataka)

For and on behalf of NGO

*[Signature]*  
**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Nalagampalli, Kuppam, Chittoor (D) or Dist., A.P



Serial No. 288	Denomination: 100	Date :25.05.2019	Stamp S. no BW 903897
Purchased By : <b>Dr.H.R.KRISHNA RAO</b> <b>PESIMSR, KUPPAM</b>	For : <b>**SELF**</b>		<b>Sub Registrar</b> <b>Ex. Office Stamp Vendor</b> <b>SRO Kuppam</b>

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG. This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations
- Career online and offline counseling

**Timeline:**

- The overall project will take place between 01/06/2019 and 31/05/2020

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities****Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name: Dr.H.R.KrishnaRao:**

**Phone: 9391833752**

**Email: pesmed2007@yahoo.com**

**Organization B -**

**Name: Dr. Bhatia's Medical Coaching Institute**

**Phone: 099860 08632**

**Email:dbmcibangalore1@gmail.com**

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PESIMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 27.05.2019

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 27.05.2019



Serial No. 22310  
Purchased By :  
NUTHALAPATI HANUMAI AH  
S/O HANUMANTHU RAO  
TIRUPATI

Denomination: 100  
For :  
AWM CONSULTING LTD

Date: 28-04-2018

Stamp S. no. APF 560576  
CF 560576  
Sub-Registrar  
Ex. Office Stamp Vendor  
SRO Tirupathi (R.O)

**MEMORANDUM OF UNDERSTANDING**

This Memorandum of Undertaking entered into this day of 19-09-2018.

By & Between

AWM Consulting Ltd., having its local office at 1-5-553, 2<sup>nd</sup> Floor, Balaji Colony, Tirupati, Chittoor District and incorporated under the Indian Companies Act of 1956 hereinafter referred to as "AWM Consulting Ltd",

And

The Medical Director PES Institute of Medical sciences & Research, Kuppam, Chittoor District, Hereafter referred to as.

For AWM Consulting Ltd.  
*[Signature]*  
General Manager

*[Signature]*  
**Dr. K. SURESH**  
M.D. (PUB), FACO (USA)  
DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist, A.P.

WHEREAS, AWM Consulting Ltd, is proposing to commission a comprehensive facility for handling clinical and infections wastes generated from health care establishments and intends to provide complete range of bio-medical waste management services such as waste segregation, collection, transport and disposal on contract basis, AND,

WHEREAS, AP. POLLUTION CONTROL BOARD has authorized AWM as the authorized operator for handling and management of biomedical waste in Chittoor District.

NOW, therefore, it is agreed between AWM and the above mentioned medical establishment to enter into Memorandum of Understanding (MOU) on the following terms and conditions.

- a) AWM hereby agrees to provide comprehensive waste management.
- b) The scope of waste management and handling services will cover the following.


- I. **Waste Segregation:** AWM will help the member health care establishment Segregate, at sources, various categories of waste generated.
- II. **Waste Collection:** AWM will provide standardized, color coded containers to be used for collection of various categories of bio.medical waste at each of the member establishment will be provided with a waste collection schedule. Waste will be collected as per the schedule and transported to AWMs CTF.
- III. **Waste Disposal;** Waste will be disposed off in accordance with the existing laws.
- IV. In consideration of AWM Consulting Ltd providing the aforesaid services, the above mentioned medical establishment agrees to pay as under.

Contract period	Rate/Bed (Rs)	No. Beds
01-09-2018 to 31-08-2021 (3 years)	5.50, Per Bed/Per Day	750
01-09-2021 to 31-08-2023 (2 years)	6.00, Per Bed/Per Day	750

- V. This agreement is valid for a period of five Years i.e. from 01-09-2018 to 31-08-2023 AWM. Reserves the right – to requesting for increasing the charges depending on the general conditions prevailing at the point of time with the consent of AP pollution control Board.

For AWM CONSULTING LTD,  
For AWM Consulting Ltd.

  
General Manager

  
**Dr. K. SURESH**  
M.D. FRCP(UK), FACC (USA)  
MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppam-517 425, Chittoor Dist, A.P.

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

₹. 100



सत्यमेव जयते

ONE  
HUNDRED RUPEES

भारत INDIA  
INDIA NON JUDICIAL

ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

CF 797264

Serial No: 13628

Denomination: 100

Date: 15-09-2018

Stamp S. no.

CF 797264

Purchased By :

For :

Sub Registrar

DR. K. SURESH

\*\*SELF\*\*

Ex. Office Stamp Vendor

S/O LATE KRISHNA MURTHY.G

SRO Kuppam

PESIMSR HOSPITAL

KUPPAM

### MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MoU"/Agreement) is made as of the 15<sup>th</sup> day of Sept-2018 between

M/s. Rotary-Bangalore TTK Blood Bank, Bangalore Medical Services Trust (BMST) situated at New Thippasandra Main Road, HAL 3<sup>rd</sup>-stage, Bangalore-560075, herein after called the "Licensee"/ Lessee (which expression, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the OTHER PART,

AND

M/s. PESIMSR Hospital, represented by Dr. Suresh Krishnamurthy, its Medical Director and having its registered office and head office 50 feet road, Hanumantha Nagar, Bangalore-560019, and its Hospital is situated in the premises of PESIMSR, Nalagampalli village, Gudupalli Mandal, Kuppam-517425, Chittoor Dt., AP, herein after

3/9/18

called the "Licensor"/Lessor(Which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the ONE PART.

The Licensor/lessor and the Licensee/lessee are hereinafter referred to as the "Party" individually and collectively as the "Parties"

WHEREAS

- A. **Rotary TTK Blood Bank, BMST**, which is a Regional Blood Transfusion Centre (RBTC) & NABH accredited, collects blood from 100% voluntary donors (no replacement donations) and screens every unit of blood for mandated tests by Chemi- luminiscence and ID NAT will supply blood components as per Annexure-1.
- B. **Rotary TTK HLA Testing Services** is one of the foremost labs in India which is NABH Accredited banking on 21 years of experience in the field of Transplant Immunology & Luminex based testing offering DSA, HLA Typing, Single Antigen Test and Panel Reactive Antibody Testing
- C. **Rotary TTK Tissue Banking Services** where bone discards are procured, processed and distributed as **allow grafts**.
- D. **Rotary TTK Thalassemia Management, Control & Prevention**, where free blood and transfusion is provided to Thalassemia patients in the Day Care Centre

Whereas Second Party is a well established Medical College with an attached 750 Bed Hospital containing state-of-the-art facilities and intends to partner with First Party for the following services (Tick the relevant box below)

- Blood Banking**
- HLA Testing Services
- Bone Bank
- Thalassemia : Management, Control & Prevention.

1. The purpose of this Memorandum of Understanding (MOU/Agreement) is to establish cooperation between the above signed health providers for facilitating blood and blood product transfer arrangements between identified facilities. The MOU/Agreement relates to *Managing Blood and Blood Product Transfers*.

2.The intention for this MOU/Agreement is to:

SURESH  
HOD, SURGICAL  
STAFFING

- a. Assist in the reduction of blood and blood product wastage due to expiry or non-use through the transfer of blood and blood products before expiry to enhance the likelihood of usability.
- b. To provide a uniform process for the transfer of blood and blood products between the participating facilities.
- c. To ensure that acceptable temperature ranges for blood and blood products are maintained and are demonstrable during storage and transportation.
- d. That NACO compliant blood refrigerators are used for the storage of blood.
- e. To provide a uniform process for tracking transferred blood and blood products.

The First and Second Parties are desirous to enter into a mutual agreement and both parties thereby have entered into this contract to be executed in accordance with the Terms and Conditions laid out hereunder.

### 3.DURATION

- a. The Parties hereby agree that the Effective date of the Agreement shall be the date on which the Agreement is signed.
- b. The Agreement will be valid for a period of 3 years from the effective date of agreement.

### 4.GRANT OF LICENSE

That in consideration of the license fee hereby reserved and of the terms, conditions and covenants of the License contained and on the part of the Parties to be observed and performed, the Licensor hereby agrees to grant License to the Licensee the right to operate a pharmacy on the Premises.

### 5.TERMS OF OPERATION

The Parties set forth their understanding under in this MOU/Agreement for the operation of the Business in the Premises with following terms and conditions:

**The First Party hereby stipulates and undertakes the following**

- a. Supply blood components against the indents raised by Second Party as and when required at the charges in force as per Annexure 1
- b. The blood components supplied are processed solely from voluntary donors & are fully tested as per the strictest norms

- c. Supply of blood components and services provided will be at rates applicable on the day of the delivery (the current rates are detailed in the annexure)
- d. Make available at Rotary - Bangalore TTK Blood Bank random donor or single donor platelets.
- e. Provide, on specific request, the service of the therapeutic plasma pheresis at the location of the parties of the second part.
- f. Offer wet workshops, clinical case studies & updates on latest Transfusion practices to Lab Technicians, Nurses, Clinicians and Blood Bank Medical Officers (Can be organized at the hospital as well).
- g. Act as a referral lab for some of the unique/complicated immuno hematology cases and cross match problem cases at no cost

**The Second Party hereby undertakes to:-**

- a. Obtain the necessary authorization/permission for the above activity as per laws in force from time to time
- b. Place indents for their requirements of blood components two days prior to the day of delivery
- c. To store the blood components so received under proper conditions as per existing norms and issue the same to their patients after following standard protocols
- d. Effect payment to BMST against their bills raised for blood components and services within 15 days from the receipt of the bill

Coordination of procedure as per the enclosed.

**06. Coordination.**

The original document and technical and administrative coordination of this MOU will reside with PESIMSR; Blood Bank Officer Contact details

The coordinator will be responsible for the MOU/Agreement and will communicate with both participators on the activities conducted and information related to the MOU/Agreement.

**07. Definitions**

- a. **Sending Health Provider:** the health provider that is transferring blood and blood product out of their site.

MOU

- b. **Receiving Health Provider:** the health provider that has agreed to receive the blood and blood product transfers into their site.
- c. **Blood product approaching expiry:** any product sent should not have less than the following remaining of the shelf life, unless specifically agreed to by participating health providers in this MOU/Agreement or in special situations;
- d. 7-14 days for red blood cells,
- e. > 5 days before expiry for irradiated blood cells,
- f. 24 hours or as short as agreed to with the receiving site before expiry for platelets,
- g. 1-3 months before expiry for manufactured blood products.

**08. Memorandum of Understanding Review** (Identify the MoU review responsibilities and timeframe)

- a. Review timeframe is every two years,
- b. Responsibilities include a review of; updated accreditation documents and NACO Standards,
- c. MOU/Agreement participant inventory holdings and blood and blood product usage patterns,
- d. inclusion of additional health providers, (list review responsibilities as agreed)

**09. Implementation**

**Roles and Responsibilities of participating health provider**

- a. Responsibilities for all MOU/agreement
- b. health providers are responsible for following the guidance outlined in NACO guidelines including the following:
- c. Maintaining standards and accreditation, where appropriate.
- d. Meeting all necessary standards and legislation for the storage, handling and transport of blood and blood products as outlined in NACO guidelines.
- e. Participating Blood bank will ensure that blood components are handled, stored, distributed and transported in a manner that prevents damage, limits deterioration, and meets required standards.

**10. Sending Health Provider:**

The sending health provider must: (Identify sending site responsibilities)

- a. Contact receiving provider for approval prior to transfer, minimum timeline agreed to is <enter agreed minimum time> hours before arrival of transfer.
- b. Ensure blood and blood products must have the minimum agreed specified time to expiry as per Section 5 Definitions, unless explicit agreement is acknowledged from receiving site.
- c. Enter transfer into your Laboratory Information System (LIS) (where applicable), or manually log where no laboratory is onsite.
- d. Visually inspect all products prior to transferring.



- e. Comply with agreed packing and shipping configuration, specifically:
- f. <enter agreed validated packing configuration>
- g. Include the transfer checklist with either the transfer receipt from the Blood and Blood Product Transfer Form (Appendix 6).
- h. For sites without a laboratory include the following documentation as agreed; completed Blood Fridge Maintenance Record form, OR completed paperwork outlining the daily storage temperature checks of the blood fridge or storage area, AND photocopy of the objective graph recorder from the blood fridge, OR information from the health provider responsible for maintain the blood fridge with temperature records, maintenance records or signed declaration.

#### 11. Receiving Health Provider:

- a. agree to receive the transferred blood or blood product;
- b. review your current inventory and routine stock orders to account for expected transfers in;
- c. inspect all packaging of received blood and blood product and do not accept the transfer unless it is intact and packed according to agreed validated shipper configuration;
- d. document the time and date the product was received;
- e. document evidence that manufacturer's temperature specifications have been maintained. If in doubt, quarantine all products until storage, packing and transport conditions can be verified;
- f. check temperature data logger, if used;
- g. visually inspect all blood and blood products received;
- h. record transferred in units into your LIS or records
- i. complete all other documentation as required e.g. Group check if transferred from a non-laboratory setting;
- j. Maintain record of product received by transfer.

#### 12. MODIFICATION AND NOTICE PERIOD

No amendment of this MOU/Agreement will be effective unless it is in writing and signed by both parties. This MOU /Agreement will be valid for a period of two years from the date of execution and renewable thereafter by mutual consent. Further both parties are at liberty to terminate this agreement with 30 days notice.

#### 13. GOVERNING LAW AND JURISDICTION

The validity, interpretation, and performance of this MoU/Agreement shall be governed by and construed under the laws of the Republic of India. The courts at Bangalore shall have exclusive jurisdiction over all disputes arising from this MoU/Agreement

#### 14. NOTICES

All notices, consents, demands or other communications ("**Notices**") made pursuant to this MoU/Agreement shall be in writing, in the English language and signed and correctly dated by the Party sending same. Except as otherwise expressly provided herein, all Notices shall be delivered personally (by courier or otherwise), or by electronic mail to the receiving Party at the address given below:

**If to the Licensor/Lessor**

**Addressed to:**

Dr.Suresh Krishnamurthy,  
Medical Director,  
PESIIMSR,  
Kuppam-517425,  
Chittoor Dt. AP

**If to the Licensee/Lessee**

**Addressed to:**

R.Jagath  
Admin Manager  
New thippasandra Mian Road, HAL 3<sup>rd</sup>  
stage, Bangalore-560075.

**15. BINDING EFFECT**

The provisions of this MoU shall be binding upon and inure to the benefit of each of the parties and their respective successors and assigns executed as of the date and year above written.

IN WITNESS WHEREOF, by the signature of the parties this Memorandum of Understanding is made effective on 15-9-2018

Signed and delivered by the within named:

For LICENSOR/LESSOR

Dr.Suresh Krishnamurthy,  
Medical Director,  
PESIMSR, Kuppam-517425, AP

**Dr. K. SURESH**  
FRCP(UK), FACC(USA)  
**WITNESSES,** MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor Dist., AP

1.

2.

210020

For LICENSEE/LESSEE

Mr.JAGATH,  
Admin Manager

M/s.Rotary-Bangalore TTK Blood Bank  
Bangalore-560075

**WITNESSES:**

1.

2.



Annexure 1:

**A. The existing rates for recovery of processing and testing as per NBTC / KSBTC guidelines are as below**

Sl no	Blood Components	Bulk issue - Cost (in Rs)	Patient Issue - Cost (In Rs)
1	Concentrate of Human Red Cells (RBC)	1550	1750
2	Leuco Reduced Human Red Cells (RBC)	3150	3350
3	Fresh Frozen Plasma (FFP)	920	1020
4	Platelet Concentrates	500	500
5	Cryoprecipitate AHF Human	500	500
6	Single Donor Platelets	11650	11650

Note: The bulk delivery needs to be picked by the hospital

**B. The existing rates for HLA**

Sl no	HLA Testing	Cost (in Rs)
1	CDC Cross Match – Donor & Patient	3000
2	Flow Cytometry	3000
3	DSA Cross Match	4850
4	Cadaver DSA Cross Match	7150
5	HLAABDR Typing – Per sample	12100
6	Panel Reactive Antibody Testing - Per sample	21600
7	Single Antigen Test - Per sample	28800
8	HLAAntibody Screening Test - Per sample	5500

**C. The existing rates for bone allografts**

Sl no	Bone allografts	Cost (in Rs)
1	Less than 10 gm	2000
2	Between 10 - 20 gm	3700
3	More than 20 gm	5000

Note: The above rates are subject to periodic revision

Place: Bangalore

Date:

*[Handwritten signature]*

*[Handwritten signature]*

*[Faint stamp]*