

# Memorandum of Understanding (MOU)

This MOU sets forth the Parties current understanding and general rules of engagement concerning the broad understanding and agreement and the intent of the Parties.

## 1. **Concept:**

The Parties World Union of Small and Medium Enterprises (**WUSME**), an international nonprofit organization with the mission to protect, support and represent small and medium-sized Enterprises and crafts worldwide having its Headquarters at Piazzale M. Giangi n. 2, 47890 San Marino, Republic of San Marino. (Herein after referred to as **WUSME**).

and

**Indian Industries Association**, a registered society (an apex SME Association in India) having its Head Office at IIA Bhawan, Vibhuti-Khand, Gomti Nagar, Lucknow (Hereinafter referred to as **IIA**) *intends to collaborate together for mutual benefit.*

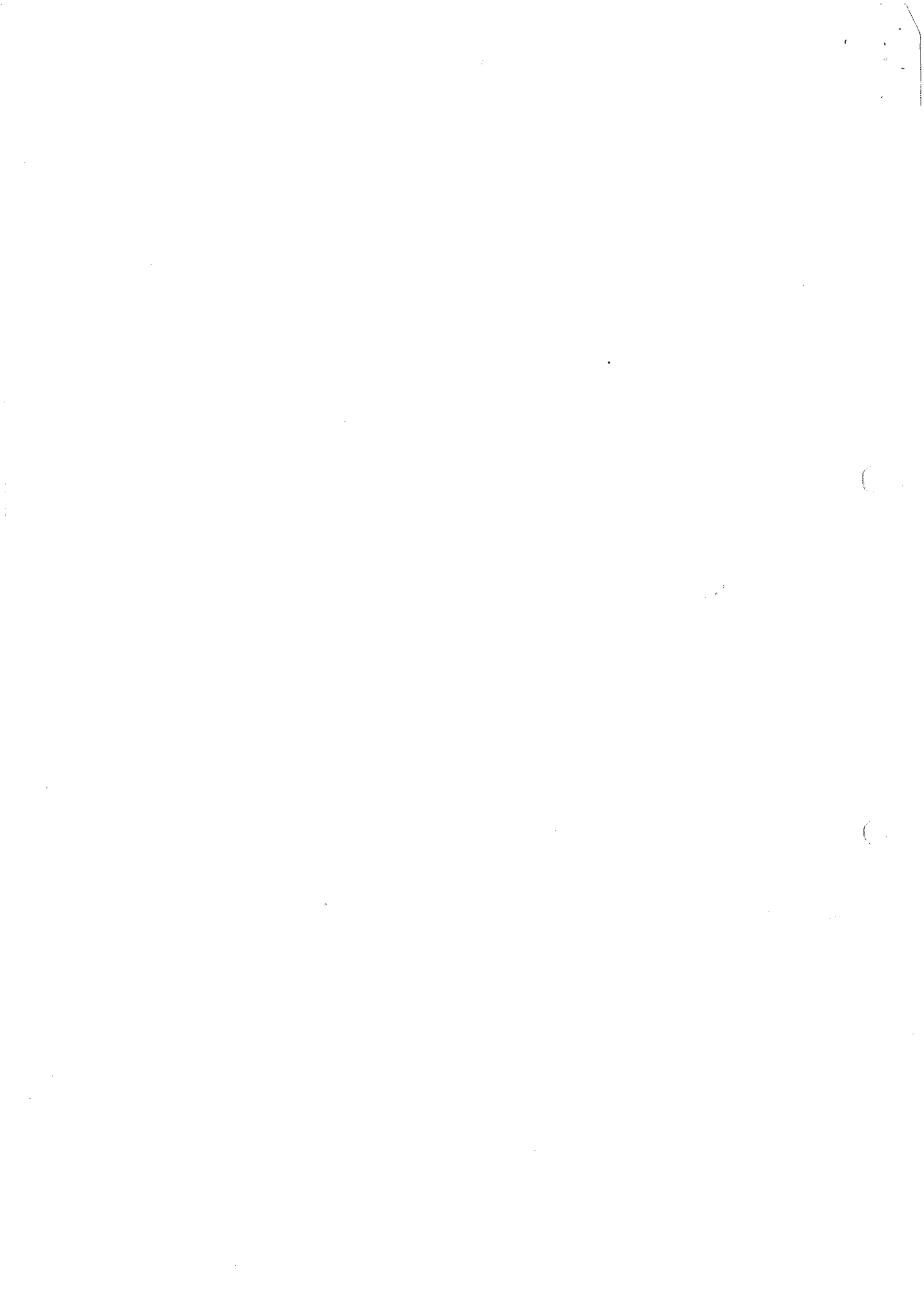
## 2. The two parties therefore agree as follows:

- a) To regularly exchange information, publications and material concerning economic development, foreign trade and investment policies etc.
- b) Assist each other in organising Business delegations facilitating their business interest.
- c) Assist each other in development of Pilot projects for SME sector in designated area.
- d) Develop strong institutional trade and business between WUSME and IIA in order to establish a sustainable mechanism of dialogue and platform for discussions.
- e) Cooperate on all programmes of Trade Promotion and commercialisation.
- f) To promote people-to-people contacts, public awareness, mutual understanding, as well as active participation among the various countries of the World.
- g) To further enhance cooperation between WUSME and IIA in various fields on any other areas as may be agreed upon.

3. **Term:** This MOU will be valid for five years and may be extended on mutual consent thereafter.

4. **Non-binding nature:** It is not a binding or definitive agreement and creates no enforceable rights or obligations on any Party or as to any third parties. By entering into this MOU, the Parties undertake no obligations to enter into further agreements.

5. **Fees and Expenses:** Each Party will bear its own fees, expenses, and costs (including fees and expenses of its respective legal counsel and other advisors and of its employees) in connection with the negotiation of such Definitive Agreement or any other agreement as might be jointly agreed upon, and of negotiating and performing the tasks associated with this MOU whether or not such Definitive Agreement or any other agreement contemplated herein is consummated.

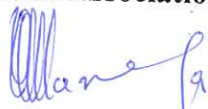


6. **Limitation on Liability:** NEITHER PARTY SHALL BE LIABLE FOR ANY SPECIAL, CONSEQUENTIAL, INCIDENTAL, INDIRECT OR PUNITIVE DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, IN CONNECTION WITH PERFORMANCE OR NON-PERFORMANCE OF THIS MOU, TORT (INCLUDING NEGLIGENCE), WARRANTY, OR OTHERWISE, EVEN IF THE EXCLUSIVE REMEDIES PROVIDED HEREIN FAIL OF THEIR ESSENTIAL PURPOSE AND EVEN IF A PARTY IS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. NEITHER PARTY WILL HAVE ANY LIABILITY TO THE OTHER BASED ON FAILURE TO ULTIMATELY CONSUMATE THE TRANSACTIONS CONTEMPLATED HEREIN.

7. **Amendment:** This MOU constitutes the entire understanding of the Parties with respect to the subject matter hereof. No modification of this MOU shall be binding on the Parties hereto unless it is in writing and signed by authorized representatives of all Parties hereto.

Signed this day 15 April 2016 by:

For Indian Industries Association

  
RAMJI SUNEJA

For WUSME



Place: REPUBLIC OF SAN MARINO

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**WUSME**

**MEMBERSHIP APPLICATION FORM  
(AFFILIATE MEMBER – ORGANIZATION)  
2016**

Please, send back this application form, duly filled out and signed on each page, by  
post, fax or e-mail to:

World Union of Small and Medium Enterprises  
WUSME Headquarters  
Address: Piazzale M. Giangi n.2 47890 – SAN MARINO Republic of San Marino  
Fax: +378 0549 807710  
e-mail address: [info@wusme.org](mailto:info@wusme.org)



## GENERAL INFORMATION

To be filled out in capital letters

### ORGANISATION

Organisation Name: INDIAN INDUSTRIES ASSOCIATION  
Address (Headquarters): IIA BHAWAN, VIBHUTI KHAND, GOMTI NAGAR,  
LUCKNOW - 226010  
State/Province/Other: UTTAR PRADESH  
Country: INDIA  
Generic email for organisation: iaa@iaaonline.in  
Telephone No.\*: 915222720090  
Fax\*: 915222720097  
URL: http://iaaonline.in

Please, attach copy of the Certificate of Incorporation or equivalent certificate

### LEGAL REPRESENTATIVE

Mr.     Mrs.     Ms.     Dr.     Prof.  
First Name: DHARAM SINGH  
Last Name: VERMA  
Position: EXECUTIVE DIRECTOR  
Direct Telephone No.\*: 919415022544  
Fax\*: 915222720097  
Direct e-mail: ed@iaaonline.in  
Birth Place: SUNDER NAGAR, MANDI, H.P, INDIA Birth Date: 24/07/1953  
Residence Address: HOUSE NO-138-A, SWAPNALOK COLONY, KAMTA,  
CHINHAT, LUCKNOW - 226028  
State/Province/Other: UTTAR PRADESH Country: INDIA  
No. Valid ID (specify type): AATPY3720D (PAN CARD)

Please, attach copy of the I.D. indicated

*[Handwritten signature]*



**CONTACT PERSON** to be appointed as Official Representative in the General Assembly and to be filled out if different from the Legal Representative: SAME AS LEGAL REPRESENTATIVE

Mr.       Mrs.    Ms.    Dr.       Prof.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Position: \_\_\_\_\_

Direct Telephone No.\*: \_\_\_\_\_

Fax\*: \_\_\_\_\_

Direct e-mail: \_\_\_\_\_

\*Please, type telephone and fax numbers as they should be dialled from outside your own country – including country and city prefixes

Place and Date Lucknow; 2nd April 2016

Signature of the Legal Representative \_\_\_\_\_ 



## ADDITIONAL INFORMATION

Describe the mission and objectives of your organisation:

Mission :- Competitiveness and Welfare of Micro, Small and Medium Enterprises in India

Objectives :

1. To take proactive steps to help Government in policy formulation & making appropriate changes.
2. To ensure smooth implementation of Govt. schemes.
3. Providing timely and appropriate information to members.
4. Honing the technical and managerial capabilities of members.
5. Crisis support to members.

Describe the topics of interest of your organisation:

- Micro, Small & Medium Enterprises (MSME's) development & competitiveness internationally.
- Exchange of Business delegations.
- Imports & Exports
- MSME Capacity building.

Explain what specific benefits you expect from joining WUSME:

- Facilitation in exchange of business delegations
- Facilitation in Imports & Exports.
- Identify buyers for products of MSME's in India.
- Facilitate participation of IIA Members in International exhibitions.
- Promotion of events organised by IIA internationally through sharing of information using different mediums such as News Magazines etc.





## APPLICATION FORM

I, DHARAM SINGH VERMA as legal representative of INDIAN INDUSTRIES ASSOCIATION ask our **ORGANIZATION** to be admitted as **AFFILIATE MEMBER** for **YEAR 2016**.

In this regard, I certify that:

- I agree with and am interested in the institutional goals of the Association, of which I correspond the spirit and ideals;
- I declare to fully know the statutory rules and obligations which flow my title of Affiliate Member and to scrupulously observe the Articles of the Association, the Regulations and other Acts approved by the Board of Directors and General Assembly Meeting.
- to be committed to pay the membership fee above indicated, according to member category, noting that this application form will be considered by the Board of Directors, pursuant to Section 8 Statute of the Association.

Place and Date Lucknow; 2nd April 2016

Signature: \_\_\_\_\_

### Privacy

Pursuant to art. 8 of Law n° 70 23rd May 1995, promulgated by the Captains Regent of the Most Serene Republic of San Marino, we inform you that the owner of the data provided is WUSME Association, with registered office in San Marino (RSM), Piazzale M. Giangi No.2, ZIP code 47890.

The treatment of data, which can be made also with the help of electronic means, has the unique purpose of managing the member application to the Association, the provision of any services offered to the same and allow communication between the member and the Association.

In particular the e-mail address is required for communication to convene to the General Meeting and other gatherings. The data provided will not be used for purposes other than those mentioned above, not will be transmitted to any third parties except for the needs closely related to those specified above. In relation to the processing of the data, the interested person may exercise the rights provided by law, but any request for cancellation or destruction of the same shall result in the immediate annulment of membership.

### Consent

I declare that I have been informed of my rights and I give my consent for the processing of the data as described above in the Information Notice.

Signature: \_\_\_\_\_



Cross the box corresponding to your category:

**OECD COUNTRIES:**

(Australia, Belgium, China, Denmark, Finland, Germany, Hungary, Ireland, Italy, Korea, Mexico, New Zealand, Poland, Slovak republic, Spain Switzerland, United Kingdom, Austria, Canada, Czech Republic, Estonia, France, Greece, Iceland, Israel, Japan, Luxembourg, Netherlands, Norway, Portugal, Slovenia, Sweden, Turkey, United States)

CATEGORY	ANNUAL FEE
<input type="checkbox"/> Chamber of Commerce & Industry <input type="checkbox"/> National SME and Crafts Association <input type="checkbox"/> Regional SME and Crafts Association <input type="checkbox"/> Other SME Supportive Organization: please specify _____	<input type="checkbox"/> € 500,00

**NON OECD COUNTRIES:**

CATEGORY	ANNUAL FEE
<input type="checkbox"/> Chamber of Commerce & Industry <input checked="" type="checkbox"/> National SME and Crafts Association <input type="checkbox"/> Regional SME and Crafts Association <input type="checkbox"/> Other SME Supportive Organization: please specify _____	<input type="checkbox"/> € 250,00

**MEMBERSHIP FEE PAYMENT**

**1° METHOD**

**WIRE TRANSFER**

**BENEFICIARY: ASSOCIAZIONE "WUSME"**

**BANK: CASSA DI RISPARMIO DELLA REPUBBLICA DI SAN MARINO S.p.A.**

**BRANCH: AGENZIA SERRAVALLE**

**IBAN: SM 17 A 06067 09802 000020112378**

**SWIFT CODE: CSSMSMSM**

**DESCRIPTION: FIRST AND LAST NAME / ORGANIZATION NAME FOR MEMBERSHIP FEE YEAR 2016**

**2° METHOD**

**PAYPAL**

Address your payment to the following account [info@wusme.org](mailto:info@wusme.org)

**NOTE: CHECKS NOT ACCEPTED**

संख्या 963

12/06/2014



## सोसाइटी के नवीनीकरण का प्रमाण - पत्र

नवीकरण संख्या 925-2012-2013

फाइल संख्या 1-23709 M

एतद्वारा प्रमाणित किया जाता है कि इण्डियन इन्डस्ट्रीज एसोसियेशन

आई० आई० ए० भवन विभूति खण्ड गोमतीनगर, लखनऊ।

को दिये गये रजिस्ट्रीकरण प्रमाण - पत्र संख्या 666/1992-93

दिनांक 01/07/1992 को दिनांक 01/07/2012 से पांच वर्ष की अवधि  
के लिए नवीकृत किया गया है।

1000 रुपये की नवीकरण फीस सम्यक् रूप से प्राप्त हो गयी है।

दिनांक 13/07/2012

20  
सोसाइटी के रजिस्ट्रार,  
उत्तर प्रदेश।



स्थायी लेखा संख्या /PERMANENT ACCOUNT NUMBER  
AATPV3720D




नाम /NAME  
DHARAM SINGH VERMA

पिता का नाम /FATHER'S NAME  
SUHARU RAM VERMA

जन्म तिथि /DATE OF BIRTH  
24-07-1953

हस्ताक्षर /SIGNATURE

आयकर आयुक्त, लखनऊ  
COMMISSIONER OF INCOME-TAX, LUCKNOW



इस कार्ड के खो / मिल जाने पर कृपया जारी करने  
वाले प्राधिकारी को सूचित / वापस कर दें  
आयकर आयुक्त,  
आयकर भवन,  
अशोक मार्ग,  
लखनऊ.

In case this card is lost/found, kindly inform/return to  
the issuing authority :  
Commissioner of Income-tax,  
Aayakar Bhawan,  
Ashok Marg,  
Lucknow.

Date of Receipt 2/5/16 No. 2264884  
Through: Carrier/Reg./Ord./Others

Mr. Serrucho

Pl. Speake



2/5/16

## MEMORANDUM OF AGREEMENT

This agreement made and entered into this 10<sup>th</sup> day of May 2017 between the **Indian Industries Association (IIA), IIA Bhawan, Vibhuti Khand Lucknow** One Part and **Cadmus Healthcare Pvt. Ltd. CP-2, Sector-9, Jankipuram, Lucknow** (hereinafter called 'Diagnostic Centre' which expression, unless excluded by or repugnant to the subject or context, shall mean to include its legal representatives, successors and permitted assigns) of the Other Part.

### **SERVICES-**

Under this agreement following Services will be provided by the Diagnostic Center to IIA Members, their Family Members, Employees and Employee's Families:-

1. Health Check-up camps, medical consultations, guidance as will be decided mutually.
2. Discount 35% on the MRP of all pathological tests at our Labs, as per rate list below.

### **TERMS & CONDITIONS-**

For availing the above services following terms & conditions will be applicable:-

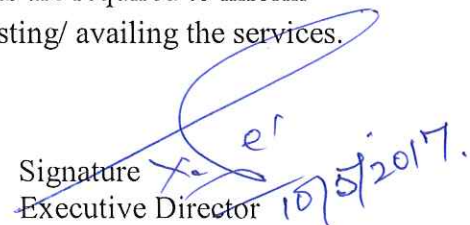
1. Payment Terms- At per service.
2. Payment Mode- By Cash as per term.
3. Logistics- Timely visiting hours, sample pick- up as per requirement with consultations and report delivery, as per schedules.
4. Consumables- All sample consumables will be provided as per requirements.
5. Tenure- Applicable for one year from date of this Agreement.

### **HOW TO AVAIL THE SERVICES-**

- Contact Numbers for requesting/availing services are:-
  - ✦ 91- 7310100706
  - ✦ 91-522-4046268
- IIA Member/ Member Employees & their Family Members are required to inform Member ID Number to the Diagnostic Center while requesting/ availing the services.



Signature  
Director  
Cadmus Healthcare Pvt. Ltd.  
CP-2, Sector-9, Jankipuram, Lko  
Phone No.-0522-4046268



Signature  
Executive Director 10/5/2017.  
Indian Industries Association  
IIA Bhawan, Vibhuti Khand,  
Phase II. Gomti Nagar,  
Lucknow.  
Contact No. 9415022544

