

उठिला के नेल्यामा TELANGANA

Serial No: 1,473

Denominations 1100 75

Purchased By: C VINAYA KUMAR S/O BHOOMAIAH NZB

For Whom
NISHITHA EDUCATIONOL ACADAMY

Br

Sub Registrar Ex. Officio Stamp Vendor SRO Nizamabad (R.O.)

NZB

### Memorandum of Understanding

- 1. The Memorandum of Understanding is made on 01<sup>st</sup> June, 2021 between Latha Nursing Home, Khaleelwadi, Nizamabad represented by Dr.M.Bhooma Reddy, General & Laparoscrophic Surgeon, Asst.Professor of Surgery, Government Medical College, Nizamabad and The Nishitha Degree College, beside, Police Commissionarate. Kanteshwer Road, Nizamabad represented by the Principal.
- 2. The Doctor will provide all the arrangements for our students.
- 3. The tenure of the agreement shall begin with for ten years beginning on 01<sup>st</sup> June 2021 to 31<sup>st</sup> May, 2031 and might be extended with mutual consent of both the parties.
- 4. The doctor will provide all the amenities such as mineral water and rooms with beds to rejuvenate as early as possible.
- 5. Latha Nursing Home charges are borned by the students as a prescribed by the doctor of the Nursing Home.

6. Any controversy arising with regard to any aspect of this agreement will be settled through the mutual consultations by the parties to the agreement.

For

Dr.Bhooma Reddy.M.S.(Gen),F.M.A.S. General & Laparoscophic Surgeon,

Latha Nursing Home

Nizamabad.

Jr. M. BHOUMA REDDY

Consultant General Surgeon Regd No. 35348 For

Principal

Nishitha Degree College,

PRINCIPAL
Nishitha Degree College
Near: S.P. Office, NIZAMABAD.



# ① 08462 - 250389 LAPAROSCOPIC CENTRE

#5-7-160, Khaleelwadi, NIZAMABAD.

కన్నల్లెంట్

#### Consultant

## Dr.M.Bhooma Reddy M.S. (Gen) F.M.A.S.

Rx

**GENERAL & LAPAROSCOPIC SURGEON** 

Asst Prof. Of Surgery Govt. Medical College, Nizamabad. Formerly Asst. Professor Gandhi Hospital.



## డాగి యం. బూమా రెడి

జనరల్ & లాప్లాస్ట్రాఫ్ట్రిప్ సరన్ అసిస్టెంట్ ప్రాఫెసర్ ఆఫ్ సర్టరీ గవర్మమెంట్ మెడికల్ కాలేజ్, నిజామాబాద్. ఫార్హర్లీ అసిస్టెంట్ ప్రాఫెసర్, గాంధీ హాస్కిటల్.

Date:

atient Name:	Age: Address:

Op. No.:

Weight:

Temp:

Pr

B.P.

**CVS** 

Resp

PA

To. The Principal, Nishitha Degree College, Nizamabad.

Sir.

I am glad to convey my consent towards your request to provide the facility of medical care to your college students during your working schedule.

I will be available to serve you during day time, with 30 minutes pre-intimation.

Thanking you

Consultant General Surgeon Regd No. 35348





