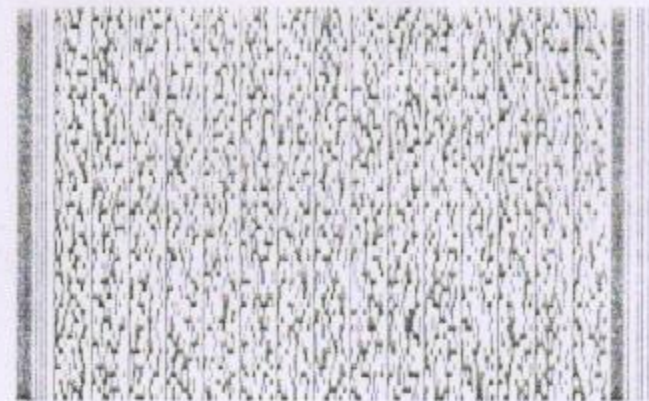




Registration and Stamp Department
Madhya Pradesh



Certificate of Stamp Duty

E-Stamp Details

E-Stamp Code 01013511082018001947
 Total E-Stamp Amount 500
 Govt. Stamp Duty (Rs.) 500 Municipality Duty (Rs.) 0
 Janpad Duty (Rs.) 0 Upkar Amount (Rs.) 0
 Exempted Amount(Rs.) 0
 E-Stamp Type NON-JUDICIAL
 Issue Date & Time 11/08/2018 13:17:49
 Service Provider or Issuer Details mahendra kelodiya/SP013503603201600027
 SP/SRO/DRO/HO Details SHOP NAYAYALAY PARISAR SEHORE DIST SEHORE SEHORE SEHORE

Deed Details

Deed Type Agreement or Memorandum of an agreement
 Deed Instrument If not otherwise provided for- Five hundred rupees.
 Purpose Agreement

First Party Details

Organization Name Director Rana Uday Hospital Sehore
 Address New Bus Stand, Sehore SEHORE Madhya Pradesh INDIA
 Number of Persons 1

Second Party Details

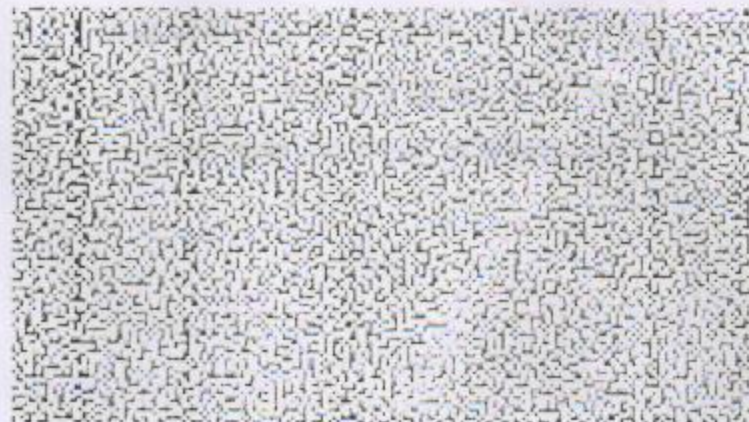
Name Dr Umesh Pandey S/O D/O W/O C/O Ramdulare Pandey
 Address SSSUTMS Campus, Pachama, Sehore SEHORE Madhya Pradesh INDIA
 Number of Persons 1

Agreement MOU



Dr. Cyril Bharat Arya
 Proprietor
 Rana Uday Hospital Sehore (M.P.)
 07562-403666, 406444

Digitally signed by
 MAHENDRA KELODIYA
 Date: 2018.08.11 13:17:52
 IST



MEMORANDUM OF UNDERSTANDING (MoU)

This MoU is signed between

1. Director Rana Uday Multi Speciality Hospital New bus stand Sehore
M.P.

First Party

2. Medical Superintendent Primary Homoeopathy Hospital and School of
Homoeopathy Medical collage Sri Satya sai University of Technology
and Medical sciences Pachama sehore (M.P.)

Second party

As per this MoU first party here by state that our said Hospital is having
Ultrasonography (U.S.G.) facility in the Hospital

First party agree to provide U.S.G investigation facilities to the patients of
second party under following term & condition

1. U.S.G investigation will be performed to the patients , who are duly
referred from your Hospital, As Referred by the medical officer/specialty
doctor of college Hospital second party
2. Patient has to pay the investigation charges as fished by the first party
Hospital before leaving Hospital
3. The second party authorities will help to maintain first party Hospital
rules regulation /Discipline
4. For other Diseases and Injuries patient or Institutions will pay for
particular disease as Present in the treatment charges list
5. The MoU will be effective for the period of two years from the date of
signature .

We both the parties are agree for these terms & conditions. Hence we
sign. This Memorandum of Understanding (MoU)

Date: 11.08.2018

ATTESTED
Manesh Dayal Chourasia
NOTARY
SEHORE CIVIL SEHORE (M.P.)

Director
Rana Uday Multi Speciality Hospital
Rana Uday Hospital Sehore (M.P.)
07562-403666, 406444

Principle
Primary Homoeopathy Hospital
Medical Supretendent



RANA UDAY MULTI SPECIALITY HOSPITAL

शाणा उदय हॉस्पिटल, सीहोर

No. 31

Date.....11/8/18.....

अनुबंध-पत्र

श्री सत्य साई प्रौद्योगिक एवं चिकित्सा विज्ञान विश्वविद्यालय सीहोर म0प्र0 के प्राथमिक होम्योपैथिक अस्पताल में संस्था के समीपस्थ ग्रामों से आनेवाले प्रसूता एवं अन्य मरीजों की समय समय पर अल्ट्रा सोनोग्राफी एवं अन्य बीमारियों से ग्रसित मरीजों के नियमानुसार न्यूनतम शुल्क पर उचित उपचार एवं अन्य सुविधाओं हेतु Rana Uday Multi Specialty Hospital Sehore M.P. आपकी संस्था से अनुबंध निष्पादित करती है।

Dr. Cyril Bharat Arya
Proprietor
Rana Uday Multi Speciality Hospital Sehore (M.P.)
07562-403666, 406444
Director