

Memorandum of Understanding

(to be executed on Rs. 100/= Non-Judicial stamp paper)

This memorandum of understanding is made on ____ day _____ month ____ year between <name of clinical establishment> (with full address) with Registration No. _____ under the West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act which is represented by _____, its Principal / Dean / Medical Director / CEO herein named as party one

and

_____ Institute (with full address) represented by _____, its Principal / Director / Dean herein named as party two

The parties hitherto agree as follows:

1 (a) Party one declares that _____ (name of clinical establishment) is a _____ number bedded hospital AND / OR

1(b) Party one declares that _____ (name of clinical establishment) is a _____ Diagnostic Center under category Medium / Large (*strikeout whichever is not applicable*) of West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act.

2. Party one agrees to provide to party two the minimum space necessary of _____ square feet in the hospital building / Diagnostic Lab Centre (*strikeout whichever is not applicable*) to allow OJT (On Job Training) for students / trainees of Healthcare course _____ <name of healthcare course>.

3. Party one agrees to provide instructors / faculty required to train the students / trainees of Healthcare course _____ <name of healthcare course>.

4. Party one agrees that, it will not enter into similar agreement with any other institution/s or department/s offering or intending to offer Healthcare courses till the present agreement / MOU is in effect.

5. Party one declares that

Tick the relevant

(a) Institution with which it is signing the MOU is within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty

(b) if the institution is located in different Corporation or Municipality or Campus, the distance between the two is not more than 15 kms by road.

6. The prospective students will be allowed to undergo training in the following courses

<u>Course Name</u>	<i>Tick whichever is applicable</i>
• Health Worker Attendant	<input type="checkbox"/>
• Blood Collection Assistant	<input type="checkbox"/>
• ECG Technician Assistant	<input type="checkbox"/>
• Health Worker Assistant	<input type="checkbox"/>
• Medical Lab Assistant	<input type="checkbox"/>
• Elderly And Disabled Care Assistant	<input type="checkbox"/>
• X Ray Technician Assistant	<input type="checkbox"/>
• Cardiac Care Associate	<input type="checkbox"/>
• Emergency Medical Associate	<input type="checkbox"/>
• Hospital Administrative Associate	<input type="checkbox"/>
• Medical Lab Associate	<input type="checkbox"/>
• Medical Radio Imaging Associate	<input type="checkbox"/>
• Multiskilled Health Worker Associate	<input type="checkbox"/>
• Nutrition Planner Associate	<input type="checkbox"/>
• Blood And Pathological Sample Collection Associate	<input type="checkbox"/>

7. Party two will provide the academic staff and necessary infrastructure for Healthcare courses as per West Bengal State Council of Technical & Vocational Education & Skill Development (WBSCTVESD) norms and takes the overall responsibility for smooth conduct of the programs

8. This agreement is to be in effect at least for 5 years from the time of its endorsement by both the parties.

9. The officials representing _____ < name of Clinical Establishment> and _____ < name of institution> institution are signing this MOU to achieve the beneficial objectives of Short Term Healthcare Courses.

Signature
Clinical Establishment authority [party one]
With seal and date

Signature
Institution HOI
Name of Institution [party two]
With seal and date