

# JOINING

## AGREEMENT FORMAT(Sample)

U Autopathy Internate Hospital

[26 Bangalore]

[autopathyfoundation@gmail.com]

[<https://uautopathyinternatehospital.com>]

AGREEMENT DATE:

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This Agreement is made between:

1

U Autopathy Internate Hospital

AND

2. Professional

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

Address: \_\_\_\_\_

Qualification: \_\_\_\_\_

(Hereinafter referred to as "Consultant")



1 . POSITION & ROLE

The Consultant is engaged as:



[Psychologist / Psychotherapist / Dietitian / Yoga Teacher / etc.]

## NATURE OF WORK

The Consultant agrees to:

- Provide consultation/services to patients
- Follow U Autopathy healing principles
- Maintain professional conduct
- Support patient care and wellness

## WORKING TERMS

- Work Mode: [Online/ Offline / Both]
- Working Hours: [Mention]
- Availability: As per appointment schedule

## 4. PAYMENT TERMS

- Payment Type: [Per session / Monthly]

Amount



Payment Mode: [UPI / Bank Transfer] ● Payment Cycle: [Weekly / Monthly]

## 5. CONFIDENTIALITY

The Consultant agrees to:

- Keep all patient information confidential
- Not disclose any data without permission

## . CODE OF CONDUCT



Maintain professional ethics

- Respect patients and organization



Avoid misconduct



## 7. TERMINATION

- Either party may terminate this agreement
- Notice Period: [7 / 15 / 30 days]

LIABILITY

The Consultant will be responsible for their own professional advice and actions.

	9. AGREEMENT
	PERIOD

● Start Date: \_\_\_\_\_

Duration:

ACCEPTANCE

By signing below, both parties agree to the terms and conditions.

Consultant Signature: \_\_\_\_\_ Name:

\_\_\_\_\_

Authorized Signature

U Autopathy Internate Hospital