

Dear Prospective Clinical Electives Program Participant,

As part of the University of Kansas Medical Center's (KUMC) policy and procedure for the Clinical Electives Program for international medical students, we will need to obtain a signed general agreement between our institutions. Please note this agreement simply states that our institutions will mutually join agreement for cultural, educational, and research cooperation in all fields of academic endeavor.

Please review and complete the following information and return the Word document back to:

- Alexa Smith at asmith5@kumc.edu
- Alexandria Harkins Porto at aharkinsporto@kumc.edu
- Stacie Rader at srader@kumc.edu

1. Please provide the name and location of your institution:

| | |
|-----------------------------|---|
| NAME OF INSTITUTION: | MALLA REDDY INSTITUTE OF MEDICAL SCIENCES |
| CITY/STATE/COUNTRY: | HYDERABAD / TELANGANA STATE / INDIA |

2. Please provide the contact information for your institution's signing authorities (use separate page if needed):

| SIGNING AUTHORITY 1 | |
|-----------------------|--|
| NAME: | DR. V. VISWESWARA SASTRY |
| TITLE: | DEAN |
| EMAIL ADDRESS: | mrims.2012@gmail.com |
| SIGNING AUTHORITY 2 | |
| NAME: | DR. B I NAVIN KUMAR |
| TITLE: | ASSOCIATE PROFESSOR, DEPARTMENT OF ANATOMY |
| EMAIL ADDRESS: | mrims.2012@gmail.com |
| SIGNING AUTHORITY 3 | |
| NAME: | DR. M RAMANI |
| TITLE: | PROFESSOR, DEPARTMENT OF PATHOLOGY |
| EMAIL ADDRESS: | malleboyinaramani@gmail.com |

3. Please indicate whether your institution's signing authorities prefer to receive the finalized signed agreement by email or by mail.

| Mark "X" if applicable | |
|------------------------|-------|
| X | Email |
| | Mail |

4. If it is preferred to receive the agreement by mail, please provide the mailing address along with a phone number:

| | | | |
|-----------------------------|--|-----------------------------|--|
| Company: | | Name: | |
| Street and Number 1: | | Street and Number 2: | |
| City: | | Region/Province: | |
| Country: | | Zip Code: | |
| Phone Number: | | | |

5. Would your Institution prefer to include their logo on the agreement? If yes, please email a JPEG file of the logo along with this completed form.

| Mark "X" if applicable | |
|------------------------|-----|
| X | YES |
| | NO |

Next steps in the process:

1. Once we receive this completed form, Alexa Smith, will send an electronic copy of the agreement form directly to the contacts listed above. You will be copied on this email and we ask if you could help notify your signing authorities in advance so that they expect our email.
2. Once all signatures are collected from the signing authorities above, a scanned copy of the agreement should be sent by email directly to Alexa Smith at asmith5@kumc.edu. Please be sure to copy Alexandria Harkins Porto (aharkinsporto@kumc.edu) and Stacie Rader (srader@kumc.edu) on this email.
3. A final signed copy of the agreement will be sent to your institution either by email or mail depending on the preference indicated above.

If you have any questions or concerns about this process, please do not hesitate to contact Alexandria Harkins, Alexa Smith, and Stacie Rader. Please be sure to include all in any correspondence related to this agreement process.

Sincerely,

Office of International Programs

Agreement for Cultural, Educational, and Research Cooperation
between
The University of Kansas on behalf of the University of Kansas Medical Center
Kansas City, Kansas, U.S.A.,
and
Malla Reddy Institute of Medical Sciences

In accordance with a mutual desire to promote further cooperation between their institutions, THE UNIVERSITY OF KANSAS on behalf of THE UNIVERSITY OF KANSAS MEDICAL CENTER, located in Kansas City, Kansas, U.S.A., and MALLA REDDY INSTITUTE OF MEDICAL SCIENCES, located in Hyderabad, Telangana State, India, join in the following agreement for cultural, educational, and research cooperation in all fields of academic endeavor.

The institutions hereby agree to the following general forms of cooperation:

1. Joint research and educational activities.
2. Exchange of invitations to faculty, research personnel, and graduate students for lectures, visits, and the sharing of experiences.
3. Exchange of invitations to faculty, research personnel, and graduate students for participation in conferences, symposia, and seminars.
4. Exchange of information in fields of interest to both parties.
5. Cooperation among faculty, research personnel, graduate students, and undergraduate students for study and research.
6. Exchange of academic materials such as scholarly publications, curriculum information, and research reports.
7. Sponsorship of activities, by one or both institutions, for educational experiences, lectures, scholarly symposia, and seminars.

The institutions will enter a separate written contract, or an amendment to this agreement, for any specific cooperative activity they mutually agree to undertake on the basis of this agreement. Each separate written contract or amendment will be signed and dated by an authorized representative of each institution.

The institutions agree to negotiate all financial arrangements necessary to implement this agreement, or to implement a specific cooperative activity undertaken on the basis of this agreement. The institutions further agree that the implementation of each cooperative activity will be subject to the availability of funds.

This agreement will become valid upon signing by an authorized person from each institution. It may be executed in any number of counterparts, each of which will be treated as an original, but all of which collectively constitute a single agreement; facsimile and/or portable document format (PDF) to be accepted as original and legally binding.

The effective date will be the last date of signing, as indicated by the dates following the signatures below. The agreement is valid for five years from the effective date. It may be extended for additional five-year terms by a signed amendment to this agreement.

The institutions, through the signatures of their duly authorized representatives, hereby execute this agreement.

MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

**THE UNIVERSITY OF KANSAS on behalf of
THE UNIVERSITY OF KANSAS MEDICAL CENTER**

By: V. Visweswara Sastry
Name: D.V. VISWESWARA SASTRY
Title: Dean
Date: 20-03-2019

By: _____
Name: Douglas A. Girod, M.D.
Title: Chancellor
University of Kansas
Date: _____

By: B.I. Navin Kumar
Name: DR. B.I. NAVIN KUMAR
Title: ASSOCIATE PROFESSOR
Date: 20.3.2019

By: _____
Name: Robert D. Simari, M.D.
Title: Executive Vice Chancellor
University of Kansas Medical Center
Date: _____

By: M. Ramani
Name: M. RAMANI
Title: ACADEMIC DEAN
Date: 20/3/2019

By: _____
Name: Kimberly Connelly, M.A.T.
Title: Senior International Officer, Director
Office of International Programs
University of Kansas Medical Center
Date: _____