

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 Pharmacy (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 120 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 Pharmacy Practice department for the conduct of Pharm.D programs.
3. Party one agrees to provide preceptors required to train the Pharm.D students.
4. Party one agrees that, it will not enter into similar agreement with any other Pharmacy institution/s or department/s offering or intend to offer Pharm.D programs.

Signature

Signature

5. 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
6. Party two will provide the academic staff and necessary infrastructure for Pharm. D course as per the PCI norms and takes the overall responsibility for smooth conduct of the programs.
7. This agreement is to be in effect at least for ten years from the time of its endorsement by both the parties.
8. The officials representing _____hospital and _____college are signing this MOU to achieve the beneficial objectives of Pharm.D programs.

Signature

Hospital authority [party one]
with seal and date

Signature

Principal, [party two]
College of Pharmacy
with seal and date