MEMORANDUM OF UNDERSTANDING Between Social Security Fund And [Software Development Company Name]

Date: [Insert Date]

**1. Introduction**

This Memorandum of Understanding (MOU) is entered into by and between the Social Security Fund (SSF), with its principal office located at Thapathali, Kathmandu, and [Software Development Company Name], with its principal office located at [Company Address]. The purpose of this MOU is to outline the terms and conditions under which the SSF and [Company Name] will collaborate on the exchange and integration of application programming interfaces (APIs).

**2. Scope of Service**

The scope of service includes the development, integration, and maintenance of APIs as outlined in this MOU. Any additional services not specified will require a separate agreement.

**3. Responsibility of Social Security Fund**

1. Provision of APIs: SSF will provide the necessary APIs required for integration, including documentation and technical support.

2. Data Access: SSF will grant access to relevant test data and test credentials as needed for the API integration as per annex 1.

3. Compliance: SSF will ensure that all data provided complies with applicable data protection laws and regulations.

4. Communication: SSF will communicate for necessary new update to be carried out in rolled out clients

 4**. Responsibility of [ Software Developer company]**

1. Integration: [Company Name] will be responsible for integrating the APIs provided by SSF into their software systems.

2. Technical Support: [Company Name] will provide technical support and troubleshoot issues related to API integration to their client.

3. Maintenance: [Company Name] will ensure ongoing maintenance and updates of the integration as needed.

4. Test Claims: [Company Name] will carry out at least one claim of IPD case, OPD case, Accident case, infant’s claim, children’s claim, spouse’s claim, with and without adjustment services and explanations before client ask for live credentials. Clients shall ask for live credentials as per annex II.

5. Service code mapping: [ Company Name] will assist their health service provider client for mapping service codes

 **5. Duration of Contract**

This MOU will be effective from [Start Date] and shall continue in effect until and, unless terminated earlier in accordance with the provisions of this MOU.

 **6. Provision of Focal Person**

Each party shall appoint a focal person to oversee and manage the API exchange process:

- SSF Focal Person: [Name, Title, Contact Information]

- [Company Name] Focal Person: [Name, Title, Contact Information]

 **7. Means of Communication**

All communications related to this MOU shall be conducted through email, phone, instant messenger like viber, whatsapp or in-person meetings. Official communication channels are as follows:

- SSF Contact Email: [Email Address]

- SSF Phone Number: [Phone Number]

- [Company Name] Contact Email: [Email Address]

- [Company Name] Phone Number: [Phone Number]

 **8. Support and Training**

a. Focal person from [company name] shall be available for necessary support, documentation and user guides when SSF conducts necessary training to clients.

b. [Company Name] shall provide an interface for SSF to check if system is operating as per rules set by SSF

 **9. Cost**

Each party will bear its own costs related to the execution of this MOU unless otherwise agreed upon in writing.

**10. Security**

a. Both parties agree to implement and maintain appropriate security measures to protect sensitive data and ensure the integrity of the APIs and associated systems.

b. [Company name] will not allow to upload any malicious content from its client side and same is conveyed in training session.

 **11. Confidentiality**

Both parties agree to maintain the confidentiality of all proprietary and confidential information exchanged during the term of this MOU and to use such information only for the purposes outlined herein.

 **12. Termination of Contract**

This MOU may be terminated by SSF with Notice Period of 30 days if [company name] violets the rules of SSF and confidentiality. Termination will not affect any rights or obligations accrued prior to the termination date.

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

Social Security Fund [Software Development Company Name]

Signature Signature

 Name: Name:

Title: Title:

Date: Date:

**Witness**

Social Security Fund [Software Development Company Name]

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: Name:

Title: Title:

Date: Date:

**Annex 1**

**(सफ्टवेयर निर्माता संस्थाले API, test credentials र test data को लागि भर्ने फारम)**

**मिति**

**श्रीमान उपकार्यकारी निर्देशक ज्यु**

**सामाजिक सुरक्षा कोष**

**बबरमहल, काठमाण्डौ**

**विषय: API, test credentials र test data उपलब्ध गराउने सम्बन्धमा**

**कोषको स्वास्थ्यसेवा प्रवाह सम्बधि निम्न विवरण वमोजिमको हाम्रो Electronic Health Record (‘EHR) / Electronic Medical Record (EMR) / Health Management Information system (HMIS) मार्फत विभिन्न स्वास्थ्य सेवा प्रदायक संस्थामा लागु गर्नको निम्ति आवश्यक API, test credentials र test data हरु उपलब्ध गराई पाउँ भनि श्रीमान समक्ष यो निवेदन पेश गरेका छौं | कोषले माग गरेका अन्य आवश्यक दस्तावेजहरु यसै पत्र साथ संलग्न छ |**

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| **क्र. सं** | **विवरण**  |  |
| **१** | **सफ्टवेयरको नाम**  |  |
| **२** | **सफ्टवेयर निर्माता कम्पनीको नाम**  |  |
| **३** | **सफ्टवेयर निर्माता कम्पनीको ठेगाना**  |  |
| **४** | **आन्तरिक राजस्व विभागद्वारा जारी** विद्यतुीय विजक सफ्टिेयर प्रमाणीकरण अनमुती **दर्ता नम्बर**  |  |
| **५** | **कम्पनी रजिस्ट्रेशन कार्यालयको दर्ता नम्बर**  |  |
| **६** | **सामाजिक सुरक्षा कोषको सूचीकरण नम्बर**  |  |
| **७** | **स्वास्थ्य सेवा प्रदायक (जसको लागि test data मागिएको हो)** |  |
| **८** | **सफ्टवेयरको प्रकार ( रेजा लगाउनुहोला)** | **EHR**  | **EMR**  | **HMIS**  |
| **९** | **सफ्टवेयर निर्माता कम्पनीको कार्यकारी अधिकृत**  | **नाम**  | **सम्पर्क नम्बर** | **इमेल** |
| **१०** | **सफ्टवेयर निर्माता कम्पनीको सम्पर्क व्यक्ति** | **नाम** |  **सम्पर्क नम्बर** | **इमेल**  |
|  | **संलग्न**  |  |  |  |
|  | **१ . आन्तरिक राजस्व कार्यालयद्वारा जारी विद्यतुीय विजक सफ्टिेयर प्रमाणीकरण अनमुति पत्रको प्रतिलिपि**  |
|  | **२.  कोष र सफ्टवेयर निर्माता कम्पनी वीचको Non-Disclosure Agreement पत्र**  |
|  | **३. IS audit गरेको प्रमाणिक स्वघोषणा पत्र**  |

**निवेदक**

**नाम:**

**दस्तखत :**

**कम्पनीको छाप:**