



छत्तीसगढ़ CHHATTISGARH

N 969194

MEMORANDUM OF UNDERSTANDING

This MoU made on this 22nd day of December Two Thousand Twenty One between Council of Scientific and Industrial Research, a Society registered under the Societies Registration Act XXI of 1860 having its registered office at Anusandhan Bhawan, 2 Rafi Marg, New Delhi-110 001 (hereinafter called CSIR which expression shall where the context so admits, include its successors and permitted assigns) through its CSIR-Central Drug Research Institute having its office at Sector 10, Jarikipuram Extension, Sitapur Road, Lucknow-226031, India, (hereinafter called CSIR-CDRI) of the one part.

And

Guru Ghasidas Vishwavidyalaya, Koni, Bilaspur- 495009, Chhattisgarh, INDIA (hereinafter called GGV which expression shall where the context so admits, include its successors and permitted assigns) of the other part.

Each CSIR-CDRI and GGV hereunder are also referred to separately as the ("Party"), or together as the ("Parties")



[Signature]
22/12/21
Registrar (Acting)
 Guru Ghasidas Vishwavidyalaya
 (A Central University)
 Bilaspur (C.G.) 495 009 India

[Signature] *[Signature]*

IN WITNESS THEREOFF, the parties represented by their authorized representatives, set forth their hands on this day, month and year first stated above, agreed and accepted this MoU to be signed (in two original copies) in the presence of following witnesses

Signed on behalf of CSIR-CDRI

Signed on behalf of GGV

Name: Naseem Ahmed Siddiqui
21/01/22
Naseem Ahmed Siddiqui

Name: Prof. Shailendra Kumar

Date: 21/01/22

Date: 22/12/2021

Place: Central Drug Research Institute
Bankipuram Extn., Sitapur Road
Lucknow-226031, UP, India

Place: Registrar (Acting)
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.) 495 009 India

Witnessed by:

Witnessed by:

1. Name Dr. Manish K. Choudhary

1. Name Prof. V. D. Rangari

Signature: [Signature]

Signature: [Signature]

Date: _____

Date: _____

2. Name Jai Prakash Daswadi

2. Name Prof. G. K. Patra

Signature: [Signature]

Signature: [Signature]

Date: _____

Date: _____