

## SERVICE AGREEMENT

This Service Agreement ("Agreement") is executed between

**M/s. Mithra Multispeciality Hospital ("Provider")**  
No: 92/1B, Konappana Agrahara, Electronic City,  
Phase – I, Bangalore 560100

Herein after will be referred to as "**Provider**"

**M/s. SFS Degree College & Postgraduate Centre ("Receiver")**  
Electronics City P.O.,  
Bangalore - 560 100  
Contact Person: **Fr. Dr. Roy P K**  
Ph: 080 – 7899474082 / 7022370051

Herein after will be referred to as "**Receiver**"

### It is agreed and between the parties as follows: -

Whereas **M/s. Mithra Multispeciality Hospital** is engaged in providing Medical Care, Hospitalization Services, Out-patient Services and Ambulance Services.

Whereas **M/s. SFS Degree College & Postgraduate Centre**. Is engaged in educational institution.

Whereas the **Receiver** has requested the **Provider** to extend Emergency Medical Services, Annual Health Check Up, Routine Medical Services, Ambulance Services to employees and students of their Institution

Whereas the **Provider** has understood the requirements of the **Receiver** herein agrees to provide Emergency Medical Services and Routine Medical Services, Annual Health Check Up, Ambulance Services, Hospitalization and Treatment and Diagnostic Service.

Whereas the **Receiver** hereby confirms to authorize the **Provider** to extend such treatment to its Employees on production of ID card or Authorization Letter from Institution. Further the **Receiver** confirms that the employee will take the benefit on credit facility.

Whereas, based on mutual promises and on the consideration contained herein, the adequacy whereof is hereby acknowledged, the parties agree to this Agreement.

1. 15 days credit facility shall be provided only when referred with an authorization letter from the Institution.

Monthly bills are submitted to institution and the payment should be made within 15 days from the date of Invoice received. Credit Invoice will be raised on **M/s. SFS Degree College & Postgraduate Centre**

2. If Employees / Student visit hospital as walk-in, the payment will be made immediately by the Employee/ Student after the services availed, however the standard discounts will be applicable.
3. To avail credit service during emergency admission / Sundays / Holidays, the authorization letter from the institution has to be produced to admission department on the next working day. Mithra Multispeciality Hospital staffs can also verify with HR or Deputed Person for its authentication.
4. The Agreement is valid for 'One Year' from agreement signed date and could be renewed every year thereafter with a mutual consent.
5. One Time Registration fees is mandatory.

- **15% discount on General Doctor OPD consultation.**
- **15% discount on Hospital Health Check – Up package**

Payment should be made directly by the Employee at the time of availing the Discounted Health Check up in the form of cash/credit card by the employees.  
(Health Check Up Brochure Enclosed)

- **10% discount on Lab Investigation & Radiology**
- **15% discount on Pharmacy purchase** ( Minimum purchase of Rs.500/- to avail discount)
- **Free Delivery of medicine.** (Within distance of 05 Km from Hospital & minimum purchase should be Rs.500/- and above)
- **15% discount for In-Patient** (Excluding pharmacy & consumables, on cash admission only)
- **Free Ambulance Pickup facility to Mithra Multispeciality Hospital within 5km radius on emergency basis**

**Free Health Check-Up / Health Talks as per request from Institution**  
(On management decision which check up to be done, once in a year)

\*Conditions Apply

**Note:**

- Discount is not available on specialist doctor consultation.
- No discount shall be imparted on either of the send outs / outsourced services

To avail these discounted services, the Employees / Student shall produce their Institution identity card.

**Emergency Hotline: 080 – 66045344**

For Appointments: Call +918105902227 / 8105912227

Please return the copy duly signed as acceptance of this empanelment.

For,  
Mithra Multispeciality Hospital

(Authorized Signatory)

For,  
SFS Degree College &  
Postgraduate Centre

(Authorized Signatory)

**For 24/7 EMERGENCY CARE**  
**Call: 080-66045344**  
**Appointments: +91- 8105902227, +91- 8105912227.**

**POINT OF CONTACT:**

1. Ms. Roopashree  
Corporate Coordinator  
+91 9880326695
2. Mr. Vedamurthy C.K  
Sr.Business Development Executive  
+91 9008826463

**TERMINATION OF MOU:**

1. This Memorandum of Understanding is initially for a period of one year from the date of signing the MOU subject to renewals by mutual agreement thereafter
2. Either of the Parties will have the right to withdraw from the agreement by giving 30 days' notice.

Signed on \_\_\_\_\_ 2021 at Bengaluru by both parties:

For  
**M/s. MITHRA MULTI SPECIALITY**  
**HOSPITAL LLP.**

For,  
**M/s. SFS Degree College &**  
**Postgraduate Centre**

Date: \_\_\_\_\_

Date: \_\_\_\_\_