

**Sahyadri Hospitals Limited**

Survey No. 89 & 90, Plot No. 54,  
Lokmanya Colony, Kothrud, Pune- 411 038

**MEMORANDUM OF UNDERSTANDING ("MOU")**

With

**Deccan Chamber Of Commerce, Industries and  
Agriculture, Pune ("DCCIA")**

For

**Conducting COVID tests**

And For

**Providing other Diagnostic, OPD & IPD Facilities  
at Concessional Rates**

To

**The members of DCCIA**

The venue of the Arbitration shall be located at Pune and the proceedings shall be conducted in English language.

15) **GOVERNING LAW AND JURISDICTION:**

This Agreement shall be governed by and construed in accordance with the laws of India. Further, the Courts located at Pune shall have exclusive jurisdiction to entertain any disputes arising out of the Agreement.

16. **OTHER TERMS AND CONDITIONS**

Other terms and conditions governing this MOU as well the details of group Hospitals of Shayadri at which services agreed herein will be provided to the members of DCCIA are given at "Annexure B" to this MOU.

IN WITNESS WHEREOF duly authorized representative of the Parties hereto have executed this Agreement on the day and year first above written in the presence of below mentioned witnesses.

For : DECCAN CHAMBER OF COMMERCE INDUSTRIES & AGRICULTURE  
PUNE

Signature : \_\_\_\_\_  
Name : HP SRIVASTAVA  
Designation : VICE CHAIRMAN  
Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

Stamp / Seal:



For : SAHYADRI HOSPITALS LIMITED.

Signature : \_\_\_\_\_  
Name : MR. ABRAR ALI DALAL  
Designation : GROUP COO  
Date : \_\_\_\_/\_\_\_\_/2020

Stamp / Seal:



WITNESSES:

Sign : \_\_\_\_\_  
Name : Ritesh Kashid  
Designation : Asst. manager  
Company : DCCIA Buss. Dev.

Sign : \_\_\_\_\_  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Company : \_\_\_\_\_

Ms. Snehal Dhamale  
Sign : \_\_\_\_\_  
Name : Ms. Snehal Dhamale  
Designation : Manager- Corporate & Insurance  
Company : Sahyadri Hospitals Ltd.