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TAGORE DENTAL COLLEGE & HOSPITAL RATHINAMANGALAM, VANDALUR (PO.) CHENNAI-600 127.

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7, 2nd CRESCENT PARK ROAD, ADYAR, CHENNAI-20. Cell: 9176650088

TAGORE DENTAL COOLEGE AND HOSPITAL RATHINAMANGALAM, VANDALUR (PO.) CHENNAI – 600 127.

## MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING IS MADE AND EXECUTED ON THIS DAY OF 02/08/2023

## BETWEEN

TAGORE DENTAL COLLEGE AND HOSPITAL, at Rathinamangalam, Melakottaiyur, Chennai -600127. Here in after referred as "TDCH" which expression shall unless it to be repugnant to the context or meaning there of be deemed to mean and include its successors and assigns of "TDCH".

KUMIZHI VILLAGE - a Chennai - 600 127. Which expression shall unless it to be repugnant to the context or meaning thereof mean and includes its successors and assigns of the one part

WHEREAS 'KUMIZHI VILLAGE' is desirous of availing dental facilities for the people in village

TDCH agreed to provide dental services to the people in **KUMIZHI VILLAGE** by adopting the village.

- 1. KUMIZHI VILLAGE recognizes the TDCH as a referral center for the people to utilize dental facilities on a non-exclusive basis.
- 2. TDCH agrees with KUMIZHI VILLAGE that they shall provide necessary dental services to the people in village.
- 3. TDCH shall treat the people of KUMIZHI VILLAGE with utmost care and shall provide timely and best of dental treatment.
- 4. TDCH at all times shall ensure to protect the confidentiality of the dental information and records of the people. The confidential record shall not be shared with any outside agency whomsoever without prior written permission of KUMIZHI VILLAGE
- 5. TDCH shall organize and conduct free dental camp, and health education programmes for the people in village.
- 6. Dental treatment will be done at an affordable cost as and when required.

## **DURATION:**

This Memorandum of Understanding shall be effective beginning with the date of the last signature hereon and ending 3 years after that date, upon expiration of the program or upon mutual agreement of the parties, whichever occurs first.

AND

For and behalf of

**TAGORE** 

DENTAL

COLLEGE

For and behalf of

PANCHAYAT BOARD, KUMIZHI VILLAGE

HOSPITAL

KRISHNAN, m.d.s.,ph.d.,

TAGORE DENTAL COLLEGE & HOSPITAL ATHINAMANGALAM, VANDALUR POST,

Authorized signature and seal NAI-600 127.

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Authorized signature and seal

WITNESSES

it of Public Health Dentistry TAGORE DENTAL COLLEGE & HOSPITAL Rathinamangalam, Vandalur (Post) Chennai - 600 127.