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Certificate No.	:	IN-UP48740930527603Y
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Account Reference	:	NEWIMPACC (SV)/ up14480304/ VARANASI SADAR/ UP-VNS
Unique Doc. Reference	:	SUBIN-UPUP144803049134117225362Y
Purchased by	:	GUNSUDRA DIAGNO AND HEALTHCARE VARANASI
Description of Document	:	Article 5 Agreement or Memorandum of an agreement
Property Description	:	MOU
Consideration Price (Rs.)	:	
First Party	:	SVP COLLEGE BHABHUA
Second Party	:	GUNSUDRA DIAGNO AND HEALTHCARE VARANASI
Stamp Duty Paid By	:	GUNSUDRA DIAGNO AND HEALTHCARE VARANASI
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

Signature.....

ACC Name- Rajnath Patel

ACC Code- UP14480304

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Distt.- Varanasi

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MEMORANDUM OF UNDERSTANDING (MoU)

For Internship/ Research Internship Program for Undergraduate Students under NEP Guidelines

This Memorandum of Understanding (MoU) is made on this 11th day of July, 2026 between:

1. **SARDAR VALLABH BHAI PATEL COLLEGE (A CONSTITUENT UNIT OF VEER KUNWAR SINGH UNIVERSITY, ARA), BHABUA, KAIMUR – 821101 BIHAR, hereinafter referred to as "the Institution".**

AND

2. **GUNSUTRA DIAGNO AND HEALTHCARE (An MSMS registered Centre – UDYAM-UP-75-0144149),** located at **Varanasi**, hereinafter referred to as "the Internship providing Organization".

Both parties agree to collaborate for providing structured internship opportunities to undergraduate students as part of experiential learning under the National Education Policy (NEP), 2020 framework.

NOTARY D.K. Shrivastava Distt.- Varanasi Regn. No.-17885 GOVT. OF INDIA

NOTARY
D.K. Srivastava
Distt. Varanasi
Regn. No.-17885
GOVT. OF INDIA

Jd

SWORN BEFORE ME AND
SOLEMNY AFFIRM SIGNATURE
AND CONTENTS VERIFIED

D.K. SRIVASTAVA Advocate
NOTARY, Govt. Of INDIA
VARANASI Regn. No.-17885

1. Purpose of the MoU

ThepurposeofthisMoUistoprovidestructuredinternshipopportunitiestoundergraduatestudents to enhance practical exposure, industry engagement, research aptitude, and professional skills.

2. Scope of the Internship Program

1. The Industry Partner shall provide internship opportunities to students recommended by the Institution.
2. The internship duration shall be **60 hours for BCom, BBA, BA students and 120 hours for BCA, BSc, and B.Voc students**, which must be conducted in a **physical/on-site** mode.
3. The internship will focus on **practical training, industry exposure, and skill enhancement** relevant to the students' academic discipline.
4. Studentsshallcompleteassignedtasks,projects,orreportsduringtheinternshipperiod.

3. Roles and Responsibilities of the Institution

The Institution shall:

1. Identify and nominate eligible students for the internship program.
2. Ensure that students comply with organizational rules and professional conduct.
3. Provide academic supervision to students during the internship.
4. Evaluate internship reports, presentations, or project work as part of academic requirements.

4. Roles and Responsibilities of the Internship Organization

The Internship Organization shall:

1. Provide meaningful internship opportunities and work assignments, following the acceptance for a particular student (as per **Annexure II**).
2. Offer guidance and supervision through a designated mentor or supervisor.
3. Facilitate learning experiences that enhance students' professional and technical skills.
4. Provide internship activity log periodically (as per **Annexure VII** attached herewith)
5. Provide feedback or evaluation of students' performance at the end of the internship (as per **Annexure III** attached herewith).
6. Issue a certificate of internship completion on completion of the program (as per **Annexure III** attached herewith).

NOTARY D.K. Srivastava Distt.-Varanasi Regd. No.- 17888 2/7/25 GOVT. OF INDIA

5. Duration of MoU

The MoU shall be effective upon signature by both the parties and shall remain in force for a period of five (5) years. Thereafter, it shall be automatically renewed for subsequent years.

6. Termination

Either party may terminate this MoU by providing **30 days' written notice** to the other party.

7. Signatories

For **SVP College**

Name: Prof.(Dr.) SP Sharma
Designation: Principal, SVP College, Bhabua, Kaimur, Bihar
Signature: _____
Date: 11/07/26

Principal
S.V.P. COLLEGE
BHABUA, KAIMUR

For **Gunsutra Diagno and Healthcare**

Name: Dr. Yashvant Patel

Designation: Proprietor and mentor

Signature: _____
Date: 01.07.2026

Gunsutra Diagno & Health Care
Araji No.-221, Teekari, Daff
Varanasi-221011

Email Id: gunsutra.dh@gmail.com

MSME Registration No.: UDYAM-UP-75-0144149

NOTARY
D.K. Srivastava
Distt.- Varanasi
Regd. No.- 17885
GOVT. OF INDIA

ANNEXURE II

INTERNSHIP ACCEPTANCE LETTER

(on the letter head of the organization)

Letter No. Date:

To

_____(Student Name)

_____(Institution)

Dear Candidate,

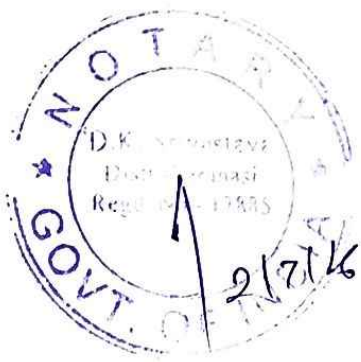
We are pleased to accept your application and offer you internship at our organization. Our organizations satisfy all the requirements as provided in the Internship Guidelines of ..... University for Undergraduate Programmes.

We appreciate your interest in our organization.

Thank you.

Supervisor/Head IPO

(Signature and seal)



ANNEXURE VII

INTERNSHIP ATTENDANCE LOG

Interns Details	
Name of the Student:	**Programme: B.A./B.Sc./B.Com**
Department:	
College Name / Roll No.	**University Registration No.**

Details of the Agency/NGO/Institute	
Name:	**Logo, if any**
Address:	
Mobile Number (Owner/Manager/Head):	
Name of the Supervisor:	

Attendance Log

Sl.No.	Date	Time In	Time Out	Total Hours	Signature of the Supervisor	Remarks

Annexure III

INTERNSHIP COMPLETION CERTIFICATE

(To be issued by the IPO on its letterhead)

This is to certify that **Mr./Ms. [Name of Student]**, S/o or D/o **[Father's/Guardian's Name]**, bearing University Registration/Enrolment No. **[Registration Number]** of **[Name of the Institution]**, Session **[Year]**, with Major in **[Subject]**, has successfully completed his/her internship with our organisation.

Internship Duration: From **[Start Date]** to **[End Date]**
Total Hours Completed: [Total Hours]

Internship Performance Assessment

During the internship, the student worked on [Briefly mention project/tasks]. Based on our observation and mentorship, we assess the student's performance as follows:

S. No.	Assessment Criteria	Rating (Outstanding / Good / Satisfactory / Needs Improvement)
1.	Technical Knowledge & Application	[Select Rating]
2.	Quality of Work & Task Completion	[Select Rating]
3.	Initiative & Problem-Solving Ability	[Select Rating]
4.	Communication & Interpersonal Skills	[Select Rating]
5.	Punctuality, Discipline & Professional Conduct	[Select Rating]

Supervisor's Remarks:

[Optional: Add brief qualitative comments on the student's overall performance, strengths, or areas for growth.]

Signature of IPO Supervisor/Head
Name:
Designation:
Organization Seal:

Date:
Place:

01/06/2026

NOTARY
D.K. Srivastava
Distt.- Varanasi
Regd. No.- 17885
GOVT. OF INDIA
2/7/2026