



महाराष्ट्र MAHARASHTRA

2025

EE 013213



This Stamp Paper Forms an Integral Part of this Memorandum of Understanding

By and Between

Aditya Birla Education Trust

And

CWA (CRPF Family Welfare Association)

Dated this 24 day of September, 2025.

श्री. विनायक जाधव



MPOWER-THE CENTRE

1/155, 15, Nyaymurti, Sitaram Patkar Marg
Kharagpur, Odisha, India

पत्राचार प्रतिज्ञापनपत्र (Oath Affidavit) - 2007

मुद्रांक विकसल योजनाचा नाव _____

मुद्रांक विकसल योजनाचा रहिवाशी पत्ता _____ दिनांक _____

मुद्रांक विकसलवली गोंद घरी अनु. क्रमांक _____

मुद्रांक विकसल योजनाची सही परवानाधारक मुद्रांक विकसलवाची स.

परवाना क्रमांक : ८०००००६ प्रविण एल चव्हाण

मुद्रांक विकसल विकसल/पत्ता : ३/२७२, नैवेल विहिनेस सेंटर, लकी हाउस, एस.बी.एस. मार्ग, फोर्ट, मुंबई - ०९.

राज्यीय कार्यलयासाठी/न्यायालय समोर प्रतिज्ञापन सादर करणेसाठी समारंभ

कागदाची आवश्यकता नाही. (सारांश आदेश दि. १९/०९/२००७ नुसार)

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केले त्यांनी त्याच कारणासाठी

मुद्रांक खरेदी केलेबाबत दहा दिवसांत वापरणे बंधनकारक आहे.

22 SEP 2025

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MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") made on ____ of September' 2025 at New Delhi and effective from 24th September, 2025.

BY AND BETWEEN

Aditya Birla Education Trust, a registered public charitable Trust bearing registration No E-25549 (Mumbai) and having its registered office at Aditya Birla Centre, B Wing, 4th Floor, S.K. Ahire Marg, Worli, Mumbai 400030 acting through its signatory mentioned herein below, authorized by its Trustees, along with MPOWER, an initiative of Aditya Birla Education Trust (hereinafter collectively referred to as "**ABET**") which expression shall unless it be repugnant to the context or meaning thereof be deemed to mean and include its Trustees, executors, successors or administrators of the last surviving Trustee and their/his permitted assigns) **OF THE ONE PART;**

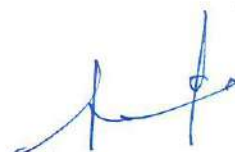
AND

CWA (CRPF Family Welfare Association), having its office at CRPF HQrs, Block 1, CGO Complex Lodhi Road, New Delhi-110003, through its Secretary Sh. Pauly P.P. (hereinafter referred to as "**CWA (CRPF Family Welfare Association)**") which expression shall unless repugnant to the context or meaning thereof shall mean and include its successors and permitted assigns) **OF THE OTHER PART;**

"**ABET**" and "**CWA (CRPF Family Welfare Association)**" shall hereinafter be referred jointly as "**Parties**" and individually as "**Party**".

WHEREAS

- A. CWA is registered under Societies Registration Act XXI of 1860 Regn. No. S-28106 dated 22nd June, 1995.
- B. Aditya Birla Education Trust through its charitable initiative, MPower aims to alleviate the stigma related to mental illness and advocate prevention and provide services to people afflicted with Mental Well-being and emotional health problems/illness.
- C. CWA realizing the need for Mental well being and emotional health support for its members & their immediate families, has approached for support from ABET through its initiative MPower and ABET for its noble and charitable cause acceded to the request of CWA.
- D. The Parties have agreed to collaborate for providing Mental Well being and emotional health Support to the CWA members and their immediate families (hereinafter referred to as "**Beneficiaries**") to increase Mental Well being and emotional health awareness, provide support as agreed under the Project namely "**Project CHETNA**" (hereinafter referred to as "**Project**") and record this understanding in writing in this MOU.



**NOW THEREFORE, IT IS AGREED BY AND BETWEEN THE PARTIES
HERETO AS FOLLOWS:**

1. COLLABORATION

The Parties have agreed to collaborate during the term of this MOU as per the terms and conditions set out herein and agreed to carry out their responsibilities as set out in this MOU.

2. SCOPE OF WORK

The Parties have agreed to collaborate and provide services as per project flow as detailed in **Annexures 1** annexed herewith and provide services related to mental well being and emotional health as detailed in **Annexures 2, 3, 4, 5 and 6** annexed herewith to the beneficiaries.

3. ROLE AND RESPONSIBILITIES OF CWA

3.1. CWA shall ensure proper support and permission to implement the project in order to spread awareness and provide the right intervention towards the mental well being and emotional health.

3.2. CWA shall ensure all arrangements for operation and implementation of the Project and effectively co-ordinate with ABET for all deliverables and smooth conduct of the Project without any overlap between various requirements from ABET.

3.3. CWA shall provide a ventilated and well lit dedicated private room at their respective Centres with all facilities and amenities required for operation of Mental well-being and emotional health Cell including but not limited to availability of lockable storage facility for the Mental well- being and emotional health Cell, stationeries, table, chair etc. and other facilities, the access of which shall be available only to the representatives of ABET. Location of the room shall be mutually decided by both the Parties and CWA shall notify ABET for such arrangement in advance.

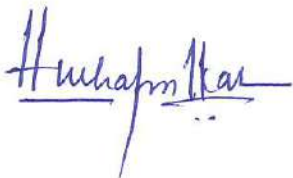
3.4. CWA shall ensure that the Private Cabin/room provided for Psychological Counselling is sanitized on daily basis before the start of Counselling Sessions of the day.

3.5. CWA shall duly facilitate ABET to obtain the express consent from the Beneficiaries for providing information w.r.t. his/her mental well being and emotional health to or the services availed at ABET to CWA.

3.6. CWA shall ensure all permissions required for delivering services as per this MOU.

3.7. This MOU shall be legally binding on both the Parties and both the parties have authority and capacity to enter into this MOU.

3.8. CWA confirms and agrees that through its 78 (Seventy Eight) Regional CWA Centres across the country (List of 78 RCWA provided in Annexure 7 annexed to this MOU) it shall provide support for the implementation of mental well-being and emotional health initiatives under the project. These Centres shall act as the nodal points for dissemination of information, facilitation of counselling sessions, provision of infrastructure as per



Clause 3.3 and ensuring reach to the Beneficiaries in alignment with the objectives of the Project "CHETNA".

3.9. CWA further agrees and undertakes that, through its respective Regional CWA Centres (RCWAs), it shall provide and facilitate services as outlined under the Project "CHETNA" in collaboration with ABET. The RCWAs shall extend necessary support and coordination for conducting awareness sessions, outreach programs, counselling logistics, beneficiary engagement, data collection (as applicable) and any other on-ground activities as mutually agreed under the Scope of Work annexed to this MOU. The RCWAs shall work closely with ABET representatives to ensure effective delivery of all services under the project.

3.10. CWA agrees that it will be responsible for the security and safety of Mpower Employees from the moment they arrive at the nearest railway station or airport until they board their return train or flight after providing services under the Project "CHETNA."

4. FINANCIALS

The Parties shall fulfill their respective obligations solely at their own cost. The Parties agree that except for carrying out its obligations under this MOU, neither parties will have any financial obligations to pay to each other for the services provided/conducted by ABET.

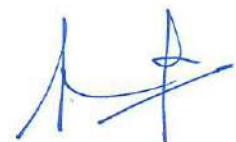
5. TERM AND TERMINATION

This MOU shall be effective from 24 September, 2025 and shall be valid for a period of 3 (Three) Year till 23 September, 2028 unless terminated as per the provisions herein contained. This MOU can be terminated by either party by giving 30 days' notice in writing to the other party. The arrangement under this MOU can be renewed for further period of time on terms and condition mutually agreed.

6. CONFIDENTIALITY

6.1. No audio/video recording of the counselling sessions will be done either by CWA or by ABET.

6.2. The Parties shall maintain the highest degree of confidentiality and keep confidential all sensitive, personal and identifiable information of the Beneficiaries, information relating to the affairs of the parties, policies, information about their services, technology, financial details, security information regarding beneficiaries and the counselling given to them and all papers and records in physical or electronic form containing such information including this MOU (hereinafter collectively referred to as "**Confidential Information**") which may be known to them during the course of this MOU. The Parties agree to use this Confidential Information only in a duly authorized manner in the best interest of the parties and share the information only with the members/beneficiaries, consultants, auditors etc. strictly on need-to-know basis or when required by some legal or law enforcement authorities. The Parties shall not use or disclose any



6.3. This Clause shall survive the expiration or termination of this MOU.

6.4. CWA agrees and confirms that it shall not require MPower to disclose or demand any information relating to persons availing Counselling from the Psychologist or any of their personal, identifiable or sensitive data or information from MPower which amounts to breach of confidentiality obligations of MPower except in case an express consent in writing is received from the beneficiaries and CWA shall duly facilitate to obtain such written consent from the beneficiaries. ABET shall inform the concerned CWA representative officials about the beneficiaries availing services from Mpower in case ABET finds any sign of depression or disgruntlement or feels that the same shall impact the working of the beneficiaries or in case ABET feels that the beneficiaries availing services may cause any harm to themselves or to any third party. ABET and the Psychologists providing services under this MOU shall be bound by the confidentiality obligation and ABET shall be responsible for ensuring that the Psychologist providing services as per this MOU shall provide an undertaking, the format of which is provided in *Annexure 6* annexed to this MOU.

7.1. CWA acknowledges and agrees that ABET is carrying out its obligations under this MOU without any consideration of any kind or nature, purely for Charitable purposes. CWA further acknowledges and agrees that ABET shall not be liable for any direct, indirect or consequential losses, damages or loss of profit etc. either to CWA or to any Third Party for anything, directly or indirectly arising out of providing services under this MOU, provisions of any services or carrying out its obligations by ABET under this MOU or anything arising in relation to this MOU or project.

8. FORCE MAJEURE



inevitable accidents, war (undeclared or declared), power, internet and system failures, legal prohibitions, riots or governmental restrictions, impact of Covid or any other epidemics etc.

9. NON EXCLUSIVE

Except as expressly provided otherwise in this Agreement, CWA acknowledges and agrees that the service provided by ABET are non-exclusive and ABET shall be eligible to provide services to third parties.

10. ASSIGNMENT

This MOU or any rights or obligations hereunder shall not be assigned either fully or in part by a party without prior consent, in writing, to the other Party.

11. AMENDMENTS

Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

12. RELATION BETWEEN THE PARTIES

This MOU is on a principal-to-principal basis. Nothing in this MOU shall be deemed to constitute a partnership or agency or any such relationship between the Parties hereto, for any purpose whatsoever.

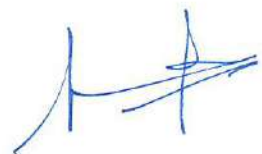
13. INTELLECTUAL PROPERTY RIGHTS

13.1. Nothing in this MOU shall be deemed to give any right or license to one party to use other party's name or logo or any other intellectual property rights in any manner whatsoever, except with the specific written approval of the other party.

13.2. All the contents, images, graphics, animations, audios, videos marks, logos, etc. used for promotion and digital engagement shall remain the intellectual property of ABET ("**ABET Intellectual Property**") and neither CWA nor their members, agents, beneficiaries or representatives shall have the right to use, license, disseminate or distribute any such material without the prior written consent of ABET except in the manner as agreed herein. CWA shall not at any time claim any rights to the ABET Intellectual Property nor disturb or cause to be disturbed any rights or ownership of ABET to the ABET Intellectual Property.

14. REPRESENTATION AND WARRANTIES

ABET expressly disclaims any representation or warranty or guarantee with respect to its Services under this MOU or their suitability for any purpose or any accuracy or level of performance, whatsoever, except as expressly mentioned in this MOU. ABET's services being absolutely voluntary and without any fees, charges or cost to CWA or anyone else, ABET specifically disclaims any claims of liabilities, costs, charges, damages or actions for any accuracy or level of



performance or non-performance on part of the Psychologist or ABET in performance of its duties or obligations or anything arising out of or in the course of its association and obligations under this project without any wilful misconduct or gross negligence solely on part of ABET and its Psychologist.

15. DISCLAIMER:

ABET expressly disclaims any representation or warranty or guarantee with respect to its Services under this MOU or their suitability for any purpose or any accuracy or level of performance, whatsoever, except as expressly mentioned in this MOU.

16. DISPUTE RESOLUTION

16.1. In the event of any unresolved dispute or difference of any nature whatsoever between CWA and ABET arise out of this MOU, it shall be decided amicably between the Parties. Either Party of the Contract may send a written Notice of Dispute to the other Party at the address stated in this MOU, which will consider the Notice and respond to it in writing within 30 days of the receipt of the aforesaid Notice of Dispute.

16.2. If the receiving Party fails to respond within 30 days, or the dispute cannot be amicably settled within 60 days following the response of the receiving Party, such dispute, as referred to in 16.1, shall be referred to the sole arbitrator nominated by the Parties mutually and the decision thereof shall be final and binding upon the Parties. The arbitration proceedings shall be conducted in Delhi in English language and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, and enactments / modifications, if any, thereof.

16.3. Both the Parties agree that this MOU shall be governed by the Indian Laws.

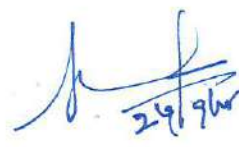
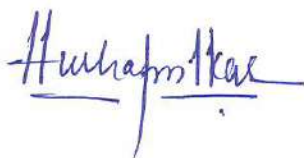
17. SEVERABILITY:

In the event any provision of this MOU is deemed invalid or unenforceable, in whole or in part, that part shall be severed from the remainder of the MOU and all other provisions should continue in full force and effect as valid and enforceable.

18. ENTIRE MOU

This MOU along with all the Schedules, Annexures etc. shall constitute the entire Agreement between both the parties and shall supersede all prior MOUs and understandings, both written and oral, between the Parties with respect to the subject matter hereof.

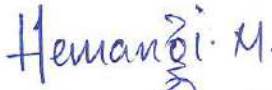
19. This MOU shall be legally binding on both the Parties and both the parties have authority and capacity to enter into this MOU.



For ABET
Aditya Birla Education Trust


24/9/2025

Name: Ms. Parveen Shaikh
Designation: President MPOWER
E-mail: parveen.shaikh@abet.co.in

Witnesses: 
Executive General Manager.
MPOWER.


24.9.25

For CWA
CRPF Family Welfare Association)


24/9/25

Name: Sh. Pauly P.P.
Designation: Secretary CWA
E-mail: crpfwwa@gmail.com

Witnesses: 

ANNEXURE 1

ABET shall provide following services to the **Beneficiaries**.

PROJECT OFFERINGS

1. Mental Health Championship Program (MHCP- for managerial level) - This training empowers **beneficiaries** with effective ways to support mental well being and emotional health at the workplace.
2. Awareness session (for all **beneficiaries**) - The offline session / webinar focuses on understanding mental well being and emotional health concerns and on the management techniques and seeking appropriate professional help.

Some Suggestions –

- Mental well being and emotional Health Awareness & understanding the Red Flags
 - Building Resilience
 - Mastering Well being
 - Nurturing Connections at the workplace
 - Managing Stress & Anxiety
 - Overcoming Fatigue
 - Practicing Gratitude
 - Decoding Addiction
3. Psychometric assessment Screening (for all **beneficiaries**) - Psychological screening is the process to identify **beneficiaries** at risk and promote early intervention to prevent further risk.
 4. Cell Counselling - The Mpower cell facilitates effective intervention for existing concerns. **Beneficiaries** will avail one on one professional intervention every week, on a timely basis with dedicated psychologist. ABET shall provide CWA the copies of the certification, & experience of the Psychologist designated for providing counselling services to the beneficiaries of CWA.
 5. Helpline - A dedicated helpline has been started for Project **CHETNA**. **Beneficiaries** can avail this service 24 * 7. Outbound call support to **beneficiaries** to check Psychometric assessment

SENSITIVITY & SCREENING

- ABET's involvement with CWA centres to create awareness and sensitivity for Psychometric assessment screening for any psychological concerns and counselling support to the immediate families of its members.
- Continued involvement with medical team in assessing for psychological fitness frame work of SHAPE.



ANNEXURE 2

MENTAL HEALTH CHAMPION PROGRAM (MHCP)

ABET and CWA agree to the conduct of MHCP, ["Session(s)"] as per the schedule and other details as mentioned in below table:

Training, MHCP, Title(1)	Dates / Schedule / Timings From / To (2)	Online Platform /Location / Venue(3)	No. of Attendees (4)	Agenda / Topics Covered (5)	Remarks (6)

Terms & Conditions:

1. Session(s) for MHCP, mentioned at Column (1) at above table shall be conducted online or offline / face to face at the Venues as detailed in Column (3), as per schedule at Column (2) and for no. of Beneficiaries in column (4) as mentioned against each MHCP, in Column 1.
2. All arrangements for the Sessions including but not limited to arrangement of Venues, Online platform, participation of beneficiaries, facilitating their presence in the webinar and permissions, if any, required for conduct of the webinar, shall be the responsibility of CWA.
3. CWA shall be responsible for the upkeep and cleanliness of the premises that are occupied by **ABET** for the provision of the Sessions and CWA must maintain cleanliness and hygiene of such premises at all times.
4. **ABET's** responsibility shall be only to make available a psychologist / Counsellor to deliver the lecture on the applicable topics and address queries of the Beneficiaries attending the Session(s).
5. The Session dates, as predefined shall not be rescheduled without valid reason. Changes to schedule will not be entertained 7 days or less leading to the predefined date. If either Party has a valid reason for cancelling a Session, a second mutually acceptable date will be agreed by and between the Parties. If no such date can be agreed between the Parties, **ABET** shall be eligible not to conduct the said Session. **ABET** shall have the right to cancel a scheduled Session on account of the occurrence of any unforeseen circumstance including any acts of God, fire, floods, acts of public authorities, delays or default caused by common carriers, serious illness of any therapist who intends to conduct a Session or any other events outside the control of **ABET**.
6. The information provided by **ABET** Psychologist during the Session(s) shall be only for informational purposes and the Beneficiaries may act on the basis of the said information absolutely in their own responsibility, after due verification at their end. **ABET** disclaims any and all liabilities on account of any use of such information by the Participants or any third party or for any matter arising out of or connected with the conduct of the Webinars.



- # Humboldt

ANNEXURE 3

24*7 ABET 1 ON 1 HELPLINE SERVICES

1. Inbound Call Service

- 1.1. Access to the Helpline through Call shall be available to the beneficiaries on a 24X7 basis through a dedicated telephone number, however, except in case of breakdown, power / system failure, maintenance or any other such unavoidable reasons. ABET shall take reasonable steps to inform CWA about unavailability of the Helpline on account of any unavoidable reasons and to restore the services of the Helpline. CWA understands and acknowledges that Helpline services are not exclusive to CWA and open to general public as well as other Clients / customers / partners of ABET and their beneficiaries.
- 1.2. CWA agrees that the Helpline access shall be available to the beneficiaries subject to " **terms and conditions**" and "**privacy policy**" available at Mpower1on1.abet.co.in, as revised from time to time. CWA confirms its acceptance to the said terms and conditions and Privacy Policies for Helpline services to its Beneficiaries.
- 1.3. The Process flow for access to Helpline is as under:
 - 1.3.1. The caller dials a direct number 07969545242 this is based in Ahmedabad as our service provider is there, so anyone calling from outside may have to incur charges as per their network providers/calling plans.
 - 1.3.2. A welcome message plays –
"Welcome to MPower 1on1 Helpline in association with CWA. This call will be recorded for training and quality purposes. Terms and Conditions at website mpower1on1.abet.co.in apply."
 - 1.3.3. The caller is directed to the Counsellor – languages available 24 x 7 are Hindi, English and Marathi.
 - 1.3.4. Monthly report will be provided to CWA without sharing the name, number and any personal details of the Callers.
 - 1.3.5. The caller shall not record the conversation on his/her own device or phone instrument.
- 1.4. Understands and acknowledges that Beneficiaries calling the helpline may experience a waiting time before getting connected to the Counsellor and CWA agrees that such waiting time shall not in any manner constitute any deficiency in services or breach of any obligations on part of ABET under this Agreement.
- 1.5. Calls that have been disconnected / abandoned before being connected to the therapist will not be called back by the therapist or anyone at ABET.

2. Outbound Call Service

- 2.1. ABET agrees to call from its helpline and counsel over call the beneficiaries above 18 years of age as per list provided by CWA containing names, telephone numbers and other required details of the **beneficiaries**.
- 2.2. CWA agrees that this call Service shall be available to the beneficiaries subject to " **terms and conditions**" and "**privacy policy**" available at www.ABET1on1.abet.co.in, as revised from time to time. CWA confirms its

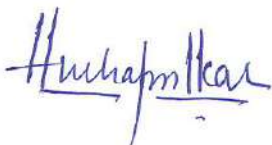


acceptance to the said terms and conditions and Privacy Policies for outbound calls from Helpline services to its Beneficiaries.

- 2.3. CWA agrees that all outbound calls to its beneficiaries shall be recorded at the helpline for quality and training purposes and the Call records could be available with ABET for a period of 1 year.
- 2.4. CWA expressly allows ABET Psychologist/Counsellor to call the beneficiaries as per the list provided by CWA on their Telephone/ Mobile No and expressly agree and confirm acceptance on behalf of the beneficiaries to recording of call by ABET and the services provided to the beneficiaries shall be as per the terms and conditions and privacy policy available at www.mpower1on1.abet.co.in as revised from time to time which is read and understood and acceptable by the beneficiaries as per the list provided by CWA.
- 2.5. CWA agrees that outbound Calls not attended by the beneficiaries continuously for 6 times shall be deemed to be completed. A list of all such unattended calls to be provided to CWA on a weekly/monthly basis.

OTHER TERMS AND CONDITIONS:

- a. ABET does not permit recording of any of its helpline by Callers and beneficiaries. CWA shall ensure that Beneficiaries shall not record the proceedings of the Calls nor the calls sessions recorded shall be shared or disseminated by the beneficiary or by his / her relatives / other contacts to any third person or through social media.
- b. Services under this Agreement is only for the Beneficiaries (i.e. CWA members & their immediate families) as defined in this Agreement. It shall be the sole responsibility of CWA to monitor and ensure that only beneficiaries avail the Services of ABET and no other person avails the Services. ABET shall not be liable for any deficiency in service or any other matters or liabilities whatsoever, if Services are availed by any unauthorized persons.
- c. CWA agrees that all the reports, records, data, information, call and any other data or information provided by the Beneficiaries related to the Services Provided to them by ABET, shall be solely the Property of ABET and ABET shall be eligible to retain them as per the statutory requirements or for the purpose of providing further services to Beneficiaries, whether in association with CWA or otherwise, as per the requirements at ABET.
- d. CWA understands that beneficiaries should use a secured line connection for availing ABET online Services of Counselling.
- e. CWA understands that despite safety measures taken there are chances of breach in security in technology. CWA undertakes that CWA or the beneficiaries shall not hold ABET, its Psychologists or therapists, Employees, agents and affiliates responsible or liable for any breaches of confidentiality of beneficiaries personal identifiable or sensitive information or data or any data or information pertaining to the mental well being and emotional health and services to the beneficiaries of CWA due to calls to helpline or 1 on 1 Counselling without any wilful misconduct, gross negligence & breach of terms and conditions of this MOU on part of ABET, its Psychologists, Employees, therapists, agents and affiliates.



f. Right to Deny Service :

- i. ABET reserves the right to deny or discontinue providing Services as per this MOU to any Beneficiaries, in the event where the Customer or his/her nominated representative misbehaves or misconducts or mistreats any personnel of ABET or any person/staff associated with ABET or creates an unhealthy atmosphere in the vicinity of ABET which is likely to affect the goodwill of ABET
- ii. ABET may cease to schedule sessions, if a referral made to inpatient treatment by ABET's Psychologist/Psychiatrist, and the **beneficiaries** refuses that referral. ABET may also cease to conduct sessions for the beneficiaries, if the Sessions by the ABET are deemed to be non-beneficial to the beneficiaries by ABET's Psychologist for any particular reason.

Hushpup

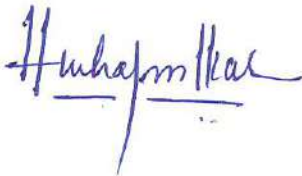
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MPOWER Cell: Conduct / operation of MPOWER Cell for Counselling of Beneficiaries

1. The respective Psychologist(s) made available for each region will be based and available at the respective place(s) / offices allotted by CWA ("**Mental well being and emotional health Cell**") at CWA Centres ("**Premises**") between 10 AM to 06 PM from Monday to Saturday every week excluding Public holidays observed by MPower and directly report to head MPower for his / her duties.
2. The Beneficiaries at the Premises shall be attended to at the MPower Cell after submitting a consent form as per Annexure " "/" ", to the MOU as may be applicable. The Consent form can be provided either by the Beneficiary himself / herself in case of beneficiary being Major with sound mind or for Beneficiaries being minor or of unsound mind by his / her legal guardian / nominated representative or any other person legally and validly authorized to give consent on his / her behalf ("**NM**"). CWA agrees to the terms and conditions mentioned in the consent form for provision of Counselling to Beneficiaries at MPOWER Cell.
3. Each Beneficiary shall be attended to on one-to-one basis for a maximum of 45 minutes duration. The Parties agree that beneficiaries upon their consent can be given Group Counselling at the MPOWER Cell in a group not exceeding 3 Beneficiaries if, in the opinion of the Psychologist at MPOWER, group Counselling will be helpful to the Beneficiaries. The duration of each group counselling shall not exceed 45 minutes.
4. CWA shall provide consolidated report to MPOWER on their feedback and suggestion for improvement of services every quarter.
5. MPOWER Cell(s) may not attend / provide counselling to the Beneficiary, if Counselling are deemed non-beneficial to the Beneficiary by MPOWER Psychologist for any particular reason.
6. In case of lockdown, breakdown of epidemics or other such situations when functioning of MPOWER Cell(s) is not possible, Counselling shall be provided online on Video / Audio or over phone /Mobile as per the Schedule and arrangements mutually agreed between both the parties. Provision of such counselling online shall be sufficient to be considered as discharge of obligations of MPOWER for conduct and operation of MPOWER Cell under this MOU. CWA understands that despite safety measures taken there are chances of breach in security in technology. CWA on its own behalf and on behalf of its Beneficiaries hereby undertakes not to hold MPOWER responsible for the same.
7. CWA understands that Counselling Sessions on video / audio has its own limitations as compared to in person sessions and some details could potentially be

missed out despite the Psychologists best efforts. With due knowledge of such limitations CWA expressly consents to the Counselling Sessions over Video / Audio.

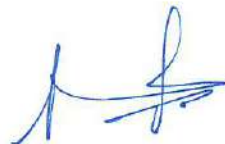
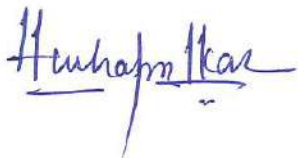
8. CWA shall ensure that relatively secured line connection in a close and private space is used by the Beneficiaries for Video /Audio Counselling and that the proceedings of the Counselling are not recorded by anyone and / or shared or disseminated by the Beneficiaries or by his / her relatives / other contacts to any third person or through social media.
9. CWA shall be responsible to ensure:
 - 9.1. All due arrangements at its end for enabling Beneficiaries to connect over Phone or online for Audio / Video Counselling.
 - 9.2. To provide adequate and convenient private space and all required infrastructural support as required by MPOWER for running, conduct, management and operation of the MPOWER Cell at the Premises.
 - 9.3. Availability of lockable storage facility for the MPOWER Cell, the access of which shall be available only to the representatives of MPOWER. CWA shall ensure all security measures to disallow access to the records, reports, tools, materials, papers, documents, machinery, equipment, computers, or any other property, assets etc. belonging to the MPOWER Cell or in use at the MPOWER Cell;
 - 9.4. All requisite and valid consents, permissions, authorisations etc., from all the relevant and applicable authorities as required for use of the Premises for conducting MPOWER Cell, including owner of the where the Premises does not belong to the CWA for conduct of MPOWER Cell at the premises.
10. CWA or their members shall not have any access to any record or information at MPOWER Cell.
11. CWA agrees that all the documents, papers, soft documents stored on computers or any other media related to or connected with the conduct of affairs of the MPOWER Cell and case and clinical reports, records etc. shall exclusively be the property of MPOWER and MPOWER shall be duly entitled to remove the same from the MPOWER Cell without any consent or approval from CWA.
12. The Parties shall ensure that any counselling session shall not be recorded digitally as it may violate the right to privacy of the beneficiaries.



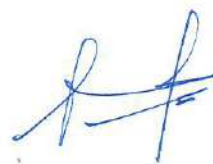
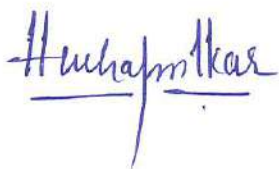
ANNEXURE 5

Psychometric Assessment Screening

1. ABET shall conduct Mental Psychometric Assessment Scale based on the following:
 - 1.1. **Perceived Stress Scale (PSS):**
The PSS screens for the level of stress a person feels in their daily life. It focuses on how unpredictable, uncontrollable, and overwhelming situations feel to the individual, rather than on specific events. It reflects the person's subjective experience of stress over the past month.
 - 1.2. **PHQ-9 (Patient Health Questionnaire-9):**
The PHQ-9 screens for depression and evaluates its severity. It focuses on core depressive symptoms such as low mood, loss of interest, fatigue, appetite and sleep changes, poor concentration, feelings of worthlessness or guilt, psychomotor changes, and suicidal thoughts.
 - 1.3. **GAD-7 (Generalized Anxiety Disorder-7):**
The GAD-7 screens for generalized anxiety disorder and measures how severe the anxiety is. It focuses on symptoms such as excessive worry, nervousness, restlessness, irritability, difficulty relaxing, inability to control worry, and the physical tension that comes with anxiety.
 - 1.4. **Columbia Suicide Severity Rating Scale (C-SSRS):**
The C-SSRS screens for suicide risk by assessing suicidal ideation and behavior. It focuses on the presence, frequency, and intensity of suicidal thoughts, the extent of planning or intent, and any past or recent suicidal or self-injurious behaviors.
2. The mental Psychometric Assessment scale questions shall be shared with beneficiaries of CWA via email and CWA shall assist ABET for conducting the said Assessment.
3. CWA agrees that the mental Psychometric Assessment scale report will be automatically generated, this assessment is neither a diagnosis nor a determination of mental illness as per any section of the Mental Health Care Act, 2017, guidelines, rules, etc in relation to mental well being and emotional health care. This report neither confirms nor rules out any mental illness, but is only a basic report at the preliminary level with an aim to detect symptoms, if any, for further clinical assessment.
4. CWA agrees that the mental Psychometric Assessment scale report is just a preliminary report and does not form any medical or psychological/ psychiatric opinion and cannot be used as a basis for initiating any care or treatment.
5. CWA agrees that the results shown in the report cannot be said to be fully accurate or bear a particular amount of accuracy or without any deviations.



- 5.1. **Perceived Stress Scale (PSS):** The PSS screens for the level of stress a person feels in their daily life. It focuses on how unpredictable, uncontrollable, and overwhelming situations feel to the individual, rather than on specific events. It reflects the person's subjective experience of stress over the past month.
- 5.2. **PHQ-9 (Patient Health Questionnaire-9):** The PHQ-9 screens for depression and evaluates its severity. It focuses on core depressive symptoms such as low mood, loss of interest, fatigue, appetite and sleep changes, poor concentration, feelings of worthlessness or guilt, psychomotor changes, and suicidal thoughts.
- 5.3. **GAD-7 (Generalized Anxiety Disorder-7):** The GAD-7 screens for generalized anxiety disorder and measures how severe the anxiety is. It focuses on symptoms such as excessive worry, nervousness, restlessness, irritability, difficulty relaxing, inability to control worry, and the physical tension that comes with anxiety.
- 5.4. **Columbia Suicide Severity Rating Scale (C-SSRS):** The C-SSRS screens for suicide risk by assessing suicidal ideation and behavior. It focuses on the presence, frequency, and intensity of suicidal thoughts, the extent of planning or intent, and any past or recent suicidal or self-injurious behaviors.
6. The results and recommendations are only for informational purposes and need to be co-related with other clinical findings. Beneficiaries shall Consult a licensed mental well being and emotional health professional to properly diagnose the beneficiary's mental well being and emotional health condition and talk about options on how to feel better.
7. CWA will assure that the screened positive beneficiaries for risk will be arranged to come in for minimum of 4 psychotherapy sessions with their assigned therapist. Post the completion of minimum 4 psychotherapy sessions the screening on the tool will be repeated to map the impact of the therapy session.



ANNEXURE 6

Undertaking Format

To Whomsoever It May Concern

Authorized Purpose: Providing Counselling to the **beneficiaries**.

I am aware that Aditya Birla Education Trust has collaborated with CWA (CRPF Family welfare Association) for the purpose of providing the Mental well being and emotional Health Support to **beneficiaries**.

I shall be providing Counselling Services to **beneficiaries** as per the requirement.

I shall ensure all the information pertaining to the Counselling Services shall remain confidential and the same be used only for the purpose for which it is intended.

I shall specifically ensure that the confidential obligations are fully complied with and not permit any occurrence of breach thereof.

I hereby agree and confirm the same.

Signature:
Name:

Date:



ANNEXURE 7

List of 78 Regional CRPF Family Welfare Association (Regional CWAs)

S l N o.	Name of Regional CWA Centre	S l N o.	Name of Regional CWA Centre	Sl N o.	Name of Regional CWA Centre
1	GC-AJMER RAJASTHAN	2	GC- MOKAMAGHAT, BIHAR	5	107 BN RAF, BHOPAL, MP
2	GC-AJMER RAJASTHAN	2	GC-NEW DELHI	5	108 BN RAF, MEERUT, UP
3	GC-AGARTALA, TRIPURA	3	GC-NAGPUR, MAHARASHTRA	5	114 BN RAF, ARA, BIHAR
4	GC-ALLAHABAD, UP (PRYAGRAJ)	3	GC-NEEMUCH, MP	5	3 rd SIGNAL BN, KOLKATA
5	GC-AVADI, TELANGANA	3	GC-PINJORE, HARYANA	5	5 th SIGNAL BN, CHANDIGARH
6	GC-AMETHI, UP	3	GC- PALLIPURAM, KERALA	6	CTC (T&IT) RANCHI
7	GC-BILASPUR, CHHATTISGARH	3	GC-PUNE, MAHARASHTRA	6	RTC- PERINGOME, KERALA
8	GC- BHBUBANESH WAR, ODISHA	3	GC-RAMPUR, UP	6	RTC-JODHPUR, RAJASTHAN
9	GC- BENGALURU, KARNATAKA	3	GC-RANCHI, JHARKHAND	6	RTC-RAJGIR, BIHAR

H. Mahapatra

[Signature]

1 0	GC-BHOPAL, MP	3 7	GC-RANGAREDDY, TELANGANA	6 4	CTC-COIMBATORE, TAMIL NADU
1 1	GC- CHANDAUJI, UP	3 8	GC -RAIPUR, CHHATTISGARH	6 5	CTC-MUDKHED, MAHARASHTRA
1 2	GC-DURGAPUR, WB	3 9	GC-SILCHAR, ASSAM	6 6	CIAT-SHIVPURI, MADHYA PRADESH
1 3	GC-GUWAHATI, ASSAM	4 0	GC-SILIGURI, DARJEELING, WB	6 7	Bihar Sector
1 4	GC-GANDHINAGAR, GUJARAT	4 1	GC-SONEPAT, HARYANA	6 8	Chhattisgarh Sector
1 5	GC-GURUGRAM, HARYANA	4 2	GC-SRINAGAR, J&K	6 9	201 CoBRA BN, KARANPUR, C HATTISGARH
1 6	GC-GWALIOR, MP	4 3	GC-SAMBHALPUR, ODISHA	7 0	202 CoBRA BN, CHULAPARI, O DISHA
1 7	GC-GREATER NOIDA, UP	4 4	SDG, NEW DELHI	7 1	203 CoBRA BN, BARHI, JHARKHAND
1 8	GC-HYDERABAD, TELANGANA	4 5	83 BN RAF, JAIPUR	7 2	204 CoBRA BN, KARANPUR, C HHATTISGARH
1 9	GC-HIRANGAR, JAMMU	4 6	91 BN RAF, LUCKNOW	7 3	205 CoBRA BN, BARWADIH, BI HAR
2 0	GC-IMPHAL, MANIPUR	4 7	99 BN RAF, SECUNDERABA D, ANDHRA PRADESH	7 4	206 CoBRA BN, CHITAPUR, C HHATTISGAR H
2 1	GC-JAMMU, J&K	4 8	100 BN RAF, AHMEDABAD, GUJARAT	7 5	207 CoBRA BN, SALBONI, BIHAR

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2 2	GC-JALLANDHAR, PUNJAB	4 9	101 BN RAF, PRAYAGRAJ, UP	7 6	208 CoBRA BN, BADGAON, MP
2 3	GC- JAMSHEDPUR, JHARKHAND	5 0	102 BN RAF, NAVI MUMBAI, MAH ARASHTRA	7 7	209 CoBRA BN, KANCHI VIHAR, JHARKH AND
2 4	GC-KHATKHATI, ASSAM	5 1	103 BN RAF, KARAWAL NAGAR, NEW DELHI	7 8	210 CoBRA BN, DALGAON, A SSAM
2 5	GC- KATHGODAM, UTTARAKHAND	5 2	104 BN RAF, ALIGARH, UP		
2 6	GC-LUCKNOW, UP	5 3	105 BN RAF, COIMBATORE, TAMILNADU		
2 7	GC- MUZAFFARPUR, BIHAR	5 4	106 BN RAF, JAMSHEDPUR, JHARKHAND		

Hemraj Kumar



Referral Form-Adult



Please fill the referral form with the information that you have available.
Kindly attach any additional information that will aid the referral process.

About the Client

Date: _____

Name of the client: _____

Address: _____

Mobile: _____ Email ID: _____

Gender: _____ Nationality: _____

Occupation details: _____

Date of birth: _____ Age: _____ Main language spoken: _____

Educational qualification: _____

Name of current educational institution, if any: _____

Relationship status: ☐ Single ☐ Married ☐ In a relationship ☐ Separated ☐ Divorced ☐ Widowed
☐ Do not wish to disclose

Father's/Mother's name (For purposes of Basic Mental Health Record): _____

Do you have any children? ☐ Yes ☐ No (If yes, please provide the ages of the children)

Name of the Child	Age

Please list your emergency contact:

Name: _____

Relationship to the client: _____ Mobile: _____

Do you have an Advanced Directive? ☐ Yes ☐ No

Name of 'Nominated Representative' (NR): _____

Reason for Referral



Reason for referral (including nature of mental health concern and current mental state):

Relevant medical history including current and past diagnoses/medications (psychiatric and non-psychiatric):

Please list other professionals involved currently/in the past (e.g., psychiatrists, counsellors, psychologists, etc.):

Are any of the following a concern/risk (past or present)?

☐ Anxiety	☐ Stress	☐ Trauma history
☐ Paranoia/Delusions	☐ Addiction issues	☐ Bereavement
☐ Family conflicts	☐ Depression	☐ Learning disabilities
☐ Physical disabilities		☐ Violent behaviour
☐ Self-harm/Suicide attempts/Ideations		☐ Hearing voices/Seeing things

Is there a history of mental health concerns in the family? If so, please provide details: Has the

client's family been previously involved with Mpower? If so, name of client:

Please list other professionals involved currently/in the past (e.g., psychiatrists, counsellors, psychologists, etc.):

Where did you hear about us?

☐ Colleague	☐ Mpower website
☐ Posters	☐ Mpower social media

Referral Details

Name of the institution referred from:

Would you like to be informed about Mpower workshops, programmes, seminars & parent groups?

- ☐ Yes
☐ No

POLICY FOR CLIENTS

The following (read along with the full terms and conditions) forms the legal understanding ("Terms") between Aditya Birla Education Trust (hereinafter referred as "Mpower" which expression shall mean and include its trustees, officers, employees, agents or any of its representatives) and the "Client" and willing to avail Psychological/ Psychiatric/ Therapeutic or other Therapies / Counselling:

1. Therapy / Counselling at Mpower Cell will be conducted between the Client / your nominated representative ("NR" which expression shall include Client's guardian/ Legal Guardian/ limited Guardian/ the Nominated Representative/ the Custodian/ caretaker entitled or having legal capacity to make a reference on client's behalf) and a **"Psychologist / Therapist / Psychiatrist"** specifically to address the Client's psychological/ Psychiatric/ Therapeutic or other Therapy / Counselling needs.
2. The Client / NR agrees to avail Therapy / Counselling Sessions on Audio / Video through Phone / mobile / online platforms. The Client /NR understand that Therapy / Counselling on Audio / Video has its own limitations as compared to in person sessions and some details could potentially be missed out despite the Therapists / Psychiatrists best efforts. With due knowledge of such limitations the Client /NR expressly consent to the Therapy / Counselling Sessions on Video / Audio.
3. The Client / NR hereby represents and warrants to MPower that
 - a. The Client / NR is 18 years of age or above
 - b. The client / NR understands and agrees to the terms
 - c. The Client / NR agrees to indemnify Mpower and its Psychologist / Therapist / Psychiatrists from any action / loss / damage suffered by them on account of faulty / improper / defective / invalid referrals.
3. **Crisis:**

Mpower Cell is not a crisis center and has finite operating hours. If the Client's situation involves a life-threatening emergency and/or requires urgent physical care, the Client must visit a hospital for assistance.
4. **Client Therapy / Counselling, Records, and Confidentiality:**
 - a. **"Client Information"** means all information provided by the Client / NR to Mpower and/or the Psychologist / Therapist / Psychiatrist, including all medical health records, personal information, sensitive information, records of the Therapy, and any communication between the Psychologist/ Therapist/ Psychiatrist and the Client / NR. Written documentation of Client Information includes a referral form, notes from initial screenings, a provisional diagnosis, a treatment plan, goals and recommendations, and progress notes for every visit.
 - b. The Client / NR hereby consents to the use and retention by Mpower of Client Information.
 - c. Mpower will take best efforts to keep Client Information, including communication between the Client and the Psychologist/ Therapist/ Psychiatrist at Mpower during the Therapy / Counselling confidential. The Client / NR is entitled to access Client's basic records by requesting it in writing from the Mpower Cell. Subsequent details and further records will be given as per the needs of appropriate legal directives at that time.
 - d. Mpower may retain Client Information for the purpose of analysis and research. Our professionals may internally share certain Client Information for therapeutic purposes, clinical purposes, intern education, data analysis, or for research purposes, as well as during multidisciplinary meetings.
 - e. Confidentiality is of utmost importance whilst sensitively dealing with each of our Clients and their families. However, the disclosure of Client Information is mandatory in the event of any perceived risk to the Client or from the Client, or for any reason as may be necessary to disclose by law.
 - f. The Client / NR shall ensure to use a secured line connection for Therapy / Counselling on audio / video in a relatively quiet and private space.
 - g. Mpower does not permit the audio and/or video recording of any MPower's Cell Therapy / Counselling at the Mpower Cell or Audio / Video Therapy / Counselling. the Client /NR undertakes that the proceedings of these consultations shall not to be recorded, shared or disseminated by the Client /NR or by his / her relatives / other contacts to any third person or through social media.
 - h. The Client / NR understands that despite safety measures taken there are chances of breach in security in technology. Client / NR hereby agrees to indemnify and hold harmless and indemnified Mpower, its Psychologist, Psychiatrist, Employees, agents and affiliates of all actions, proceedings, claims including third party claims, damages, consequences arising on account of breaches of confidentiality of his/her personal identifiable or sensitive information or data or any data or information pertaining to the mental health and services to the Client by Mpower due to Therapy /Counselling Sessions conducted on Audio / Video without any deliberate attempt on part of Mpower, its Psychologists, Employees, agents and affiliates.

5. The frequency of Visits:

The frequency of therapy /Counselling is decided according to the needs and the unique situation of each Client. We generally suggest starting therapy with regular weekly appointments. Once some progress has been made, visits may be less frequent and spaced out over a larger period.

6. Right to Deny Service:

- a. Mpower reserves the right to deny or discontinue Therapy / Counselling with the Client, in case the Client and/or NR misbehaves or misconducts or mistreats any personnel of Mpower or any person/staff associated with Mpower or creates an unhealthy atmosphere which is likely to affect the goodwill of Mpower.
- b. Mpower may cease to provide Therapy / Counselling to the Client, if a referral is made to inpatient treatment by Mpower Psychologist, and the Client/ NR refuses that referral. Mpower may also cease to provide Services to the Client if Therapy at Mpower cells are deemed non-beneficial to the Client by Mpower Psychologist / Therapist / Psychiatrist for any particular reason.

7. Disclaimer

- a. Mpower shall take reasonable care in conducting its activities which are a part of Mpower's Cell programme.
- b. Mpower accepts no responsibility of any nature whatsoever for any injury, damage or loss caused during the course of its activities to the Client/ NR. Mpower does not take any responsibility towards personal safety of the Client. The Client / NR hereby warrants and certifies that:
 - i. The Client/ NR is absolutely responsible for his own safety and care during their therapy/ counselling at the Mpower Cell;
 - ii. In case of any physical difficulty or injury to the Client / NR, the Client / NR will immediately inform the Psychologist / Therapist / Psychiatrist at the Mpower Cell.
- c. The Client / NR agrees to accept full responsibility for Mpower's actions while using the facilities provided by Mpower. Client agrees that his participation is entirely at the Clients / NR's risk and further agrees that Mpower Cell shall not be liable for any personal injury, loss or damage caused to him during visits to Mpower Cell.
- d. The Client / NR agrees that the Client Information, including any personal information or sensitive personal information as provided by the Client, has been submitted in the registration form with the Client's / NR's express consent.
- e. The Client/ NR has expressly given consent without having been subjected to coercion, undue influence or intimidation to undertake Therapy / Counselling at Mpower, after adequately understanding and considering the information and procedure for undergoing Therapy / Counselling along with an understanding of anticipated risks involved, if any. Hence, the Client / NR shall not hold Mpower liable for any act or omission which shall directly or indirectly affect the health of the Client. The Client / NR agrees to defend, indemnify and hold harmless Mpower, from and against all liabilities, claims, or losses, and acknowledge that Mpower cannot be held liable for any claims, arising out of use of the Therapy / Counselling Services, violation of the Terms or violation of any third party right.
- f. These Terms shall be governed by the laws of India and any disputes arising out of the Terms shall be subject to the exclusive jurisdiction of the courts of Mumbai.

Client's / Nominated Representative's Consent:

I, _____ hereby declare that all information or details provided by me are accurate/verified and true to the best of my knowledge. I also give my consent to the Mpower professionals to use this information for therapeutic assessments and intervention in the best interest of the Client. Alternatively, my / our confirmation to this document through my / our mail ID give below shall confirm my / our acceptance of these terms and conditions and consents herein and will be of the same effect as signing below.

Signature of Client / Nominated Representatives:
Mail ID:

Place:

Date: