



KASHI INSTITUTE OF PHARMACY

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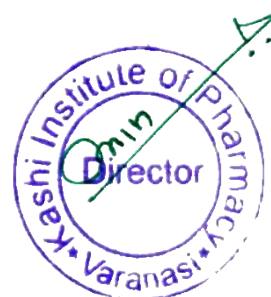
E-mail: info@kashiit.ac.in Website: <https://kashiip.ac.in> 1800-123-321-123



3.4.1 - The Institution has several collaborations/linkages for Faculty exchange, Student exchange, Internship, Field trip, On-the- job training, research etc during the year.

Session: 2023-2024

Sr. No.	Collaboration / linkage	Name of the institution / industry with whom the MOU / linkage is made	Page No.
1.	Field Trip	Glenmark Pharmaceutical Ltd., Solan	1-4
2.	Field Trip	Hetro Lab Limited, Baddi	5-8
3.	Field Trip	Days Health Products	9-12
4.	Field Trip	Hanuchem Laboratories H.P.	13-16
5.	Internship	DoDev Technology Pvt. Ltd.	17-22
6.	Internship	Umang Pharmacy, BHU	23-30
7.	Internship	Medtronic Pvt. Ltd.	31-33
8.	Internship	Apex Hospitals Varanasi	34-37





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23 km Milestone, Varanasi-Prayagraj Road, Mirzamurad, Varanasi - 221 307 (U.P.)

E mail : info@kashiit.ac.in • Website : www.kashiit.ac.in ☎ 6391 004 472

MEMORANDUM OF UNDERSTANDING (MOU) FOR ACADEMIC AND SCIENTIFIC COOPERATION

This memorandum of understanding is made on 30 Day 4 month 2024 Year

BETWEEN

KASHI INSTITUTE OF PHARMACY

Varanasi-Allahabad Highway, Mirzamurad, Varanasi (U.P.)

AND

M/s. GLENMARK PHARMACEUTICALS LTD.

VILL. BHATTANWALA, TEH. NALAGARH, DIST. SOLAN (HP)-174101

Purpose

The purpose of this Agreement is to ensure a mutual understanding of key responsibility of each party to promote the cooperation in pharmacy education and scientific research/work as well as academic and non-academic exchanges between the Kashi Institute of Pharmacy, Varanasi and above cited organizations.

Types of Cooperation

Through this memorandum, both Parties affirm the value of collaboration and agree to promote the following activities:

1. Joint research projects in fields of mutual interests.
2. Generate employment opportunities for the students of the first party.
3. Seminar/Guest lecture on carrier opportunity.
4. Conduct expert talk on various areas by the member of second party.
5. Organize student visit/industrial visit with mutual interest.
6. Organize various workshops for the students.
7. Participation and collaboration in scientific events.





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8. Exchange of academic publications, library and research material.
9. Opportunities for faculty and staff development and exchange.
10. Exchange of visiting research scholars, including advanced graduate students.
11. Other activities as mutually agreed.

This Agreement places no financial obligations or supplementary funding commitments on either Party. These activities will be defined through separate program agreements that detail the commitment of resources (financial or otherwise) required by each organisations. Subsequent program agreements must be approved in writing by the authorized representatives of each organisations.

Professor Dr. Ashutosh Mishra will serve as the primary liaison between the two organizations to facilitate the development of future activities.

Terms

This Agreement will become effective upon the date of signature by both Parties. It shall remain valid for a period of THREE (3) years from the date of the last signature, with the understanding that it may be modified by written mutual consent of both Parties. This Agreement may be terminated by either Party with advance written notice of at least thirty (30) days. Upon notice of termination both organizations agree to work in good faith to enable visiting students to complete their respective work unhindered by the termination. The agreement may be extended by mutual consent of the two Parties after the three-year period, and it must be renewed in writing.

This Memorandum of Understanding completed in English is hereby signed in two (2) copies with one (1) copy remaining in the possession of each organization.

AGREED:

Name: Dr. ASHUTOSH MISHRA

Designation: DIRECTOR

Date: _____

Sign: _____



Name: Mullesh Kumar

Designation: jr officer

Date: 30/04/2024

Sign: _____





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List of Faculties for Industrial Visit, 2023-24

S. N.	NAME	GENDER	AGE	MOBILE NO.	Email I D
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3	Ms. Sweta Rai	Female		8708608712	shashibhushan@kashiit.ac.in



Kashi Institute of Pharmacy, Varanasi



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This memorandum of understanding is made on 30 Day 4 month 2024 Year

BETWEEN

KASHI INSTITUTE OF PHARMACY

Varanasi-Allahabad Highway, Mirzamurad, Varanasi (U.P.)

AND

Hetero Labs Limited

Unit - Baddi

Purpose

The purpose of this Agreement is to ensure a mutual understanding of key responsibility of each party to promote the cooperation in pharmacy education and scientific research/work as well as academic and non-academic exchanges between the Kashi Institute of Pharmacy, Varanasi and above cited organizations.

Types of Cooperation

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2. Generate employment opportunities for the students of the first party.
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4. Conduct expert talk on various areas by the member of second party.
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7. Participation and collaboration in scientific events.



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This Memorandum of Understanding completed in English is hereby signed in two (2) copies with one (1) copy remaining in the possession of each organization.

AGREED:

Name: Dr. ASHUTOSH MISHRA

Designation: DIRECTOR

Date: _____

Sign: _____



Name: D. Srivivesa Rao

Designation: DY. Manager

Date: 30/04/2024

Sign: _____



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65	Sanjay Kumar Patel	MALE	24	9565821475	8577995003	sanjay25jan2000@gmail.com
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87	Shweta Keshari	FEMALE	23	7459935645	7459935645	shwetakeshari67106@gmail.com

List of Faculties for Industrial Visit, 2023-24

S. N.	NAME	GENDER	AGE	MOBILE NO.	Email ID
1	Mr. Kumar Alok	Male		7724869514, 7004363940	kumaralok@kashiit.ac.in
2	Ms. Sneha Yadav	Female		7408989806, 8957772496	snehayadav@kashiit.ac.in
3	Ms. Sweta Rai	Female		8708608712	shashibhushan@kashiit.ac.in




Kashi Institute of Pharmacy, Varanasi



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MEMORANDUM OF UNDERSTANDING (MOU) FOR ACADEMIC AND SCIENTIFIC COOPERATION

This memorandum of understanding is made on 30 Day 04 month 2024 Year

BETWEEN

KASHI INSTITUTE OF PHARMACY

Varanasi-Allahabad Highway, Mirzamurad, Varanasi (U.P.)

AND

Days Health & Beauty Health
& Products,

Purpose

The purpose of this Agreement is to ensure a mutual understanding of key responsibility of each party to promote the cooperation in pharmacy education and scientific research/work as well as academic and non-academic exchanges between the Kashi Institute of Pharmacy, Varanasi and above cited organizations.

Types of Cooperation

Through this memorandum, both Parties affirm the value of collaboration and agree to promote the following activities:

1. Joint research projects in fields of mutual interests.
2. Generate employment opportunities for the students of the first party.
3. Seminar/Guest lecture on carrier opportunity.
4. Conduct expert talk on various areas by the member of second party.
5. Organize student visit/industrial visit with mutual interest.
6. Organize various workshops for the students.
7. Participation and collaboration in scientific events.



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8. Exchange of academic publications, library and research material.
9. Opportunities for faculty and staff development and exchange.
10. Exchange of visiting research scholars, including advanced graduate students.
11. Other activities as mutually agreed.

This Agreement places no financial obligations or supplementary funding commitments on either Party. These activities will be defined through separate program agreements that detail the commitment of resources (financial or otherwise) required by each organisations. Subsequent program agreements must be approved in writing by the authorized representatives of each organisations.

Professor Dr. Ashutosh Mishra will serve as the primary liaison between the two organizations to facilitate the development of future activities.

Terms

This Agreement will become effective upon the date of signature by both Parties. It shall remain valid for a period of THREE (3) years from the date of the last signature, with the understanding that it may be modified by written mutual consent of both Parties. This Agreement may be terminated by either Party with advance written notice of at least thirty (30) days. Upon notice of termination both organizations agree to work in good faith to enable visiting students to complete their respective work unhindered by the termination. The agreement may be extended by mutual consent of the two Parties after the three-year period, and it must be renewed in writing.

This Memorandum of Understanding completed in English is hereby signed in two (2) copies with one (1) copy remaining in the possession of each organization.

AGREED:

Name: Dr. ASHUTOSH MISHRA

Designation: DIRECTOR

Date: _____

Sign: _____



Name: Bojesh Singh

Designation: Factory Head

Date: 30/01/2024

Sign: _____





KASHI INSTITUTE OF PHARMACY

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Kashi Institute of Pharmacy
Director
Varanasi

Health & Beauty Merit Products
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List of Faculties for Industrial Visit, 2023-24

S. N.	NAME	GENDER	AGE	MOBILE NO.	Email I D
1	Mr. Kumar Alok	Male		7724869514, 7004363940	kumaralok@kashiit.ac.in
2	Ms. Sneha Yadav	Female		7408989806, 8957772496	snehayadav@kashiit.ac.in
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Kashi Institute of Pharmacy, Varanasi



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MEMORANDUM OF UNDERSTANDING (MOU) FOR ACADEMIC AND SCIENTIFIC COOPERATION

This memorandum of understanding is made on 27 Day 04 month 2024 Year

BETWEEN

KASHI INSTITUTE OF PHARMACY

Varanasi-Allahabad Highway, Mirzamurad, Varanasi (U.P.)

AND

Hanuchem Laboratories
Plot NO. 16,17 Sec-05 Parwanoo (HP)

Purpose

The purpose of this Agreement is to ensure a mutual understanding of key responsibility of each party to promote the cooperation in pharmacy education and scientific research/work as well as academic and non-academic exchanges between the Kashi Institute of Pharmacy, Varanasi and above cited organizations.

Types of Cooperation

Through this memorandum, both Parties affirm the value of collaboration and agree to promote the following activities:

1. Joint research projects in fields of mutual interests.
2. Generate employment opportunities for the students of the first party.
3. Seminar/Guest lecture on carrier opportunity.
4. Conduct expert talk on various areas by the member of second party.
5. Organize student visit/industrial visit with mutual interest.
6. Organize various workshops for the students.
7. Participation and collaboration in scientific events.

For HANUCHEM LABORATORIES UNIT-III

Auth. Signatory



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8. Exchange of academic publications, library and research material.
9. Opportunities for faculty and staff development and exchange.
10. Exchange of visiting research scholars, including advanced graduate students.
11. Other activities as mutually agreed.

This Agreement places no financial obligations or supplementary funding commitments on either Party. These activities will be defined through separate program agreements that detail the commitment of resources (financial or otherwise) required by each organisations. Subsequent program agreements must be approved in writing by the authorized representatives of each organisations.

Professor Dr. Ashutosh Mishra will serve as the primary liaison between the two organizations to facilitate the development of future activities.

Terms

This Agreement will become effective upon the date of signature by both Parties. It shall remain valid for a period of THREE (3) years from the date of the last signature, with the understanding that it may be modified by written mutual consent of both Parties. This Agreement may be terminated by either Party with advance written notice of at least thirty (30) days. Upon notice of termination both organizations agree to work in good faith to enable visiting students to complete their respective work unhindered by the termination. The agreement may be extended by mutual consent of the two Parties after the three-year period, and it must be renewed in writing.

This Memorandum of Understanding completed in English is hereby signed in two (2) copies with one (1) copy remaining in the possession of each organization.

AGREED:

Name: Dr. ASHUTOSH MISHRA

Designation: DIRECTOR

Date: _____

Signature: 

Name: RAJINDER THAKUR

Designation: MANAGER (HK)

Date: 27/04/24

For HANUCHEM LABORATORIES UNIT-III

Signature: 

Auth. Signatory



KASHI INSTITUTE OF PHARMACY

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47	Mohammad Nawaz Reza	MALE	22	7860199351	8853771514	nawazreza1234@gmail.com
48	Nancy Gupta	FEMALE	24	9555384330	9559900440	nancyguptawww@gmail.com
49	Nikhil Kumar Singh	MALE	23	8318844060	8318844060	singhnikhil142020@gmail.com
50	Nitesh Kumar Yadav	MALE	23	6306701899	7488636019	maxii9632@gmail.com

Kashi Institute of Pharmacy
Director
Varanasi

For HANUCHEM LABORATORIES UNIT-III
Auth. Signatory

51	Nitish Singh	MALE	21	7870768087	7857944508	aniket152003@gmail.com
52	Pallavi Singh	FEMALE	21	6307499756	9956699823	singhnishu5665@gmail.com
53	Sujit Patel	MALE	23	8850710597	9004097196	sujitpatel71715@gmail.com
54	Poonam Patel	FEMALE	25	9315685128	9415445898	poonampatel1158@gmail.com
55	Pradeep Yadav	MALE	22	7524908765	9005476013	py762863@gmail.com
56	Pragati	FEMALE	23	7355152883	7991281840	pragatiyadavmgs1@gmail.com
57	Prakriti Chandan	FEMALE	23	8546008149	9839732417	nature2791@gmail.com
58	Pritam Singh	FEMALE	21	9335561147	9335133777	pritam1sigh044@gmail.com
59	Rachendra Jeet Yadav	MALE	27	7080216082	8423045616	rachendrajeetyadav64@gmail.com
60	Rahul Yadav	MALE	20	7985864636	8115713688	yadavr58302@gmail.com
61	Rajan Yadav	MALE	23	6393708241	9919985040	ry38508@gmail.com
62	Rohit Kumar Tripathi	MALE	23	6268156508	9651864953	tripathirohit981@gmail.com
63	Ronak Yadav	MALE	25	8168868553	8307105745	ronakyadav7779@gmail.com
64	Sachin Vishwakarma	MALE	21	8169907390	7678816990	loharsachin119@gmail.com
65	Sanjay Kumar Patel	MALE	24	9565821475	8577995003	sanjay25jan2000@gmail.com
66	Satyam Singh	MALE	25	8127140535	9936123121	satyamsingh43379@gmail.com
67	Satyam Tiwari	MALE	25	8789731066	8789512198	Satyambaba5656@gmail.com
68	Satyam Verma	MALE	24	8840017959	8574144761	vermasatyam434@gmail.com
69	Satyendra Dubey	MALE	21	6388455208	9452454784	dubeysachin994@gmail.com
70	Shivam Sharma	MALE	21	9956222703	9956222703	Shivam@gmail.com
71	Shreyansh Upadhyay	MALE	21	7392889614	7392889614	shreyanshup2003@gmail.com
72	Sudhir Kumar Pandey	MALE	22	9565569527	9415864318	sudhir95655@gmail.com
73	Supriya Choubey	FEMALE	23	7985249864	8382817285	supind07@gmail.com
74	Suraj Singh	MALE	21	7275342907	9044760918	suraj31.mzp@gmail.com
75	Swati Singh	FEMALE	22	9793968767	8355003941	swatisingh211202@gmail.com
76	Tanu Narnarayan Tripathi	MALE	20	9359854485	8446655563	tripathitanunarnarayan457@gmail.com
77	Ujala Kumari	FEMALE	22	9621767864	8009369198	ujalamehra9@gmail.com
78	Utkarsh Kumar	MALE	21	9905823791	7667103758	drxutkarsh@gmail.com
79	Vijay Bind	MALE	21	6386201761	9795197359	vkkumar6386@gmail.com
80	Vijay Yadav	MALE	25	8604467659	9795285156	vijayyadav12011999@gmail.com
81	Vikas Pal	MALE	22	9336806978	9336806978	Palv07681@gmail.com
82	Vimalesh Kumar Gwal	MALE	21	8188902794	7769883459	Vimaleshgwal@gmail.com
83	Vinay Kumar Patel	MALE	22	6392634337	9651830056	vinaypatelpatel4@gmail.com
84	Vishal Shukla	MALE	22	8317004729	9919633772	vishalshukla7474@gmail.com
85	Vivek Kumar Singh	MALE	22	7521996833	7521997358	kumarsinghvivek.328@gmail.com
86	Vivek Sahu	MALE	23	6307238265	9307829180	vsahu12082001@gmail.com
87	Shweta Keshari	FEMALE	23	7459935645	7459935645	shwetakeshari67106@gmail.com

List of Faculties for Industrial Visit, 2023-24

S. N.	NAME	GENDER	AGE	MOBILE NO.	Email I D
1	Mr. Kumar Alok	Male		7724869514, 7004363940	kumaralok@kashiit.ac.in
2	Ms. Sneha Yadav	Female		7408989806, 8957772496	snehayadav@kashiit.ac.in
3	Ms. Sweta Rai	Female		8708608712	shashibhushan@kashiit.ac.in



Kashi Institute of Pharmacy, Varanasi

FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2005510500017
Student Name	Anushka Rai
S/O or D/O	Mr. Ajeet Rai
Course - Branch	Pharmacy
Correspondence Address	Bhulanpur, Varanasi

This is to declare that I have been offered Internship Offer by Do Dev Technology Pvt. Ltd and as per the offer of Job; I am required to join the said organization latest by 14/03/24 failing which the given Job offer may be cancelled

I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the College or University Norms:

- I. I shall appear for the term-end examinations of the final semester, as scheduled.
- II. I shall accept the Internship offer at my own decision as well as consent of my parents/guardian.
- III. I will submit proof of attending work to be eligible for taking the final examination.
- IV. Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- V. In case I leave Internship in middle, I shall report to KIT immediately and will consider my attendance to be awarded only for my internship tenure at KIT

Students Name: Anushka Rai
Signature: Anushka Rai
Address: Bhulanpur, Varanasi
Contact No. 7905111465
E-mail ID: anushka.rai.021@gmail.com

Approved

Not Approved

[Signature]
Head of Department

अजय राय
Parents / Local Guardian

[Signature]
Head - CRC



DD/SD/LOI/2205

DATE:- 16/01/2024



Dear Anushka Rai ,

We are pleased to extend an offer of employment for the position of **Business Development Associate (BDA)** at **DoDev Technology Pvt. Ltd.** As discussed, the terms and conditions of your employment are outlined below:

Position: Business Development Associate (BDA)

Monthly Salary during Probation(OJT): 23K/month

Probation Duration(OJT): 4 months

Post Probation Salary : INR 5.7 LPA

Work Arrangement: Hybrid role with field visits for conversions. Additionally, you are required to attend a monthly one meeting at our Noida office.

Salary/Performance Incentives: In your OJT monthly salary will be based on the percentage of the target amount covered. Your monthly salary will be prorated based on the percentage of the target amount achieved. In the event that the full target amount is not attained, your salary will be calculated proportionally, reflecting the same ratio as the percentage completed of the target.

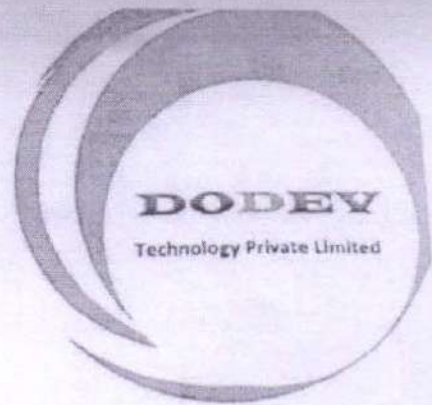
In Addition incentives will be provided for exceeding the target. Incentives you receive will be 14 % on that amount you exceed.

Document Submission:

You are required to submit the following documents for us to issue your appointment letter:-

- Certificate of Birth (school leaving certificate or SSC passing certificate where the date of birth is mentioned).
- Copy of educational qualification certificate.
- A copy of your Permanent Account Number (PAN).
- A copy of your Aadhaar card.
- Passport size coloured photograph.
- NOC from your college/university





Please ensure that these documents are submitted at the earliest convenience.
This offer is contingent upon the successful verification of the documents provided and the completion of any required background checks.

We are confident that your skills and experience will contribute significantly to our team's success. **We look forward to welcoming you to DoDev Technology Pvt. Ltd.**
Please review this letter carefully and, if you choose to accept, sign and return it by 01/02/2024.

In case if you have any query , please feel free to ask.

Regards,

A handwritten signature in blue ink, appearing to read "Utpal Rai".

UTPAL RAI
FOUNDER & DIRECTOR
DoDev Technology Pvt. Ltd.

Acceptance:

I, Anushka Rai hereby acknowledge receipt of this Letter of Intent and accept the terms and conditions outlined herein.

Signature: Anushka Rai

Date: 29/01/2024



Final Year "Internship/Job" Consent Form

University Roll Number	20055/0500004
Student Name	ADITYA MISHRA
S/O or D/O	SHIVANAND MISHRA
Course - Branch	B. Pharma
Correspondence Address	B2/228 Assi, varanasi

This is to declare that I have been offered Internship Offer by Do Dev Technology Pvt.Ltd and as per the offer of Job; I am required to join the said organization latest by 14/03/24 failing which the given Job offer may be cancelled.

I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the College or University Norms:

- I. I shall appear for the term-end examinations of the final semester, as scheduled.
- II. I shall accept the Internship offer at my own decision as well as consent of my parents/guardian
- III. I will submit proof of attending work to be eligible for taking the final examination.
- IV. Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- V. In case I leave Internship in middle, I shall report to KIT immediately and will consider my attendance to be awarded only for my internship tenure at KIT

Students Name: ADITYA MISHRA
 Signature: Aditya mishra
 Address: B2/2228 Assi, varanasi
 Contact No: 6392658826
 E-mail ID: aditya.63mishra@gmail.com

Approved

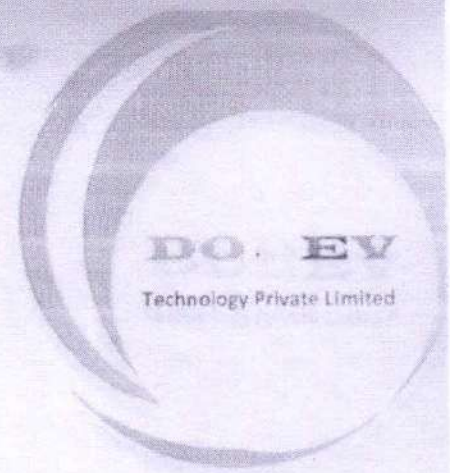
Not Approved

[Signature]
 Head of Department

Gula Mishra
 Parents / Local Guardian

[Signature]
 Head - 

DD/SD/LOI/2203



DATE:- 16/01/2024

Dear Aditya Mishra,

We are pleased to extend an offer of employment for the position of **Business Development Associate (BDA)** at **DoDev Technology Pvt. Ltd.** As discussed, the terms and conditions of your employment are outlined below:

Position: Business Development Associate (BDA)

Salary during Probation(OJT): 23K/month

Probation Duration(OJT): 4 months

Post Probation Salary : INR 5.7 LPA

Work Arrangement: Hybrid role with field visits for conversions. Additionally, you are required to attend a monthly one meeting at our Noida office.

Salary/Performance Incentives: In your OJT monthly salary will be based on the percentage of the target amount covered. Your monthly salary will be prorated based on the percentage of the target amount achieved. In the event that the full target amount is not attained, your salary will be calculated proportionally, reflecting the same ratio as the percentage completed of the target.

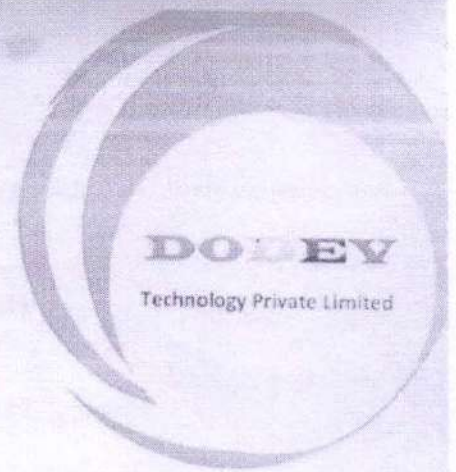
In Addition incentives will be provided for exceeding the target. Incentives you receive will be **14 %** on that amount you exceed.

Document Submission:

You are required to submit the following documents for us to issue your appointment letter:-

- Certificate of Birth (school leaving certificate or SSC passing certificate where the date of birth is mentioned).
- Copy of educational qualification certificate.
- A copy of your Permanent Account Number (PAN).
- A copy of your Aadhaar card.
- Passport size coloured photograph.
- NOC from your college/university





Please ensure that these documents are submitted at the earliest convenience. This offer is contingent upon the successful verification of the documents provided and the completion of any required background checks.

We are confident that your skills and experience will contribute significantly to our team's success. **We look forward to welcoming you to DoDev Technology Pvt. Ltd.**

Please review this letter carefully and, if you choose to accept, sign and return it by 01/02/2024.

In case if you have any query, please feel free to ask.

Regards,

A handwritten signature in black ink, appearing to read "Utpal Rai", is written over a faint, circular watermark of the DoDev logo.

UTPAL RAI
FOUNDER & DIRECTOR
DoDev Technology Pvt. Ltd.

Acceptance:

I, _____ hereby acknowledge receipt of this Letter of Intent and accept the terms and conditions outlined herein.

Signature: Aditya Mishra

Date: 14-03-24



FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2105510509001
Student Name	Shweta Keshavi
S/O or D/O	Mr. Santosh Kumar Keshavi
Course - Branch	B. Pharmacy.
Correspondence Address	Awleshpur, Kandwa, Pahari Varanasi

This is to declare that I have been offered Internship Offer by Almanq Cure Pvt Ltd and as per the offer of Job; I am required to join the said organization latest by 01/03/2024 failing which the given Job offer may be cancelled.


I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the College or University Norms:

- I shall appear for the term-end examinations of the final semester, as scheduled.
- I shall accept the Internship offer at my own decision as well as consent of my parents/guardian.
- I will submit proof of attending work to be eligible for taking the final examination.
- Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- In case I leave Internship in middle, I shall report to KIT immediately and will complete attendance to be awarded only for my internship tenure at KIT.


Students Name: Shweta Keshavi
Signature: Shweta Keshavi
Address: Awleshpur, Kandwa Varanasi
Contact No. 7459935645
E-mail ID: ShwetaKeshavi67106@gmail.com

Approved

Not Approved


Head of Department

Santosh Kumar Keshavi
Parents / Local Guardian


Head -



Regional Office: Umang House, G-13/49, Phase-II, Transport Nagar, Lucknow-226012
Tel.: 09389484902, 09335090564, Fax No.: 0522-4063675, E-mail: ucpl@ymail.com

Ref No: UCPL/HR/23-24/OFLR
Date: February - 28 -2024

To,
Ms. Shweta Keshari
Address: Alweshpur, Kandwa
Pahari, Varanasi, Uttar Pradesh
Mobile: 7459935645

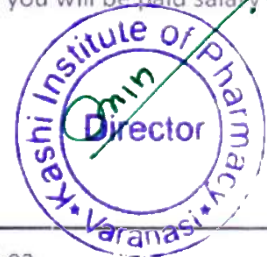
Subject: Offer Letter

Dear Shweta,

With reference to your application and the subsequent interview you had with us, we are pleased to offer you an appointment as "Pharmacist" in Hospital Pharmacy department for our store located at Varanasi on terms and conditions discussed and agreed by you at the time of interview. Please note that you're **Gross Salary** would be **Rs. 12,000/- per month** and your date of joining will be **March 01, 2024**. The detailed annexure of your salary will be sent to you along with your appointment letter.

You will be on probation for a period of six months and if your services are found satisfactory, it will be confirmed automatically, subject none issuing of any probation extend letter from the company in writing. During the probation or extended period of probation, your services can be terminated at any time and without any prior notice. After confirmation, your services are liable to termination at one month's notice or payment in lieu thereof. You shall also give a similar notice on resignation or payment in lieu thereof in case you wish to resign from the services of company, failing in the same the company may take legal action against you as well as may hold your salary and full & final dues. Company has also right to recover the amount against short notice period from your full & final dues.

In case you are charged with any act of misconduct, you may be suspended from services till pending enquiry. If you are found guilty of misconduct, you will not be entitled to any salary for suspension period and your services will be terminated with immediate effect. However, if you are found not guilty, you will be paid salary for the suspension period and treated as if you had been in service during this period.



Regd. Office: A-213, IIInd Floor, Shanti Gopal Chamber, Vikas Marg, Delhi-92

Regional Office: Umang House, G-13/49, Phase-II, Transport Nagar, Lucknow-226012
Tel.: 09389484902, 09335090564, Fax No.: 0522-4063675, E-mail: ucpl@gmail.com

You will be bound by policies, rules and regulations enforced by the company from time to time in relation to conduct, discipline, medical leave and holidays or any matters relating to service conditions which will be deemed as rules & regulations and shall form part of the terms of employment. You will devote full time to the work of the company and shall not undertake any direct/indirect business or work, honorary or remunerative, except with the written permission of the employer. In case you resign from the company.

Absence for a continuous period of eight days (including absence when leave though applied for but not granted) and when overstayed for a period of eight consecutive days would make you to lose your lien on the service and the same shall automatically come to an end without any notice or even intimation. You will be liable to pay one month's salary in lieu of notice, which shall be deducted, from your salary or other dues. Your full & final dues will be settled within next forty five days from your last day of working in company; even you resign from the company also.

Please arrange to submit copies of all your testimonials along with other documents i.e. 5 photographs, ID Proof, Address Proof, Educational Certificate, Experience Letter if any previous experience etc. at the time of joining the duties.

You will be posted at our store "Umang Pharmacy" Sir Sunder Lal Hospital Varanasi (BHU) Uttar Pradesh and address is already communicated to you. You are requested to report yourself at the said venue at 10:00 A.M. on March 01, 2024 for joining formalities & to continue services.

Please signify your acceptance by signing and returning the duplicate copy of this letter.

Thanking You,

Yours sincerely,

For Umang Cure Pvt Ltd


Authorized Signatory

Head-Human Resource


Director

FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2005510500003
Student Name	ADARSH TIWARI
S/O or D/O	Anand Kumar Jaisri
Course - Branch	B. Pharma
Correspondence Address	Radhyastra, Banaras

This is to declare that I have been offered Internship Offer by Umang
Pharmacy Care Pvt. and as per the offer of Job; I am required to join the
said organization latest by 12/03/2024 failing which the given Job offer may be cancelled.

I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the
College or University Norms:

- I. I shall appear for the term-end examinations of the final semester, as scheduled.
- II. I shall accept the Internship offer at my own decision as well as consent of my parents/guardian.
- III. I will submit proof of attending work to be eligible for taking the final examination.
- IV. Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- V. In case I leave Internship in middle, I shall report to KIT immediately and will consider my attendance to be awarded only for my internship tenure at KIT.

Students Name: Adarsh Tiwari
Signature: Adarsh
Address: Radhyastra Varanasi
Contact No. 8303404683
E-mail ID: KPrsAdarshTiwari23AS@gnm.ac

Approved

Not Approved

[Signature]
Head of Department

Anand Kumar Jaisri
Parents / Local Guardian

[Signature]
Head - CR



Regional Office: Umang House, G-13/49, Phase-II, Transport Nagar, Lucknow-226012
Tel.: 09389484902, 09335090564, Fax No.: 0522-4063675, E-mail: ucpl@ymail.com

Ref No: UCPL/HR/23-24/OFLR
Date: March - 11 -2024

To,
Mr. Adarsh Tiwari
S/o. Mr. Anand Kumar Tiwari
Address: Kanehari, Bhagwanpur, Kunahri,
Sant Ravidas Nagar, Uttar Pradesh - 221402
Mobile: 8303404683, 6390219502

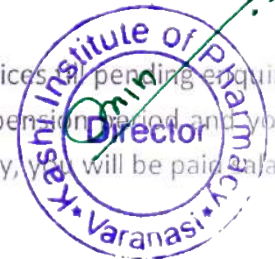
Subject: Offer Letter

Dear Adarsh,

With reference to your application and the subsequent interview you had with us, we are pleased to offer you an appointment as "Picker" in Hospital Pharmacy department for our store located at **Varanasi** on terms and conditions discussed and agreed by you at the time of interview. Please note that you're **Gross Salary** would be **Rs. 10,982/- per month** and your date of joining will be **March 12, 2024**. The detailed annexure of your salary will be sent to you along with your appointment letter.

You will be on probation for a period of six months and if your services are found satisfactory, it will be confirmed automatically, subject none issuing of any probation extend letter from the company in writing. During the probation or extended period of probation, your services can be terminated at any time and without any prior notice. After confirmation, your services are liable to termination at one month's notice or payment in lieu thereof. You shall also give a similar notice on resignation or payment in lieu thereof in case you wish to resign from the services of company, failing in the same the company may take legal action against you as well as may hold your salary and full & final dues. Company has also right to recover the amount against short notice period from your full & final dues.

In case you are charged with any act of misconduct, you may be suspended from services pending enquiry. If you are found guilty of misconduct, you will not be entitled to any salary for suspension period and your services will be terminated with immediate effect. However, if you are found not guilty, you will be paid salary for the suspension period and treated as if you had been in service during this period.



Regional Office: Umang House, G-13/49, Phase-II, Transport Nagar, Lucknow-226012
Tel.: 09389484902, 09335090564, Fax No.: 0522-4063675, E-mail: ucpl@ymail.com

You will be bound by policies, rules and regulations enforced by the company from time to time in relation to conduct, discipline, medical leave and holidays or any matters relating to service conditions which will be deemed as rules & regulations and shall form part of the terms of employment. You will devote full time to the work of the company and shall not undertake any direct/indirect business or work, honorary or remunerative, except with the written permission of the employer. In case you resign from the company.

Absence for a continuous period of eight days (including absence when leave though applied for but not granted) and when overstayed for a period of eight consecutive days would make you to lose your lien on the service and the same shall automatically come to an end without any notice or even intimation. You will be liable to pay one month's salary in lieu of notice, which shall be deducted, from your salary or other dues. Your full & final dues will be settled within next forty five days from your last day of working in company; even you resign from the company also.

Please arrange to submit copies of all your testimonials along with other documents i.e. 5 photographs, ID Proof, Address Proof, Educational Certificate, Experience Letter if any previous experience etc. at the time of joining the duties.

You will be posted at our store "Umang Pharmacy" Sir Sunder Lal Hospital Varanasi (BHU) Uttar Pradesh and address is already communicated to you. You are requested to report yourself at the said venue at 10:00 A.M. on **March 12, 2024** for joining formalities & to continue services.

Please signify your acceptance by signing and returning the duplicate copy of this letter.

Thanking You,

Yours sincerely,

For Umang Cure Pvt Ltd



Authorized Signatory

Head-Human Resource



FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2005510500078
Student Name	Satyendra Dubey
S/O or D/O	Mrs Shivakant Dubey
Course - Branch	B.Pharm - Bachelor of Pharmacy.
Correspondence Address	Mahadepur, Kaiyarnau, Aunai, Bhadohi.

This is to declare that I have been offered Internship Offer by Umang
Pharmacy and as per the offer of Job; I am required to join the
said organization latest by 01/02/2024 failing which the given Job offer may be cancelled.

I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the
College or University Norms:

- I. I shall appear for the term-end examinations of the final semester, as scheduled.
- II. I shall accept the Internship offer at my own decision as well as consent of my parents/guardian
- III. I will submit proof of attending work to be eligible for taking the final examination.
- IV. Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- V. In case I leave Internship in middle, I shall report to KIT immediately and will consider my attendance to be awarded only for my internship tenure at KIT

Students Name: Satyendra Dubey
Signature: Satyendra Dubey
Address: Mahadepur, Aunai
Contact No. 6388455208
E-mail ID: dubey.sachin.994@gmail.com

Approved

Not Approved

[Signature]
Head of Department

Shivakant Dubey
Parents / Local Guardian

[Signature]
Head of Department
Kashi Institute of Pharmacy
Director
Varanasi



Search in mail

Compose

Inbox 437

Starred

Spaced

Sent

Drafts 108

More

Labels

More

Dear Mr. Ravi Srivastava,

Greeting from Umang Pharmacy a division of Umang Cure Pvt Ltd.

I hope this message finds you well. This is in reference to our recent campus recruitment drive held at your esteemed institut

We would like to express our gratitude to the K.I.T Institute for providing us with the opportunity to engage with your students workplace. The organization of the event was exceptional, and we appreciate the support and cooperation extended by your

The selected candidates have been notified of their selection and have been requested to confirm their interest in joining our

Selected Candidates

S.R.	NAME	DOJ	DESIGNATION	SOURCE
1	Rohit Tripathi	01/03/2024	Pharmacist	K.I.T.
2	Shweta Keshari	01/03/2024	Pharmacist	K.I.T.
3	Nitesh Kumar	01/03/2024	Pharmacist	K.I.T.
4	Nikhil Singh	01/03/2024	Pharmacist	K.I.T.
5	Satyendra Dubey	01/03/2024	Pharmacist	K.I.T.
6	Aditya Rohan	01/03/2024	Pharmacist	K.I.T.
7	Pragati	01/03/2024	Pharmacist	K.I.T.

Mukesh Dubey

Assistant Manager HR | Umang Cure Pvt Ltd

Phone: 0522-4063675

Mobile: 7311198524

Site: www.umangcure.com

Email: hr@umangcure.com / umangpharmacy@gmail.com

Corporate Office: Umang House-G-13/49, Phase -2, Transport Nagar, Lucknow, Uttar Pradesh



Umang Cure Pvt. Ltd.



FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2005510500011
Student Name	ANAMIKA YADAV
S/O or D/O	Mr. Harendra Singh Yadav
Course - Branch	Bachelor of Pharmacy
Correspondence Address	H.no. B 36/13 Kewalyadham colony, Durgakund, Unnao

This is to declare that I have been offered Internship Offer by India
Medtronic Pvt. Ltd. and as per the offer of Job; I am required to join the
said organization latest by 15/02/24 failing which the given Job offer may be cancelled.

I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the
College or University Norms:

- I. I shall appear for the term-end examinations of the final semester, as scheduled.
- II. I shall accept the Internship offer at my own decision as well as consent of my parents/guardian
- III. I will submit proof of attending work to be eligible for taking the final examination.
- IV. Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- V. In case I leave Internship in middle, I shall report to KIT immediately and will consider my attendance to be awarded only for my internship tenure at KIT

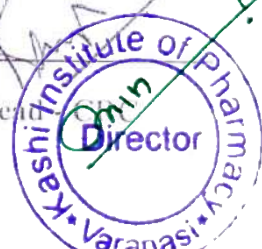
Students Name: Anamika Yadav
 Signature: *Anamika Yadav*
 Address: H.no. B36/13 Kewalyadham, Unnao
 Contact No. 6306686155
 E-mail ID: anamikayadav0424@gmail.com

Approved

Not Approved

[Signature]
Head of Department

[Signature]
Parents / Local Guardian

[Signature]
Head of Institute




Gmail

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Labels

More



Thank you for selecting Anamika Yadav. Please be assured- she can join from 15 Feb, 2024.

On Sat, Jan 20, 2024 at 3:39 PM Devaguptapu, Pavani <pavani.devaguptapu@medtronic.com>

Dear Placement Team,

Greetings..!!

Hope you are doing good!

PFB Table of Candidate who got selected as Apprentice with Medtronic.

The Onboarding date will be 15th February 2024. The candidate Should be available for 6

Request you to share Candidates alignment on Priority.

Candidate Name	Primary Email
Anamika Yadav	anamikayadav0429@gmail.com

Pavani Devaguptapu
Talent Acquisition | Human Resource

Medtronic
4th Floor, Tower A & B, SAS Tower| Medanta the Medicity Complex | Sector 38| Gurugram, Haryana,
Mob No: 9014264260
pavani.devaguptapu@medtronic.com
medtronic.com | [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#)



PROVISIONAL OFFER LETTER

15, Feb , 2024

Dear Anamika Yadav,

We are pleased to inform you on behalf of India Medtronic that you have been selected for the role of Sales Person under NAPS program for a Monthly of INR 25000 /-

NAPS letter will be issued & shared soon prior to the date of joining 15THFeb '24.

Please confirm your acceptance of this offer by signing and reverting the signed copy.

Looking forward to welcome you on board.

Best Regards.

Authorized Signatory

Eduvantage Pvt.Ltd.





KASHI INSTITUTE OF PHARMACY

Managed by : JAIN EDUCATION SOCIETY

23 km Milestone, Varanasi-Prayagraj Road, Mirzamurad, Varanasi - 221 307 (U.P.)

E mail : info@kashiit.ac.in • Website : www.kashiit.ac.in ☎ 8115838661

MEMORANDUM OF UNDERSTANDING (MOU) FOR ACADEMIC AND SCIENTIFIC COOPERATION

This memorandum of understanding is made on 27 Day 7 month 2022 Year

BETWEEN

KASHI INSTITUTE OF PHARMACY

Varanasi-Allahabad Highway, Mirzamurad, Varanasi (U.P.)

AND

APEX HOSPITAL, A UNIT OF APEX WELCARE PVT. LTD.

N7/2A-5, BLW, HYDEL ROAD, VARANASI - 221004

Purpose

The purpose of this Agreement is to ensure a mutual understanding of key responsibility of each party to promote the pharmacy and medical education as well as academic and non-academic exchanges between the Kashi Institute of Pharmacy, Varanasi and Apex Hospital, A Unit of Apex Welcare Pvt. Ltd., Varanasi

Types of Cooperation

Through this memorandum, both Parties affirm the value of collaboration and agree to promote the following activities:

1. Student Training / Student Internship
2. Joint research projects in fields of mutual interests.
3. Student Visit Program to the Hospitals
4. Provide equipped free ambulance as and when needed for emergency, IPD & OPD patients (subject to availability).
5. Free health talks by various specialties/expert and organize periodical healthcheckup (Height, Weight, BP, Pulse, and General Examination) camps once in a year at college premises on request.
6. Other activities as mutually agreed.



This Agreement places no financial obligations or supplementary funding commitments on either Party. These activities will be defined through separate program agreements that detail the commitment of resources (financial or otherwise) required by each Institution. Subsequent program agreements must be approved in writing by the authorized representatives of each institution.

Professor Dr. Ashutosh Mishra will serve as the primary liaison between the two organizations to facilitate the development of future activities.

Terms

This Agreement will become effective upon the date of signature by both Parties. It shall remain valid for a period of THREE (3) years from the date of the last signature, with the understanding that it may be modified by written mutual consent of both Parties. This Agreement may be terminated by either Party with advance written notice of at least thirty (30) days. Upon notice of termination both Kashi Institute of Pharmacy, Varanasi and Apex Hospital, A Unit of Apex Welcare Pvt. Ltd., Varanasi agree to work in good faith to enable visiting students to complete their respective work unhindered by the termination. The agreement may be extended by mutual consent of the two Parties after the three-year period, and it must be renewed in writing.

This Memorandum of Understanding completed in English is hereby signed in two (2) copies with one (1) copy remaining in the possession of each institution.

AGREED:

Kashi Institute of Pharmacy, Varanasi

Name: Prof. Ashutosh Mishra

Designation: Director

Date: 27th Dec 2022

Sign:



Apex Hospital

(A Unit of Apex Welcare Pvt. Ltd.)

Name: Devendra Singh

Designation: Executive Director

Date: _____

Sign:



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Vinay Kumar Patel
 (Name of student pharmacist) son of / daughter of Ramnarayan Patel
 residing at Jogapur Mahagon Varanasi
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set
 out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 01/07/2023

SECTION - II

I Vinay Kumar Patel (Name of the Student Pharmacist)
 accept Vaibhav (Name of the Apprentice Master) of
Kashi Institute of Pharmacy (Name of the College / Institution)
Apex Hospital Varanasi (Hospital or Pharmacy) as my
 Apprentice Master for the above training and agree to obey and respect him / her during the entire
 period of my training.

Date: 05/07/2023

Vinay K. Patel
 Signature of the Student Pharmacist

SECTION - III

I, Vaibhav (Name of the Apprentice Master)
 accept Sri / Smt. Vinay Kumar Patel
 (Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
 organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 14/08/23

Head of the Organization or
Pharmaceutical Division

SHOBHIT MEDWORLD
APEX HOSPITAL, BLW-VNS.
PIN - 221004

SECTION - IV

I certify that Vinay Kumar Patel (Name of student pharmacist) has undergone 250 hours training spread over from Date 05/07/23 to 14/08/23 for a period of _____ months in accordance with the details enumerated in SECTION III

Date: 14/08/23

Head of the Organization or
Pharmaceutical Division

SHOBHIT MEDWORLD LLP
APEX HOSPITAL, BLW-VNS.
PIN - 221004

SECTION - V

I certify that Vinay Kumar Patel (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10/02/2024

Head of the Academic
Training Institution

Kaushal Institute of Pharmacy
Director
Varanasi

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.