

१) मुद्रांक विक्री बाबतची नोंद अ. क्र. ८९५० दिनांक २३ AUG २०२१

XD 143126

MAHARASHTRA  
१२/०८/२०२१  
१२ AUG २०२१

२) मुद्रांक खरेदीचे कारण ०२०२०  
०२२२  
३) मुद्रांक विकत घेणाऱ्याचे नाव DR. M. L. DHAWALE MEMORIAL TRUST  
व रहिवासी पत्ता Rural Homoeopathic Hospital

४) हस्त मिर्ची वसंत Palghar - Boisar Road,  
Palghar 401 404.  
५) मुद्रांक विकत घेणाऱ्याची राशी ६५०००/-

२३ AUG २०२१.  
६) परवानाधारक मुद्रांक विक्रीची राशी ६५०००/-  
व परवाना क्रमांक तसेच मुद्रांक ९२०९००४  
विक्रीचे ठिकाण / पत्ता आर्यन दर्शन सिल्वींग, गाऊन नं.२, कसेरी रोड,  
ता. जि. पालघर - ४०१४०४  
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी  
मुद्रांक खरेदी केल्यापासून ६ माहेच्यात वापरणे बंधनकारक आहे



**Memorandum of Understanding**

THIS MEMORANDUM OF UNDERSTANDING is executed on 23-08-2021 at Palghar, between Touch N Glow Common Bio Medical Disposable Facility and having its office at P.No.31 Bidco Industrial Estate, ChintupadaPalghar 401404 Dist. Palghar (hereinafter referred to as "the Provider") of the One Party

AND

Dr.M.L.Dhawale Memorial Trust's Rural Homoeopathic Hospital having its office at Palghar -Opposite S.T.WorkshopBoisar Road, Palghar (herein after referred to as "Dr.M.L.Dhawale Hospital") of the Other Party.

*[Signature]*

**Dr. M. L. DHAWALE MEMORIAL TRUST**  
Rural Homoeopathic Hospital  
Palghar - Boisar Road,  
Palghar 401 404.



**WHEREAS "The Provider" is a Common Bio Medical Disposable Facility Authorized by Maharashtra Pollution Control Board**

**WHEREAS Dr.M.L.Dhawale Hospital** desires to engage the services of the Provider for Biomedical waste Disposal and **The Provider** has agreed to provide its services to **Dr.M.L.Dhawale Hospital** on the terms and conditions contained herein.

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the Parties hereto agree as follows:

**(1) Purpose**

The Hospital will segregate the waste at the point of generation and keep it in codified color bags and containers as per the updated requirement of Maharashtra Pollution control board. The provider will collect the waste in 48 hours from the designated place and dispose it as per rules of MPCB.

**(2) Identification.**

All the collected waste material of **Dr.M.L.Dhawale Hospital** need to be properly segregated in color coded bags with proper codification. The 'Provider' will process the waste and send monthly reports of collected and disposed biomedical waste

**(3) Compensation for services**

The bills will be prepared on a monthly basis and will be sent to the address of the Hospital by email or courier. Bills will be settled by the Accounts department and payments thereof shall be made by NEFT/RTGS in favor of Touch N Glow within 30 (Thirty) days from the date of receipt thereof by Dr.M.L.Dhawale Hospital

**(4) Duration/Term**

The Agreement shall be in force for 36 (Thirty-six) months from the date of MOU.

**(5) Renewal**


Unless terminated as provided hereunder, this Agreement may be renewed with mutual consent on the same terms and conditions.

**(6) Representations & Warranties:**

- No Conflicts. Each Party represents to the other that it has the authority to enter into this Agreement.
- Assignment. This Agreement and the rights granted under it may not be assigned or transferred by either Party without prior written consent of the other Party.
- Entire Agreement and Modification. This Agreement constitutes the complete and exclusive understanding between the Parties and it may be amended only by a written agreement signed by both the Parties.

**(7) Notices.**

All notices and communications required or permitted under this Agreement shall be in writing and either delivered personally or sent to the official address of the Party through recognized courier service and through email. Either Party may change its address by delivering notice of such change of address to the other Party.

  
Dr. M. L. DHAWALE MEMORIAL TRUST  
Rural Homoeopathic Hospital  
Palghar - Boisar Road,  
Palghar 401 404



**(8) Termination**

After clearing the dues either party can discontinue this MOU giving clear 30 days notice in writing.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the date mentioned above.

For and on behalf of M/s. Touch N Glow

Signature: [Signature]

Name: Mr. Nilesh Patil

Designation: Partner

Office seal:



In the presence of [Signature]

Name: Mr. Kapil mhatre

For and on behalf of **DR.M.L.DHAWALE MEMORIAL TRUST'S RURAL HOMOEOPATHIC HOSPITAL.**

Signature: [Signature]

Name: **Dr. Anand R. Kapse**

Designation: **Director, Rural Hom. Hospital** **Dr. M. L. DHAWALE MEMORIAL TRUST**  
**Paighar** **Rural Homoeopathic Hospital**

Hospital seal:

**Paighar - Boisar Road,**  
**Paighar 401 404.**

In the presence of [Signature]

Name: Bhupendra K Chaudhari