

Duration. This MoU is at-will and may be modified by mutual consent of authorized officials from [Partners].

This MOU shall become effective upon signature by the authorized officials from the [Partners] and will remain in effect until modified or terminated by any one of the partners by mutual consent.


In the absence of mutual agreement by the authorized officials from [Partners] this MOU shall end on [End Date of Partnership].

Residence: Residence will be provided either in the hospital or nearby to the hospital with minimum charges.

Contact Information


Dr. Pritesh Goutam (MD Psychiatry)

Name of Partner One


Dr. Mahendra Gaushal (Director/Principal)

Name of Partner Two

Prayas Nasha Mukti Evam Manochikitsa Kendra

Organization and Position of Partner One

SK Homoeopathic Med College, Beed (MS)

Organization and Position of Partner Two

Signature of Partner One

Director

Position

Signature of Partner Two

Director/Principal

Position

DHV 2/208 Danish Hills View Banjari Bazar, Dashara Maidan

Kolar Road, Bhopal 462042

Address

9826586600

Phone Number

Vidhya Nagar (W), College Road(W) Beed-431122

Maharashtra India

Address

9822852735

Phone Number

prayasgroup29115@gmail.com


Email

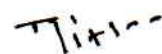
info@skhmmcb.ac.in

Email

Date

Date





PRAYAS
Nasha Mukti Evam Manochikitsa Kendra
(Dedicated Psychiatric Hospital)
Reg. No. 142/19/SEP-2021