



# MADHA DENTAL COLLEGE & HOSPITAL

(A Christian Minority Institution)

(Recognised by the Dental Council of India, New Delhi (F.No. v.12017/75/2006-DE dt. 01.11.2011)  
and affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai)

Madha Nagar, Kundrathur, Chennai - 600 069. Ph : 72739 01234, 72749 01234, Fax : 2478 0798  
E - mail : info@madhadentalcollege.com Website : www.madhadentalcollege.com

Admn. Office : 1-A, Chari Street, North Usman Road, T.Nagar, Chennai - 17 Ph : 2814 0212 Tele fax : 044 - 2814 0213

## MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is made and entered on 8<sup>th</sup> day of June 2023 by and between Madha Dental College and Hospital, Located at Somangalam Main Road, Madha Nagar, Kundrathur, Chennai -69 (First Party)

And

All the Children, located at 39, Palla 2<sup>nd</sup> street, Vyasarpadi, Chennai 600 039. (Second Party) both of whom are collectively known as "Parties"

Whereas the first and second party desire to enter into an agreement to conduct oral health awareness program and Comprehensive Dental Treatment by Department of Public Health Dentistry, Madha Dental College and Hospital on a regular basis.

The parties hereby agree the term of service shall be from 2023 for a period of 3 years and this MOU may be renewed further after mutual discussion between the parties.

### 1. Relevant departments and areas of cooperation.

The MOU is related to the following areas of academic and Research activities

- a) This program is designed to improve the oral health status of the people.
- b) The Department of Public Health Dentistry can conduct periodic screening and provide comprehensive dental treatment.

### 2. Confidentiality


The Parties Madha Dental and College & Hospital and All the Children hereby agree not to disclose or diverge any confidential information.

### 3. Amendment and Termination of the MOU

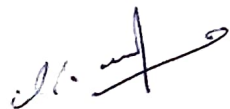
The MOU can also be terminated but mutual consent or by either party giving the order in a written notice of its desire to terminate the MOU after one month notice.

**IN WITNESS WHEREOFF, THE PARTIES HERE TO HAVE EXECUTED THIS BY THE DULY AUTHORISED REPRESENTATIVES ON THE DATE, MONTH AND YEAR ABOVE MENTIONED.**

**Madha Dental and College & Hospital**

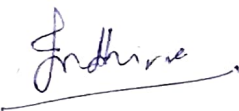
Signature:   
**PRINCIPAL**  
MADHA DENTAL COLLEGE & HOSPITAL  
KUNDRATHUR, CHENNAI - 600069.

**All the Children**

Signature:   
**ALL THE CHILDREN**  
No. 39/40, 2nd Palla Street,  
Vyasarpadi, Chennai-600 039.

### IN THE PRESENCE OF THE FOLLOWING WITNESSES

1. 

2. 

1. 

2. 