

# MOU BETWEEN HOSPITAL & PARAMEDICAL COLLEGE

## MEMORANDUM OF UNDERSTANDING (To be executed on Rs.100/- Non-judicial stamp paper)

This memorandum of understanding is made on \_Day\_ month \_\_ Year between \_\_\_\_\_ Hospital [with full address/affiliating bodies] which is represented by its Principal/Dean / Medical Superintendent/Medical Director/CEO herein named as party one

and  
\_\_\_\_\_ College of Paramedical (with full address and affiliating bodies) represented by its Principal/Director/Dean herein named as party two

The parties hitherto agree as follows:

1. Party one declares that \_\_\_\_\_ (name of the hospital) is a \_ (number) bedded hospital, with a minimum of 15 beds for General Medicine Department.
2. Party one agrees to provide to party two the minimum space necessary of 1200 square feet in the hospital building to establish Paramedical Practice department for the conduct of Paramedical programs.
3. Party one agrees to provide preceptors required to train the Paramedical students.
4. Party one agrees that, it will not enter into similar agreement with any other Paramedical institution/s or department/s offering or intend to offer Paramedical programs.

**Signature**

**Signature**

The prospective students will be allowed to undergo training in the following specialty departments

- Medicine
  - Surgery
  - Pediatrics
  - Gynecology and Obstetrics
  - Psychiatry
  - Skin and VD
  - Orthopedics
5. Party two will provide the academic staff and necessary infrastructure for Paramedical course as per the **Lal Bahadur Shastri Paramedical, Skill and Training Council** norms and takes the overall responsibility for smooth conduct of the programs.
  6. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties. The Hospital will not sign the MOU for sharing of the hospital facilities with any other Paramedical institution till the present agreement / MOU is in effect.
  7. The officials representing \_\_\_\_\_ hospital and \_\_\_\_\_ college are signing this MOU to achieve the beneficial objectives of Paramedical programs.

**Signature**

Hospital authority [party one]  
two] with seal and date  
Paramedical

**Signature**

Principal, [party  
College of  
with seal and date