

MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

**LAKULISH YOGA UNIVERSITY (LYU),
AHMEDABAD, GUJARAT**

AND

SADVICHAR HOSPITAL, AHMEDABAD, GUJARAT

1. PREAMBLE

This Memorandum of Understanding (MoU) is made and entered into on this 15 day of October 2025, by and between:

Lakulish Yoga University (LYU), a premier institution dedicated to authentic yoga education, therapy, and research, having its registered office at Chharodi, Ahmedabad, Gujarat, hereinafter referred to as **"LYU"**,

AND

Sadvichar Hospital, a charitable healthcare institution dedicated to compassionate healthcare and holistic healing, located at Ahmedabad, Gujarat, hereinafter referred to as **"Sadvichar Hospital"**.

LYU and Sadvichar Hospital are hereinafter collectively referred to as the **"Parties"**, and individually as a **"Party."**

The Parties have mutually agreed to collaborate in establishing and operating an **Integrated Yoga Therapy Department** at Sadvichar Hospital under the terms and conditions set forth below.

2. PURPOSE

The purpose of this MoU is to establish a collaborative partnership to provide **disease-specific yoga therapy and holistic health services** at Sadvichar Hospital. The objectives are to:

- Integrate yoga-based therapeutic practices with modern medicine.
- Provide evidence-based yoga therapy to patients.
- Promote research, training, and education in yoga therapy.

3. SCOPE OF COLLABORATION

a) Yoga Therapy OPD

- An **Integrated Yoga Therapy OPD** will be conducted once a week (frequency may be increased based on demand).



- **LYU** will depute qualified yoga therapists to conduct consultations and therapeutic counselling.
- **Sadvichar Hospital** will provide suitable space and basic infrastructure for OPD & Yoga Therapy session.

b) Disease-Specific Yoga Therapy Sessions

- Structured protocol will be offered for conditions such as diabetes, hypertension, arthritis, respiratory disorders, stress, and other lifestyle diseases.
- Each protocol shall comprise therapy sessions conducted **three days a week** under LYU-certified therapists.
- **Fees:**
 - ₹ 3,000 /- per patient for a **12-session subscription**, payable in advance.
 - ₹ 250 /- per **single session**, if opted and paid individually.
- **Revenue Sharing:** Fees collected shall be shared **equally (50%-50%)** between LYU and Sadvichar Hospital.

c) Bedside and Wellness Therapy (Optional)

- Gentle yoga therapy may be provided to inpatients to aid recovery and rehabilitation.
- Preventive and wellness programs may be organized for patients, caregivers, and the community, as mutually agreed.

4. Roles and Responsibilities

Lakulish Yoga University (LYU) shall:

- Provide qualified yoga therapy professionals.
- Develop disease-specific therapy protocols and maintain quality standards.
- Conduct documentation, research, and maintain patient records.
- Facilitate internship opportunities for M.Sc./Ph.D. (Yoga) students.

Sadvichar Hospital shall:

- Provide physical space and essential facilities (consultation room, yoga hall, utilities, etc.).
- Facilitate patient referrals from hospital departments.
- Coordinate scheduling and administrative support.
- Collect patient fees and transfer LYU's share on a **monthly basis** with a joint record of patients served.

5. Financial Terms

- The charges shall be ₹ 3,000/- for a 12-session subscription or ₹ 250/- per single session, as per patient choice.
- Fees collected will be shared **50%-50%** between both parties.
- LYU's share shall be disbursed monthly along with an accompanying statement of patients served.

6. Duration and Termination

- This MoU shall remain in force for **three (3) years** from the date of signing.
- It may be renewed or modified through mutual written consent.



- Either party may terminate this MoU by giving **three (3) months' written notice.**

7. Confidentiality

Both parties agree to maintain confidentiality regarding all patient data, research information, and proprietary methodologies used in therapy programs.

8. Dispute Resolution

Any dispute arising under this MoU shall first be resolved through mutual discussion. If unresolved, it shall be subject to the **jurisdiction of the courts in Ahmedabad, Gujarat.**

9. Signatories

IN WITNESS WHEREOF, the Parties hereto have executed this Memorandum of Understanding on the date first written above.

For Lakulish Yoga University (LYU)

Name: Shivam Tripathi

Designation: Registrar (I/c)

Signature: 

Date: 15-10-2025



10. Witnesses

Witness from LYU

Name: Dr. C. Nagraj

Designation: Associate Professor

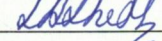
Signature: 

Date: 15-10-2025

For Sadvichar Hospital

Name: Dr. Sukumar D. Sheth,

Designation: Supintendent

Signature: 

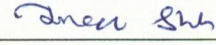
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Witness from Sadvichar Hospital

Name: Dr. Tushar Shah

Designation: Advisor,

Signature: 

Date: 15/10/25