

**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

**CONSENT OF AFFILIATION**  
**(on the letterhead of the University)**

On the basis of the preliminary inquiry report, the university grants consent of affiliation to \_\_\_\_\_ (Name of the Institution) at \_\_\_\_\_(place) for starting Pharm D degree/ and Pharm D (PB) course of study, subject to the grant of approval by the Pharmacy Council of India (PCI), New Delhi under section 12 of the Pharmacy Act 1948 .The applicant college shall be allowed to start Pharm D/Pharm D (PB) programme only after obtaining the approval for conduct of the course of study from the PCI.

The university also undertakes to conduct the examination as prescribed in the Pharm D Regulations 2008 of Pharmacy Council of India.

This certificate is valid for a period of two years from the date of issue.

(Signature of Registrar/ Competent authority)