



महाराष्ट्र MAHARASHTRA

2025

EP 671806

- 6 MAR 2026

उच्च कार्यासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी वापरणे, मुद्रांक खरेदी केल्यापासुन ६ महिन्यात वापरणे बंधनकारक आहे.

अनु.क्रं.....10008..... दि.....

मु.शु.रक्कम-..... 500/-

वस्त्याचा प्रकार-..... Memorandum of Understanding

वस्त नोंदणी करणार आहेत का? होय/नाही.-

मिळवणीचे बर्णन-.....

मुद्रांक विकत घेणाऱ्याचे नांव- भारती विद्यापीठ इन्टरनॅशनल ओपन फार्मसी

पत्ता- मीर विद्यालय, कोथलूर ४०७३

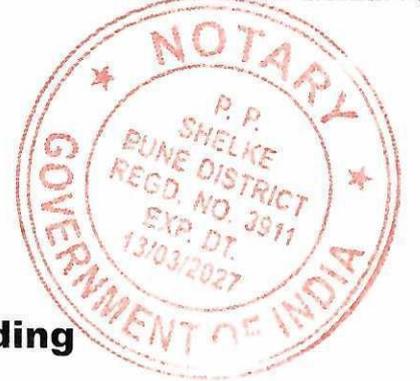
दुसऱ्या पक्षाकाराचे नांव- मेडिपॉइंट हॉस्पिटल प्रा. लि

हस्ते व्यक्तीचे नांव व पत्ता- सविता, भारत, अचरुड गंगे ३९

नाम नितिन गांधी (परवाना नं. २२०११७५)

शांप नं. २४, केदार एम्पायर,

कर्वेरोड, पुणे-३८ फोन-२५४६३४८४ हस्ते/मुद्रांक विकत घेणाराची जरी



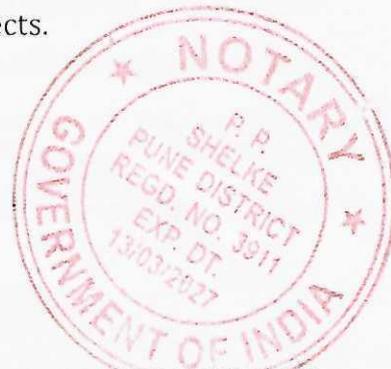
### Memorandum of Understanding

This memorandum of Understanding is signed between:

Bharati Vidyapeeth's Institute of Pharmacy, Erandwane, Pune and Sanjivani Medipoint Hospital, Pune on behalf of itself and acting through the Director, Mr. Manish Oswal and where as it is the statutory object of the Bharati Vidyapeeth's Institute of Pharmacy, Pune to disseminate and advance knowledge by providing instructional,

community pharmacy facilities in Sanjivani Medipoint Hospital, Pune as it may deem fit and it shall endeavor to provide students and teachers the necessary atmosphere and facilities for the promotion of:

- I) Innovation in education leading to new methods of teaching, learning and development of personality.
- II) Studies in various pharmaceutical/Cosmeceutical aspects.
- III) Knowledge about the drug/cosmetic and its delivery.
- IV) Patient counselling.
- V) First aid methods including CPR Technique.
- VI) Health Checkup activity.
- VII) Medical Counselor



NOW THEREFORE THE BHARATI VIDYAPEETH'S INSTITUTE OF PHARMACY, PUNE AND SANJIVANI MEDIPOINT HOSPITAL, PUNE.

Have intended, agreed and consented to the following terms and deeds in perchance of a common intent to promote and development the study.

**I. FIELD OF CO-OPERATION :-**

- a) Both shall evolve mutually acceptable schedule to develop programs, hold seminars and exchange visits.
- b) The said academic interaction may include,
  - i) Faculty development
  - ii) Exchange of studies to students
  - iii) Seminars, conference and workshops of placement and entrepreneurship
  - iv) Advances in community pharmacy management.
  - v) First Aid Education
  - vi) Health Checkup Camp.
  - vii) Blood donation Camp.

**II. MISCELLANEOUS:**

- a) The details for the efficacious implementation of this Memorandum of Understanding shall be jointly worked out on mutually acceptable terms within the parameters of the policies, rules and regulations of both the institutions.
- b) The parties to this memorandum may, by mutual consent, add, modify, amend, delete, review any term(s) and condition(s) of this
- c) The intent and implementation of this memorandum is SUBJECT to the policies of the respective states (in case of international agreements) and the laws of the land.
- d) The MOU shall remain in force for a period of 10 years from the date of its signature and seal, and may be terminated by either side by giving six months'

notice to that effect in writing. However, notwithstanding the notice of the intent to terminate the memorandum, all rights, obligations and corresponding duties and subsisting therein shall be respected and mandated till the finalization and accomplishment thereof.

- e) The parties to this MOU undertake to treat as CONFIDENTIAL AND PRIVILEGED information of the other institution, which is so classified in advance. The terms of confidentiality and mode of disclosure shall be as per mutually acceptable terms.
- f) This MOU shall require the rectification of the competent academic/executive body of both the institutions.

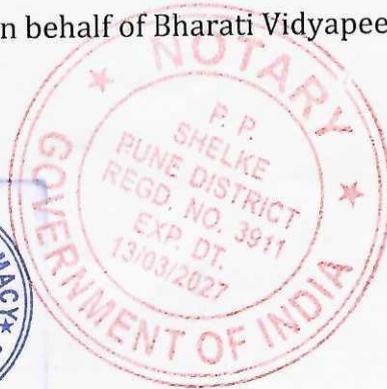
Signed at Pune on this the 28<sup>th</sup> day of February 2026.

Authorized signatory on behalf of Bharati Vidyapeeth's Institute of Pharmacy, Pune.

Seal: -



Date: - 26/08/2025



Dr. Ashok R. Kumbhar  
I/C Principal  
Bharati Vidyapeeth's  
Institute of Pharmacy  
Pune-411 038

Authorized signatory on behalf of Sanjivani Medipoint hospital, Pune.

Seal: -



Date: - 28/02/2026

Witness:-

- 1. Mr. Pravin P. Jawale, Senior Lecturer
- 2. Dr. Parag P. Kadam, Lecturer

Mr. Manish Oswal

Noted and register at serial  
no. .... 17/2026

BEFORE ME

P. P. SHELKE  
NOTARY GOVT. OF INDIA  
REGD. NO. 3911

