



## MEMORANDUM OF UNDERSTANDING (MoU)



between

**KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY, ASSAM(KKHSOU)**

and

**JORHAT INSTITUTE OF SCIENCE AND TECHNOLOGY, ASSAM(JIST)**


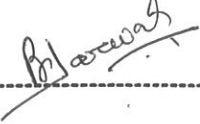

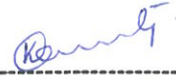
JIST, Jorhat, Assam and KKHSOU, Assam wishing to establish relation between the two Higher Educational Institutions (HEIs) agree to cooperate with each other. In this particular collaborative venture regarding classes of Yoga (2 credit course at JIST), it is agreed that:

- 1) KKHSOU and JIST have agreed to make a collaboration regarding certain academic matter.
- 2) KKHSOU will arrange to provide the faculty members and online platform to take classes of Yoga course for the students of JIST.
- 3) JIST will arrange to pay the teachers at the rate of Rs.1000/- per theory class of about 90-minute duration and practical class of about 2-hour duration.
- 4) There will be total about 12 classes, including four practical classes.
- 5) JIST will arrange to pay Rs.100/- per student to KKHSOU as a nominal charge for facilitator.
- 6) The syllabus and assessment will be as per the approved syllabus of Assam Science and Technology University (ASTU).

In witness whereof, the HEIs here to have offered their signatures.

<p><b>For &amp; behalf of</b> <b>Jorhat Institute of Science and Technology</b></p> <p>Signature: _____ Name: <u>Dr. A. Dutta</u> Designation: <u>Principal</u></p> <p>PRINCIPAL JORHAT INSTITUTE OF SCIENCE &amp; TECHNOLOGY JORHAT-10</p>	<p><b>For &amp; behalf of</b> <b>Krishna Kanta Handiqui State Open University, Assam (KKHSOU)</b></p> <p>Signature: _____ Name: <u>Dr. (Prof.) Pranjit Bora</u> Designation: <u>Registrar (i/c)</u></p> <p><b>Registrar(Vc)</b> <b>K.K.H.S.O.U.</b></p>
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<p>Witness 1.</p> <p>Signature: </p> <p>Name: Ms. Ranjita Goswami Designation: Asst. Professor</p>	<p>Witness 1.</p> <p>(Signature: </p> <p>Name: Dr. B. R. Sarmah Designation: Controller of Examinations Krishna Kanta Handiqui State Open University, Assam</p>
<p>2.</p> <p>Signature:  10.04.2024</p> <p>Name: Dr. Parasa Hazarika Designation: Asst. Professor</p>	<p>2.</p> <p>(Signature: </p> <p>Name: 1 Dr. KANTA CHAKRAVARTY Designation: Assistant Registrar</p>

Assistant Registrar  
K.K.H.S.O.U.